

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 **16 February 2016**

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

## Membership:

Councillors Graham Snell (Chair), Steve Liddiard (Vice-Chair), Yash Gupta (MBE), James Halden, Charlie Key and Tunde Ojetola

Ian Evans (Thurrock Coalition Representative) and Kim James (Healthwatch Thurrock Representative)

## Substitutes:

Councillors Leslie Gamester, Martin Kerin and Andrew Roast

## Agenda

Open to Public and Press

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<b>1. Apologies for Absence</b>	
<b>2. Minutes</b>	<b>5 - 14</b>
To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 12 January 2016.	
<b>3. Urgent Items</b>	
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.	
<b>4. Declarations of Interests</b>	

**5. Items Raised by HealthWatch**

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

- |  |                |
|--|----------------|
| <b>6. Learning Disability Health Checks</b>                        | <b>15 - 22</b> |
| <b>7. Thurrock Joint Health and Wellbeing Strategy 2016 - 2021</b> | <b>23 - 56</b> |
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Agenda published on: **8 February 2016**

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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 12 January 2016 at 7.00 pm

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**Present:** Councillors Graham Snell (Chair), Steve Liddiard (Vice-Chair), Yash Gupta (MBE), James Halden, Charlie Key and Tunde Ojetola

Ian Evans, Thurrock Coalition Representative  
Andrea Valentine, HealthWatch

**Apologies:** Kim James, HealthWatch

**In attendance:** Councillor Barbara Rice, Cabinet Member for Adult Social Care & Health  
Roger Harris, Corporate Director of Adults, Housing and Health  
Ceri Armstrong, Strategy Officer  
Christopher Smith, Adults, Health and Commissioning  
Jenny Shade, Senior Democratic Services Officer

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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.

### 31. Minutes

The Minutes of the Health and Wellbeing Overview and Scrutiny Committee, held on the 1 December 2015, were approved as a correct record.

Councillor Halden asked the Officers for an update on Domiciliary Care. Roger Harris confirmed that the service was still quite fragile at the moment with one Domiciliary Care provider given notice before Christmas which has now been taken back in house and another provider having given six months' notice. The existing contract only has 14 months left to run, until March 2017. The report will be returned to HOSC in the new municipal year.

Councillor Gupta asked the Chair if he had written to NHS England regarding the Learning Disability Health Checks. The Chair confirmed that he had written and that a response had been received. Copies of this letter will be issued to all Members and Officers for information.

### 32. Urgent Items

There were no items of urgent business.

### **33. Declarations of Interests**

Councillor Gupta declared a non-pecuniary interest in respect of Agenda 8 'Consultation on the proposed changes to the way Social Care is provided in Thurrock' as he was a carer.

Councillor Halden declared a non-pecuniary interest in respect of Agenda 7 'Changes to Fees and Charges 2016-17' and Agenda 8 'Consultation on the proposed changes to the way Social Care is provided in Thurrock' as he had a member of his immediate family in St Anne's Court who is in receipt of Thurrock's support.

### **34. Items Raised by HealthWatch**

Items raised by HealthWatch will be covered in Item Number 8.

### **35. Consultation on the proposed changes to the way Social Care is provided in Thurrock**

For the record Roger Harris thanked HealthWatch and Thurrock Coalition for their contributions to the consultation.

The Officer presented the report that provided Members with details of the actions to reduce costs and to improve the efficiency and effectiveness of adult social care services in Thurrock.

Andrea Valentine, HealthWatch, referred Members to the two reports that were tabled for information and explained how the impact of these proposals would have on some of our most vulnerable residents.

Ian Evans, Thurrock Coalition, referred Members to the Thurrock Coalition submission in relation to the impact of the proposed changes in Appendix 2 of the report and asked that it be used for the evidence and impact assessment. Ian would be happy to take questions from Members if required.

It was respectfully requested that those comments made by HealthWatch and Thurrock Coalition members be heard when final decisions around implementing cuts were being made.

Councillor Gupta asked Officers how many people were involved in the consultation. Roger Harris confirmed that all those directly affected were written to and consultation events were held at the majority of the sites affected. It was also stated that the 528 responses received was considered to be quite a good return rate.

The Officer continued to summarise the proposals of the consultation.



## Day Care

The Officer confirmed that a careful and clear consultation had taken place on the best use of the proposed sites. The option to change the day care offer from provision on six sites to three sites was recommended. The service at each site will be expanded at Kynoch Court and Bell House from 15 to 20 places and at the carer's centre to 25 places. This would result in the provision of 65 places at these centres per day.

Councillor Halden stated that it made logistical sense and asked Officers do we envisage that 20 place will actually reach capacity in the next couple of years. Roger Harris confirmed that there is often a waiting list and will need to look how to deploy the services best. Care will need to be taken to manage the days and availability which is normally based on residents own circumstances and choice.

Councillor Halden asked if logistics were being reduced slightly do we have capacity in the transport used to enable residents to go get to sites. Roger Harris confirmed that we use our own transport but it is encouraged that family or friends bring residents to and from the sites. It is the aim that journeys are no longer than 45 minutes.

The Chair asked for clarification that reducing sites to three that the service will not be at full capacity straight away. Roger Harris confirmed that this is a high demand service with flexible services being offered. Managers were always looking at numbers and availability.

Ian Evans asked if there would be any staffing implications if the sites were reduced to three. Roger Harris confirmed that staff would be deployed better, able to attend training and obtain specific qualifications. It was hoped to do this without having to make any redundancies but there was no guarantee.

Councillor Ojetola asked Officers what the future plan is taking into account the reduction in site against the probable increase in population in Thurrock. Roger Harris confirmed that this was only one part of the range of services offered to older people. The traditional services offered will need to be radically re-thought.

Councillor B Rice reminded the Members of the reasons for these cuts and stated that in the five years she had been Portfolio Holder for Health the budget per person had been reduced from £1550 to £1000. Grant money had also been reduced by £500 per household. It was agreed that money had to be saved but this would be done in the least disruptive way possible and the quality of the service would remain.

The Chair stated that although there were budget cuts this could be seen as an opportunity to do things differently and be more flexible when responding to problems.

### Charging for Day-Care and Transport

The Officer briefed the Members on the proposals to the increased charges for Day Care and Transport. The option to increase the charges for day care over a period of three years and to increase the charge for transport to cover the full cost of that service was recommended.

The Chair asked what the Sitting Service Charge was at the moment. The Officer confirmed that this service was not chargeable at the present time.

Councillor Ojetola commented that a case scenario on how these impacts would affect a service user would have been more helpful in the report. The Officer stated that this is a very complicated area as each service user would be affected differently but agreed to provide some examples and these would be forwarded to Members.

Councillor Halden had no principle objections to the recommendations but asked that the means testing is done in a sustainable way. The Officer confirmed that the Charging Policy would be used and agreed to send a copy of this to Members.

Councillor Gupta shared his concern that if charges were increased too much, service users would not use the services available. The Officer confirmed that every effort would be done to guard against this and be conscious not to set the changes to high.

The Chair asked the Officer if all service users were means tested. The Officer confirmed that this service was offered legally to everyone and that financial assessment would be undertaken. If a financial assessment was refused the process would be explained by the financial and benefit assessors. Although it could be considered if that person refused they would be able to pay.

Councillor Key stated that a regularly review on transport was good for users and that he considered that the price increase from £1 to £1.50 is fair in comparison to a private company taking over the service.

Councillor Halden asked for reassurance from Officers that the assessments were being undertaken by the adult's team. The Officer confirmed that this was the case.

### Charging for Careline

The Officer briefed the Members on the importance of this service and proposed that no decision on this option is made at this time; this will enable Officers to take the opportunity of the recent re-structure to undertake a full review of the community alarm service to establish how effective it is.

Councillor Halden stated his concern that this item had been up for review so many times at HOSC and asked how healthy this was for such a service.

The Chair agreed with the Officers and recommended that the item is deferred until the review is complete.

#### Items of Equipment and Adaptions costing less than £50

The Officer briefed the Members on the proposal to change the list of equipment and adaptations the Council provides so that items costing less than £50 were excluded. It was considered that most of those who need these equipment items can source them from high street shops or on the internet by themselves, a carer or friends or family members. The option to no longer provide items costing less than £50 but establish an exceptional circumstances system was recommended.

The Officer confirmed that it related to any one item under £50. If items required to be fitted the use of the handy-man service would be offered or friends or family members could assist. In most cases, service users get items themselves and not actually go through the council process. Those service users with no access to the internet could be assisted by friends and family members also.

Ian Evans stated that although some service users will still require guidance on how to fit certain items.

The Chair asked the Officers what would qualify for an exceptional circumstance. The Officer confirmed that this could be a very urgent request or someone coming out of hospital.

Ian Evans referred Members to the concerns of users in the Thurrock Coalition consultation report and stated a disabled person is 20 per cent less likely to have access to the internet.

Andrea Valentine stated her concerns received from the public on who would be coming into their properties to do these assessments.

The Officer confirmed that Service Users would be assessed by Thurrock OTs and closely reviewed which will be undertaken at three and six months.

Councillor Ojetola suggested that the recommendation be changed to include that report will be returned to HOSC in six months' time.

Councillor B Rice stated that items were available to buy in second hand shops at reduced prices compared to those on the internet. She said that this would be a good opportunity for someone to set up.

#### Extra Care Housing

The Officer briefed members on the two separate proposals regarding the provision of extra care housing. The Council's extra care housing schemes recognises that schemes of 65 flats or more were usually needed to ensure financial viability. The option to no longer provide extra care housing at

Kynoch Court and increase the number of units at Piggs Corner to 55 flats was recommended. The Officer confirmed that an assessment had been carried out on both options.

Councillor Halden registered his concerns that residents should be kept in their own community close to friends and families. Officers confirmed that no resident at Kynoch Court will be required to move and appropriate packages of care and support would be offered to them.

Councillor Gupta had concerns in the increase number of units at Piggs Corner and asked Officers what consultation had been undertaken with residents. The Officer confirmed that letters were sent out to all residents and visits had been arranged. If required, Roger Harris would make arrangements to visit Piggs Corner and speak to residents.

The Chair asked Officers what the future held for extra care housing. The Officer confirmed that larger complexes offering a broad range of services and schemes would need to be available, especially with the challenges faced with dementia

A debate took place between Members on the options; it was recommended by Officers that both recommendations be agreed. Members in agreed of both options were Councillors Snell, Liddiard, Key and Gupta. Those Members in favour of just option b were Councillors Halden and Ojetola.

#### Elizabeth Gardens

The Officers briefed Members on the charging proposals to all existing and new leaseholders at Elizabeth Gardens. The option to charge new leaseholders only from 1 April 2016 was recommended.

The Officer confirmed that only new leaseholders will be charged the £40 per week from 1 April 2016 and that this may not have been made clear to existing residents.

Tenants nominated by the Council, per person, currently pay a £40 charge a week towards the cost of this service which is subsidised. Some Hanover leaseholders do not currently pay this charge but could well benefit from the services available.

*[Public Interruption]*

Roger Harris stated that Elizabeth Gardens is different to what it was when it opened three years ago. This was in-avoidable as people's care does get higher. Managers were working with Hanover on a daily basis.

Roger Harris offered to visit Elizabeth Gardens with his social care staff to discuss resident's issues and concerns.

*[Public Interruption]*

Roger Harris stated that it was not the practice to place residents with severe dementia into Elizabeth Gardens. Those with mild dementia and living with a carer could be placed in there. Although there have been some issues with residents, alternative accommodation has been found in these instances.

Councillor Halden supported the recommendation option and stated that Elizabeth Gardens is a phenomenal facility and would not like to see it become unviable.

Councillor Liddiard supported the recommendation option having visited the site and spoke to residents.

Councillor Gupta asked if new contracts will be given to new leaseholders. Roger Harris stated that this was not made clear enough to existing leaseholders but it will be made absolutely clear through Hanover, the landlord of the property, part of the Elizabeth Gardens offer that it is a core service which is available 24 hours and will be chargeable.

Councillor Ojetola asked Officers what guarantees or reassures were given to existing leaseholders. The Officer stated that the arrangements for leaseholding in extra care were part of Home Buy where a housing association marketed the properties on behalf of the Government. New residents were not meet until they arrive. It had been expected that new prospective buyers would note in literature provided by Hanover explaining there was an extra charge for extra care and to contact the Council to discuss. This has become apparent this was not the case and will need to be much clearer with Hanover on the process.

*Councillor Ojetola left the committee room at 9.10pm.*

*Chair suspended standing orders at 9.10pm. All members agreed to continue.*

## **RESOLVED**

- 1. That the summary of consultation and the summary of the impact of the proposed changes by Thurrock Coalition were noted.**
- 2. That the members commented and agreed on the proposed options for cost savings and increased charging income to achieve the budget savings required prior to the report going to Cabinet in February for final agreement.**
- 3. That the recommendation to change the day care offer from provision on six sites to three sites, resulting in an estimated saving of £200,000 in 2016/17 was agreed by Members.**
- 4. That the recommendations to (a) increase the charges for day care (except Short Breaks) over a period of three years until the charge is half the full cost of the service, raising in 2016/17 an estimated £56,695 and (b) to increase the charge for transport to**

cover the full cost of that service, raising an estimated £2,649 were agreed by Members. The Officer agreed to supply Members with some service user case scenarios.

5. That the recommendation to take the opportunity of the re-structure to undertake a full review of the community alarm service was agreed by Members.
6. That the recommendation to no longer providing equipment and adaptation items costing less than £50, saving an estimated £60,000 but also establish an exceptional circumstances system was agreed by Members and the report would be returned to HOSC in six months' time.
7. That the recommendation (a) to no longer provide extra care housing at Kynoch Court would provide savings in 2016/17 saving an estimated £81,000 and (b) to increase the number of units at Piggs Corner to 55 flats and also charge concierge costs to rent and service charges would produce savings in 2016/17 saving an estimated £143,000 were agreed by Members. Note for the record that Councillors Halden and Ojetola were against recommendation (a).
8. That the recommendation from 1 April 2016 charging only new leaseholders at Elizabeth Gardens for the care and support service residents receive which may raise no increase in 2016/17 was agreed by Members.
9. That the recommendations 3 to 8 above be referred to Cabinet in February 2016.

### **36. Changes to Fees and Charges 2016-17**

Roger Harris briefly presented the report and explained that similar Fees and Charges Reports were being presented to all overview and scrutiny committees and referred Members to the Appendix 1, the Fees and Charges Booklet. The Appendix identified the proposed changes to charges.

It was further explained that the items under consultation were discussed at the HOSC tonight and the remaining other items were at their maximum therefore no increase could be made.

#### **RESOLVED**

**That the Committee considered the proposed charges as detailed in the Appendix.**

### **37. Thurrock Health and Wellbeing Strategy 2016-2019**

The Officer presented the report which outlined the rationale for the refresh of Thurrock's Health and Wellbeing Strategy, the case of change, the proposed areas of focus and the draft priorities for the refreshed Strategy. Members were referred to the draft priority areas which were:

- Prevention and early intervention
- Build strong and sustainable communities
- Improve mental health and wellbeing
- Transform health and social care
- Ensure that all agencies work together to deliver services that collectively improve the lives of all children and young people.

The Officer confirmed that this report was in the consultation period and asked Members for their comments and views as part of this consultation. The first stage of the strategy development engagement activity will conclude on the 22 January 2016 and will form part of the report for the February HOSC.

Councillor Key stated that the Strategy was broader than it had been in the past and commented that as Dementia appeared to be an item of discussion at tonight's committee, could this be integrated into the Strategy. Councillor B Rice confirmed that this could be incorporated into the Strategy.

Councillor Liddiard supported the recommendations and asked Officers how they propose to monitor the Strategy's success or not. The Officer confirmed that this will be undertaken through the development of a Strategy Outcomes Framework that would be monitored by the Health and Wellbeing Board..

Councillor B Rice also commented that the voluntary and community sector will also play a vital part in this.

Councillor Halden noted his concern on what the value of a three year strategy could have and the possibility of moving away from this and extending the strategy period. The Officer replied that whilst the Strategy's life span was three years, the vision and direction of travel represented a longer-term view.

The Thurrock Health and Wellbeing Strategy 2016-19 report is an item on the Work Programme on the Health Overview and Scrutiny Committee in February 2016 and be recommended to Cabinet and Council in March 2016.

#### **RESOLVED**

- 1. That the Committee commented on the refreshed strategy proposed priorities and areas of focus as part of the engagement process.**

2. That the Committee agree to the final report of the strategy being brought to a future meeting prior to sign off by Council in March 2016.
3. That the Committee note the progress made on the development of the refreshed strategy.

**38. Work Programme**

The Chair and Members agreed the work programme as a correct record.

**RESOLVED**

**That the work programme be noted.**

**The meeting finished at 9.32 pm**

Approved as a true and correct record

**CHAIR**

**DATE**

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<b>16 February 2016</b>		<b>ITEM: 6</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<b>Learning Disability Health Checks</b>		
<b>Wards and communities affected:</b> All wards	<b>Key Decision:</b> Not applicable	
<b>Report of:</b> Alison Cowie, Head of Commissioning, NHS England Midlands and East (East)		
<b>Accountable Head of Service:</b> Alison Cowie, Head of Commissioning, NHS England Midlands and East (East)		
<b>Accountable Director:</b> Alastair McIntyre, Locality Director, NHS England Midlands and East (East)		
<b>This report is Public</b>		

## Executive Summary

This report provides an update on the action plan to improve delivery of the enhanced service agreement with GP practices in Thurrock to deliver LD health checks.

### 1. Recommendation(s)

**1.1 The Health Overview and Scrutiny Committee are asked to note the progress with LD Health Checks by Thurrock GP Practices and future commissioning plans.**

### 2. Introduction and Background

2.1 An update on this topic was presented to HOSC on 1 December 2015. This report gave background to the LD Health Check enhanced service (ES) agreement, performance in relation to delivery for Thurrock practices and an action plan to improve performance.

### 3. Issues, Options and Analysis of Options

3.1 Appendix 1 shows the levels of activity as per CQRS (the system used to pay GP practices for this enhanced service agreement). Despite there being considerable improvement and activity undertaken in Quarter 3, uptake of LD Health Checks is remains unacceptably poor within Thurrock.

- 3.2 NHS England continues to follow up performance with practices with a series of telephone calls. It should be noted that Quarter 3 performance was 2% up on 2014/15 Quarter 3 performance.
- 3.3 Updates on the action plan are within Appendix 2. In December 2015, NHS England reissued the ES to all practices and clarified how practices should be recording this on their systems. We followed this up with a phone call to every practice to discuss delivery. The key issues that we have found are:
- The majority of practices are committed to delivery and expect to deliver by the end of March 2016.
  - Some practices believe that the numbers of patients eligible for a check may be too high. Practices are reviewing their list.
  - The wrong READ codes have been used on the clinical systems. CQRS (the payment system which we take our data from) has not identified that the check has been completed. Practices are updating their systems.
  - Practices are not declaring the activity properly on CQRS, therefore a nil return is made. Practices are talking to CQRS about this.
  - Some practices missed the training that was put on earlier this year.
- 3.4 A number of practices have confirmed that they do not wish to sign up or no longer wish to be signed up to the ES. We have engaged with another provider, South Essex Partnership NHS Trust (SEPT) to pilot a step in service for us and deliver health checks for this year only. SEPT are also providing training to practices who have told us that this is the key reason for not delivering. This activity will show up in Quarter 4. They are currently providing support to the following practices:

F Code	Practice Name
F81206	The Shehadeh Medical Centre
F81110	The Health Centre, Tilbury
F81691	East Tilbury Medical Centre
Y02807	Thurrock Health Centre
F81137	Orsett Surgery
F81198	The Surgery, Horndon on the Hill
F81155	Balfour Medical Centre
F81192	Stifford Clays Medical Practice

- 3.5 NHS England has spoken with Thurrock CCG with regards to what they can do to assist with promoting this with their member practices. The CCG will:
- Raise with practices at visits being conducted by their primary care team;
  - Consider at their February Board meeting;
  - Receive reports from NHS England at their meetings.
- 3.6 NHS England has set up an East wide group to look at the long term arrangements for LD Health Checks. Thurrock CCG is not going to take part in this group because they are working with NHS England on arrangements so that the CCG can lead this issue from 1 April 2016.

#### **4. Reasons for Recommendation**

4.1 This paper is for information only, therefore no recommendations are made.

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

5.1 Not applicable.

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

6.1 Not applicable as NHS England commissioned service.

#### **7. Implications**

##### **7.1 Financial**

Not applicable as NHS England commissioned service.

##### **7.2 Legal**

Not applicable as NHS England commissioned service.

##### **7.3 Diversity and Equality**

Not applicable as NHS England commissioned service.

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

Not applicable.

#### **8. Background papers used in preparing the report**

None.

#### **9. Appendices to the report**

- Appendix 1 – 2015/16 Activity to Quarter 3
- Appendix 2 – Action Plan

#### **Report Author**

Alison Cowie

Head of Commissioning

NHS England, Midlands and East (East)

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## APPENDIX 1 – 2015-16 ACTIVITY TO QUARTER 3

F Code	Service Provider Name	Signed - up for ES 14-15	% undertake n 14-15 on CQRS	Signed - up for ES 15-16	Registered LD patient List 15-16 QOF	Q1 activity 30.06.15 (CQRS)	Q2 activity 30.09.15 (CQRS)	Q3 activity 31.12.15 (CQRS)	Q4 activity 31.03.16 (CQRS)	Total activity on CQRS	% undertaken as at Q3
F81113	ABELA T & PARTNERS	Yes	12%	Yes	41		4	3		7	17%
F81742	ACORNS MEDICAL CENTRE	Yes	0%	Yes	18			4		4	22%
F81652	APPLEDORE AND MEDIC HOUSE	Yes	0%	Yes	11					0	0%
F81010	AVELEY MEDICAL CENTRE	Yes	0%	Yes	86			6		6	7%
F81155	BALFOUR MEDICAL CENTRE	No	0%	Yes but wish support	36			5		5	14%
F81197	BELLWORTHY S V	Yes	0%	Yes	12			4		4	33%
F81084	CHADWELL MEDICAL CENTRE	Yes	0%	Yes	22			1		1	5%
F81644	CHEUNG K K	Yes	57%	Yes	7					0	0%
F81219	DELL MEDICAL CENTRE	Yes	0%	Yes	10					0	0%
F81177	DESHPANDE A M & PARTNER	Yes	0%	Yes	14					0	0%
F81697	DEVARAJA V C & PARTNER	Yes	0%	Yes	12					0	0%
F81698	DILIP SABNIS MEDICAL CENTRE	Yes	0%	Yes	11			1		1	9%
F81088	DR M ROY & PARTNERS	Yes	93%	Yes	14					0	0%
F81708	DR PATEL PJ PRACTICE (BHAT)	Yes	83%	Yes	14			2		2	14%
F81082	DRS JONES & BYRNE	Yes	58%	Yes	25			5		5	20%
F81211	EAST THURROCK MEDICAL	Yes	0%	Yes	36		2			2	6%
F81691	ETC MEDICAL SERVICES	Yes	23%	Yes but now No	42					0	0%
F81153	HASSENGATE MEDICAL CENTRE	Yes	53%	Yes	30			14		14	47%
F81632	HEALTH CENTRE DARENTH LANE	Yes	96%	Yes	23		11	10		21	91%
F81198	HORNDON-ON-THE-HILL SURGERY	Yes	0%	Yes but wish support	4					0	0%

F Code	Service Provider Name	Signed - up for ES 14-15	% undertake n 14-15 on CQRS	Signed - up for ES 15-16	Registered LD patient List 15-16 QOF	Q1 activity 30.06.15 (CQRS)	Q2 activity 30.09.15 (CQRS)	Q3 activity 31.12.15 (CQRS)	Q4 activity 31.03.16 (CQRS)	Total activity on CQRS	% undertaken as at Q3
F81218	JOSEPH L & PARTNER	Yes	0%	Yes	6					0	0%
F81623	KADIM PRIMECARE MEDICAL CENTRE	Yes	0%	Yes	11			7		7	64%
F81641	KK MASSON AND DR H MASSON	Yes	0%	Yes	11					0	0%
F81669	OKOI H & PARTNER	Yes	55%	Yes	29			13		13	45%
F81137	ORSETT SURGERY	Yes	0%	No	23			3		3	13%
F81134	PEARTREE W HORNDON SURGERIES	Yes	46%	Yes	57	3		6		9	16%
Y00033	PURFLEET CARE CENTRE	Yes	0%	Yes	12					0	0%
F81206	SHEHADEH MEDICAL CENTRE	Yes	0%	Yes but now No	44					0	0%
P000999	ST CLEMENTS HEALTH CENTRE	Yes	0%	Yes	31			1		1	3%
F81192	STIFFORD CLAYS SURGERY	Yes	7%	Yes but wish support	40			1		1	3%
F81110	TILBURY MEDICAL CENTRE	Yes	0%	No	9					0	0%
Y02807	THURROCK HEALTH CENTRE	No	0%	No	26					0	0%
	<b>THURROCK CCG AREA</b>		<b>17%</b>		<b>767</b>	<b>3</b>	<b>17</b>	<b>86</b>	<b>0</b>	<b>106</b>	<b>14%</b>

N.B.

Practices still need to manually declare the automated extraction data to receive payment as at 27 January 2016

## APPENDIX 2 – ACTION PLAN – THURROCK CCG AREA

No.	Action	Owner	Timescale	Update 31 January 2016
1	Revise Enhanced Service to clarify READ codes and requirements and share intentions with Essex LMC before issuing to practices.	NHS England Primary Care Contracting Teams	End November 2015	Completed
2	Reissue Enhanced Service with GP practices across Essex.	NHS England Primary Care Contracting Teams	On 1 December 2015	Completed
3	Phone calls to all GP practices in Thurrock to: <ul style="list-style-type: none"> <li>reconfirm commitment to delivery of ES;</li> <li>confirm arrangements with additional provider (if no sign up or commitment);</li> <li>check activity against reports from CQRS;</li> <li>discuss issues with delivery and problem solve;</li> <li>estimate end of year performance;</li> <li>suggest means of capturing offers that are not taken up by LD patients.</li> </ul>	NHS England South & West Locality Primary Care Contracting Team	By 11 December 2015	Completed
4	Explore with Thurrock CCG peer support amongst GP practices, additional provider requirements and other models of delivery.	Alison Cowie, NHS England	End December 2015	Completed
5	Confirm arrangements with additional provider and ensure activity delivered between January and March 2015.	Alison Cowie, NHS England	Ongoing and finalise after outcome of telephone calls but by end December 2015	Completed
6	Develop long term commissioning strategy for LD Health Checks across Midlands and East (East) that gives options for patients during 2016/17.	NHS England/ Thurrock CCG/ Key Thurrock stakeholders	End March 2016	Completed. This will be led by Thurrock CCG from 1 April 2016.

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<b>16 February 2016</b>	<b>ITEM: 7</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>	
<b>Thurrock Joint Health and Wellbeing Strategy 2016 - 2021</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Key
<b>Report of:</b> Ian Wake, Director of Public Health	
<b>Accountable Head of Service:</b> n/a	
<b>Accountable Director:</b> Ian Wake, Director of Public Health, Roger Harris, Director of Adults, Housing and Health, David Archibold, Director of Children’s Services, Mandy Ansell, Acting Interim Accountable Officer NHS Thurrock CCG	
<b>This report is</b> Public	

## **Executive Summary**

The purpose of this report is to seek endorsement of the Thurrock Joint Health and Wellbeing Strategy 2016 – 2021 by the Health and Wellbeing Overview and Scrutiny Committee.

The Strategy focuses on prevention and early intervention to ensure that Thurrock people can ‘**add years to life and life to years**’.

The goals and outcomes set out within the Strategy focus on the areas that will make most difference to the health and wellbeing of the population. These have been developed through a period of engagement and in response to detailed needs analysis.

Success of the Strategy will be measured through an Outcomes Framework. This will enable the Board, Overview and Scrutiny Committee, and the Public to identify whether the Strategy is being delivered.

Further work will take place to develop co-produced action plans. The action plans will clearly set out action owners and will enable the relevant organisations and individuals to be held to account for their part in delivering the Strategy.

### **1. Recommendation(s)**

- 1.1 That the Health and Wellbeing Overview and Scrutiny Committee endorse the draft Thurrock Joint Health and Wellbeing Strategy and Outcomes Framework and by doing so recommend its approval by Cabinet and Council in March.**

## 2. Introduction and Background

2.1 The Health and Social Care Act 2012 introduced the requirement for all local areas to have a Health and Wellbeing Strategy that identified priorities for reducing inequalities in health and wellbeing and improving the health and wellbeing of the local population. The Strategies are prepared jointly by the Council and CCG and owned by Health and Wellbeing Boards who are then responsible for ensuring the Strategies are delivered. A previous report was brought to the Committee's meeting in January.

2.2 It was agreed by the Health and Wellbeing Board that the refreshed Strategy should be:

- Co-created via effective engagement with providers and the community;
- Driven using intelligence from the Joint Strategic Needs Assessment;
- Adding value to strategic plans to reduce health inequalities;
- Address wellbeing and not just health;
- Systematically align partner resources with strategic priorities;
- Clear delivery mechanisms in place;
- Holds partners to account for actions; and
- Outcomes presented in an accessible and compelling way.

2.3 The work to develop the 2016-2021 Strategy has incorporated the points in 2.2 with the aim of producing a goal-based Strategy that drives change and holds partners to account. More importantly, the Strategy identifies the areas of focus (goals and objectives) that will improve the health and wellbeing of the local population.

2.4 The Committee is asked to endorse the Strategy and Outcomes Framework and recommend its approval by Cabinet and Council in March.

## 3. Issues, Options and Analysis of Options

### Overview

3.1 The focus of Thurrock's Health and Wellbeing Strategy is prevention and early intervention. For reasons set out in previous reports, a focus on prevention and early intervention across the health and care system will allow resources to be placed where they are most effective and provide Thurrock citizens with the best opportunity to '**add years to life and life to years**'.

3.2 The Strategy recognises the importance of the wider determinants of health on achieving good health and wellbeing for all Thurrock people. The Strategy therefore has a far broader focus than health and social care services. We know that influencing some of the wider determinants of health and wellbeing will have a significant impact on the life chances of the population but will take some time to embed. For this reason, we are recommending that the Strategy's life span is five rather than three years. This also reflects

comments made during the period of engagement, including at both the Health and Wellbeing Overview and Scrutiny Committee and Children's Services Overview and Scrutiny Committee meetings in January.

3.3 To ensure that relevant strategies and plans are aligned with and helping to achieve the vision set out within the Strategy, a number of core principles have been established and reflect the tone of the Strategy and what we wish to achieve. These are:

- **Reducing inequality in Health and Wellbeing** – we want things to get better for everyone but we are also committed to ensuring that the poorest communities enjoy the same levels of opportunity, health and wellbeing as the most affluent;
- **Prevention is better than cure** – rather than waiting for people to need help, we want Thurrock to be a place where people stay well for as long as possible;
- **Empowering people and communities** – we don't just want to do things to people, but give people the opportunity to find their own solutions and make healthy choices;
- **Seamless services** – good health and care services should be organised around the needs and outcomes people wish to achieve, not around the needs of organisations.

3.4 Through consultation and engagement and detailed analysis of available intelligence, five clear and concise goals have been identified. The goals are set to ensure that Thurrock's Strategy is focused, outcome-based and easy to understand. The five goals are:

- Opportunity for all
- Healthier environments
- Better emotional health and wellbeing
- Quality care centred around the person
- Healthier for longer

Further detail on what success looks like and how success will be monitored is detailed further in the report.

### **Goals and Objectives**

3.5 The Strategy must be able to drive change and success and it must be easy to identify and measure whether success is being achieved. For this reason, the Strategy is underpinned by a clear set of goals. The goals reflect common themes and suggestions made through the engagement process. The goals are underpinned by a number of clear outcome-based objectives which help define what success looks like. These are as follows:

### **Goal A – Opportunity for all**

- All children in Thurrock making good educational progress;
- More Thurrock residents in employment, education or training;
- Fewer teenage pregnancies in Thurrock; and
- Fewer children and adults in poverty.

### **Goal B – Healthier environments**

- Create outdoor places that make it easy to exercise and to be active;
- Develop homes that keep people well and independent; and
- Building strong, well-connected communities.

### **Goal C – Better mental health and wellbeing**

- Give parents the support they need;
- Improve children’s emotional health and wellbeing;
- Reduce social isolation and loneliness; and
- Improve the identification and treatment of depression, particularly in high risk groups.

### **Goal D – Quality care centred around the person**

- Create four integrated healthy living centres;
- When services are required, they are organised around the individual;
- Put people in control of their own care; and
- Provide high quality GP and hospital care to Thurrock.

### **Goal E – Healthier for longer**

- Reduce obesity;
- Reduce the proportion of people who smoke;
- Significantly improve the identification and management of long-term conditions; and
- Prevent and treat cancer better.

### **Measuring success**

- 3.6 The delivery of the Strategy is supported by an Outcomes Framework. The Outcomes Framework contains the goals and outcome-based objectives as detailed in 3.5 and a number of related performance indicators. The Outcomes Framework will allow the Health and Wellbeing Board to assess whether the Strategy is making a difference. The Outcomes Framework is appended to the report for the Committee’s endorsement.
- 3.7 In addition to the Outcomes Framework, each goal will be supported by a range of actions set out within an action plan. The action plan will detail who is accountable for what action which will enable the Health and Wellbeing Board, Overview and Scrutiny Committee and the community to hold action owners to account.
- 3.8 It is important that the actions are well thought out and that action plans are co-produced. This will ensure that they are recognisable by Thurrock people

and that Thurrock's communities feel that they jointly own the Strategy. Development of the action plans will commence after the Strategy and Outcomes Framework has been agreed. It is suggested that the actions plans be brought to the Committee for scrutiny once developed.

### **Consultation and Engagement**

3.9 Consultation and engagement has been carried out on the initial priority areas (now goals) and Outcomes Framework throughout its development. This has included:

- An on-line survey to test initial priority areas and seek the views of the public;
- Face-to-face contact with residents on the survey – primarily through HealthWatch, Ngage, and Thurrock Coalition;
- Attendance at community meetings – e.g. community forums, commissioning reference group; Youth Cabinet;
- Attendance at and discussion by staff groups;
- Discussion with partner organisations and committee meetings – e.g. Children and Young People's Partnership Board, Health and Wellbeing Overview and Scrutiny Committee, Children's Services Overview and Scrutiny Committee, Health and Wellbeing Board, Clinical Engagement Group; Head Teachers' Forum; and
- Development and input via Health and Wellbeing Strategy Steering Group members.

The number of completed surveys during the period 21<sup>st</sup> November – 22<sup>nd</sup> January totalled 533. Specific and collated responses were also received from different voluntary sector organisations – namely SERICC and Thurrock Coalition.

3.10 Additionally, the Health and Wellbeing Board held an extended workshop on the draft Outcomes Framework at its January meeting which led to a further iteration of the Framework.

3.11 A full Engagement Report will be written and analysis will be carried out which can be circulated to the Committee as a briefing note if so desired. Key themes to come from engagement with the community include:

- Quality of and access to GPs – including time to get an appointment;
- Air Quality – particular mention of traffic congestion;
- Access to quality open space and affordable exercise facilities;
- Number of take away outlets;
- Ability to access good information and support – both about what services are available but also about lifestyle; and
- Loneliness and isolation was also mentioned by a number of people.

- 3.12 The themes detailed in 3.11 are reflected within the Outcomes Framework, and further detail from the engagement exercise will help to inform the development of the action plans.
- 3.13 Work is now being carried out to outline plans for ongoing dialogue with communities on health and wellbeing and for community involvement in the development of action plans.

### **Looking Back – 2013-2016**

- 3.14 Thurrock's first Strategy was agreed in 2013. The Strategy was split in to two parts – the first part focusing on Adult Health and Wellbeing, and the second part focusing on Children's Health and Wellbeing and also acting as the Children and Young People's Plan. With the reorganisation of the NHS having just taken place (Health and Social Care Act 2012), part one of the Strategy (Adult Health and Wellbeing) was very much focused on health and care services – namely the quality of health and social care.
- 3.15 Key achievements throughout the life of the 2013-2016 Strategy include:

#### Adult Health and Wellbeing

- Fully developed Local Area Coordination service – with evaluation reports showing the impact of the service;
- Development of a housing scheme designed specifically to keep older people well and independent (Bruyn's Court, Derry Avenue);
- Opening of four GP hubs offering extended opening hours during the weekend and a walk-in service;
- Basildon Hospital out of special measures;
- Development of Thurrock's first Better Care Fund to deliver closer working between health and social care;
- Further development and implementation of strength-based approaches – e.g. Asset Based Community Development;
- Delivery of Elizabeth House Extra Care Housing facility; and
- Maintaining the spotlight on Learning Disability Health Checks

#### Children and Young People

- Thurrock performing above the national/comparator average for children with good level development (GLD);
- The number of pupils achieving grades A-C GCSEs has improved;
- There is an improved rate of young people achieving at least a level 3 qualification by the age of 19;
- Thurrock has launched a Multi-Agency Safeguarding Hub;
- There has been strong performance on the number of young people not in employment, education or training (NEET); and
- The number of looked after children living in suitable accommodation has improved – whilst there is more to be done.

3.16 The refreshed Strategy will build on and consolidate the successes of 2013-16.

#### **4. Reasons for Recommendation**

4.1 To endorse Thurrock's Joint Health and Wellbeing Strategy 2016 – 2021 and Outcomes Framework for the reasons set out under 3.

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

5.1 Detailed consultation and engagement has been carried out on the development of Strategy's goals and objectives. This is detailed within 3.9 – 3.13. A detailed engagement report is to be written and can be circulated as a briefing note if so desired.

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

6.1 The Strategy will drive the Council's Health and Wellbeing priorities as set out within the Corporate Plan. It will also act as the Council's 'people' Strategy and make the necessary connections with the 'place' agenda.

#### **7. Implications**

##### **7.1 Financial**

Implications verified by: **Jo Freeman**  
**Management Accountant Social Care and Commissioning**

Whilst the Strategy will need to be delivered within existing budgets, a focus on prevention and early intervention will require partners to review, and if necessary refocus the allocation of resource. This will be essential to the success of the Strategy and to the reduction of inequalities in health and wellbeing across the Borough. A focus on prevention and early intervention is also expected to release resource from the more expensive areas of the system to be reallocated to areas that prevent, reduce and delay the need for care and support.

##### **7.2 Legal**

Implications verified by: **Dawn Pelle**  
**Adult Care Lawyer**

The Health and Social Care Act 2012 established a responsibility for Councils and CCGs to jointly prepare Health and Wellbeing Strategies for the local area as defined by the Health and Wellbeing Board.

### 7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**  
**Community Development and Equalities  
Manager**

The aim of the Strategy is to improve the health and wellbeing of the population of Thurrock. Doing so will mean reducing inequalities in health and wellbeing.

### 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 any are exempt or protected by copyright):

- Previous report to the Health and Wellbeing Overview and Scrutiny Committee, January 2016.

### 9. **Appendices to the report**

Appendix 1 - Draft Thurrock Joint Health and Wellbeing Strategy 2016 – 2021

Appendix 2 - Draft Thurrock Health and Wellbeing Strategy Outcomes Framework

### **Report Author:**

Ceri Armstrong  
Strategy Officer  
Adults, Housing and Health



# THURROCK JOINT HEALTH AND WELLBEING STRATEGY 2016 - 2021



Adding Years to Life and Life to Years

# Foreword



I'm pleased to welcome you to Thurrock's Health and Wellbeing Strategy for 2016 – 2021.

Our Strategy looks at the areas we think can make the most difference to the health and wellbeing of Thurrock people. This means the things that can ensure we are all able to live a good life regardless of who we are or where we live. This can be ensuring our children are able to get good qualifications or that people can get GP appointments when they need them. It can also mean arming people with the information they need to make good choices about their life or simply to ensure that people who feel isolated can meet others and feel more connected where they live. I know 'wellbeing' will mean different things to each and every one of us.

There are huge opportunities in Thurrock and Thurrock people must be able to access them - for example the job opportunities created by the Council's regeneration programme. There are numerous plans and initiatives in train which will generate even more opportunities and possibilities – but we need to ensure those plans and initiatives are joined up.

I am all too aware that many of us live in poor health or do not achieve a good life, and I know that there are many reasons for this – not all of them easy to solve. Whilst the resources available to be spent on Thurrock people have diminished significantly over the years, I am confident that we can make the resource we do have go further by increasing the number of us who stay well and by intervening at the earliest opportunity to stop people reaching crisis point. This means changing the way some of our services operate and how they are focused. It also means recognising the strength of our communities and the individuals living in those communities and building alternatives to the traditional service response

I have been Chair of Thurrock's Health and Wellbeing Board since its establishment in 2013 and it's my strong belief that the Board and Strategy's primary purpose is to reduce health inequalities across our Borough. We know that people living in some parts of the Thurrock will live a number of years fewer than people living in other parts of the Borough. This is not acceptable and something the Strategy must seek to address.

I am pleased therefore that this Strategy focuses on prevention and early intervention. This is the main way we will reduce health inequalities and everyone needs to play their part – including the people of Thurrock.

Finally, it goes without saying that the people of Thurrock and the communities they live in are the backbone of the Borough. It is essential that we recognise the role they play and ensure that they can be as strong as possible. We also need to ensure that they recognise the Strategy and their part in it. I am committed to ensuring that we continue conversations with Thurrock people about how we can reduce inequalities together.

**Councillor Barbara Rice**  
**Chair**  
**Thurrock Health and Wellbeing Board**

# Thurrock's Health and Wellbeing Strategy, 2016 - 2021

## Our Vision

Our vision for improving the health and wellbeing of Thurrock people is to:

*Add years to life and life to years.*

We want Thurrock to be a place where people live long lives which are full of opportunity, allowing everyone to achieve their potential. To achieve this, we have set 5 goals, which we are all committed to achieving. The goals are ambitious and will require a lot of hard work from Thurrock Council, the NHS, voluntary organisations and communities themselves but we think that by working together, we can achieve these goals and make a real difference to the people of Thurrock.

Thurrock Health and Wellbeing Board

## Our Principles

### Reducing inequality in health and wellbeing

We want things to get better for everyone but we are also committed to ensuring that the poorest communities enjoy the same levels of opportunity, health and wellbeing as the most affluent.

### Prevention is better than cure

Rather than waiting for people to need help, we want Thurrock to be a place where people stay well for as long as possible.

### Empowering people and communities

We don't just want to do things to people, but give people the opportunity to find their own solutions and make healthy choices.

### Connected Services

Good health and care services should be organised around the needs of people, not around the needs of organisations

*"It's easy for me to be active where I live"*

*"Thurrock has great health services and it's easy to get to them"*

*"I was able to get a good job, and I now feel differently about life"*



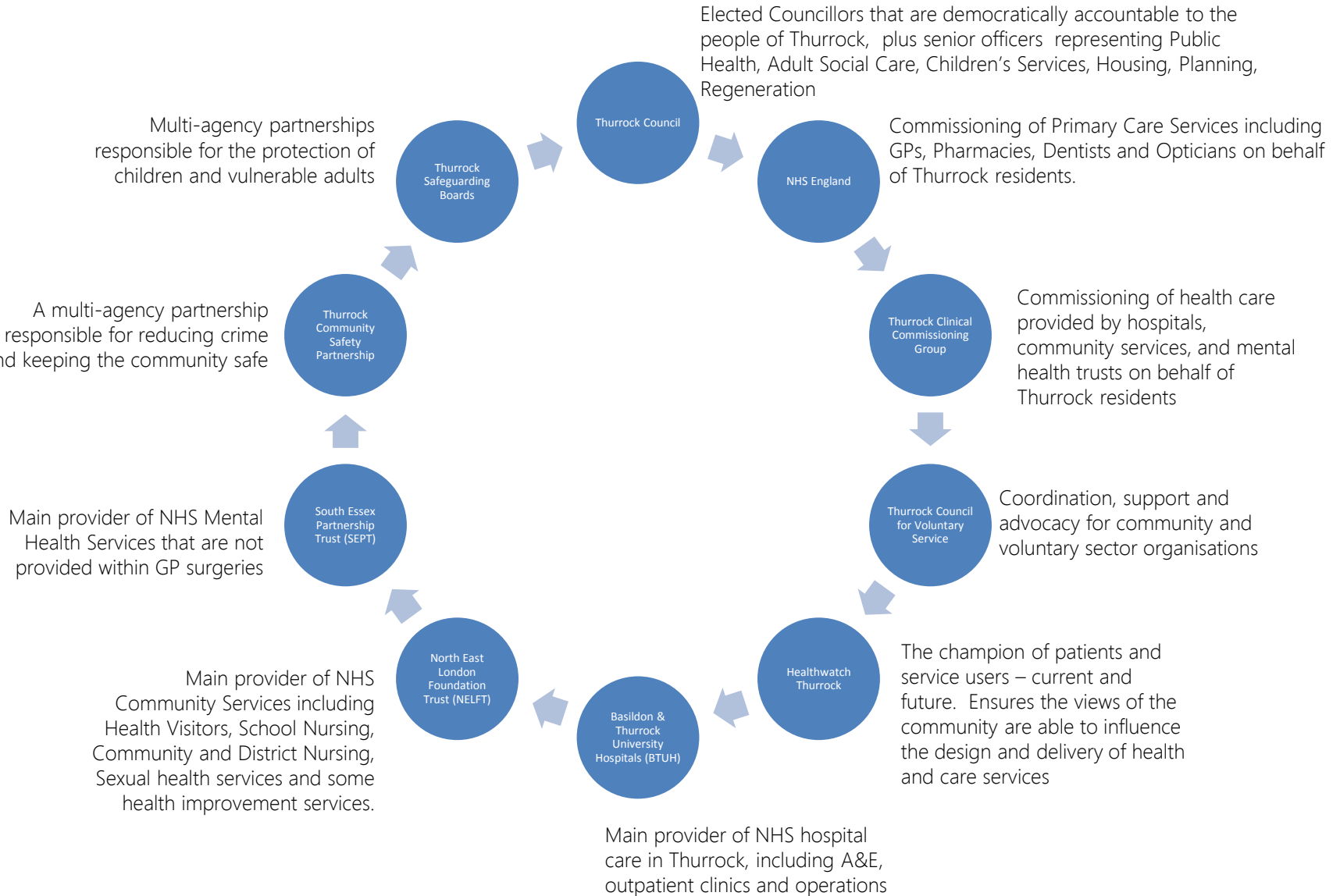
*"My children have a great chance of getting good exams results and I'm optimistic about their future"*

*"There are plenty of activities in my community that I can get involved in"*

GOALS	A. OPPORTUNITY FOR ALL	B. HEALTHIER ENVIRONMENTS	C. BETTER EMOTIONAL HEALTH AND WELLBEING	D. QUALITY CARE CENTRED AROUND THE PERSON	E. HEALTHIER FOR LONGER
OBJECTIVES	A1. All children in Thurrock making good educational progress	B1. Create outdoor places that make it easy to exercise and to be active	C1. Give parents the support they need	D1. Create four integrated healthy living centres	E1. Reduce obesity
	A2. More Thurrock residents in employment, education or training.	B2. Develop homes that keep people well and independent	C2. Improve children's emotional health and wellbeing	D2. When services are required, they are organised around the individual	E2. Reduce the proportion of people who smoke.
	A3. Fewer teenage pregnancies in Thurrock.	B3. Building strong, well-connected communities	C3. Reduce social isolation and loneliness	D3. Put people in control of their own care	E3. Significantly improve the identification and management of long term conditions
	A4. Fewer children and adults in poverty	B4. Improve air quality in Thurrock.	C4. Improve the identification and treatment of depression, particularly in high risk groups.	D4. Provide high quality GP and hospital care to Thurrock	E4. Prevent and treat cancer better

# Thurrock Health and Wellbeing Board – Who we are and what we do.

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## Key facts about health and wellbeing in Thurrock



What our Joint Strategic Needs Assessment (JSNA) and our communities are telling us

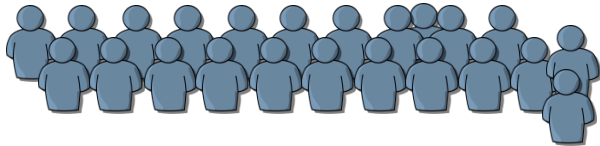
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- Many people in Thurrock enjoy good health and wellbeing, but there are large differences in health and wellbeing of different communities. A boy born in Tilbury today is predicted to live for ten years fewer than a boy born in Orsett.
- We have a relatively young population compared to England, but as people live longer, the proportion of our population aged over 65 is predicted to grow faster than the general population
- We have a thriving community and voluntary sector but links with the Council and NHS could be strengthened
- Thurrock is undergoing a major programme of regeneration which includes Tilbury, Purfleet, Grays and our waterfront. This presents huge opportunities for us to create healthy environments.
- Thurrock has gained national recognition for its programmes to strengthen communities. We want to further build on this success by encouraging community and volunteering activities
- Air quality in some parts of the Borough needs to be improved.
- There are too few GPs and GP practice nurses serving too many patients. We need transform our Primary Care to increase the number of front line clinicians and help them deliver quality care.
- Health, housing and social care services are not as joined up as they could be. We need ensure that services are coordinated around the needs of the person, and not the needs of individual organisations.
- Too many people in Thurrock die before they reach their 75<sup>th</sup> birthday. The biggest killers are cancer, heart attacks, strokes and lung disease.

# Key facts about health and wellbeing in Thurrock.

## What our Joint Strategic Needs Assessment (JSNA) is telling us.

£



22 out of every 100 children grow up in poverty. This is a higher proportion than England's. Poverty and low aspiration is a very strong predictor of poor health and wellbeing.



Seven out of 10 children achieve a 'Good Level of Development' after their first year at school, but we need to work with parents and teachers to help the remaining three get the best start in life.



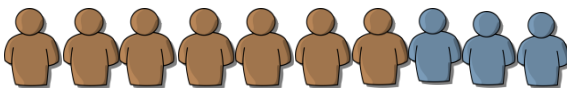
A good education is a very strong predictor of good health in later life. Almost 6 in 10 young people in Thurrock achieve 5 good GCSEs. This is better than the average for England but there is more to do.



Being employed is one of the single biggest factors shown to improve and protect health and wellbeing. Almost 8 out of 10 adults in Thurrock are economically active, but we want to grow our local economy to give more employment opportunities to our residents.



More than 1 in 5 adults smoke and are at increased risk of cancer, lung disease and cardio-vascular disease. We want to reduce our smoking prevalence by helping people quit and discouraging young people from becoming addicted.



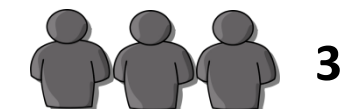
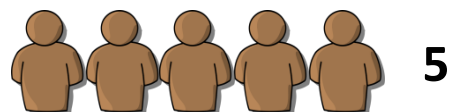
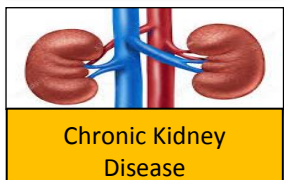
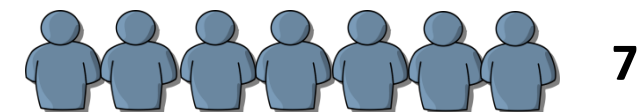
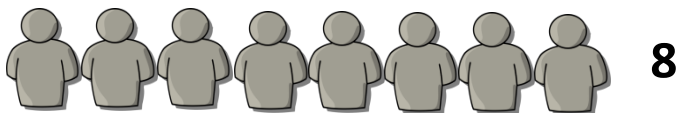
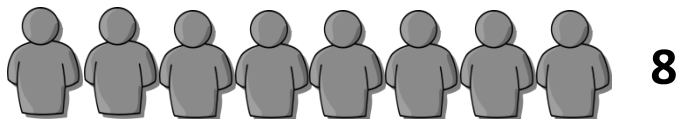
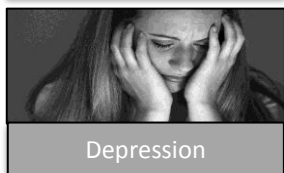
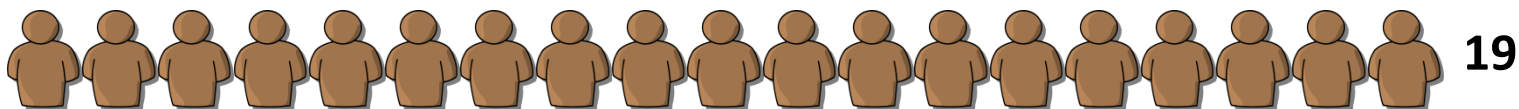
More than 7 out of 10 adults in Thurrock are either overweight or obese and at risk of developing serious health problems as a result. This is significantly higher than the average in England. We need to tackle our local obesity crisis.



# Too many people in Thurrock are living with long term health problems.

We need to get better at preventing, identifying and treating these to help people stay healthier for longer.

Out of every 100 adults who live in Thurrock, our local GPs will be treating:



# GOAL 1

## Opportunity for all



### ***What do we want to achieve?***

**Better educated children and residents who can access employment opportunities**

### ***What will achieving this goal look like?***

- Fewer children and adults will live in poverty
- All Thurrock children will be ready for school
- More Thurrock residents will be in employment, education and training
- There will be fewer teenage pregnancies

### ***Why?***

*'Disadvantage starts before birth and accumulates throughout life'*

The best way to break the cycle of disadvantage and poor health is to take action early. Ensuring that children have a good start in life can lead to life-long improvements in health and wellbeing.

We know that more than one in five Thurrock children live in poverty. That makes it much harder for them to achieve their full potential in life. Our target is to halve this by 2020.

Thurrock is a place of opportunity. The ambitious programme of regeneration in the Borough means new jobs are being created – for example through the new Port (DP World) in the East of the Borough. Thurrock people must be able to access these jobs. That means people need to leave school with good qualifications and go on to get the skills they need to secure good jobs.



# GOAL 2

## A healthier environment



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### ***What do we want to achieve?***

- **Places and communities that keep people well and independent**

### ***What will achieving this goal look like?***

- Outdoor spaces will make it easy to exercise and to be active
- More homes will be built that keep people well and independent
- Communities will be stronger and better connected.
- Air quality will be improved

### ***Why?***

We want to keep people well for as long as possible. For this to happen, we need communities that are strong and inclusive. We also need the way Thurrock's neighbourhoods are designed and built to make it easy for people to lead active and healthy lives.

If children and adults are to be more active we need to create environments that encourage them to be more active – either at school or where they live. We also need to ensure that public space is attractive and that people feel safe when they use it.

Much has already been done to empower local communities to be strong and inclusive. The Stronger Together partnership is a ground-breaking initiative which promotes community activities that strengthen connections between people. It also encourages people to have a greater say in what happens in their neighbourhood, taking control over the decisions that affect them. We want to build on that work to build strong, well-connected communities.



# GOAL 3

## Better emotional health and wellbeing



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***What do we want to achieve?***  
**Strengthen mental health and emotional wellbeing**

***What will achieving this goal look like?***

- Parents will be given the support they need when they need it
- Children will have good emotional health and wellbeing
- Fewer people will feel socially isolated or lonely
- Identification and treatment depression will be improved, particularly for those at greatest risk.

***Why?***

We know that at least one in four people will experience a mental health problem at some point in their life and that one in six adults will have a mental health problem at any one time. We also know that half of those with lifetime mental health problems first experience symptoms by the age of 14. Depression is the most common mental health problem making it a priority for us.

There are a number of things we can do to lessen the chance of poor mental health from occurring, or to prevent it from worsening. This includes ensuring that parents receive good support when they need it and identifying problems as early as possible. Tackling bullying is also important because it not only affects the mental health of children but can have long-term effects stretching into adulthood.

For people who do require long term medical care, we want to ensure that people are identified before they reach crisis point and that the service they receive is of high quality and tailored to the individual.

People with poor mental health often have poor physical health too, and we must ensure that we consider mental, physical and emotional wellbeing together.

We know that within our communities - particularly with Thurrock's older population and those with caring duties, many people will be suffering due to social isolation. Social isolation can have a significant impact on physical health as well as mental and emotional wellbeing. We must give people opportunities to connect.



# GOAL 4

## Quality care, centred around the person



### ***What do we want to achieve?***

- **Remodel health and care services so they are more joined up and focus on preventing, reducing and delaying the need for care and support.**

### ***What will achieving this goal look like?***

- Four new healthy living centres will be built with GPs, nurses, mental health services, wellbeing programmes, community hubs and outpatient clinics under one roof.
- Care will be organised around the individual
- People will feel in control of their care
- High quality GP and hospital care will be available to Thurrock residents when they need it.

### ***Why?***

There will always be times when people need treatment or care from GPs, hospitals, social care or other services. When they do, we want to ensure that services in Thurrock are joined up and organised around people's needs rather than the needs of organisations. When people are passed from one organisation to another to receive different services they often don't get the best package of care and valuable resources are wasted. That's why we have a vision to create four Integrated Healthy Living Centres in Thurrock which will provide a whole range of health and care services under one roof. This is part of providing holistic solutions, which go beyond treating conditions to supporting people.

Hospitals are under huge pressure but much of that could be avoided if we get better at providing support at an early stage, to stop things progressing. So, instead of waiting for people to develop serious illnesses before we treat them, we want services to act at an early stage to prevent, reduce and delay the need for care and support.

When people use health and care services in Thurrock we want to make sure that healthcare is easy to access and that they get the best possible treatment. As far as possible, people should be in control of their own care. That is especially important for people who have long term conditions. We have already begun to develop some of these approaches, but we must work together and with communities to take this further.

# GOAL 5

## Healthier for longer



### ***What do we want to achieve?***

- **Reduce avoidable ill-health and death**

### ***What will achieving this goal look like?***

- A greater proportion of our population will be a healthy weight
- Fewer people in Thurrock will smoke
- The identification and early treatment of long term conditions such as diabetes or high blood pressure will be significantly improved
- More cancers will be prevented, identified early and treated better.

### ***Why?***

Thousands of us will be ill or die each year from diseases which are preventable. Promoting healthy lifestyle choices is vital. Smoking is still by far the most common cause of preventable ill health and death, and obesity is a growing problem which is particularly acute in Thurrock. These issues affect physical and mental health, they result in shortened lives and poorer quality of life, and they put huge strain on families and health services. Tackling these issues is vital, therefore, if we are to improve health and wellbeing in Thurrock.

To do this, we want to help people make healthy choices. For example, help people maintain a healthy weight we want to make it easy to be active, and have a healthy diet, and provide people with good information on how to live a healthy life.

Cancer is one common reason for ill health and death. Many cancers are avoidable through lifestyle changes but when people do have cancer we want to ensure that it is identified early, through screening programmes, and treated effectively when it does happen.

## How did we develop this strategy?



### **Community engagement**

We want Thurrock residents to recognise the priorities in this Strategy and to play their part in delivering them. That's why, as part of developing the strategy we asked people their views on :

- What our priorities should be;
- What they could do personally to contribute;
- One thing that would have the biggest impact on the health and wellbeing of Thurrock people and;
- Three actions the Health and Wellbeing Board should take.

The results are set out in a detailed report accessible here ([add link here](#)).

Key themes to emerge from the engagement exercise include:

- Air quality and pollutants created by traffic (including congestion);
- Access to services – particularly in relation to GP appointments;
- Access to open and green space;
- Affordability of exercise facilities;
- Good signposting of what's already available; and
- Mental Health support.

The themes identified above have either been captured within our five goals, Outcomes Framework or related action plans. If they haven't been included, we will be clear about why this is.

Ongoing conversations will take place with Thurrock residents to ensure that action plans and future strategy development are co-produced. It is also important that residents are involved in how the Health and Wellbeing Board measures how successful the Strategy is and whether it is achieving its goals and outcomes.



## Building on our strengths

We do know that there are important strengths in Thurrock which we want to build on. These include:

- **Strong neighbourhood associations and networks** - can have a very positive impact on someone's health and wellbeing;
- **Citizen-led** – recognising that things work best when local people are given the chance to be in the driving seat and that citizen action is more durable and sustainable than any short-term programme;
- **Relationship building** – isolation and loneliness is one of the biggest problems facing our society. We thrive when we are connected with our neighbours. We can all help each other to stay connected.
- **Social Justice** – celebrating the contribution that older people and people who have disabilities and health challenges can make to community life. An inclusive approach is at the heart of a strong community
- **Dynamic Regeneration** – Thurrock has been built upon employment-led migration of people in to the Borough. As such, we have a proud history of growth and dynamic change. Using the opportunities created by our ambitious regeneration programme to improve the health and wellbeing of existing and new communities will be a key feature of this Strategy.
- **“Acts of Random Kindness”** – we have found through the development of our Stronger Together programme that Thurrock people care for each other but do not necessarily want to become involved in associations. This Strategy acknowledges that these informal and spontaneous acts of random kindness play a crucial role in supporting people and building safe and supportive communities: as such we will support small neighbourhood level initiatives as well as larger, more formal programmes of community development.

## Making it happen



### **How will we achieve our goals?**

The goals we have set out are ambitious. They cannot be achieved by a single organisation or group of people but require the transformation of systems and communities. That means that everyone has a part to play. Shared goals need to be translated into collective action. By agreeing to shared goals the organisations which sit on the Health and Wellbeing Board are making a public commitment to be held accountable for achieving them.

The strategy will lead to a number of action plans which will set out who is responsible for what. Communities and individuals are an essential part of the 'how' so we want our action plans to be co-produced with the people of Thurrock people.

Good work is already taking place so action plans will show how existing initiatives contribute to achieving our goals. It will also be important to influence existing plans and strategies. A list of key strategies and plans that contribute to the Health and Wellbeing Goal are shown in Appendix A. We will also develop five new action plans in partnership with our community that will set out in detail how we will achieve each of our five goals

### **How will we know if the Strategy is working?**

We want to be clear about whether or not our strategy is working and to hold each other to account for achieving our goals. That's why we have developed an Outcomes Framework with measurable targets and trajectories for what we expect to achieve over the next five years. Thurrock Health and Wellbeing Board will be responsible for monitoring progress against the targets in our Outcomes Framework which is available here [\[link\]](#) and we will publish annual updates showing our progress against the targets we have set. [Click here to access our Strategy Outcomes Framework](#)

We will also want to ensure that Thurrock residents are noticing a difference and therefore we are committed to having an ongoing conversation with residents to find out what they think about the action we have taken and whether they think it's having an impact.

## Looking Back.....

### Our Strategy 2013-2016...What did we achieve?

#### Adult Health and Wellbeing

- Development of Local Area Coordination service
- Development of Derry Avenue housing scheme for older people
- Four GP hubs with extended opening and walk-in appointments
- Basildon Hospital out of special measures
- Development of Thurrock's first Better Care Fund Plan between the Council and Clinical Commissioning Group
- Further development of strength-based approaches
- Delivery of Elizabeth House Extra Care Facility

#### Children's Health and Wellbeing

- Thurrock performing above the national/comparator average for children with good level development (GLD)
- Improvement in the number of children achieving grades A-C at GCSE level
- Improved rate of young people achieving at least a level 3 qualification by the age of 19
- Launch of Thurrock's Multi-Agency Safeguarding Hub
- Strong performance on the number of young people not in employment, education or training
- Improved number of looked after children living in suitable accommodation



**...and finally**



We don't want this Strategy to be a document that gets agreed and then forgotten about. It must drive change and it must do so in partnership with local people.

We want to continue the dialogue with local people about how we make this Strategy a reality. We also want to ensure local people are part of how we measure if this Strategy is making a difference.

This is your Strategy and needs to make a difference to your life.

If you have any questions about the Strategy or would like to be involved in future discussions about how we make it real for Thurrock people, then please contact us:

✉ [ASCpolicy@thurrock.gov.uk](mailto:ASCpolicy@thurrock.gov.uk)

✍ Strategy Officer, Adults, Housing and Health, Thurrock Council, New Road, Grays, RM17 6SL

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## Thurrock Health and Wellbeing Strategy 2016 – 19

GOALS	A. OPPORTUNITY FOR ALL	B. HEALTHIER ENVIRONMENTS	C. BETTER EMOTIONAL HEALTH AND WELLBEING	D. QUALITY CARE CENTRED AROUND THE PERSON	E. HEALTHIER FOR LONGER
OBJECTIVES	A1. All children in Thurrock making good educational progress	B1. Create outdoor places that make it easy to exercise and to be active	C1. Give parents the support they need	D1. Create four integrated healthy living centres	E1. Reduce obesity
	A2. More Thurrock residents in employment, education or training.	B2. Develop homes that keep people well and independent	C2. Improve the emotional health and wellbeing of children and young people.	D2. When services are required, they are organised around the individual	E2. Reduce the proportion of people who smoke.
	A3. Fewer teenage pregnancies in Thurrock.	B3. Building strong, well-connected communities	C3. Reduce social isolation and loneliness	D3. Put people in control of their own care	E3. Significantly improve the identification and management of long term conditions
	A4. Fewer children and adults in poverty	B4. Improve air quality in Thurrock.	C4. Improve the identification and treatment of depression, particularly in high risk groups.	D4. Provide high quality GP and hospital care to Thurrock	E4. Prevent and treat cancer better

Goal	Objective	Indicators	Baseline	Target %by 2020	Source
A. OPPORTUNITY FOR ALL	A1. All children in Thurrock making good educational progress	% of children achieving GLD at the end of year R	72.5%	80%	SFR36. www.gov.uk.
		Gap between above indicator and % of children on pupil premium achieving GLD at end of year R			
		% of all children achieving National Standard or greater depth	85%		
		% of young people gaining the higher grades in attainment and progress across the 8 subjects making up the National Curriculum (Attainment 8 and Progress 8)	70%		
		% of children achieving 5 good GCSEs at A – C including English and Maths			
	A2. More Thurrock residents in employment, education or training.	% of working age population who are economically active	77.7%		NOMIS
		% of the population of working age claiming Employment Support Allowance and incapacity benefits	5.0		NOMIS
		% of population claiming JSA	1.4%		NOMIS
		% of 16 – 19 year olds Not in Employment, Education or Training	5.3%		
	A3. Fewer teenage pregnancies in Thurrock.	Under 18 conception crude rate per 1000	36.1		PHOF indicator 2.04

Goal	Objective	Indicators	Baseline	Target %by 2020	Source
	A4. Fewer children and adults in poverty	% of children in poverty (all dependent children)	20.1		PHOF indicator 1.01i
		Number of households at risk of homelessness approaching the Council for assistance	2,400 pa (2015/16)		Corporate scorecard
B. HEALTHIER ENVIRONMENTS	B1. Create outdoor places that make it easy to exercise and to be active	% of physically active adults	66.3 (2014)	75%	PHOF indicator
		% of physically active children	-	-	Thurrock YP Survey
		Number of open spaces considered to be good quality/excellent	-	-	-
	B2. Develop homes that keep people well and independent	% of all major housing developments that have an approved HIA.	0	100%	Internal analysis
		% of major* planning applications that have been assessed by the HWB Housing and Planning Advisory Group	0	100%	Internal analysis
	B3. Building strong, well-connected communities	Number of hours of volunteering time	-	-	-
Number of informal neighbourhood network groups					

Goal	Objective	Indicators	Baseline	Target %by 2020	Source
		Estimated Dementia Diagnosis Rate for people aged 65+ (%)	-	67%	Internal analysis
		Number of “dementia friends” in Thurrock	-	3750	-
	B4. Improve air quality in Thurrock	Annual mean level of NO2 in the declared AQMAs			
<b>C. BETTER EMOTIONAL HEALTH AND WELLBEING</b>	C1. Give parents the support they need at the right time	% successful outcomes from early intervention prevention parenting programmes	-	95%	-
	C2. Improve the emotional health and wellbeing of children and young people	% of children and young people reporting that they are able to cope with the emotional difficulties they experience.	-	-	Thurrock Young People’s Survey
		% of children and young people reporting that they know how to seek help when experiencing difficulties with emotional health and wellbeing	-	-	Thurrock Young People’s Survey
		% of children reporting being bullied in the last 12 months	-	-	Thurrock Young People’s Survey
	C3. Reduce social isolation and loneliness	Number of people who are supported by a Local Area Coordinator	42.3 (2013/14)		PHOF indicator 1.18i
		% of people whose self-reporting well-being happiness score is low.	11.5%		PHOF indicator 2.23iii

Goal	Objective	Indicators	Baseline	Target %by 2020	Source
	C4. Improve the identification and treatment of depression, particularly in high risk groups.	% of patients on a GP depression QOF register with a record of accessing IAPT	30.7% (2014/15) in year * may need to re-visit these figures.	Min. 40% on every QOF register	QMAS / Local PH Analyses
		% of people who recover after IAPT treatment	-	-	
		% of patients with a CVD or COPD, and without a diagnosis of depression, screened for depression in the last 24 months using a standardised tool.	-	-	QMAS / Local PH Analyses
		% of ASC clients over 65 screened for depression by frontline Thurrock Council SC staff	0	90%	Local analyses
<b>D. QUALITY CARE CENTRED AROUND THE PERSON.</b>	D1. Create four integrated healthy living centres	Number of IHLCs that are operational (with plans agreed for the remaining 2 hubs)	0	2	Local analysis
		Number of IHLCs with plans agreed by all partners.	0	2	Local analysis
		% of A&E attendances that are coded as emergency medicine category 1 investigation with category 1-2 treatment, category 2 investigation with category 1 treatment, and no investigation with no significant treatment			

Goal	Objective	Indicators	Baseline	Target %by 2020	Source
	D2. When services are required, the coordinated around the needs of the individual.	2% highest risk frail elderly in Thurrock with a care plan and named accountable professional	-	-	-
		Establish a data system linking records from primary, secondary, community, mental health and adult social care.		System operational	
		% of Early Offer of Help episodes completed within 12 months			
	D3. Put people in control of their own care	% of people who have control over their daily life	74.2% (14/15)	85%	SALT (Short and Long Term) Return
		% of people receiving self-directed support	70.3% (14/15)	-	SALT (Short and Long Term) Return
	D4. Provide high quality GP and hospital care to Thurrock	% of GP practices with CQC rating of at least good			CQC
		% of patients who would recommend their GP practice to someone new in the area			GP patient survey
		% of days in the year when hospital is on Black Alert			Internal analysis
	<b>E. HEALTHIER FOR LONGER</b>	E1. Increase the number of people in Thurrock who are a healthy weight	% of children overweight or obese at year 6	38%	< national average
% of adults overweight or obese			70.4%	65%	PHOF indicator 2.12
E2. Reduce the number of people		Smoking prevalence in those aged 18+	20.7%	<18%	PHOF indicator



Goal	Objective	Indicators	Baseline	Target %by 2020	Source
	smoking in Thurrock	Smoking prevalence in those aged 15-17	NA	3% reduction	Young People's Survey
	E3. Significantly improve the identification and management of LTCs	Mean score on an agreed GP Practice based LTC management score card	TBA		Local Analyses
		Unplanned care admission rate for conditions amenable to healthcare.			SUS
	E4. Prevent and treat cancer better	Breast cancer screening coverage	71.8%	75%	PHOF indicator 2.20i
		Cervical cancer screening coverage	72.8%	80%	PHOF indicator 2.20ii
		Bowel cancer screening coverage	54.6%	60%	PHOF indicator 2.20iii
		1-year survivorship after cancer (all cancers)	66.4% (2012)	70%	ONS

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**Health Overview & Scrutiny Committee  
Work Programme  
2015/16**

Dates of Meetings: 23 July 2015, 1 September 2015, 13 October 2015, 1 December 2015, 12 January 2016, 16 February 2016

<b>Topic</b>	<b>Lead Officer</b>	<b>Date</b>
Shaping the Council Budget Update – Proposals from Adult Social Care to meet savings target	Roger Harris	23 July 2015
Transforming Adult Social Care	Roger Harris/Ceri Armstrong	23 July 2015
Thurrock Walk-in-Centre	Mandy Ansell	23 July 2015
Success Regime	Mandy Ansell	23 July 2015
Primary Care	NHS England	23 July 2015
Reduction in Public Health Grant	Roger Harris/Ian Wake	23 July 2015
MEETING CANCELLED DUE TO INSUFFICIENT BUSINESS		1 September 2015
Items raised by HealthWatch (include Coach House)	Kim James	13 October 2015
Annual Complaints Report	Harminder Dhillon	13 October 2015
Consultation on proposed changes to the way Social Care is provided in Thurrock	Roger Harris	13 October 2015
Meals on Wheels Update	Roger Harris	13 October 2015
Annual Public Health Report 2014	Ian Wake	13 October 2015
Regeneration, Air Quality and Health	Ian Wake	13 October 2015

Last Updated: 3 December 2015

Learning Disability Health Checks	Alison Cowie, Head of Primary Care Commissioning, NHS England	1 December 2015
Primary Care	Mandy Ansell – NHS England	1 December 2015
Success Regime	Mandy Ansell	1 December 2015
Local Account 2015	Roger Harris	1 December 2015
Items raised by HealthWatch (to include Coach House)	Kim James	1 December 2015
Shaping the Council Budget Update - Change to the Fees and Charges	Laura Last / Sean Clark	12 January 2016
Draft Health and Wellbeing Strategy 2016-2019	Ceri Armstrong	12 January 2016
Consultation on proposed changes to the way Social Care is provided in Thurrock	Roger Harris	12 January 2016
Items raised by HealthWatch	Kim James	12 January 2016
Learning Disability Health Checks	Alison Cowie – NHS England	16 February 2016
Final Draft Health and Wellbeing Strategy 2016-2021	Ceri Armstrong	16 February 2016
Items raised by HealthWatch	Kim James	16 February 2016

\* Report on Regeneration, Air Quality and Health will be put on next year's municipal calendar work programme.