

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

Health and Wellbeing Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **17 February 2015** in **Committee Room 1** at
the Civic Offices, New Road, Grays, Essex, RM17 6SL.

Membership:

Councillors Charles Curtis (Chair), Charlie Key (Vice-Chair), Mark Coxshall,
Yash Gupta (MBE), Terry Brookes and Graham Snell

Ian Evans, Thurrock Coalition Representative

Substitutes:

Councillors Jan Baker, James Halden, Cathy Kent, Joycelyn Redsell and Sue Gray

Agenda

Open to Public and Press

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1 Apologies for Absence	
2 Minutes	5 - 10
To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 13 January 2015.	
3 Urgent Items	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	
4 Declarations of Interests	
5 Items raised by HealthWatch	

This item is reserved to discuss any issues raised by the HealthWatch co-opted member or designated representative.

6	Adult Social Care Local Account 2014	11 - 40
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Queries regarding this Agenda or notification of apologies:

Please contact Matthew Boulter, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **9 February 2015**

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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?**



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



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

Vision: 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 aspiration and attainment so that residents can take advantage of local job opportunities
- Support families to give children the best possible start in life

2. Encourage and promote job creation and economic prosperity

- Promote Thurrock and encourage inward investment to enable and sustain growth
- Support business and develop the local skilled workforce they require
- Work with partners to secure improved infrastructure and built environment

3. Build pride, responsibility and respect

- Create welcoming, safe, and resilient communities which value fairness
- Work in partnership with communities to help them take responsibility for shaping their quality of life
- Empower residents through choice and independence to improve their health and well-being

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 and safeguard the most vulnerable people with timely intervention and care accessed closer to home
- Enhance quality of life through improved housing, employment and opportunity

5. Promote and protect our clean and green environment

- Enhance access to Thurrock's river frontage, cultural assets and leisure opportunities
- Promote Thurrock's natural environment and biodiversity
- Inspire high quality design and standards in our buildings and public space

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 13 January 2015 at 7.00 pm

Present: Councillors Charles Curtis (Chair), Charlie Key (Vice-Chair), Yash Gupta (MBE), Terry Brookes and Mark Coxshall

Ian Evans, Thurrock Coalition Representative

Apologies: Kim James and Christine Ludlow – HealthWatch Representatives

In attendance: D. Maynard, Head of Public Health
M. Payne, Health Needs Assessment Manager
L. Green, Thurrock CCG
M. Ansell, Acting Interim Accountable Officer, Thurrock CCG
B. Malinowska, Thurrock CCG
J. Joses, Thurrock CCG
R. Harris, Director of Adults, Health and Commissioning
M. Boulter, Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

24. Minutes

The Minutes of the Health and Well-being Overview and Scrutiny Committee, held on 16 December 2014, were approved as a correct record.

25. Declarations of Interests

No interests were declared.

26. Items raised by HealthWatch

No items were raised.

27. Tier 3 Weight Management Update

The Committee learnt that Tier 3 weight management was the responsibility of the CCG and that Tiers 1 and 2 were the responsibility of Public Health. Tier 4, which included bariatric surgery, was currently the responsibility of the NHS Specialist commissioning team, although discussions were being had on moving this responsibility over to the CCG.

The proposal was for all seven Essex CCGs to pool their procurement in order to obtain one provider for the Tier 3 service, which would deliver value

for money. It was confirmed that the Tier 3 service would remain a local service and would only affect around twenty people a year. At present an interim Tier 3 arrangement was in place until the provider had been appointed.

Members were assured that Public Health and the CCG were working together to ensure people progressed through the tiers in the proper manner.

Public Health representatives briefly took the Committee through the various projects and initiatives that were in place to encourage residents to stay active and highlighted these had been provided on the basis of consultation with GPs and residents.

RESOLVED: That:

- 1. The committee notes the pan Essex Procurement of Tier 3 Weight Management and the procurement timeline.**
- 2. The Committee notes the Tier 3 Management engagement taking place in Thurrock.**
- 3. The Committee agrees that Thurrock CCG proceed with the engagement and the procurement timeline as given in the report.**

28. Developments in Primary Care

The committee was made aware of the positive projects being undertaken, which included:

- The successful bidding for £250,000 to provide weekend GP walk-in services in four hubs across the borough. This would hopefully be realised by the end of January or early February.
- The planning of new health provision for Purfleet.
- More duties coming under the responsibility of the CCG.

The challenges for the future included:

- Changing the behaviour of 18-34 year olds away from using A&E over normal GP routes.
- Rejuvenating the GP workforce to encourage new GPs to set up practice in Thurrock.
- Improve some GP premises.
- Population growth.

A Member congratulated the CCG on their good work but wondered what real improvements would be made to service provision. Representatives replied that consultations had been fruitful and the messages coming back from those were for better access to local services and therefore the introduction of four weekend walk-in hubs was responding to the needs and desires of residents.

The Committee learnt that the Council was working with the CCG to tackle some of the challenges which included finding new premises for GPs and trying to reduce demand on GP surgeries through the work of the Local Area Co-ordinators seeking community solutions.

It was confirmed that the four hubs would be located in Grays, Tilbury, Corringham and South Ockendon.

In relation to younger people over using A&E all agreed that a campaign was needed to change attitudes. Evidence suggested that most were registered with a GP but the walk-in centre was simply more convenient. Some councillors pointed out that this usage may be due to younger people working full time or not being able to get a GP appointment easily.

RESOLVED: That:

- 1. The development of four locality hubs for extended primary care access in Thurrock be noted.**
- 2. The progression and implementation of the primary care strategy be noted.**
- 3. The development of the health care offer for Purfleet as a result of the regeneration programme be noted.**
- 4. The intention of Thurrock CCG in relation to primary care commissioning be noted.**

29. Future of Thurrock Walk in Centre

The Grays Walk-in Centre was opened in March 2010 and contained both a walk-in centre and a GP surgery. Both services were up for renewal soon and it was an opportunity for the CCG to re-examine walk-in provision across the borough. The GP list at the centre was the responsibility of the NHS but this part of the service would remain in the current premises regardless of provider.

A robust consultation had already taken place to understand who used the centre and what they felt it should be used for in the future. It was discovered that access to local services was important for residents and also that GPs wanted more equality across the borough in how walk-in services were provided. Four options were identified from this consultation for the future of the walk-in centre and Option 4, through discussion and debate with professional and patient bodies, was decided as the preferred option. Option 4 recommended to close the walk-in centre in its current location and provide a weekend service in four locations across the borough. The CCG was proposing to consult for eight weeks on this issue.

The Committee briefly discussed the difficulties of getting GP appointments and the value of having walk-in centres. The Committee also learnt that an equality impact assessment had been completed on the consultation and would be accessible to residents with various impairments.

RESOLVED: That the future consultation and its associated plan be supported and agreed.

30. Children's Joint Strategic Needs Assessment (JSNA) / Demography (JSNA)

Officers outlined how they proposed to change the way the Joint Strategic Needs Assessment (JSNA) would be managed in the future. With the responsibility for the JSNA now with the council the decision was made to review and streamline completions of JSNAs. The new process had been approved by the Health and Well-Being Board. In the future the JSNA would be produced in sections instead of producing a Thurrock wide large document. Examples of the sections included Demographics, Children's Services, Wider Determinates and Adult Services. A project timeline had been agreed for completing the various sections with final completion of all sections by end of March 2016. A JSNA steering group had been established with representatives from a range of stakeholders to manage the project. For each section a task and finish group would be established who would become the owners of the finished product. The task and finish group would agree how each section would be produced at the beginning to frame the section and agree with the various owners for completions and timelines, each section included service users views.

Further proposals had been agreed to make the JSNA process more digital so that people could interact with the content better and find sections easier. Also, instead of revising and reissuing each JSNA section every year, the documents would be updated every six months to refresh data and wording and give confidence to readers that the JSNA would be up to date. Every update would then be communicated to Members and key stakeholders digitally.

The Vice-chair stated he was confident with the revised process and felt it was an improvement to current practice.

RESOLVED: That

- 1. The committee support the new process and priorities set out in the report relating to the production of JSNAs.**
- 2. The Committee support the regular six monthly process to update JSNAs**

31. Budget 2015/16 - Proposed Fees and Charges

The Committee was informed that residential charges were set nationally and that all charges were now charged to their fullest extent permissible by law. It was clarified that certain charges, such as domiciliary care, was means tested. For example, only forty to fifty people actually paid the full cost for double handed care. The £1 million collected by the Council per year for domiciliary care covered only a third of the entire cost of that service.

The charges were increased over the previous few years and it was explained that central government had increased the upper limits of charges at various times for certain services, although provider services such as domiciliary care were not affected by central government setting rates. Thurrock's full charge for hourly domiciliary care was £13 although a national body recently recommended the national rate should be £15.50. Care providers were under pressure to freeze their charges in the current economic climate.

RESOLVED: That the fees and charges be noted and the comments above be forwarded to Budget setting council.

32. Work Programme

RESOLVED: That the work programme be noted.

The meeting finished at 8.41 pm

Approved as a true and correct record

CHAIR

DATE

Any queries regarding these Minutes, please contact Democratic Services at Direct.Democracy@thurrock.gov.uk

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17 February 2015	ITEM 6
Health and Well-Being Overview and Scrutiny Committee	
Adult Social Care Local Account 2014	
Report of: Roger Harris – Director of Adults, Health and Commissioning	
Wards and communities affected: All	Key Decision: No
Accountable Head of Service: Les Billingham – Head of Adult Social Care	
Accountable Director: Roger Harris – Director Adults, Health and Commissioning	
This report is Public	

EXECUTIVE SUMMARY

The 2014 adult social care local account is our second such report. The report describes how adult social care is performing in delivering our key priorities and the progress we have made on the actions and things we said we would do in our 2012/13 local account.

The local account includes examples of the achievements and positive progress made over the past 12 months. We have also included examples of the things we need to do better. We also summarise our main plans and priorities for the coming years. This includes, for example, the work we are doing with partners and the wider community to prepare for, and implement the Care Act 2014.

A summary of Thurrock’s performance on the performance indicators in the national adult social care outcomes framework is also provided.

1. RECOMMENDATIONS

1.1 That Scrutiny Committee consider and note the report

2. Introduction and Background

2.1 Since 2011 and the abolition of the Care Quality Commission (CQC) Annual Performance Assessment, there have been a number of changes made to the performance framework for adult social care. The key elements of the new approach to assessing and reporting on adult social care performance are set out in the Department of Health publication: ‘Transparency in Outcomes: A Framework for Quality in Adult Social Care’ (March 2011).

- 2.2 At the heart of this change is a strong emphasis on the development of effective sector-led improvement. The sector-led approach is led by a national 'Towards Excellence in Adult Social Care Programme' (TEASC) that includes the Department of Health, Care Quality Commission (CQC), Local Government Association (LGA) and the Association of Directors of Social Services (ADASS). Local accounts are seen as a central element of this model.
- 2.3 The Department of Health have asked all local authorities who provide adult social care services to produce an annual report (known as a local account). This is a best practice requirement for all local authorities to do by March 2015.
- 2.4 Local accounts are intended to be self-assessed and published by Councils. However, there is no National Government role in assurance and there has been no specific guidance produced to cover the content of a local account.
- 2.5 Local Accounts are expected to provide a report of the quality and outcome priorities which the council has agreed, in consultation with its partners, and the progress it has made in achieving them during the past year. In short it aims to inform the public of what adult social care does, who it is for, and what the progress and priorities are.

3. Issues, Options and Analysis of Options

- 3.1 This report is Thurrock Council's second local account. The first report was published in March 2013. The key principles we used to produce the Local Account were for it to be:
- Aimed at the general public and service users and as short as possible
 - Focussed on outcomes rather than outputs or excessive data
 - Focussed on our vision for the transformation of adult social care services
 - Based around the four themes of the Adult Social Care Outcomes Framework (ASCOF)
 - Have case study examples throughout
 - Not restricted to a financial or calendar year – to support the vision for regular and ongoing updating in future
- 3.2 The local account aims to tell people how we help adults who may require care and support in Thurrock. The report describes:
- How we spent our money
 - Our achievements and the things we need to improve
 - What service users and carers tell us about our services and support
 - Our future plans and priorities
 - How you can be involved
- 3.3 The draft report has been developed and reviewed by adult social care management team and includes the contribution of other services and partners where appropriate.

What we are doing next

- Run an online consultation to seek feedback and views
- Share with adult social care partnership boards e.g. Thurrock Diversity Network and community organisations e.g. Thurrock Coalition
- Working with the Thurrock Coalition and other community networks - run a series of focus groups in the community to obtain further feedback and views of people to inform future versions of the local account

4. Reason for Recommendation

- 4.1 It is recognised as a best practice to produce and publish a local account for adult social care and for this to be widely consulted and commented on, including by overview and scrutiny committee.

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

- 5.1 This report has been agreed with the adult social care senior management team. The local account includes examples and case studies that demonstrate how adult social care has engaged with and worked in partnership with, a wide range of stakeholders. This includes regular discussion with service user, carer and community and voluntary sector organisation representatives such as Thurrock Coalition.
- 5.2 Further consultation on this version of the local account is planned. This will include an online survey and a series of community-led focus groups to discuss the local account and identify areas for consideration in future versions.

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

- 6.1 The adult social care local account directly contributes to the delivery and achievement of the Council's strategic priorities. In particular it provides a means of reporting back to local people on how the Council is performing in delivering priority 4 – 'Improve health and well-being'.

7. Implications

7.1 Financial

Implications verified by: **Mike Jones**
Telephone and email: **01375.652772**
mjones@thurrock.gov.uk

There are no specific financial implications arising from this report

7.2 Legal

Implications verified by: **Roger Harris**
Telephone and email: **01375.652192**
rharris@thurrock.gov.uk

There are no specific legal issues arising from the report as this is just for members information and so no formal legal referral was felt necessary

7.3 Diversity and Equality

Implications verified by: **Teresa Evans**
Telephone and email: **tevans@thurrock.gov.uk**

There are no specific diversity issues arising from this report as this is just for members information.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder

None.

8. Background papers used in preparing the report (including their location on the council's website or identification whether they are exempt or protected by copyright)

9. Appendices to the report

- Adult Social Care Local Account 2014

Report Author:

Name: Rhodri Rowlands
Telephone: 01375.654873
E-mail: rrowlands@thurrock.gov.uk

Adult Social Care in Thurrock

**Making a positive difference – how well
are we delivering Adult Social Care
support and services in Thurrock**



2014

Welcome

Welcome to our second report on the performance of Adult Social Care. This report describes how we are performing in delivering our key priorities, and updates you on our progress on the actions we said we'd take in our last report. It also allows us to tell you about some of the big challenges and decisions we face in the coming years and our future plans for adult social care.

Our last report (2012-13) highlighted the unprecedented challenges of meeting increased demand for care and support with significantly less money. These financial challenges will continue in the coming years. Adult social care has to make savings on a scale that is greater than ever before. This means that we can no longer provide care and support in the same way it has been in the past. We need to develop radical new solutions for care and support for the future.

This means working in partnership with communities, services, partner organisations and the private sector to shift resources towards preventative well-being services and community solutions. It also means supporting individuals and communities to become stronger and draw on community resources to enable people to find their own personal solutions to meet needs and supporting individuals to remain independent.

We have already started doing this and over the past 12 months we have seen lots of good achievements and positive change. We have included examples throughout the report as well as examples of the things we need to do better. We also summarise our main plans and priorities for the coming years. This includes the work we are doing, with partners and the wider community to prepare for and implement the Care Act 2014.

The Care Act 2014 brings new legal duties and requirements that the council has to meet. It represents the biggest changes to the law around adult social care for over 60 years. These include for example, developing more preventative services, focusing on people's well-being, providing information and advice services and increased rights for carers.

We hope you find this report interesting and informative. We have tried to be clear and transparent about the challenges and difficult decisions that we face, as well as celebrating the things that are working well.

In order to best meet the challenges we face and to deliver the radical changes and plans ahead, we are committed to continuing to listen to and work together with local people. We have included examples of this throughout the report.

However, we acknowledge that on occasions we don't get it right all the time – if you have an idea or suggestion that will help to improve care and support we would like to hear from you. On page 22 of the report you can also find out how to give us your views and feedback.

Councillor Barbara Rice
Portfolio Holder for Adult Social Care

Roger Harris
Director for Adults, Health & Commissioning

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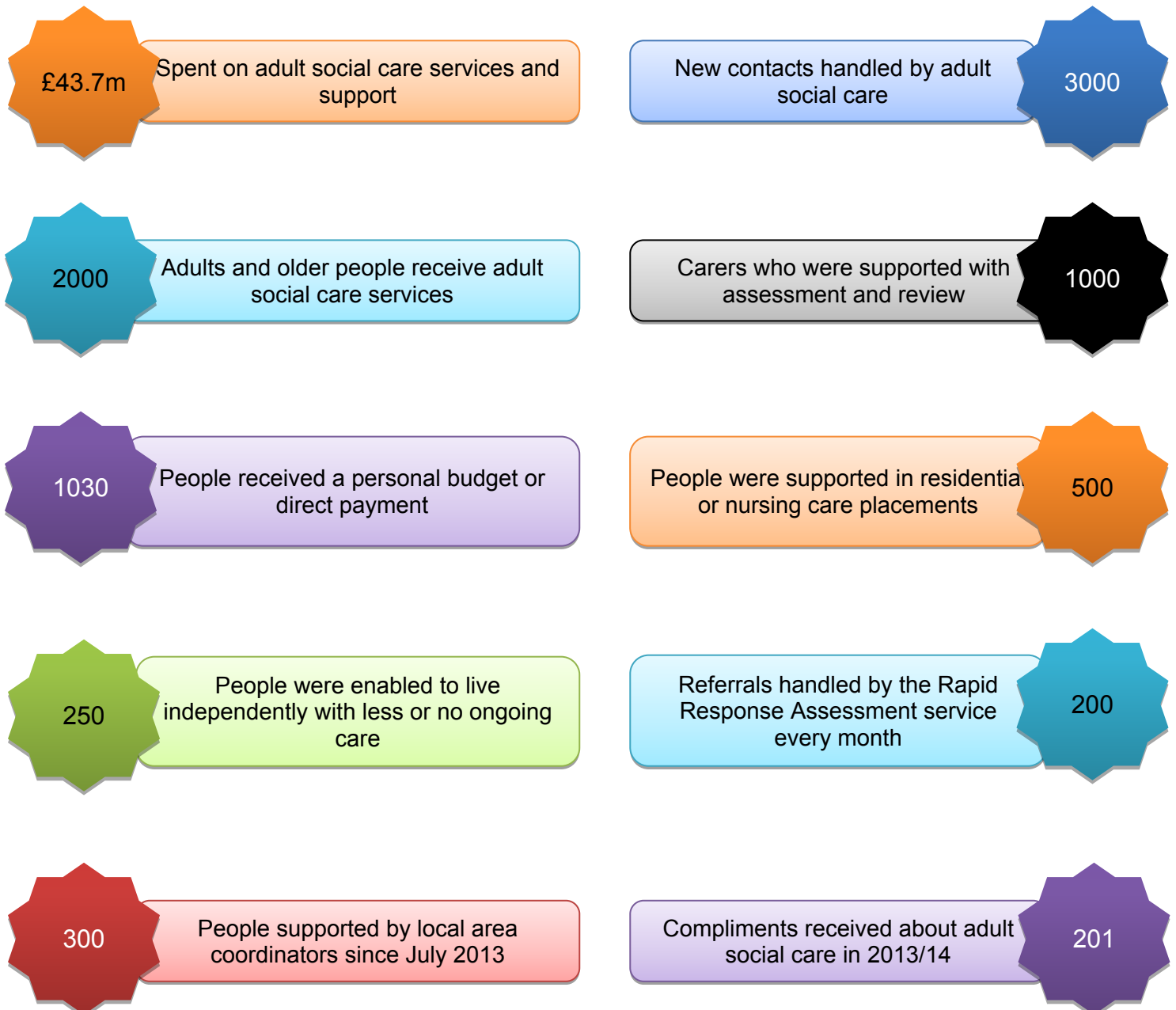
Introduction

Our 2013-2014 local account aims to tell people how we help adults who may require care and support in Thurrock. The report describes:

- How we spent our money
- Our achievements and the things we need to improve
- What service users and carers tell us about our services and support
- Our future plans and priorities
- How you can be involved

You can get a copy of the report and our 2012-2013 report by visiting our website: [Local Account 2012](#)

Key facts and figures: 2013-2014



Our vision

**‘Resourceful and resilient people
in resourceful and resilient communities’**

Our vision for health and well-being is ‘resourceful and resilient people in resourceful and resilient communities’. In adult social care we want people living in Thurrock to enjoy independent, rewarding and healthy lives in communities that are welcoming, inclusive, connected and safe. Unfortunately, we know that this is not the case for everyone - particularly for older adults and vulnerable people who require care and support.

There will always be a need for health and social care services. The problem at the moment is that those services are often only available at the point of crisis. The rising numbers of older and vulnerable adults needing services, together with the increasing budget pressures the Council faces, means that the current way of working is not sustainable or desirable.

Because of the scale of the challenges ahead, we recognise that there is no single solution and that what is needed is a ‘whole-system’ approach. This means working in partnership with communities, services, partner organisations and the private sector to shift resources towards preventative well-being services and community solutions. It also means supporting individuals and communities to become stronger and draw on community resources to enable people to find their own personal solutions to meet needs and supporting individuals to remain independent.

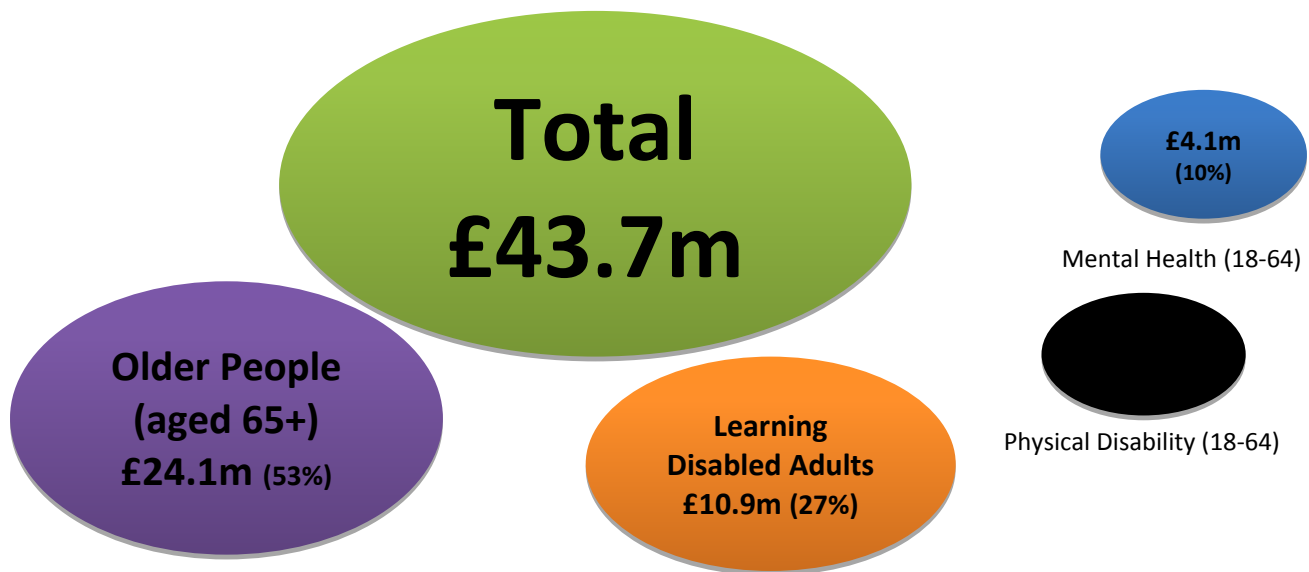
Building Positive Futures is our programme to deliver these aims:



Our budget – how we spent our money

We spent £43.7 million on adult social care services in 2013-14. This means that 20% of total council spending was on adult social care. It also means that we spend less on adult social care than the overall national average for England which is 26%.

The chart below shows how our spending is split across key service user groups:



* Gross expenditure

Our budget challenges

Thurrock Council faces cuts on a scale that has not been seen in the borough before. The Council has to reduce its spending by around £32 million over the next three years, with further savings likely beyond that. This means a 25% cut in our total budget as a Council.

In addition to the budget pressures, Thurrock's population of older people is growing and the complexities of people's needs are increasing. For example, data shows that:

- Our older person's population in Thurrock is predicted to increase by 49% by 2030, with a predicted 118% increase of people aged 90 or over
- The numbers of people aged 65 and over who have dementia is predicted to increase by 68% by 2030 with a 52% increase in those with a limiting long-term illness;
- More older people will be carers; a predicted 44% increase by 2030;

We are also predicted to see an increase in the number of people aged 18-64 with a learning disability (6% increase by 2030), and physical disability (7% increase by 2030). 7% more people aged 18-64 will have an autistic spectrum disorder and 11% more people aged 30-64 will have early onset dementia.

Furthermore, there are 57 young people aged 14-17 who will be transitioning from children's social care services to adult social care over the next 4 years. This will put added pressure on the budget. 55% of these young people are also on the autism spectrum and as we have no specialised services for people with autism currently, we will need to look at how we can meet these needs in the future.

Put simply, the savings we are required to make, coupled with the growing number of older adults and other vulnerable people in the community and the increasing level of complexity of needs means that providing services the way we do currently will not be an option in the future. We must think radically in order to create an Adult Social Care system that is sustainable and can meet the needs of our local community.

In April 2014, Thurrock Coalition, our user-led organisation held an event called 'Commitment to Care'. This was a consultation event with service users and local people about our budget challenges and what people can expect from Adult Social Care in Thurrock.

National changes to care

Care Act 2014

Parliament approved the Care Act in May 2014. The Act establishes new duties and responsibilities on councils. It is the biggest change to adult social care law for over 60 years. The key changes include:

- New duty to provide clear information and advice to help people understand what help they can get
- New duty to promote a principal of well-being
- Stronger emphasis on prevention and focusing on people's own strengths and capabilities, and those, that may exist in the communities and networks around them to support people to live as independently as possible
- Increased rights for carers
- New minimum eligibility threshold that will determine whether people can access support from the council
- Reforms to the way in which people pay for care and an introduction of a cap on care costs

In Thurrock, we are already doing much of this. For example, the duty to provide early intervention and prevention services to prevent, delay or reduce needs is very much a part of our Building Positive Futures vision. We have already started integrating services with health, where it makes sense to do so, and already have several joint services.

However, much work will still need to be done to ensure we are able to meet all the new duties. We are currently working with key stakeholders and groups to prepare for and implement these changes.

Better Care Fund

The government has also introduced the Better Care Fund. The purpose of the fund is to provide pooled money shared between the Council and Health (Thurrock NHS Clinical Commissioning Group) to support integration between social care and health services to provide people with better, more holistic care and support. This is to help with the new duty in the Care Act 2014 to integrate care and support (see above).

The fund is entirely made up of existing money (i.e. is not new funding) which is to be used in a different way to provide more effective services.

Again, we are already providing some services jointly with health such as the Joint Reablement Team and Rapid Response Assessment Service but the fund will provide a firm footing for integrated care and support. We are currently working with partners to put these new arrangements in place and you can see a copy of our Better Care Fund Plan here: [Better Care Fund Plan - Draft](#)

How we ensure quality of life for people with care and support needs

We want people to be able to live their lives to the full and be able to do the things that are important to them. To make this a reality for vulnerable people in our community, they need to have complete control over how their needs are met and by whom. We call this self-directed support.

The following section describes what we have done to progress the actions we said we would take in our last report.

We said we would: work with the Council's Housing Department to improve the range of housing options available for older and vulnerable adults to provide real choice for individuals in Thurrock as part of our Building Positive Futures Programme

Since 2012 we have secured a £1.3m grant to develop 28 one bedroom flats for older adults in South Ockendon. The homes will be designed to be 'care ready' so that occupants will be able to remain as independent as possible for as long as possible.

£1.3m grant secured to develop **28** one bedroom flats for older adults in South Ockendon

Building on a Developer's Summit held in March 2013 in conjunction with the HCA to stimulate the private housing market for older people and adults with disabilities, the Council has continued to promote the development of high quality housing based upon the Housing our Older Population Panel for Innovation (HAPPI) standards. The Health and Wellbeing Board have initiated an advisory panel bringing together planning, health, housing and other stakeholders which considers major development planning applications from the perspective of their impact on wellbeing. A private development based upon HAPPI design principles is at the early planning stage.

A further council-based development of older people's housing in Tilbury is also at the planning stage, again incorporating HAPPI principles within the design brief.

We said we would: Increase the number of people receiving personal budgets and direct payments and encourage take up of the advice and support service provided by the Essex Coalition for Disabled People (ECDP)

71% of eligible service users received a personal budget or direct payment in 2013/14. This has increased from 42% and now means the majority of service users are able to have more control over the support they receive.

Our direct payment advice and support service provided by Essex Coalition for Disabled People (ECDP) was advertised so that other potential organisations could bid to provide this service. This was because our Contract with ECDP had come to an end and we wanted to make sure we were getting the best quality service in the most cost effective way. As a result, ECDP won the new Contract and continue to provide the service.

71% of eligible service users received a personal budget or direct payment in 2014. This is a **12%** increase since 2012/13 and is **9%** above the national average (62%)

73% of our service users feel that they have control over their daily life (2014 survey). This has reduced by 3.5% from the previous year, so we must work harder to ensure people are put in control of their daily life. Some of this will be tackled as part of the new Care Act, which gives people a legal

entitlement to receive a direct payment for support, and also ensures service users are at the heart of any assessment process.

We said we would: Continue to make improvements to the range and quality of information and advice available

We have started a big project to re-design the way in which we provide information and advice. The first part of this is changing the adult social care website to provide much clearer information and advice to help people understand what help they can get - whether this from the community or from adult social care or other council services.

We are working closely with Thurrock Coalition and Thurrock Diversity Network to ensure that the project reflects what people want in terms of information and advice. Two engagement events have been held in October and December 2014 to seek people's views and further events are being planned for 2015. The Thurrock Coalition also held an Independent Living Event in June 2014 to showcase the range of information and advice, services and products available in Thurrock to support independent living.

People have told us that it is important that information and advice is provided in accessible formats and not just made available on a website. In the second part of our project will be reviewing our overall strategy for providing information and advice to make sure that we do this.

78% of people who used services in 2014 found it easy to find information about services. This is a **4%** increase since 2013 and is **3%** above the national average (75%).

78% of people who use services say that they find it easy to find information about services. We acknowledge that this is not the case for everyone though, and we will continue to work with service users, carers and local people to review how easy people find it to access information and advice.

We said we would: Increase the number of recovery budgets for people with mental ill-health and develop a South Essex wide strategy for people with mental ill-health

Recovery Budgets are a very helpful tool in supporting people on their recovery. The requests this year have been for breaks for carers and courses to support people back into work alongside further memberships for the gym. Positive feedback from those receiving budgets has been received particularly from carers who have been supported to continue in their caring role.

The Mental Health Strategy is in place and is currently being implemented jointly with our mental health provider South Essex Partnership Trust (SEPT). As part of this, we are introducing a number of new teams such as a First Response Team and Recovery and Wellbeing Teams that are able to provide timely assessments for people with mental ill-health and can plan care and support, working on the principles of 'right care, right place, right time'.

Along with the Clinical Commissioning Group (CCG) we will also be offering the first Personal Health Budgets from April 2015.

We said we would: Identify more carers in Thurrock and increase the number of carers receiving services

The new Carers Information and Advice Service (Cariads) provided by a community-based partnership

arrangements between Thurrock MIND, Thurrock Lifestyle Solutions and Thurrock Centre for Independent Living is now fully operational and has been running for over a year.

Last year Cariads identified 645 new carers, 63% of which were previously unknown to the Council (408). Cariads provide a range of support to carers, from counselling, support groups, training and education support, to providing information and advice and advocacy and arranging events and evenings out to give carers a much needed break from their caring role.

45% of carers surveyed in 2013 reported that they are satisfied with the Council's social care department. This is 2% higher than the national average (43%).

80% of carers surveyed in 2013 stated that they felt included and consulted in decisions. This is 7% higher than the national average (73%).

We said we would: Complete the commissioning of the new Elizabeth Gardens extra care service

Elizabeth Gardens, a new state-of-the-art extra care service for older and vulnerable adults situated in Stifford Clays, was completed last year and opened in June 2013. Residents have access to 24 hour care and support with a range of communal facilities including a restaurant whilst still having the independence of living in their own self-contained flat.

We said we would: Complete the transfer of day services for people with learning disabilities to a local social enterprise organisation

Day services for people with learning disabilities were transferred to a Community Interest Company (CIC), called Thurrock Lifestyle Solutions (TLS). The service provides support to people with learning disabilities to enable them or prepare them to live independently in the community. Day services also encourage and motivate service users to greater independence, reduce isolation and encourage social interaction and inclusion, for example through supported employment. It also provides carers with a break from their caring role.

In 2013/14, the service supported an average of 152 service users at any one time.

100% of service users that had a review by TLS in 2013/14 stated that their outcomes were being met by the service.

TLS have had great success with encouraging people with learning disabilities into employment. They are currently supporting 87 service users with employment (as at October 2014), and of these:

- 27 are being supported in paid employment (31%)
- 7 with work experience (8%)
- 28 with voluntary work (32%)

The remaining 25 (29%) are being supported to search for employment opportunities, training and college courses.

In addition, TLS are also:

- Providing training and work placements for 24 young people from Treetops school
- Supporting 17 people through a Supported Internship Course at the Adult Community College
- Supporting 6 people on work placements at Expressions Café

- Supporting 7 people on work experience with Work 4 U

Some employers have also come forward to offer opportunities for people with learning disabilities. For example, the Dementia Friendly Garden at Thurrock Hospital has opened a Tearoom and has offered TLS service users the opportunity to run the tearoom one day per week. This will provide work experience for service users and all profits from sales will go to TLS. Morrisons has also offered to provide ongoing work placements.

We said we would: Develop an Autism Strategy

We are revising our Autism Strategy to make sure it reflects the new national 'Think Autism' strategy which was released in April 2014. We are working closely with the Thurrock Coalition (our user-led organisation) and members of the community and held an 'Informing the Thurrock Autism Strategy' event in September 2014 to gain the views of local people about our draft strategy to ensure it aligns with the needs of our community as well as the policy paper. A further consultation will take place on the final draft.

How we delay and reduce the need for care and support

People want to lead independent lives, be active in their own communities, and do the things that are important to them. For our older and vulnerable members of the community this can be difficult when

relying on adult social care services to provide support. We want to support individuals to find their own solutions in how to meet their support needs within their own communities.

The following section describes what we have done to progress the actions we said we would take in our last report.

We said we would: Pilot Local Area Coordination (LAC) to provide advice and information, signposting people to appropriate resources and advocacy, and help people to find their own local solutions to meet their care needs and plan for the future

The first Local Area Coordinators were recruited in July 2013 in Stanford Le Hope and Grays Riverside and we continued to expand this service throughout 2014. We now have Local Area Coordinators in place for the following locations:

- Stanford Le Hope
- Stifford Clays
- Tilbury Riverside & St Chads
- South Ockendon
- Purfleet
- Grays Riverside

We have also recruited a Team Manager to manage the service. All LAC's have been chosen by local communities in a ground-breaking recruitment process which is now being used to recruit social workers.

From a person supported by a LAC

The LAC is genuinely interested in me and does not have an agenda. I feel completely in control and that the LAC is on my side. There are things that I have done that I wouldn't have been able to do without the support of the LAC.

Since being implemented approximately 300 individuals have been referred to Local Area Coordination and we have worked alongside people in various ways to establish what their vision for a good life looks like, and to support them to build towards this whilst also aiming to improve general health and wellbeing as well as promote public health to help people stay and live well.

Much of this work has included overcoming isolation by providing advice, signposting and practical support to access local assets and groups within the community in line with individual's passions helping people increase the support network around them and stay strong.

One area of community building which has been particularly successful has been the support LAC provided to start the Purfleet Diners Club. This is a lunch group held at one of the local pubs/restaurants in Purfleet which aims to provide a space for people of retirement age to come together and share a meal whilst also providing a space for individuals to do the things they enjoy.

Since the start of Local Area Coordination across Thurrock over 100 people have been linked more to their community by LACs supporting them to develop relationships with family or friends or by attending community groups they are interested in. This has proved not only to decrease isolation but also to improve health.

We are also in the process of recruiting three new Local Area Coordinators which will see full coverage across the whole of Thurrock. The extension to the service will be funded from the Better Care Fund. The three new LACs will cover Chadwell St Mary, East Tilbury and West Thurrock and will be in post toward the end of 2014.



We said we would: Implement Asset Based Community Development (ABCD) to develop assets in local communities (including housing, facilities, resources and skills of local people) and build a network of resources within the community that individuals can tap into when they require support

Beginning with a two-day training event in April 2013 for key stakeholders, including community representatives on the key elements of ABCD, the council has continued to promote the use of ABCD through the Stronger Together alliance which includes representatives from a broad range of statutory, voluntary and community organisations and individuals. A management conference held in December 2014 featured a presentation looking at ways in which the ABCD approach could be rolled out more widely across the council, and several other initiatives under the Stronger Together banner have also been implemented. These include the recruitment of 2 community builders, the introduction of time banking, and a successful bid on behalf of Stronger Together to the government Transformation Fund, which will further enhance the community based initiatives currently being considered.

We have also set up a fund of £10,000 called ‘Small Sparks’ to provide funding to community projects to enable communities to start building their assets and resources.

In 2013 we set up the first Community Hub in South Ockendon which acts as a central point within the local area where community resources can be accessed. Following the success of this, we have now opened a new hub in Chadwell St Mary and have plans to open more in Aveley, Tilbury and Stifford Clays.

In June 2013 a motion was passed for Thurrock Council to become a dementia-friendly council. The Chief Executive, Directors, and elected Members have all taken part in training to become dementia friends and this has been rolled out to staff across the Council. Training has also taken place with members of the public to become dementia friends. The more people we can get to be dementia friends, the more inclusive our communities will be for people suffering from dementia.

For more information about the ABCD project, visit the Stronger Together website at the following link: www.strongertogether.org.uk

We said we would: Continue to explore opportunities for more joint working with Health

We are already undertaking a lot of joint working with Health.

We have continued to expand our Rapid Response Assessment Service (RRAS) which aims to prevent unnecessary hospital admissions and admissions to long term care by providing a quick response to help people in crisis. The RRAS incorporates both adult social care and health colleagues to ensure a seamless service is provide to individuals regardless of whether their needs are health or social care based.

In 2013/14 there were 2,387 referrals to the RRAS and 1,869 assessments. This represents a 72% increase in the amount of assessments undertaken by the service.

72% increase in assessments carried out by RRAS in 2013/14

Only **4.7%** of service users assessed resulted in a hospital admission

The Rapid Response Assessment Service will be further developed and funded through the Better Care Fund.

We also run a Joint Reablement Team (JRT) which provides support for people to regain skills or mobility after a period of illness or hospital admission. Individuals have access to social care and health care in one seamless service (see page 13 for details).

We have a Hospital Social Work Team based at Basildon Hospital which works closely with health colleagues to plan timely discharges of patients from hospital whilst ensuring that the right care is in place to appropriately support people when they leave. As a result of this work, there have been no delayed discharges from hospital over the last couple of years for patients that need Adult Social Care.

We also provide Interim Beds at our Council-run residential care home in Corringham, which is a short-term service to help people regain their independence after an illness or hospital admission. The majority of referrals to this service come from the Hospital Social Work Team and it provides a safe place so that the individual is not delayed from leaving hospital whilst at the same time allows time for the Team to fully assess the individuals' needs, making sure they are provided with the right care.

Our Community Hubs in South Ockendon and Chadwell St Mary bring local services, both health and social care, together into one place for the local community. We will be opening more Community Hubs in Aveley, Tilbury and Stifford Clays.

In 2013, Public Health became part of the Council and this has allowed us greater opportunities for joint working. For example, the Local Area Coordinators (LAC's) are linking in with Public Health services to improve health inequalities in communities and refer clients on to services (where eligible) that they may not have otherwise known about. For example, LAC's have introduced individuals to the Active Sport for Life Programme and the Vitality Programme. They have also worked with GP's in specific cases which have resulted in a reduction in GP visits or admissions to hospital.

We are also going to be delivering Personal Health Budgets from April 2015, which is a key priority of the South Essex-wide Mental Health Strategy (see page 9).

We will also be working on a number of new projects in the future as part of our Better Care Fund Plan including, for example, a joint frailty model to enhance services for people with complex needs including dementia and frailty. See page 6 for details.

We said we would: Develop a specific Early Intervention and Prevention Service to be based in the community to prevent admissions to hospital and long term care by ensuring that key causes of poor health and wellbeing are dealt with before crisis is reached

Following the roll out of the Local Area Coordination programme, which now covers the majority of Thurrock, and the success of other early intervention services already in place, such as the Rapid Response Assessment Service, it was decided that another early intervention and prevention service is no longer required as the services already in place cover the initial need around timely intervention. However, as part of the Better Care Fund Plan we will be creating a Timely Intervention Service specialising solely on dementia and will be aimed at better community management of the condition to prevent crisis and manage demand.

We said we would: Expand the capacity of the Joint Reablement Team to ensure it is working in a fully reablement way. This will include a full review of the service

The Joint Reablement Service (JRT) provides up to 6 weeks of free support to help those in a period of crisis or illness to gain the skills necessary to enable them to return home and prevent further admissions to hospital or long term care. The service is provided in partnership with Health so that all health and social care needs can be provided at the same time in a holistic way. There is access to Physiotherapy, Occupational Therapy, and a Nurse as part of this service.

In 2013/14, the service supported 531 service users to complete a period of reablement. This is a 142% increase from 2012/13. In 63% of cases this resulted in a reduction or end in care package following the period of reablement.

As the Joint Reablement Team is already a joint service between social care and health, it will be paid for in the future through the Better Care Fund (see page 6). It is unclear at the moment whether there will be any changes made to the service as a result, but in preparation for this the service will be subject to a review.

142% increase in service users supported to complete a period of reablement in 2013/14 compared to 2012/13.

63% of service users completing a period of reablement in 2013/14 resulted in a reduction or end in care package. This is a **16%** increase compared to 2012/13.

90% of older people were still at home 91 days after leaving hospital and having a reablement service in 2013/14. This is **8%** higher than the national average (82%).

92% of service users surveyed in 2014 felt the JRT service improved their day to day life.

We said we would: Continue to expand the Telecare service provision

The provision of Telecare equipment into people's homes is now considered as an option in all assessments carried out by Adult Social Care staff before other more intrusive services are considered. We have also branched into supporting children with a disability with telecare.

In 2013/14, we had an average of **30** new service users receiving telecare per month

100% of service users surveyed in 2014 were satisfied with the service received from our contracted provider, Red Alert, who install and maintain the telecare equipment.

We have piloted a digital befriending service in partnership with Age UK which aimed to combat social isolation by connecting families and friends of older vulnerable people by video conferencing using Skype and TVHD webcams. The pilot showed impressive outcomes for those that trialled the equipment, however unfortunately there was a lack of demand. However, Age UK is continuing to use the video conferencing equipment as part of their overall package of care to older people.

We have also introduced a new device, called an Ode, to stimulate appetite in people living with dementia who live alone. The device releases food related odours to prompt people to eat a meal.

We are now also starting a three year European Ambient Assisted Living joint program called 'Animate' which encourages the exchange of skills, experience and knowledge between older workers, who have recently retired or are about to retire, and younger people. The scheme in Thurrock is aimed at care and helps those who are jobless or beginning work, or those who would benefit from learning from experienced workers. Thurrock Council will be working in partnership with e-learning studios, University of Geneva, Biomedical Research Institute for Health and HI-Iberia Ingenieria y Proyectos SL.

We said we would: Pilot a new Settling at Home Service for people being discharged from hospital

We ran a pilot Settling at Home service through 2012 and 2013. The service was set up using a joint approach between the Council's Private Housing Service, Adult Social Care, and Health, and was provided by our local home improvement agency, Papworth Trust.

In 2012/13 the service received only 26 referrals showing very little demand for the service, and in 2013/14 demand reduced further with only a total of 13 referrals in the year. As such, it was decided not to continue with the pilot and the service ended in March 2014.

We said we would: Pilot a new supported housing step-down service to move people with learning disabilities out of residential care who have the potential to regain their independence and live in the community

There are some individuals residing in residential care who have low support needs and were assessed as having the potential to live in their own homes in the community, with or without the need for minimal support. This would not only allow those individuals to gain more independence and be active members of their communities again, but also had the potential to save a significant amount of adult social care funds currently being spent on unnecessary residential care placements.

The step-down supported housing service was piloted for people with learning disabilities who fall into the above category. The service has the capacity to support 9 service users at any one time and is provided by Family Mosaic.

Since the pilot began the service has supported a total of 11 individuals. Eight are currently still in the service and three have completed support and have moved out of the service. Of the three that moved on, one moved into their own home and now lives completely independently without any support, and the other two moved into other short term supported housing services allowing them to live as independently as possible with only minimal support provided.

It is estimated that we are saving approximately £105k for every year that the service users remain living independently out of residential care.

How we ensure that people have a positive experience of care and support

For those individuals who need to have services provided by Adult Social Care, it is important that they are of the best quality and offer tailored support to suit individuals' needs. In order to ensure people have a positive experience of care and support, it is essential that we continuously speak to service users and their families and carers to find out what their experience of our services was and how we can make improvements. We are also committed to working closely with local people to co-produce solutions and approaches to care and support that maximise choice and control.

The following section describes what we have done to progress the actions we said we would take in our last report.

We said we would: Continue to review our methods of consultation and identify other means of effectively engaging with local residents, including communities that are hard to reach

In November 2013, we volunteered to have a 'Peer Review' looking at our approaches to engagement and co-production with local residents and suggest ways of improving. The review was carried out independently by the Local Government Association (LGA) and members from other Local Authorities. A key member of the team was also the Programme Co-ordinator for the Thurrock Coalition, our user-led organisation.

In preparation for the peer review, the Thurrock Coalition carried out a series of focus groups with local residents, carers and service users to discuss how they felt we were progressing on our Building Positive Futures programme. A report was produced as a result of these groups and this was used by our colleagues undertaking the peer review to inform the review. You can download a copy of this report here: [Thurrock Coalition Website](#)

The review identified many positive aspects in how we consult and engage with local residents and service users, but also made recommendations as to how to make improvements. We are addressing these through our plans. You can download a copy of the report here: [Peer Review Report](#)

We said we would: Continue to consult with service users and the local community on issues affecting them using a variety of methods including surveys, feedback in the form of complaints and compliments, events, Partnership Boards, and through our User Led Organisation

We carried out the annual Personal Social Services Survey in early 2014 to gain feedback from service users of Adults Social Care.

62% overall satisfaction of people who use services with their care and support (2014). This is **2%** higher than in 2012/13 but is **3%** lower than the national average (65%)

We have also developed a feedback survey for people who have used our Joint Reablement Team (JRT) which will help us to gain feedback about this service so we can make improvements.

95% overall satisfaction of people who used the JRT service.

94% of people who used the JRT service felt the service had met all or most of their goals.

We are involving service users and local people in the recruitment of staff, providing choice as to who provides their care and support. This approach has been implemented in the recruitment of Social Workers, our Local Area Coordinators, and for new care workers at our Council-run residential care home in Corringham, Collins House.

Our user-led organisation, Thurrock Coalition has continued to work in partnership with us to engage with members of the community on various projects and consultations. Some examples of these are:

- **Fairness in Thurrock Overview & Scrutiny Review – January 2014:** The Council has set up a panel which the Thurrock Coalition will be a key partner in to identify whether we would benefit from a fairness commission or something similar to ensure there is fair access to services.
- **Independent Living Event (Advice & Information) – June 2014:** Event made up of stallholders to showcase the range of information, advice, services and products available in Thurrock to support independent living.
- **Informing the Thurrock Autism Strategy – September 2014:** Event to gain feedback from service users and carers regarding the new 'Think Autism' policy paper and our draft Autism Strategy.
- **Information and Advice – October and December 2014:** Two events were held with Thurrock Diversity Network to engage people to provide their views about the provision of information and advice and specifically about information and advice online.
- **Health, Wealth & Your Money – November 2014:** Event to provide information and advice to carers and local people about their health and wellbeing, and on financial issues such as the welfare benefits reform, financial safety, the Care Act, and people's rights and entitlements.

As part of our continued work to improve the customer journey in Adult Social Care we have worked with the Thurrock Coalition to develop a new service user feedback questionnaire. We will pilot this in 2015. This will focus on people's contact with adult social care and information and advice.

We have continued to listen to your feedback provided through complaints and compliments and tried to learn from these to improve services. Some examples of the things we have done in response to complaints are:

- Additional training to staff, for example one residential care home provided training to staff on stoma care and another residential care home provided training to staff on checking equipment before use.
- All decisions made by resource panels to be recorded and provided to service users.
- Staff to ensure the possibilities of financial charges for services is discussed during the assessment process.
- A rolling programme of visiting all social care teams will be commencing to highlight the importance of learning from complaints and compliments.

We have to produce an annual report on the complaints and compliments we receive. You can download our Annual Complaints and Compliments Report for 2013-14 here: [Annual Complaints and Compliments Report](#)

Compliments

201 compliments in 2013/14 for adult social care

26% increase in the number of compliments in 2013/14 compared to 2012/13

Complaints

56 complaints in 2013/14 for adult social care

24% decrease in the number of complaints in 2013/14 compared to 2012/13

59% of complaints in 2012/13 were upheld or partially upheld

We said we would: Review the way in which we monitor the quality of services to ensure these processes continue to be effective

We have advertised our home care contracts to give all organisations an opportunity to apply to provide the service and have appointed three organisations. Alternatively, individuals can opt for a direct payment and use this money to pay anyone of their choosing to provide their care.

We now also have a new contract in place with residential care and home care providers that has been agreed across the East of England region, meaning that all organisations providing these services in the region will have to meet the same contractual obligations, no matter which council they come under.

Home Care 2013/14

82% overall satisfaction rate.

97% of service users surveyed stated that the service they received enabled them to stay in their home

99% of service users surveyed states that the service improved their day-to-day life.

Alongside the new contract, there is a new monitoring process to ensure quality in services and this process is far more robust to make sure standards are kept. The monitoring process has been aligned more closely with the standards set by the Care Quality Commission (CQC), the regulatory body for residential care and home care.

The process includes annual inspections whereby action plans are put in place for improvements, follow up visits to check on action plans, and regular unannounced visits to spot check services, particularly where concerns have been raised. Services also now have to complete regular performance returns detailing information such as complaints.

We have also had Dementia Nurses visiting residential care homes to suggest ways of improving the homes to make them more dementia friendly.

We said we would: Involve service users and the local community in all aspects of our Building Positive Futures programme

We have introduced a new process for recruitment for our Local Area Coordinators which has included having service users and local people on the interview panel to help choose the people who will be working with them in the community. This new process has been so successful that we have rolled it out to include local people in the recruitment of Social Workers.

Our Community Hubs, which are now set up in South Ockendon and Chadwell-St-Mary, are run by local people and are a central place for the local community to access advice, information, services, and community resources. We have plans to set up more Community Hubs in other areas and local people from these areas will be involved in the development of these.

The local community were also heavily involved in the development of the Elizabeth Gardens extra care scheme in Stifford Clays.

We are also rolling out a public engagement campaign to promote the awareness of Building Positive Futures, including:

- Using a strength-based approach to meeting social care needs
- The need for greater community resilience and self-reliance
- The housing choices for older people

We said we would: Develop a Market Position Statement and use this to develop our provider market in Thurrock to ensure we have the right services in place to continue to meet demand and needs

The first draft of our Market Position Statement was produced in November 2014 and reflects our Building Positive Futures vision and programme. We are holding two events in January to consult on the document with current and prospective service providers together with a meet the Commissioner event. The statement has also been to our Health and Wellbeing Board.

How we keep people safe from harm

Protecting vulnerable people from harm and abuse is a top priority for Thurrock and is fundamental to everything we do in Adult Social Care.

Our vision for safeguarding is:

“To work in partnership, preventing abuse and ensuring excellent practice and timely responses to the safety and protection of individuals or groups within our communities”

The following section describes what we have done to progress the actions we said we would take in our last report.

We said we would: Continue to raise awareness of safeguarding and continue a programme of training for staff

In 2013/14 we had 418 referrals to our Safeguarding Team. 311 (75%) of these progressed to a full investigation.

90% of safeguarding cases in 2013/14 that were substantiated or partially substantiated had risks removed or reduced.

We have appointed Training Observers in partnership with the Thurrock Coalition to review training against the service outcomes set by the user-led organisation. Training has also been delivered to multi-agency serious incident report writers which are part of our regional work to develop a regional template for serious incident investigations.

We also now attend the Children & Young People Missing Person’s Panel which has been extended to cover adults. This is led by the Sexual Exploitation Strategic Group which is Essex-wide.

In 2013 we partnered with the Office of the Public Guardian to deliver 2 half-day training sessions regarding the value of putting Lasting Power of Attorney’s (LPA’s) in place to document people’s wishes and choices regarding decisions that might need to be made in the future when they may not be capable of making those decisions. 108 people attended the sessions and feedback was very positive. This was the first event of its kind that the Office of the Public Guardian had run nationally. Further drop in sessions continued through January and February 2014 and more are planned. The Corporate Appointee Team now sits within the Safeguarding Team to ensure knowledge is shared and any issues are identified and acted on.

Case Study

Mrs V asked for help when faced with difficult living circumstances and financial abuse from her family. Working closely with housing we were able to assist with a move which has been life changing for her - her words “Thank you for bringing me into the sunshine.”

The Community Safety Partnership, working together with Thurrock Lifestyle Solutions, has continued to promote and raise awareness of the Staying Safe Agenda, which focuses on reducing crime. Sessions have been around community safety, hate crime, fire safety, violence against women and girls, phone scams, cyber abuse, financial abuse, anti-bullying, rogue traders, and burglary. Police and Crime Commissioners and a PCSO Hate Crime Officer have been involved with this. For example, an event was also held for 15 people with sensory impairments regarding their safety. Individuals received home security equipment and personal alarms.

We have worked alongside Trading Standards to visit people who may have been targeted by scam mailers to provide support to victims and also provide information and advice to prevent re-occurrence. In addition, we engaged with 525 vulnerable and elderly residents on the risks of bogus callers.

We have re-designed our safeguarding basic awareness training programme and we have been running training sessions twice a month. 419 people have attended. Training over the last two years has also included Managing Service Users Finances, Understanding Hoarding, Deprivation of Liberty, Professional Boundaries, Understanding Sexual Abuse and the Mental Capacity Act. 30 Neighbourhood Watch Co-ordinators have also been trained to be dementia friends.

The South Essex Partnership Trust (SEPT) has developed a safeguarding questionnaire for those people who are involved in an investigation. The results of these surveys are analysed regularly to look for improvements that can be made. Two 'Let's Talk' service user and public events have also been held.

67% of people who used services in 2014 say those services have made them feel safe and secure. This is **3%** higher than in 2012/13 but is **12%** lower than the national average (79%)

Despite the continued hard work undertaken by the Safeguarding Team and partners over the years, we were very disappointed that our last Personal Social Services Survey showed that only 67% of people who use services say those services have made them feel safe and secure. This is 12% lower than the national average. However, we are confident that all our work over the last year or so will contribute to making more people feel safe and secure in Thurrock and look forward to seeing the results of the 2014/15 survey to see if the opinions of local people have improved.

We said we would: Continue to review policies, procedures and strategies to ensure best practice, through working with our partners and multi-agency forums

The new Care Act includes responsibilities for the first time in primary legislation on protecting adults with care and support needs from abuse and neglect. All Local Authority's must now have a statutory Adult Safeguarding Board. As a result of this change in legislation, we will need to make sure we are able to meet all the new requirements.

We are embarking on a review of the Southend, Essex & Thurrock (SET) guidelines to ensure they will be compliant with new legislation. The Adult Safeguarding Board has also met and developed a Strategy Document to ensure the Board will meet their new responsibilities as a statutory body.

Our Vulnerable People's Protocol was launched in July 2013 through our Safeguarding Housing Sub Group and we updated this in February 2014. The aim of this protocol is to ensure vulnerable people are protected in their homes and that all needs are taken into account when assessing individuals' housing status and resolving housing problems. An action plan is in place which is reviewed and monitored regularly. You can view this protocol on our website: [Protocol - Vulnerable People at Risk](#)

We also launched a new Joint Workforce Agreement in December 2014 which was produced jointly with private, voluntary and independent sector providers. The agreement sets out a series of pledges for employers to sign up to which will support the development of the workforce to achieve excellence in all care provision. Current providers of services will be monitored to ensure they comply and this will also form part of any process to purchase new services.

We said we would: visit older adult residential care homes to ensure there are no safeguarding concerns

All older adult residential care homes were visited and many of our partner agencies took part in this. Visits were unannounced and enabled us to speak to over 200 people living in residential care and get a 'feel' for what it is like to live in the homes. During these visits only one safeguarding alert was raised which was investigated and resolved.

For a copy of our full safeguarding annual report, please click here [Thurrock Adult Safeguarding Board Annual Reports](#)

Our 10 key priorities

Our 10 key priorities we will be focussing on over the next few years are:



Implementing the new duties and requirements in the Care Act 2014



Developing more joint health and care services designed to support people to stay strong, well and connected in their own communities, e.g. Personal Health Budgets



Expanding and accelerating our Building Positive Futures programme and strengths-based approaches (such as Local Area Coordination, community building and time banking) to maximise independence and make services more local and personalised



More joint working with schools, health and education to keep disabled young people transitioning into adult social care independent in their communities through volunteering and employment opportunities



Launching a new and improved information and advice website so that people have easy access to information and advice and have confidence in planning their own support



Making it easier for people to access social care by developing online self-assessments and the ordering of basic equipment online



Making sure that where eligible, people receive support through a personal budget and wherever possible a cash payment that offers the most choice and control



Developing a greater range of small-scale services to enhance choice and control, driven by our Market Position Statement e.g. micro-care enterprises



Ensuring that we have the right plans and strategies in place to ensure the best possible support for conditions including autism



Continuing to implement Thurrock's dementia-friendly communities initiative, helping to support people with dementia in their own communities

Feedback – tell us what you think

This is the end of our second Local Account. We hope that it has provided a brief insight into what we have been doing and what our plans are for the future.

We are very interested in your views about whether you have found this report helpful and your suggestions about how to improve it in the future.

If you would like to give feedback on this report, you can do so through the following methods:

Email: ascfeedback@thurrock.gov.uk

Postal Address: Contract Compliance Intelligence Officer
Performance, Quality & Business Support
FREEPOST ANG1611
Thurrock Council
Civic Offices
New Road
Grays
Essex
RM17 6TJ

Telephone Number: 01375 652643

Appendix One – adult social care key performance indicators 2013/14

	Thurrock 2011/12	Thurrock 2012/13	Thurrock 2013/14	Direction of Travel	England 2013/14	Thurrock Compared to England
Social care-related quality of life	18.4	18.7	18.5	↔	19.0	In Line
% of people who use services who have control over their daily life	74	76.5	72.7	↓	76.8	Worse
% of people using social care who receive self-directed support	42.1	58.8	70.7	↑	61.9	Better
% of people using social care who receive direct payments	10.5	19.2	26.6	↑	19.1	Better
% of adults with learning disabilities in paid employment	3.6	5.8	6.1	↑	6.7	In-Line
% of adults in contact with secondary mental health services in paid employment	7.3	9.4	8.5	↓	7.0	Better
% of adults with learning disabilities who live in their own home or with their family	49.0	63.3	71.2	↑	74.9	Worse
% of adults in contact with secondary mental health services who live independently, with or without support	51.5	72.4	72.2	↔	60.8	Better
% of people who use services who reported that they had as much social contact as they would like	N/A	N/A	42.3	N/A	44.5	Worse
Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	51.2	8.0	12.0	↑	14.4	Better
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	558.3	899.3	623.4	↓	650.6	Better
% of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	91	89.8	89.9	↔	82.5	Better
Delayed transfers of care from hospital per 100,000 population	5.4	6	7.3	↑	9.6	Better
Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	1	0.9	1.8	↑	3.1	Better
Overall satisfaction of people who use services with their care and support	60.9	59.6	62.4	↑	64.8	Worse
% of people who use services and carers who find it easy to find information about services	76.3	73.8	77.5	↑	74.5	Better
% of people who use services who feel safe	60.3	58.2	64.2	↑	66.0	Worse
% of people who use services who say that those services have made them feel safe and secure	82.5	64.2	66.5	↑	79.1	Worse

17 February 2015		ITEM: 7
Health and Wellbeing Overview and Scrutiny Committee		
Air Quality, Regeneration and Health		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Dr Catherine Edwynn, Interim Consultant in Public Health		
Accountable Head of Service: Debbie Maynard, Head of Public Health		
Accountable Director: Roger Harris, Director of Adults, Health and Commissioning / Dr Andrea Atherton, Director of Public Health		
This report is public		

Executive Summary

This report provides an overview of the multiple sources and types of air pollution and the associated acute and chronic health effects from exposure to air pollution.

There are a range of measures that can be taken to improve air quality including traffic management and public health approaches such as active travel, urban greening, living streets, which can improve local air quality as well as having other benefits to health and wellbeing.

Thurrock Council has a statutory duty to undertake monitoring of air quality across the Borough, against the air quality standards and objectives laid out in the Air Quality Regulations 2000. However, it is acknowledged that effective impact on air pollution requires cross-boundary action, spanning a range of actions beyond the local level and usually needing to involve a range of players to be effective. In light of this, this report advocates an approach based on lowering exposure to mitigate health risks.

There are a number of new local developments occurring in Thurrock which may have an impact on air quality, and so it seems timely to consider the health impacts and how we might mitigate these.

1. Recommendation(s)

1.1 The Health and Wellbeing Overview and Scrutiny Committee is asked to note the contents of this report.

2. Introduction and Background

2.1. The Environment Act of 1995 included a requirement for the development of a strategy to address areas of poor and declining air quality, to reduce any significant risk to health and to achieve the wider objectives of sustainable development in relation to air quality in the UK. The National Air Quality Strategy was published in response to this Act on March 12th 1997, with commitments to achieve new air quality objectives throughout the UK by 2005. A review of the Strategy led to the publication of Air Quality Strategy for England, Scotland, Wales and Northern Ireland in January 2000.

2.2 The Strategy sets out standards and objectives for the 8 main health-threatening air pollutants in the UK.¹

- Particulates (PM10 & PM2.5)
- Nitrogen dioxide
- Ozone
- Sulphur dioxide
- PAH
- Benzene
- 1,3-Butadiene
- Carbon monoxide
- Lead

2.3 Local authorities are responsible for seven of the eight air pollutants under Local Air Quality Management (LAQM). National objectives have also been set for the eighth pollutant, ozone, as well as for nitrogen oxides and sulphur dioxide.

2.4 Local authorities in the UK regularly review and assess air quality in their area and determine whether or not the air quality objectives are likely to be achieved. Where air quality objectives are unlikely to be met, Air Quality Management Areas (AQMAs) must be declared and action plans developed outlining how the local authority intends to address air pollution in this area. LAQM is the main tool for local authorities to deal with problem areas of pollution.

¹ The standards are based on an assessment of the effects of each pollutant on public health. They are based on recommendations by the Expert Panel on Air Quality Standards, The European Union Air Quality Directive and the World Health Organisation

2.5 Thurrock is no exception and in line with other Councils works hard to identify areas where the government’s air quality objectives are likely to be exceeded.

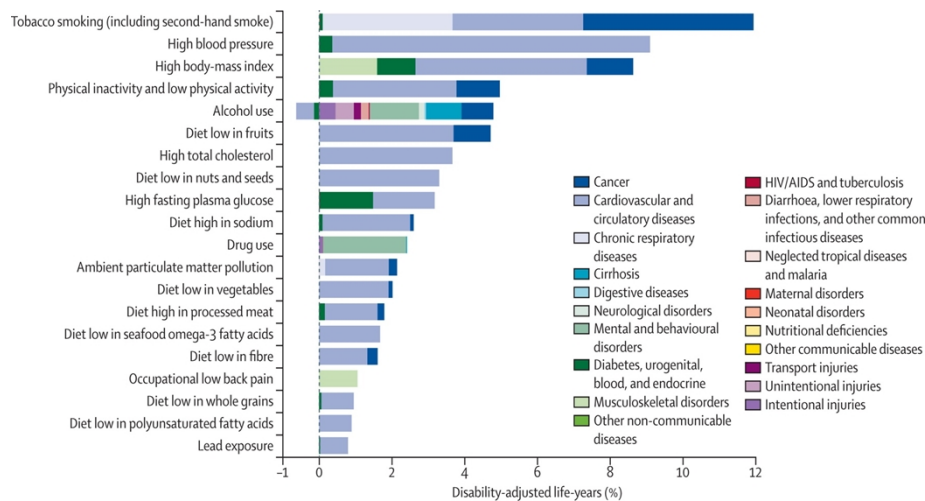
3. Issues, Options and Analysis of Options

3.1 Overview of issues – the impact of air pollution on health

The nature of air pollution has changed over the past 40 years; emissions of smoke and sulphur dioxide associated with smogs of the past have declined, but the proportion of pollution from vehicles has greatly increased. Pollutants from these sources may not only prove a problem in the immediate vicinity of these sources but can travel long distances.

3.2 The 2010 Global Burden of Disease (GBD) assessment, showed exposure to air pollution is a significant contributor to ill health and when the impact of air pollution is ranked against other harms. In a recent study ambient particulate matter pollution was ranked 12th in the UK², below top risk factors such as tobacco, alcohol, lack of physical activity and some aspects of diet but above factors such as “diet high in processed meat”, “diet low in vegetables” (See Figure 1).

Figure 1: Ranking of risk factors for UK



3.3 The Committee on the Medical Effects of Air Pollutants (COMEAP³) report ‘Long-term Exposure to Air Pollution: Effect on Mortality’⁴ summarised the latest evidence.

² UK health performance: findings of the Global Burden of Disease Study 2010

³ COMEAP provides independent advice to government departments and agencies on how air pollution impacts on health.

⁴ Committee on the Medical Effects of Air Pollutants. (2009) Long-Term Exposure to Air Pollution: Effect on Mortality.

The report estimated that long term exposure to a 10µg per m³ increase in PM_{2.5} concentrations⁵ leads to a 6% increase in 'all cause mortality', or total deaths. A later report⁶ included an estimate of the mortality burden of existing air pollution on the population of the UK: demonstrating an effect on mortality in 2008 equivalent to 29,000 deaths and an associated loss to the population of 340,000 life years.

- 3.4 The evidence for effects of long-term exposure to sulphur dioxide, nitrogen dioxide, carbon monoxide and ozone on mortality were also assessed but judged to be weaker than that regarding particles and insufficient to justify quantification, either in place of, or in addition to, the mortality effects of long-term exposure to PM 2.5.
- 3.5 The Defra publication 'Air Pollution: Action in a changing climate'⁷, contained updated values for loss of life-expectancy and costs based on anthropogenic PM_{2.5} levels in 2008. The loss of life-expectancy due to PM_{2.5} at 2008 levels was estimated at about 6 months, with estimated equivalent costs in 2005 prices of between £7.7 billion and £16.9 billion per annum.
- 3.6 A recent report issued by Public Health England (PHE) ⁸ focuses on the long-term effects of background PM_{2.5} due to human activity, i.e. fuel combustion (vehicles, industry, power generation, etc.). The report found that, in some parts of London, PM_{2.5} pollution contributes to 8.3% of deaths in people aged over 25, while the estimate for Somerset is 4.4%. The national estimate for the UK is that PM_{2.5} pollution contributes to 5.3% of deaths, which converts into 28,969 deaths per year.
- 3.7 The impacts on health from air pollution can be considered to be both short and long term.
Short term: In most healthy individuals, moderate levels of air pollution levels are unlikely to have any serious short term effects. However, elevated levels and/or long term exposure to air pollution can lead to more serious symptoms and adverse effects. These mainly affect the respiratory and inflammatory systems. These can include exacerbations of asthma, negative effects on lung function, increases in hospital admissions for respiratory and cardiovascular conditions, as well as increases in mortality. People with existing lung or heart conditions may be more susceptible to the effects of air pollution^{9,10}.
- 3.8 The most vulnerable groups including children, older people and those with heart and respiratory conditions are most affected by elevated levels of air pollution. People living in deprived areas are also more affected by poor air

Health Protection Agency.

⁵ Definition of PM_{2.5}

⁶ COMEAP: The Mortality Effects of Long-Term exposure to Particulate Air Pollution in the UK, December 2010

⁷ Department for Environment, Food and Rural Affairs (Defra) (2010a) Air Pollution: Action in a Changing Climate: <http://www.defra.gov.uk/environment/quality/air/airquality/strategy/documents/air-pollution.pdf>

⁸ Estimating Local Mortality Burdens associated with Particulate Air Pollution, PHE, 2014

⁹ COMEAP (1998). The Quantitation of the Effects of Air Pollution on Health in the UK.

¹⁰ COMEAP (2001) Statement on Long Term Effects of Particles on mortality.

quality, partly because these areas are often near busy roads. This can exacerbate health inequalities.

The table below shows the types of health effects experienced by the most common pollutants at elevated levels:

Pollutant	Health effects at very high levels
Nitrogen Dioxide, Sulphur Dioxide, Ozone	Cause inflammation and consequent narrowing of the airways after short exposure and can increase response to irritants. Asthma symptoms can be exacerbated
Particles	Long-term exposure to particles (especially PM _{2.5}) is associated with premature mortality, especially from heart and lung conditions. Recent studies have also suggested that high levels of PM _{2.5} in childhood can permanently impair lung function. High levels of particles can affect asthma sufferers
Carbon Monoxide	This gas prevents the uptake of oxygen by the blood. This can lead to a significant reduction in the supply of oxygen to the heart, particularly in people suffering from heart disease

3.9 Long-term:

The World Health Organisation (WHO) estimate air pollution caused 3.7 million premature deaths worldwide per year in 2012; largely due to exposure to small particulate matter of 10 microns or less in diameter (PM₁₀), which cause cardiovascular and respiratory disease, and cancers.

3.10 The WHO IARC study in 2013 found outdoor air pollution to be a leading environmental cause of cancer deaths in humans. Some deaths may be attributed to more than one risk factor at the same time. For example, both smoking and ambient air pollution affect lung cancer. Some lung cancer deaths could have been averted by improving ambient air quality, or by reducing tobacco smoking.

3.11 Health outcomes resulting from particulate matter:

Particulate matter affects more people than any other pollutant. Research evidence strongly suggests that chronic exposure to particulate matter can lead to higher levels of mortality (death), increased admissions to hospital of people suffering from cardiovascular disease (heart attacks and strokes) and pulmonary (lung) disease, such as chronic obstructive pulmonary disease (COPD), bronchitis and asthma. The effects may be due to size, as the most health-damaging particles are those with a diameter of 10 microns or less, (\leq PM₁₀), which can penetrate and lodge deep inside the lungs. But other factors such as composition (some hydrocarbons, fossil fuels¹¹ or metals which can cause cancer, poisoning or adverse health outcomes¹².), length of time of exposure as well as source and age of particle are also relevant.

In the UK, annual mean objectives for the protection of human health have been set at 40 $\mu\text{g}/\text{m}^3$ for PM₁₀ and 25 $\mu\text{g}/\text{m}^3$ for PM_{2.5}. However, the WHO

¹¹ Review of evidence on health aspects of air pollution, REVIHAAP, WHO, Europe, 2013

¹² Review of evidence on health aspects of air pollution, REVIHAAP, WHO, Europe, 2013

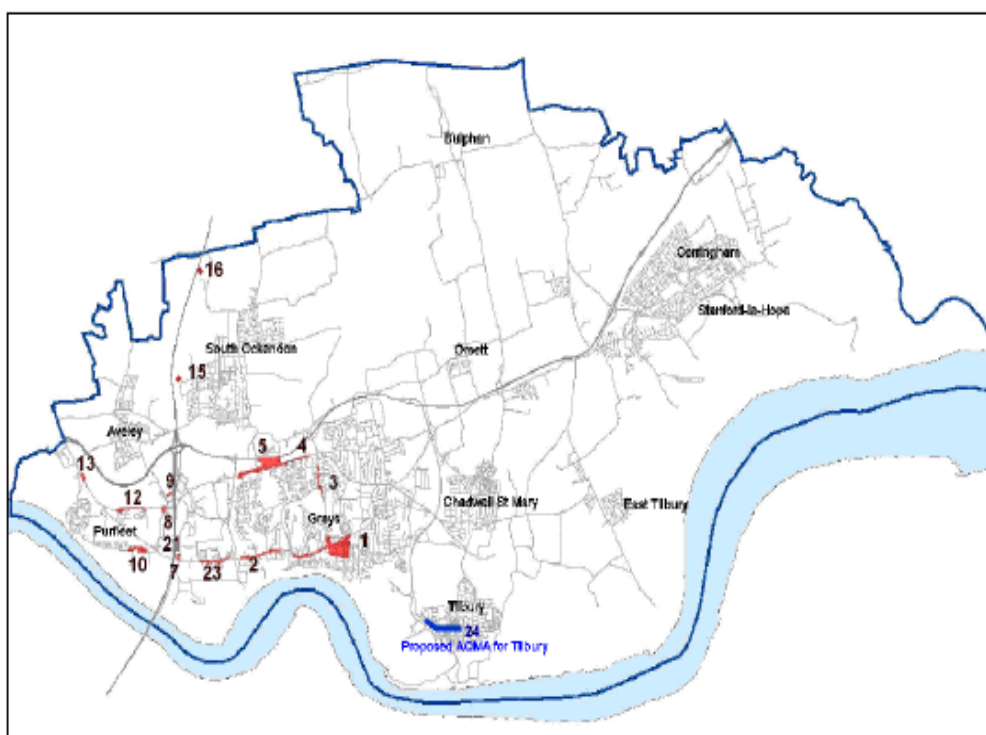
'Review of evidence on health aspects of air pollution (REVIHAA) project': suggests there is no safe level below which no adverse health effects occur.

3.12 The Picture in Thurrock

In April 2001, Thurrock Council declared 20 AQMAs for exceeding threshold annual average limit values for NO₂, four of which were also exceeding the 24 hour mean limit value for particulate matter (PM₁₀). This was reassessed in 2004, identifying that 7 AQMAs could be withdrawn and 2 additional AQMAs should be designated. This resulted in Thurrock having 15 AQMAs exceeding the annual average NO₂ objective, four of which were previously designated for problems with PM₁₀. Source apportionment exercises determined that the primary reason in all 15 AQMAs was road transport. A further AQMA was declared in November 2014 in part of Tilbury. The location of current AQMAs is shown in Figure 2.

Currently local authorities are required to submit an assessment every three years, plus further detailed assessments and a formal action plan when an Air Quality Management Area is declared.

Figure 2: Thurrock Air Quality Management Areas



3.14 The Local Authority is working hard to bring improvements to air quality within current AQMA's and work being progressed is highlighted in the Air Quality Progress Report for Thurrock Council¹³, including promoting use of greener buses, engagement to reduce car usage and promote active travel ("beat the street") and working with businesses and workplaces. However, it has to be acknowledged that local action alone is unlikely to bring about all the

¹³ Thurrock Council, July, 2014

improvements required in order to comply with the air quality objectives. One of the main issues for Thurrock is that it is a major transport hub for Heavy Goods Vehicles (HGV's) and most of the current AQMA's in the west of the borough are impacted by the weight of traffic and HGV's moving along the roads. The local authority manages these roads to lower impact, but it has to ensure a balance between air quality considerations and potential economic and political consequences. An important issue which has had a negative impact on air quality in recent years is the increasing uptake of diesel vehicles over petrol vehicles. This has unfortunately been incentivised nationally by lowering car tax on these vehicles and has impacted on recent trends for both nitrogen dioxide and particulate matter.

3.15 The air quality action plan contains some very good initiatives aimed at lowering emissions and changing behaviour, but given that the Council is constrained in its' ability to influence local air quality directly, partly as a result of pollution arising from neighbouring areas, London (and beyond) and partly because it has limited responsibility for the main sources of emissions in Thurrock, it might be suggested that Thurrock Council might have more health impact by focusing on lowering exposure.

3.16 **Public Health Outcomes Framework indicator on air pollution**

Due to the significant impact on human health, the Public Health Outcomes Framework (PHOF) includes an air pollution indicator. This relates to the mortality effect of man-made particulate matter expressed as the percentage mortality fraction attributable to PM2.5 for upper tier local authorities.

3.17 Reviewing the PHOF for the PHE Centre Essex and Anglia Region, (Figure 3) it can be seen that Thurrock has the highest outcome indicator value for particulate pollution (5.9). It has been suggested that work to improve the air pollution indicator would see beneficial impacts on other PHOF indicators. For example lifestyle indicators such as excess weight or physically active adults, as improving air pollution might foster living streets developments and more engagement in active travel schemes.

Figure 3: Public Health Outcomes Framework indicator for air pollution



3.18 Options going forward

The introduction of the Public Health Outcomes Framework (PHOF), greater evidence on health impacts of air pollution and the likely benefits of addressing this, and the transfer of public health responsibilities to local authorities offers great opportunities in improving both health and wellbeing. Joined up approaches could be of great value in both promoting air quality at

a local level and bringing together action to improve public health across all our communities. This is especially relevant for the health impacts of PM2.5.

3.19 Air quality and impact on health and wellbeing should be highlighted in the Joint Strategic Needs Assessment. Health and Well Being Boards and local Directors of Public Health are able to prioritise action on air quality as part of the need to tackle the wider determinants of health in order to reduce the health burden from air pollution and more generally.

3.20 A number of measures can be undertaken at a national and local level to reduce air pollution including:

- Proactive enforcement of vehicle emissions standards for cars and buses, and awareness raising campaigns.
- Responsible fleet procurement and management e.g. nationally enforced age limit for Public Service Vehicles (PSVs).
- Reduce car journeys within towns and cities and improve sustainable travel options.
- Incentivise the uptake of clean fuels.
- Better controls over biomass burning and installations.
- Requesting low emission strategies for new developments.

3.21 Measures to tackle PM2.5 include:

- Implementation of protocols for PM2.5 reduction through a package of measures such as Low Emission Zones for city/town centres; planning restrictions (i.e. suitable mitigation) on polluting activities such as incinerators upwind of AQMAs; and implementation of sustainable low emission transport
- PM2.5 particularly associated with diesel vehicles and Heavy Goods Vehicles (HGVs), and therefore curbs/controls on HGV through-traffic in town/city centres would help, including weight restrictions on trucks; on the spots emissions testing (at the tailpipe) with fines for the worst polluters.
- A key national measure to control PM2.5 would be for car Manufacturers to reduce particulate matter from diesel vehicles and from vehicle brake and tyre wear.
- Utilisation of the planning process to ensure PM2.5 levels are taken into account in new developments e.g. include special particulate reducing plants, green walls, green roofs, and construction of dust mitigation measures

3.22 Improving health and wellbeing by joining up action including:

- Encouraging active travel i.e. walking or cycling so lowering car travel, encouraging park and ride schemes

- Encouraging 'living streets' by pedestrian schemes, traffic management, public transport interventions, relocation of road space
- Developing urban green spaces that help to improve air quality and have secondary health benefits e.g. mental health, physical activity

3.23 A recent national Conference on air quality hosted by PHE¹⁴ suggested that local initiatives should re-focus on reducing exposure to traffic emissions, and by encouraging behavioural change related to travel modes and routes. These actions could be supported by the promotion of national and local alerting and other local information schemes and interventions tailored to different audiences. This stance is a pragmatic one, but achievable as impact on air pollution is a cross-boundary issue requiring coordination of actions beyond the local level and usually needing to involve a range of players to be effective.

4. Reasons for Recommendation

4.1 That the Health and Wellbeing Overview and Scrutiny Committee notes the evidence regarding health impacts of air pollution and supports actions to mitigate the impact on the people of Thurrock.

4.2 That the Health and Wellbeing Overview Scrutiny Committee supports a cross-directorate response focused predominantly on lowering exposure as well as reduction of emissions to achieve health impact. This would be achieved by establishing an Officer Working Group which would report into Health and Wellbeing Board to help to identify and prioritise joined up action and approaches to improve the health experience of individuals and communities in Thurrock.

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

5.1 None

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

6.1 This report should be used by the Council and partners to influence new ways of working and supporting policies and actions that minimise impact of air pollution and impact on health and wellbeing.

¹⁴ Birmingham, 02.02.15

7. Implications

7.1 Financial

Implications verified by: **Mike Jones**
Management Accountant

There are no direct financial costs arising from this report. Costs associated with monitoring of air quality can be retained within the relevant revenue budget for Environmental Protection. The public health budget already funds a number of initiatives to promote active travel and any new proposed such schemes would be subject to the normal budget process.

7.2 Legal

Implications verified by: **Dawn Pelle**
Adult Care Lawyer, Legal and Democratic Services

There are no legal implications for the following reasons:

The report acknowledges the duties imposed upon local authorities by statute. Further you have taken into account the Air Quality Regulations 2000 as well as the UK strategy on Air Quality setting out the standards and objectives. It is noted that Air Quality Management Areas (AQMA) have found in Thurrock and measures being taken to address them accordingly. For example those set out in paragraph 3.17 of the report.

There is a recognition that an assessment has to be submitted every 3 years and a detailed assessment along with a formal action plan when an AQMA has been declared

7.3 Diversity and Equality

Implications verified by: **Rebecca Price**
Community Development Officer

The introduction of measures to reduce air pollution will help to improve the health and wellbeing of some of the more vulnerable members of the local community, including those suffering from health conditions affecting the upper-respiratory system or those with cardiovascular disease.

The implementation and ongoing monitoring of the Air Quality Action Plan will help to tackle existing air quality problems, including a reduction in the levels of nitrogen dioxide and particulate matter, reducing the health impacts for people living and working in and around the AQMAs.

The Council will have due regard to the Equality Act 2010 when there are any major proposed actions or schemes for the reduction of air pollution in Thurrock.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

The impact of air pollution on health is the topic of the report.

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

There are a number of reports and research studies cited and can be found in footnotes of relevant sections. The principal reports are:

- Committee on the Medical Effects of Air Pollutants. (2009) Long-Term Exposure to Air Pollution: Effect on Mortality. Health Protection Agency.
- COMEAP: The Mortality Effects of Long-Term exposure to Particulate Air Pollution in the UK, December 2010
- Estimating local mortality burdens associated with particulate air pollution, PHE, April 2014
- Thurrock Interim Air Quality Action Plan for Transport – 2012-2014-2015, March 2013
- Air Quality Progress Report for Thurrock Council, July 2014
- Review of evidence on health aspects of air pollution, REVIHAAP, WHO, Europe, 2013

9. Appendices to the report

None

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HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE
WORK PROGRAMME 2014-15

Report Name	Lead Officer	Meeting Date
		31 March 2015

Items to be Scheduled:

- Piggs corner/ Kynoch Court Budget Update

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