Thurrock: A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish

Health and Wellbeing Board

The meeting will be held at **2.00 pm** on **17 July 2014**

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

Membership:

Councillors Barbara Rice (Chair), John Kent, Tunde Ojetola and Joycelyn Redsell

Mandy Ansell, (Chief Operating Officer, Thurrock NHS Clinical Commissioning Group)
Dr Andrea Atherton, (Director of Public Health, Southend and Thurrock Councils)
Barbara Brownlee, (Director of Housing, Thurrock Council)
Dr Anand Deshpande, (Chair, Thurrock NHS Clinical Commissioning Group)
Len Green, (Lay member, Clinical Commissioning Group)
Roger Harris, (Director of Adults, Health and Commissioning, Thurrock Council)
Kim James, (Chief Operating Officer, Healthwatch Thurrock)
Carmel Littleton, (Director of Children's Services, Thurrock Council)
Lucy Magill, (Chair of Thurrock Community Safety Partnership)
Andrew Pike, (Director, Essex Area Team of NHS England)
Ian Stidston, (Director of Primary Care & Partnership Commissioning Essex Area Team of NHS England)

Agenda

Open to Public and Press

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Agenda published on: **9 July 2014**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

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

Helpful Reminders for Members

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

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

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

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Does the business to be transacted at the meeting

- **relate to; or**
- **likely to affect**

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

Disclosable Pecuniary Interests shall include your interests or those of:

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

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

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

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

Pecuniary

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

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

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

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

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

Non- pecuniary

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

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

Thurrock: A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish

To achieve our vision, we have identified five strategic priorities:

1. Create a great place for learning and opportunity

- Ensure that every place of learning is rated "Good" or better
- Raise levels of aspirations and attainment so that local residents can take advantage of job opportunities in the local area
- Support families to give children the best possible start in life

2. Encourage and promote job creation and economic prosperity

- Provide the infrastructure to promote and sustain growth and prosperity
- Support local businesses and develop the skilled workforce they will require
- Work with communities to regenerate Thurrock's physical environment

3. Build pride, responsibility and respect to create safer communities

- Create safer welcoming communities who value diversity and respect cultural heritage
- Involve communities in shaping where they live and their quality of life
- Reduce crime, anti-social behaviour and safeguard the vulnerable

4. Improve health and well-being

- 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 wellbeing

5. Protect and promote our clean and green environment

- Enhance access to Thurrock's river frontage, cultural assets and leisure opportunities
- Promote Thurrock's natural environment and biodiversity
- Ensure Thurrock's streets and parks and open spaces are clean and well maintained

MINUTES of the meeting of Thurrock Health and Wellbeing Board held on 13th March 2014 at 14.00pm

Present:

Board Member	Position	Organisation
Councillor Barbara Rice	Chair and Portfolio Holder for Adult Social Care and Health	Thurrock Council
Councillor Shane Hebb	Opposition Group Representative	
Councillor Joy Redsell	Opposition Group Representative	
Roger Harris	Director of Adults, Health and Commissioning	
Carmel Littleton	Director of Children's Services	
Barbara Brownlee	Director of Housing	
Mandy Ansell	Chief Operating Officer	Thurrock Clinical Commissioning Group
Len Green	Lay Member Patient and Public Participation	

Apologies:

Board Member	Position	Organisation
Councillor John Kent	Leader	Thurrock Council
Andrea Atherton	Director of Public Health	
Lucy Magill	Chair	Thurrock Community Safety Partnership
Dr Anand Deshpande	Chair	Thurrock Clinical Commissioning Group
Ian Stidston	Director of Commissioning	NHS England Essex Area Team
Andrew Pike	Director	

In attendance:

Name	Position	Organisation
Ceri Armstrong	Strategy Officer	Thurrock Council
Debbie Maynard	Head of Public Health	
Catherine Wilson (Items 9 and 10)	Service Manager Commissioning and Service Development	
Paula McCullough (Item 8)	Children's Commissioning Officer	
Chief Superintendent Sean O'Callaghan	Vice-Chair	Thurrock Community Safety Partnership

Item	Key points and actions	Owner and deadline
1. Apologies for absence	Apologies as detailed.	
2. Minutes 9th January and 10th February	Minutes approved as a correct record of the meetings of 9th January and 10th February.	
3. Additional items	None	

4. Declarations of interest	None	
5. Better Care Fund Plan	Ceri Armstrong and Roger Harris updated Board members on the Better Care Fund Plan (BCF Plan). • Feedback has been received from the assurance process on the draft submission. • Feedback will be used to develop the final submission. • Areas for development include stating how the Plan will impact upon mental health; and being clear on the impact of plans on the acute sector. • Thurrock's Plan needs strengthening to incorporate requirements contained within the Care Bill, with all legislation relating to Adult Social Care being consolidated within this piece of legislation. • There are a number of issues concerning 'governance' that need to be considered. Initial thoughts will be brought back to the May Board meeting. • Board members discussed the idea of establishing a governance task and finish group. This would be discussed further at the next meeting. • Board members also emphasised the need to ensure that the focus was on making a difference – this would need to be clearer in the final draft. • LG noted a correction on page 25 of the Plan. • CL stated that there was strong buy-in from the Cultural Skills Academy to use arts to support older people. • Formal questions and queries received and the response to those questions and queries was included at appendix 2. • Cllr Hebb requested that the appendix be re-circulated to all Board members due to incomplete information.	CA CA
6. Thurrock CCG 2-year Operational Plan	Mandy Ansell presented an overview of Thurrock CCG's 2-year Operational Plan to the Board. • The Primary Care Strategy was key • There was a clear fit between the Operational Plan and the BCF Plan • Although there were a number of metrics – including those spanning the BCF Plan, it was important to note the 15% reduction in unplanned care and 20% reduction in planned care to be made over the next five years • Engagement was key and a number of engagement opportunities were being planned • One Board member asked about Basildon Hospital's friends and families results being	

	'poor'. MA clarified that the 'poor' related to the number of people who gave their feedback, and that the Hospital had turned a corner. Ward by ward monitoring was taking place, and every incident was reported to the CCG. MA further stated that she would be able to provide feedback to councillors, but that it would also be helpful if ward councillors could report any information to the CCG. • Board members raised concerns that the information was not suitable for a lay person to understand • Board members also asked whether there were opportunities to move resource from acute services to the community. MA responded that the shift of resource was being negotiated with the Hospital • Board members emphasised the need for a whole system approach – e.g. the Council would benefit from looking at the CCG's Plan and identify how they could input. The role of the Health and Wellbeing Board in bringing whole systems discussions together was vital.	
7. Local Children's Annual Safeguarding Report	Carmel Littleton presented the Local Children's Annual Safeguarding Report 2012-2013. • The 2013-14 report would be ready to come to the Board in a couple of months' time • A number of successful events had been held – for example the Sexual Exploitation training • The website had been reviewed, a business manager was in place, and Children's Social Care Section 11 requirements had been reviewed • The 2013-14 report would look at the relationship with the Health and Wellbeing Board • The Health and Wellbeing Board's Chair stated that the Chairs of both Safeguarding Boards had attended a prior Board meeting. • An update was also provided on the MASH (Multi-Agency Safeguarding Hub). This had been a year in the making and had been developed in consultation with a national expert. CL wanted it noted that the work of the Police was to be commended. A police officer was co-located with social workers which was making a significant difference.	
8. Children and Adolescent Mental Health Service re-design	Paula McCullough presented the report. • The Children and Adolescent Mental Health Service (CAMHS) was currently a fragmented service, and there was a desire to achieve an integrated model across Southend, Essex and Thurrock. As such, a service model had been developed for consultation. Following a procurement process, the new service would	

	commence from April 2015. • Board members wanted to know if we provided a tier 4 service and whether some of the resource spent on tier 4 could be redirected back to the community • Tier 4 services were commissioned as a specialist service by NHS England, and as such, this was not within the remit of the project. Any savings made at tier 4 would not be redirected due to the funding stream. Despite this, the Board asked that funding was looked at in its totality – i.e. including tier 4 • Work had been done to ensure that Thurrock's needs were represented – e.g. eating disorders were not a high priority for Thurrock, but children in families where domestic violence was an issue was • CL asked for a report on CAMHS to be brought back to a future Board meeting.	PM - TBC
9. Thurrock Adult Autism Strategy	Catherine Wilson presented the Thurrock Adult Autism Strategy. • The Strategy was to be delivered at no extra cost • The action plan would be refreshed at the end of April • Work had commenced to start mapping was resource was available • A key part of the Strategy was the transition from children's to adult services • The Chair stated that the Board needed to be provided with the assurance that if it agreed a strategy, then the strategy was being delivered, and that the action plan was out of date, so it was difficult to assess what had been achieved and the impact. A refreshed action plan was to go to the Executive Committee and then to the Board. • It was important that the Board could monitor the progress of all strategies it was being asked to sign off, and gain assurance that sufficient progress was being made. This was something that needed to be considered. • A Board member asked whether there was an issue with getting children in to a specialist school early enough, and ensuring that specialist places were kept for Thurrock children. • CL stated that not all children required a specialist school place, and that many were in mainstream education. Also, the law prevented us from retaining specialist school places for Thurrock children. • CW was asked to review the wording relating to conclusion 4. • The Board agreed an amended recommendation: 'That the health and wellbeing board note and approve the autism strategy; and that the	CW CA CW

	progress of the Action Plan be take to the HWBB Executive Committee and subsequently brought back to the Board'	
10. Health and Social Care Learning Disability Self-Assessment	Catherine Wilson presented the report. • There were a number of areas that had never been reported on before which meant that data was not always available – e.g. screening statistics. This was a national issue • Work was being carried out to identify how the data could be retrieved • A strategic approach to data gathering was being established which would cut across Adult Social Care, Public Health and the CCG • A change to recommendation 1.2 was agreed as the Chair stated that she was not clear about the areas of concern. Recommendation 1.2 was changed to read that the 'Board agreed that the Executive Committee would note key areas of concern and provide assurance to the Board as to how the concerns were being addressed'.	
11. Public Health Commissioning Intentions	Debbie Maynard presented the report. • Public Health has undertaken a number of service reviews to ensure value for money. As a result, the Team has served notice on the Children's and Adult Weight Management Services, and the 5-19 Service. • Further reviews are being carried out (appendix 2) • The £1.1 million Public Health grant shortfall has been recovered and a number of options have been considered as to how the money should be spent. These were discussed (appendix 3) • Board members commented that there may be some grants available that would avoid some of the public health money needing to be spent – e.g. National Lottery funding • Board members also commented on short-term projects and whether more impact would be made if they were over a longer timescale • In response to comments relating to engagement, RH stated that the report was primarily concerned with re-commissioning and that there would be a co-produced approach.	
12. Public Health Responsibility Deal	Debbie Maynard presented the report. • There are a number of benefits to the Council signing up to the Responsibility Deal – this includes the possibility of using the Deal as a 'kite mark' to ensure that the Council is seen as an employer of choice. • The Board were asked to endorse 12 pledges • Some Board members commented on the need to promote healthy food options within the	

	Council and to make fruit affordable, and also the possibility of cashless cards.	
13. Health and Wellbeing Board Development Plan	Ceri Armstrong presented the report. • The Board had attended a development session at the end of November • The session was to enable the Board to take stock of what it had achieved, and also to identify what it needed to do going forwards – in terms of its own development needs • A report from the day and accompanying action plan were presented for approval. The action plan would be monitored by the Executive Committee. • The action plan was agreed.	
14. Primary Care Strategy	Mandy Ansell presented the report. • The full document was in the process of being published and ready for consultation in April • Events would be arranged • A key challenge was the GP workforce and attracting newly qualified GPs to Thurrock • It was also important that primary care estate was fit for purpose • BB stated that the Council's Core Strategy was being re-looked at and that this would provide an opportunity to identify land required for health estate • It was important to recognise that the Primary Care Strategy had shifted away from a more 'traditional' NHS document. • There was also comment that the role of clinicians other than GPs was vital – e.g. expanding the role of community pharmacists	
15. Forward Plan	The forward plan was reviewed. Amendments include: • PREVENT – Lucy Magill • Obesity and Smoking Strategies – Debbie Maynard It was agreed that as of the next meeting, a regular pre-meeting would take place with the Chair, RH, and CA prior to papers being published.	

13th March 2014	ITEM:
Thurrock Health and Well-Being Board	
Prevent: Thurrock's response to extremism	
Report of: Lucy Magill, Chair of Thurrock Community Safety Partnership	
Accountable Director: Darren Henaghan	
This report is Public	
Purpose of Report: To brief HWB on work in Thurrock to deliver on the Prevent Strand of the Government's counter terrorism strategy	

EXECUTIVE SUMMARY

1. RECOMMENDATIONS:

1.1 That the Health and well Being Board note the contents of this report

1.2 That the Board members satisfy themselves that their agencies and commissioned services have embedded the Prevent agenda within their safeguarding processes and that they have a robust and sustainable training plan in place.

2. INTRODUCTION AND BACKGROUND:

2.1 National Context:

The Governments policy on protecting the UK against terrorism states:

Issue

- The threat to the UK and our interests from international terrorism is substantial. This means that there is a strong possibility of a terrorist attack, and an attack may occur without warning.
- The terrorist threats we face now are more diverse than before, dispersed across a wider geographical area, and often in countries without effective governance. We therefore face an unpredictable situation, with potentially more frequent, less sophisticated terrorist attacks.
- The most significant terrorist threat to the UK and our interests overseas comes from the Al Qa'ida senior leadership based in the border areas of Afghanistan and Pakistan and their affiliates and supporters in other areas.

Actions
The Office for Security and Counter-Terrorism, in the Home Office, works to counter the threat from terrorism. Their work is covered in the government's counter-terrorism strategy, CONTEST.
The strategy is based on 4 areas of work:

- Pursue: to stop terrorist attacks
- Prevent: to stop people becoming terrorist or supporting terrorism
- Protect: to strengthen our protection against a terrorist attack
- Prepare: to mitigate the impact of a terrorist attack

2.2 Local Context:

"Thurrock's character and personality has formed and evolved over centuries as agriculture, industry and the river have shaped the landscape, the make-up of its people and the quality of life.

The enduring characteristics of those who live or have lived and worked in the borough – enterprise, resilience, opportunism, adaptability – represent strength of spirit. It is this spirit that will drive a new tone and a fresh relationship between the council and everyone it does business with and is captured in the council's vision and priorities:

The current regeneration programme will once again change the landscape, with the expansion of retail and Lakeside, the creation of the biggest container port in Europe, the new campus in Grays and the Royal Opera House Production Park and performing arts.

Hate crime is a priority for the Community Safety Partnership and Prevent for us has a focus on the need to tackle right wing extremism as well as ensuring that we safeguard our vulnerable residents and young people.

2.3 Thurrock's Prevent action plan

Locally the Community Safety Partnership (CSP) has the responsibility for Prevent and has developed a joined up approach to prevent violent extremism by:

- Challenging the violent extremist ideology and supporting mainstream voices
- Disrupting those who promote violent extremism and supporting the institutions where they may be active
- Supporting and safeguarding young people and vulnerable individuals
- Increasing the capacity of communities to resist violent extremism.
- Identifying potential grievances and addressing
- Developing strategic communications.

2.4 Thurrock's Prevent Priorities

To deliver the objectives the action plan focuses on 3 key priorities:

1. To raise awareness of professionals
2. Community Engagement
3. Intervention

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

3.1 Risk to both the Nation and Local community fluctuate dependant on international, national and local incidents. We monitor this activity weekly for local impacts. We have a multi-agency Prevent group in place which are able to convene at short notice to discuss the implications for Thurrock and act as appropriate e.g. following Lee Rigby murder

3.2 A Counter Terrorism Local Profile is produced annually highlighting risks to Thurrock which the partnership then develop our action plan around.

3.3 The partnership have a Channel Panel in place and ready to respond to any individuals brought to our attention

3.4 In addition training and communication is ongoing to minimise the risk and increase awareness of the threat

4. REASONS FOR RECOMMENDATION:

4.1 Safeguarding is everyone's responsibility and it is important the Health and Well Being Board recognise the role that they have to play in the PREVENT strategy.

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

5.1 The Partnership regularly update and test community awareness briefings with Thurrock Independent Advisory Group to the Police which is constituted of diverse members of the community.

5.2 The Partnership has presented "Pathways" an awareness raising film for young people to the Youth Council. We are now acting on their feedback before rolling out to schools

6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

6.1 The implementation of the Prevent action plan for Thurrock supports the community strategy priority of Build pride, responsibility and respect to create safer communities

6.2 The CSP would request that this agenda is taken into consideration for any policy to ensure that appropriate safeguarding measures are in place.

6.3 Commissioned services should ensure that they including training on the Prevent agenda for their staff.

7. IMPLICATIONS

7.1 Financial

There are no financial implications

Implications verified by: Mike Jones I Management Accountant I Finance

Telephone and email: t +44 (0) 1375652772

7.2 Legal

Within section 17 of the Crime and Disorder Act Local Authorities have a duty without prejudice to any other obligation imposed on it to have due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent, crime and disorder in its area.

CCG's, local authority commissioned services and health care providers all have a duty to have appropriate systems and processes in place to safeguard vulnerable adults

Implications verified by: **Chris Pickering I Principal Solicitor - Litigation & Employment I Legal and Democratic Services**

Telephone and email: Phone: 01375 652 925

7.3 Diversity and Equality

There is no single category or stereotype for people who may be impacted by the Prevent agenda although there is often a common thread with regards to those that are vulnerable to safeguarding issues. Whilst impact and risk for the nation and local community fluctuate, the partnership undertake weekly reviews of the effect in Thurrock from both national and local incidents acting quickly to mitigate adverse impact to the wider community. Extensive community engagement is one of three key priorities in the Prevent action plan therefore extending the reach and scope of this programme in Thurrock.

Implications verified by: **Rebecca Price**
Telephone and email: **01375 652930**
reprice@thurrock.gov.uk

7.4 Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental

As with legal this supports delivery of Section 17 of the Crime and Disorder Act.

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):

https://www.gov.uk/government/policies/protecting-the-uk-against-terrorism
Counter Terrorism Local Profile: Restricted
Thurrock Action plan for Prevent 2014: Protected document
SET safeguarding procedures

APPENDICES TO THIS REPORT:

None

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17th July 2014	ITEM:

Thurrock Health and Wellbeing Board

ENGAGING WITH USERS AND CARERS OF SERVICES AND THE PUBLIC THROUGHOUT THE COMMISSIONING PROCESS

Report of: Len Green, Lay Member for Public an Patient Involvement, Thurrock CCG

Accountable Director: Roger Harris, Director of Adults, Health and Commissioning

This report is Public

Purpose of Report: To set out the principles and approach for engaging with users of services and the public across health and (adult) social care throughout the commissioning process.

EXECUTIVE SUMMARY

It is an ambition of the Health and Social Care Transformation Programme to ensure that users and carers of services plus the wider public can co-produce with the Council and the CCG a plan for transforming health and social care in Thurrock. This means ensuring full involvement of users of services and the public throughout the commissioning cycle.

This report sets out the principles and process whereby this ambition will be achieved.

1. RECOMMENDATIONS:

1.1 To agree the principles and process for engaging with users of services and the public throughout the commissioning process as set out within the Health and Social Care Transformation Programme's Engagement Plan.

1.2 To agree that the Board will require assurance from commissioners that the principles and process for engaging with users of services and the public throughout the commissioning process have been applied and that commissioning decisions will not be taken by the Board without the provision of this assurance.

2. INTRODUCTION AND BACKGROUND:

2.1 At a previous Health and Wellbeing Executive Committee meeting, Thurrock Clinical Commissioning Group's Lay Board Member for Patient and Public Involvement (Len Green) raised concerns about the extent which users of

services and the public were sufficiently and consistently engaged in the commissioning process.

2.2 Whilst there had been good examples of public and service user/patient engagement, Len also cited examples where this had not been the case and stated that consistency was essential and that the public needed to be involved from the beginning.

2.3 As a result of the issues being raised and discussed at the Executive Committee, it was agreed that the Health and Wellbeing Board would be asked to agree to the principle of users of services and the public being involved throughout the commissioning cycle. The Health and Wellbeing Board would also be asked to receive assurance that this was happening – particularly as Board membership incorporates all commissioners spanning the local health and social care economy – Thurrock CCG, Thurrock Council, and NHS England.

2.4 Since the discussion at the Executive, Thurrock Clinical Commissioning Group and Thurrock Council have jointly established a Health and Social Care Transformation Programme. Programme arrangements have included responsibility for identifying how the health and social care 'system' will be transformed and redesigned – leading to the possible commissioning, re-commissioning and de-commissioning of services. The engagement of users of services and the public is central to this, and has been incorporated within the process that will be used to review and redesign the services that fall within the health and social care 'pooled fund'. The process is jointly owned and recognises the Government's ambition for health and social care services to be fully integrated by 2018 – which therefore encompasses the development of a fully integrated commissioning approach across health and social care too.

2.5 In November 2013, Adult Social Care took part in a regional Peer Challenge. The focus of the challenge was two-fold and included *'examining the extent and effectiveness of the arrangements in place for co-production and engagement in enabling people to have a real say and involvement in shaping services, informing commissioning, and enabling the delivery of results and outcomes that achieve what people want'*. The Peer Challenge report recognised that 'consultation and engagement with users and carers' was 'typically done well', but that 'consultation could be improved through involvement of the community in activities from the start' and recommended the Council 'widen and deepen the relationships with the third sector to further increase consultation and engagement and allow the Compact to become embedded'. The approach being developed by the Health and Social Care Transformation Programme's Engagement Group, as contained within this paper and appended Engagement Plan, builds on the recommendations made by the Peer Review.

2.6 The Health and Wellbeing Board are asked to agree to the principles that will ensure users of services and the public are being engaged throughout the entirety of the commissioning cycle. Furthermore the Board are asked to

agree the process that will be used to engage with patients and the public throughout the commissioning process. Both the principles and process to be used are set out within the Health and Social Care Transformation Programme's Engagement Plan – as developed by the Programme's Engagement Group (appendix 1), and in the attached flowchart (appendix 2).

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

Legal Context

3.1 There are many good reasons for engaging with users of services and the public throughout the commissioning process. This includes legal reasons for both the NHS and Local Authorities.

3.2 For example, Bevan Brittan state that 'many legal challenges arise because of a failure to get the consultation process right….', and that this must be 'when proposals are still at a formative stage'. This applies to both the commissioning and decommissioning of services.

3.3 The Health and Social Care Act 2012 states that 'CCGs must ensure users are involved in the planning of commissioning arrangements, the development and consideration of proposals for change affecting them, and in operational decisions affecting them'. CCGs have had to set out within their constitutions a description of the arrangements made to achieve this and a statement of the principles which it will follow in implementing those arrangements.

3.4 Local authorities have a long history of involving service users in the development of and commissioning of services. In Thurrock, adult social care has moved to co-production – ensuring that users are not only involved in the consideration of proposals. Co-production is a significant principle which underpins Local Area Coordination. Starting with a strength-based question about 'what a good life looks like', LACs help vulnerable people to find their own local solutions. The experience of asking this strength-based question at the beginning of the conversation has been profound – allowing the individual to articulate their own hopes, aspirations and needs. The solutions pursued usually do not lie with services. In exploring what the community solution might be, the LACs have made connections with a range of voluntary groups, some of whom have been re-invigorated by this connection. Co-production is also a key feature of Asset Based Community Development (ABCD) where using gifts, talents, energy and commitment of local people, communities can co-product health and wellbeing with statutory and voluntary partners.

3.5 In Local Authorities, consultation and engagement is key to meeting the Best Value Duty as set out within the Local Government Act 1999.

Engagement Cycle

3.6 The Engagement Group of the Health and Social Care Transformation Programme has developed an Engagement Plan. The Plan sets out how users of services and the public are to be involved in the development of the Programme – particularly in relation to the 'whole system redesign' element of the Programme.

3.7 Embedded within the Plan are the principles and process to be used for engaging users of services and the public throughout the commissioning process – which in the Programme's case will include consideration of service redesign, commissioning, re-commissioning and de-commissioning. The process as contained within the Engagement Plan is shown below:

3.8 The Principles set out within the Engagement Plan and that are expected guide engagement throughout the commissioning cycle are as follows:

To enable citizens and community groups to participate fully in the co-production process, we recognise that clear and accessible information about the challenges and choices facing them must be made available in a timely manner.

From the outset we pledge to ensure our engagement is:

- *Honest and transparent about the scope of change, and the enablers and constraints in the change process*
- *On terms, in places and at times which suit citizens and communities*
- *Two way, with information being imparted and received, and delivered in a manner which encourages questions and constructive criticism*
- *Responsive to what we hear, where ever possible giving an account of what will be done with what we learn and the likely outcomes*

Our communication will

- *demonstrate integrity and public accountability*
- *be clear and easy to understand*
- *be appropriately targeted to the communication needs of our various audiences*

3.9 Whilst the Health and Social Care Transformation Programme does not cover the complete Health and Adult Social Care budget, it is a future ambition of the Programme that it will do so. There is an expectation therefore that the principles and process set out within the appended Engagement Plan should apply to all commissioning decisions across health (CCG) and (adult) social care.

3.10 In addition to this work the Council is also developing its approach to the Social Values Act. In response to this legislation and following concerns raised about recent procurement exercises by the CVS a joint Council and 3rd sector working party was established under the Joint Strategic Forum (the JSF is a joint body between the Council and the CVS overseeing the voluntary sector compact and wider 3rd sector / Council joint issues).

3.11 This working party has produced a Draft Commissioning and Procurement Strategy which tries to map out what is good practice in the way the Council commissions and crucially **procures** services. The strategy states clearly that specifications must be co-produced before the tendering starts, makes recommendations over the make-up of the procurement panel and the criteria that will be used for the assessment process. Following consultation this strategy will be going to the October Cabinet.

4. REASONS FOR RECOMMENDATION:

4.1 To embed the engagement of users of services and the public throughout the commissioning process.

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

5.1 The principles and process as set out within the Health and Social Care Transformation Programme's Engagement Plan have been developed by the Programme's Engagement Group. The Group includes representatives of Thurrock Healthwatch, Thurrock Coalition, Thurrock CVS, and Thurrock Commissioning Reference Group. A draft Engagement Plan was submitted

alongside Thurrock's Better Care Fund Plan in April 2014. A flowchart also setting out the process of engagement is attached at appendix 2.

6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

6.1 Ensuring that users of services and the public are at the centre of decision-making ensures that resource is used to best effect.

7. IMPLICATIONS

7.1 Financial

Implications verified by: **Mike Jones**
Telephone and email: **mike.jones@thurrock.gov.uk**
01375 652722

No financial implications identified.

7.2 Legal

Implications verified by: **Dawn Pelle**
Telephone and email: **dawn.pelle@BDTLegal.org.uk**
020 8227 2657

The CCG have to consult pursuant to statute – Health and Social Care Act 2012. The duty to consult for local authorities is a common law concept laid down in case law. These are called the Sedley Guidelines as follows:
'a) consultation must be at a time when proposals are still at a formative stage; b) sufficient reasons must be given for such consideration and response; c) adequate time must be given for such consideration and response; and d) the product of consultation must be conscientiously taken into account in finalising any proposals.
These were referred to in the proceedings as the 'Sedley requirements' because they were originally formulated in 1985 by Stephen Sedley QC, as he then was, in submissions in Ex parte Gunning [1985] 84 LGR 168. They were notably referred to by Lord Woolf in the leading case of Coughlan (R v North East Devon Health Authority, ex parte Coughlan [2001] QB 213.

7.3 Diversity and Equality

Implications verified by: **Rebecca Price**
Telephone and email: **01375 652930**
reprice@thurrock.gov.uk

Engagement with the public and users of services throughout the commissioning cycle helps to ensure that the needs of different users will be met and helps to ensure that different equality outcomes can be incorporated.

Bevan Brittan point out that engagement 'can assist with understanding whether there are alternative ways of services provision that could advance equality'.

7.4 **<u>Other implications</u> (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

None identified.

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):

APPENDICES TO THIS REPORT:

Appendix 1 – Health and Social Care Transformation Programme Engagement Plan

Appendix 2 – Engagement Flowchart

Report Author Contact Details:

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E-mail: carmstrong@thurrock.gov.uk

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Better Care in Thurrock

A Plan for communicating with and involving citizens in transforming health and social care services.

Draft Version 1.0

Jointly produced by Thurrock CVS, Thurrock Healthwatch, Thurrock Clinical Reference Group, Thurrock Coalition, Thurrock Council and NHS Thurrock Clinical Commissioning Group

July 2014

A Communication and Engagement Plan for citizens in Thurrock

Introduction

Health and Social Care Services are expected to be fully integrated by 2018. Communication with, and engagement of, citizens is central to the development and delivery of any plan for integration.

Thurrock Council (the Council) and Thurrock Clinical Commissioning Group (the CCG) are committed to engaging and involving citizens and community groups in developing a vision of what integration will look like, and the principles that will underpin that vision.

Together with Thurrock Council for Voluntary Services (the VCS), Thurrock Healthwatch, Thurrock Commissioning Reference Group (the CRG) and Thurrock Coalition we have already developed the high level principles that will frame our joint vision. These are:

1. Empowered citizens who have choice and independence and take personal responsibility for their health and wellbeing

2. Health and care solutions that can be accessed close to home

3. High quality services tailored around the outcomes the individual wishes to achieve

4. A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible

5. Systems and structures that enable and deliver a co-ordinated and seamless response

In pursuing our vision, Thurrock CVS, Thurrock Healthwatch, Thurrock CRG and Thurrock Coalition have also agreed to work with Thurrock Council and the CCG in a process by which:

a) citizens will be involved, at the earliest stage, in conversations to refine and confirm the vision and the high level principles for integrated health and social care services, and

b) the manner in which the principles should be applied across the whole health and social care system to ensure better care for the people of Thurrock will be jointly determined - with the initial focus being the health and well being of older adults.

This process is known as co-production.

An illustration of the process for engagement in the Whole System Redesign of health and social care services, and the stage at which engagement will take place, is contained in the Annex.

Background

The Council and CCG are required by the Government to create a Better Care Fund Plan, to ensure whole-system transformation including the integration of health and social care[1]. The Better Care Fund (BCF) is a single pooled budget that will act as a catalyst to ensure Thurrock's transformational ambitions for health and care are achieved, initially in the care of older adults.

In addition, the Care Act 2014 which received Royal Assent on the 14th May 2014, brings existing care and support legislation into a single statute and will require major changes to the administration of social care from 2015.

These major changes, in the context of an already challenging financial settlement for the Council and the CCG, will require co-operation across the public, private and voluntary sectors of an unprecedented scale. But that co-operation alone will not be sufficient for the task unless citizens and communities are engaged to steer and drive the changes they need.

The Purpose of the Plan

The purpose of this Plan is to ensure that citizens and community groups can co-produce with the Council and the CCG a plan for transforming health and social care in Thurrock. This will involve consideration of the needs, strengths and assets in Thurrock's communities, and the objectives and outcomes the communities want integrated health and social care to achieve.

The principles that will guide communication and engagement

This Plan will be delivered in agreement with the principles of the Thurrock Joint Compact 2012 and the Thurrock Community Engagement Toolkit

To enable citizens and community groups to participate fully in the co-production process, we recognise that clear and accessible information about the challenges and choices facing them must be made available in a timely manner.

From the outset engagement will be::

- Honest and transparent about the scope of change, and the enablers and constraints in the change process;
- On terms, in places and at times which suit citizens and communities;
- Two way, with information being imparted and received, and delivered in a manner which encourages questions and constructive criticism; and
- Responsive to what we hear, where ever possible giving an account of what will be done with what we learn and the likely outcomes.

[1] Letter from Brandon Lewis and Norman Lamb MP to Councils on the Better Care Fund – 20 December 2013

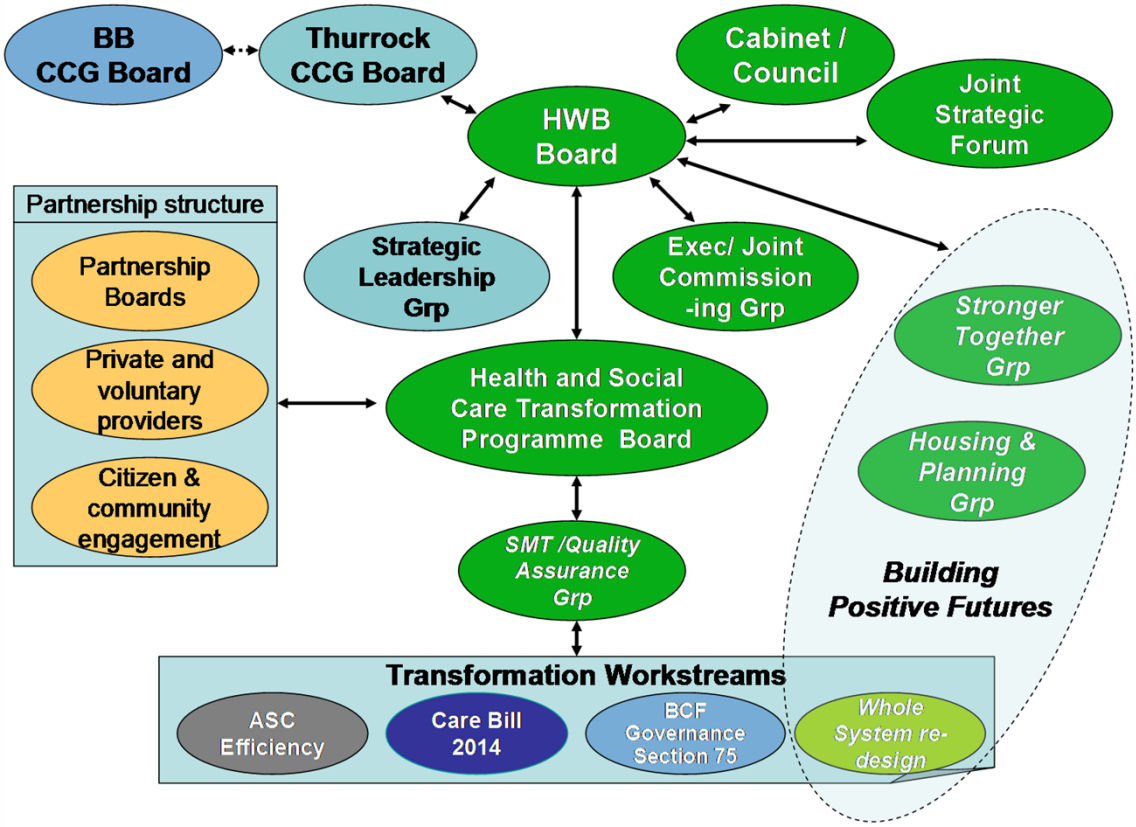
That way that the Health and Social Care Transformation Programme communicates will

- demonstrate integrity and public accountability;
- be clear and easy to understand;
- Provide feedback where people have engaged using the 'you said, we did' methodology; and
- be appropriately targeted to the communication needs of our various audiences.

Governance arrangements

This Communication and Engagement Plan forms part of the Programme Initiation Document for the Health and Social Care Transformation Programme Board. The arrangements for engaging citizens and communities will be overseen by the Health and Social Care Transformation Programme Board, reporting to the Health and Well-being Board.

The Health and Social Care Transformation Programme Board is a joint governance arrangement between Thurrock Council and Thurrock Clinical Commissioning Group for the development of all policy, commissioning and procurement, market engagement, efficiency, performance and governance documentation related to the integration of adult social care and health, and, in the context of the mandatory changes to be introduced by the Care Act 2014 and the Better Care Fund. The cross cutting nature of these changes, will also require it to have oversight of progress against relevant aspects of the Quality, Innovation, Productivity and Prevention challenge, the Primary Care Strategy, any review of acute healthcare (hospital) provision, and the Council's efficiency and integration programmes for social care.



Audiences and Channels

A detailed plan for engagement of citizens and communities will be drawn up in conjunction with Thurrock CVS, Thurrock Healthwatch, Thurrock Commissioning Reference Group and Thurrock Coalition. The plan will be agreed and adopted by the Health and Social Care Transformation Programme Board and execution of the plan will be undertaken as a work stream within the programme.

The engagement plan for citizens and communities will need to take account of the wider engagement of a diverse range of stakeholders including:

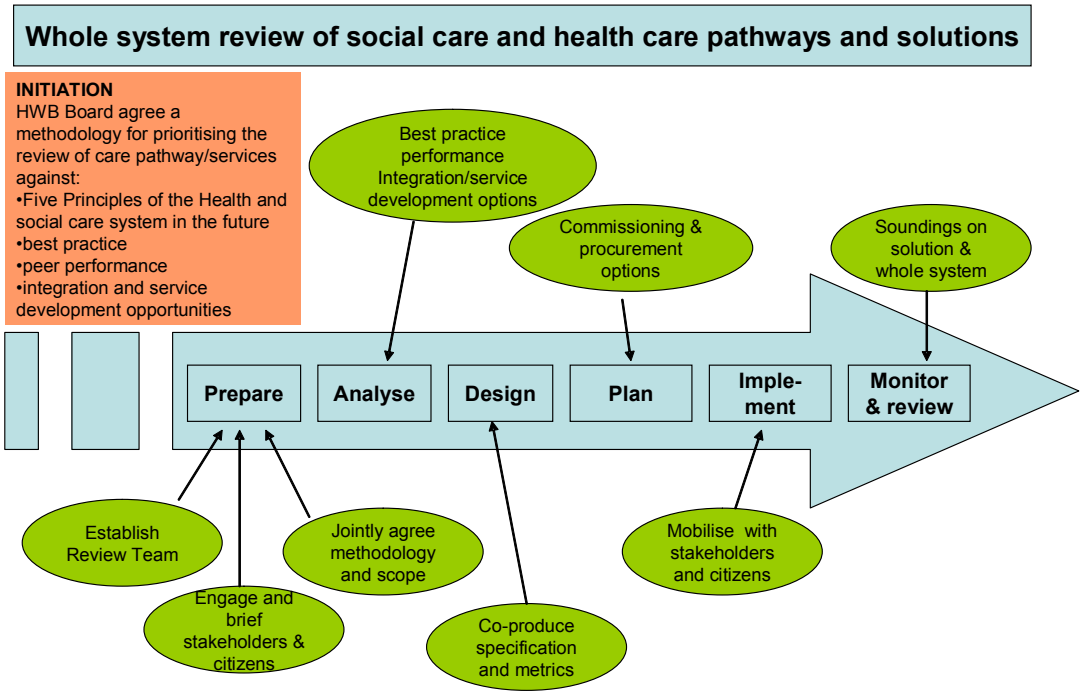
- Citizens
- Service users and carers
- Umbrella organisations, particularly patient and service user organisations in the third sector
- Elected Members of the Thurrock Council
- Board Members of Thurrock CCG
- The 4 main NHS health providers: NELFT; SEPT; BTUH; EEAS individually and as representatives on the Strategic Leadership Group
- Primary Care providers including GPs, Dentists, Pharmacists and Opticians
- Commissioners in social care, health and community services
- Health and social care workers
- Private and voluntary sector providers individually and as represented in the Partnership Structure

The channel and mode of communication used for engaging citizens, as well as specific geographical communities and communities of interest, will be those judged most suitable for those being engaged, and in accordance with the wishes of those individuals and groups where ever possible. Engagement will be carried out in a targeted way dependent upon the area being engaged on.

The approach used will be 'bottom-up', with individuals and citizens, along with Third Sector organisations, being given primacy in the list as appropriate.

The process

It is anticipated that citizens and communities may wish to be involved, to a greater or a lesser extent, in all stages of the whole system review set out in the illustrative diagram below.



The pledge given as part of this Engagement and Communication Plan is that engagement will start at the preparation stage and continue throughout the whole process. We will work with the Council and CCG to ensure that from the outset of the process all citizens and community groups who wish to be involved will be appropriately supported in their involvement.

Proposed Engagement Activity

The Health and Social Care Transformation Engagement Group is responsible for developing and overseeing the detailed programme of

engagement activity. The Group's membership includes: Thurrock CVS, Thurrock Healthwatch, Thurrock Commissioning Reference Group and Thurrock Coalition. Components of the Engagement Plan are likely to include:

Information Exchange:
- A range of briefing sessions at public meetings such as the community fora
- A presence at community events
- Briefings with representative and special interest groups
- Specially convened listening events

In-depth soundings including:
- Focus groups – ie people with Long Term Conditions
- Individual interviews with experts by experience
- Joint Strategic Forum

Working groups:
- Citizen involvement in whole system reviews of care-pathways, commencing with the care-pathway for older people.

Locality based conversations:
- Building on the local presence of Community Fora, community organisers, local area coordinators and Asset Based Community Development - community builders.

Key messages and key questions

Notwithstanding the statutory drivers which mean the timescales for delivery are outside of the control of the Council and the CCG, there are significant opportunities to shape a very different health and social care landscape. These include opportunities to address:
- How we can create more age-friendly/dementia-friendly places;
- How we can create the conditions that overcome social isolation, marginalisation and depression;
- How can we shift focus and effort to early intervention and prevention (prevent, reduce, and delay the need for service intervention);
- How we can create the conditions that improve health and reduce inequalities;
- How we can move away from inappropriate attendance at Accident & Emergency services
- How can we encourage more older adults to consider at an earlier stage the housing which will best meet their needs as they age
- How we can build on the strengths, gifts and assets that reside in our communities;
- How we can stimulate the development of a more diverse social care market and stimulate the growth of micro-enterprises
- How we can encourage greater mutuality in which everyone feels valued.

This Plan takes forward a number of initiatives underway as part of the Council's Building Positive Futures programme and the strength-based philosophy underpinning BPF Building Positive Futures are embedded in this Plan.

This document will be reviewed at 3, 6, and 12 month intervals.

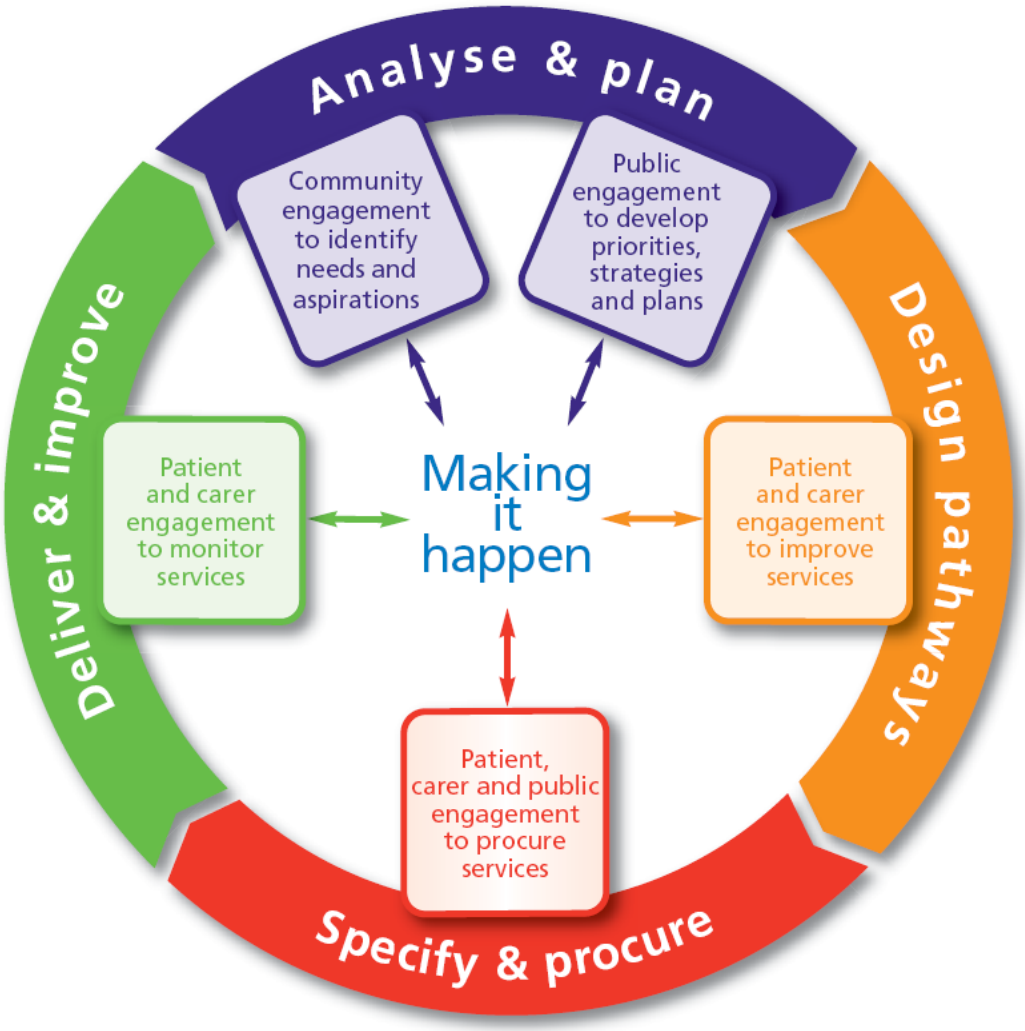
Resourcing

Where possible, engagement activity undertaken as part of this Plan will be organised as part of existing engagement activity. It is recognised though that some of the engagement activity required to deliver this Plan will be bespoke and will need to be funded accordingly. Through the Engagement Group, we will consider how to prioritise the use of resource required to undertake activity required – across all our organisations.

Appendix: The proposed process for engagement in the Whole System Redesign of health and adult social care services.

The Engagement Cycle

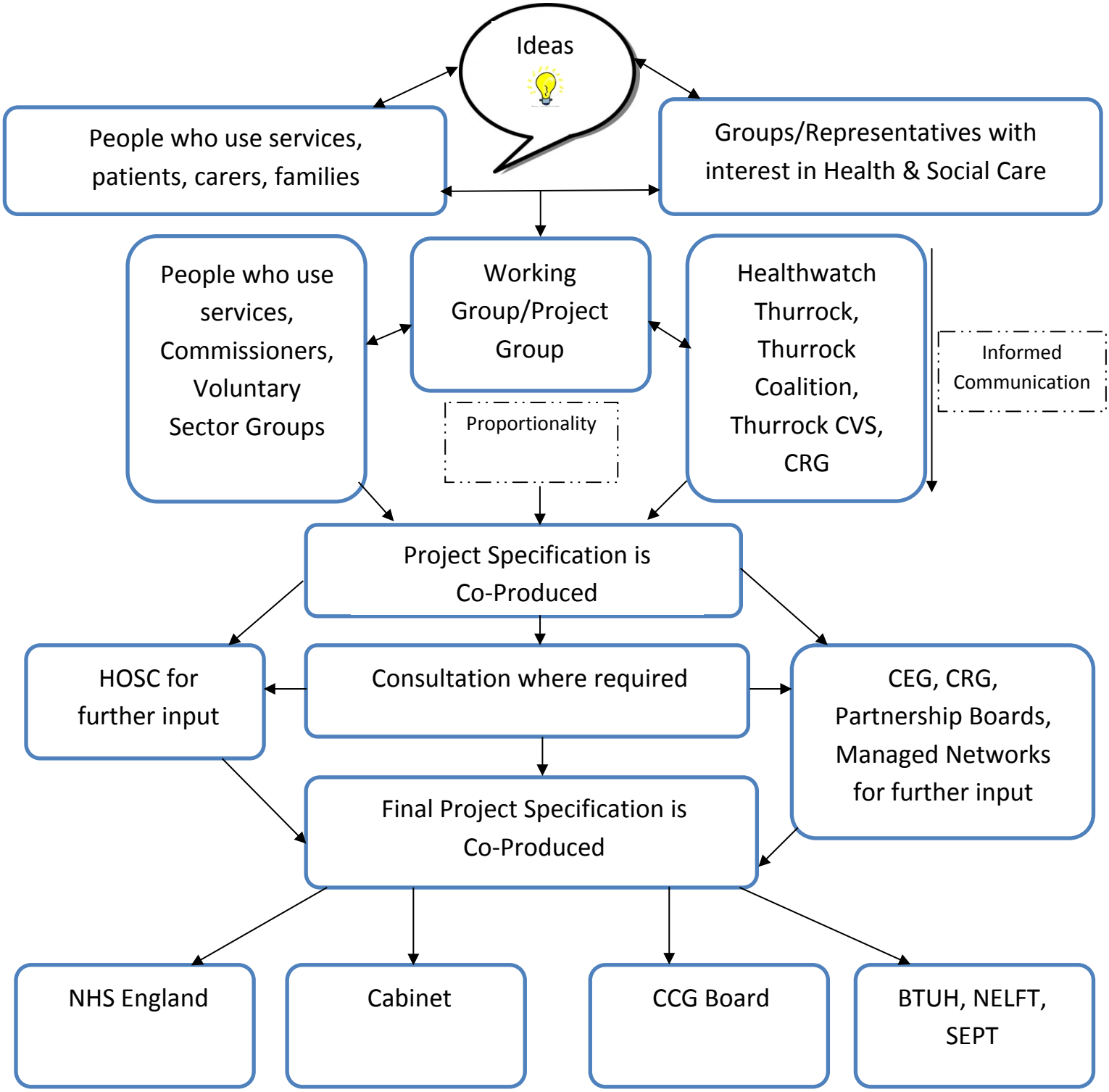
Engaging with patients and the public throughout the commissioning process



For more information go to: **http://engagementcycle.org/**

Health and Social Care Transformation Programme Engagement Group

Engagement Process Flowchart



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17th July 2014	ITEM:
Thurrock Health and Well-Being Board	
Healthy Weight and Tobacco Control strategies	
Report of: Beth Capps, Senior Public Health Manager	
Accountable Director: Andrea Atherton, Director of Public Health	
This report is Public	
Purpose of Report: To update the board as to progress with the development of the Healthy Weight and Tobacco Control Strategies for Thurrock.	

EXECUTIVE SUMMARY

1. RECOMMENDATIONS:

1.1 The Health and Wellbeing Board endorse the healthy weight strategy

1.2 The Board support the delivery of the healthy weight strategy through the healthy weight strategic delivery plan.

1.3 The Board supports the tobacco control workshop planned for autumn 2014 to lead to a tobacco control strategy for Thurrock.

1.4 The Board endorses the Council's commitment to tobacco control through Thurrock Council having signed up to the Local Government Declaration for Tobacco Control.

2. INTRODUCTION AND BACKGROUND:

2.1 The healthy weight and tobacco control work streams were established in June 2013, reporting into the Public Health Strategy Board.

2.2 The vision of the healthy weight strategy:

It is our vision for the population of Thurrock to achieve and maintain a healthy weight, to have healthy active lives that lead to a long life expectancy.

2.3 The strategy looks at the need to work with our partners in the NHS, education, transport, the community and voluntary sectors, local businesses and individuals to address all the wider determinants of health that impact on this agenda.

2.4 The prevalence of obesity and overweight in Thurrock is above average in children and adults. The prevalence of obesity and overweight in children appears to be levelling off in recent years, however, there continues to be a

large difference between reception and year 6 in the proportion of children that are overweight and obese. Issues of inequality, ethnicity and disability are highlighted as important in tackling this worrying trend across the life span.

2.5 The strategy has an overarching target; *"To reduce the proportion of children and adults in Thurrock who are obese, achieving a sustained downward trend by 2016/17"* and it is broken down into measurable targets for each year.

2.6 The strategy details the methods of consultation and engagement to date and the need to continue this approach to develop a sustainable pathway across the lifespan to deliver on the objectives and targets within the strategy.

2.7 The tobacco control strategy and workshop have been postponed to the autumn (2014) to allow the development of a policy around electronic cigarettes and to allow further consideration of the impact of electronic cigarettes. The tobacco control work stream that reports to the Public Health Strategy Board is planning a workshop for September to consult on tobacco control in Thurrock and to steer the strategy. This has been timed in line with the lead in to 'Stoptober 2014' and aims to engage people in this increasingly popular campaign designed to help as many people as possible quit smoking during October each year.

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

Healthy Weight

3.1 The healthy weight work stream consists of statutory, community and voluntary sector members who were instrumental in designing and delivering the data collection methods that evidenced this strategy.

3.2 Looking at NICE (National Institute of Health & Clinical Excellence) guidance, national policy, and stakeholder engagement around the topic achieving a healthy weight in Thurrock, a new service model for weight management will be commissioned. This new service will commence on 1 April 2015, and will be responsive to the evidence and engagement sought.

3.3 A full report has been completed following the benchmarking work completed by the Public Health team with five of our CIPFA (Chartered Institute of Public Finance and Accountability) comparator sites. This has allowed us to benchmark current services for adults and children's weight management along with school nursing.

3.4 Following the benchmarking review, the workshop and development of the healthy weight strategy it is proposed that the children's weight management programmes that follow on from the National Child Measurement (NCMP) each year in schools, will now be delivered by the school nursing service rather than a separate team. We will also be commissioning new child weight management services linked to health visiting and midwifery, with some programmes being delivered from Children's Centres and local clubs with the

focus being on fun for all the family. We will look at age specific programmes i.e. teenage, toddlers, boys or girls only sessions and programmes for disabilities etc. We want any child or young person to be able to access services, no one should be disadvantaged. These services will be piloted initially for one year only to measure the impact of the programmes on families, children and young people. We aim to review how successful these services are and measure the impact on the wellbeing of our children and young people.

3.5 Following the benchmarking review, the workshop and development of the healthy weight strategy it is proposed that the new adult weight management service will be commissioned for one year using a health trainer model linking in with community delivered programmes i.e. commercial weight management programmes, exercise and activity clubs, allotments, health walks, cookery classes, fun sessions to get people more physically active, nutrition advice etc. These services will be age related and will cover medical and non-medical referrals. We will also look at programmes for those with disabilities and programmes that will be inclusive of people with disabilities. For children's weight management programmes, these services will initially be piloted for a period of 1 year to allow evaluation within that year and flexibility to modify and change anything that isn't working and producing the outcomes we would like to impact on health and wellbeing.

3.6 To deliver the healthy weight strategy a three year delivery plan (Appendix C) has been produced to lead key actions to ensure that in partnership with others we are successful in halting obesity locally and changing behaviours that will ensure that people living in Thurrock will lead a lifestyle that results in a healthier population in Thurrock by 2017. Specific actions with measurable are detailed including the following areas:

- Community and Voluntary Sector
- Education and Learning
- Environment and Health.
- Health and Social Care
- Parks and Green Spaces
- Planning and Environment.
- Sports and Physical Activity
- Transport
- Workplaces/Local Businesses
- Working with CCG and NHS Partners –pathway work.

Tobacco Control

3.7 100,000 people in the UK and 5 million globally die prematurely every year from a smoking related illness. 1 in 2 of all long term smokers dies from their smoking habit .Locally and nationally we have seen a decline in recent years in the number of smokers engaging in a quit attempt with a recognised stop smoking service. At the same time we have seen a sharp rise in the sales of electronic cigarettes due to the increasing range of products available.

However, not all the evidence suggests these smokers are quitting with the help of an e-cigarette and many are simply switching products or dual-using.

3.8 As use of electronic cigarettes is a relatively recent phenomenon and evidence to date is scarce, there are still some major concerns about these products: those related to the product itself, those about relation between use of electronic cigarettes and smoking, and concerns about renormalization and regulation of electronic cigarettes. By 2015 we can expect to see at least one e-cigarette product licensed as a prescription medicine for nicotine replacement therapy (NRT).

3.9 There is clear evidence that the most effective tobacco control strategies involve taking a multi-faceted and comprehensive approach at both national and local level. The workshop planned for the autumn will allow us to further consult on these aspects and shape the tobacco control strategy for Thurrock.

4. REASONS FOR RECOMMENDATION:

4.1 The Health and Wellbeing Board identified one of its priorities as 'improve physical health and wellbeing'. The focus of this priority is on reducing smoking and obesity rates. This paper sets out the current position in Thurrock in relation to tobacco control and healthy weight strategies, the planned new pilot services to be commissioned from 1 April 2015 for healthy weight. The issues surrounding smoking cessation are also outlined.

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

Healthy Weight

5.1 We have ensured that there have been opportunities for engagement and feedback with community organisations and individuals and the work stream membership is reflective of the voluntary and community sector.

5.2 Three questionnaires with a mixture of closed and open questions were developed to engage with:

- The community - sent to all Thurrock Council staff and cascaded out to community and voluntary groups.
- General Practice- sent to all Thurrock GP's and asked additional questions about their tier 3 and 4 referrals and preferred method of communication.
- Schools - distributed to the Heads of Thurrock schools which asked for information about pupil's healthy activities within their school life. Some visits were also undertaken following contact from schools.

5.3 A series of satellite groups were held with a variety of community groups to ensure a wide engagement of people and experience of lifestyle factors that influence a healthy weight.

5.4 The final approach was to deliver a workshop to gather further information nd to develop a network of interested stakeholders. The event brought together community, voluntary and statutory organisations that joined together to hear a series of presentations and to undertake group work around a series of

questions pertaining to the obesity agenda. This was a well attended event with positive feedback and enthusiastic engagement from participants.

5.5 The strategy has been discussed at Adults and Children's DMTs and is also due to be discussed at Children's Partnership Board.

Tobacco control

5.6 We have ensured that staff and the community have had the opportunity to provide views on tobacco control and smoking related behaviours via a consultation and through a series of work streams.

5.7 The Smoke Free Questionnaire was devised to gauge opinion on tobacco and e-cigarettes and has been made available online, to all staff via the Intranet as well as hard copied where applicable. The survey closes later this month.

5.8 The Smoke Free Work Stream membership has representation from across council departments and recently set up a sub-group to work with Action on Smoking and Health (ASH) and the Chartered Institute of Environmental Health (CIEH) to review our smoke free policy and explore our position on the use of e-cigarettes. Our recommendation to prohibit the use of e-cigarettes has just been endorsed by People Board.

6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

6.1 Reducing the prevalence of smoking and obesity contributes to the delivery of corporate priority 'improve health and well-being'.

7. IMPLICATIONS

7.1 **Financial**

Implications verified by: **Mike Jones**
Telephone and email: **mxjones@thurrock.gov.uk**
2772

There are no financial decisions that relate to this report. The new services will not exceed the current public health grant. Efficiencies will be sought as part of the new services.

7.2 **Legal**

Implications verified by: **Chris Pickering**
Telephone and email: **01375 652925**
Chris.pickering@BDTLegal.org.uk

The Health and Social Care Act 2012 (the Act) places a responsibility on Thurrock Council as a unitary authority to improve the health of their populations. Section 12 of the Act amended the NHS Act 2006 giving

Thurrock Borough Council a new duty to take such steps as it considers appropriate to improve the health of the people in its area. Working with the new Director of Public Health the Council is tasked to champion health across the whole of the authority's business, promoting healthier lifestyles and scrutinising and challenging the NHS and other partners to promote better health and ensure threats to health are addressed. The measures set out in this report are commensurate with the new responsibility.

7.3 **Diversity and Equality**

Implications verified by: **Rebecca Price**
Telephone and email: **01375 652930**
reprice@thurrock.gov.uk

A programme of community and staff consultation and engagement has enabled a wide range of stakeholders to both shape and influence the focus and delivery mechanisms for the Healthy Weight Strategy and Tobacco Control Strategy.

A focus of the Healthy Weight Strategy will be to reduce health inequalities. This will mean focusing on those groups who are the most deprived in terms of health and well being in relation to obesity.

The services commissioned for smoking cessation and tobacco control will continue to focus on reducing health inequalities and are targeted to the most deprived areas in Thurrock.

7.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

None.

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):

APPENDICES TO THIS REPORT:

Appendix A Healthy Weight Strategy 2014-17
Appendix B Appendices to Healthy Weight Strategy 2014-17
Appendix C Healthy Weight Strategic Delivery Plan v3 DRAFT
Appendix D Tobacco Control Declaration

Report Author Contact Details:

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Telephone: 01375 652510 ex 5060
E-mail: bcapps@thurrock.gov.uk

Thurrock Healthy Weight Strategy

2014-2017

Authors:

Beth Capps

Senior Public Health Manager

Sue Bradish

Public Health Manager

Jacqui Sweeney

Health Improvement Officer

Version: **Final draft V 0.10**

Contents

1. Executive Summary

One of Thurrock Council's five corporate priorities is to 'Improve Health and Wellbeing'. The council has established a Health and Wellbeing Board (HWBB) that 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 Wellbeing Strategy (HWBS) to improve the health and well-being of the community and to reduce inequalities.

It is our vision for the population of Thurrock to achieve and maintain a healthy weight, to have healthy active lives that lead to a long life expectancy.

As a local authority we cannot do this alone, we need to work with our partners in the NHS, Education, Transport, the Community and Voluntary sectors, local businesses and individuals to address all the wider determinants that impact on this agenda.
The prevalence of obesity and overweight in Thurrock is above average in children and adults. The prevalence of obesity and overweight in children appears to be levelling off in recent years, however there continues to be a sharp increase between reception and year 6 in the proportion of children that are overweight and obese. Issues of inequality, ethnicity and disability are highlighted as important in tackling this worrying trend across the life span.
The overarching aim of this strategy is:

To promote an ethos that supports people to achieve and maintain a healthy weight.

The overarching target of this strategy; *"To reduce the proportion of children and adults in Thurrock who are obese, achieving a sustained downward trend by 2016/17"* is broken down into targets and measured each year.

This strategy details the methods of consultation and engagement to date and the need to continue this approach to develop a sustainable pathway across the lifespan to deliver on the objectives and targets within the strategy.

Current commissioned services and projects are outlined. The need to work in partnership with a number of departments and organisations to achieve the aims and targets of this strategy including the following key areas:

- Developing Partnerships and Community Involvement
- Commissioning services and a comprehensive pathway
- Workplace Health initiatives
- Joint Strategic Needs Assessment Local Priorities
- Monitoring and Evaluation of targets and commissioned services via the strategic delivery action plan.

2. Introduction and Strategic Context:

The Health and Social Care Act 2012 introduced the establishment of a new public health system. All local authorities now have a duty to improve the health of the people in their area and have responsibility for commissioning appropriate public health services. Progress in public health is measured by the Public Health Outcomes Framework (PHOF). Public Health's key areas are:

- Health improvement
- Health protection
- Healthcare public health

The PHOF has domains relevant to addressing the topic of **overweight and obesity** and the following areas are relevant to the new duties of the local authority:

- Activities to tackle obesity such as community lifestyle and weight management services
- Increasing levels of physical activity in the local population
- Locally-led nutrition initiatives
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Local initiatives on workplace health

One of Thurrock Council's five corporate priorities is to 'Improve Health and Wellbeing', demonstrating the Council's commitment to this agenda. The council has established a Health and Wellbeing Board (HWBB) that 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 Wellbeing Strategy (HWBS) to improve the health and well-being of the community and to reduce inequalities.

The HWBB priority in Thurrock is to 'improve health and well-being' and has three specific objectives that the Strategy will deliver:

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

The vision is to have 'resourceful and resilient people in resourceful and resilient communities'.

The strategy states that core principles will shape the delivery for the population of Thurrock, key components are prevention and early intervention; partnership working; integration and joint working; community-based solutions; choice, empowerment, control and personal responsibility. The Health and Wellbeing Strategy agrees one of two main priorities to be **"...to reduce the prevalence of obesity in Thurrock."** This Strategy is aligned to this main Health and Wellbeing priority and sits within it's framework, vision and aims.

3. Vision Statement

It is our vision for the population of Thurrock to achieve and maintain a healthy weight, to have healthy active lives that lead to a long life expectancy.

As a local authority we cannot do this alone, we need to work with our partners in the NHS, Education, Transport, the Community and Voluntary sectors, local businesses and individuals to address all the wider determinants that impact on this agenda.

4. Aims and Objectives:

The objectives of this Healthy Weight Strategy for 2014-17 are:

- To deliver a range of evidence based policies and programmes across different settings that reflect the needs of communities in Thurrock
- To tackle the inequalities in health outcomes in relation to obesity by targeting services appropriately
- To monitor progress related to targets as part of an on-going action plan to ensure activity and investment is effective and meeting local need
- Develop a less obesogenic[1] environment
- To focus on preventative measures around people achieving a healthy weight as well as providing treatment and weight management services for those people who are already overweight or obese
- Developing our parks and open spaces, having safer places to play and safe cycling and walking routes.
- Working with the planning department to ensure that developments are geared to promoting healthy lifestyles.
- To support the development and delivery of the Sport and Physical Activity Strategic Action Plan.

The overarching aim:

- **To promote an ethos that supports people to achieve and maintain a healthy weight**

5. National Targets

There are two indicators within the PHOF (2012) which are directly related to overweight and obesity:

- **Excess weight in 4-5 year olds**
- **Excess weight in 10-11 year olds**

These are based on National Childhood Measurement Programme (NCMP) data and show Thurrock similar to the England average for 4-5 year olds (22.1% compared to 22.2%), but higher than the England average for 10-11 year olds (35.5% compared to 33.3%) although statistically similar. These will be measured annually.

In addition, the strategy supports the national targets detailed in Healthy Lives, Healthy People (2011) report. These are:

"A sustained downward trend in the level of excess weight in Children by 2020"
"A downward trend in the level of excess weight averaged across all adults by 2020"

[1] The term 'obesogenic environment' refers to the role environmental factors may play in determining both energy intake and expenditure.

6. Local Targets

Overarching target:

> *"To reduce the proportion of children and adults in Thurrock who are obese, achieving a sustained downward trend by 2016/17 "*

This will be monitored annually by measuring the following:

	Indicator	**2012/13 Thurrock baseline**	**2016/17 target**	**Source**
1.	Reducing obesity at reception year to be statistically similar or less than the national average. (9.3% England average 2012/13)	9.6%	9.3%	NCMP data
2.	Reducing obesity at age 11 years to be statistically similar or less than the national average. (18.9% England average 2012/13)	19.8%	18.9%	NCMP data
3.	Reducing the percentage of adults (16+) that are overweight or obese to be statistically similar or less than the national average. (63.8% England average 2012/13)	70.8%	63.8%	Active People's survey
4.	Increasing the number of people who are physically active* to the same level or higher than the national average. (56% England average 2012/13)	53.5%	56%	Active People's survey

*Defined as the number of adults getting 150 mins exercise per week.

Indicator number 3- excess weight in adults, this data was captured and published for the first time in 2012/13. Previous data was only available as a modelled estimate for adult obesity prevalence via the Health survey England in 2006-08.Therfore sufficient trend data on this indicator is not available to ascertain definite targets. Therefore the values have been included as an aspiration and may need to be altered during the course of the next few years.

7. What is Obesity and Overweight?

BMI = Body Mass Index is a number calculated from person's weight (kg) divided by the square of their height (m).

- An adult BMI of between 25 and 29.9 is classified as overweight
- a BMI of 30 or over is classified as obese

BMI range (kg/m2)	Classification
< 18.5	Underweight
18.5 - 24.9	Healthy weight
25 -29.9	Overweight
30 - 34.9	Obesity I
35-39.9	Obesity II
= 40	Obesity III

Diagram A BMI

BMI does not take into account factors such as size of body frame, proportion of lean body mass, gender and age. However it is a fairly reliable indicator of body fatness for most people and is an inexpensive and easy-to-perform method of screening for weight categories that may lead to health problems. Although it does not measure body fat directly it has been shown to correlate well to direct measures of body fat. If there is doubt about a person's health risk, there are additional assessments that can be carried out such as waist circumference, skinfold thickness, discussions and questions about diet and physical activity.

Presently there is debate about the definition of childhood obesity and the best way to measure it in England.

The following methods are used:

- Royal College of Paediatrics and Child Health growth charts which include BMI, for children aged 2-18 (2012) are recommended for clinical practice.
- British 1990 growth reference (UK90) charts are used for Public Health programmes such as the NCMP.

The use of different methods has the potential to cause confusion for both clinicians and parents.

Assessing the BMI of children is more complicated than for adults because a child's BMI changes as they mature. Growth patterns differ between boys and girls, so both the age and sex of a child needs to be taken into account when estimating BMI. Because the relationship between a child's BMI and the level of fatness changes over time, fixed thresholds such as those used for adults should not be applied to children as they would provide misleading findings. For these reasons a growth reference must be used.

In essence overweight and obesity is simply an imbalance between the calories we consume as 'food and drink' and those we 'use up or burn' when active. However, this simplistic view hides a rather more complex and multifaceted explanation.(Foresight 2007) The term 'obesogenic environment' refers to the role environmental factors may play in determining both energy intake and expenditure.

8. National Picture

The Department of Health published a policy of “Reducing obesity and improving diet” on 25th March 2013 and was clear to describe the importance of reducing the prevalence and therefore costs associated with obesity. “In England, most people are overweight or obese. This includes 61.9% of adults and 28% of children aged between 2 and 15....Health problems associated with being overweight or obese cost the NHS more than £5 billion every year”.

I. Inequalities

As with many other aspects of health it has long been known that the lower a person's socioeconomic status, the more likely they are to be overweight or obese. The socioeconomic inequalities have increased in the UK since the 1960s leading to a wider gap in regards to both child and adult obesity with differences in prevalence in both age and gender.

Analysis from the NCMP suggests that obesity prevalence among children in both Reception and Year 6 increases with increased socioeconomic deprivation (measured, for example, by the 2010 Index of Multiple Deprivation (IMD) score). This is summarised by "obesity prevalence of the most deprived 10% of the population is approximately twice that of the least deprived 10%".

II. Ethnicity

It is difficult to summarise on a national scale as it incorporates a range of broad and complex factors with minority ethnic communities. There is data available from the 2004 Health Survey for England (HSE) including a "boost sample" from minority groups however it does not effectively reflect the national picture of obesity prevalence in adults from minority ethnic groups in combination with there being almost non-existent information for many smaller ethnic groups.

The National Obesity Observatory explains that there is an ongoing debate around the validity of information around the definition of obesity within different ethnic groups for adults and children by exploring that different groups are associated with "a range of different body shapes and different physiological responses to fat storage".

There is no straightforward relationship between obesity and ethnicity, with a complex interplay of factors affecting health in minority ethnic communities in the UK.

III. Disability

There is also limited data about the link between disabilities and obesity. It is accepted that those people with disabilities are more likely to be obese because of the assumed lower rates of physical activity compared to the general population. However it is also acknowledged that those people with learning difficulties often fall within the underweight or obesity group which suggests a number of other factors may be having an influence here.

9. Local Picture

I. Adult Obesity

The data for Thurrock shows that **70.8% of adults (aged 16 +) are overweight or obese.** The **England average is 63.8%.** The graph below shows that of the CIPFA (Chartered Institute Public Finance and Accountancy) comparator local authorities Thurrock has the second highest prevalence of Excess weight in adults however this is only statistically significantly higher than one of the comparator local authorities (Bolton).

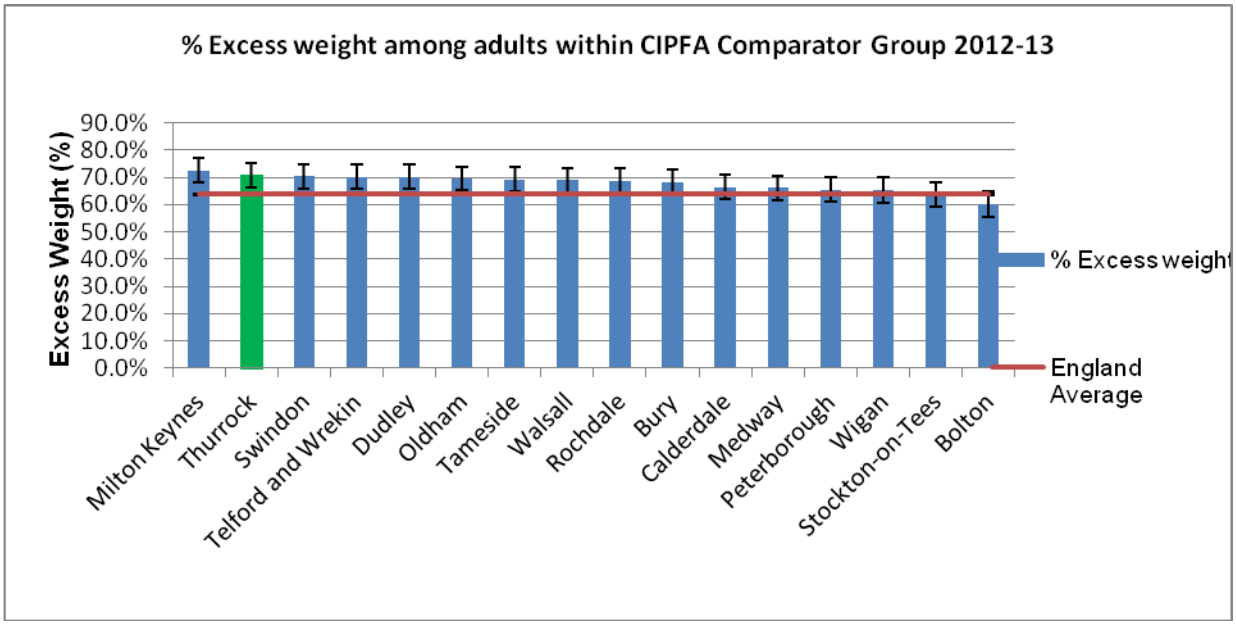

Figure 1 % Excess weight among adults within CIPFA Comparator Group 2012-13

II. Childhood Obesity

NCMP measures the weight and height of children in Reception (aged 4 to 5 years) and Year 6 (aged 10 to 11 years) to assess underweight, healthy weight, overweight and obesity levels within primary schools. It is has been in operation since 2006.

Children's heights and weights are measured and used to calculate a Body Mass Index (BMI) centile. The measurement process is overseen by trained healthcare professionals in schools.

The most recent NCMP data 2012/13 shows Thurrock to have an obesity prevalence in **Reception-aged** children of **9.6%,** which is significantly higher than the East of England average (8.1%), and is above the England average of 9.3%.

Obesity prevalence in Thurrock has shown a decrease in line with the regional trend (see Figure 1) Thurrock's prevalence in 2012/13 is statistically significantly higher than the East of England prevalence, whereas in 2011/12 there was no significant difference.

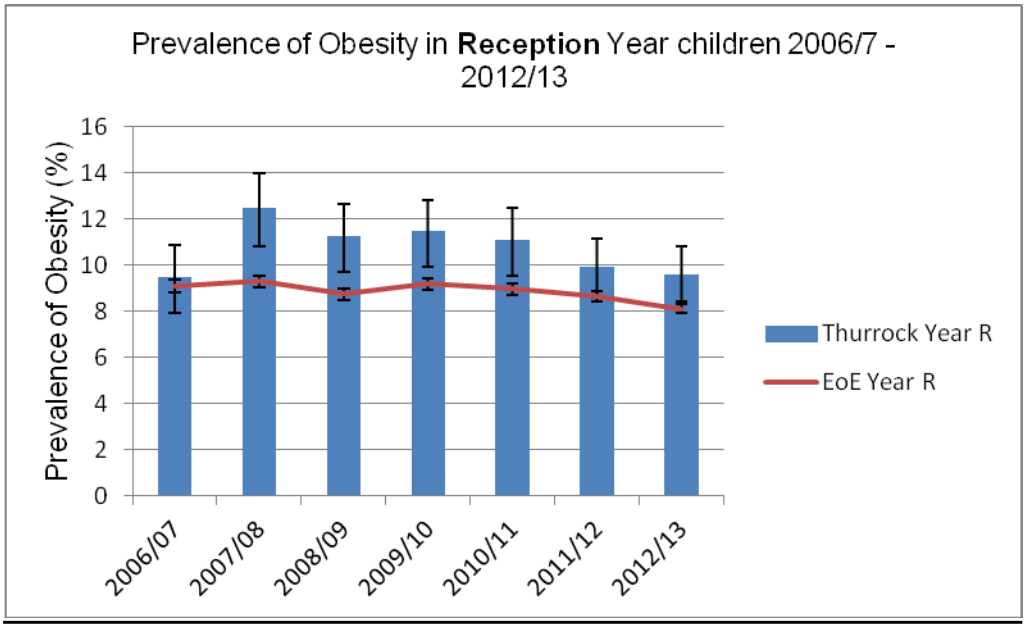

Figure 1: Obesity prevalence in Reception-aged children from 2006/07 – 2012/13 academic years for Thurrock and East of England.

The 2012/13 data shows Thurrock to have an obesity prevalence in **Year 6-aged** children of **19.8%,** which is more than double the local prevalence in Reception. Thurrock's prevalence is significantly higher than the East of England average (17.0%), and is above the England average of 18.9%, although not significantly so.

The trend in Year 6 children obesity prevalence in Thurrock mirrors the regional trend (see Figure 2). Thurrock's prevalence in 2012/13 is statistically higher than the East of England prevalence, which continues the trend observed since the 2007/08 data.

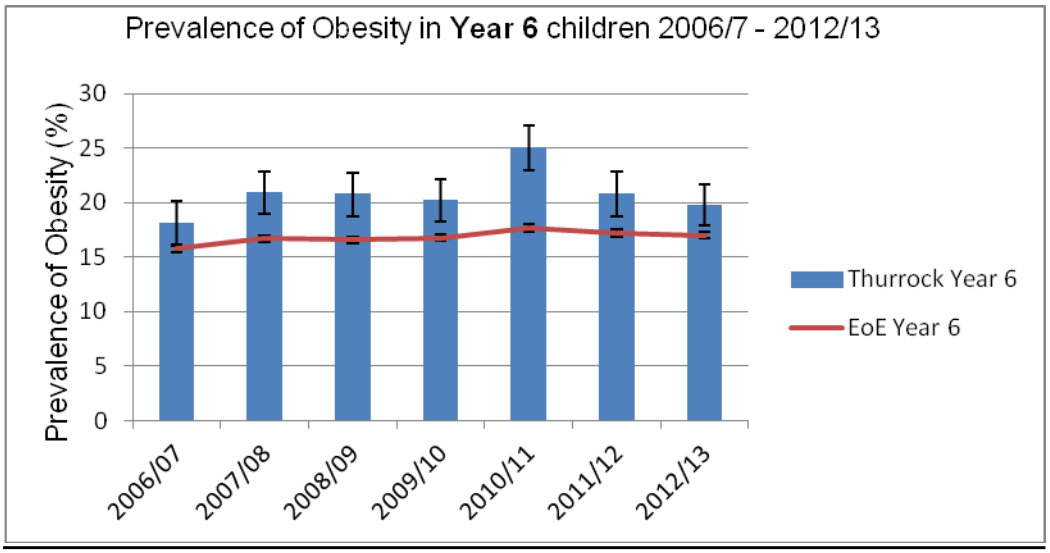

Figure 2: Obesity prevalence in Year 6 children from 2006/-7 – 2012/13 academic years for Thurrock and East of England.

10. Current Services

I. Commissioned Services:

Healthy Weight and Expectant Mothers
Basildon and Thurrock University Hospital NHS Foundation Trust (BTUH) Maternity unit participated in a national Slimming World pilot HELP (Healthy eating and lifestyle in pregnancy). This pilot identified that 1 in 5 pregnant women in the UK were obese. It was identified that excessive weight gain in pregnancy can lead to long term obesity and can have an effect on childhood obesity as well.
To follow on from the participation in the HELP study the public health team have contributed to a further Slimming World pilot programme in conjunction with BTUH for expectant mothers in consultation with their midwives. The results of this pilot will be reported back to the Public Health team to determine the long term place for this initiative.

Eat Better, Start Better
The Public Health team have worked with the Learning and Skills team to deliver the Eat Better, Start Better, programme in Thurrock a two-year programme to improve food provision for children aged 1-5 in early years settings. The projects aims are:

- Improved, healthier food provision, including increasing nutrition and cooking skills knowledge in the workforce and parents, for children aged 1-5 in early year's settings and at home.

Following on from an evaluation, work continues to ensure the programme's sustainability.

Change 4 life – Lifestyle Weight Management – Children
The Change 4 Life team supports the reduction of childhood obesity within Thurrock by supporting children and parents to make healthier lifestyle choices and is targeted towards the most deprived areas. Families are signposted to the programme following identification of unhealthy weight through the National childhood Measurement Programme. Participants will be encouraged to reduce or maintain their BMI, increase the proportion of fruit and vegetables eaten daily, reduce sedentary activities and increase physical activities.

Healthy 4 Life programme delivered by Vitality
This is a tier 2 community based 12 week programme for adults offering information and support to individuals wishing to make sustainable lifestyle changes. The programme includes information sessions on healthy food choices, combating stress and the benefits of physical exercise. Participant feedback identifies that

> *"The way in which healthy eating and exercise is promoted is far better than any quick fix you get with dieting and if followed properly it's a change for life"*
> *(Peter, South Ockendon, 2011)*

Active Sport 4 Life
Sport England funded Active Sport 4 Life project aims to demonstrate a clear link between improved health, life expectancy and participation in sport. The project encourages the most inactive members of the community (aged 14+), whose primary reason for referral through any programmes is they have a BMI of 28+, to access a programme of sports activities in existing sporting and active community groups to increase their participation to at least once a week for a minimum of 30 minutes. The project also supports small sports clubs to develop their communities to engage wider with people who are inactive.

Travel Thurrock
Central government funding was awarded to Thurrock to deliver a sustainable transport project, Travel Thurrock. The funding is available until March 2015 and aims to engage with residents, businesses and communities to promote travelling by sustainable and active modes, namely walking and cycling. Support is given to individuals, workplaces and schools to improve their health by removing the barriers to walking and cycling.

11. How has this strategy been developed?

The Health and Wellbeing Board (HWBB) brings partners together to lead the integration of health and well-being services across the NHS, Thurrock Council and the Community and Voluntary sector

The Public Health Strategy Board sits under the Health and Wellbeing Board and its purpose is to oversee the delivery of the public health priorities within the Health and Wellbeing Strategy and the Public Health Service plan and to engage partners.

The healthy weight work stream is an operational arm of the Public Health Strategy Board; its aim is to deliver the public health strategy boards priorities around healthy weight

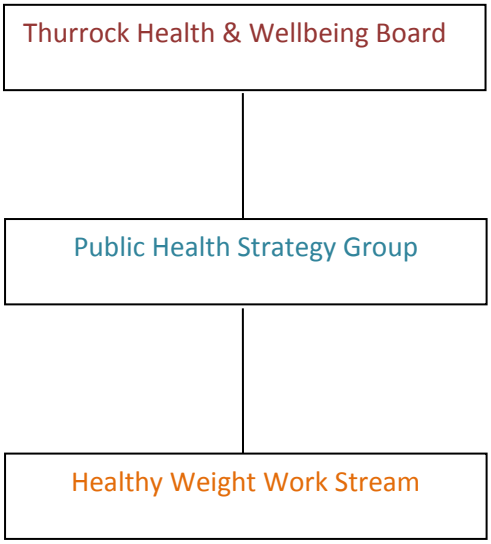

Diagram A Development of Strategy

The Healthy Weight work stream consists of Statutory and Community and Voluntary sector members who were instrumental in designing and delivering the data collection methods that evidenced this strategy.

I. Community engagement

In line with Thurrock Council's ethos of involving the community in developing services and solutions the strategy has an ABCD (Asset Based Community Development) approach. We have ensured that there have been opportunities for engagement and feedback with community organisations and individuals and the work stream membership is reflective of the voluntary and community sector.

Questionnaires (Appendix C)
Three questionnaires were developed using a similar approach as the satellite questions but with particular relevance to the groups they were sent to.

- A community questionnaire was sent to all Thurrock Council staff and cascaded out to community and voluntary groups. This questionnaire consisted of the same questions as the satellite questions but gave space for further dialogue of the type that would be collected during the face to face interviews.
- A GP questionnaire was sent to all Thurrock GP's and asked additional questions about their tier 3 and 4 referrals and preferred method of communication.
- A schools questionnaire was distributed to the Heads of Thurrock schools which asked for information about pupil's healthy activities within their school life.

Satellite Groups (Appendix D)

A series of satellite groups were held with a variety of community groups encompassing all sections to ensure a wide engagement of people and experience of lifestyle factors that influence a healthy weight.

Healthy Weight Workshop (Appendix E)
The final approach was to deliver a workshop to gather further information and to develop a network of interested stakeholders. The event brought together community, voluntary and statutory organisations that joined together to hear a series of presentations and to undertake group work around a series of questions pertaining to the obesity agenda. This was a well attended event with positive feedback and enthusiastic engagement from participants.

12. Working in partnership

The multifaceted nature of obesity necessitates a joined up approach to meet the complexity around obesity and overweight. Action is required at every level, a joined up approach from the individual to society, and across all sectors. Obesity cannot be effectively tackled by one discipline alone. There are various departments, services and partner organisations that can work together in a coordinated way to make a real impact.

I. Community and Voluntary Sector

Work with communities and the voluntary sector have a key role to play in tackling obesity and overweight. There is huge potential to engage with communities through the:

- development of community hubs and Local Area Coordinators
- existing channels through CVS and Healthwatch.
- development of volunteer and community champions to engage with hard to reach communities
- piloting of interventions and revised models of service delivery.
- Local Area Coordinators (LACs) developed with a health focus can play an important role in connecting people to opportunities to be physically active,
- community activation programmes such as ‘Beat the street’
- programmes to support people with healthy cooking initiatives
- linking people to commissioned interventions as appropriate.

II. Education and learning

We know that there is a correlation between obesity and educational attainment (Cohen et al 2013) with obesity prevalence decreasing with increasing levels of educational attainment. Public Health works with Thurrock schools through:

- The National Child Measurement Programme delivered in schools by the school health teams measuring and weighing children to identify those that would potentially benefit from referral to a healthy weight programme.
- The school sports premium allows schools the opportunity to direct funds towards local solution around sport and physical activity.
- Programmes that link schools on an area wide basis such as ‘Beat the Street’
- Programmes around healthy eating
- Programmes to engage pupils in activities that promote healthy weight, both physical and educational.

III. Environmental Health

The Environmental Health team have regular access to local food businesses in Thurrock and demonstrate a commitment to working in partnership to tackle obesity and overweight in Thurrock by:

- Establishing a Healthy Catering Commitment project.
- Encouraging outlets to change the way they cook and produce foods
- Linking with the PHRD

IV. Health and social care

Obesity increases the risk of many long term conditions such as diabetes, cardiovascular, respiratory and liver disease, muscular skeletal disorders and some cancers. This presents a significant challenge to the health and social care system.

Social care provision for very obese people can be costly through the provision of:

- housing adaptations
- carer support.

The embedding of physical activity and health eating support within existing social care pathways would benefit both the user and the challenges encountered by the service (see reference section for relevant frameworks)

V. Parks and green spaces

Parks and green space are important for communities and allow people the opportunity to be active in their leisure time. Thurrock has the benefit of the River and Beach environment within the local authority area. Maintenance and improved quality results in increased use of these facilities.

VI. Planning and environment

The development of links between the Public Health and Planning teams will allow closer collaboration on projects of joint interest including:

- looking at the close proximity of takeaways to schools in Thurrock (paper taken to overview and scrutiny committee.)
- working together to create a healthier built environment that allows people more opportunity to by physically active in the way buildings and spaces are designed.

VII. Sports and Physical Activity

Public Health works with Thurrock Sports and Physical Activity Partnership Group which has a wide membership including;

- local leisure centres
- school sports co-ordinators
- Active Essex,
- providers of weight management services,
- Council members and officers including Public Health
- volunteers of sporting, exercise and physical activities in Thurrock.

The aims of the partnership are to identify funding opportunities and work with other organisations in identifying and initiating sporting/activity projects. To assist in this there is a 'Physical Activity connector' who helps to;

- shape the work of the partnership and facilitate more joined up working.
- to drive forward projects that increase physical activity and sports in Thurrock
- identify members to be ambassadors for projects in their workplace and communities.
- to a refresh the *'Active Thurrock'* group
- to access Sport England funding such as 'Sportivate'.

VIII. Transport

In general in the last 50 years or so there has been an increase in car use and decrease in active travel such as cycling and walking. There are important health benefits related to walking and cycling. We aim to maximise the potential to encourage these forms of active travel. This also contributes to objectives in relation to sustainability and congestion. The Healthy Weight work stream benefits from partnership working with the Local Sustainable Transport Fund (LSTF) colleagues to:

- develop and commission the 'Beat the Street' project for Thurrock
- to include provision of cycling and walking infrastructure;
- engage and support to local businesses to encourage active travel;
- extensive support for school to promote cycling;
- Bikeability training at schools, Levels 1 and 2.

IX. Workplaces/Local Businesses

Working with local businesses and partners Public Health aims to increase access to and availability of healthy food choices though the Public Health Responsibility Deal. We will;

- encourage local workplaces and businesses to sign up to the Responsibility Deal
- support employees and customers to make healthier choices
- introduce policies to prevent, support and manage obesity
- encourage availability of healthy food choices in the workplace
- encourage provision and promotion of physical activity for example, by introducing walking meetings or non-working lunch times.

The effectiveness of such policies is dependent on the support and ongoing commitment of senior members of staff.

https://responsibilitydeal.dh.gov.uk/wp-content/uploads/2013/04/130408-RD-Toolkit-Web-version.pdf

X. Developing a clear referral pathway for Tiers 2 and 3

It will be essential to work with the CCG and NHS partners around whole system approach (tiers 3 and 4) in the development of a pathway for Healthy Weight Management. The existing pathway is incomplete and undergoing considerable change in the services commissioned by the Local Authority (tier 2). Work needs to be completed through the engagement with the work stream to develop and implement the pathway effectively in Thurrock.

The diagram below is to show the costs associated with commissioned tiers of services. It is recognised that some areas may fall within to more than one tier. i.e. community weight management interventions such as Weight Watchers and slimming world can be defined as a tier 2 intervention however in Thurrock these interventions are not currently commissioned for the whole population and are self funded and as such have been included as Tier 1.

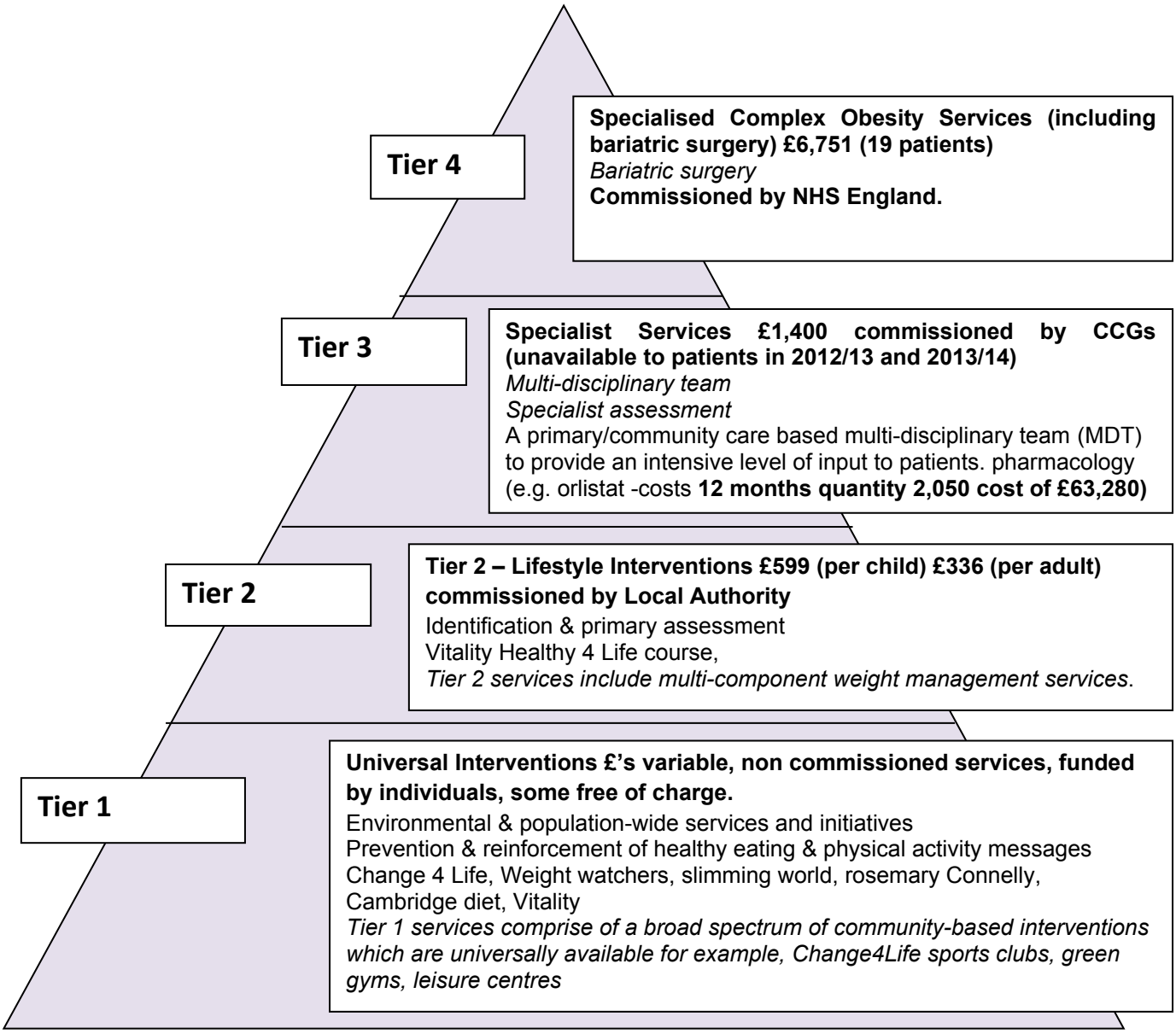

Diagram A: Tier Pathway, costs estimated per person based on commissioned services 2012/13

13. Commissioning a service for children:

During the consultation stakeholders were asked:
"What should a children's community weight management project look like?"

Two of the top questionnaire responses were ***"prevention in schools"*** and ***"joint delivery of services for families"***.

To build on this feedback during the workshop, participants were asked:

- Who should be involved in delivering a family-focused weight management programme? What would their roles be?
- What else do you think we should all be doing (e.g. within schools/ homes/ communities) to promote a healthy weight in our children?

The key findings that evolved out of the questions were that involvement from universal services was important, libraries, youth workers and teachers were listed consistently.

A strong referral process was also identified as crucial in order to tackle overweight children.

Cohesive family physical activity services were also mentioned as being a potentially good idea in attempts to educate parents as well as placing importance on an active lifestyle for the whole family.

A key message was also that engagement should be sought from local businesses and suggested that perhaps a working together agreement be implemented for not only large supermarkets but small chip shops and newsagents were equally important.

14. Commissioning a service for adults:

During the consultation stakeholders were also asked:

"What should an adult's community weight management project look like?"

Two of the top questionnaire responses were "focus on everyday activity, and fun exercise for all" and "Community involvement"

To build upon this during the workshop participants were asked:

- What would fun exercise look like for the whole family?
- How can we make this sustainable?
- How can we involve communities and volunteers in adult healthy weight management groups/ activities?

Suggestions for an adult weight management service seemed to be very physically focused with most suggestions encouraging active participation rather than nutritional education. The suggestions including themed exercise sessions and linking into the above there was a strong recommendation for active sessions which included the whole family.

Geo caching was suggested as a fun idea that is becoming increasingly trendy. The idea would essentially be a large scale scavenger hunt incorporating adults and children through a range of difficulty levels.

Consistently through the adult and child focused question almost every table emphasised the need to utilise existing services and groups and were clear duplication would not be useful.

Suggestions were also made around the way the programme, in whatever form, was communicated to the community and it was suggested that council offices, GP surgeries TVs, leaflets and local media should all be considered.

Finally, a theme emerged around engaging young people to become trainers of active sport within the community. Incentives of employment, training schemes or accredited courses would inspire young people to become more active and community focused which could potentially be a good sustainability tool.

Stakeholders at the Healthy Weight Workshop (5 Dec 2013) discussed their ideas for a short mission statement to encompass Thurrock achieving a healthy weight:

"Helping Thurrock put a swing in its step"

"The GRASS is greener for those who stay leaner"

"Integrating healthy weight community cohesion"

"Meat, fruit, veg and fish combine to make a healthy dish."

15. Future direction of Thurrock Weight Management Services and commissioning:

Looking at NICE (National Institute Clinical Excellence) guidance, national policy, and stakeholder engagement around the topic achieving a healthy weight in Thurrock, a new service model for weight management will be commissioned. This new service will commence on 1 April 2015 and will be responsive to the evidence and engagement sought.

The following areas of focus will be featured in what is commissioned from weight management services and also from other projects that will impact upon obesity and healthy weight within Thurrock:

Community involvement – There will be a general move towards tier 1 delivery being largely community based and delivered by the community through community and voluntary sector and the development of health champions (including youth health champions) and trainers.

Psychological support –To be built into service specifications of commissioned services to recognise the complex interplay of factors involved in over eating, unhealthy patterns that develop and breaking unhealthy cycles and relationships with food and exercise.

Psychological factors will be considered when commissioning and implementing new projects.

Family based inclusive approach- A family based approach when commissioning children and young people's lifestyle weight management services is recognised as essential and will be a feature of the new service model. The age range of interventions will cover all ages with a variety of options covering the lifespan from cradle to grave removing the gaps in service that currently exist to ensure there is an offer for all.

Delivery -Services will be delivered in a non judgemental way recognising the common problems with perceptions of what constitutes a healthy weight, offering participants the

opportunity to explore this for themselves. Services will be responsive to the needs and assets of the population.

Develop better links with schools- This is considered essential with the redesigned service model to allow appropriate follow up from NCMP measurements and to engage as widely as possible with children and young people in Thurrock.

Emphasis on 'fun' activities- To be successful, sustainable and beneficial exercise and physical activity needs to be fun and responsive to what families and people in Thurrock want to do.

Exercise on prescription – Based on feedback, pilots and programmes will be explored to allow GP and professionals referral to exercise and evidence based weight management programmes.

From April 2015 a new Tier 1 to Tier 4 weight management pathway will be in place with clear referrals and outcome measures.

16. Next steps

I. Commissioning & Pathways

- All healthy weight initiatives and programmes will have defined priorities, key action points and reporting methods.
- Support GP's and Primary Care Professionals to have a pathway and tools (Activity directory) for undertaking brief interventions around healthy weight and referring into the relevant tier of weight management services and physical activity programmes.
- School activities and family programmes around healthy weight will be an important element in combating the rise in obesity between reception and year six children and these will be evaluated to measure success.
- In response to the engagement to date, specific programmes/projects will be commissioned with the objective of working to reduce the obesogenic environment in Thurrock.
- Developing a life course approach to aspects of commissioning and delivery is an important aspiration to allow an inclusive approach

II. Partnerships & community involvement

- Continue to develop the partnership working that has started with the Healthy Weight workstream and workshop held in December 2013
- There will be defined care pathways for the management of obesity that we will work to develop and implement in partnership through the Healthy Weight Workstream.
- Using local leadership such as Hubs and the Local Area Coordinators (LAC's) and the ABCD principles, communities will have played an important role in identifying and developing physical activity and healthy eating opportunities that are relevant to their local areas and resources.
- Communities will be involved in physical activity challenges such as 'Beat the Street'.

III. Workplace Health

- Thurrock Council is engaged in the Public Health Responsibility Deal pledges H04 and P4 around healthy eating and physical activity and is this is being cascaded out to further businesses.
- Businesses will be encouraged to provide healthy eating canteens and to increase walking, cycling and use of public transport rather than car use.

IV. JSNA local priorities

- The Thurrock JSNA will evidence success of recommendations of this strategy by providing local and national health profiles. Comparison against previous and national profiles will be key indicators of a healthy weight population shift within Thurrock.
- The JSNA can be used as a tool to evaluate the success of this strategy.

V. Monitoring and Evaluation:

Evaluation is vital for understanding what works and why and also for ensuring that funding is spent in the right way. Evaluating obesity interventions can be very challenging as short term success isn't always sustained over time and there are also often difficulties with following people up. This results in time delays in establishing long term effectiveness of interventions.

VI. Strategic Delivery Action Plan:

An action plan will be available in line the above section that will outline developments, programmes and actions that need to be developed to meet the obesity related targets that have been outlined. This is a working document developed by the Healthy Weight work stream and available from Thurrock Public Health Team. publichealth@thurrock.gov.uk

15. References:

1) Adult Health & Social Care Outcomes Framework 2012/13, Domain 1: 'Enhancing quality of life for people with care and support needs'.

2) Educational attainment and obesity: a systematic review. Cohen AK1, Rai M, Rehkopf DH, Abrams B (2013) Obesity Reviews. Volume 14, Issue 12, Article first published online: 25 JUL 2013

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4) NICE (2006). Clinical Guidance 43. *Obesity guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children*. National Institute for Health and Clinical Excellence. www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf

5) Strategic Review of Health Inequalities in England Post-2010 (The Marmot Review), 11 February 2010

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7) Rimmer J, Wang E, Yamaki K, & Davis B. FOCUS Technical Brief No. 24. Documenting Disparities in Obesity and Disability, National Center for the Dissemination of Disability Research (NCDDR) 2010.

8) Child and Maternal Health Observatory (CHIMAT). Disability and obesity: the prevalence of obesity in disabled children, 21 July 2011.

9) Foresight (2007) *Tackling Obesities: Future Choices – Project Report*. Government Office for Science. www.bis.gov.uk/foresight/publications/reports

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16.Appendices

I. Appendix A

Briefing on the Adult Obesity statistics published by Public Health England 4th February 2014

Background:

Questions on self-reported height and weight were added to the Sport England Active People Survey (APS) in January 2012 to provide data for monitoring excess weight (overweight including obesity, BMI ≥25kg/m^2) in adults (age 16 and over) at local authority level for the Public Health Outcomes Framework.

Public Health England have performed extensive analysis to quality assure the data and by making comparisons with measured data from the Health Survey for England have produced adjusted prevalence of excess weight.

Differences between self-reported and measured height and weight vary in a systematic way, primarily as a function of age and sex. The variation can be described by formulas, which have been used to adjust self-reported height and weight at an individual level to estimate the likely actual height and weight of those individuals. Therefore the APS data after such adjustment can be used to provide robust estimates of excess weight prevalence at both national and local authority level and these estimates can be monitored over time.

Thurrock data:

The data for Thurrock shows that 70.8% of adults (aged 16 +) are overweight or obese. The England average is 63.8%. The graph below shows that of the CIPFA comparator local authorities Thurrock has the second highest prevalence of Excess weight in adults however this is only statistically significantly higher than one of the comparator local authorities (Bolton).

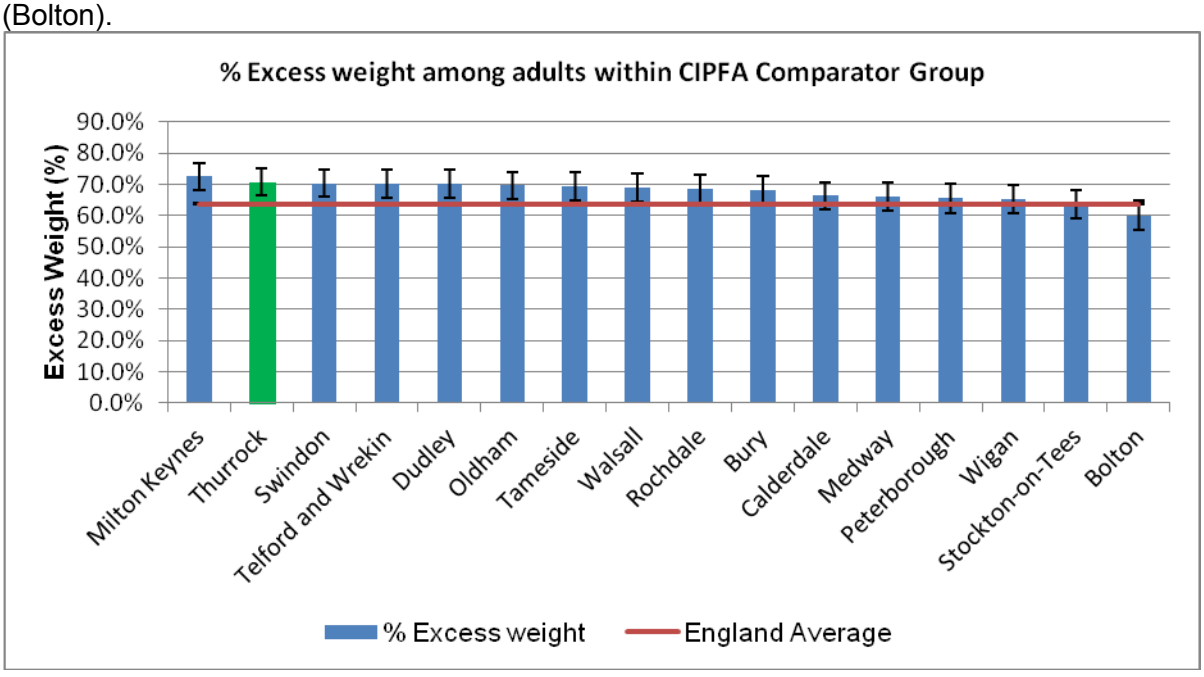


Figure 1 % Excess weight amoung adults within CIPFA Comparator Group

Definitions:
Excess weight is a term used for overweight including obesity; it is defined as a Body Mass Index (BMI) greater than or equal to 25kg/m^2
Adults are aged 16 years and over
The data covers the period from mid January 2012 to mid January 2013

About the Active People Survey:
The Active People Survey (APS) is a large telephone survey of sport and active recreation among adults (age 16 and over) in England, commissioned by Sport England.
The APS results are weighted to be representative of the adult population at local authority level in terms of age by sex, ethnicity, working status by sex, household size and socioeconomic classification (NS-SEC).
The average sample size per unitary authority is 876.

Note of caution:
Whilst this data is the most accurate data currently available it is important to note that it is based on a small sample size and is self reported and is not directly comparable with the previous most recent data set.

Previous data:
The previous data showing prevalence of adult obesity was for 2006-08 and was from this Health Survey for England. This data was a modelled estimate and as such this most recent data from the APS is likely to be far more robust.
Thurrock's last recorded prevalence data for adult obesity (16+) was 28.1% in 2006-08 which was significantly higher than the national average of 24.1% and the east of England average of 23.58% This is difficult to compare with the most recent data release as this includes individuals with a BMI of 30+ where the most data release is for individuals with a BMI of 25+

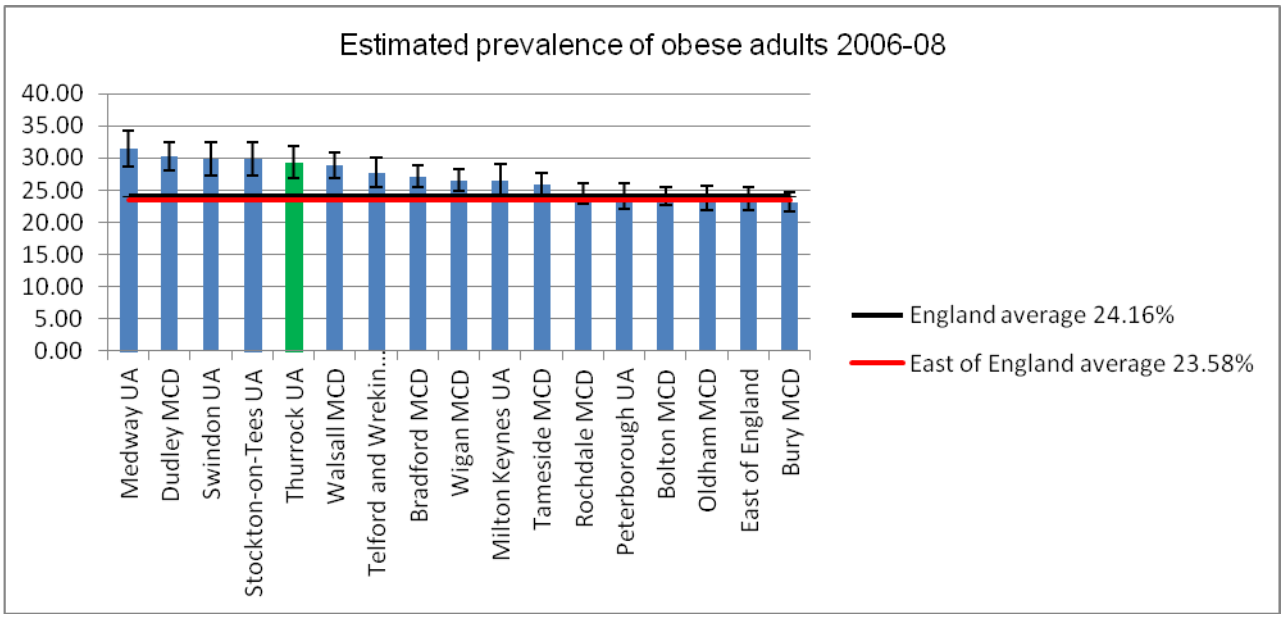


Figure 2: Estimated prevalence of obese adults 2006-08

II. Appendix B

Childhood Obesity in Thurrock

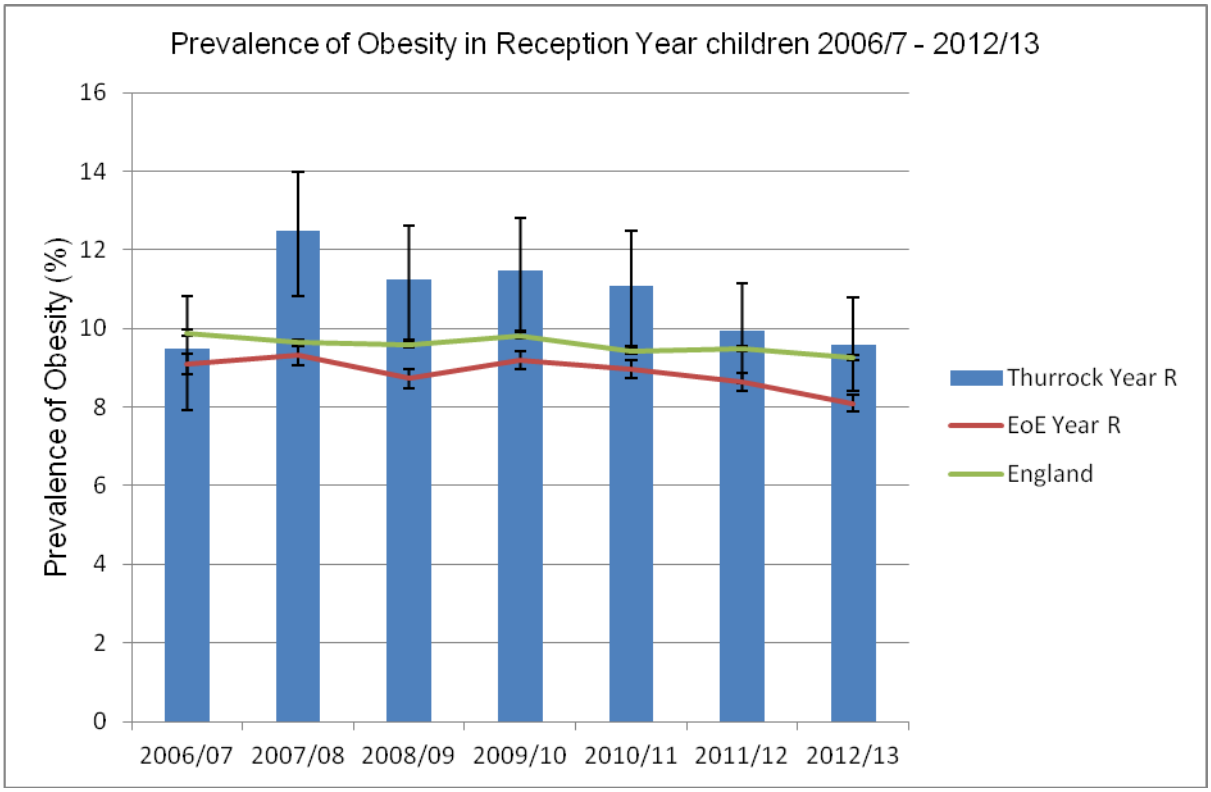
Summary

The most recent data from the NCMP was released at Local Authority level in December 2013, which reports on the measurements of children in Reception and Year 6 during the 2012/13 academic year. All data is sourced from the Health and Social Care Information Centre.

Reception Aged Children

The 2012/13 data shows Thurrock to have an obesity prevalence in Reception-aged children of 9.6%, which is significantly higher than the East of England average (8.1%), and above the England average of 9.3%, although not significantly so. Upon comparing Thurrock to its 15 CIPFA Comparators, it is not significantly different from any.

Upon comparing this to data from previous years, the obesity prevalence has decreased in line with the regional and national trend – see Figure 1 below. For 2012/13 the Thurrock prevalence is statistically significantly higher than the East of England prevalence but not significantly different from England average, whereas in 2011/12 there was no significant difference.



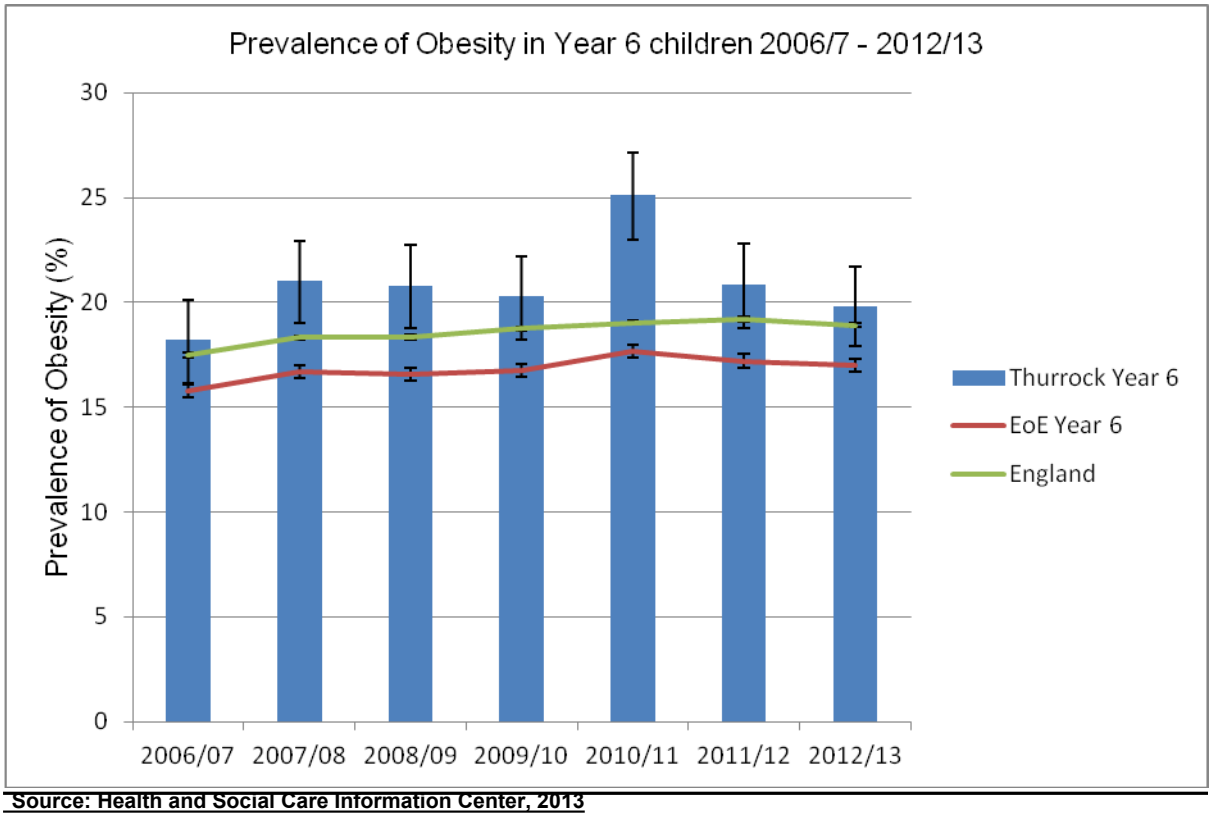
Source: Health and Social Care Information Center, 2013

Figure 1: Prevalence of Obesity in Reception Year, 2006-07 – 2012/13

Year 6 Aged Children

The 2012/13 data shows Thurrock to have an obesity prevalence in Year 6-aged children of 19.8%, which is more than double the local prevalence at Reception Year. Thurrock's prevalence is significantly higher than the East of England average (17.0%), and is above the England average of 18.9%, although not significantly so. Upon comparing Thurrock to its 15 CIPFA Comparators, it is not significantly different from any.

Upon comparing this to data from previous years, the obesity prevalence has decreased in line with the regional trend – see Figure 2 below. The Thurrock prevalence is statistically higher than the East of England prevalence, which continues the trend observed since the 2007/08 data. Thurrock prevalence is not significantly different from England average in 2012/2013.

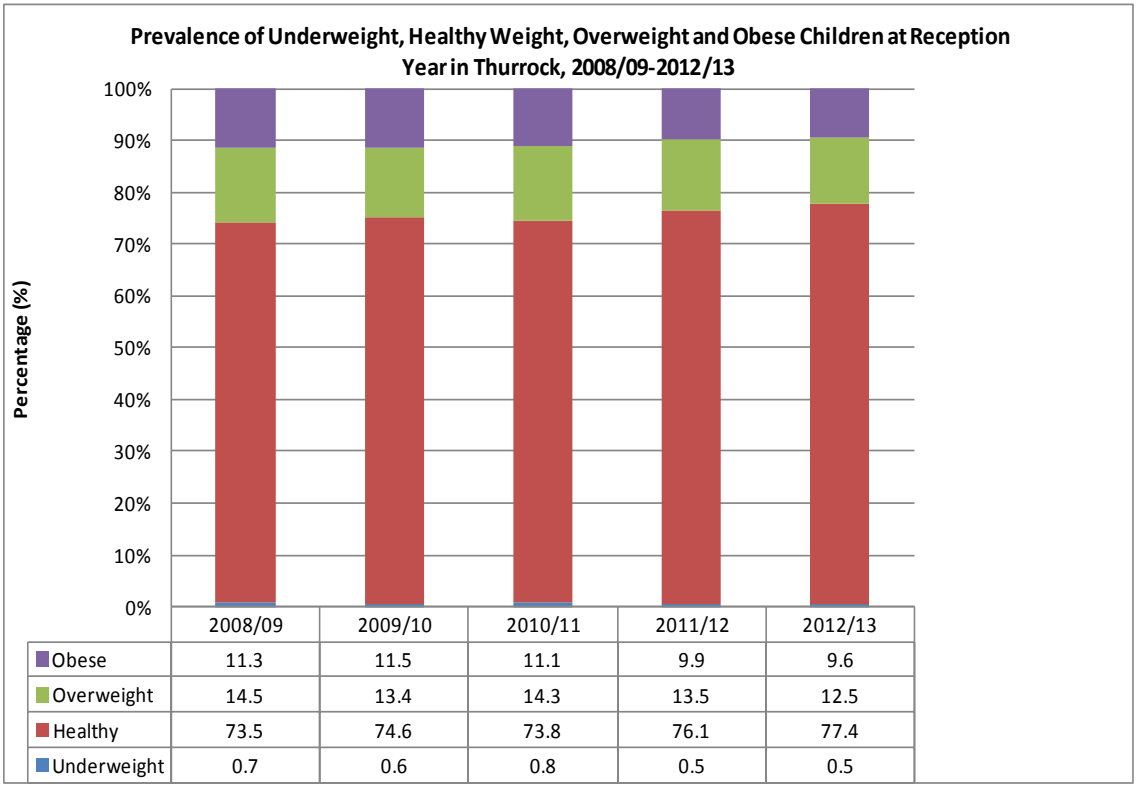


Source: Health and Social Care Information Center, 2013

Figure 2: Prevalence of Obesity in Year 6, 2006/07 – 2012/13

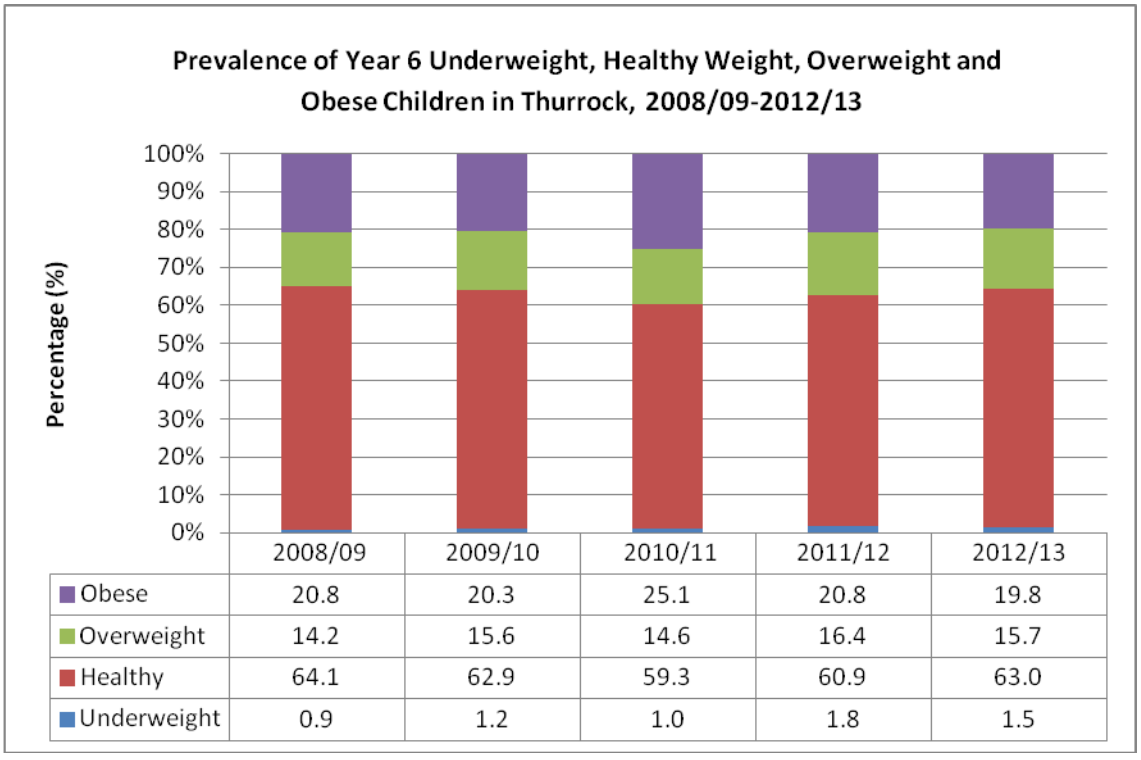
Child Weight Categories

Figures 3 and 4 below show the prevalences of underweight, healthy weight, overweight and obese children in Thurrock from 2008/09 – 2012/13 for Reception-aged and Year 6 children respectively. Both figures show that there is a greater proportion of Healthy Weight children in Reception than there is in Year 6, and this was true for all academic years recorded. For both Reception and Year 6, there is an increase in the percentage of Healthy Weight children in 2012/13 since 2011/12, and a reduction in the percentage of overweight and obese children.



	2008/09	2009/10	2010/11	2011/12	2012/13
Obese	11.3	11.5	11.1	9.9	9.6
Overweight	14.5	13.4	14.3	13.5	12.5
Healthy	73.5	74.6	73.8	76.1	77.4
Underweight	0.7	0.6	0.8	0.5	0.5

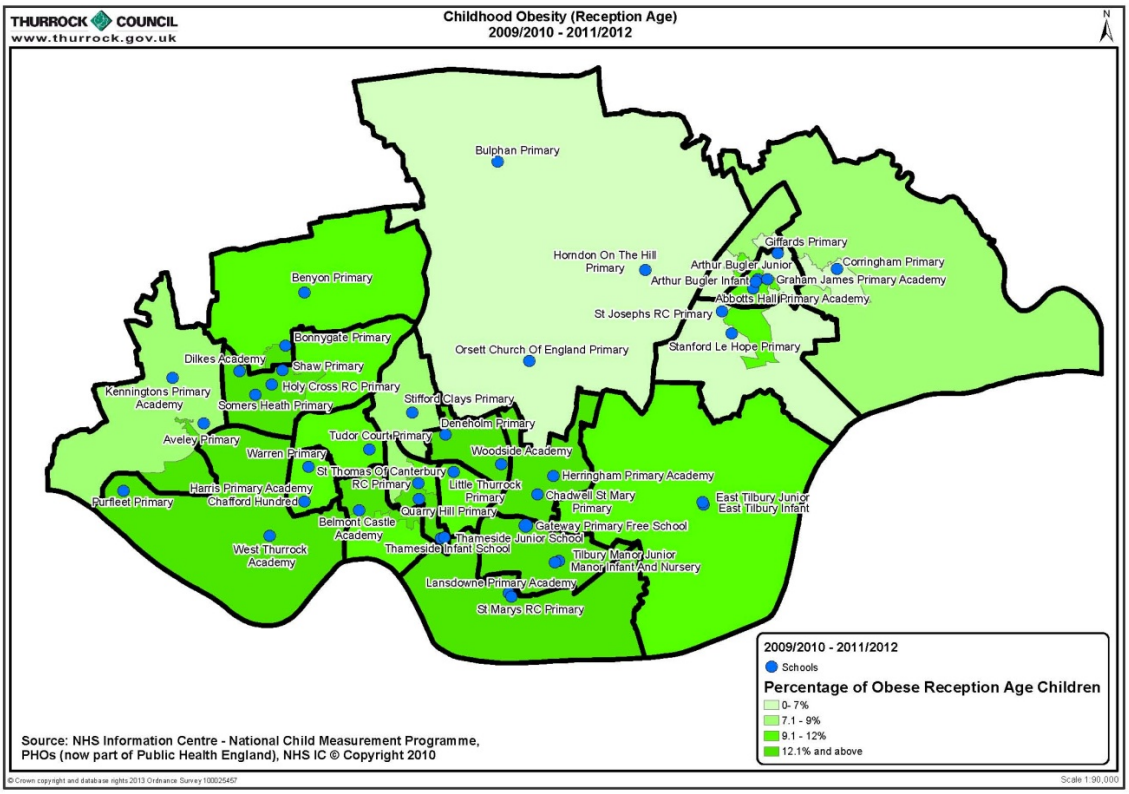
Figure 3: Prevalence of Underweight, Healthy Weight, Overweight and Obese children at Reception age in Thurrock, 2008/09 – 2012/13.

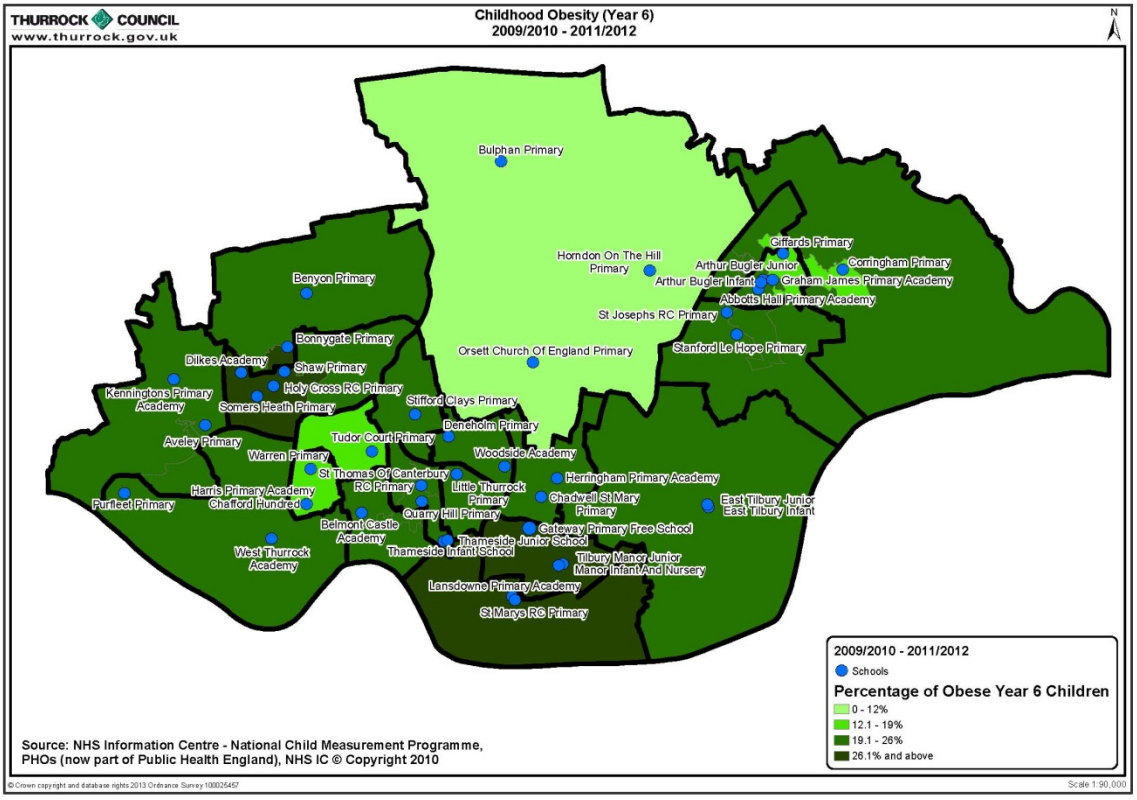


	2008/09	2009/10	2010/11	2011/12	2012/13
Obese	20.8	20.3	25.1	20.8	19.8
Overweight	14.2	15.6	14.6	16.4	15.7
Healthy	64.1	62.9	59.3	60.9	63.0
Underweight	0.9	1.2	1.0	1.8	1.5

Figure 4: Prevalence of Underweight, Healthy Weight, Overweight and Obese children in Year 6 in Thurrock, 2008/09 – 2012/13.

The maps below show how the percentage of reception and year 6 children measuring as obese varies across the areas within Thurrock.





III. Appendix C

Healthy Weight Community Engagement x3 Questionnaires

Community Questionnaire
Weight management – Voluntary/Community sector

About you

Age _____

Gender

(please select one answer)

Female
Male
Prefer not to say

Weight management

We are keen to get your views about what the new weight management service should look like.
Please note any thoughts on any of the following by writing comments in the box.

Question 1

Where groups should be held?
What should be included in the programme each week?
What resources needed to deliver i.e. Kitchens, halls etc?
Who should this be delivered to? - People who are overweight or to all the community?
Who should run these; healthcare provider, Council, community, schools etc?
How would you attract people to the groups?
How do you think these groups could be evaluated?
What additional things should be added to the programme, exercise, labelling advice etc?
What do you think an adult community weight management project should consist of?

.....

Question 2

Where groups should be held?
What should be included in the programme each week?
What resources needed to deliver i.e. Kitchens, halls etc?
Who should this be delivered to?- People who are overweight or to all the community?
Who should run these, healthcare provider, Council, community, schools etc?
How would you attract people to the groups?
How do you think these groups could be evaluated?
What additional things should be added to the programme, exercise, labelling advice etc?
What do you think a children's community weight management project should consist of?

.....

Question 3

Have you participated in a community weight management group before? For example, Weightwatchers, Slimming World, Vitality etc

(Please select one answer)

Yes / No

If yes, please state which and how effective you felt it was and any problems you encountered.

.....

Question 4

We are trying to map out activities around exercise and healthy eating that may be available in or near the area you live.

Do you currently partake in any regular physical activity, walking groups, swimming, football, gardening etc?

(Please select one answer)

Yes / No

If yes, what are these? (Please list and state location/ times etc.) Please say how often do you do activities and for how long, i.e. 1 x week for 20 minutes.

.....

If no, are you aware of any activities that take place in your area? (Please list and state location/ times etc)

.....

Question 5

Do you currently partake in any regular healthy eating activity such as lunch clubs etc?

(Please select one answer)

Yes / No

If yes, what are these? (Please list and state location/ times etc)

.....

If no, are you aware of any activities that take place in your area? (Please list and state location/ times etc)

.....

Question 6

Once the information on physical activity and healthy eating has been collated how would you like to see the results?

(Please select one answer)

Hard copy
On-line
Other

Question 7

How would you like the information to be set out?

(Please select one answer)

Alphabetical
Free activities
Geographical
Other

Please comment in the box below:

Thank you for your participation in this questionnaire. If you have any further ideas or questions please contact Sue Bradish, Public Health Manager on 01375 652632 publichealth@thurrock.gov.uk

GP Questionnaire
Weight management survey GP

Question 1
Does your surgery currently offer any weight management services?
(Please select one answer)
Yes / No
If yes, what are they?
(Please select all that apply)

- ☐ *Dietary advice by GP or Nurse*
- ☐ *Weighing and measuring*
- ☐ *Referrals into dietetics services*
- ☐ *Referral to Vitality*
- ☐ *Weight management medication*
- ☐ *Other (please state)* .....

Question 2
Do you currently discuss patient's weight during a consultation, even if that was not one of the reasons for the appointment?
(Please select one answer)
Yes /No

Question 3
Do you sign post your patients to tier 1 (Community based prevention) weight management programmes?
(Please select one answer)
Yes / No
If no, please explain why.....

If yes, which of the following groups do you sign post your patients to?
(Please select all that apply)

☐ *Cambridge diet (Meal replacement)*
☐ *Lighterlife (Meal replacement)*
☐ *Weightwatchers (Diet)*
☐ *Rosemary Conley (Diet & Exercise)*
☐ *Slimming World (Diet)*
☐ *Other (please state)* .....

Which appears to be most popular with your patients?

.....

Which service do you feel is the most effective?

.....

Question 4

Do you sign post your patients to tier 2 (community/primary care) weight management services e.g. Vitality?
(Please select one answer)
Yes / No
If no, what stops you from using these services?

.....

Have your patients commented on these services? If so please briefly explain

.....

Do you currently get feedback from Vitality about patients referred to weight management programmes?
(Please select one answer)
Yes / No

How would you like to receive feedback concerning patients referred to the weight management programme?
(Please select all that apply)

☐ *Email*
☐ *Fax*
☐ *Post*
☐ *Telephone*
☐ *Text*

Question 5

Have you referred any patients to tier 3 or 4 services (specialist team weight management & medical/surgical services) during 2013?
(Please select one answer)
Yes / No

Please indicate approximate numbers if available
(April 2013-September 2013) .....

Tier 3: Specialist multi disciplinary team weight management services
Pleased indicate approximate numbers if available
(April 2013-September 2013) .....

Tier 4: Specialist medical and surgical services

.....

Question 6

Do you signpost patients to activities in the community? For example organised sports, walking groups etc

(Please select one answer)

Yes / No

If yes what are they? .....

Question 7

What do you think the barriers are for people accessing healthy weight groups?

.....

Question 8

What areas in addition to the following (Exercise education, cooking lessons, shopping/label advice) do you think should be included in a healthy weight group?

.....

Question 9

If a new database was to be developed for healthy living activities in the local area, what would you like to see it contain?

.....

How would you like the database catalogued? (e.g. by area, cost, age etc)

(Please select all that apply)

- ☐ *Age*
- ☐ *Area*
- ☐ *Cost*
- ☐ *Gender*
- ☐ *Type of activity*
- ☐ *Other* .....

How would you like to gain access to this information?

(Please select all that apply)

- ☐ *On-line*
- ☐ *Paper*
- ☐ *Both*
- ☐ *Other* .....

How would your practice cascade this information?

(Please select all that apply)

- ☐ *Electronic message board*
- ☐ *Email*
- ☐ *Leaflets*

☐ *Paper*
☐ *Posters*
☐ *Verbally*

Question 10
What would you like to see locally for patients within a weight management programme? .....

Question 11
How do you think the 4 tiers of weight management should interact within a weight management pathway? .....
Tier 1 - Community based prevention
Tier 2 - Community/primary care
Tier 3 - Specialist multi disciplinary team weight management services
Tier 4 – Specialist medical and surgical services

Please comment in the box below:

GP/Surgery Name: .....
F Code: .....
Name of contact: .....

School Nursing

School Nursing - Headteachers

School information
School name: .....
Contact person: .....

Question 1
Do you have access to a school nurse?
(Please select one answer)
Yes / No

How often does the nurse report to senior school staff/managers?
(Please select one answer)

☐ *Daily*
☐ *Weekly*
☐ *Fortnightly*

☐ *Other*

How does communication take place?
(Please select all that apply)

☐ *Email*
☐ *Face to face meeting*
☐ *Letter*
☐ *Phone*
☐ *Other*

Question 2
What services does the school nurse deliver? .....

Question 3
How satisfied are you with the school nursing service?
(Please select one answer)

☐ *Very satisfied*
☐ *Fairly satisfied*
☐ *Neither*
☐ *Fairly dissatisfied*
☐ *Very dissatisfied*

Question 4
We are keen to know how you would improve the school nursing service.
What one change would you make to improve the school nursing service?

.....

Question 5 - Weight management
Does the school nurse discuss any of the following with pupils?
(Please tick all that apply)

☐ *Drug use*
☐ *Healthy eating*
☐ *Healthy weight*
☐ *Physical exercise*
☐ *Sexual health*
☐ *Smoking*
☐ *Stress*
☐ *Other* .....

Question 6
Would it be useful to have a directory of physical activities, outside of school, where the school nurse can sign post pupils to?
(Please select one answer)
Yes / No

What activities would you suggest?.....
(Please note that this question is related to question 7)

Is your school primary or secondary?
(Please select one answer)

- ☐ *Primary*
- ☐ *Secondary*

Question 7

How many hours per week of physical activity (PE/Games etc) does the average pupil receive?

Year 1.....
Year 2.....
Year 3.....
Year 4.....
Year 5.....
Year 6.....

Question 7(A)

How many hours per week of physical activity (PE/Games etc) does the average pupil receive?

Year 7.....
Year 8.....
Year 9.....
Year 10 .....
Year 11 .....

Question 8

Have you seen a link or correlation between under achievement and pupils that are overweight?
(Please select one answer)

- ☐ *Yes*
- ☐ *No*
- ☐ *Don't know*

Question 9

Would it be of benefit to explore options for jointly commissioning with the Public Health team interventions around pupil's healthy weight?
(Please select one answer)

Yes / No
If yes, please outline any ideas you have for this .....
If no, please explain why .....

Question 10

We are in the process of reviewing weight management services for children and young people. Please outline what you see as important or should be considered when looking at weight management interventions for children and young people.

How do you think weight management groups for children and young people should be advertised to encourage them to take part?.....

Question 12

Does your school have a food and beverage policy?
(Please select one answer)
Yes / No

Question 13

How do you ensure healthy school meal provision at lunch times?

.....

Please comment in the box below:

Thank you for taking part in this survey. If you have any questions please feel free to contact the Public Health team on 01375 652632 .

IV. Appendix D

Satellite Groups

Information for Group Facilitators

This pack will guide you through how to run the session; we expect the session to take approximately an hour.

Things you will need in addition to this document:

- Appendices 1- 9

- Post in notes (for mapping exercise)

- pens

- x2 large maps (please don't write on these so as they can be reused).

Please record all ideas and questions on the sheets to be handed back at the end so all the groups' thoughts and ideas are captured.

ACTION 1 Group facilitator to welcome the group and introduce the session by reading the script below:

Introduction Script

Welcome *to this Public Health Healthy Weight satellite group.*
The Public Health department, within Thurrock Council, is responsible for identifying ways to look after some of the elements of the health and wellbeing of people who live in Thurrock.

What we are doing....

- *Part of the work we do is looking at ways to prevent health problems from arising through identifying services to help people to stop smoking, eat healthily, be active and in general encourage healthy lifestyle choices.*
- *Part of this work is to develop a Healthy Weight strategy and that is where your help is invaluable. What we need to know is what is already happening in Thurrock, what the gaps are and how we can design services that suit people's needs, remove barriers and ensure success.*
- *This isn't something we can do alone it needs everyone to be working together to influence the factors that help people stay healthy.*

Why?

It is important that we develop these services as Thurrock is not comparing very favourably with the National figures around obesity and overweight.
The costs of rising ill health in Thurrock will affect us all as we have to put more money into solving the problems that can arise from lack of So why it is important for you to take part in today's session?

It's because this is your opportunity to be involved right at the beginning of our service review of what is being provided at present around healthy weight opportunities. You will be able to help us to decide how to spend our limited resources differently and to use your local knowledge to influence what the services will look like:

It's your opportunity to share your local knowledge of what is happening in your area around activity and healthy eating opportunities and you may even be surprised at what you learn!

To start us off try and have a guess at the correct answer to these couple of questions about Thurrock health statistics....

ACTION 2

Give out Appendix 1, sheet with questions on as prompts for people.

ACTION 3

Read out the questions, give time for answers from participants and then give answers allowing time for a bit of discussion.

(PLAN approx. 10 MINUTES FOR THIS EXERCISE)

1) *The national figure of children in year 6 (10 and 11 year olds) that measure as obese, (a measure that is given that shows when their weight is likely to have a significant impact on their health), is 1 in 5 what do you think this figure in Thurrock is?*

   a) 1 in 4
   b) 1 in 10
   c) 1 in 8

Answer is a) 1 in 4 children which when compared to the national figure of 1 in 5 show that Thurrock has a higher level of obese pupils in year six.

2) *How many adults in the UK measure as obese according to the last national survey?*

   a) 1 in 4
   b) 1 in 3
   c) 1 in 8

The answer is a) almost 1 in 4

3) *Do you think this is higher or lower in Thurrock?*

In Thurrock it is nearly 1 in 3 which shows that adult obesity in Thurrock is higher than the national average

4) *The % of the Thurrock population who have been diagnosed with diabetes was 6.5% in 2012, if we do nothing about the upward trend in obesity what do you think the estimated % of people could be in 2020?*

   a) 6.10%
   b) 7.2%
   c) 7.5%

The answer is b) 7.2% which shows a steady increase which will have an effect on our health services.

5) *The daily recommended salt intake for adults is no more than 6g. What percentage of this recommended daily intake do you think the standard takeaway portion, served with pilau rice contains?*

a) 54%
b) 88%
c) **92%**

Answer is c) 92% of the daily recommended amount.

6) *What do you think the recommended weekly amount of exercise for adults is?*

a) 3.5 hours
b) 2.5 hours
c) 4.5 hours

Answer is b) 2.5 hours of moderate activity such as fast walking or cycling.

You should also try to add in some muscle strengthening activities on two days per week. Aerobics, weights etc.

ACTION 4
Facilitator to read script below

Thanks for taking part to in that, now to introduce the group work.....

We are now going to do a mapping exercise split into groups and then have some discussion to identify the elements that you feel are important in designing a Healthy Weight management group/ programme that you think would be attractive for your community members and people who live in Thurrock.
We would like to capture your innovation so think thinking outside the box, at this stage- no suggestion is too outrageous we'd like to capture it all before we have to think of the practicalities!!!

ACTION 5
Split group into smaller groups (unless less than six)
Choose a table facilitator (or if a smaller group you could do this yourself) to give instructions and to write down answers.

ACTION 6
Give out table facilitator sheets (Appendix 2) and (Appendix 3) and maps and post it notes, 1 map per table.

(PLAN approx. 15 MINUTES FOR THIS EXERCISE)

ACTION 7

Read the following script for an Explanation of Question 1

Question 1

We are really interested in what you know is going on in your area that you think can help with maintaining a healthy weight for adults and children so we are going to do a short exercise to gather this knowledge. We are planning to collate this information into a database with other information that we are gathering that will show what is available in Thurrock.

In front of you there is a map of Thurrock and some post it notes. The table facilitator has a sheet with headings and numbers and will write down your comments, and then you have to put the number on a post it note and place this onto the map so we can see at a glance where it is happening. Your table facilitator has some further prompts that will help you to think about what to write.

ACTION 8

Ask the different groups to look at all the maps and see how many post it notes are on them. (This will give an idea of how much is actually happening in their areas and enables them to add more if they want to).
Collect in MAPS and POST it NOTES and FORMS.

ACTION 9

Give out Table facilitator sheet, (Appendix 4), and Appendices 5 & 6 (these are data collection sheets for the facilitator to complete. They are titled either Adults or Children and each group works on one of these and the results are shared with all at the end.) IF THERE ARE LESS THAN SIX PEOPLE THEY NEED TO DO BOTH ADULTS AND CHILDREN'S.

ACTION 10

Introduce next question by reading the following script.
(PLAN approximately 20 MINUTES FOR THIS EXERCISE)

The next exercise is about how we develop our services. From the questions at the beginning of the session you can see that Thurrock already has a problem with obesity within not only some adults but also some children, in order to control this and not let it rise any more we are looking at the healthy weight services that are currently commissioned and how we can change these to be most efficient and so people will want to participate to improve their health.

*On the table is a sheet for your comments that the **table facilitator** will write up. The table facilitator also has some prompts to get your ideas flowing. One of these sheets is for an adult healthy weight programme and one is for children's healthy weight programme.*

This is your opportunity to write down anything you would like to see in one of these groups, it is your wish list for how you would like personally, or your children, to be able to be part of one of these. Write down anything you can think of no matter how whacky or silly you think it is!

ACTION 11
Ask the Table facilitator to feed back their suggestions and to ask for any additional ideas from each group and add to sheets.
Collect in sheets.

ACTION 12
Give out table facilitators sheet Appendix 7 & Appendix 8 (Titled: How would you like to access this information?)

ACTION 13
Introduce Question 3 by reading the following script:
(PLAN 10 MINUTES FOR THIS EXERCISE)

The last part of today's session is to get your ideas around how you would like to access information, in what format and where from?

So there are three elements to this:

- *How and what you would like to receive the information about activities available? (from the mapping exercise, e.g. such as on line, hard copy.)*
- *How and what you would like to receive in relation to information about adults healthy weight programmes/services?*
- *How and what you would like to receive in relation to information about children's healthy weight programmes/services?*

ACTION 14
Collect in sheets and give out evaluation sheets (Appendix 9).

ACTION 15
Summing Up – Read following script:

Thank you once again for attending this session, your ideas and suggestions will be collated and used to add to information already known about activities in Thurrock and to design services and projects around healthy weight and obesity reduction. If you would like to receive a copy of the feedback report from these sessions please complete the section on the evaluation sheet.

Thank you.

ACTION 16
Gather all the information together and return to the Public Health department at civic offices in Grays or contact them on 01375 652632 to collect.

V. Appendix E

Healthy Weight Workshop

Public Health Strategy Board- Healthy Weight Workstream

Stakeholder Workshop Report

Thursday 5th December 2013 12-5pm

1. Introduction

The Thurrock Council Public Health Strategy Board (PHSB) was established in June 2013 reporting to the Thurrock Health and Wellbeing Board. The Healthy Weight workstream of the PHSB was tasked with producing a stakeholder workshop to achieve the following aims and objectives:

- Agree on a vision for Thurrock in relation to achieving and maintaining healthy weight
- Consult and gain views as to make up of and inclusions within the Healthy weight strategy
- Inform development of a sustainable weight management service
- Carry out a mapping exercise of physical activity opportunities in Thurrock
- Develop the community engagement in this agenda

There was a total of 450 stakeholders invited to the event and in excess of 55 delegates participated in a full afternoon of activities and presentations at the Beehive community resource centre in Grays. Delegates included representation from schools, GP practices, NELFT Health Improvement providers, Active Essex, Council Members, children's services, adult's services, and community members.

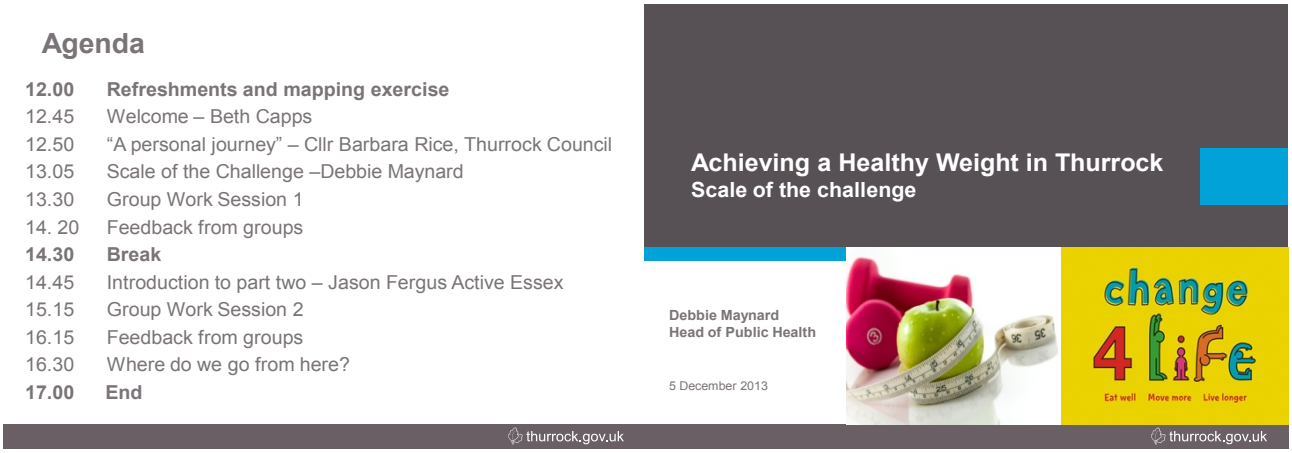
A light healthy lunch, provided by the Thurrock's schools catering service, was enjoyed by participants and helped open up discussion on some tables around healthy lunch provision at meetings.

2. Structure of the workshop

The workshop was split into learning from information via the delivery of presentations and participation via group work sessions. Delegates were seated in mixed groups of between 8 and 10 on 6 round tables. Each table had a facilitator from the workstream group or the Public Health team who helped to guide discussions. Each table nominated a scribe and someone to feedback at the end of the group work.

Councillor Rice opened the workshop giving a personal account of her own challenge to maintain a healthy weight. Debbie Maynard, head of Public Health then gave a 'Scale of the challenge' presentation that summarised some of the most recent statistics around adult and childhood obesity, the implications for health of being overweight and obese were discussed as well as the cost to the NHS and society. The actions the Local authority are already taking including re commissioning of weight management services and the approach of the Public Health strategy board were summarised to set the scene for the workshop.

Following a break in the group work Jason Fergus, director of Active Essex (County sports partnership for Essex, Southend and Thurrock) introduced part two by giving an overview of the function of the partnership and the work of Active Essex The presentation included statistics for Thurrock around participation in sports and physical activity and some social marketing segmentation work. The presentation included details of some case studies to inform the workshop including 'Beat the Street' a community walking programme.



3. Feedback from Group work

Question1:

The development of the directory of physical activity and sporting opportunities which was building on the consultation work carried out prior to the workshop with different groups. The workshop tables were asked for views on the following points.

- **In what format do you think the information should be displayed?**
- **Where would you like to be able to access this information?**
- **How would you like it to be set out?**
- **How do we ensure that the information is up to date?**
- **How do you think you, or your group, can be involved in distributing/sharing this information?**

The main themes discussed on the tables are summarised below:

Format

Feedback indicated that the information should be available both in hard and online formats. The format should be accessible to all sensory and diverse community groups. Links should be added to existing directories, health campaigns and community groups. It was suggested that maps or QR code boxes could be used and that a post code locator would also be useful to identify nearby facilities.

Access to information

The most popular responses were about the possibility of developing an APP (or joining an existing one such as Travel Thurrock), social media and updates via texts and emails. Other suggestions included areas where children and families frequent such as schools, children's centres, parks, libraries, shopping centres, and youth clubs and then the more traditional venues of GP's, supermarkets, sporting venues, hubs and community halls. It was also suggested that the use of media such as community television in hospitals and GP surgeries and forum and community newsletters would also be useful to cascade information out.

Structure

Feedback suggested that the brochure should be eye catching with clear, simple, and colour coded information. Content should be placed in 'chunks' so that it captured everything within a postcode area. The content needs to include information relevant to all community sectors such as older people and families and that there needs to be an ease of access for all groups. A guide to using the brochure was suggested. A section for volunteering opportunities was also suggested.

Updating of information

The main consensus of all the groups was that individuals and organisations should take responsibility for updating their sections with a time line for deletion of out of date information. There was also discussion around a forum for community feedback on the activities. Version control was also deemed to be important to be able to assess if the information was current.

Involvement in cascading of information

Participants felt that they would be able to cascade information through Face book and social media, websites, in schools and within their newsletters. Voluntary and community groups would also be important in delivering this information to their members.

A large A1 map was displayed on the wall and an accompanying list of activities provided participants with those activities and sports gathered prior to the workshop. The delegates added to the list in the break time and during lunch creating a fuller directory.

Question 2:

Children

"What should a children's community weight management project look like?"

Two of the top questionnaire responses were "prevention in schools" and "joint delivery of services for families".

2a) To build upon this please discuss on your table the following questions:

- Who should be involved in delivering a family-focused weight management programme? What would their roles be?
- What else do you think we should all be doing (e.g. within schools/ homes/ communities) to promote a healthy weight in our children?

The key findings that evolved out of the questions were that involvement from universal services was important, libraries, youth workers and teachers were listed consistently.

A strong referral process was also identified as crucial in order to tackle overweight children.

Cohesive family physical services were also mentioned as being a potentially good idea in attempts to educate parents as well as placing importance on an active lifestyle for the whole family.

A key message was also that engagement should be sought from local businesses and suggested that perhaps a working together agreement be implemented for not only large supermarkets but small chip shops and newsagents were equally important.

Question 3:

Adults

"What should an adult's community weight management project look like?"

Two of the top questionnaire responses were "focus on everyday activity, and fun exercise for all" and "Community involvement"

2b) To build upon this please discuss on your table the following questions:

- What would fun exercise look like for the whole family?
- How can we make this sustainable?

- How can we involve communities and volunteers in adult healthy weight management groups/ activities?

Suggestions for an adult weight management service seemed to be very physically focused with most suggestions encouraging active participation rather than nutritional education. The suggestions including themed exercise sessions and linking into the above there was a strong recommendation for active sessions which included the whole family.

Geo caching was suggested as a fun idea that is becoming increasingly trendy. The idea would essentially be a large scale scavenger hunt incorporating adults and children through a range of difficulty levels.

Consistently through the adult and child focused question almost every table emphasised the need to utilise existing services and groups and were clear duplication would not be useful.

Suggestions were also made around the way the programme, in whatever form, was communicated to the community and it was suggested that council offices, GP surgeries TVs, leaflets and local media should all be considered.

Finally, a theme emerged around engaging young people to become trainers of active sport within the community. Incentives of employment, training schemes or accredited courses would inspire young people to become more active and community focused which could potentially be a good sustainability tool.

Question 4:

Beat the Street – Thurrock

Beat the street' is a project focussing on reducing inactivity within the population and increasing physical activity through walking.

- This project uses a coordinated approach between general practice, schools, local businesses and the local authority. The proposal is based on 'Beat the Street' which was a project carried out in Reading by the company 'Intelligent Health'.
- The project will be approached jointly between Public Health, Strategic transport (LSTF) and potentially Thurrock CCG.
- Walk Tracking Units (WTUs) placed at bus stops, shops, schools, surgeries and other key locations within Thurrock.
- Cards distributed by: Schools, GPs, Work places (approximately 13,000 were distributed per 30,000 of population in Reading).
- Set a target to walk or cycle a set distance of twice round the world during the 8 weeks of the walk tracking part of the project.
- A system of points will be developed for walking set distances, for example 0.2 miles equated to 10 points. A graphic can be created to show progress against a pre set target for an area which can be related to whichever cause is being supported. The important part here is to identify something that is relevant locally and that most people care about.
- School leader board to encourage and motivate.
- Dedicated website to record miles walked where individuals register their cards to keep track of the miles walked and progress with the community target.
- It is envisaged that the website will link to invite people to use the Travel Thurrock app which then can carry on being used after the end of the project and perhaps linked back to points continuing to be gained to encourage use.

The idea of the 'Beat the Street' project was introduced in the Active Essex presentation. The following questions were asked of the workshop delegates:

Where do you think would be key destinations for WTUs (Walk Tracking Units)?

Feedback from participants included places with high footfall such as school routes, stations, parks and supermarkets. Other suggestions were to include landmarks such as forts, nature reserves and memorial and blue plaque venues. GP's and sport centres were also included along with libraries and council office.

Some key groups to engage are: Schools, employers, GPs. Who else should be involved to ensure engagement for the whole community?

A variety of organisations and venues were suggested as useful in cascading out the information and also being involved in undertaking the activity. Community venues suggested included children's centres; churches sheltered housing complexes and residential care homes. Individuals and organisations who could be involved in the activity included community groups, youth uniformed groups, disability groups, youth offending team, families and childminders. Local artists were also discussed as possibly taking a role in using their skills to decorate the routes.

When the walk tracking element of the project ends how do we ensure the benefits of the project continue?

Utilising and involving local businesses was one of the main themes that emerged as possible sponsors of the units and also maybe in providing infrastructure such as better paths and lighting. Borough wide competitions between communities and schools and the use of the Thurrock Travel App were also popular themes that emerged. Over time it was envisaged that the routes would become embedded into everyday routines.

Which charity/group/cause do you think the fund raising element of the project should support? How do you see the reward element working?

The groups again all agreed that local businesses and supermarkets should be approached to provide rewards or discounts for points gained by participants. Raising money for local community sports facilities and charities was seen to be an important element and the suggestion of a school trophy, charity walk and employer supported events were also discussed.

In conclusion for this section this information will be used to inform the design of the Beat the Street project for Thurrock. The feedback from the tables on the project was very positive with one participant noting that it "should be implemented as soon as possible".

Question 5:

A Vision for Thurrock

Fun ideas for a vision for Thurrock were developed from each participant being given a word to put into a sentence that highlighted healthy living. A sample of those suggested:

- *"All areas of community communicates to change 'Healthy Thurrock'"*
- *"Integrating healthy weight community cohesion"*
- *"Meat, fruit, veg and fish combine to make a healthy dish"*
- *Helping Thurrock put a swing in its step"*
- *"The GRASS is greener for those who stay leaner"*

This was a fun activity to end the work shop with although the ethos of these will be used to direct an overarching Vision for Thurrock around healthy weight with the strategy.

Additional issues

There was uncontrollable weather constraints which were being risk assessed through the day. This unfortunately led to a conclusion of the event a little earlier than planned and it was noted that the conclusion of the workshop could have been clearer however, given the urgency of attendees needing to leave it was inevitable and was controlled as much as was possible.

There was disappointing attendance from some Workstream members on the day which will be discussed within the workstream and the Public Health Strategy Board.

Event Bright attendance online tool was used to book participants onto the workshop day. It was noted a few days before that the visual map of location was incorrect on the page; however it didn't appear to affect attendance. This programme was difficult to use and didn't lend itself towards the information break down the planning team would have liked to have reported and therefore at future events this will be need to be re-evaluated.

Attendance to the event was confirmed very late in the planning process and therefore made preparations difficult to manage, for example space needed and food allocation. Following such good and varied attendance and although it was adequate, with hindsight, more space needed to be available for participants to be comfortable throughout the whole day.

It was identified that the important role that diet plays in healthy weight was not highlighted to a great extent throughout the workshop activities. It is expected that this will be balanced with the responses from the satellite groups and questionnaires that we have been undertaking to compliment the workshop feedback as there seems to have been more discussion around diet from the group work within these satellite work shops.

It was highlighted through participant feedback that it was a great networking event and the planning enabled good links to other participants which was highly valued – to further this next time the planning team will ensure that job titles are listed on name badges.

Recommendations and Next Steps

- ***Lack of voluntary sector engagement*** – It was noted that there was little representation from the voluntary and community sector which the healthy weight workstream will look to resolve. Healthwatch and CVS are represented on this workstream. The questionnaire was cascaded out to community leaders and groups and so there has been some consultation with this sector but further work will continue to build upon this.
- ***'Physical activity connector' with Active Essex*** – Through Collaboration with Active Essex a post of a Physical Activity Connector has been developed in order to project manage the development of the directory as well as to coordinate

accessing funding streams around physical activity through the Thurrock Sports and Physical Activity partnership.

- ***The Thurrock Healthy Weight Strategy*** will be developed in draft by the end of January and circulated for comments.
- ***Commissioning*** – A new service model for weight management services will be commissioned and active from 1 April 2015. The approach and direction of these services will be influenced by the comments of the workshop detailed in section 2. The service specifications will be developed in summer 2014.
- ***'Beat the street Thurrock'*** this project to get Thurrock more active is planned to progress in 2014, the comments of the workshop and ideas discussed will be used to shape this project development.

Conclusion

In conclusion it was felt that the event was well organised and attended. The expertise and experience within the group of participants was invaluable and the rich data that was gleaned from involvement in the activities provided a basis for meeting the aims and objectives of the day. Participants indicated that they felt the Healthy Weight agenda is important to the people of Thurrock and there was an enthusiastic engagement in planning how this problem could be addressed in the future.

The evaluation forms of the participants have been analysed and presented in a summary document:

Feedback Evaluation summary.docx

Participants will be updated as the Healthy Weight strategy and directory evolves in the future, the draft strategy will be cascaded out for comments at the end of January 2014.

This was the first workshop that Public Health has undertaken within Thurrock Council and the team will be able to learn from the experience for future events.

Thank you to the speakers, the Healthy Weight Workstream members and the wider Public Health team for their support with the event planning and delivery.

Thank you to all the participants for your involvement, energy and enthusiasm at this event.

Beth Capps	Senior Public Health Manager
Sue Bradish	Public Health Manager
Jacqui Sweeney	Health Improvement Officer
Louise Martin	Commissioning Support Officer

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Thurrock Healthy Weight Strategy 2014-17

Strategic Delivery Action Plan DRAFT v 3.0

A three year delivery plan has been produced to lead key actions to ensure that in partnership with others we are successful in halting obesity locally and changing behaviours that will ensure that people living in Thurrock will lead a lifestyle that results in a healthier population in Thurrock by 2017

Council Wide – the council has signed up to the PHRD and will work with businesses across Thurrock over the next few years

Action	Milestone	Lead organisation	Monitoring and reporting process
Council signed up to 12 pledges in the PHRD, 3 of these pledges will support staff to reduce their weight or maintain a healthy weight	Year 1 update employees wellbeing Year 2 any improvements agreed and delivered	TC	

Community and Voluntary Sector Work with communities and the voluntary sector, who have a key role to play in tackling obesity and overweight. There is huge potential to engage with communities

Action	Milestone	Lead organisation	Monitoring and reporting process
Develop a greater understanding of community needs across our local areas, offering more localised provisions at a community level	Public Health team and others engagement across communities Year 1 Pilot programmes PHG - £75k review benefits of lifestyle changes on grant funded projects each year	TC	
development of volunteer and community champions to engage with hard to reach communities	Working with the Healthwatch and CVS to identify volunteers, Year 1 (no.s) Year 2 Year 3	TC	
programmes to support people with healthy cooking initiatives	Engage with volunteers to deliver healthy cooking courses in childrens centres to expand on Eat Better Start Better (EBSB) Commission new programmes to reach into schools by Year 2	TC	

Education and Learning We know that there is a correlation between obesity and educational attainment (Cohen et al 2013) with obesity prevalence decreasing with increasing levels of educational attainment. Public Health will work with Thurrock schools and early years to develop effective programmes and interventions for children and young people.

Thurrock Healthy Weight Strategy 2014-17

Strategic Delivery Action Plan DRAFT v 3.0

Action	Milestone	Lead organisation	Monitoring and reporting process
Proactive engagement with schools around the NCMP delivered at reception year and Year 6 in schools	Those parents who opt out are invited to see the school nurse by Year 2 Pathways developed for referral for weight management programmes Year 1 pilot programmes Year 2	TC	
The school sports premium allows schools the opportunity to direct funds towards local solution around sport and physical activity.	By year 2 work with SSCo around a traded service offer to schools.	TC	
Programmes to engage pupils in activities that promote healthy weight, both physical and educational.	Year 1 Schools engaged in the 'Beat the Street' initiative Year 1 Develop a physical literacy video for schools and parents. Year 2 other initiatives agreed	TC	
Monitor the take up of the new school meal premium across primary schools	Evaluation of first year Year 2 work with caters and schools to offer improved healthier options	TC	
Provide input on healthy living (food & health and physical activity) to relevant training programmes at local schools and further and higher education institutions	PHRD options review in year 1 Year 2 Schools, Academies and Colleges agree pledges	TC	
Develop high impact displays and facilitate schools to implement Change 4 Life campaigns	Pilot in three schools year 1 – monitor impact	TC and provider organisation (s)	
Develop a sustainable follow on programme/offer following the Eat Better Start Better programme completed in 2013 with pre school settings	A volunteer event to be held in year 1 Healthy cooking clubs to be running in year 2	TC	
Work with children's centres		TC	

Environment and Health. The Environmental Health team have regular access to local food businesses in Thurrock and demonstrate a commitment to working in partnership to tackle obesity and overweight in Thurrock

Action	Milestone	Lead organisation	Monitoring and reporting process
Encouraging outlets to change the way they cook and produce foods	???? Environment Health Service Plan?		

Health and Social Care Obesity increases the risk of many long term conditions such as diabetes, cardiovascular, respiratory and liver disease, muscular skeletal disorders and some cancers. This presents a significant challenge to the health and social care system. Social care provision for very obese people can be costly through the provision of housing adaptations or carer supports, working in partnership with social care we have great opportunities

Action	Milestone	Lead organisation	Monitoring and reporting process
The embedding of physical activity and healthy eating support within existing social care pathways would benefit both the user and the challenges encountered by the service (see reference section for relevant frameworks)	Review opportunities in year 1	TC	
Staff working in social care undertake the Making Every Contact Count training so they can give support and advise on improving lifestyles	Identify staff from social care who will attend MECC training agree training programme over 2 years	TC	
The Local Area Coordinators work with their local communities to help improve facilities at a local level that improves communities health and wellbeing	Local Area Coordinators (LACs) developed with a health focus can play an important role in connecting people to opportunities to be physically active Year 1 Year 2 Year 3	TC	

Parks and Green Spaces Parks and green space are important for communities and allow people the opportunity to be active in their leisure time. Thurrock has the benefit of the River and Beach environment within the local authority area. Maintenance and improved quality results in increased use of these facilities.

Thurrock Healthy Weight Strategy 2014-17

Strategic Delivery Action Plan DRAFT v 3.0

Action	Milestone	Lead organisation	Monitoring and reporting process
Developing our parks and open spaces, having safer places to play and safe cycling and walking routes.	Working with Essex on new Essex wide highway project? (Grant £?)	TC / ECC	
Improved signage	By year 2 improved signs around Thurrock to encourage healthier lifestyles	TC / ECC	
Work with communities to review all open spaces	Year 1 To review all open spaces, grade all sites using national guidance Any grant funding to support improving open spaces in Thurrock Year 2 Work with Planning applications from housing applications on submissions including outdoor spaces to improve people's health and wellbeing	TC	
Playing out project explored with Environment team	Year 1 – work with play and open spaces development manager to implement pilot	TC	

Planning and Environment. The development of links between the Public Health and Planning teams will allow closer collaboration on projects of joint interest these will include

Action	Milestone	Lead organisation	Monitoring and reporting process
looking at the close proximity of takeaways to schools in Thurrock and work with food outlets within close proximity to schools to promote healthier options	Year 1 Work with 2 / 3 outlets to offer healthier options – area with highest obese children in Thurrock identified. Link to PHRD	TC	
working together to create a healthier built environment that allows people more opportunity to be physically active in the way buildings and spaces are designed	Working with housing and planners on designs that improve individuals wellbeing in their homes	TC – Housing / Planning team	
Working with the planning department to ensure that developments are geared to	Data on obesity should be shared with planning teams to contribute to an assessment of the health impacts	TC	

promoting healthy lifestyles	Planning, licensing or other regulations should assess their impact on people's health Planning applications reviewed by public health		
Cycle lanes, cycling and walking routes or clubs green spaces that help facilitate staying active should where appropriate be supported and promoted across the borough	Planners working with tourist information to promote walking and cycling paths	TC	

Sports and Physical Activity Public Health works with Thurrock Sports and Physical Activity Partnership Group which has a wide membership including; local leisure centres, schools sports co-ordinators, Active Essex, providers of weight management service, volunteers supporting sports and activity

Action	Milestone	Lead organisation	Monitoring and reporting process
Identify funding opportunities and work with other organisations in identifying and initiating sporting/activity projects.	• shape the work of the partnership and facilitate more joined up working. • to drive forward projects that increase physical activity and sports in Thurrock • identify members to be ambassadors for projects in their workplace and communities. • to a refresh the *'Active Thurrock'* group • to access Sport England funding such as 'Sportivate'.	Physical Activity Connector	
To support the development and delivery of the Sport and Physical Activity Strategic Action Plan	Work with Sports and leisure development manager to support this development	PH & Sports & Leisure TC	
Leisure services provision should include reviewing the barriers to using these services such as affordability, access, and their location and the transport within the borough	A review undertaken in each locality in Year 1	TC Leisure providers	
Development of physical activity opportunities for specific and vulnerable adult groups such as people with disabilities and people	Working with community groups to identify current barriers Year 1 Year 2 Improve current services		

with poor mental health and their carers			

Transport In general in the last 50 years or so there has been an increase in car use and decrease in cycling, walking and active travel. There are important health benefits related to walking and cycling. We aim to maximise the potential to encourage these forms of active travel. This also contributes to objectives in relation to sustainability and congestion. The work stream benefits from partnership working with the Local Sustainable Transport Fund (LSTF) colleagues to:

Action	Milestone	Lead organisation	Monitoring and reporting process
Develop and commission the 'Beat the Street' project for Thurrock with full evaluation	Year 1 Programme delivered in summer 2014 Evaluation fed back to schools Year 2 Other initiatives identified – potential school joint commission	Public Health LSTF	
To promote materials and work with tourist information to include cycling and walking infrastructure information to encourage outdoor activities	Work with Tourist Board on plan for Thurrock	LSTF / ECC	
proactively engage and support to local businesses to encourage active travel	Agree numbers?	LSTF	
extensive support and materials provided to school to promote cycling;	Agree numbers / sites?	LSTF	
Bikeability training at schools, Levels 1 and 2.	Agreed numbers annually	LSTF	

Workplaces/Local Businesses

Working with local businesses and partners Public Health aims to increase access to and availability of healthy food choices though the Public Health Responsibility Deal. We will;

The effectiveness of such policies is dependent on the support and ongoing commitment of senior members of staff.

Action	**Milestone**	**Lead organisation**	**Monitoring and reporting process**
encourage local workplaces and	10 businesses sign up to PHRD across	TC	

businesses to sign up to the Responsibility Deal	Thurrock in 2014/15 Year 2 Further 10 plus review of first two years		
Work with our providers to engage workplaces in providing exercise, health checks and smoking and alcohol prevention programmes in workplaces	Year 1 Business signed up to PHRD report progress Year 2 Work with the Business Board on other initiatives to support healthy workplaces	TC	

Working with Partners to improve Health and Wellbeing. It will be essential to work with the CCG and NHS partners around whole system approach (tiers 3 and 4) in the development of a pathway for Healthy Weight Management. The existing pathway is incomplete and undergoing considerable change in the services commissioned by the Local Authority (tier 2). Work needs to be completed through the engagement with the work stream to develop and implement the pathway effectively in Thurrock.

Action	Milestone	Lead organisation	Monitoring and reporting process
A new Adult tier 1 to tier 4 Obesity Pathway to be developed in Thurrock which includes physical activity and brief advice for those with a BMI of over 25 .	Pathway developed in Year 1 Year 2 Review efficiency opportunities for shifting resources from tier 3 and 4 into tier 1 and 2 prevention Year 1 Review quality of commercial weight management providers locally – agree new offer link with GP referral programme must include physical activity	CCG / NHS England / TC	
A new Child and Young Person tier 1 to tier 4 weight management pathway to be developed	Pathway developed in Year 1 Year 2 Review efficiency opportunities for shifting resources from tier 3 and 4 into tier 1 and 2 prevention	CCG / NHE / Schools	
Workplace Health Initiatives across Thurrock. Public Health and the council work with local businesses to promote healthier workplaces across Thurrock	Year 1 (Not PHRD) – Advise and Support available to all businesses in Thurrock: • Healthy choices in workplace restaurants, hospitality, vending machines and shops for staff and clients, in line with existing Food	Local Businesses	

	Standards Agency guidance • Supportive physical environment (easily visible stairwells, showers and secure cycle parking) • Recreational opportunities (out-of-hours active social activities, lunchtime walks and use of local leisure facilities) • Employers should be engaged and supported to have travel plans that facilitate active travel and include measures such as cycle facilities and travel expenses for active work journeys		

The Foresight Report (2007) suggests that there are a number of key stages in an individual's life where there might be particular opportunities to change behaviour.

intervention during the life course Age	**Stage**	**Issue**
0-6 months	Post-natal	Breast vs bottle feeding to programme later health
6-24 months	Weaning	Growth acceleration hypothesis
2-5 years	Pre-school	Adiposity rebound hypothesis
5-11 years	1st school	Development of physical skills Development of food preferences
11-16 years	2nd school	Development of independent behaviours
16-20 years	Leaving home	Exposure to alternative cultures/behaviour/lifestyle patterns (e.g. work patterns, living with friends)
16+ years	Smoking cessation	Health awareness prompting development of new behaviours
16-40 years	Pregnancy	Maternal nutrition
16-40 years	Parenting	Development of new behaviours associated with child-rearing
45-55 years	Menopause	Biological changes Growing importance of physical health prompted by diagnosis or disease in self or others
60+ years	Ageing	Lifestyle change prompted by changes in time availability, budget, work-life

Local Government Declaration on Tobacco Control

We acknowledge that:

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and
- The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

As local leaders in public health we welcome the:

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health Organization's Framework Convention on Tobacco Control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- Endorsement of this declaration by the Department of Health, Public Health England and professional bodies.

We commit our Council from this date …….....to:

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

Signatories

Leader of Council

Chief Executive

Director of Public Health

Endorsed by

Anna Soubry, Public Health Minister, Department of Health

Duncan Selbie, Chief Executive, Public Health England

Professor Dame Sally Davies, Chief Medical Officer, Department of Health

Dr Janet Atherton, President, Association of Directors of Public Health

Dr Lindsey Davies, President, UK Faculty of Public Health

Graham Jukes, Chief Executive, Chartered Institute of Environmental Health

Leon Livermore, Chief Executive, Trading Standards Institute

Department of Health | Public Health England | Association of Directors of Public Health | Faculty of Public Health | Chartered Institute of Environmental Health | trading standards institute

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17th July 2014	ITEM:
Thurrock Health and Wellbeing Board	
HEALTH AND WELLBEING STRATEGY ANNUAL REPORT 2013-2014 AND DELIVERY PLAN 2014-2015	
Report of: Ceri Armstrong, Strategy Officer, Thurrock Council	
Accountable Director: Roger Harris, Director of Adults, Health and Commissioning	
This report is Public	
Purpose of Report: To present to the Board the Health and Wellbeing Strategy annual report for 2013-2014 and the second year delivery plan for 2014-2015.	

EXECUTIVE SUMMARY

This report provides the annual report for 2013-14 against the Health and Wellbeing Strategy Delivery Plan, and proposes the delivery plan for 2014-15.

This report and the attached appendices relate to part 1 of the Health and Wellbeing Strategy (Adults). The Children and Young People's section of the Health and Wellbeing Strategy will be reported to the September Board meeting following approval by the Children and Young People's Partnership Board.

1. RECOMMENDATIONS:

That the Board:

1.1 Agree the annual report for year one of the Health and Wellbeing Strategy (Part 1 – Adults);

1.2 Agree the delivery plan for 2014-2015 (Part 1 – Adults); and

1.3 Commission a mid-term review of the Strategy to take place during autumn/winter 2014.

2. INTRODUCTION AND BACKGROUND:

2.1 The Joint Health and Wellbeing Strategy 2013 – 2016 was agreed by the Health and Wellbeing Board at its meeting in January 2013. The delivery plan covering the first year of the Strategy (2013-2014) was subsequently agreed in March 2013.

2.2 Throughout the year, the Board has received as part of meeting agendas, updates, decisions, and progress reports related to the deliverables contained within the 2013-14 delivery plan. This has included a performance report to

the September Board meeting where it was agreed that there should be one mid-year progress report, followed by an end of year report. The Executive Committee also fulfils a key role in monitoring and highlighting any concerns in terms of performance.

2.3 Since the Strategy and first year delivery plan were agreed, the Better Care Fund has been announced and the Care Bill has become the Care Act. These are two significant game changers for health and (adult) social care – particularly in relation to integration across health and social care and also with respect to the pace of change. As a result, the delivery plan for 2014-15 makes a number of references to the Health and Social Care Transformation Programme and reflects much of the work that will take place. The Health and Wellbeing Board will be receiving regular reports throughout the year concerning the Health and Social Care Transformation Programme – a point acknowledged within the attached delivery plan for 2014-15.

2.4 It is important that the delivery plan always reflects the current state. The Plan may therefore be altered during the year to reflect key changes.

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

3.1 Updates have been received by action owners and are contained within the annual report for 2013-14. The Board are asked to agree the report.

3.2 The 14-15 delivery plan reflects actions that will take place to achieve the outcomes detailed within the Strategy. The delivery plan will be monitored via the Executive Committee and through reports received at the Health and Wellbeing Board. The Children's element of the plan will be further monitored through the Children and Young People's Strategic Partnership arrangements – the 13/14 end of year review and 14/15 delivery plan for Children and Young People will be brought to the September Board.

3.3 The Health and Social Care Transformation Programme and also the Building Positive Futures Programme which feature so prominently in the adult delivery plan have further progress checks through their own programme governance arrangements – e.g. via the Health and Social Care Transformation Programme Board, and through the Stronger Together Programme Board.

3.4 Significant concerns will be escalated to the Board during the year, but month to month monitoring of the delivery plans is expected to take place through established arrangements (as previously described).

3.5 Whilst the Strategy spans three years, the scale of pace and change across the public sector is significant. It is therefore recommended that the Board commission a mid-term review of the Strategy to take place during autumn/winter 2014. The review will help to identify whether the Strategy is appropriately positioned and suggest any proposed changes.

4. REASONS FOR RECOMMENDATION:

4.1 To ensure that the objectives within the Strategy are being met.

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

5.1 There has been no consultation on the annual report, but there has been engagement relating to many of the deliverables contained within the Strategy and delivery plan – e.g. Mental Health Strategy, Primary Care Strategy, Basildon Hospital improvement activity, Public Health strategy development etc.

6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

6.1 The Strategy and delivery plans contribute to both the Council's and CCG's priorities.

7. IMPLICATIONS

7.1 **Financial**

Implications verified by: **Mike Jones**
Telephone and email: **mike.jones@thurrock.gov.uk**
01375 652722

No financial implications have been identified.

7.2 **Legal**

Implications verified by: **Dawn Pelle**
Telephone and email: **dawn.pelle@BDTLegal.org.uk**
020 8227 2657

No legal implications have been identified.

7.3 **Diversity and Equality**

Implications verified by: **Rebecca Price**
Telephone and email: **01375 652930**
reprice@thurrock.gov.uk

No diversity and equality implications have been identified arising from this report specifically. Action planning for 2014/15 establishes a number of objectives that include (but are not limited to) the delivery of equitable and accessible care services across health and social care, including to those residents who are most vulnerable or at most risk of being excluded.

7.4 **<u>Other implications</u> (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):

APPENDICES TO THIS REPORT:
Appendix 1 – Annual Report (Adults) 2013-14
Appendix 2 – Delivery Plan (Adults) 2014-15
Appendix 3 – Annual Report (Children and Young People) 2013-14
Appendix 4 – Delivery Plan (Children and Young People) 2014-15

Report Author Contact Details:

Name:
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Joint Health and Wellbeing Strategy

Health and Well-Being Delivery Plan 2013/2014 - Adults

Priority 1					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
Improve the Quality of Primary Care	**Development of Primary Care Strategy (draft)**	**Carolyn Larsen**	October 2013	Draft Strategy developed for consultation. Development of the Strategy in Thurrock aligned with Thurrock Health and Social Care Transformation Programme.	G
	Development of quality mark for general practice	**Ian Stidston**	March 2014	The focus in the first year of NHS England has been to focus on the development of the Primary Care Strategy. This will set out the joint approach to improving the quality of primary care services to local people. A Primary Care Quality Group has been established that provides a focus for reviewing a range of information regarding contractor performance. NHS England are implementing their performance assurance frameworks for the four primary care contractor groups and established visits to GP practices who were outliers on a number of key national indicators. The work on developing a local quality mark for general practice has not progressed as quickly as liked, but this will continue to be developed in conjunction with CCGs throughout 14/15.	A
	Joint Integrated Reablement Service 'meeting moderate needs' scoping paper	**Catherine**	September 2013	Initial paper has been completed and will be reviewed during 14/15. Work needs to be carried out to better understand the impact of moving to moderate needs.	A
	Identify impact of meeting moderate needs for reablement service	**Catherine**	January 2014	Further work to be carried out on assessing the impact of meeting moderate needs for the reablement service (as per above	A

Priority 1					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
				action).	
	Service Review of Joint Integrated Reablement Service	**Tania**	March 2014	The Service Review has been carried out and has made a number of recommendations. The agreed recommendations will be implemented during 14/15 to ensure that the Service is as effective as possible.	G
	Develop rolling-log of GP practices registered with the CQC and outcomes achieved (with RAG rating)	**Mandy Ansell**	June 2013	This is in place with assessments being carried out. Some practices have been flagged as 'red' and are expected to have improvement action plans in place which are monitored by NHS England and also reviewed by the CCG Board.	G
	Development of Joint Commissioning Intentions	**Mandy Ansell/ Roger Harris**	April 2013	The Principles agreed between the Council and CCG and contained within the Better Care Fund will be used to drive commissioning decisions. Joint Commissioning Intentions will be developed as part of the work being carried out by the Whole System Redesign project group (Health and Social Care Transformation Programme).	A
	Full implementation of Joint Commissioning Intentions	**Mandy Ansell/ Roger Harris**	March 2014	As above – the joint commissioning intentions will be implemented as part of the Health and Social Care Programme's work – via the Whole System Redesign project group's remit.	A
	Improve access to services for people with Learning Disabilities (LD Health	**Catherine Wilson/ Jane Foster-Taylor**	June 2013	A service has been commissioned via NELFT so those patients whose GP has not signed up to the DES still receive a	G

Priority 1					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
	Checks)			health check. The final outturn for 13/14 is awaited, although it is known that significant improvement has been made.	
Improve the Quality of Secondary Care	**Completion of internal governance review of Hospital and implementation of recommendations**	**Clare Panniker**	End of August	Governance review complete. Internal Quality Assurance team have carried out inspections using the CQC outcome framework.	G
	Implement CQC recommendations (21st January visit)	**Clare Panniker/ Diane Sarkar**		The outcome of the Keogh/CQC review of the Hospital has now been received with the Hospital the first to be taken out of special measures as a result of improvements made. The majority of actions have been completed, with all actions to be completed within the agreed timescales.	G
	Completion of external reviews against areas of concern and development and implementation of related action plans: • **Medicines Management** • **Paediatrics** • **Accident and Emergency** • **Mortality**	**Clare Panniker/ Diane Sarkar**		All reviews complete. Action plans in place related to improvements highlighted within reviews. A group is in place to monitor progress against the many improvement action plans. All action plans are to be signed off during May 2014. Thurrock CCG's Executive Nurse is part of the group (Keogh Review Implementation Group). Delivery of actions and measurement of improvements are monitored by the BTUH Board of Directors and also by Thurrock and Basildon and Brentwood CCGs.	A

Priority 1					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
	Agree and implement CCG involvement and oversight of reviews through clinical leads (Mortality – Jane Foster-Taylor; Paediatric – Henry Okoi; A&E – Anil Kalil; Medicines Management – Raymond Arhem)	**Mandy Ansell**		Clinical leads are in place. The Executive Nurse sits on the Hospital's Keogh Review Implementation Group.	G
	Undertake scrutiny activity to ensure improvements delivered and sustained at the Hospital	**Thurrock Health and Well-Being Overview and Scrutiny Committee**		Joint Overview and Scrutiny Meetings between Thurrock and Essex Health and Wellbeing O&S Committees have taken place during 13/14. The latter meeting in April 14 reported good improvements at the Hospital.	G
Improve the Quality of Residential and Community Care	**Development of Market Position Statement**	**Christopher Smith**	October 2013	Market Position Statement developed. Will be implemented as part of the Health and Social Care Transformation Programme.	G
	New performance framework, including compliance, for commissioned services in place	**Louise Brosnan**	September 2014	A performance framework is in place for all regulated commissioned services and for some non-regulated services too. Due to concerns regarding how the Framework would fit with some supported living services, these elements have not at this time been incorporated. Joint monitoring between Thurrock CCG and the Council's Adult Social Care Contracts Team takes place where there	G

Priority 1					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
				are quality concerns of both a clinical and non-clinical nature. Shared visits take place and shared action plans are developed. Joint reports are delivered to the Essex Quality Surveillance Group	
	Review of findings of Winterbourne View Report in partnership with CCG and providers and development of action plan	**Catherine Wilson**	December 2013	South Essex Winterbourne Strategy Group has been meeting since December 2012. Thurrock has identified and carried out joint reviews for two people. A resolution has been achieved for four people, and one person will 'fail' the timescales, but with an action plan in place to resolve.	A
	Comprehensive list of people with LD, Autism, and Challenging Behaviour in assessment or treatment, or living in secure settings	**Catherine Wilson**	April 2013	Complete for social care. A similar list needs to be developed for the CCG so one register across both organisations can be developed.	G
	All those identified (as per action above) reviewed	**Catherine Wilson**	June 2013	Complete. 7 people identified. 6 of the 7 have been resolved, with 2 remaining in care placements commissioned by the specialist commissioning team, 4 have reablement plans in place, and 1 will 'fail' the timescales but an action plan is in place to resolve. Commissioning responsibilities have passed to the Council and CCG for those not now met by specialist commissioning.	A
	Review and ensure, as	**Louise Brosnan**	September	Event held on the 26th July with all private,	G

Priority 1					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
	commissioners, the development and implementation of a clear plan to support the training and development of staff external to the Council (including Personal Assistants – PAs)		2013	voluntary and independent sector providers to identify training needs. A training programme is being developed in response to this event and will be circulated to providers for comment in October. Programme will be rolled out from April 2014.	
	Establish joint monitoring group across Health and Social Care to share early concerns	**Jane Foster-Taylor/ Louise Brosnan**	April 2013	Complete. Local meetings have been established with joint monitoring visits taking place between social care and the CCG when there are no concerns.	G
Improve the Quality of Care across the whole system pathway	**Shift use of community beds to 'step up' to support avoidable admissions, and the work of the RRAS and unplanned care work stream for the frail elderly and long-term conditions**	**Mandy Ansell Tania?**		This is successful to date with approximately 45% of admissions 'step up'. Multi-Disciplinary Teams are to work with homes and in the community to support admission avoidance.	G
	GP Clinical Leads assigned – including quality and patient safety	**Mandy Ansell**	April 2013	All GP clinical leads have been assigned.	G
	Joint Integrated Reablement Service 'meeting moderate needs' scoping paper	**Catherine**	September 2013	Initial paper has been completed and will be reviewed during 14/15. Work needs to be carried out to better understand the impact of moving to moderate needs.	A
	Identify impact of meeting	**Catherine**	March 2014	Further work to be carried out on assessing	A

Priority 1					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
	moderate needs for reablement service			the impact of meeting moderate needs for the reablement service (as per above action).	
	In response to service review, jointly develop Rapid Response and Assessment Service – including deciding how the model will be financed and commissioned	**Allison Hall/ Philip Clark**	March 2014	This service continues to operate successfully with staff from both Health & Social Care. In light of the BCF, decisions around the financing and future commissioning of the service will be deferred to 2014/15	A
	Align telecare and telehealth to RRAS and Joint Reablement	**Allison Hall/ Philip Clark**	March 2014	Thurrock Council has a successful Telecare service where referrals and users of Telecare increase year on year. Within the RRAS and Joint Reablement Team, both Health and Social Care staff can access Telecare provision. Further development of telehealth needs to be explored and this has been highlighted as a key area as part of the BCF plan, therefore deferred to 2014/15	A

Priority 2					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
People have good mental health	**Pilot Step 1 – increased support to GPs and primary health care**	**Catherine Wilson**	April – September 2013	There has been slow progress with engagement from GPs, but a very positive pilot has taken place in Thurrock regarding supporting GPs to take back responsibility to support individuals with their medication management, this is raising good awareness amongst local GPs.	A

Priority 2					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
People with mental health problems recover	**Design pilot for the gateway**	**Catherine Wilson**	September – March 2014	The gateway has been designed and the implementation plan developed.	G
People with mental health problems have good physical health and people with physical health problems have good mental health	**Redesign of Section 75 agreement with SEPT**	**Catherine Wilson**	September 2013	The new Section 75 agreement has been written to encompass more fully the expectations of the service to be delivered by SEPT together with much more rigorous performance management requirements. The new agreement is due to be signed at the end of June 2014.	G
	Mental Health Strategy Thurrock Implementation Plan in place	**Catherine Wilson**	October 2013	A considerable amount of work has been completed regarding the delivery of the mental health strategy in Thurrock. There is a clear plan for the redesign of the services provided by SEPT together with a wider plan with Health to develop a recovery college.	G
	Establishment of care pathway for CAMHS (inc. vulnerable groups) – jointly with Essex CC	**Catherine Wilson**	March 2014	The CAMHS strategy has been written establishing a clear care pathway. A joint procurement process has now begun with Essex and Southend.	G
	Comprehensive Tier-Two and Tier-Three CAMHS service contract in place	**Catherine Wilson**	Likely to be 2015. CW to explain why	The procurement process has been delayed due to the need to change the method of tendering from an open tender process to a competitive dialogue process, this was to support the requirements of the 7 CCGs and Essex County Council. The process begins in July 2014 and the	A

Priority 2					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
				contract is due to be awarded with current timescales in November 15.	
People with mental health problems achieve the best quality of life	**Local Area Co-ordination Pilot sites established and evaluated**	**Tania**	April 2013 – March 2014	A 4 month evaluation has taken place which was positive. Plans in place to increase the number of LACs so that full coverage will be achieved across the Borough – which will take place during 14/15. Purfleet LAC recently recruited (secondment from the Fire Brigade) bringing the number currently in place to 4. One of the existing posts is jointly funded by Fire Brigade. Public Health and the Social Care Fund are contributing towards the cost of the additional LACs and a manager.	G
Strengthen Emotional Well-Being	**Evaluate current initiatives (traditional befriending, active lives 12 week turnaround, and use of Assistive Technology) to identify and implement most effective form of intervention**	**Sarah Turner**	November 2013	Whilst there was limited uptake for the Skype befriending pilot, evidence suggests that when this form of befriending was used, it was the most effective. Age UK Essex has agreed to fund and offer to older people and their families. Other forms of traditional befriending and active lives have been expanded to people with dementia.	G
	Establish method of measuring emotional well-being	**Sarah Turner**	March 2014	Complete. Essex University have reviewed and agreed a measure for emotional wellbeing.	G
	Emotional Health and Well-	**TBC**	March 2015	Deadline was revised for this piece of work and is due March 2015.	N/A

Priority 2					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
	Being Plan developed				
	Implementation and evaluation of strength-based community development pilots – LAC, ABCD	**Les/Tania**	April 2012 – March 2013	As before – 4 LAC coordinators are in place with more to be recruited 14/15. ABCD training sessions and workshops for staff have been carried out, and a 'Small Sparks' community fund has been running for a year with some positive feedback of what has been achieved with a small amount of resource and community match-funding. Strength-based approaches are being embedded as part of the Health and Social Care Transformation work.	G

Priority 3					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
Early diagnosis and support for people living with dementia	**Increase uptake in direct payments to people with Dementia and their carers**	**Sarah Turner**	March 2014	Social workers have been provided with advanced risk training to help the promotion of direct payments to people with dementia. The Direct Payments policy has also been revised to ensure that DPs are actively made	G

Priority 3					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
				available to those with dementia. As a result, people living with dementia are now receiving direct payments as an option.	
	All staff undertaking advanced risk training	**Sarah Turner**	October 2013	As above – social workers have been provided with advanced risk training.	G
	Define approach for service users and carers receiving Direct Payments	**Sarah Turner**	October 2013	The Direct Payments policy has been altered to ensure those with dementia can receive DPs	G
	Evaluation of effectiveness of Mountnessing 'step down' service	**Sarah Turner**	March 2014	The Mountnessing 'step down' service is being evaluated as part of the Better Care Fund Plan and will therefore be carried out during 14/15.	A
	Establish Thurrock Dementia Alliance	**Sarah Turner**	March 2014	There has been a delay to the establishment of a Thurrock Dementia Alliance. The Alzheimers' Society are seconding a worker to the Council for a six month period with the aim of developing a Dementia Action Alliance. It is expected that this will be in place before the end of 2014.	A

Priority 3					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
Make Thurrock a great place in which to grow older	**See below:**				
Creating communities that support health and well-being	**Implementation and evaluation of Local Area Coordination**	**Tania**	Apr 13	A 4 month evaluation has taken place which was positive. Plans in place to increase the number of LACs so that full coverage will be achieved across the Borough – which will take place during 14/15. Purfleet LAC recently recruited (secondment from the Fire Brigade) bringing the number currently in place to 4. One of the existing posts is jointly funded by Fire Brigade. Public Health and the Social Care Fund are contributing towards the cost of the additional LACs and a manager.	G
	Introduce ABCD approach – beginning with Council-wide training sessions	**Les**	Apr 13	Workshops have taken place for staff, and a community of practice has been established with several meetings having already taking place.	G

Priority 3					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
				Further training for Adult Social Care staff will take place during 14/15. ABCD is now being managed in collaboration with the Stronger Together Partnership to ensure sign-up is Council-wide.	
	Produce programme implementation plan for development of affordable housing for older and vulnerable people in Thurrock	**Sue Williams**	Apr 13 – Sept 13	Opportunities for developing housing for older and vulnerable people are being progressed on a case by case basis, taking into account location, the demographic profile and the housing needs within the area.	G
	Bid submission for specialist housing fund if successful develop Derry Avenue site for older people	**Les Billingham**	October 2013	Announced in July that Thurrock bid was successful. Building is to commence as soon as possible.	G
	Submit final interreg bid for European Union funding to support community involvement in housing programme	**Les Billingham**	Bid January 13 If successful, roll out of involvement programme	Completed – bid unsuccessful.	N/A

Priority 3					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
			alongside affordable housing implementation Apr 13		
	Delivery of Elizabeth Gardens	**Roger Harris**	May 2013	Completed Elizabeth Gardens formally opened in June 2013.	G
	Embed new outsourced Carers' Support, Information and Advice Service	**Alison Nicholls**	March 2014	Contract for Support, Information and Advice service awarded to Cariads and new service formally launched in June. A Carers' Partnership Group has also been established and is part of the HWBB's governance structure.	G
	Loneliness actions as per Emotional Health and Well-Being	**Sarah Turner**	As before	Thurrock has been awarded with the 'gold' standard by the Campaign to End Loneliness in its Health and Wellbeing Strategy. Development of approaches will be included in the continued development of strength-based approaches – e.g. Local Area Co-ordination.	G

Priority 3					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
Creating the social care and health infrastructure to manage demand	**Joint Integrated Reablement Services 'meeting moderate needs' scoping paper**	**Catherine**	September 2013	Initial paper has been completed and will be reviewed during 14/15. Work needs to be carried out to better understand the impact of moving to moderate needs.	A
	Service Review of Joint Integrated Reablement Service	**Catherine**	March 2014	Further work to be carried out on assessing the impact of meeting moderate needs for the reablement service (as per above action).	A
	In response to the service review, jointly develop Rapid Response and Assessment Service – including deciding how the model will be financed and commissioned	**Phillip Clark/ Allison Hall**	March 2014	Thurrock Council has a successful Telecare service where referrals and users of Telecare increase year on year. Within the RRAS & Joint Reablement Team, both Health & Social Care staff can access Telecare provision. Further development of telehealth needs to be explored and this has been highlighted as a key area as part of the BCF plan, therefore deferred to 2014/15	A
	Align telecare and telehealth to	**Allison Hall/ Philip**	March 2014	Thurrock Council has a	A

Priority 3					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
	RRAS and Joint Reablement	**Clark**		successful Telecare service where referrals and users of Telecare increase year on year. Within the RRAS and Joint Reablement Team, both Health and Social Care staff can access Telecare provision. Further development of telehealth needs to be explored and this has been highlighted as a key area as part of the BCF plan, therefore deferred to 2014/15	
	Implement Early Intervention Service with Health and Housing	**Les Billingham**	September 2013	Part of the LAC evaluation provided evidence of impact of early intervention, specifically timely intervention. The service will need to be more targeted – e.g. autism and dementia. This will be taken forward through the Whole System Redesign Project.	A
	Produce service efficiency plans for in-house services, assessment and care management, and to extend interim bed numbers in	**Les Billingham**	Started June 2013	Initial service reviews have taken place with more identified to take place during 14/15. The	A

Priority 3					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
	Collins House and implement where favourable			development and implementation of service reviews will be part of the Health and Social Care Transformation Programme.	

Priority 4					
Objective	**Action 2013/14**	**Lead**	**Deadline**	**End of Year Position**	**RAG**
Reduce the prevalence of smoking in Thurrock	**To lead effective marketing campaigns across providers working with stakeholders**	**Kevin Malone**	October 2013	Delivered. E.g. Stoptober, National No Smoking Day, January Harms Campaign – have all promoted/awareness raised across the council, providers and stakeholders	G
	To develop and adopt Thurrock Tobacco Control Strategy	**Kevin Malone**	December 2013	Part delivered and in progress. Signed-up to Declaration on Tobacco Control. Workshop booked for Summer 2014, Strategy to follow the workshop.	G
	To work with Essex Alliance and regional smoke-free campaigns.	**Kevin Malone**	January 2014	Delivered and on-going. Effective network in place with regional tobacco	G

				control colleagues and active in supporting the inception of a regional tobacco control office.	
Reduce the prevalence of obesity in Thurrock	**Develop a healthy weight strategy with partners**	**Beth Capps**	November 2013	Delivered. To be received at Children's Partnership Board June, then HWBB July.	G
	Explore options for measuring and tracking children's weight	**Beth Capps**	TBC	This has been a milestone for the Healthy Weight work stream reporting to the Public Health Strategy Board. A new programme is being commissioned for 2015 onwards which aims to link the NCMP further to weight management programmes. Work is ongoing with current providers to pilot some programmes with individual schools during 2014.	G
	Develop and implement a multi-agency physical activity pathway	**Beth Capps/Grant Greatrex**	January 2014	Part delivered. A directory of physical activity and sporting opportunities has been produced and consulted on. A pathway for healthy weight which will include physical activity is being developed as part of the strategic delivery	G

				plan. Therefore this action is ongoing.	
				Part delivered. A pilot programme and review has been carried out. Report to go to Directors' Board alongside PHRD paper in May/June. A community pilot programme is currently being commissioned working with Impulse Leisure and the CCG. This action is on-going.	G

Improve the Quality of Health and Social Care				
Objective	**Where do we want to be (3 year ambition)**	**Action 14/15**	**Lead**	**Deadline**
Improve the Quality of Primary Care	• Primary Care services that are sustainable in to the future; • Providing consistent, accessible and good quality information and advice; • Good intelligence gathering systems; • Provision of consistent primary care delivery and quality; • Increased numbers of integrated care pathways and joint areas of work; • Individuals better able to manage their health conditions – in particular long-term conditions; • Adequate numbers of GPs in all areas of the Borough; • All GP practices score on or above the EoE average for patient satisfaction – including access; • Consistency of clinical quality – disease registers, diagnoses, immunisation, screening; • Increased focus on early intervention;	Finalise Primary Care Strategy	Sara Lingard	TBC
		Develop Primary Care Strategy Implementation Plans	Sara Lingard	TBC
		Develop role of Accountable Professional (over 75s)	Phillip Clark	Commence May 2014
		Development of Primary Care Federation Model	Phillip Clark	Commence May 2014
		Develop 7-day access to services – including dental and pharmacy	Sara Lingard/ Mandy Ansell	Proposals to be developed by July 2014
		Identify Thurrock priorities for the Essex Primary Care Strategy	Mandy Ansell	July 2014
		Undertake re-commissioning of Thurrock Health Centre and Walk-In Service	Mandy Ansell/ Sara Lingard	April – December 2014
		Implementation of QA framework for Primary Care – including local quality mark for general practice	Ian Stidston	TBC

Improve the Quality of Health and Social Care				
Objective	**Where do we want to be (3 year ambition)**	**Action 14/15**	**Lead**	**Deadline**
	• Reduction in unplanned admissions; • GPs provided with greater options; • Access to good quality health care equitable – e.g. 'hard to reach'			

Improve the Quality of Secondary Care	• 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:
	  • Paediatric Service;
	  • Medicine Management;
	  • Accident and Emergency; and
	  • 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; and
		BTUH were rated 'good' by regulator CQC and taken out of 'special measures'. The action is to maintain focus on improvement – including review findings of CQC/Keogh Report, with further monitoring of any actions being taken through the Clinical Quality Review Group (attended by Executive Nurse)	Jane Foster-Taylor via Clinical Quality Review Group	On-going

		Special focus on cancer pathways (due to breach of 18 week target) – review pathways and develop action plan	Mandy Ansell	March 2015
		Identify how A&E 4 hour wait can be maintained	Mandy Ansell	On-going
		Full compliance of referral to treatment target (18 weeks) by end quarter 2	Mandy Ansell	October 2014

Improve the Quality of Health and Social Care				
Objective	**Where do we want to be (3 year ambition)**	**Action 14/15**	**Lead**	**Deadline**
	• Improved early warning systems.			
Improve the Quality of Residential and Community Care	• 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; • 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 re-modelled to meet the needs of people with very high and complex levels of need; • No contractual default action being taken against providers as performance is of consistent	Continue to develop integrated approaches between health and social care – e.g. undertake joint monitoring visits as appropriate	Louise Brosnan Jane Foster-Taylor	On-going
		Work in partnership with providers to maintain the quality of care delivered	Louise Brosnan	On-going
		Further development of skills-based work academy to encourage more people in to the care profession	Louise Brosnan	Roll out with all domiciliary care providers by March 15
		Implementation of Workforce Plan for Commissioned Services	Louise Brosnan	Consultation to be carried out July 14

Improve the Quality of Health and Social Care				
Objective	**Where do we want to be (3 year ambition)**	**Action 14/15**	**Lead**	**Deadline**
	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 Winterbourne report will act as a prompt to ensure our contract compliance processes are rigorous and fully implemented; • Vulnerable people, particularly those with Learning Disabilities and Autism, receive safe, appropriate high quality care; and Service are local and people remain in their communities.			
Improve the Quality of Care across the whole system pathway	• Effective monitoring of quality and strengthening of data sharing to ensure appropriate action taken – including across partners (e.g. via Quality Surveillance Group); • Rapid Response and Assessment Service with	Continued attendance at regional Quality Surveillance Group and information sharing meetings	Jane Foster-Taylor Louise Brosnan	On-going
		Implementation of new Adult Safeguarding Board requirements (Care Act 2014)	Fran Leddra	March 15
		Development of frailty pathway	Phillip Clark	September

Improve the Quality of Health and Social Care				
Objective	**Where do we want to be (3 year ambition)**	**Action 14/15**	**Lead**	**Deadline**
	extended hours of provision to meet demand – this will be a priority for the joint reablement funding; • Stronger focus on telecare and telehealth 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 reablement needs of the community; and • 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, transient communities.			14
		Implementation of Accountable Professional	Phillip Clark	TBC
		Development of Primary Care Federation Model	Phillip Clark	TBC
		Improve the number of people recorded as 'end of life' and achieving place of death – including extending end of life pathway in to social care	Jane Foster-Taylor	March 15
		Delivery of 7-day access to services across health and social care	Mandy Ansell/Tania Sitch/ Sara Lingard	TBC
		Implementation of Rapid Response and Assessment Service review recommendations – including expanding RRAS to provide care for 72 hours	Tania Sitch	Throughout 14/15
		Increase interim bed capacity (via Collins House)	Tania Sitch	Bid for additional funding to support growth in capacity
		The Health and Social Care	Roger Harris/	Throughout

Improve the Quality of Health and Social Care				
Objective	**Where do we want to be (3 year ambition)**	**Action 14/15**	**Lead**	**Deadline**
		Transformation Programme will in part focus on improving the quality of care across the whole system pathway. This work will be taken forward through the Programme's Whole System Redesign Project Group. The Group's focus during 14/15 will be to identify what will be reviewed, the review process, and commence reviews. It is unlikely that reviews will have been completed or implemented prior to March 15.	Mandy Ansell	14/15

Strengthen the mental health and emotional wellbeing of people in Thurrock				
Objective	**Where do we want to be (3 year ambition)**	**Action 14/15**	**Lead**	**Deadline**
People have good mental health	New model of service developed that ensures the following outcomes: • People have good mental health • People with mental health problems recover • People with mental health problems have good physical	Work with the provider SEPT to embed the new model of working through the revised section 75 agreement	Catherine	Model to be implemented from 15th August
People with mental health problems recover		Explore the option of commissioning a recovery college for Thurrock jointly between the CCG and Council	Catherine	Options explored by October 14

People with mental health problems achieve the best quality of life	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	Support the implementation of personal health budgets to enable people to have much more choice and control.	Catherine/ Jane Foster-Taylor	April 2015
		Begin the redesign of commissioning to support an integrated health and social care whole system approach	Catherine	New model of commissioning by April 15
		Mental health forum and partnership groups to be consulted and inform developments in whole system commissioning – including strength-based approaches	Catherine	Embed process of engagement in service development and commissioning decisions by April 15
		Training and updating of commissioners' skill based to take place through 14/15 through a programme of events to support integration, reduce fragmentation, and increase market development skills. We will also focus this year on increasing the more locally-based individual skills to support service users to commission a local community-based response to need.	Catherine	Throughout the year – April 15

	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. • 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	Work to begin on the mental health pathway for individuals with a range of mental health issues – to be supported by personal health budgets and the recovery college proposals	Catherine	Throughout the year – April 15
		Examine how information, advice and guidance are made available locally for people.	Catherine	April 15
		Implementation of the CAMHS Strategy through the procurement of a new model of service to support the emotional wellbeing of children and young people.	Paula McCullough	November 2015

	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. • 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.			

Improve our response to the frail elderly and people with dementia				
Objective	**Where do we want to be (3 year ambition)**	**Action 14/15**	**Lead**	**Deadline**
Early diagnosis and support for people living with dementia	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	Increase early recognition and onward referral for dementia – with achievement of national target	Irene Lewsey	Action plan in place by June 14 Achievement of target by September 14
		Development of Dementia Action Alliance	Sarah Turner	Alzheimers Society worker in place July 14 Action Alliance developed by December 14
		Improve end of life awareness for social work staff, in particular with regard to dementia – staff to be given training to encourage people to plan early for end of life.	Bill Clayton / Sarah Turner	On-going throughout 14/15

Make Thurrock a great place in which to grow older	Continued delivery of Building Positive Futures Programme – as detailed below:			
	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 communities that support health and well-being ▪ Creating the homes and neighbourhoods that support independence (Les/Barbara Brownlee) ▪ Creating the social care and health infrastructure to manage demand (Les, Tania, Michelle Stapleton 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 –	Implementation of new service model for sheltered housing – to ensure consistency across the service offer.	Dermot Moloney	Proposals to be considered by Overview and Scrutiny July 14 – then further milestones to be confirmed dependent upon O&S comments
		Continued influence of developments to HAPPI standard An initial approach has already been made by a developer who is keen to incorporate the HAPPI standard in his proposed development design.	Les Billingham	Case by case basis and via Planning and Housing Advisory Group Meetings
		Establishment and development of Housing and Planning Advisory Group to provide advice on health and wellbeing issues relating to proposed new major development applications that are submitted to the Council.	Les Billingham	Applications to be influenced via monthly meetings of the Housing and Planning Advisory Group
		Completion of Derry Avenue Scheme	Barbara Brownlee	Start date September 14

	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 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			Completion date 61 weeks +/- 5 weeks
Creating communities that support health and wellbeing		Local Area Coordination initiative to be expanded to ensure borough-wide coverage – four LACs already in place. Funding secured for recruitment of 5 more co-ordinators and a LAC manager.	Tania Sitch	September 14
		Delivery of more Community Hubs (as part of Stronger Together Programme): Chadwell (opened May 14) Aveley and Tilbury Hubs in progress Along with recruitment of 2 community builders	Natalie Warren	On-going
		Ongoing training with social work team on how to apply a strength-based approaches – training already help for the commissioning team using Community Catalyst in order to deliver the Market Position Statement	Les Billingham	Training sessions throughout 14/15
		Development of micro enterprises – small scale initiatives to help foster community connections by	Catherine Wilson and Sue Williams	Throughout 14/15

	remain in control and encourages independence	offering locally run services and activities for older and vulnerable people.		
Creating the social care and health infrastructure to manage demand		This objective will be achieved through the development and delivery of the Health and Social Care Transformation Programme. The work of the Programme includes the following specific work streams: • Care Act Implementation; • Pooled Fund Arrangements (Section 75 Agreement); • Whole System Redesign; and • Realising Short-Term Efficiencies. The Board will receive regular updates in relation to progress and decisions to be made as part of the Programme's governance arrangements. The key deliverables for 14/15 are as follows: • Delivery of Care Act requirements that come in to force from April 2015; • Identify size of pooled fund for 15/16 and programme of	Roger Harris/ Mandy Ansell	Through the development of the Health and Social Care Transformation Programme

		redesign work to be carried out during 15/16; • Establish Section 75 pooled fund agreement; • Identification of schemes for 15/16 as part of BCF; • Implement the results of service/provider reviews during 14/15 to release necessary efficiencies/savings for 15/16		

Improve the physical health and well-being of people in Thurrock				
Objective	**Where do we want to be (3 year ambition)**	**Action 14/15**	**Lead**	**Deadline**
Reduce the prevalence of smoking in Thurrock	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	Expand the development of preventative programmes within the 14/15 service specification. Work with the provider to deliver a Peer-Led prevention programme (e.g. ASSIST) as described in NICE guidance.	Kevin Malone	August 14

	compliant with legislation around 'point of sale' ban and working with partners to eradicate counterfeit and illicit tobacco sales	Review E-cigarettes in terms of Harm Reduction for smokers, summarising Thurrock's position following pilot scheme in partnership with ASH to develop a policy.	Kevin Malone	September14
		Develop an engagement and communications plan for 14/15 to include all stakeholders – internal and external, GPs, Schools etc.	Kevin Malone	September 14
		Expand the development of preventative programmes within the 14/15 service specification. Work with the provider to deliver a Peer-Led prevention programme (e.g. ASSIST) as described in NICE guidance.	Kevin Malone	March 2015
Reduce the prevalence of obesity in Thurrock	Halt the rise in adult and childhood obesity and 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 – • Development of good practice – based on evidence of what works • Commissioning a variety of	Develop a greater understanding of community needs across our local areas, offering more localised provisions at a community level by the development of pilot projects to inform the commissioning of a revised service model for children's and adult obesity in response to engagement with Healthy weight workshop of 2013.	Beth Capps	June – September 14

	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			Dec 2014
		Drive the strategic delivery plan from the healthy weight strategy including developing a pathway across tiers 1-4 linking in with partners (CCG etc)	Beth Capps	March 15
		Engage with volunteers to deliver healthy cooking courses in childrens centres to expand on Eat Better Start Better (EBSB)	Beth Capps	August 2014
		Deliver the 'Beat the Street' project to activate the community in thurrock with a particular focus on children and the most inactive adults. Full evaluation and sustainability plan in place.	Beth Capps	Nov 2014

17th July 2014	ITEM
Thurrock Health and Well-Being Board	
Special Educational Needs and Disabilities reforms	
Wards and communities affected: All	**Key Decision:** No
Report of: Malcolm W Taylor, Strategic Lead Learner Support / Principal Educational Psychologist	
Accountable Head of Service: Malcolm W Taylor, Strategic Lead Learner Support / Principal Educational Psychologist	
Accountable Director: Carmel Littleton, Director of Children's Services	
This report is Public	

Executive Summary

The Children and Families Act 2014 introduces wide ranging reforms to the arrangements for supporting children and young people with Special Educational Needs and Disabilities (SEND). The new statutory assessment and planning arrangements come into place from 1st September 2014. The key areas of reform are the introduction of a new system of streamlined assessment leading to single Education Health and Care Plans for children aged 0-25. This is to include the offer of a personal budget to enable parents/carers greater choice and control of the support arrangements delivered as part of these plans. Local Authorities have to publish a Local Offer setting out clear information on services across education, health and social care for children and young people 0 to 25 years ; how to access specialist support ; how decisions are made including eligibility criteria for accessing services where appropriate; and how to complain or appeal. The Act introduces a requirement for Local Authorities and health organisations to commission services jointly to meet the needs of children and young people with SEN & disabilities. Thurrock Local Authority has a clear plan in place to meet the requirements of the Act with significant work having taken place to date.

1. Recommendation(s)

1.1 That the Health and well Being Board notes the report and endorses the actions of the Local Authority in meeting the new arrangements towards children and young people with Special Educational Needs and Disabilities introduced by the Children and Families Act 2014.

2. Introduction and Background

2.1 On 13th March 2014 the Children and Families Act (2014) received Royal Assent. It will reform the systems for adoption, looked after children, family justice and special educational needs. It sets out a clear intention to enable children and young people with special educational needs and disabilities (SEND) to achieve well in their early years, at school and in college; find employment; lead happy and fulfilled lives; and have choice and control over their support.

2.2 The SEND reforms will implement a new approach which seeks to join up help across education, health and care from birth to 25. Help will be offered at the earliest possible point, with children and young people with SEND and their parents or carers fully involved in decisions about their support and what they want to achieve. This will help lead to better outcomes and more efficient ways of working.

2.3 In June 2014 the *Special educational needs and disability code of practice : 0-25* was published jointly by the department for Education and the Department of Health. The statutory guidance sets out on the duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and the associated regulations.

2.4 **Main Changes from the previous SEN Code of Practice.**

The main changes from the previous SEN Code of Practice (2001) reflect the changes brought in by the Children and Families Act 2014. These are :

• There is a clearer focus on the participation of children and young people and parents in decision-making at individual and strategic levels

• There is a stronger focus on high aspirations and on improving outcomes for children and young people

• It includes guidance on the joint planning and commissioning of services to ensure close co-operation between education, health and social care

• It includes guidance on publishing a Local Offer of support for children and young people with SEN or disabilities

• There is new guidance for education and training settings on taking a graduated approach to identifying and supporting pupils and students with SEN (to replace School Action and School Action Plus)

• For children and young people with more complex needs a co-ordinated assessment process and the new 0-25 Education, Health and Care plan (EHC plan) replace statements and Learning Difficulty Assessments (LDAs)

• There is a greater focus on support that enables those with SEN to succeed in their education and make a successful transition to adulthood

• Information is provided on relevant duties under the Equality Act 2010

• Information is provided on relevant provisions of the Mental Capacity Act 2005

2.5 **Key Principles underpinning SEND Code of Practice 2014**

The key Principles are that local authorities, in carrying out their functions under the Act in relation to disabled children and young people and those with special educational needs (SEN), **must** have regard to

• the views, wishes and feelings of the child or young person, and the child's parents

• the importance of the child or young person, and the child's parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions

• the need to support the child or young person, and the child's parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood

2.6 **Improvements to SEND processes arising from principles**

The above principles are designed to support:

• the participation of children, their parents and young people in decision-making

• the early identification of children and young people's needs and early intervention to support them

• greater choice and control for young people and parents over support

• collaboration between education, health and social care services to provide support

• high quality provision to meet the needs of children and young people with SEN

• a focus on inclusive practice and removing barriers to learning

• successful preparation for adulthood, including independent living and employment

3. Issues, Options and Analysis of Options

3.1 The Local Authority Children's service has worked closely with the Commissioning Support Unit to the Clinical Commissioning Group, representative groups of parents, pre schools, schools, and colleges to develop the new systems to support the changes to Special Educational Needs being introduced through the Children and Families Act 2014.

3.2 A briefing paper on the Implications of the Children and Families Act across South Essex has been developed and circulated to the CCG's . This is attached as **Appendix 1** and includes information being taken by all three Local Authorities, Essex, Southend and Thurrock covered by South East Essex Commissioning Team. In particular this paper sets out the new statutory joint commissioning arrangements of the Local Authority and the Clinical Commissioning Group to deliver education, health and social care provision for children and young people 0-25 years.

3.3 **Thurrock's Implementation of the SEND reforms**

The strategic delivery of the SEND reforms across a range of services has been implemented through the Inclusion sub group of the Children's Partnership. There are now 6 key work streams to this project . These are as follows;

1	**Consultation and engagement of children / young people and parents**
2	**Joint commissioning / personal budgets**
3	**Local offer**
4	**Education, Health and Care Plan (EHCP)**
5	**Transition to adulthood**
6	**Early years**

3.4 The High Level Project Plan for the 6 Work streams is attached as **Appendix 2** of this report
Relevant highlights are outlined below.

3.5 **Consultation and Engagement.**
Significant progress has taken place in the development of the Parent Engagement Group with the involvement of a Contact a Family consultant supporting the Parent Engagement Officer based in CVS. A range of consultation activities with providers from all sectors of Education, Care and Health have taken place with a clear programme of ongoing consultation and training in place. Early Support Principles setting out the key working family-centred approach are established within all service specifications as part of the commissioning arrangements.

3.6 **Joint Commissioning /Personal Budgets.**
Clear examples of joint commissioning arrangements are in place such as the joint placement panels leading to shared agreements concerning jointly funded specialist placements. Mechanisms are in place for the establishment of Personal Budgets, building on the existing arrangements for Direct Payments, through the Thurrock Access to Resources Panels, Continuing Care arrangements and Special Educational Needs panels. Close working has taken place with Commissioning Support Unit to the Clinical Commissioning Group to establish future commissioning arrangements.

3.7 **Local Offer**
There has been a process of consultation and development with parents groups on the principles and content of the Local Offer. The Local Offer is available through the Ask Thurrock, Family Information website with clear links to other sources of information including the SNAP directory , Schools , Pre Schools , SEN and Health information. A clear programme is in place to establish the full Local Offer from September 2014 which will be subject to ongoing review and development in line with Code of Practice 2014. There is a programme in place for the completion of the collection of information relating to the Local Offer to be ready for publication by September 2014. There are clear arrangements in place for the web publication of the Local Offer co-ordinating the new information on SEND systems and linking to all services including additional commissioned work on disability support through a single web portal.

3.8 **Education, Health and Care Plans**

A working document for the Education, Health and Care Plan and the process for assessment and reviews are in place with ongoing development through a wide range of consultation. There is an ongoing programme of training and support for pre-schools, schools and post sixteen providers in place to support their work in this area. Additional work is taking place in personalising and increasing the accessibility of this documentation. There is a clear programme of transition from Statements of Special Educational Needs and Section 139a assessments in place to meet the timescales set out in April DfE Guidance. The plan for the Transition of Statements to Education Health and Care Plans is attached as **Appendix 3** . The Thurrock EHCP pathway process is attached as **Appendix 4.**

3.9 **Transition to Adulthood**

The introduction of Education Health and Care Plans for young people aged over 16 and leaving school education to attend further or higher education is a significant change in that previously, Statements of Special Educational Needs would cease under these circumstances and young people's additional needs at college would be identified through a Section 139a Learning Difficulties Assessment supported by personal Advisors in Thurrock. The work in this area has been supported through the Thurrock Transition group which has built on the arrangements in the Transition Strategy including person centred planning, links between children's and adults services and clear mapping of learners needs and funding processes. A funding panel has been established and arrangements for the personal advisors to support the development of Education, Health and Care Plans alongside close links to colleges to support the development of the local offer.

3.10 **Early Years**

Work on the early years aspects of the SEND reforms has built on the highly successful Early Support arrangements in place and links to the Portage, Health Visiting and outreach services. The support arrangements have included the development of a new panel to co-ordinate the various support arrangements in place bringing together the family centred approach central to Early Support , the 332 Notification referrals in place from Health, and the referrals from Early Years settings as the process for the development of Education, Health and Care Plans. A diagram representing these arrangements is included as **Appendix 5**.

3.11 **Funding for the reforms**

Two grants have been made available to support the introduction of the SEND reforms introduced through the Children and Families Act 2014. These are the Special Educational Needs and Disability (SEND) Implementation Grant (New Burdens) £173,678 and the Special Educational Needs Reform Grant reforms £ 232,600. These Grants are to be paid in instalments to support the additional resources required over the next three years to implement the reforms. Details of this are shown in **Appendix 6**

4. Reasons for Recommendation

4.1 For an information update

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

5.1 There has been a wide spread process of consultation with parents/carers, pupils , schools and services impacted by these reforms.

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

6.1 The introduction of the new arrangements for the identification and support of children and young people who have special educational needs utilising a single Education Health and Care Plan , and the new joined up commissioning responsibilities between the Local Authority and the Clinical Commissioning Group will impact significantly on delivery of services to meet our Corporate Priorities. In particular it will impact on our work in creating a great place for learning and opportunity and improving health and well-being. The work covered as part of the SEND reforms is set out in the Everyone Succeeding section of the Children and Young People's Plan which forms Part 2 of the Health and Well being Board Strategy.

7. Implications

7.1 Financial

Implications verified by: **Kay Goodacre**

Interim Finance Manager
01375 652466
kgoodacre@thurrock.gov.uk

The Financial Implications of the SEND reforms are set out in the main body of the report including the additional Grant Income that will be received to support this process. The SEND reforms have been accompanied by significant changes to the national High Needs Funding regulations in schools that have been in operation since April 2013 to support clearer funding processes for placements across Local Authority Maintained Schools, Non Maintained Special Schools and Academies. These changes to the funding of High Needs have included new arrangements regarding the delegated funding available in schools to support all pupils with Special Educational Needs including those who have and do not have Education Health and Care Plans in place.

7.2 **Legal**

Implications verified by: **Lucinda Bell, Education Lawyer**

Lucinda.bell@BDTLegal.org.uk

The legislation covering the SEND reforms are contained in the Children and Families Act 2014 and the associated regulations ; The Special Educational Needs and Disability Regulations 2014; and The Special Educational Needs (Personal Budgets) Regulations 2014.

The report author asks the HWBB to note the contents of this report. The Board is not asked to make any decision, and there are therefore no legal comments. Details of the legislative framework are contained within the body of the report.

7.3 **Diversity and Equality**

Implications verified by: **Teresa Evans, Equalities and Cohesion Officer**

tevans@thurrock.gov,uk

The changes taking place within the systems of assessment and support for children and young people with special Educational Needs and Disabilities set out in this paper aims to strengthen individual's opportunities to achieve and lead independent lives. The delivery of these changes will need to be carefully monitored to ensure that the needs of all groups of children and young people particularly those with disabilities are being positively enhanced and that the Local Authority is fully compliant with its duties under the Equality Act 2010.

8. Background papers used in preparing the

- *Special educational needs and disability code of practice 0-25 years.* Department for Education, Department of Health June 2014.

9. Appendices to the report

- Appendix 1 Implications of the Children and Families Bill for NHS Clinical Commissioning Groups
- Appendix 2 Special Educational Needs and Disability High Level Project Plan
- Appendix 3 Thurrock Transition Plan Special Educational Needs Statements to Education Health and Care Plans
- Appendix 4 Thurrock Education Health and Care Plan Pathway
- Appendix 5 Thurrock Early Years SEND Support.
- Appendix 6 Thurrock SEND Grant Briefing note.

Report Author:

Malcolm W Taylor
Strategic Lead Learner Support / Principal Educational Psychologist
Children's Services

Appendix 1

Central Eastern
Commissioning Support Unit

Implications of the Children and Families Bill for NHS Clinical Commissioning Groups

April 2014

For: Decision ☒ Discussion ☒ Information ☐

For consideration by:	CCGs (COOs, CFOs, Executive Nurses) Health & Well-Being Boards	
Author:	Claire Mitchell, SE Essex Locality Team Leader Children, Young People, Maternity & CAMHs Commissioning Team, Essex CSU	
GP Clinical Leads:	Southend CCG	Dr Kate Barusya
	Castle Point & Rochford CCG	No lead available at present
	Basildon & Brentwood CCG	Dr Sooraj Natarajan
	Thurrock CCG	Dr Henry Okoi
	Mid Essex CCG	Sarah-Jane Ward
Early Support:	Anna Gill, Regional Facilitator – Eastern Region	
Executive summary:	The purpose of this report is to update Clinical Commissioning Group on the implications of the Children and Families Bill and the approaches being taken by our local LAs (Essex County Council, Southend Borough Council and Thurrock Council). The report details the new legal duties to be placed on Clinical Commissioning Groups in relation to children and young people with Special Educational Needs and Disabilities. These duties are due to come into effect September 2014.	
Key Documents	Please see Appendix 1	
Who has been involved/contributed from Essex CSU:	Dan Stoten, Locality Commissioning Manager – South Essex Carolyn Lowe, Head of Children & Young People's Continuing Care Commissioning Helen Forster, SW Essex Locality Team Leader Melanie Williamson, Programme Manager, Mid Essex Locality	
Who has been involved/contributed from LA:	Essex County Council: Southend Borough Council: Thurrock Council:	Karen Jones, SEN Project Manager Sandra Bingham, Group Manager – SEN & Inclusion Malcolm W Taylor, Strategic Lead Learner Support, Principal Educational Psychologist

<table>
<tr><td>Engagement and Involvement:</td><td>Health representatives have been engaged with the three LAs in our area: Essex County Council, Southend Borough Council and Thurrock Council. Health representatives attend the relevant steering group and board meetings.</td></tr>
<tr><td>Financial Implications:</td><td>No funding has been made available to ‘health’ but the DfE have supported LAs.

A government SEN Reform Grant 14/15 is to be distributed to local authorities in order to implement the SEN Reforms element of the Children & Families Bill. Our local share of this funding is estimated at approximately:

<table><tr><td>Essex:</td><td>£1,613,486</td></tr><tr><td>Southend:</td><td>£220,574</td></tr><tr><td>Thurrock:</td><td>£232,600</td></tr></table>
Grant will be paid in four instalments of as near equal value as possible on, or by, 31 May 2014, 31 August 2014, 30 November 2014 and 28 February 2015.
 
2254_SEN_Reform__
Revenue__Grant_De</td></tr>
<tr><td>National Policy/ Legislation:</td><td>The Government’s reforms of Special Educational Needs (SEN) provision will lead to significant changes in the way in which children and young people in England with SEN are provided for. The Children and Families Bill has been through Royal Assent and has become an Act on 13 March 2014. The final accompanying SEN Code of Practise and Regulations are expected to be published in April 2014

Our local pathfinder is Hertfordshire and we have engaged with this LA and their workshop events to learn from their approaches to testing the full range of SEN reforms.</td></tr>
<tr><td>Legal</td><td>See Appendix 2</td></tr>
<tr><td>Equality & Diversity:</td><td>A key purpose of the SEND service is to ensure that the single assessment process is transparent and fair. The local offer will clearly describe the support available. Work is in progress to review a wide range of stakeholders to ensure all views are heard and involved in the design of a new way of working.</td></tr>
<tr><td>Risk Management</td><td>There are risks associated with not funding statutory services and implementation of new legislation eg tribunals</td></tr>
<tr><td>Other External Assessment:</td><td>None for our area.

The Department for Education (DfE) is monitoring the work from Hertfordshire as our Pathfinder area and in its current role as the Regional Pathfinder Champion.</td></tr>
<tr><td>Next steps:</td><td>From September 2014 the legislative framework will require these changes to supporting children and young people with Special Educational Needs and Disability to be implemented.</td></tr>
</table>

Implications of the Children and Families Bill for Clinical Commissioning Groups

1.0 National direction of travel

In 2011, the government published a green paper, 'Special Educational Needs (SEN) -Support and Aspiration: A new approach to special educational needs and disability'. They set out proposals that would radically reform current systems for identifying, assessing and supporting children and young people who have disabilities or have a special educational need, and their families.

In the green paper the government made commitments that by 2014 they would:

- Implement a single assessment process and Education, Health and Care Plan supporting 0-25yr olds with SEN or a disability (SEND).
    - Essex is calling their plan an EHC plan. The process that happens before families are allocated an EHC plan is called the 'One Plan Environment'. In most cases families may not need an EHC plan if the 'One Plan process' is sufficient to meet the families outcomes through the Local Offer.
    - Southend are calling theirs 'Southend Education Health and Care Plan' and in;
    - Thurrock this is called Thurrock Education Health and Care Plan.
- Introduce an offer of a personal budget for families with an Education, Health and Care (EHC) plan

In addition to this the green paper calls for:

- Earlier intervention and prevention
- Giving control to parents and greater parental participation at both the individual and strategic level
- Changes to provide more effect support to prepare young people with SEN or disabilities for adulthood
- Health, social care and education services to work better together for families.
- Development and publication of a 'local offer' that describes in one place what support is available and by whom
- A focus on improving outcomes for children and young people with SEN or disabilities.

The vision for reform is that:

- SEN is identified early and support is routinely put in place quickly
- Staff are fully equipped to provide the right support
- Parents know what they can reasonably expect from their school, college, health service, Local Authority service etc and do not have to fight to access services
- Aspirations for disabled and SEN children are raised through an increase in focus on life outcomes
- Those with complex needs will have an Education, Health and Care Plan which will be in an integrated process from 0-25 years of age.
- Greater control for families, children and young people over the services they receive.

In February 2013 DfE published a Children and Families Bill 2013 which responded to evidence from pre-legislative scrutiny.

The Children and Families Bill takes forward the Coalition Government's commitments to improve services for vulnerable children and support strong families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. The bill will reform the systems for adoption, Looked After Children, family justice and special educational needs. It will encourage growth in the childcare sector, introduce a new system of shared parental leave and ensure children in England have a strong advocate for their rights.

Part 3 of the Bill introduces a new single system from birth to 25 years for all children with SEND, (previously the system covered children aged 3 to 19). It will:

- Place a requirement for **Local Authorities and health organisations to commission services jointly** to meet the needs of children and young people with SEN & disabilities.
- Require Local Authorities to offer a personal budget for families and young people with a Plan, extending choice and control over their support
- Require Local Authorities, working with partners, to publish a clear, transparent 'local offer' of services for all children and young people with additional needs, **this includes health provision**, so parents can understand what is available.
- Offer a streamlined assessment process, **which integrates education, health and social care,** and involves children and young people and their families
- Require better co-operation between the Local Authority and partners and requires Local Authorities to involve parents and young people in reviewing and developing provision
- Ensure that children, young people and their families are at the heart of the legislation.
- Replace statements of SEN and specific Learning Difficulty assessments with a new 0-25yr
- Education, Health and Care Plan, which reflects the child or young person's aspirations for the future, as well as current needs by September 2014.

In March 2013 it was announced that the Government will bring forward an amendment to the Bill to place a **legal duty on Clinical Commissioning Groups** to secure health services that are specified in Education, Health and Care Plans.

Further detail about this legal duty can be found on the following website:
https://www.gov.uk/government/news/children-and-young-people-with-sen-to-benefit-from-newlegal-health-duty

Details of the draft Children and Families Bill, draft regulations and draft SEN code of practice can be found on the following website:
http://www.education.gov.uk/aboutdfe/departmentalinformation/childrenandfamiliesbill/a00221161/children-families-bill

Royal accent was granted on March 13 2014and implementation is planned for September 2014.

In addition to this:

- The NHS Mandate published in November 2012 stated that 'The Board's **objective** is to ensure that they (children and young people with SEN and Disabilities) have access to the services identified in their agreed care plan, and that parents of children who could benefit have the option of a personal budget based on a single assessment across health, social care and education'.

- The Children and Young People's Health Outcomes Forum recommends that a composite indicator be developed to look at the provision of integrated care for children and young people with a long-term condition, disability or complex needs. Essential elements of this indicator [are] that each child or young person with a long term condition, disability or special educational needs, and each Looked After Child or young person or care leaver, has a coordinated package of care, including a quality assessment, access to key working and appropriate equipment; and that the individual's and their family's experience of the service is measured.

2.0 Implications for Local Authorities

The LA is responsible for a child/YP in their area who has or may have a Special Education Need. It is expected that the local authority works with partners to jointly commission and meet the special education needs of children. This includes governing bodies of maintained schools and nurseries in the area, academies, post 16 institutions, non-maintained schools in the area, children's centres, early years education providers, other schools, post 16 institutions attended by C&YP the LA is responsible for, and youth offending teams. In addition local authorities must work with children and young people with disabilities and their parents.

The current statements of SEND and Learning Difficulty Assessments (LDAs) are to be replaced with a new streamlined assessment process for 0-25 years which integrates Education, Health and Social Care Plan involving the young person and their family and reflects the child or young person's aspirations for the future, as well as current needs.

Actions include:

- To review assessment and planning processes in readiness for implementation of the new requirements with regard to assessments and EHC Plans.
- To prepare for the implementation of requirements to offer a personal budget for families and young people with an EHC plan, extending choice and control over their support.
- Work with partners, to publish a clear, transparent 'local offer' of services for all children and young people with additional needs, this includes health provision, so parents can understand what is available. The Local Authority must consult the Health and Wellbeing Board on the 'Local Offer'

3.0 Implications for CCG's and NHS Trusts

Health bodies have a vital role in collaborating and supporting education and care providers in meeting the needs of children with disabilities and special educational needs. CCG's and NHS commissioning boards are full partners in the new arrangements.

Clinical commissioning groups are to be placed under a legal duty to secure health services in education, health and care plans for children and young adults with special educational needs including specialist health services such as physiotherapy and speech and language therapy **whether or not they are provided under the NHS**.

CCG's must ensure that families can easily access information about services such as urgent and emergency care provision. This **must** be through the published local offer.

CCG's and NHS Trusts **must** inform parents and the LA that they consider that a child under school age has or probably has special educational needs and to give parents information about advice and assistance. GPs are able to refer a CYP to the LA for an EHC Plan assessment.

Appointment of a **Designated Medical Officer (DMO)** for children with special education needs: responsibilities of this role include coordinating the role of health in the statutory assessment process, working strategically across health and the local authority and ensuring that local health services inform the local authority of children who they think may have a special education need. It is unclear at this stage whether this person should be a GP or Paediatrician.

In addition the NHS Mandate from the Government to the NHS Commissioning Board published in November 2012 identifies the need for significant improvement in supporting disabled children and young people with special educational needs. It states "The Board's objective is to ensure children and young people have access to the services identified in their agreed care plan and that from April 2014, their parents are able to ask for a personal budget based on a single assessment across health social care and education"

The current 0-25 SEN Code of Practice is in draft form but due for imminent implementation. The Code provides statutory guidance for organisations who work with and support children and young people with SEN on duties, policies and procedures relating to Part 3 of the Children and Families Bill and associated regulations. The Code provides practical advice on how to carry out statutory duties to identify, assess and make provision for children and young people with special educational needs (SEN).

Alongside the publication of the Indicative Special Educational Needs Code of Practice, a new legal duty was introduced for Clinical Commissioning Groups. This duty means that Clinical Commissioning Groups will now by law have to secure services and provision set out in individual Education Health Care Plans. This will ensure the full integration of SEN provision across education and health and strengthens the principle of joint planning and commissioning of services as set out in the Green Paper.

4.0 Joint commissioning responsibilities

Local authorities and CCG's are each placed under a duty to make joint commissioning arrangements to deliver education health and social care provision for children and young people aged 0-25 years that the local authority is responsible for.

The joint commissioning arrangements **must** include arrangements for considering and agreeing

- The educational, health and care provision reasonably required to meet needs identified
- What education, health and care provision is to be secured and by whom
- What information and advice is to be provided, by whom and to whom and how such advice is provided
- How complaints about education, health and care provision are to be made and handled
- Procedures for resolving disputes between parties to joint commissioning arrangements.

Joint Commissioning arrangements should inform the 'Local Offer' and **must** include arrangements for securing EHC assessments, EHC provision in EHC plans and agreeing personal budgets.

LA's and CCG's **must** have regard to the joint commissioning arrangements in the exercise of their functions and keep them under review.

The joint commissioning duty will ensure that the local authority and health professionals come together to organise services and set out clear expectations of what parents children and YP with SEN can expect. This information **must** be included in the local offer.

The joint commissioning approach will ensure that appropriate services are commissioned to meet individual needs of children as well as plan strategically drawing on the needs identified by health and well-being boards, in the joint strategic needs assessment and the agreed priorities of the H&WB strategy.

Local Offer

The Local Offer **must** include information about the provision the local authority expects to be available in its own area for children and young people with special educational needs and outside of its area for the children and young people for whom it is responsible, regardless of whether or not they have Education, Health and Care Plans.

The Local Offer will cover:

- education, health and care provision for children and young people with SEN (which should include information about its quality and the destinations/outcomes achieved by those who use it);
- arrangements for identifying and assessing children and young people with SEN, including arrangements for requesting an EHC needs assessment;
- other education provision (outside of schools or colleges such as sports or arts provision);
- training provision, including apprenticeships; arrangements for travel to and from schools, post 16 institutions and early years providers; and
- support to help children and young people in moving between phases of education and to prepare for adulthood.

Personal Budgets

Personal budgets are one element of a personalised approach to supporting children and young people with SEND. They should not be seen in isolation but as an integral part of the coordinated assessment and Education, Health and Care planning process, aligned to and with a clear focus on improving outcomes for children and young people with SEND.

From April 2014 anyone receiving NHS Children and Young People's continuing care will have a right to ask for a personal health budget and this will become a 'right to have' from October 2014. The right to ask for a personal health budget will be extended to individuals who have a long term condition from April 2015. Currently there is no guidance available to determine what will be considered as a long term condition.

A personal health budget is a defined amount of money to support an individual's health and wellbeing needs. For children and young people this will be jointly planned and agreed with the child/young person and their family, social care and education with the aim of giving greater choice and control over the care and support they receive.

5.0 Needs analysis

National Context

- There are 0.8 million disabled children and young people aged 0–18 yrs in the UK, 6% of all children
- Around 20% of school aged children have a Special Educational Need
- The most common functional limitations reported concern mobility (18%), communication (22%) and memory, concentration or learning (24%)

Local Context

a) Essex
There are some 35,455 children and young people identified by schools as having SEND in Essex, representing 17.0% of the schools population. Despite being below the national average of 18.7%

b) Southend
The numbers of children with an identified Special Educational Need or disability have also increased significantly by 5.4% from 4825 in 2008 to 5084 in 2012. However at 18.45% this is broadly in line with national expectations that envisaged that up to 20% of all children would have SEN at some point of their schooling. In Southend, approximately 3.2% of children have a statement of special educational needs (approximately 850 children). This is higher than national expectations. Over half of the children with a statement of Special Educational Needs attend a special school or specialist setting with the majority attending local mainstream schools.

c) Thurrock
There are 4,900 children and young people identified by schools as having SEND in Thurrock out of a school population of 25,025, representing 19.6% of the schools population. This figure is based on the 2013 data published by the DfE in the same manner as the Essex figures above. There have been considerable increases in the numbers of pre-school children identified with special educational needs over the past three years and Thurrock faces significant challenges in relation to high levels of placement request for its two special schools both of which are rated as Outstanding and have National reputations for excellence.

Collaborative working is increasingly a vital part of the planning so that the needs analysis reflects local needs across education, health and social care and that provision can be developed together to produce better joint solutions between education, health and social care and across borough boundaries.

6.0 Planning & Implementation

CCGs are represented at the regional meetings where Pathfinders share their progress. The Government have announced further funding in 2013/14 to the Pathfinder champion to provide advice, support and ideas on implementation of the reforms.

Locally we have undertaken the following to date:

- SEND reform was included within CCG commissioning intentions in August 2013

- Personal Health Budget Pilot – Carolyn Lowe and Essex County Council were highlighted as an area of best practice although not a pathfinder area. A pilot of 5 CYP developed personal budgets and extended personalisation of services to move away from using Social Care and Health block contracts, towards much more of a mixed economy approach. This means using alternative and smaller providers, alongside larger suppliers, to ensure family demands for services can be more easily and flexibly met. In addition to this approach Essex has developed a combined Resource Allocation System which demonstrates multi-agency approach to the allocation of resources.

Across Essex and Herts a wider pilot of Personal Health Budgets has taken place incorporating Adult Continuing Heath Care. This pilot has scoped and mapped out a pathway for the delivery of Personal Health Budgets outlining the additional resources and skills required for delivery. Personal Health Budgets do not form part of the current commissioned services provided to Essex CCG's. This Business case is due for presentation at Essex CCG boards during March 2014.
Bespoke arrangements by CCG's for the delivery of Personal Health Budgets will need to develop a pathway that incorporates the connections between traditional continuing care provision and Personal Health Budget to effectively manage clinical risk to the recipient.

- Within each provider's contract we have included the 10 Early Support Principles, Key working functions are embedded within the service specifications or SDIP, we have developed new KPIs, new information requirements, embedded SEND reform information within SDIP & DQIP including undertaking a MAPIT audit/ review of services.

- Essex CSU has worked with the 3 LAs to provide health service information to inform the local offer.

- Paediatric CEG briefing commissioners, clinical colleagues and providers on 19 March 2014

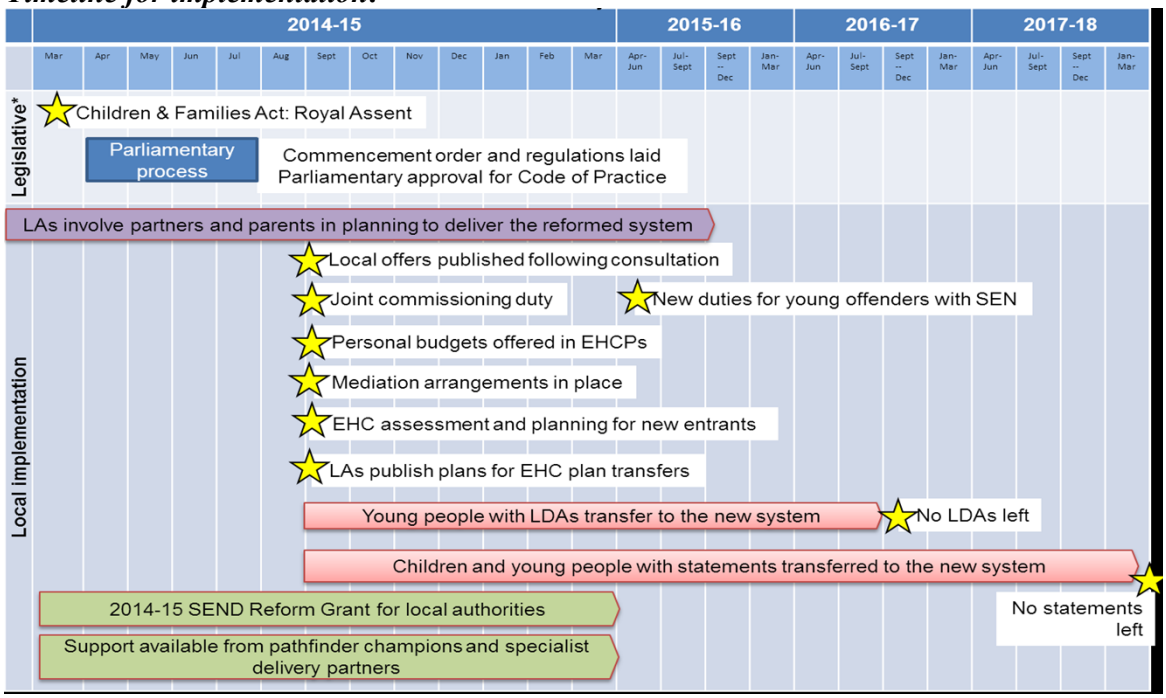
- Essex CSU engaging with ECC re: Health Awareness Raising events.

- Briefing papers made available to CCGs.

- SEND Reforms Cluster meetings convened by Early Support in its SEND Delivery Partner. CSU have been very involved and presented at the recent meeting in March 2014. DfE are carefully monitoring the successes of these and are reportedly pleased with this regions progress.

7.0 Next steps

Timeline for implementation:



Legislation:
This is indicative and subject to Parliamentary procedures and approvals:

- March 2014: Children and Families Bill received Royal Assent.
- Late spring 2014: Commencement Order laid; personal budgets regulations laid; Order for transitional arrangements laid; other regulations laid. SEND Code of Practice published for Parliamentary approval*[1].

Local implementation:
- April 2014 – September 2015: local authorities involve partners and parents in planning for implementation and delivery of the reformed system.
- From September 2014: local offers published following consultation; joint commissioning duty commences; new assessment and planning starts (for new entrants); personal budgets offered as part of Education, Health and Care (EHC) plans; mediation arrangements in place; local authorities should publish plans for EHC plan transfers.
- September 2014 – September 2016: young people with Learning Difficulty Assessments (LDAs) transfer to the new system.
- September 2014 – April 2018: children and young people with statements of SEN transfer to the new system.
- April 2015: New duties for young offenders with special educational needs commence.

Broader context:
- Spring 2014 - New burdens allocations for local authorities announced.
- April 2014 – March 2015: SEND Reform Grant provides additional money to local authorities in 2014-15 (within Early Intervention Grant).
- April 2014 – March 2015: support available to local authorities from SEND advisors, pathfinder champions, and CDC strategic partner and specialist delivery partners.

Children & Young People Commissioners will continue to work jointly with our local authority partners on the following areas:
- Local Offer
- EHC Planning and New Ways of Working
- Joint Commissioning and Personal Budgets
- Preparation for Adulthood
- ICT and Information Governance
- Engagement of Stakeholders

A detailed business case is currently in development and will be circulated to CCGs for comment and approval soon.

8.0 Challenges

- 0-25 pathway and working across Children's and Adult health services
- Financial implications
- Local protocols for the effective sharing of information which addresses confidentiality, consent and security of information.

[1] *Commissioners have heard that the Code of Practice may be delayed and a final date for publication has not been announced.

- Geographical boundaries and the linkages between all CCGs, LAs & providers
- Transferring children and young people with statements of SEN and Learning Difficulty Assessments to EHC plans

As part of the business case a risk log is being developed to capture project challenges and mitigating actions.

9.0 Recommendations/ Conclusion

We would like the Clinical Commissioning Group to consider the report and to note the following key points:

- The CCG should consider nominating a **finance representative** to participate in the strategic working group to implement the SEND reforms.
- The new requirement for **Local Authorities and health organisations to commission services jointly** to meet the needs of children and young people with SEN & disabilities
- The development by the Local Authority, with partners, of a clear, transparent **'local offer' of services** for all children and young people with additional needs, **this includes health provision**
- Development of a streamlined assessment process, **which integrates education, health and social care**
- The Act places a **legal duty on Clinical Commissioning Groups** to secure health services that are specified in Education, Health and Care Plans
- The NHS Mandate 'to ensure that they (children and young people with SEN and Disabilities) have **access to the services identified in their agreed care plan**, and that parents of children who could benefit have the **option of a personal budget** based on a single assessment across health, social care and education'.
- To acknowledge the challenges the new duties and ways of working will pose across Children's and Adult health services.

Appendices

Appendix 1	**Key Documents in relation to SEND Reform** a) Council for Disabled Children; Key Documents to Support the implementation of the Children and Families Act  CDC_ChildrenFamilies Act_KeyDocsFeb14. b) DfE and DH (April 2014) Implementing a new 0 to 25 special needs system: LAs and partners; Further Government advice for local authorities and health partners  Implementing_a_new _0_to_25_special_ne
Appendix 2	**Legal** A summary of the relevant legal implications of the Children & Families Bill: The Bill (Part 3 Clauses 19-71) and explanatory notes can be viewed at: www.education.gov.uk/a00221161/children-families-bill

	The Draft Regulations and an Indicative Code of Practice can be viewed on: http://www.education.gov.uk/a00221161/ S 195 Health and Social Care Act 2012 places a duty on the Health and Wellbeing Board to: a) encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner for the purpose of advancing the health and wellbeing of the people in the area and b) to provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of partnership arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

Appendix 2

Special Educational Needs and Disability Reforms								**RAG Key:**	R
High Level Project Plan - July 2014 onwards - V15									A
									G
X	*Cross indicates expected / actual completion date*								**Complete**
WS	**Action**	**Progress**	**Lead**	**Pre July '14**	**July '14**	**Aug '14**	**Sep '14**	**Oct '14 onwards**	**RAG STATUS**
1	**Consultation and engagement**								
1a	Parent representation to be established as co-producers on all working groups	Complete: Parent steering group recruited to. New Chair and Tof Ref established. Contact a Family Consultation support in place. Carers and Parent (CaPa) Participation Group established. Parent Participation Worker recruited and working.	MWT	**X**					**Complete**
1b	Mapping and contact to be established with all existing parent groups and gap analysis completed for additional groups		MWT		**X**				G
1c	Communication Plan on reforms to be established	Project Partner Engagement group established - see minutes of last mtg 02.07.14.	MWT		**X**				G
1d	Timetable of consultation events to be developed	Various events have been undertaken / are booked. Need to bring together to one all encompassing plan. Intention for a launch event in Sep 2014 to include health, schools (mainstream & special), transition teams etc.	MWT		**X**				**Complete**
1e	Parent & school participation events to be delivered - ongoing	Parent consultation events in place: 14th July - meeting at Treetops. 17th Sep - meeting at Harris to outreach some mainstream parents. All schools contacted re: parental engagement. Consultation events re: ECH plan undertaken - version 10 current. Consultation re: Local Offer undertaken.	MWT					**X**	G
1f	Pupil participation to be undertaken re: Local Offer and EHC Plan	Pupil Voice' activity undertaken as part of larger project. Further pupil participation activity being undertaken mid July.	MWT		**X**				G
1g	New links with FE and Training Providers to be established through Transition Strategy	2 consultation events with parents and FE providers have taken place.	MWT		**X**				**Complete**

1h	Programme of training on Code of Practice to be established	Workshops for SENcos and Headteachers underway - due to complete programme mid July 2014. Govenor training on reforms completed July 2014. Additional training for Early Years SENCos and Portage completed.	MWT		**X**				**Complete**
1i	Programme of training on personalised planning to be established	Outreach and Early Support staff trained in person centred working. Workshop on 9th July 2014 for SENCos to include person centred approach.	MWT		**X**				G
2	**Joint commissioning / personal budgets**								
2i	**Joint commissioning**								
2a	Carry out mapping and review of all services from Education, Health and Social Care supporting SEND services to establish fully co-ordinated joint commissioning plan for approval at Health and Well Being Board	Review of jointly commissioned services with Health underway. Examples of joint work in place e.g. development of the Southend, Thurrock and Essex Continuing Care Policy; the joint Local Authority / Health Authority Speech and Language Strategy and joint commissioning through the Thurrock Access to Resources Panel (TARP).	CM			**X**			G
2b	Review and develop new opportunities for joint commissioning for all support for SEND 0-25 including new FE and Training Provider support	Joint Placement Panel for all Specialist Placements in operation for joint commissioning of specialist places. Consultation and planning meetings have taken place with CCG and Commissioning Support Unit. Joint LA and Health workshop for all service providers and commissioners planned 14th July 2014	CM			**X**			G
2ii	**Personal Budgets ('PB')**								
2c	Review all areas of support that could be provided through a PB	Review of jointly commissioned services with Health underway. Elements of PBs in place through use of Direct Payments for parents of Children with Disabilities. High level of parent participation in place for the commissioning of short break services. Workshop planning on Personal Budgets supported by Pathfinder took place in December 2013. Initial services gap analysis completed with parents.	CM			**X**			G
2d	Create, with Health, a PB policy and process for agreeing and administering PBs	Shared pilot case for Personal Budget covering Education, Health and Care needs in place jointly between LA and Health.	CM			**X**			G
2e	Funding models and financial processes to be established for EHCP developing from Direct Payments model.	7 Jointly agreed LA and Health Continuing Care complex support packages in place.	CM			**X**			**Complete**
2f	Ensure all PB information is agreed through co-production and in Local Offer		CM			**X**			G

2g	Publish PB policy and process		CM			**X**			A
2h	Communicate to parents / young people re: how PB will work		CM			**X**			A
3	**Local Offer**								
3a	Review all services to take place through extensive consultation events with parents/carers, children and young people.	3 consultation events taken place Local Offer. Initial work on updating Thurrock Special Needs and Parents (SNAP) directory of current disability support services completed. Key Principles of Local Offer established. 2 training events attended by a range of staff and parents led by SEND Pathfinders. Review of all Independent Specialist Placements completed. Mapping of local SEN services completed.	JF		**X**				G
3b	Analysis of census and SEND data to be completed to inform priority areas for service development.		JF		**X**				A
3c	Establish IT group to support web publication of the Local Offer.	IT working group established - initial work completed on systems and potential role of Core and Directory web site with links to outside Directory.	JF	**X**					**Complete**
3d	Initial Local Offer home page to be launched linking to external sites	Health services information for Local Offer collated, draft web site in operation. Further online questionnaire in place re accessing Local Offer.	JF			**X**			**Complete**
3e	Full Local Offer to be published on web site	Clear IT plan established linking corporate web site information and additional Local Offer with one page portal.	JF			**X**			G
	Schools to be provided with template for use on school website with relevant information	Questionnaire for schools to show on website completed, but needs to be adapted for special schools. Special schools template to be developed for use on website.							**Complete**
3f	Establish mechanism for parents and young people to feedback on services through the Local Offer					**X**			G
4	**Education Health and Care Plan ('EHC Plan')**								
4a	Develop Framework documentation to establish EHC Plan	Draft EHC Plan developed and initial consultation events taken place. New draft (version 10) completed taking into account consultation feedback. This draft is being adjusted in order to be more user friendly. To be presented to schools at workshop on 9th July 2014.	GT			**X**			**Complete**
4b	Develop various versions of EHC plan for different audiences e.g. different age groups								G

4c	Carry out piloting consultation process with parents on new plan	Well established process of Family centred Team. Around the Child process being delivered in Early Years both through Early Support and Portage arrangements. Fully co-ordinated system of joined up EHC planning in place as part of Early Years multi professional assessments led by Educational Psychology Service (EPS). Further drafting of EHCP has taken place in response to feedback. Trialling of EHCP plans with Early Support in place for 3 children from the 7th July. Further developments in place to ensure EPS work with 19-25 age group. EHC plan trial to be undertaken with more families July 2014.	GT			**X**			G
4d	Develop and Publish agreed new assessment process, protocols and plans in line with principles of co-production	Process maps developed and circulated at Project Partner Engagement meeting 02.07.14. Process map for 16+ to be developed.	GT			**X**			G
4e	Referral form for EHC Assessment to be developed	First draft being developed	GT			**X**			G
4f	New systems of integrated assessment to be established with joint working protocols tailored at individual needs and age of child/young person.	Personalised learning plans in place as part of Transition. New funding systems agreed with School Forum and panel established for High Needs Funding arrangements for all services 0-25.	GT			**X**			**Complete**
4g	Develop 14-25 EHC plans building on Transition Plan ensuring new opportunities for personalised planning, employment and training		GT			**X**			G
4h	Develop paperwork and process for Annual review		GT		**X**				G
4i	Develop Synergy Suite with Tribal for EHC plan generation		GT		**X**				G
4j	Recruit for transition to EHC plans - EHC Plan Co-ordinators, Key Workers		GT			**X**			A
4k	Provide training to parents and key workers on the new EHC plan		GT			**X**			G
5	**Transition to Adulthood**								

5a	Review all 14-25 education, training and employment opportunities as part of Strategy	Transition Strategy has been developed and is being implemented led by the Transition team situated in Adult Social Care. Informed by the principles of personalised planning evidenced by Beacon Hill school who were used as case example in the Green Paper.	FL			**X**			G
5b	Develop comprehensive joined up approach to access wider range of options including improved access to the new South Essex College through the EHC plan for 14-25 year olds.	Ongoing work with post 16 providers in developing a broad offer for all students. Successful Examples of Apprenticeship / supported employment leading to employment in place. Further Consultation between South Essex College, Thurrock, Essex and Southend has taken place to establish mechanisms for EHCP requests, reviews of support arrangements and the Local Offer. Plans developed for the work of Personal Advisors and links to Transition Social care Team to support the conversion of post 16 LDA assessment into EHCP. Mapping of number of college High Needs Funding underway.	FI			**X**			G
6	**Early Years**								
6a	Confirm representation on Early Years Case planning panel - clarify responsibilities of this and any other relevant panels	Clarify statutory roles of Early Years Case Planning Panel - who approves the need for an EHC Plan	KF			**X**			A
6b	Develop adapted paperwork suitable for Early Years	Early Years process paperworkin place has been implemented to meet Team around fa,ily approach.	KF			**X**			G
6c	Develop referral form for case planning panels	Form developed from multi professional team assessment paperwrok already in place.	KF			**X**			G
6d	Harmonise All About Me documents into one process	Documentation collated, initial editing of this taking place.	KF			**X**			G

Appendix 3

Thurrock Transition Plan
Statements of Special Educational Needs to Education Health and Care Plans
2014 – 2018 (Version 2)

1.0 This draft transfer plan has been devised in accordance with the Draft guidance on transition to the new 0-25 special educational needs and disability system (June 2014)

2.0 Conversations have taken place with the Special Educational Needs Co-ordinators in schools, the Special Educational Needs Service and other Local Authority colleagues. Further discussions will take place with parents in the next few weeks, before the end of the Summer Term 2014. This work will be facilitated through the Parent Participation Officer and the Senior SEN Caseworkers.

3.0 A final version of this plan will be published through the Thurrock website, and will be distributed to all early years settings, maintained primary and secondary schools and academies and colleges in Thurrock and also those out of the borough that have Thurrock pupils attending. Parents will also receive a copy of this plan alongside more detailed information individual to their child's/ young person's proposed transfer date.

4.0 The attached excel spreadsheet identifies the number of Statements of Special Educational Needs in each year group and the proposed academic year in which a Transfer Review will be held. The order reflects the need for Statements of SEN to transfer to Education, Health and Care Plans prior to Phase transfer. Thurrock currently has 1038 Statements, with approximately a further 50 in the statutory assessment process.

5.0 The Special Educational Needs Service will also advise schools and parents of other Transfer Reviews as the need arises – i.e. if a child moves from a mainstream school to a special school or vice versa.

6.0 For the children/young people currently with a Statement of Special Educational Needs (contained within the attached document) the parents and schools will be notified in advance which month the Transfer Review should take place. The early years setting/school/ college at the beginning of the academic year will receive a list of Transfer Reviews that must be held in the forthcoming year and the month it should be held. At the beginning of each term the Transfer Reviews to be held during that term will be highlighted again to the school. Schools will be required to identify the date the Transfer Review will take place so that the 14 week timescale can be monitored and adhered to.

7.0 The educational setting will be responsible for setting the date of the Transfer Review in consultation with the parents and others required to attend the meeting, The SEN Caseworker will be responsible for co-ordinating the process, monitoring the progress of the case and ensuring the Education, Health and Care Plan is of high quality and robust.

8.0 Independent SEN information and advice can be sought from the Parent Partnership Service, which is based at The Culver Centre, South Ockendon. The Parent Partnership Service in turn will also be able to signpost to other sources of advice which are relevant to the individual case.

9.0 Parents and Young People can contact SEN Services on 01375 652555 or by email on sen@thurrock.gov.uk if there are any queries about transition to the new system or if they have not been transferred in accordance with the local transition plan.

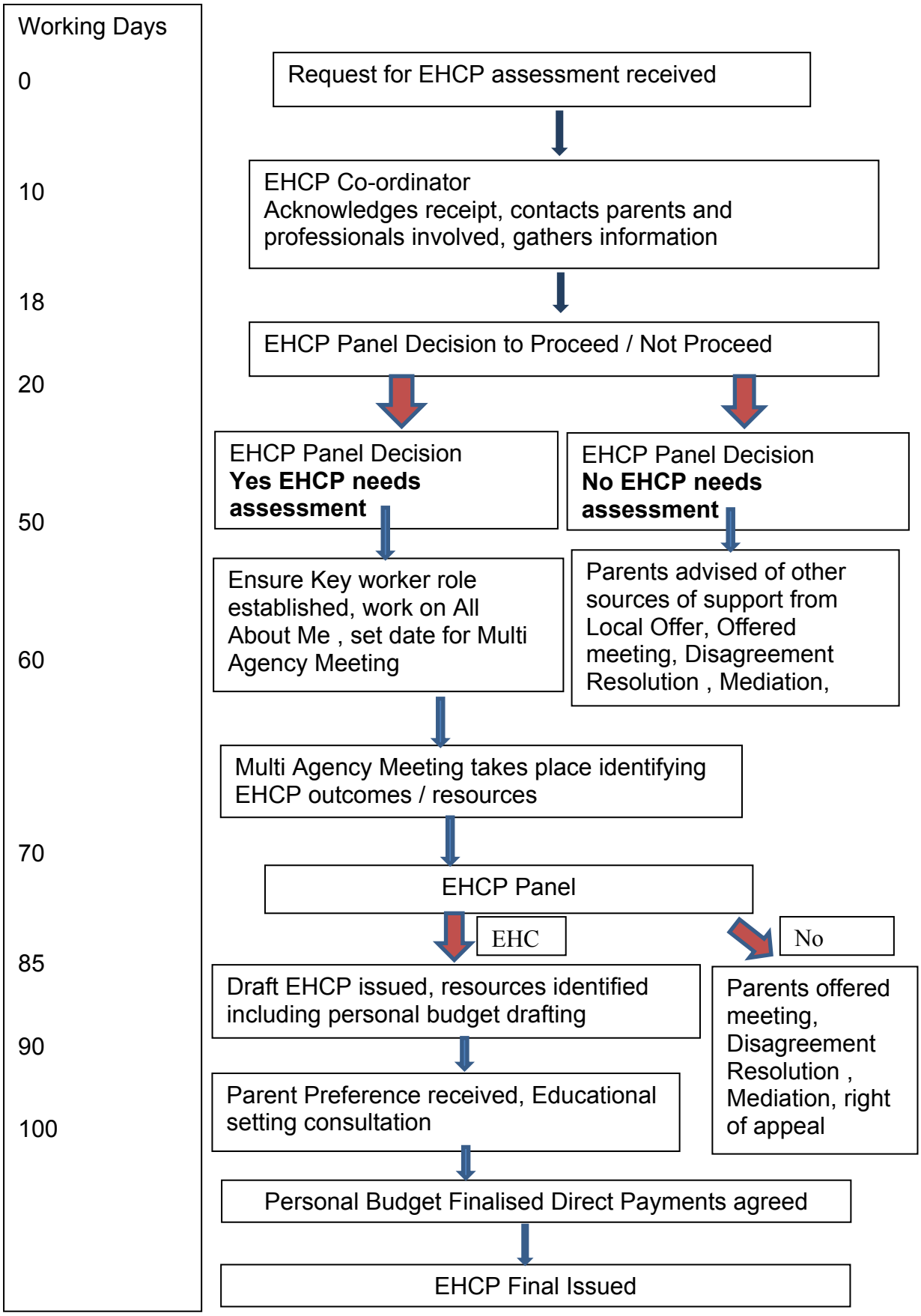
Order of Transfer to the new 0-25 Special Educational Needs and Disability System - Version 2 June 2014

Year Group as of 09.14	Statements	1st year	2nd year	3rd year
N1				
N2	2	√		
YR	15	√		
Y1	57		√	
Y2	60	√		
Y3	63	√		
Y4	76			√
Y5	62		√	
Y6	75			√
Y7	74			√
Y8	79		√	
Y9	82	√		
Y10	103		√	
Y11	108	√		
Y12	114		√	
Y13	38	√		
Y14	26	√		

1st year ~ Academic year 2014-15
2nd year ~ Academic year 2015-16
3rd year - Academic year 2016-17

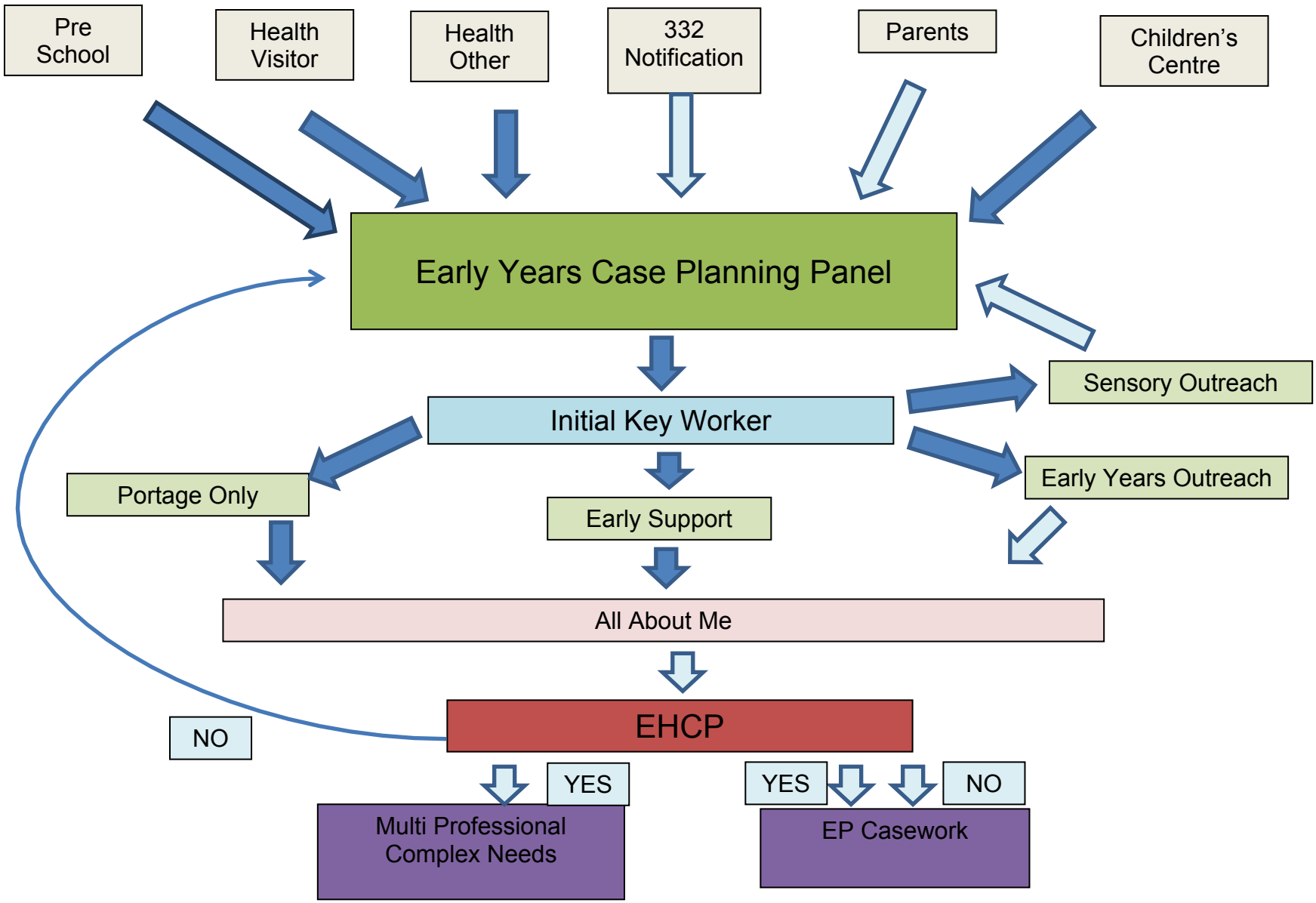
Appendix 4

THURROCK EHCP PATHWAY



Appendix 5

THURROCK EARLY YEARS SEND SUPPORT



Appendix 6

Briefing Note: Special Educational Needs and Disability (SEND) Implementation Grant (New Burdens) , Special Educational Needs Reform Grant

Purpose of the briefing note: To provide brief update on use of the new grants made available to support the local authority in introducing the SEND reforms including the transfer of children /young people from Statements of SEN/post 16 Learning Difficulty Assessments to Education Health Care Plans.

Background

Two grants have been made available to support the introduction of the SEND reforms introduced through the Children and Families Act 2014. These are the Special Educational Needs and Disability (SEND) Implementation Grant (New Burdens) and the Special Educational Needs Reform Grant reforms.

1.1 Special Educational Needs and Disability (SEND) Implementation Grant (New Burdens)
£173,678 to be paid in four instalments.

1.2 Special Educational Needs Reform Grant
£ 232,600 to be paid in four instalments.

1.3 The above grants will enable the funding of additional staffing capacity to support the transfer of Statements of Special Educational Needs and Learning Difficulty assessments to the new Education Health and Care Plans.

1.4 A clear transition plan for this process has been established to ensure the transition takes place within the agreed timescales.

1.5 The additional staffing will include secondments from SENCO staff in schools to support the establishment of the EHCP process in Thurrock , it will further include additional personal adviser staff to support the transition of Learning Difficulty assessments and funding being made available to Special schools to support the process within these schools. I addition to these staff the SEN department will be recruiting fixed term contracted staff to support this transfer over the next three years. This funding will also be used for the development of the Local Offer and for costs in relation to the new EHCP.

17th July 2014	ITEM:
Thurrock Health and Well-Being Board	
Health and Social Care Transformation Programme	
Report of: Roger Harris : Director of Adults, Health and Commissioning	
Accountable Director: Roger Harris	
This report is Public	
Purpose of Report: To provide a summary of progress in the planning for the Better Care Fund; to agree to recommend to Cabinet and the CCG Board that the Council hosts the BCF pooled fund from April 2015 and to agree the implementation timetable for the Care Act 2014 including the use of the £ 125k Care Act Implementation Grant.	

EXECUTIVE SUMMARY

1.0 RECOMMENDATIONS:

1.1 Agree to recommend to Cabinet and to the Board of Thurrock Clinical Commissioning Group (CCG) that the Council hosts the Better Care Fund pooled budget.

1.2 Support the proposed governance arrangements for the wider Transformation Programme as detailed in 3.4.

1.3 Agree the proposed reporting Action Plan detailed in 3.7 below.

1.4 Note the proposed changes contained within the Care Act 2014 - 3.9 below.

1.5 Agree to delegate the use of the £ 125k Care Act Implementation Grant to the Director in consultation with the portfolio holder

2. INTRODUCTION AND BACKGROUND:

2.1 This report provides information and implementation details for the Health and Well-Being Board on a number of different aspects of the Health and Social Care Transformation Programme including the arrangements for the Better Care Fund; the implementation plans for the Care Act 2014 and the wider progress being made on the Transformation Programme.

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

3.1 ***The Better Care Fund :*** The HWB Board will be aware that the government announced the establishment of the BCF from 1st April 2015. It will be a pooled fund designed to promote integration across health and social care. It has a number of key national must do's including :

- 7 day working across health and social care
- Better data sharing across agencies
- Protection for adult social care services
- Accountable professional for people aged over 75
- Managing consequential reductions in the acute sector

We submitted our joint BCF plans to NHS England in April. Our plan had the following five principles that underpinned our joint vision with the CCG :

- Empowered citizens who have choice and independence and take personal responsibility for their health and well being
- Health and care solutions that can be accessed close to home
- High quality services tailored around the outcomes the individual wishes to achieve
- A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible
- Systems and structures that enable and deliver a co-ordinated and seamless response

3.2 The minimum amount for the Better Care Fund for Thurrock is just over £ 10.5m and it is made up of the following income streams :

BCF Funding Stream	**2015/16 £ 000**
Carers Funding	178
ASC Capital grant	364
Disabled Facilities Grant	481
Social Care Funding	2,862
Reablement	862
Mainstream NHS funding	5,818
BCF Total (minimum)	**10,565**

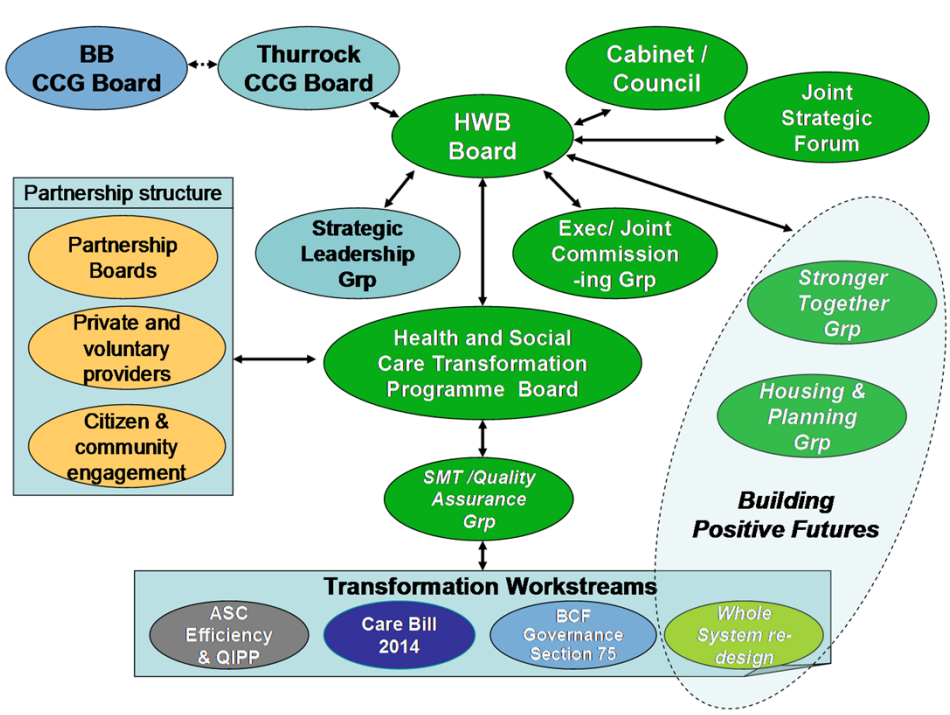
None of this is new money and is already in the system. We have also stated that this is the minimum that we want to put into our pooled fund and we want to see it grow bigger over time as we develop our integration agenda with the CCG. The key challenge for local partners is to identify and "pull-out" the final figure in the above list (5,818k mainstream NHS funding) as this is not hypothecated anywhere within the existing NHS allocation. The national view is that this should be identified through reductions in acute sector budgets as BCF funding is invested in preventative and community provision which leads to more effective demand management. We have established a Strategic Leadership Group with

our main acute, community and mental health providers because NHS England and the Department of Health are clear that providers must be engaged and sign up to the BCF plans – especially acute providers in relation to the proposed reductions in elective and non-elective hospital activity.

3.3 We have had feedback from NHS England and the ADASS Region as part of the BCF assurance process which rated our plan as amber and okay to proceed to the next stage. This preceded further correspondence from NHS England stating that further detail was required in relation to metrics and finance and confirmation of the extent to which providers have been engaged with the development of our plans.

3.4 We have established robust governance arrangements for the development of our wider change programme which are summarised below in Table 1.

Table 1 – Governance Structure



3.5 The important issue for us must be that this is not just another bureaucratic process but is seen as a mechanism for driving through really significant changes – at the end of the day users of services and their carers must be able to see that health and social care are more joined up, resources are used more effectively, we avoid multiple- assessments and there is an effective programme around early intervention. As a result we are going through a process of community engagement – using Healthwatch, Thurrock Coalition, Thurrock CVS and the Commissioning Reference Group of the CCG. We had a very successful public event at Orsett Hall at the end of April, and further engagement activity is planned to get service user and carers views on what

integration means for them; how services can be better organised and how we can deliver the national must dos.

3.6 The BCF Governance Group has been discussing as one of its early tasks which organisation should host the pooled fund. There will be further detail on how the pooled fund will operate (risk sharing arrangements, how reporting is undertaken, audit requirements etc). However, it was felt than an early decision on who should host the fund should be taken in principle. There are clear advantages for this to be the local authority – this is clearly the government's intention, it is what is happening in virtually every other authority, it allows the focus to be on prevention and community services and, crucially, there is a financial advantage as the local authority can reclaim VAT. Therefore, the proposal to the HWB Board is an agreement in principle that the local authority should host the pooled fund and this will be recommended to the Cabinet and the CCG Board.

3.7 Key milestones and Reporting Action Plan :

In terms of next steps with the BCF the HWB Board will receive a series of reports for agreeing over the next 6 months :

Activity	**Timescale**
Governance Structure and outline Section 75 agreement	September Health and Well-Being Board
Service Transformation Plans and proposed allocation of funds	November Health and Well-being Board
Final Sign off of the Governance arrangements for the pooled fund	Cabinet and CCG Board in December
Final Agreement for the NHS and local authority provider contracts	By end of January 2015.
Better Care Fund goes live	April 1st 2015

On 5th July the Department of Health issued a press notice on the use of the Better Care Fund. At the time of writing this report it is not clear the full implications but the headline message appears to be that the top priority for the BCF is to reduce pressure on acute hospital admissions and this will be the key metric to judge the success of the BCF. It is not clear the implications for the use of BCF resources or where it leaves the other must do's. If more information is clear by the time of the HWB Board this will be reported to the meeting.

3.8 The next linked significant programme of change underway is ***the Care Act 2014*** which received Royal Assent in May. This has been described as the most significant piece of legislation affecting Adult Social Care for over 40 years. It builds on the review of the "patchwork" of Acts covering Adult services over the past 40 years undertaken by the Law Commission and it puts into legislation the recommendations for how Adult Social Care is funded as proposed by the review undertaken by Sir Andrew Dilnot.

3.9 The Health and Well-being Board has received briefings previously on the Care Bill and the Dilnot reforms. The changes the Care Act will deliver are split into two areas – a. change in social care law and practice – which go live from April 2015; and b. the funding reforms – which will go live in April 2016. The Department of Health has recently issued some very detailed draft guidance on the proposed changes. These are out for consultation until August 15th. In summary the changes can be grouped under the following headings, with the Thurrock response in the final column.

Table 2 : Care Act 2014 proposed changes and Thurrock's current position

Care Act - key changes	Thurrock response
1. ***Promote well-being*** : The Act signifies a shift from existing duties to provide particular services to the concept of meeting needs.	We will need to ensure that care and support planning fully takes this into account with a stronger focus on outcomes and not just commissioning traditional services.
2. ***Prevention and promoting independence*** : The care and support system should intervene early to prevent long term dependency and help people retain or regain their skills and confidence.	We are well down the road on this one with our stronger communities programme. It is also linked into our vision for the Better Care Fund and reinforces the work we have been doing with the CCG around the development of integrated services.
3. ***Information and advice*** : Local authorities must establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers.	Adult Social Care management team have been assessing a number of options and are currently in discussions over the commissioning of a product called "Quickheart". This will also cover the extension to more self-assessments, the development of personal budgets and a wider advice and information offer.
4. ***Market shaping*** : The local authority has a new responsibility to facilitate and shape the local care market so that it is better able to meet local needs.	The Health and Well-Being Board has already seen the first draft of our Market Position Statement. We will be bringing back the final MPS for sing off in the Autumn.
5. ***Promoting Integration*** : Local authorities should work towards providing integrated care and support, providing and commissioning services that work together to deliver better outcomes.	We are in a good position being co-terminous with Thurrock CCG. We want to develop an integrated commissioning team, a single vision and develop our local integrated teams based around hubs of GP practices. This is also in line with the emerging Primary Care Strategy.
6. ***The introduction of a***	This is being pitched at the same

national eligibility criteria : for Adult Social Care which establishes a national minimum threshold of needs that must be met by the local authority.	level as we currently agree eligibility – i.e. Substantial and Critical under the FACS criteria. We need to ensure that the well-being principle is also picked up.
7. ***Independent advocacy*** : For eligible users the local authority must arrange an independent advocate to facilitate the involvement of users in their assessment and review.	We are currently undertaking a review of our existing advocacy arrangements to ensure that they meet the requirements of the Care Act.
8. ***Personal budgets*** : Everyone whose needs are met by the local authority must receive a personal budget as part of their care and support plan.	We do not currently have a system for formal Resource Allocation. A project team has been established to see how this can be introduced and the implications for our existing assessment processes.
9. ***Safeguarding*** : For the first time the Safeguarding Adult Board (SAB) is put on a statutory footing and there is more explicit guidance on its role and the local authorities safeguarding duties.	This is very much welcomed and puts the Adults Board on the same level as the Children's Board. We feel confident that the guidelines reinforce what is currently practised in Thurrock and the SAB is currently reviewing its procedures.
10. ***Carers*** : The Care Act places carers on an equal footing with service users in terms of their right to an assessment. They do not need to be caring for someone who is necessarily already a known Adult Social care client.	We need to do a lot of work to ensure successful implementation of these new requirements. The Carers Partnership Group is overseeing this and a full report will be coming back to the September meeting on the full implications of these changes.
11. Funding reforms – from April 2016 : a. There will be a cap of £ 72k on the care costs that an individual will pay over their lifetime and subject to their ability to pay. This will be based on their personal budget which will include local authority and individual contributions; b. The upper capital limit will be raised from £23,500 to £118,000 from which point the state will not be making any contribution to someone's care costs.	The HWB Board has had an initial report on the financial implications of these changes and we will bring back a further report in the Autumn on further financial modelling. No funding has currently been put aside for this within the Medium Term Financial Statement (MTFS). As the government have stated this will all be fully funded. This is clearly a big potential risk for the authority and has been recognised corporately. It is also been followed up by ADASS our national professional body.

3.10 The government has recently announced a one-off grant of £125k for each Council – the Care Act Implementation Grant. We are currently assessing the best use of this grant to ensure that we are ready to deliver the Care Act requirements from April next year. The use of this grant will be agreed by the Director in consultation with the portfolio holder.

4. REASONS FOR RECOMMENDATION:

4.1 The recommendation that the local authority hosts the BCF pooled fund is in line with what all other local authorities are doing and has significant financial advantages as the local authority does not pay VAT.

4.2 The recommendations re the timetabling of reports and the use of the Implementation Grant is in line with the national timetable and is consistent with ensuring that the correct approvals are in place prior to the Better Care Fund going live on April 1st 2015.

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

5.1 Regular reports have been provided to HOSC. We have a governance structure detailed above that ensures a wide stakeholder engagement process and crucially the service redesign group is working very closely with our CCG partners, Healthwatch and the Thurrock coalition to ensure that the BCF delivers real change.

6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

6.1 Failure to deliver the Care Act will be a risk to the local authority and has been included on the Council's Corporate Risk register.

6.2 There are significant savings built into the Council's MTFS from the BCF into the Adult Social care budget (in line with national guidance and one of the must do's).

6.3 However, no funding for the "Dilnot reforms" have been built into our MTFS as these are meant to be funded nationally. ADASS and the LGA are monitoring the situation because if this does not happen it will cause significant financial difficulty for Thurrock and all other local authorities.

7. IMPLICATIONS

7.1 **Financial**

The above report details the current known position with the Better Care Fund and the requirements of the Care Act 2014. The use of the BCF and any financial implications arising from the implementation of the Care Act will need to come back to the HWB Board and to the

Cabinet / CCG Board in due course. The hosting of the BCF by the local authority is consistent with other local authorities but the exact details will need to be clarified in the Section 75 agreement.

Implications verified by: **Mike Jones**
Telephone and email: mike.jones@thurrock.gov.uk
01375.652722

7.2 **Legal**

The above report details the current known position with the BCF and the Care Act 2014. The governance arrangements for the BCF and the Section 75 agreement will need approval by the HWB Board. A further report on the implications and requirements for the Council arising from the Care Act will need to be approved in due course.

Implications verified by: **Dawn Pelle**
Telephone and email: dawn.pelle@BDTLegal.org.uk
01375.652925

7.3 **Diversity and Equality**

The Care Act 2014 seeks to provide a modern and up to date legal framework for all vulnerable adults. Its focus is to ensure that safeguarding, producing better outcomes and well-being are at the core of all adult social care activity. Some specific requirements e.g. the need to produce a register of people with visual impairments are targeted at specific groups. The Council will be developing its plans over the next 6 months to meet these requirements.

Implications verified by: **Roger Harris**
Telephone and email: rharris@thurrock.gov.uk
07527.973975

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):
Care Act Implementation Draft Guidance – June 2014

APPENDICES TO THIS REPORT: None
Report Author Contact Details:

Name: Roger Harris
Telephone: 07527.973975
E-mail: rharris@thurrock.gov.uk

17th July 2014	ITEM:
Thurrock Health and Wellbeing Board	
Thurrock Clinical Commission Group 5 Year Strategic Plan	
Report of: Mandy Ansell, Chief Operating Officer, Thurrock Clinical Commissioning Group (TCCG)	
Accountable Director: Mandy Ansell, Chief Operating Officer, Thurrock Clinical Commissioning Group (TCCG)	
This report is Public	
Purpose of Report: This report is to update the Board on the current status and content of Thurrock Clinical Commissioning Group 5 Year Strategic Plan	

EXECUTIVE SUMMARY

1. RECOMMENDATIONS:

1.1 To make comment on the final 5 Year Strategic plan.

2. INTRODUCTION AND BACKGROUND:

2.1 The strategic plan (2014-2019) sets out the CCG's long term service vision over the next five years, building on the CCG's operational plan (2014-2016), and outlines how, in partnership with it's stakeholders, the CCG will deliver the Outcome Ambitions, NHS Constitution, Health and Wellbeing Strategy, Better Care Fund, QIPP programme and Primary Care Strategy, and thereby to embrace the opportunity to improve the lives of some of the most vulnerable people in our society, giving them control, placing them at the centre of their own care and support, and in doing so providing them with a better service and better quality of life.

A summary of the plan has been shared with the CCG's Board, Executive, GPs, and Primary Care Representatives through the Clinical Executive Group, patient and carer representatives through the Commissioning Reference Group, HealthWatch, and Thurrock Diversity Network.

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

3.1 None noted within the report

4. REASONS FOR RECOMMENDATION:

4.1 Not applicable in its current state

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

5.1 Not applicable in its current state

6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

6.1 Not applicable in its current state

7. IMPLICATIONS

7.1 **Financial**

No financial implications identified.

Implications verified by: Mike Jones
Telephone and email: mike.jones@thurrock.gov.uk x2722

7.2 Legal

No legal implications identified.

Implications verified by: Dawn Pelle
Telephone and email: dawn.pelle@BDTLegal.org.uk
020 8227 2657

7.3 **Diversity and Equality**

Implications verified by: Rebecca Price
Telephone and email: 01375 652930
reprice@thurrock.gov.uk

Although there are no direct implications from the report, the 5-year strategic plan enables the CCG to take full account of issues of equality in its commissioning of services.

7.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

Not applicable

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):

Not applicable

APPENDICES TO THIS REPORT:
Thurrock Clinical Commissioning Group 5 Year Strategic Plan

Report Author Contact Details:

Name: Mandy Ansell
Telephone: 07507558070
E-mail: mandy.ansell@nhs.net

Five Year Strategic Plan (2014-19)

NHS Thurrock Clinical Commissioning Group

Draft v0.8 05.06.14

The health and care experience of the people of Thurrock will be improved as a result of our working effectively together

Executive Summary

This five year Strategic Plan (2014-2019) builds on the ambitions outlined in our Operational Plan (2014-16) and sets out our long term service vision over the next five years. The CCG Governing Body is committed to providing strong leadership to ensure the delivery of the Outcome Ambitions, NHS Constitution, Health and Wellbeing Strategy, Better Care Fund (BCF) programme, Quality, Innovation, Productivity and Prevention (QIPP) programme and Primary Care Strategy, and thereby embrace the opportunity to improve the lives of some of the most vulnerable people in Thurrock, giving them control, placing them at the centre of their own care and support, and in doing so providing them with a better service and better quality of life.

Our ambitious strategic plan will be delivered through strong partnership working. Firstly, we will further integrate with Thurrock Council both in terms of a commissioning role (underpinned by the BCF) and through the continued integration of health and social care services. Secondly we will work with our member practices to begin the transformation of primary care services forming federations with aligned community, mental health and social services. Finally through partnership working with our citizens and providers, we will help establish high quality and sustainable services across all pathways.

Dr Anand Deshpande
Chair, NHS Thurrock CCG

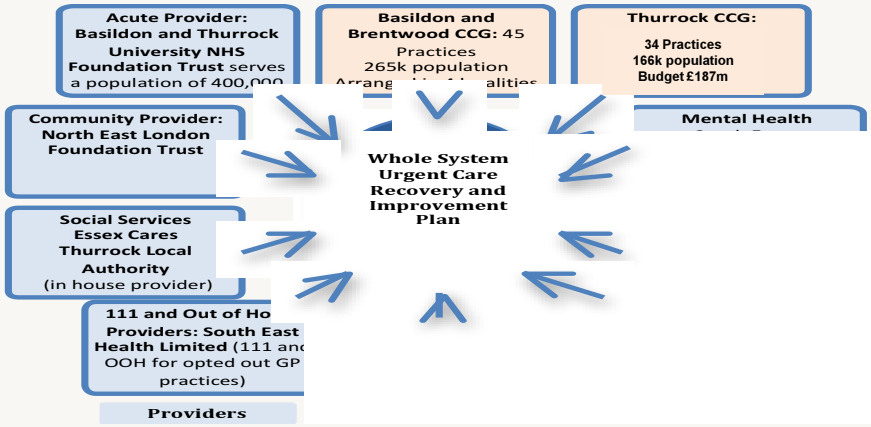
Introducing Thurrock (1)

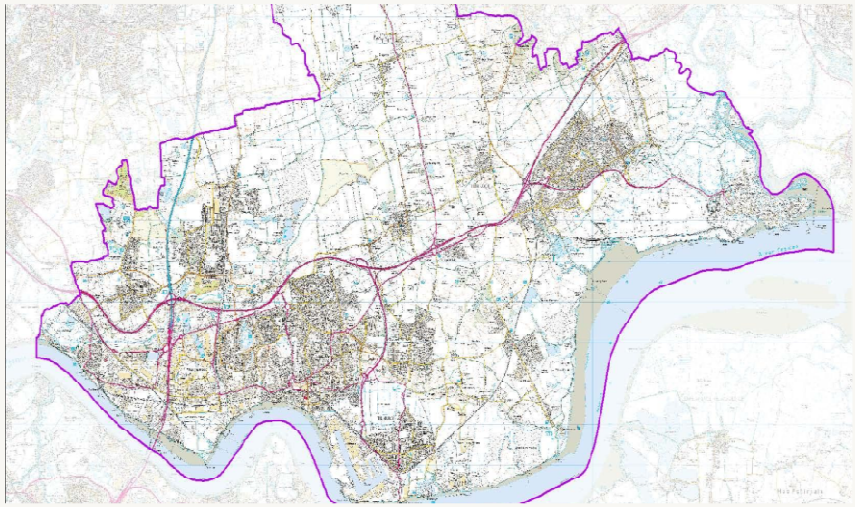
NHS Thurrock Clinical Commissioning Group

With a population of 157,705 (Census 2011), Thurrock lies on the River Thames to the east of London. Hosted within Thurrock are two international ports that are at the heart of global trade and logistics and is strategically positioned on the M25 and A13 corridors, with excellent transport links west into London, north and east into Essex, and south into Kent.

NHS Thurrock CCG is co-terminus with Thurrock's boundaries and covers a current GP population of 165,996 (1 January 2014) through 34 GP member practices. There are 21 dental practices, 18 opticians' practices, and 32 pharmacies.

Within the Thurrock population the group aged 85 and above is projected to double over the next 20 years and with this in mind the CCG, in collaboration with its partners, is committed to stimulating a diverse market to enable residents to have choice and control over the care they need and how it is delivered; a market where innovation is encouraged and rewarded, and where poor practice is actively discouraged. This is a key part of shaping Thurrock for the future.





Thurrock has four key health providers – North East London Foundation Trust (NELFT) who provide community services, South Essex Partnership Trust (SEPT) who provide mental health services, Basildon and Thurrock University Hospitals NHS Foundation Trust (BTUH) who provide acute and secondary care services and East of England Ambulance Service NHS Trust provide urgent and emergency medical care to people who call 999.

Thurrock also works in partnership with NHS Basildon and Brentwood CCG who like NHS Thurrock CCG, commission services from the same four key health providers in addition to other smaller providers across the South West Essex footprint. The CCGs work collaboratively to improve pathways in view of this shared provider landscape.

Introducing Thurrock (2)

NHS Thurrock Clinical Commissioning Group

Thurrock is currently under-doctored, and 30% of the current Thurrock CCG GP workforce is over the age of 60. A number of the areas with a shortage of GPs are also Thurrock's most deprived areas. This strategy set out how the CCG is working with NHS England and our member GP practices to consider how the Essex Primary Care Strategy can support the CCG in addressing these issues.

With the expected ageing and growth of the population, we can expect a rise in age related disease prevalence and potentially increased demand on health and social care services. Dementia for example is predicted to increase steeply in Thurrock – by 2033 the population aged 85+ is projected to double. Long Term Conditions (LTCs) such as dementia and diabetes are more prevalent in older people with 58% of people over 60 having at least one long term condition compared with 14% of people aged below 40. LTCs account for 50% of all GP appointments and are estimated to account for £7 in every £10 spent on Health and Social Care (King's Fund).

Lifestyle factors are having a significant impact on the demand for health and social care services in Thurrock and will continue to do so unless we are able to at least halt current levels. 22% of Thurrock adults are smokers, with smoking prevalence and smoking-related deaths significantly higher than the national averages. 25.1% of year 6 children and 28.1% of adults are classified as obese – this too is significantly higher than the England averages. These are factors we are addressing through our public health campaigns and through a range of initiatives to develop more resilient communities.

Given the above, we need to ensure that the services we introduce are sustainable and this will only be achieved if we take a new approach by working together with our population to decrease both service reliance and demand eg:

- **working in partnership with communities and citizens themselves to build resilience and make the most of strengths contained within those communities, and**
- **building personal responsibility eg via personal health budgets, information and advice.**

Supplementary public health data on the demographics health needs of the Thurrock population can be found in the Thurrock CCG – Outcome Benchmarking Pack at Appendix 3 and Thurrock Ward Profiles at Appendix 4 which provide JSNA summary information.

Introducing Thurrock (3)

NHS Thurrock Clinical Commissioning Group

Thurrock is a unit of planning based around Thurrock Health and Wellbeing Board.

The BCF first draft submission was signed off at the Health and Wellbeing Board (HWBB), CCG Governing Body and Health Overview and Scrutiny Committee (HOSC), and was submitted to NHS England Area Team and Thurrock Council's Cabinet.

There is a South West Essex unit of planning jointly with NHS Basildon and Brentwood CCG (BBCCG), facilitated through:

- Joint post holders
- South Essex Collaborative Meeting
- Unplanned Care Board (UPC Board)

Both the two year operational plan and the five year strategic plan are being co-produced with BBCCG through joint post holders and joint governance, specifically:

- BTUH and NELFT
- Stroke and vascular
- Unplanned care (through UPC Board
- Acute review (and across Essex)

NHS Thurrock CCG chair the South Essex Collaborative meeting; areas of joint planning are:

- Mental Health
- Children's
- Commissioning Support Unit (CSU)

System Vision – Plan on a Page

NHS Thurrock Clinical Commissioning Group

NHS Thurrock Clinical Commissioning Group serves a population of 166,000 across 34 GP member practices. The CCG works closely with partners, notably Thurrock Council to deliver the following vision and objectives:

System Objective One
Reduce the number of people requiring a service response

Teams will be built from geographic GP Federations, promoting clinical and professional leadership in communities and a more holistic intermediate care offer. GPs to be lead professional working with multi-disciplinary team, centred around the patient and focused on early intervention and prevention.
Support to include pump priming of £5 per head of population in 2014/15.

System Objective Two
Empower communities to take responsibility for their own health and wellbeing

More people to receive pre-emptive care in primary care and community based settings.
Resources to move from acute to community settings, with a range of joint budgets and commissioning with Thurrock LA.

System Objective Three
Build a whole person approach to the health and care system

The integration of existing community, acute and specialist services to provide comprehensive pathways for designated indications. Such pathways will be evidence based and time limited.

System Objective Four
Bring health and care close to home

System wide **Urgent Care Working Group** and **Better Care Fund (BCF)**, both aimed at reducing unnecessary emergency admissions and developing fully integrated community alternatives across health and social care.
Proactive case finding, with reablement and rehabilitation as the default offer; more acute clinical and social care services moved to the community.

System Objective Five
Ensure people are able to live as independently as possible for as long as possible

BCF to include community nursing services, community beds and reablement in year one expanding to include social care funds for elderly care in following years.

Governance arrangements

System wide arrangements including:

- Thurrock Council and NHS Thurrock CCG overseeing the **BCF**
- **Strategic Leadership Group for Thurrock** (Social and Health Commissioners and Providers)
- **Thurrock Health and Wellbeing Board**.
- **Unplanned Care Working Group**/Access Group
- **BTUH** Executive Group with NHS Basildon and Brentwood CCG
- **QIPP and QIPP Stakeholder**

Measured using the following success criteria

- All organisations within the health economy report a financial surplus in 2014/15 and beyond
- Delivery of the system objectives, inc those in BCF.
- Delivery of the outcome ambitions and constitution

System values and principles

1. Empowered citizens who have choice and independence and take personal responsibility for their health and wellbeing
2. Health and care solutions that can be accessed close to home
3. High quality services tailored around the outcomes the individual wishes to achieve
4. A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible
5. Systems and structures that enable and deliver a co-ordinated and seamless response

The health and care experience of the people of Thurrock will be improved as a result of our working effectively together

Contents

Version	Author /Date	Comments
V0.1	Jeanette Hucey 24.02.14	Initial draft
V0.2	Jeanette Hucey 01.03.14	Team input
V0.3	Jeanette Hucey 07.03.14	PPE, Outcomes and, Finance Updates
V0.4	Jeanette Hucey 14.03.14	Finance – Femi Otukoya , and GP Population updates
V0.5	Jeanette Hucey 28.03.14	Updated Governance diagram/Primary Care Strategy Action Plan
V0.6	Jeanette Hucey 03.04.14	Updated Governance diagram/Finance – Ade Olarinde
V0.7	William Guy 29.05.14	Updates in line with feedback
V0.8	Joy Joses 05.06.14	Further proofing and editing

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Section 1

Key Values and Principles

Key Principles

NHS Thurrock Clinical Commissioning Group

Since its inception, the CCG has had a strong partnership with Thurrock Council. Both organisations see the BCF and the strong relationship as central to embedding our partnership working and jointly developing a sustainable health and social care system that will deliver on their shared vision for care in the future through five key principles;

- Empowered citizens who have choice and independence and take personal responsibility for their health and wellbeing
- Health and care solutions that can be accessed close to home
- High quality services tailored around the outcomes the individual wishes to achieve
- A focus on prevention and timely intervention that supports people to be healthy and live independently as long as possible
- Systems and structures that enable and deliver care in a coordinated and seamless response.

The metrics form a core component of our BCF plan which is fundamental to the delivery of the five year strategic plan.

Our Commitment

NHS Thurrock Clinical Commissioning Group

The CCG is committed to:

1. Ensuring that citizens will be fully included in all aspects of service design and change, and that patients will be fully empowered in their own care through its well established Commissioning Reference Group and relationship with Healthwatch Thurrock.

2. Wider primary care provided at scale that will be developed through the Primary Care Strategy.

3. A modern model of integrated care through the strong partnership working with Thurrock Council embedded in the Better Care Fund programme and as evidenced by integrated models thus far developed – e.g. Rapid Response Assessment Service (RAAS).

1. Access to the highest quality urgent and emergency care. NHS Thurrock CCG works in partnership with NHS Basildon and Brentwood CCG to ensure that the seven day urgent and emergency care services are integrated into those pathways that support local community needs.

2. A step-change in the productivity of elective care through the development of innovative pathways e.g. musculoskeletal care, and ambulatory emergency care.

Engagement

NHS Thurrock Clinical Commissioning Group

"Citizens are fully involved in service design and patients are given choice, information and fully empowered shared decision making"

"We must put every citizen and patient voice absolutely at the heart of every decision we take in purchasing, commissioning and providing services with a clear focus on maximising the participation of patients and the public." Transforming Participation in Health and Care –NHS England, September 2013.

The Commissioning Reference Group (CRG)'s mission statement – "No decision about me without me, no decision about us without us" summarises the CCG's pledge to involve patients in the commissioning cycle, from inception through to implementation.

Patients and the public will be involved from the initial planning stages of service redesign, and special efforts will be continued to reach out to diverse communities.

"At this time, building on the CRG's good working relationships with the CCG, Council, Healthwatch Thurrock, Thurrock Coalition and CVS, we are jointly producing an agreed engagement and co-production process that will ensure Thurrock citizens are involved and fully engaged on health matters. A statement of engagement will also go to the Health and Wellbeing Board members and stakeholders for agreement in May."

Patient and Public Engagement Lead: Len Green

Engagement

NHS Thurrock Clinical Commissioning Group

The CCG is completely committed to involving and engaging with Thurrock residents. Our Call to Action 'Change one thing' debate which took place earlier this year, was aimed at getting patient and public views on local healthcare and asking for their ideas on ways of improving services.

In addition to our well-attended Commissioning Reference Group(CRG), patient participation groups and other specialist health groups, we will also be focussing on involving the new Local Area Coordinators, Community Forums as well as continue to develop innovative new ways for patients and the public to be involved with, and to give their views on the CCG's work.

Key engagement dates and activities:

- Better Care Fund and Five Year Strategy – Public Endorsement exercise (March 2014)
- Better Care Fund and Five Year Strategy Plan engagement event (April 2014)
- Launch of Public CCG Newsletter (Summer 2014)
- CRG meetings (Bi Monthly throughout 2014)
- Board meetings (Bi monthly)
- Annual General Meeting (September 2014)

Change One Thing Summary

NHS Thurrock Clinical Commissioning Group carried out their Change One thing Call to Action exercise over a 12 week period from 11 November to 31 January.

Aim

The aim of the exercise was to engage Thurrock residents in a healthcare debate that looked at the challenges facing the NHS and for them to share their ideas about what changes could be made to improve services and how we could do things better. The Change one thing idea was pioneered by Healthwatch Thurrock who kindly agreed for us to use this concept.

How

We prepared an easy to use toolkit for voluntary groups, the council, Patient Participation Groups and the general public so that people could either organise their own discussions or include Change one thing in their usual meetings. The toolkit included posters, guidance which included suggested questions to discuss at the meeting and a feedback form to capture comments.

Publicity

Change one thing was publicised in local media, Thurrock Council website as well as the CCG's website. The CCG's Lay Member for Patient and Public Involvement, Len Green was also interviewed on the Dave Monk BBC Essex radio show. We also distributed Change one thing posters with details of how to access the online survey.

Change One Thing Summary

Questions

- What's good about your local NHS?
- What additional healthcare services would you like to see in Thurrock?
- How do you think the 'quality' of services can be improved in Thurrock?
- What help would you need to take responsibility for your own health and care?
- In summary, if you could 'Change One Thing' about the NHS regarding your health and care, what would it be?

A summary of the outcomes of the Change One Thing engagement process can be found in Appendix 7.

Our "Offer"

NHS Thurrock Clinical Commissioning Group

Our vision and "offer" has benefitted from our Call to Action programme which invited Thurrock citizens to share their views on local health and social care. In the spirit of "you said we did" our event in April will once again be seeking the support of our citizens and we will be asking for their views in response to the following question: "How, over the next five years, would you like us to deliver our "offer?". Their response will form the basis of an action log from which a full implementation plan will be developed.

Principles	What will change over the next five years
Empowered citizens who have choice and independence and take personal responsibility for their health and wellbeing	• Individuals will be able to achieve the outcomes they want through personal health budgets and personal care budgets • Citizens recognise the health and care system as being co-produced – and this is built within planning and commissioning processes • Assessments are strength based and solution focused • Fewer people require services and are able to access a range of support, advice and information from within their community • For those who require a service, there is a good range of choice
Health and care solutions that can be accessed close to home	• When people require a service, this will be accessed through federations of practices with aligned community, mental health and social services. • Some secondary care services will be available closer to home – alongside GP hubs. • Technology will be widely used to support people to be independent – particularly for people with long term conditions. As a result, there will be fewer admissions due to poor management of these conditions. • Easily accessible good quality advice and information.
High quality services tailored around the outcomes the individual wishes to achieve	• We will ensure that people are receiving the right care. No user will be placed in a long term care package until they have reached their optimal rehabilitation potential. • Thurrock will have good quality primary care services – particularly GP services – this will include access to services. • Citizens will have defined what 'good' quality means and services will reflect that definition. • Health and care staff will be able to more freely work across organisational boundaries. • Services will be outcome focused and work with individuals to reduce service need.
A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible	• There will be no unknown patients admitted to Basildon Hospital as emergencies. • Hospital non-elective admissions will have reduced by 15%. • A prevention and timely intervention approach will be firmly embedded and be reducing service need – in particular the need for acute services. The cost of packages will have reduced as a result and more people will find the support they need in their own communities. • A greater number of people will be enabled to better manage their long-term conditions.
Systems and structures that enable and deliver a co-ordinated and seamless response	• All service users with dementia will have a joint health and social care plan. • Systems will enable effective targeting – via risk stratification systems. • Health and care plans will be joint and holistic. • Systems will enable data to be shared across organisational boundaries.

Section 2

Improving Quality and Outcomes

Joint Strategic Needs Assessment

NHS Thurrock Clinical Commissioning Group

The following issues were identified as key priorities within the Joint Strategic Needs Assessment for Thurrock (2012);

Issue	What actions we are planning to address this need
Circulatory Disease NHS Thurrock CCG currently has the greatest spend per head on Circulatory Diseases compared to all of the other 23 Programme Budgeting disease categories. Case finding for Coronary Heart Disease (CHD), Hypertension, Heart failure is poor, particularly hypertension which is a key driver for many other circulatory diseases. Despite high spend, clinical outcomes for patients are only average, and emergency admission rates for CHD are high.	- Establishing a Cardiology services review working with NHS Basildon and Brentwood CCG. This will include Atrial Fibrillation, Community Cardiac Services and Primary Care Pathways. - Consider case finding initiatives to improve diagnosis and subsequent management. - Please see section A1.1, A1.2 and A1.3 of the Operational Plan.
Respiratory Disease Programme spend in the CCG for respiratory problems is amongst the largest in England. Whilst outcomes in some areas of the programme are good including asthma and bronchitis, COPD has poor outcomes and poor case finding.	- Continue improving the care pathway through the south west Essex Respiratory Services network. - Ensure local services incorporate the DH best practice model. - Implement COPD passport across the system. - Consider initiatives in other diseases areas. See section A1.5 of the Operational Plan.
Endocrine, Nutritional and Metabolic The spend on Endocrine, Nutritional and Metabolic problems within the CCG is above the ONS group average and is in the top quintile for spend nationally whilst performance and clinical outcomes are average. 50% of spend on this programme relates to diabetes, where Thurrock practices have below average performance in a number of the QOF indicators.	- Undertake a review of the diabetes service across south west Essex. - Implement prescribing formularies. - Implement new Home Enteral Feeding pathway. - Implement Tier III Obesity programme and work with Thurrock. Council on the implementation of the Obesity Strategy. - Please see section B1.1 of the Operational Plan.

Joint Strategic Needs Assessment

NHS Thurrock Clinical Commissioning Group

Issue	What actions we are planning to address this need
Lifestyle Issues Although Local Government have the lead commissioning responsibility for lifestyle programmes, GP Practices within CCGs have a key part to play in promoting healthy lifestyles to patients, delivering interventions or making appropriate referrals. Smoking and Obesity prevalence in Thurrock are significantly greater than regional and national rates and smoking cessation services are failing to impact on health inequalities by increasing quit rates of deprived communities over affluent ones.	- Ensure that primary and secondary prevention is incorporated into all service reviews (including lifestyle advice etc). - Support Thurrock Council on their Public Health initiatives. - Utilise the JSNA information to target particular areas. - Support and development primary care to offer more first-line lifestyle interventions.
Lung Cancer Despite having below average spend per head of population on cancers as a whole, the CCG spends more per head on lung cancer than many CCGs in England.	- Work with NHS Basildon and Brentwood CCG to undertake a wider range of initiatives to improve cancer outcomes. - Work with other Essex organisations to improve intra provider handover and management. - Please see section A1.6, A1.7 and A1.8 of the Operational Plan.

Further specific Needs Assessments are being completed in 2014/15 to support the CCGs commissioning approach. This includes a Needs Assessment focusing on Frail Elderly and a Pharmacy Needs Assessment.

Parity of Esteem

The CCG is determined to reduce the inequality of outcomes for patients with mental health problems. Changes are required across our care system to deliver this level of improvement. Primary, Community and Secondary Care all have a strong role to play in order to fulfill this commitment. The following seven slides outline some of the actions proposed over the next 2-5 years to support this change and to reduce the current inequality in outcomes.

To support this and our other improvement initiatives we will work closely with the East of England Strategic Clinical Networks (SCNs), and the programmes developed by the East of England Clinical/Citizens Senate, particularly where their change initiatives support ours for example in areas such as:

- Cardiovascular
- Maternity, Newborn, Children and Young People
- Mental Health, Learning Disability, Autism Dementia and Neurological Conditions
- Cancer

Plus: cross-cutting themes:

- IAPT, transition of children/young people to adult services
- End of life care.

Outcome Ambition 1:

NHS Thurrock Clinical Commissioning Group

Securing additional years of life for the people of England with a treatable mental and physical health condition

NHS Thurrock CCG remains significantly above the national average (21% above) for this outcome. Addressing this variation is a key priority for the CCG and our partners over the next five years. The CCG has recently improved its performance on respiratory disease mortality and performs well on Alcohol and Liver disease outcomes. However, we are significantly poor performers for Cardiovascular and Cancer outcomes. The CCG is taking key measures to try and improve performance in these disease areas and is reviewing all cancer pathways to identify common themes and risks. We will also be working closely with both the Local Authority (in particular the public health team) and providers to try and jointly improve outcomes.

Improvements have been made in the provision of stroke care, however further development is required to consistently achieve key metrics and be top quartile nationally for overall stroke mortality and long term outcomes.

A number of initiatives have been identified that will support the transformation of the stroke pathway over the next five years, including:

- Investment in Early Support Discharge capacity (utilising Better Care Fund resources)
- Investment into the front end of the care pathway (transformation monies)
- Supporting the recovery of East of England Ambulance targets
- Primary care initiatives to reduce stroke risk.

In conjunction with Thurrock Council and the Health and Wellbeing Board, we have agreed that our joint priority for the local metric will be ensuring that patients are being discharged with joint health and social care plans when they are discharged from the acute stroke unit. As a minimum, 90% of those eligible will be discharged with a Joint Care Plan although we are aspiring to ensure all eligible patients receive one prior to discharge from hospital.

Outcome Ambition 2:

NHS Thurrock Clinical Commissioning Group

Improving the health related quality of life of the 15 million people with one or more long term conditions, including mental health

Thurrock CCG is working in partnership with NHS Basildon and Brentwood CCG and Thurrock Local Authority to ensure pathways across SW Essex (both community and acute) improve over the next five years and beyond. We are doing this through a number of measures including:

The introduction of Ambulatory Emergency Care Pathways:

- Initial 11 pathways (DVT, cellulitis, renal colic, chest pain, pleural effusion, UTI, falls, pulmonary embolism, TIA, seizure, pneumonia) fully implemented by April 2014
- Remaining 38 pathways implemented by April 2015

Dementia and anti-psychotic meds:

- CQUIN (Community) for increased recognition and onward referral of patients with dementia
- Educational programme for GPs, audit lowest/most appropriate dose
- Implementation of dementia crisis team

Continence programme – pan-Essex:

- Pathway review – adults
- Pathway review – paediatrics
- Procurement project – best value for products and standardisation across Essex

Diabetes service review (including renal):

- Review existing service against NICE guidance
- Improve management closer to home
- Develop prescribing formularies
- Develop a specification for high quality, cost effective provision

Respiratory service review:

- Review existing service against NICE guidance
- Improve management closer to home
- Develop prescribing formularies
- Develop a specification for high quality, cost effective provision

Personal health plans:

- Implement the use of personal health budgets to promote independence and

Improving Access to Psychological Therapies (IAPT)

The CCG is aiming to achieve 15% by March 2015 as recommended by the Intensive support Team visit and to build this into future contracts to ensure a mechanism is in place to hold the provider to account for delivery for 2015 and beyond.

Dementia Diagnosis:

Increasing dementia diagnosis rate to 75% by March 2016 and to extend this further over the following three years to 2019 .

(Further detail on the scope of LTCs included can be found in the Thurrock Operation Plan at Appendix 1).

Outcome Ambition 3:

NHS Thurrock Clinical Commissioning Group

Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community outside of hospital

Thurrock CCG consistently performs well on this indicator. This is a demonstration of the close working between health and social services in primary and community care. However, the CCG recognises that there is still scope for improvement (both in terms of metrics and quality).

A number of initiatives have been identified over the next 24 months and beyond that are underpinned by both the Better Care Fund (Appendix 2) and the Primary Care Strategy (Section 3: Improvement Interventions page 28).

Outcome Ambition 4:

NHS Thurrock Clinical Commissioning Group

Increasing the proportion of older people living independently at home following discharge from hospital

Thurrock's vision for Health and Wellbeing is of "resourceful and resilient people in resourceful and resilient communities". The Better Care Fund programme will support the achievement of this vision and of this outcome. Significant progress has already been made in delivering this outcome. In 2013/14 so far, 89.8% of those referred to reablement services were still living at home 91 days after discharge from hospital (ASCOF 2B). Together with Thurrock Council, we seek to improve upon this level of performance.

We are also looking to improve convalescence/reablement/rehabilitation prior to being assessed for Continuing Health Care/Personal Health Budget to ensure patients have achieved their maximum potential for the best long term outcomes. The vast majority of actions outlined within this section are being jointly delivered with Thurrock Council including the Carers' Strategy however, NELFT community provider are also working with the CCG to strengthen the End of Life care pathway by increasing the number on their register for preferred place of care.

Outcome Ambition 5:

NHS Thurrock Clinical Commissioning Group

Increasing the number of people having a positive experience of hospital care

The Friends and Family (F&F) performance at our main provider (Basildon Hospital) remains poor (in particular A&E and maternity). A key factor the of low performance is a low response rate and the CCG is working with NHS Basildon and Brentwood CCG to redress response rates, identify issues with quality and agree and implement rectifying actions where required.

NHS Thurrock CCG will ensure that as guidance dictates, the roll out of F&F to our community providers is actioned and supported by our current CQUIN which is collecting data on 49 service areas reflecting the current F&F questions.

The establishment of the culture of the 6 Cs (Care, Compassion, Competence, Communication, Courage Commitment) will be monitored through the Francis Report Assurance Meetings.

Outcome Ambition 6:

NHS Thurrock Clinical Commissioning Group

Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community

The improvement of patient experience of general practice will be led by the Primary Care Strategy (see the Primary Care Strategy Provisional Project Plan below for key milestones in relation to supporting improvements to this target).

In addition to the Primary Care Strategy, further actions will be undertaken across community/nursing/care homes in partnership with Public Health and our Local Authority to improve patient experience for eg, quality visits are already underway to monitor patient experience across the system.

NHS Thurrock CCG will implement the recommendations of the Learning Disabilities Strategy within the community in partnership with our Local Authority as part of the BCF (Appendix 2).

These actions are in addition to the pathway redesign work already outlined within our Operational Plan (Appendix 1).

Outcome Ambition 7:

NHS Thurrock Clinical Commissioning Group

Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care

NHS Thurrock CCG is committed to delivering:

a reduction in healthcare acquired infections across the health economy as outlined in our Operational Plan (Appendix 1).

Compliance with Safety Thermometer (VTE, pressure ulcers, catheter acquired infections and falls).

Reduce the number of avoidable deaths within the hospital in collaboration with NHS Basildon and Brentwood CCG to include:

- Care of deteriorating patient
- Consultant review
- Seven day working
- Mechanisms used – contract and monitoring visits

Working with providers to ensure mechanisms are in place to minimise the risk of preventable harm:

- Learning from RCAs
- Progressing our current quality dashboard to highlight risk of harm.

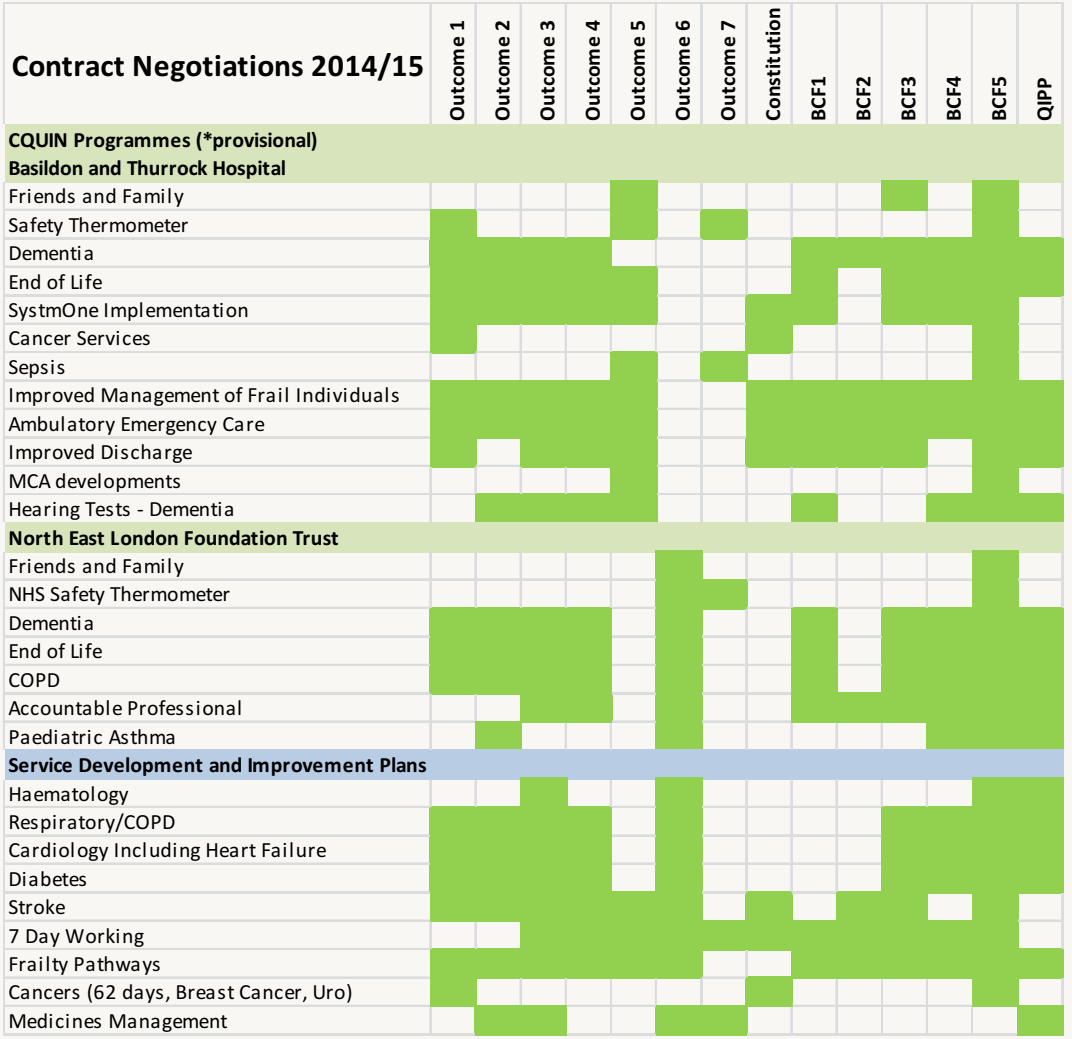
Supporting Delivery

NHS Thurrock Clinical Commissioning Group

Alongside our neighbouring CCGs, we are utilising the 2014/15 contract negotiations to support the delivery of Outcome Ambitions, NHS Constitution, BCF commitments and QIPP. This will be mirrored over the following four years to 2018/19 to support full implementation of all of our commitments.

The table demonstrates how various schedules of the contract are used to this effect.

The CCG expects to sign its main contracts before the end of the financial year in line with requirements.



What will success look like? Full delivery of the aims and aspirations set out in this plan and the BCF, and sustained delivery of the NHS Constitution Standards. Progress will be monitored/managed through the governance structures set out in Section 5.

Section 3

Improvement Interventions

Delivering Our "Offer"

NHS Thurrock Clinical Commissioning Group

Principles	What will change over the next five years
Empowered citizens who have choice and independence and take personal responsibility for their health and wellbeing	Individuals will be able to achieve the outcomes they want through personal health budgets and personal care budgets Citizens recognise the health and care system as being co-produced – and this is built within planning and commissioning processes Assessments are strength based and solution focused Fewer people require services and are able to access a range of support, advice and information from within their community For those who require a service, there is a good range of choice
Health and care solutions that can be accessed close to home	When people require a service, this will be accessed through federations of practices with aligned community, mental health and social services. Some secondary care services will be available closer to home – alongside GP hubs. The expansion of community hubs will mean that good advice, information and support is readily available and reduces the need for 'services'. Technology will be widely used to support people to be independent – particularly for people with Long Term Conditions. As a result, there will be fewer admissions due to poor management of these conditions.

Delivering Our "Offer"

NHS Thurrock Clinical Commissioning Group

Principles	What will change over the next five years
High quality services tailored around the outcomes the individual wishes to achieve	We will ensure that people are receiving the right care. No user will be placed in a long term care package until they have reached their optimal rehabilitation potential. Thurrock will have good quality primary care services – particularly GP services – this will include access to services. Citizens will have defined what 'good' quality means and services will reflect that definition. Health and care staff will be able to more freely work across organisational boundaries. Services will be outcome focused and work with individuals to reduce service need.
A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible	There will be no unknown patients admitted to Basildon Hospital as emergencies Hospital non-elective admissions will have reduced by 15%. A prevention and timely intervention approach will be firmly embedded and be reducing service need – in particular the need for acute services. The cost of packages will have reduced as a result and more people will find the support they need in their own communities. A greater number of people will be enabled to better manage their long-term conditions. Multi-disciplinary teams will be effectively identifying 'high risk' people at an early stage. Costs will reduce accordingly.

Delivering Our "Offer"

NHS Thurrock Clinical Commissioning Group

Principles	What will change over the next five years
Systems and structures that enable and deliver a co-ordinated and seamless response	All service users with dementia will have a joint health and social care plan. Joint health and care assessments will be common-place Systems will enable effective targeting – via risk stratification systems Health and care plans will be joint and holistic.

Delivering the Principles

NHS Thurrock Clinical Commissioning Group

The following table demonstrates how we will deliver against the aforementioned principles through our work programme;

Principles	CVD - Cardiology	CVD - Stroke	CVD - Heart Failure	Haematology	Respiratory Review	Cancer Services	Diabetes Service Review	LTCs in patients w/ MH cond.	Continence Service Redesign	Personal Health Budgets	Under 19 High Impact Pathways	Ambulatory Emergency Care	Dementia Screening	IAPT	Community Geriatrician Model	MSK Pathway	RRAS and Reablement	Continuing Healthcare Review	Community Bed Provision	Parity of Esteem	BCF Programme	Improving Quality	Acute Service Review
1) Empowered citizens who have the choice and independence and take personal responsibility for their health and wellbeing	■	■	■		■		■	■		■				■	■					■	■	■	
2) Health and care solutions that can be accessed close to home	■		■	■	■		■	■	■		■	■	■	■	■	■	■		■	■	■	■	■
3) High quality services tailored around the outcomes the individual wishes to achieve	■	■	■	■	■	■	■	■		■	■	■		■	■	■			■	■	■	■	■
4) A focus on prevention and timely intervention that supports people to be health and live independently for as long as possible	■		■		■		■		■				■	■	■	■	■	■	■	■	■	■	
5) Systems and structures that enable and deliver a co-ordinated and seamless response						■		■				■			■	■	■	■	■	■	■	■	■

Seven Day Services

NHS Thurrock Clinical Commissioning Group

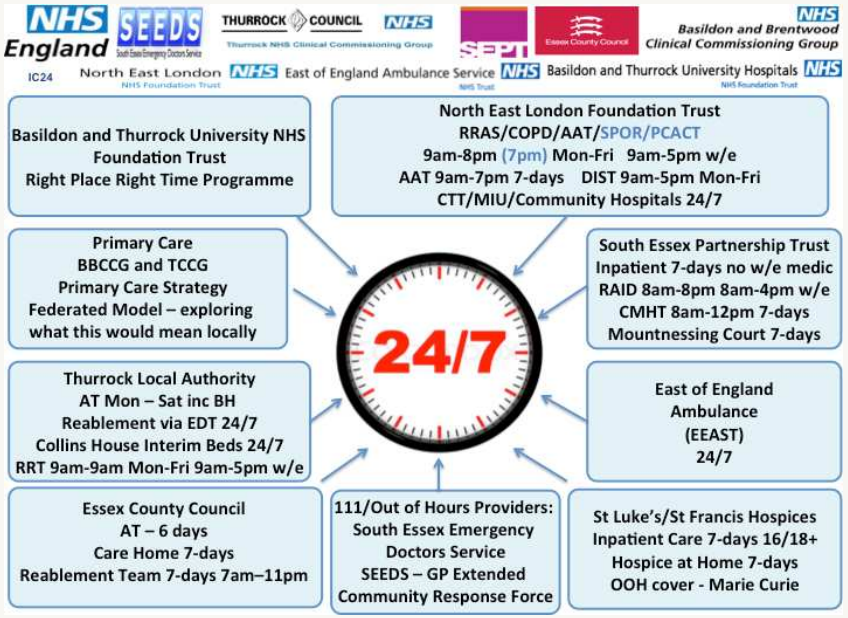
The CCG is committed to improving the quality of services provided for its population and sees the BCF and integration as the vehicles through which it will continue to seek new ideas and opportunities for advancing seven day services in partnership with its providers.

For the first two years of this five year plan the main focus will be on emergency and urgent care. To support this end the CCG is a member of cross economy seven day working group which sits under the governance of the South West Essex Urgent Care Programme Board.

The group has already mapped existing levels of service provision as outlined by NHSIQ in "NHS Services – Seven Days a week", and the current level of compliance with the draft Clinical Standards published by NHS England. The mapping will be used to help shape future planning and ambitions. Further detail can be found at Appendix 5.

ganisation	Service	Current Hours	Proposed New Hours	Draft 7-Day week Clinical Standards	Programme	Level of Service Provision (Levels 0-4)	Comments/ Risk(s)
BTUH	Radiology. Ability to review scans off site from PACs system. 24/7 Radiologists / 7 Day Service	8-8 Monday to Friday 9-6 weekends	24/7 Radiologists /7 Day Service		Workstream 3 RPRT	Level 2/3	
	Medical Consultant cover 7 days a week Current weekend service enhanced - pilot	1 consultant 8am – 8pm 2 consultants 8am – 12.00	1 AMU consultant 8am – 8pm Both DMOP and GIM 8am – 8pm	Meets draft Standard 4 Shift handovers	Workstream 3 RPRT	Level 2/3	
	Enhanced 7-day services being planned for other specialities eg Trauma and Orthopaedics to pilot new was of working in Jan 2014	tbc	tbc				
	Paediatrics (additional paediatricians in place)	9am -9pm 7 Days			Response to CQC Report	Level 2/3	
	GP in A&E	8am - midnight 7 days	As outlined	Meets Standard 7 re MH input	Winter Monies Action Plan		
	Streaming – Frailty Stream	9am - 8pm 7 days	As outlined		Winter Monies Action Plan		
	Consultant / GP advice line (to community)	10am-10pm			Winter Monies Action Plan		Via the extended community GP

Snapshot of RPRT workstream progress at BTUH including in diagnostics.



To support the acute trusts in their transition to seven day services through their Right Place Right Time Programme (RPRT), the CCG and Thurrock Council have committed to the following developments (several through the BCF programme):

Rapid Response Assessment Service

Extended weekday hours (9am – 7pm) and weekend cover (9am – 5pm).

Thurrock Social Workers

Seven day hospital cover including on site provision six days per week.

Intermediate Care (health and social)

Provision for admission and discharge on Saturdays and Sundays.

Nursing Homes

Premium payments for homes that can admit at short notice.

Over the next five years the CCG will be exploring innovative solutions for optimising primary care provision, pharmacists, optometrists and dentists to support seven day services based on the community hub model championed in Thurrock, and supported by the work of the Essex Workforce Partnership attended by our Executive Nurse.

Urgent Care

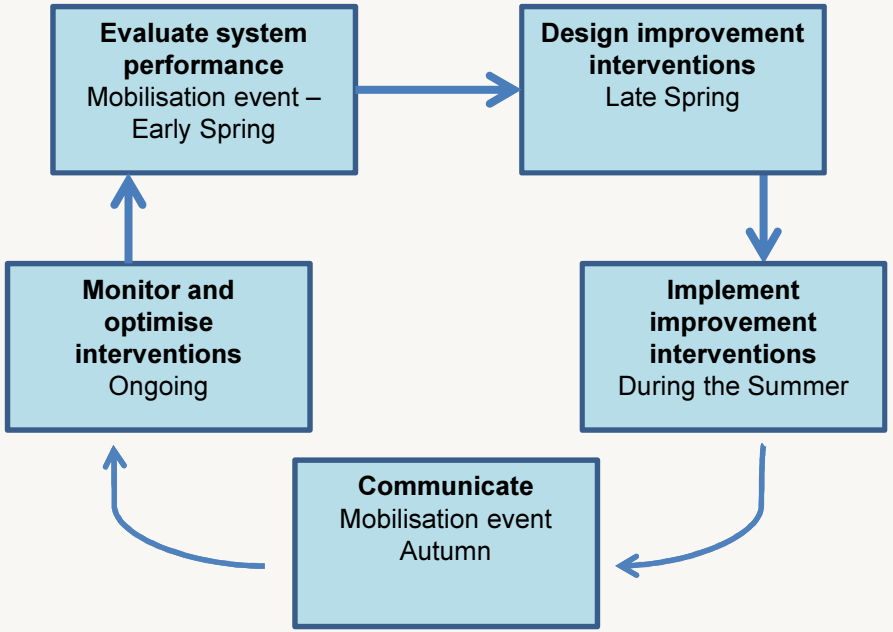
NHS Thurrock Clinical Commissioning Group

NHS Thurrock CCG participates in the South West Essex Urgent Care Working Group. The reinvigorating of this forum has supported the sub economy experience a winter period that has been more controlled than previous years.

The objectives of the Urgent Care Working Group are:

- Strengthening collaboration across health and social care in respect to the day to day operation of the urgent care system, proactively tackling and removing barriers when these are identified.
- Facilitating joint operational and tactical planning, including leading the work in respect to winter and other key challenges to urgent care performance as well as the allocation of any winter pressures funding.
- Evaluating the performance and resilience of the urgent care system and making decisions as to the action which should be taken to strengthen the system when this is required.

Our shared provider landscape lends itself to a South West Essex approach to sustainable delivery of the A&E standard. In partnership with NHS Basildon and Brentwood CCG we intend to adopt the following annual approach to delivery of the A&E target.



For Thurrock, this means changing the way we currently think and commission urgent care solutions for our population such as shifting:

hearts, minds and actions to support the provision of seven day services through the working with the Essex Workforce Partnership

perverse incentives for eg block contracts at BTUH v activity

resources to community services, and incentivising services eg the £5 per head community services and GP incentivisation

Public view of when it is appropriate to go to A&E – good community services are key to this.

System wide developments

NHS Thurrock Clinical Commissioning Group

The CCG will work in partnership with both the Essex health economy and Midlands and the East health economy to improve services and outcomes for patients.

To support this and our other improvement initiatives we will work closely with the East of England Strategic Clinical Networks (SCNs), and the programmes developed by the East of England Clinical/Citizens Senate, particularly where their change initiatives support ours for example in areas such as:

- Cardiovascular/Stroke
- Maternity, Newborn, Children and Young People
- Mental Health, Learning Disability, Autism Dementia and Neurological Conditions
- Cancer

Plus: cross-cutting themes:

- IAPT, transition of Children/young people to adult services
- End of life care

Primary Care

NHS Thurrock Clinical Commissioning Group

The Vision;

The Vision;
The CCG supports the vision for Primary Care identified by NHS England Essex Area Team within their Primary Care Strategy

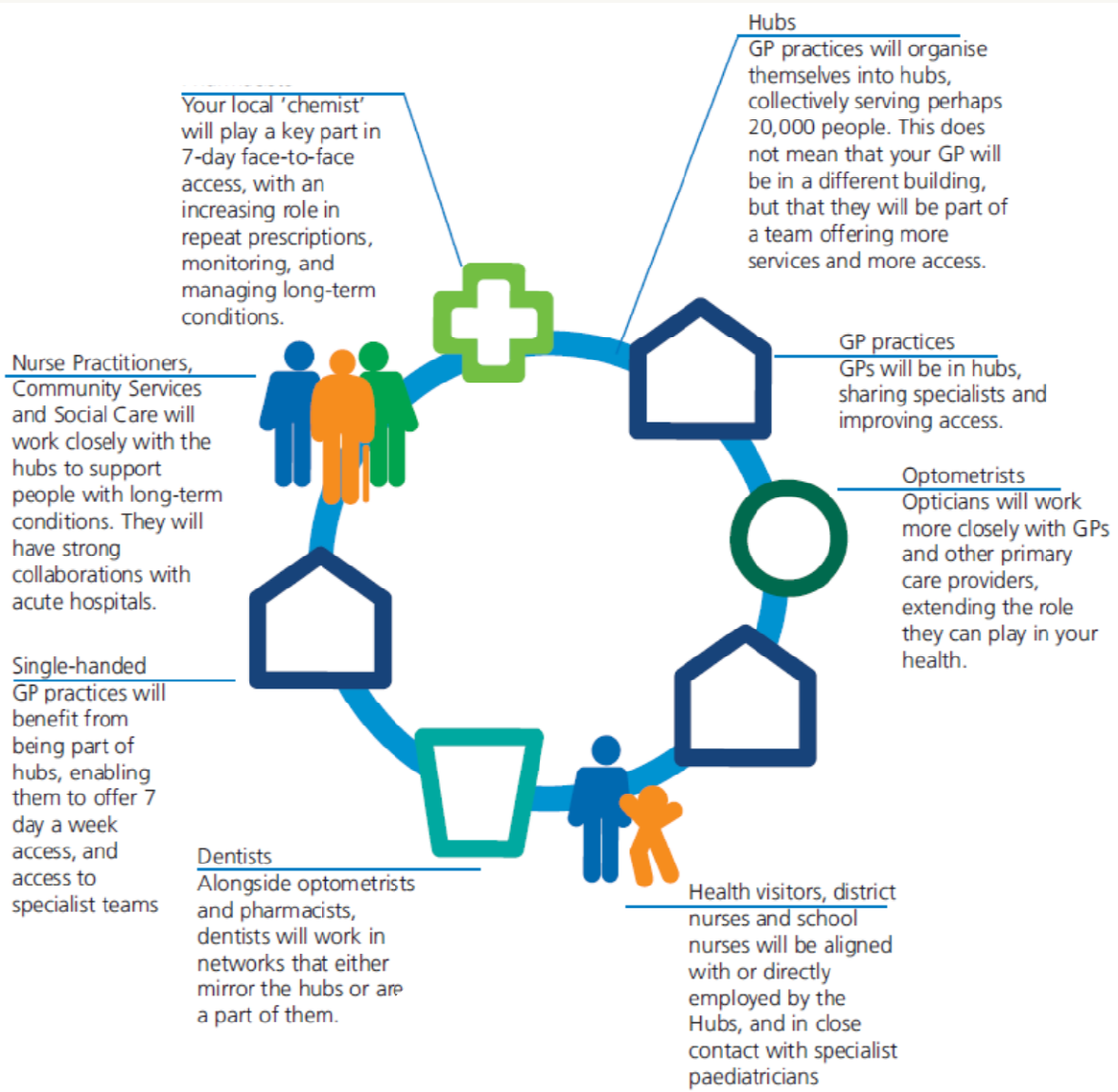
The Challenge;

The Challenges;
Growing population

- Thurrock population has increased 22% since 1991 and currently stands at 157,705. By 2033 it is expected to grow further to 207,300.
- The over 85 population is expected to double by 2033.

Ageing Primary Care Workforce

- 30% of the GP workforce within Thurrock is over the age of 60.
- Thurrock is identified as having a significant shortfall in the number of GPs, in particular in the more deprived wards.



Primary Care

NHS Thurrock Clinical Commissioning Group

The Priorities;

Retendering of the Thurrock Walk In Centre	In late 2013/14, NHS Thurrock CCG was transferred the commissioning responsibility for the Thurrock Walk In Centre in Grays. This was part of the Improving Access to Primary Care development. This contract expires in April 2015. The CCG is keen to explore what opportunities exist to support improving access to primary care. This is a major initiative for the CCG in 2014/15.
Development of South Ockendon and Purfleet Community Hubs	South Ockendon and Purfleet are both earmarked for significant population growth over the next five years. The CCG is working with the Council to develop community hubs in these areas. These will include a range of primary care and community health services alongside voluntary organisations, public health provision and other local services.
Estates and Workforce	The CCG will work closely with NHS England Essex Area Team to develop initiatives to support the development of primary care estates and workforce over the next five years. We are committed to making Thurrock an attractive place for GPs and other primary care professionals to work in.

Primary Care

NHS Thurrock Clinical Commissioning Group

In addition to the initiatives above, in order to achieve the CCG vision, primary care also needs to change because:

- There is a shortfall in GP capacity, 30% of the current GP workforce is over the age of 60, attracting new clinicians is a challenge, large amount of in single handed practices.
- Approximately 75% of the primary care estate in Thurrock is not fit for purpose.
- Financial and delivery pressures for the CCG and the council – council funding continues to reduce; Thurrock Unitary Authority is the third lowest spender on adult social care in the country.
- For both the CCG and the Council, unplanned care admissions continue to rise and the demographics show the increase in the frail / elderly population and those living with complex multi long term conditions.
- CQC reports are highlighting training needs for practices and estates issues.
- Significant challenges from the impact of children's safeguarding within primary care.

The challenge for primary care in Thurrock is significant, however there are a number of strong enablers that give the system a good starting position:

- **The CCG jointly with the Council, will continue to put the patient voice at the centre of its service planning and decision**
- **The CCG and Council will build a network of prevention and timely intervention through initiatives such as the Local Area Co-ordinator service in order to maintain patients in the community within the widest determinants of health to avert "crisis situations"**
- **Building community resilience will be vital to maintaining people in their own communities.**

Our Primary Care Strategy Action Plan can be seen at Appendix 6

Primary Care

NHS Thurrock Clinical Commissioning Group

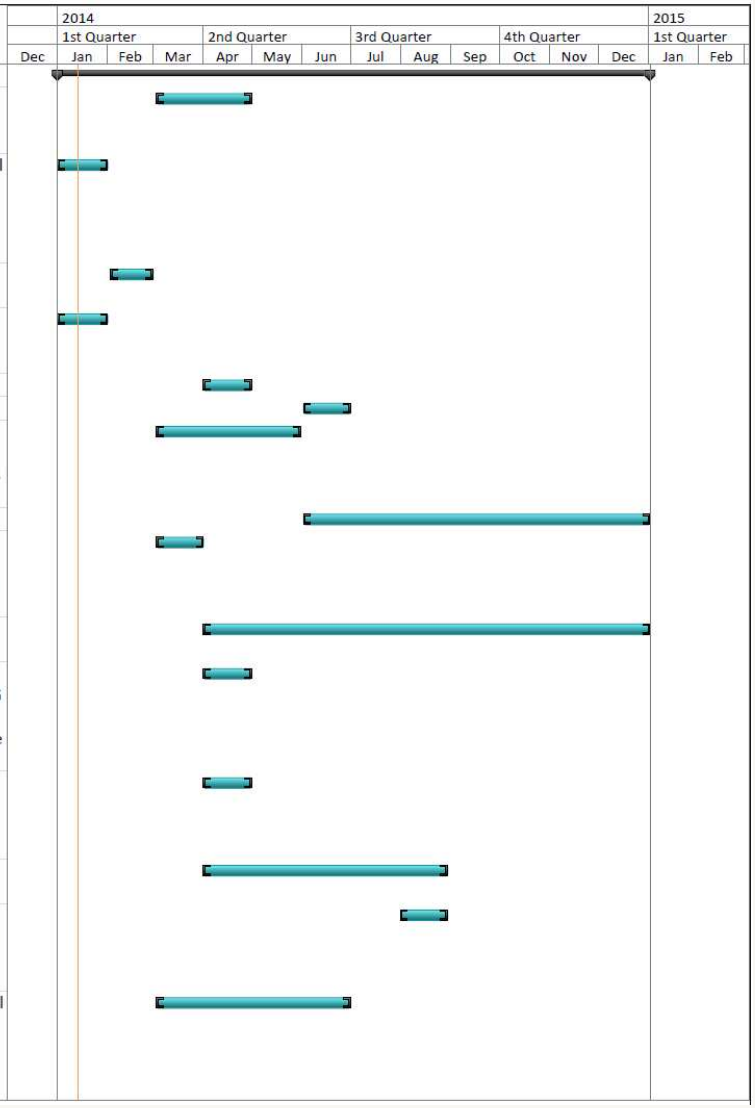
Primary Care Strategy: Actions and timescales	14/15	15/16	16/17	17/18	18/19
We will optimise the structural reforms from the integration agenda between health and social care. Key to this is building on jointly commissioned/provided services that support primary care and avoid hospital admissions – RAAS and enablement services.					
Optimising the opportunities presented by the re-contracting for the Thurrock Health Centre services including the 'walk in' element and the extended hours provision (to support the drive towards seven day services).					
With NHS England optimise the delivery of new primary care provision. Joint CCG/Council provision in state of the art buildings with services close to the community will be the ambition (utilising Section 106 monies).					
Workforce – as illustrated in the profile, Thurrock is challenged when it comes to GP recruitment. The CCG will work across Essex with all CCGs to look at strategies that will bring the required workforce into the patch					
Contracting levers and federation – the CCG will work with the primary care community to federate in the Thurrock hubs that will define geographical areas for service provision across health and social care. Minimum list size of 4,500 patients serviced by the equivalent of 2.5WTE GPs. Strategic objectives include: Number of GPs working in Thurrock will increase through the establishment of more training practices and enhanced roles within hubs that attract professionals into Thurrock Patients will be able to access their practice at all times throughout the contracted hours of operation (8:00am to 6:30 Monday to Friday) Number of nurses working in Thurrock will increase through the enhancement of nurse practitioner training and enhanced roles within hubs Practices who are unable to evidence they are delivering high quality care will be supported to improve in the first instance but ultimately decommissioned if there is insufficient improvement with patients distributed to practices operating in the defined hub.					
Optimising other primary care provision, pharmacists, optometrists and dentists within the community hub model championed in Thurrock.					

Primary Care

NHS Thurrock Clinical Commissioning Group

Primary Care Strategy: Provisional project plan

ID	Task Name	Duration	Start	Finish	Ambition
1	**Thurrock CCG - Primary Care Strategy**	**262 days**	**Wed 01/01/14**	**Thu 01/01/15**	
2	Consult on PC Strategy	43 days	Mon 03/03/14	Wed 30/04/14	The CCG jointly with the Council, will continue to put the patient voice at the centre of its service planning and decision making - ongoing timescales
3	LAC model to CEG for GP Integration	23 days	Wed 01/01/14	Fri 31/01/14	With TUA, build a network of prevention through local Area Co-ordination service in order to maintain patients in the community with the widest determinants of health to avert 'Crisis situations'- ongoing timescales
4	Work with Council to extend provision	20 days	Mon 03/02/14	Fri 28/02/14	As above
5	Integration template to HWB & CCG Boards	23 days	Wed 01/01/14	Fri 31/01/14	Optimising the structure reforms from the integration agenda between health and social care; - Timescales 15/16
6	CCG 2 year plan submitted	22 days	Tue 01/04/14	Wed 30/04/14	As above
7	CCG 5 year plan submitted	21 days	Mon 02/06/14	Mon 30/06/14	As above
8	Agree Strategic intent for the THC	65 days	Mon 03/03/14	Fri 30/05/14	Optimising opportunities presented by the recontracting for the Thurrock Health Centre Services including the walk-in element and the extended hours provision. Timescales - through 15/16
9	Tendering Process	154 days	Mon 02/06/14	Thu 01/01/15	As above
10	Review and agree Section 106 monies with Council	21 days	Mon 03/03/14	Mon 31/03/14	Working with NHS England to optimise the delivery of new primary care provision due to the significant population growth in Thurrock in the next 7 years and beyond. Timescales - on-going
11	Work with NHSE re developments in Thurrock	198 days	Tue 01/04/14	Thu 01/01/15	As above
12	Work across Essex re Workforce Strategy	22 days	Tue 01/04/14	Wed 30/04/14	Workforce - as illustrated in the profile, Thurrock is challenged when it comes to GP recruitment. The CCG will work across Essex with all CCG's to look at strategies that will bring the required workforce in the patch - Timescale - on-going
13	Establish with NHSE flexibilities available	22 days	Tue 01/04/14	Wed 30/04/14	Estate - TCCG will work closely with the Council and NHS England to explore creative possibilities to improve the quality of the primary care estate - Timescale - on-going
14	Begin to work with practices to explore opportunities	109 days	Tue 01/04/14	Fri 29/08/14	Contracting levers and federation - Timescale - on-going
15	Begin to map as part of PC Strategy	21 days	Fri 01/08/14	Fri 29/08/14	Optimising other primary care provision, pharmacists, optometrists and dentists within the community hub model championed in Thurrock - Timescale - on-going
16	Describe as part of 2 and 5 year planning	86 days	Mon 03/03/14	Mon 30/06/14	Resource shifts - it is acknowledged that resources will need to move from acute provision into the community integrated hubs. The CCG will look to model the changes required as part of the 5 year plan - Timescale - on-going



Section 4

Sustainability

General

NHS Thurrock Clinical Commissioning Group

NHS Thurrock CCG and its partners need to secure a health care system that is sustainable, not just financially but also in managing our vision for how and where health and social care is provided in future.

Achieving this is predicated upon a number of distinct lines of enquiry which are being explored through the BCF and QIPP, and include:

Community resilience

Increased personal responsibility

Interventions at the earliest opportunity

Ensuring where services are required they are of a high quality (right place, right time).

Financial

NHS Thurrock Clinical Commissioning Group

The CCG signalled its priorities through its commissioning intentions published at the end of September 2013 . The strategic objectives were to secure service change, maintain financial balance across the local health economy and continued improvement in the quality of services commissioned.

The resource assumptions used within this plan were published within *Everyone Counts – Planning for Patients* published by NHS England in December 2013, supplemented local knowledge. The detailed allocations and planning assumptions underpinning the financial strategy is shown below:

CCG Planning Assumptions 2014-15 to 2018-19
Everyone Counts - Planning for Patients Extract

	2014-15	2015-16	2016-17	2017-18	2018-19
GDP Deflator/ Allocation Growth	2.14%	1.70%	1.80%	1.70%	1.70%
Price Inflation - Prescribing (4% - 7%)	5.00%	5.00%	5.00%	5.00%	5.00%
Price Inflation - Continuing Healthcare (2% - 5%)	3.00%	3.00%	3.00%	3.00%	3.00%
Programme Allocation (£m) see note	£ 183.3	£ 190.1	£ 191.3	£ 195.6	£ 200.0
Better Care Fund (£m)		-£ 9.7	-£ 9.7	-£ 9.7	-£ 9.7
Running Cost Allocation (£m)	£ 4.1	£ 3.7	£ 3.7	£ 3.8	£ 3.8
Total Allocation	**£ 187.5**	**£ 184.1**	**£ 185.4**	**£ 189.7**	**£ 194.1**
Efficiency Requirement	-4.00%	-4.00%	-4.00%	-4.00%	-4.00%
Secondary Care Health Cost Inflation	2.30%	2.20%	3.00%	3.40%	3.40%
Net Tariff Uplift	**-1.70%**	**-1.80%**	**-1.00%**	**-0.60%**	**-0.60%**
CCG Running Cost Allowance Efficiency		-10.00%			
Business Rules					
Minimum Contingency	0.50%	0.50%	0.50%	0.50%	0.50%
Non-Recurrent Requirment for CCGs	2.50%	1.00%	1.00%	1.00%	1.00%
CCG Surplus	1.00%	1.00%	1.00%	1.00%	1.00%
"Call to Action" Fund (included within 2.50%)	1.00%				

Financial

NHS Thurrock Clinical Commissioning Group

The anticipated allocation together with estimated expenditure commitments are shown below;

Revenue Resource Limit

£ 000	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Recurrent	184,628	187,454	193,788	195,070	199,415	203,798
Non-Recurrent	-	1,688	1,979	2,178	2,379	2,579
Total	184,628	189,142	195,767	197,248	201,794	206,377

Income and Expenditure

Acute	103,550	104,046	108,207	106,879	107,876	109,387
Mental Health	18,412	17,492	16,849	16,248	15,712	15,475
Community	20,517	20,623	20,709	20,209	18,063	16,937
Continuing Care	7,801	8,579	6,969	7,178	7,394	7,616
Primary Care	25,566	26,268	25,946	26,393	27,713	28,099
Other Programme	3,442	4,338	9,420	12,442	16,874	20,438
Total Programme Costs	**179,288**	**181,346**	**188,100**	**189,349**	**193,632**	**197,952**
Running Costs	3,650	3,982	3,588	3,607	3,627	3,646
Contingency	-	1,835	1,901	1,913	1,956	2,000
Total Costs	**182,938**	**187,163**	**193,589**	**194,869**	**199,215**	**203,598**

£ 000	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Surplus/(Deficit) In-Year Movement	1,690	289	199	201	200	200
Surplus/(Deficit) Cumulative	1,690	1,979	2,178	2,379	2,579	2,779
Surplus/(Deficit) %	0.92%	1.05%	1.11%	1.21%	1.28%	1.35%
Surplus (RAG)	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN
Net Risk/Headroom		934	1,647	913	956	1,000
Risk Adjusted Surplus/(Deficit) Cumulative		2,913	3,825	3,292	3,535	3,779
Risk Adjusted Surplus/(Deficit) %		1.54%	1.95%	1.67%	1.75%	1.83%
Risk Adjusted Surplus/(Deficit) (RAG)		GREEN	GREEN	GREEN	GREEN	GREEN

Planned Investments

NHS Thurrock Clinical Commissioning Group

We have set aside recurrent and non-recurrent funding to support the delivery of our strategic priorities and to address unavoidable cost pressures during each year of our plan, as shown below. This excludes any Quality Premium funding and the 70% non-elective saving that is currently that is currently re-invested to support ambulatory care.

	2014/15	2015/16	2016/17	2017/18	2018/19
	£000s	£000s	£000s	£000s	£000s
Recurrent Investments:					
Acute Services	572	572	0	0	0
Mental Health	284	700	300	256	141
Community Services	352	500	600	330	198
Continuing Health Care	315	0	0	0	0
Primary Care	0	0	1,113	100	0
Better Care Fund	862	5858	0	0	0
Total Recurrent Investment	**2,384**	**7,630**	**2,013**	**686**	**339**
Non-Recurrent Investments:					
Acute Services	619	557	501	451	406
Mental Health	608	0	0	0	0
Community Services	182	0	0	0	0
Primary Care	1,075	1,093	0	0	0
Held for in year priorities / To be Identified	266	0	1396	879	1264
Total Non-Recurrent Investment	**2,750**	**1,650**	**1,897**	**1,330**	**1,670**
Total Investment	**5,134**	**9,280**	**3,910**	**2,016**	**2,009**

Better Care Fund (BCF)

NHS Thurrock Clinical Commissioning Group

Our BCF has been signed off by the Health and Wellbeing Board for 2014/15 and is attached as Appendix 2. However , work is currently in progress to identify the funding streams currently within CCG resources (and contracts) that will constitute at least half of the fund's value in 2015/16. A review of the existing schemes will also be undertaken to inform deployment of funds in 2015/16. The summary of the application of funds in 2014/15 is shown below.

2014/15 Better Care Fund (BCF) Plan	
	£000s
Empowering Citizens	178
Telehealth	30
Stroke Services	50
Community Beds	515
Rapid Response, Assessment & Reablement Service	1,025
Hospital Social Care Team	80
Implementation of Caretrak	50
Primary Care MDT Co-ordinator	51
Social Care	1,666
Contingency	79
Total Recurrent Investment	**3,724**

Risks

NHS Thurrock Clinical Commissioning Group

Risk	Proactive Management/Mitigation
GP capacity and leadership	Develop and succession planning strategy to bring younger GPs into leadership roles under the mentorship of current Board members.
GP Workforce	Work with the seven CCGs across the Essex Workforce Partnership to look at strategies that will bring the required workforce into the patch.
Financial delivery, PbR changes, and QIPP challenge	% contingency reserve, PMO, governance via Finance and Technical Committee, internal audits, Board reports, construct of the contract.
Officer capacity due to restrictions/reductions in management allowance	Shared posts/partnership working with local CCGs and TUA, additional capacity through CSU, review of management allowance to identify efficiencies in order to increase directly employed capacity.
Achievable progress that is realistic for primary care strategy isn't fast enough given pace of change in the borough	Optimising other primary care provision, pharmacists, optometrists and dentists through community hub model.
CSU delivery	Clarity of specifications, roles, responsibilities, outcomes and KPIs supported by robust performance management.
Continuing Health Care (CHC)	Engage with CSU to determine potential impact.
Mental Health (MH) changes	Joint management of impact with providers/risk share.

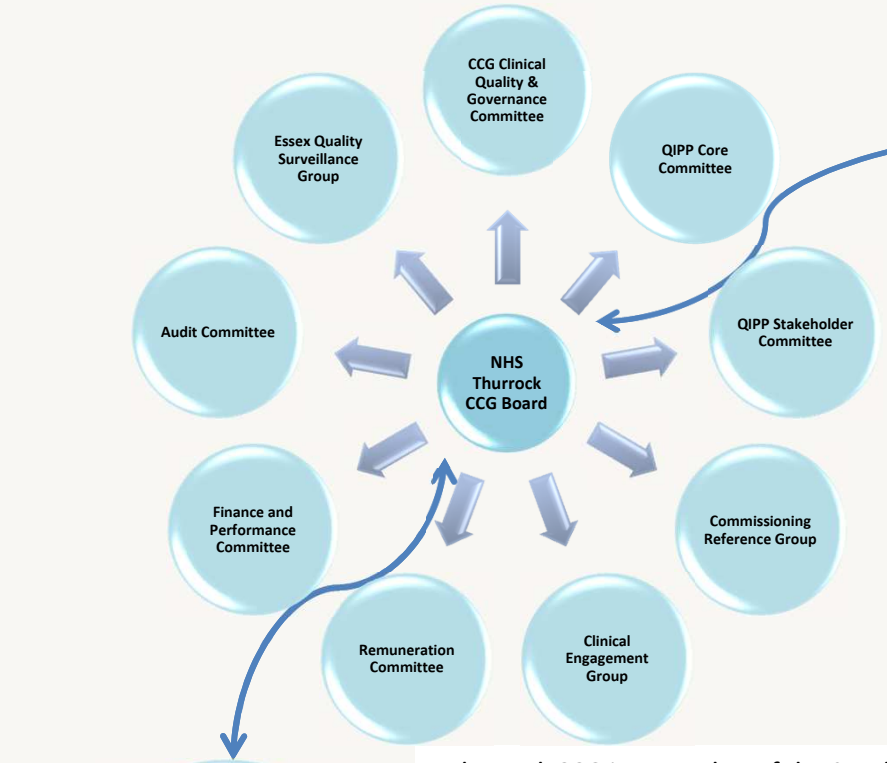
Wider System Risk	Proactive Management
Essex Acute Reconfiguration Route	The seven CCGs in Essex are collaboratively working closely with the Acute providers to manage the process.
Specialist Services changes	Work with the Area Team for a solution to current issues.
Stroke Review	The seven CCGs in Essex are working collaboratively to increase the effectiveness of Essex Commissioning through the Suffolk Collaborative Commissioning Arrangement.

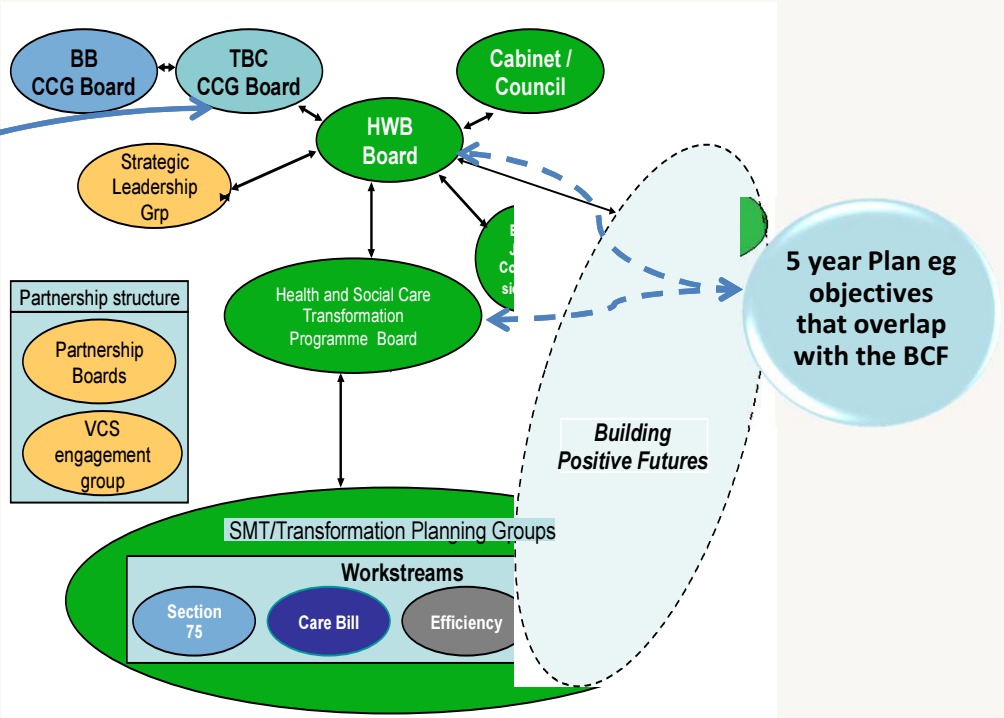
Section 5

Governance

Governance

NHS Thurrock Clinical Commissioning Group





SW Essex System Urgent Care Programme Board

7 Day Services Working Group

Thurrock CCG is a member of the **South West Essex System Urgent Care Programme Board** (UCPB) which sits under the governance of the Thurrock CCG and Basildon and Brentwood CCG Boards. The UCPB encompasses a cross economy **Seven Day Services Working Group** focusing on improving access to system services across seven days.

The CCG and Local Authority have a **Working Group** to look at **BCF Governance** and the wider integration ambitions. A joint commissioning architecture is being worked up.

The wider **BCF Steering Group** will address the planning unit imperatives for the five year strategy. Likewise the **Finance Group** manages the financial plan and ambitions.

All work streams are monitored through the **Health and Wellbeing Board Executive**.

System leadership will be provided through the **Strategic Leadership Group** established with all provider CEOs to work through and advise on plans.

Governance

NHS Thurrock Clinical Commissioning Group

Clinician views are considered when plans are developed across the CCG's work.

This table shows the clinical membership of key meetings and groups

Key:
Blue = Attendance
Grey = Non-clinical

Role	Clinical Lead	CCG Board	Executive Management Team	Corporate Leadership Meeting	Clinical Engagement Group	Time 2 Learn	Quality & Governance Committee	Commissioning Reference Group	Finance & Performance Group	Renumeration Committee	Quality, Innovation, Productivity and Prevention	Audit Committee	Health and Wellbeing Board	South West Essex Urgent Care Programme Board	Health and Social Care Transformation Programme Board	SW Essex EOL Group	Joint CCG Unplanned Care Group	MSK Project Board	Respiratory Network	Diabetes Service Review Network	Cardiac Network	Local Enhanced Services	Quality Surveillance Group
Chair	Dr A.Deshpande	■	■	■	■	■			■		■		■					■					
Interim Accountable Officer	Mrs M. Ansell	■	■	■	■				■		■	■	■	■	■								■
Secondary Care Consultant	Dr S. Das	■			■	■			■		■												■
Executive Nurse	Mrs J.Foster-Taylor	■	■		■	■	■				■					■							■
Chief Finance Officer	Mr A. Olarinde	■	■		■		■				■												
QIPP Chair	Dr R. Arhin	■	■	■	■	■			■	■	■	■											
BTUH Contract GP Lead	Dr A. Bansal	■	■		■	■					■							■	■	■	■		
NELFT Contract GP Lead	Dr V. Raja	■	■		■	■					■			■				■	■	■	■		
Medicines Management	Dr P. Martin	■			■	■					■												
CEG Co-Chair	Dr V. Raja	■			■	■					■												
Unplanned Care	Dr V. Raja	■			■	■					■			■									
End of Life	Dr V. Raja	■			■	■					■					■	■						
Safeguarding lead	Dr T. Nimal Raj	■			■	■			■		■												
MSK GP Lead	Dr V. Raja	■			■	■					■												
MSK Chair	Dr A. Deshpande	■			■	■					■												
Planned Care lead	Dr A. Bansal	■			■	■					■												
CEG Co-Chair	Dr L. Grewal	■	■		■	■	■														■		
Chair of Patient Safety & Quality	Dr L. Grewal	■	■		■	■	■																
Clinical lead and Education	Dr A. Bose	■	■		■	■		■										■	■	■			■
Mental Health lead	Dr R. Mohile	■			■	■																	
Paediactrics lead	Dr H. Okoi				■	■																	
Practice Manager Board Member	Mr R. Vine	■			■	■	■					■										■	
General Practitioners	All				■	■																	
Patient, Public Involvement Lay M	Mr L. Green	■			■		■	■			■		■	■									
Audit & Renumeration Lay Membe	Mrs L. Buckland	■			■		■		■			■						■					
Practice Nurses	All				■	■																	
Practice Managers	All				■	■																	

The health and care experience of the people of Thurrock will be improved as a result of our working effectively together

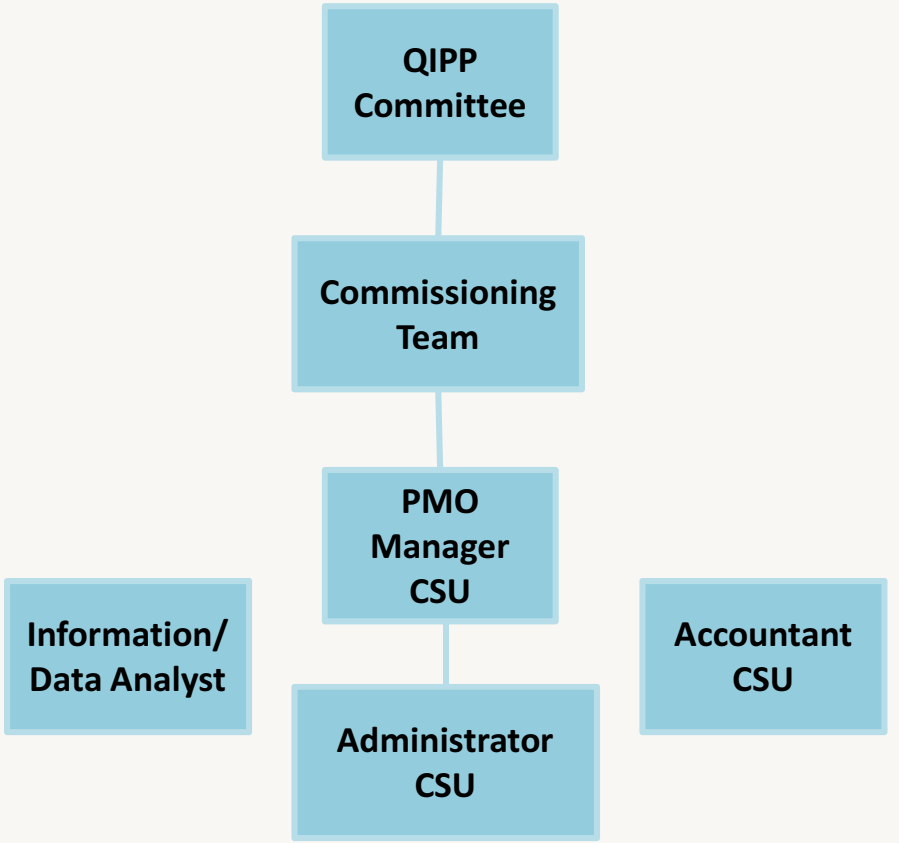
Programme Management

NHS Thurrock Clinical Commissioning Group

Programme Management Office (PMO)

The PMO supports delivery and sustainability of the improvement interventions, QIPP and financial plan. The PMO team has defined, implemented and embedded a strategic approach to monitoring and reporting, achieved through:

- Regular reviews with workstream leads and the Chief Finance Officer (CFO)
- Monthly tracking of all financial benefits and reviewing with CFO
- Monthly reviews/reporting of overall QIPP to Executive Team to support key decision making
- Use of a standard toolkit of templates and reference documentation, assessable via PMO
- Defined processes and ensuring these are followed to enable audit compliance for QIPP
- Seeking new innovative ways to support QIPP delivery - Future state to implement a Project and Programme Management Software Tool.



The programme management structure for the organisation is provided through the CSU. The PMO is co-located within the CCG. The PMO enables the CCG to track its performance which will then be managed through workstreams and reported through Workstream Boards.

Plan Sign Off

This Draft Strategic Plan has been shared at the following forums for engagement, input and endorsement:

Forum	Membership	Date
Executive	Exec Directors/GP Leads	24 February
Healthwatch Thurrock	Public Engagement Event	4 March
Clinical Executive Group	GPs/Primary Care Representatives	11 March
Health and Wellbeing Board	Health and care system leaders	13 March
Commissioning Reference Group	Patient Reps/Healthwatch Thurrock	20 March
Thurrock Diversity Network	Patient Representatives	20 March
Strategic Leadership Forum	Execs of key provider organisations	21 March
Board	CCG Board/Public	26 March
Submission to NHSE	Essex Area Team/Region	4 April
Second Submission to NHSE	Essex Area Team	6 June
Final Submission to NHSE	Essex Area Team/Region	20 June

Appendices

Item	Embedded Document
Appendix 1: Operational Plan 2014-16 (draft)	Separate document
Appendix 2: Better Care Fund Plan (draft)	Separate document
Appendix 3: Thurrock CCG – Outcome Benchmarking Pack	Separate document
Appendix 4: Thurrock Ward Profiles	Separate document
Appendix 5: 7-Day Services Mapping	Separate document
Appendix 6: Thurrock CCG – Primary Care Strategy	Separate document
Appendix 7: "Change One Thing" Summary	Separate document
Appendix 8a: Terms of Reference for Urgent Care Working Group	Separate document
Appendix 8b: Terms of Reference for Health & Wellbeing Board	

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17 July 2014	ITEM:
Health and Wellbeing Board	
Community Resilience	
Report of: Les Billingham, Head of Adult Services	
Wards and communities affected: All	**Key Decision:** Non-Key
Accountable Head of Service: Les Billingham	
Accountable Director: Roger Harris, Adults, Health and Commissioning	
This report is: public	
Purpose of Report: To update the board on progress made in the various projects designed to build community resilience.	

EXECUTIVE SUMMARY

It is recognised that there is a correlation between individual health and well-being and the social connections and networks of support (social capital) available to individuals within their own community (*cf The Marmot Review*).

The Council's Building Positive Futures programme has formed a working partnership across the council and voluntary sector with the aim of building community resilience and social capital by strengthening the connections between and across communities. This partnership has brought together a number of related projects and programmes under one banner: 'Stronger Together'. This name reflects the shared understanding that no one service or organisation has the solution to health and well-being; only by working alongside individuals and communities, can we realise the social capital/value that is so essential to individual health and well-being.

This report summarises progress in relation to: Local Area Coordination (LAC) and Community Hubs – the two programmes that are the most advanced.

The report also describes forthcoming developments in relation to Timebanking and Asset Based Community Development (ABCD) Community Builders – these initiatives have been programmed so that they can dovetail with the development of the community hubs, creating a strong synergy between these complementary approaches.

Ngage are hosting a government funded Community Organisers project which has also been brought under the Stronger Together umbrella and this initiative is also described in this report, for reference.

Other work streams that ASC are initiating are also described as they are intended to align what happens 'in the Civic Centre' with the community building work.

1. RECOMMENDATIONS:

1.1 To note the progress made to date and plans for future work

2. INTRODUCTION AND BACKGROUND:

2.1 Individual and community resourcefulness and resilience is a cornerstone of the Health and Well-being Board's strategic vision. This vision corresponds with the ambitions of Building Positive Futures – to create hospitable, neighbourly communities that are inclusive and support people to age well at home. Building Positive Futures created a community development programme with a number of connected work streams – the first to be initiated being Local Area Coordination which was established in July 2013, in three locations.

2.2 The Stronger Together partnership, which now meets monthly, oversees all locality based community-building activities – bringing together projects initiated or managed by the council as well as those initiatives led by the 3rd sector. The partnership spans Community Hubs, Community Organisers, Local Area Coordination, Timebanking and Asset Based Community Development.

2.3 One of the first tasks of the Stronger Together partnership was to create a coherent approach between and across a number of different locality-based projects. As a result, it was agreed that the community building initiative originally proposed by Building Positive Futures - Asset Based Community Development (ABCD) needed to be aligned with other planned community-based programmes. The ABCD Community Builders, which were originally scheduled to start in 2013, were moved to 2014 to link with the community hub development programme. This re-scheduling also meant that the ngage Community Organisers programme - a central government initiative that was introduced in Thurrock, could be established independently, without any confusing overlaps with other Thurrock-initiated projects. A matrix which maps these initiatives by ward has been developed to provide an overview of what is happening in each locality.

2.4 The Stronger Together partnership has hosted a workshop in June, for council, voluntary and statutory partners to share all neighbourhood based work involving door knocking and community mapping (i.e. fire safety visits, well homes visits, public health initiatives etc). The aim being to streamline activity where possible and agree a collaborative approach to community mapping (i.e. a strength-based map of community assets and resources).

2.5 The Stronger Together partnership recognise that in order to build community resourcefulness and resilience, all statutory services need to change current practice – moving from a professional/service/menu driven approach to one which starts with individual and community strengths. This represents a significant culture change and a fundamental re-shaping of the relationship between the council, the broader public sector and citizens.

2.6 Public Health have been very supportive of this change in approach and culture across the board, providing funding for the development of Local Area Coordination as they see evidence of the Coordinators' preventative impact within localities. Public Health are also very interested in the emerging thinking around commissioning differently, with more emphasis upon community and strength-based approaches and are keen to develop Thurrock's Joint Strategic Needs Assessments within building on these two themes.

3. PROGRESS REPORT ON COMMUNITY BUILDING & STRENGTH-BASED INITIATIVES:

3.1 **Community Hubs** (see also Appendix 1)

Two Hubs have opened - one in Ockendon and one in Chadwell, and we are working with four other communities to develop their hubs. Each Hub will be different, designed and developed around the priorities and strengths of the community it serves. This approach is evidenced by the very different Hubs that have been opened in Ockendon and Chadwell, although both have similar visions.

3.1.1 Ockendon has been open for just over a year and has demonstrated its success across a wide range of activities:

- Arranging events so that local residents can learn about the groups and organisations that can support them and how they can support their own community;
- The recruitment of many local volunteers, some of whom have used their volunteering experience at the Hub to help them get permanent paid employment – at the time of writing this report seven people have returned to work as a result of volunteering at the Hub.
- Working with local GPs so that residents with non-medical conditions can be referred to the Hub where they can join community groups, develop friendships and become more confident and able to enjoy their lives. The result can be less reliance on their GP, thereby freeing up GP time.
- Support is given to a wide range of local people with form filling, support with on-line services and validation of documentation. This results in fewer trips into Grays – which is expensive for people with limited resources.

- Helping citizens to resolve queries with the support of their peers.

- Residents from neighbouring wards attending the centre, rather than travelling to a council office.

3.1.2 Chadwell has only been open a month and therefore evidence of the impact it has delivered is therefore limited. The opening event was well attended and there are a range of groups and organisations that have expressed an interest in supporting the Hub. There are a number of volunteers who have been trained enabling the hub to open 2 days a week.

3.1.3 In relation to the four community hubs in development, the Stronger Together team are harnessing the ABCD tools and techniques and these embryonic community hubs, deploying many of the strength based approaches such as gift boards, ideas fairs and identifying community connectors. This approach will strengthen the community hubs' capacity as they take off.

3.1.4 This approach is already paying dividends as exemplified by a recent example of a gift exchange in Chadwell; a single mother re-housed to Chadwell with a young son, was unable to deal with the over-grown garden. The recent ABCD event, highlighted the local school has an allotment project that it wanted to expand into the community. As a result, the local school cleared the garden for the mother and the young son is now connected with children his own age.

3.2 **Local Area Coordination** (see also Appendix 2)

Following the successful piloting of Local Area Coordination (LAC) in three areas, it has now been extended to 6 areas and a manager has been appointed. Collaboration with the Essex Fire and Rescue Service and Public Health has enabled this growth.

3.2.1 The feedback from people who have been supported by the LACs and by professionals continues to astound and move us. One psychiatrist contacted us to thank the LAC for the dramatic impact they had had on a client who had been a long term user of mental health and other health services. Two people supported by the LACs, participated in the recent LAC recruitment process, expressing their appreciation of the support given.

3.2.2 Results have exceeded expectations and include:

- People supported to find non-service solutions to problems - leading to savings on social care funded day care @ £45 per session;
- Increasing relationships and circles of support – leading to the prevention of delays in hospital or interim residential beds – saving £1,220- £3,159 per week; and a family no longer needing direct payments @ £544.80 per month.
- Improved access to information (improving choice, control, health and well-being) – leading to savings in translation fees.
- Overwhelmingly positive feedback from people supported
- Strong partnership working with the Fire Service through the secondment of a Fire Officer as the Purfleet LAC, particularly in relation to individual

cases of hording and the training of health and care staff regarding home safety checks

3.3 **Community Organisers** (see also Appendix 3)

The Office for Civil Society is leading the development of the community organisers' programme through LOCALITY, and has committed to the training of 5,000 independent community organisers over the lifetime of the current Parliament to support the Big Society plans.

3.3.1 Community Organisers play an important role in building community spirit, encouraging local community action, and generally empowering communities to tackle the issues that matter to them. The core of the work is listening to people in communities and out of this listening, to develop networks of listeners and activists. Their role is to bring people together, listen to ideas, build networks and mobilise people to tackle issues which are important to them. The type of action taken will depend on the listening and dialogue which precedes it, and may include making improvements locally, lobbying council and service providers, planning issues etc.

3.3.2 Experience to date has revealed that there is a general feeling within some communities where residents feel they have no control or power over their lives. This has developed a feeling of being "done" to, with the result of many people tending to leave decisions to the council and expecting it to service their needs. There is a dependency culture that can only be changed by people wanting to improve things and do more for themselves on an individual basis or as a community.

3.4 **Asset Based Community Development – Community Builders**

For reasons outlined at 2.3 above, the ABCD Community Builder programme - was postponed until 2014. Two localities have been successful in bidding to host a Community Builder and the recruitment process has recently been completed.

3.4.1 Despite this later start, the ABCD tools and techniques which underpin the Community Builder's work are being deployed as part of the development of the four new community hubs.

3.4.2 The Small Sparks programme – another dimension of the ABCD approach has supported 15 projects. Small sparks uses a co-production approach to community-led initiatives. Funding of up to £250 is matched with the 'sweat equity' of the community. To date, projects that have been supported include community gardens, park cleaning equipment, street parties, friendship clubs for vulnerable groups and many more. All of these projects make the community look better and/or bring people who are isolated or lonely together with other members of the community.

3.4.3 Community of Practice events have also been held throughout Thurrock. They are a learning forum for people to come together to develop expertise and get involved in implementing the ABCD approach. They enable information sharing and encourage and support local initiatives. Going forward, these events will be primarily locality based to enable better links to the development of Community Hubs. Such events have already taken place in Stifford Clays, Chadwell St Mary and Aveley and have proved successful.

3.5 Timebanking

The Stronger Together partnership has agreed to introduce Timebanking as an approach because it complements all the projects described in this report; Timebanking is based on the notion of reciprocation and gift-giving and can work on an individual-individual basis and organisation to organisation basis. We therefore see Timebanking as an underpinning 'enabler' strengthening all of the work underway in communities, encouraging active volunteers to 'bank/donate' their voluntary hours and drawing in new volunteers who are attracted to the approach. The intention is to introduce the approach at locality level, thus strengthening the connections within local communities. However, software will support the Timebanking network working across the whole of Thurrock so that people can make the relevant connections outside of their immediate community, if necessary.

3.5.1 Case studies are available from Timebanking UK which provide impressive evidence of how Timebanking enhances job prospects and improves health and well-being.

3.6 Adults, Health and Commissioning

Within the Adults, Health and Commissioning Directorate, we are developing two related workstreams that aim to introduce strength based approaches to social work and commissioning practice. A Task and Finish group is being established to review social work practice. This follows on from several workshops we have run for the Directorate which have examined the opportunity to 'think beyond' traditional service responses.

3.6.1 In relation to commissioning, two workshops - one held at the end of June, and the other to follow on in the summer, are examining strength based approaches to commissioning practice. The first workshop explored the potential contribution of micro community enterprises to care and support services, commissioning differently through co-production and the new Public Service (Social Value) Act. The second workshop will work on the legal and procurement issues that impinge on innovative approaches to commissioning. In tandem, a small scale piece of work is now underway to encourage the development of micro community enterprises with an initial focus on Ockendon. This follows on from a mapping exercise to establish details of existing micro enterprises in Thurrock.

3.6.2 As mentioned at 2.6 Public Health have been very supportive of the Stronger Together agenda and in relation to commissioning, an event is to be held on 10 July to launch a community health fund that will enable communities to develop their own health-promotion initiatives. The event will also explore how public health programmes could be delivered differently within communities.

3.7 ANIMATE

Animate is a programme focused upon the intergenerational exchange of skills, experience and knowledge between older people at or thinking about retirement, and younger people who are jobless or beginning work and who would benefit from such an exchange.

3.7.1 The Adult, Health and Commissioning Directorate were successful in bidding for funding for this initiative receiving approximately 100,000 Euros'. A "kick off" meeting was held in Madrid in May and a user engagement plan has been drafted.

3.7.2 Using ABCD techniques, the Local Area Coordinators' 'on the ground knowledge' and the overall Stronger Together approach will enable Thurrock to mobilise interest and local ownership of this initiative which addresses our ageing well agenda by empowering older people through utilising their interests, skills and desire to contribute, whilst delivering the added value of supporting younger people in to employment.

3.7.3 As this programme is essentially an adult skills initiative we have been working closely with colleagues from that area and have agreed to have the programme governed by the Economic and Skills Partnership. However we will still retain responsibility for delivery and will provide regular updates as appropriate.

4. REASONS FOR RECOMMENDATION:

4.1 Building community resilience and resourcefulness is a long term objective. However, the impact of a number of initiatives coordinated through the Stronger Together partnership and the Local Area Coordination Steering Group is already being felt on the ground. Co-production as a way of working with individuals and communities is becoming embedded and impressive results are now apparent. Individual stories and stories of community activities illustrate the power of strength based working and the positive impact it can make. If this approach is sustained in the longer term, then the Health and Wellbeing Board's strategic vision for resilience and resourcefulness will be realised.

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

5.1 Co-production lies at the heart of the community resilience building approach and is evidenced through many initiatives described in this report. Events

such as the forthcoming Public Health launch of the community health fund demonstrate that co-production increasingly underpins work in a range of service areas. This approach will also inform the Engagement Plan for the Health and Social Care Transformation, and the integration of social care and health care under the Better Care Fund arrangements.

6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

6.1 Building Community Resilience addresses each of the Council's Five strategic 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
- Protect and promote our clean and green environment

6.2 In relation to the first and second priorities, in addition to the ANIMATE project, Adults, Health and Commissioning has embarked on a project to support micro-community enterprises that will provide a range of local support services that people can commission as part of their care package. The experience of the Community Hubs is that volunteering can lead to enhanced job prospects.

6.3 In relation to the third priority, the Small Sparks scheme is making a contribution to local communities through small scale funding matched by community 'sweat equity'.

6.4 Our strength based approaches-, Asset Based Community Development and Local Area Co-ordination, contribute to the delivery of the fourth priority by ensuring we help residents maintain independence in their community, and enable people to regain skills and confidence, while offering protection to vulnerable people.

6.5 Our focus on the fifth priority is central to promoting active ageing amongst local residents as well as the health and wellbeing of all residents.

7. IMPLICATIONS

7.1 **Financial**

Implications verified by: **Mike Jones**
Telephone and email: **mike.jones@thurrock.gov.uk**
01375 652722

There are no financial implications

7.2 **Legal**

Implications verified by: **Dawn Pelle**
Telephone and email: **020 8227 2657**
dawn.pelle@BDTLegal.org.uk

There are no legal implications.

7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**
Community Development & Equalities Manager
Telephone and email: **01375 652486**
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The comprehensive approach set out in this paper to improve community resilience is likely to have a positive impact on all communities, including those at risk of poor health and well-being. Each approach helps to reinforce the collective ambition to empower communities, valuing the contribution of many who may have previously felt at risk of exclusion and therefore helping to build cohesion in Thurrock.

7.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

None

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):

- Fair Society Health Lives (The Marmot Review) 2010.

APPENDICES TO THIS REPORT:

- Appendix One – Community Hubs
- Appendix Two – Local Area Coordination
- Appendix Three – Community Organisers

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Appendix 1.

Community Hubs

Community Hubs have evolved from the need to work differently with the Voluntary Sector and our communities. The approach to developing community hubs has been co-production, whereby the Council, Voluntary & Faith Sector, and local communities develop local solutions together. We have drawn upon the ABCD approach - building on the strengths of communities to make them stronger and more self-sufficient.

Hubs are run by the community for the community and rely on local volunteers to signpost and support users. These are complemented by support organisations that are coordinated through the Hub as well as local groups that meet and are coordinated through the Hub.

Community Hubs are a key element in the overall Stronger Together programme, which can act as a central coordination facility and focal point for local residents. Hubs are still in their early days; however the evidence, particularly from Ockendon, has demonstrated that there is a strong and varied, and as yet untapped community spirit in Thurrock just waiting to be given the chance to flourish.

Community Hubs, in conjunction with the other Stronger Together initiatives, are able to provide a springboard that can allow communities to develop, whilst at the same time, supporting the Council in changing how it delivers services and the reduction in costs it must achieve, at the same time equipping communities to become more resourceful and resilient and thus enhancing the quality of people's lives.

Appendix 2.

Local Area Coordination

Local Area Coordinators' starting point is a strength based question about 'what a good life looks like', and there is growing evidence that this is the most powerful starting point when working with people – enabling the LACs to help vulnerable people to find their own local solutions. The solutions pursued often do not lay with services, but rather, more informal local solutions that enhance the overall health and well-being of an individual/family, taking them out of a crisis situation to a more sustainable situation. The LACs have also become a conduit for helping people to contribute to their local communities.

Where a service is the right solution, the LACs help co-ordinate a response which invariably crosses service and organisational boundaries. People supported range from 27-94 years old and have come via a number of routes - GPs, Councillors, professionals, the community hub, housing association and residents.

Local Area Coordination is overseen by a multi-agency/multi-service Steering Group resulting in the strengthening of partnership working and the identification of opportunities to share resources more efficiently. The partnership with the Fire Service has produced highly effective working relationships which contribute to fire-prevention.

Thurrock and Derby City are leading with Inclusive Neighbourhoods the launch of a national LAC network to offer best practice, guidance and support to local authorities that are implementing LAC. This network will enable the development of comparative evaluation of cost/ benefit and raise the profile of LAC nationally. The network will operate at member level, managerial and operational levels, helping to share good practice and learning across the UK.

Appendix 3.

Community Organisers

Community organisers are employed by LOCALITY and hosted by local organisations on a secondment basis. ngage is the host for Community organisers in Thurrock and host a team of 4 community organisers. They began their roles in February 2014 and are working within the ward areas of Tilbury St Chads, Tilbury Riverside and Thurrock Park, Chadwell St Mary and West Thurrock and South Stifford. These areas were selected to support a further government initiative called Community First, and each of the ward areas have a Community First panel.

Trainee Community Organisers undertake a 'Foundations of Community Organising' accredited training programme which is based on the Root Solution Listening Matters programme. The Community Organisers are currently working on their 5th Assessment since they began their role in February.

The Community organisers have been in post since February and although there is some evidence to show the impact it has made on an individual case basis, it is envisaged that through the continued listening process with residents, issues will emerge that people can then begin to influence and resolve together and communities will begin to organise themselves better to bring about change.

Health and Wellbeing Board Forward Plan

Date	Agenda	Lead
11/09/14	• Health and Social Care Transformation Programme Progress Report – inc. S75 Memorandum of Understanding • Board Development Session Proposal • HealthWatch Annual Report (tbc) • Market Position Statement • Health and Wellbeing Strategy Part 2 (Children and Young People) – End of Year Report (13/14) and Year 2 Delivery Plan (14/15) • Health and Social Care Transformation – Progress, Better Care Fund re-submission and Outline Section 75 Agreement	Roger Ceri Kim Catherine Alan Cotgrove Roger
13/11/14	• Pharmaceutical Needs Assessment – Final Document • Autism Strategy Action Plan – Refresh and Update • Housing and Planning Development Advisory Group • Public Health Services Commissioning Update • Health and Social Care Transformation – Progress and Final Section 75 Agreement	Debbie Catherine Les Debbie Roger
15/01/15	• Health and Wellbeing Strategy Refresh	Ceri
12/03/15		

- Primary Care Strategy
- JSNA Refresh
- Children and Young People – key items to be identified
- Use part of meeting as workshop or for a ‘key note’ speaker to be invited?

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