

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

Health and Wellbeing Board

The meeting will be held at **2.00 pm** on **8 January 2015**

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

Membership:

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

Mandy Ansell, (Chief Operating Officer, Thurrock NHS Clinical Commissioning Group)

Dr Andrea Atherton, (Director of Public Health, Southend and Thurrock Councils)

Dr Anand Deshpande, (Chair, Thurrock NHS Clinical Commissioning Group)

Len Green, (Lay member, Clinical Commissioning Group)

Barbara Brownlee, (Director of Housing, Thurrock Council)

Roger Harris, (Director of Adults, Health and Commissioning, Thurrock Council)

Kim James, (Chief Operating Officer, Healthwatch Thurrock)

Carmel Littleton, (Director of Children's Services, Thurrock Council)

Lucy Magill, (Chair of Thurrock Community Safety Partnership)

Andrew Pike, (Director, Essex Area Team of NHS England)

Ian Stidston, (Director of Primary Care & Partnership Commissioning Essex Area Team of NHS England)

Dawn Scrafield, (Director of Finance, Essex Area Team of NHS England)

Agenda

Open to Public and Press

	Page
1 Apologies for Absence	
2 Minutes	5 - 12
To approve as a correct record the minutes of the Health and Wellbeing Board meeting held on 13 November 2014	
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	Declaration of Interests	
5	Thurrock Adult Autism Strategy Report	13 - 58
6	Safeguarding Adults Partnership Board Annual Report	59 - 78
7	Public Health Commissioning 2015 16	79 - 86
8	Housing Strategy Report	87 - 100
9	The Forward Plan	101 - 102

Queries regarding this Agenda or notification of apologies:

Please contact Ceri Armstrong, Strategy Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **30 December 2014**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

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

Helpful Reminders for Members

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

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

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



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.

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

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

1. Create a great place for learning and opportunity

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

2. Encourage and promote job creation and economic prosperity

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

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

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

4. Improve health and well-being

- Ensure people stay healthy longer, adding years to life and life to years
- Reduce inequalities in health and well-being
- Empower communities to take responsibility for their own health and wellbeing

5. Protect and promote our clean and green environment

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

Minutes of the Meeting of the Health and Wellbeing Board held on 13 November 2014 at 2.00 pm

- Present:** Councillors Barbara Rice (Chair), Tunde Ojetola and Joycelyn Redsell
- Mandy Ansell, (Chief Operating Officer, Thurrock NHS Clinical Commissioning Group)
Barbara Brownlee, (Director of Housing, Thurrock Council)
Len Green, (Lay member, Clinical Commissioning Group)
Roger Harris, (Director of Adults, Health and Commissioning, Thurrock Council)
Carmel Littleton, (Director of Children's Services, Thurrock Council)
- Apologies:** Councillors John Kent, Dr Anand Deshpande, Kim James, Andrew Pike and Ian Stidston
- In attendance:**
- | | |
|---------------------------|---|
| Christopher Smith (CS) | Community Wellbeing Project Manager |
| Sharon Grimmond (SG) | HWBB Business Manager |
| Louisa Moss (LM) | Housing Enforcement Manager |
| Paula McCullough (PM) | Commissioner - Emotional Health and Wellbeing |
| Sarah Turner (ST) | Commissioning Officer - Older People |
| Karen Samuel -Smith (KSS) | Business Development Manager, Essex Local Pharmacy Committee (LPC) |
| Louisa Moss | Housing Enforcement Manager, Thurrock Council |
| Dawn Scrafield (DS) | Director of Finance – on behalf of Andrew Pike, Director, NHS England Essex Area Team |
-

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.

22. Minutes

The minutes were agreed. The following comments and updates were received:

Actions: from last minutes

Item 5: Care Act Implementation

CL asked whether there was a National Board regarding adult safeguarding reviews? RH provided a verbal update that there was no formal national body at the moment but was under consideration.

Regarding Care Act consultation and engagement, CA stated that the Council was liaising with Thurrock Coalition to develop how service users should be engaged with and on what elements. Additionally, a national toolkit will be made available at the end November.

Item 8. Health and Wellbeing Strategy Annual Report 13/14 and Delivery Plan 14/15 (Children and Young People)

CL commented that the Thurrock schools are above the national average with regards to Maths and English.

BR commented that the Stakeholders Event is being planned and the Board will be notified in due course.

23. Urgent Items

There were no items of urgent business

24. Declaration of Interests

TO declared that he is a member of the Children's Overview and Scrutiny Committee.

25. Pharmaceutical Needs Assessment Report Nov 14

AA provided an explanation of the Pharmaceutical Needs Assessment (PNA). As a result of the Health and Social Care Act 2012, it was a responsibility of the Health and Wellbeing Board to produce the PNA. KSS from Essex Local Pharmaceutical Committee (PNC) also commented on a contingency strategy being developed.

In response to a question asked about why more surgeries were not carrying out their own prescriptions within surgeries, KSS stated that regulations meant that only applied to residents living more than a mile from community pharmacies.

BB felt that the PNA could be strengthened by clearer objectives and also questioned what the 65 units of extra care referred to (p111 of PNA). AA stated that the PNA was a needs analysis to inform commissioning and therefore would not have specific objectives.

RH felt that pharmacies and pharmacist were currently underused and that they needed to be considered as an option for providing certain services – e.g. as part of a community-based offer.

In response to JR asking about the appliance contractors in regards to what would residents do if they want to return crutches or wheelchairs once they are no longer required, Michelle Stapleton from North East London Foundation Trust (NELFT) commented that it is not necessarily cost effective to take back and recondition all equipment.

TO applauded and welcomed the report and offered to assist with any statistics on the report. TO spoke about a charity that would take crutches and wheelchairs to third world countries TO confirmed he is happy to pass on further information on this.

LG asked about needles for diabetics and that there is currently no collection service in existence. AA informed the Board that needles were clinical waste and the Local Authority were the responsible agency. AA further commented that she was working with the Environmental Services Team about a solution.

Recommendations agreed.

26. Child Sexual Exploitation and the Jay Report Nov 2014

CL presented the report to raise awareness of the Jay Report in to Child Sexual Exploitation and to provide the Board with assurance about Thurrock's preparedness. The Jay Report outlined failures of agencies to uncover and deal with child sexual exploitation.

CL stated that every area should assume that child sexual exploitation is occurring and needed to ensure that vulnerable children were identified. In Thurrock, risk assessments were carried out on every vulnerable child.

CL provided an update on what has been done locally and stated that an action plan had been developed which responded to recommendations made by the Jay Report The Action Plan will go back to the Childrens Overview and Scrutiny in February and be subject to regular review.

JR applauded the work done by the Children's Social Care.

BR asked whether the workforce was fit for purpose.

CL commented that all social workers have compulsory training around Child Sexual Exploitation And that there is also ongoing work such as training for head teachers, directors and heads of services.

CL concluded that some of the ongoing work of the LSCB Board and Childrens Partnership is to ensure that partners agencies challenge each other to ensure we continue to work collectively to protect vulnerable young children.

MA asked CL what was being done to address the growth of female gangs locally. CL stated that the issue was being reported on to the Children's Partnership Board and also Community Safety Partnership and that joint working with housing was also in place.

BB said that Housing has set up an Anti Social Behaviour Team and that the team works closely with Children's Social Care. The Multi Agency

Safeguarding Hub (MASH) also provides a strong model for improvement. BB added that we are in a better place to deal with the issue than before. KSS informed the Board that work has been carried out with the police and the pharmacies at least 50 pharmacists were offered awareness training as they are usually the first point of contact by the victims or the perpetrator who may go to the pharmacy. KSS said that she would be happy to get involved in this work.

OT explained that due to the demographic changes to the area, gang members in London are being placed in Thurrock and this is the reason for the increase in gang activity in this area. OT questioned how do we reach the hard to reach groups and those that may fall through the system as this needed to be addressed.

CL explained that there is a missing children panel that work with school to review children that not only go missing but who also miss school. Due to training and sharing of information through partners, schools are more alert and provide an assessment to monitor pupils by undertaking registrations after each school subject.

CL stated that young people were very aware of who of their peers were vulnerable or at risk that we must use as a powerful ally.

CL spoke about meeting with a group of survivors of exploitation – who are now able to run workshops on how to be a survivor of Sexual Abuse. CL concluded that this was the best experience seeing the group supporting others, going through this trauma.

27. EWMH - Project Update

PM presented Emotional Wellbeing and Mental Health Services Report previously CAMHS.

The project has been refreshed and aims to provide a better service for young people with Mental Health needs including a greater emphasis on keeping people well. Early Intervention is an effective way of working with young people in schools and youth organisations. This is the first time 3 local authorities and 7 CCGs have worked together to commission an integrated service across Essex, Thurrock and Southend.

Interventions will be evidence-based and joint service commissioning will provide one provider with one contract with the ability to redirect resources for children and young people. Young people have told us that they wanted a modern service and this will be reflected in the new service.

Resources and services will be provided through a digital medium and within schools and practitioners will go to where young people are based rather than expecting young people to go to the service – e.g. Schools and children centres etc.

PM said this the contract specification had gone out to tender and applications were currently being reviewed.

BB said it was important that whilst the contact was pan-Essex, it reflected Thurrock's needs. PM confirmed that this would be the case.

PM stated that a lesson's learnt review was being compiled which could influence how future procurement exercises might be carried out.

TO asked about councillor involvement and RH clarified that the CAMHS proposal had gone through cabinet and had been approved.

Recommendation agreed.

28. Well Homes Project Report November 2014

BB commented on the work being carried out with public health colleagues on 1000 residents in sheltered complexes across the Borough. The work would identify what Public Health interventions could be of benefit to commission in sheltered housing complexes.

A report on the links between housing and wellbeing will be brought to a future Board meeting.

LM spoke about the Public Health-funded Well Homes initiatives focused on private housing. At least 80% of homes in the Borough are defined as 'private'.

LM explained that the project had been in existence for 4 months and aimed to ensure that people have a safe place to live that can accommodate their wellbeing and health.

The project is gathering momentum and the intention is that it will become mainstreamed – should the funding be available. The Well Homes project's actions feed in to the JSNA. The project is also an agenda item on the Public Health Strategy Board. This project is saving money through its advice and interventions and is estimated to be saving £100,000 for the NHS for example by helping to avoid hospital admissions through issues such as falls.

RH said that the project was an excellent example of the benefits of public health working with partners.

RH stated that at this point it was not possible to say whether the project would receive on-going public health funding, and this would be subject to amongst other things, the size of the future Public Health grant.

AA said she was delighted with the report which provided an example of the cost savings that could be achieved if avoiding accidents in the home that could lead to an emergency admission – e.g. trips and falls.

BR comments that the £1.2 million public health grant that Thurrock had managed to secure for 2014/15 was not a certainty for 2015/16 and that this needed to be confirmed before any further funding could be committed. DS stated that the aware of the Public Health grant was outside of NHS England's remit.

Recommendation 1.2 Subject to Public Health funding allocations 2015/16.

29. Final BCF pooled fund S 75 Agreement Nov 2014

RH provided an update on the Better Care Fund and the development of the pooled fund section 75 agreement. The 'Heads of Terms' were presented to the Board for its agreement.

RH stated that Thurrock's Plan had been awarded 'approved subject to conditions'. Thurrock had been assigned a 'Better Care Advisor' and would resubmit the plan on the 28th November as part of a 'lite touch' process. The Plan would then be subject to another round of assurance where it was hoped that conditions would be removed.

MA commented that collaborative and integrated working had already begun before the Better Care Fund, and the resubmission had allowed Thurrock to clarify what was already in place.

With regards to the Section 75 agreement, the 'Heads of Terms' had been brought to the Board for agreement. This would inform the final agreement which would be brought to the January Board for endorsement, followed by Cabinet and CCG Board approval.

CS made the Board aware that authorities whose BCF Plans had been graded as 'not approved' or 'approved subject to conditions' were unable to enter in to a BCF pooled section 75 agreement until approval without conditions had been achieved. Thurrock was using its BCF Plan and the funding attached to it to focus in the first instance on people aged 65 and above. As part of the BCF, the CCG were having to find funding to support the implementation of the Care Act 2014.

CS further stated that governance arrangements would be established to ensure that funds were managed as agreed. This would include reporting to the HWBB and the establishment of an Integrated Commissioning Executive (ICE).

TO voiced concerns about ensuring arrangements did not become overly bureaucratic.

DS commented that risk share arrangements needed to be considered.

BR thanked the team for their continued work and commitment

Recommendation agreed

30. Proposed amendments to Thurrocks HWBB Membership

CL updated the Board on why proposed changes to the Board's membership had been made. This included adding the Chair of the Local Children's Safeguarding Board and Portfolio Holder for Children's Services as members.

CL stated that a number of authorities had been criticised by Ofsted through inspections carried out, for not having the LCSB Chair as a member of their respective Health and Wellbeing Board. The proposed amendments to the Board's membership would show a strong link between the Board and children's safeguarding.

RH added that as the Care Act 2014 had provided the Adult Safeguarding Partnership Board with an equal footing, then changes to Board membership had also included adding the Chair of the Adult Safeguarding Board.

Changes would be subject to approval by Council in January.

Recommendations amended and agreed.

The Board endorses the recommendation that the Chairs of the Adults and Children's Safeguarding Boards and the Children's Social Care Portfolio Holder are to become full Board members- subject to an agreement by Council on the 28th January 2015'.

31. Market Position Statement Report

RH stated that it was a requirement of the Care Act to produce a Market Position Statement (MPS) which would help to ensure Thurrock could influence the care market that was needed rather than what was available.

ST stated that the document set out behaviours to be encouraged and discouraged.

There would be two consultation events organised, and approval by the Board would be to enable the consultation process to commence.

BR welcomed the document and felt it was a stepping stone to ensuring providers knew what we wanted them to provide. She further added that contract monitoring was key.

BB added that the Housing Department had been brought in to discussions at an early stage which was welcomed.

Recommendations agreed

32. The Forward Plan

The forward plan for January was discussed.

Confirmation made to change the date of the next HWB Meeting to 08th January.

BB to bring the Housing Strategy to a future Board meeting.

The meeting finished at 4.00 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**

8 January 2015	ITEM: 5
Thurrock Health and Well-Being Board	
THURROCK ADULT AUTISM STRATEGY	
Wards and communities affected: ALL	Key Decision: Non-key
Joint Report of: Thurrock Council and Thurrock Clinical Commissioning Group (CCG): Authors - Catherine Wilson - Strategic Lead - Commissioning and Procurement, Adults Health and Commissioning and Allison Hall – Commissioning Officer, Adults Health & Commissioning	
Accountable Head of Service: N/A	
Accountable Director: Roger Harris Director Adults Health and Commissioning	
This report is Public	

Executive Summary

In April 2014 HM Government published their updated Autism Strategy called Think Autism (web link https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf). Think Autism contains 15 priorities which need to be met locally. These priorities fall into 3 broad areas as follows for people with autism;

- An equal part of my local community (priorities 1 to 6)
- The right support at the right time during my lifetime (7 to 13)
- Developing my skills and independence and working to the best of my ability (14 and 15)

Thurrock’s Adults Autism Strategy (which is attached as appendix 1) has been reviewed to

- Reflect the Think Autism Priorities
- Update demographic information and data
- Produce a revised Action Plan incorporating outstanding and new actions

Amendments to the strategy are detailed in appendix 2; these are pre-dominantly the additional requirements of the Think Autism priorities.

Demographic information and locally held data has also been added and updated, this now provides a clearer picture on the prevalence of and anticipated demand on adult services for people with autism. Data suggests that there will be more young people transition to adult services with autism as their primary need for care, often requiring specialist residential care provision, this will be a growth area for adult services of which significant costs are associated.

We are currently reviewing the Transitions data of those that will require Adult Social Care over the next 4 years

The data indicates the following

- 57 service users will be transitioning from Children's Social Care to Adult Social Care in the next 4 years, of those 54% will be on the Autism spectrum*
- 16 service users will require residential placements. These are expensive placements due to the complexity of need and specialist care required (ranging between £2,907.00 - £5,673.00 per week)*
- Current indications suggest the total weekly cost of those that will transition from Children's Social Care to Adult Social Care is £59k per week, an annual cost of £3.1m*

It is anticipated that this trend is likely to continue beyond the next 4 years due to the specialist autism schools within Thurrock (Treetops & Beacon Hill), there are very little services in the local area that can meet the need of this growing demand. (eg residential care, supported living and respite)

Further work will be required to be undertaken to understand the likely impact beyond this and what services will be needed to be developed of which considerable cost pressures to Adult Social Care will be attached

The action plan from the original strategy has been reviewed and updated, any outstanding actions have been transferred to a new action plan, as discussed further below*.

The original action plan has already delivered in a number of areas including training, data collection and transitions- significant progress has been made in the training of all Adult Social Care front line staff, this is ongoing and will be reviewed in 2015 with a view of extending this across all council front line services. Our assessment and data collection processes have been reviewed, and links between Adult and Children's Services for those coming through transition are improved.

It is recognised that further work is required by Thurrock CCG and other public bodies particularly in relation to a diagnostic pathway and improved access to health services for those people with autism.

*The revised action plan can be found on pages 28 - 35 of the strategy; this provides timescales for completion and will also be a key priority of the Autism Action Group to monitor.

The revised strategy has been presented to Thurrock Coalition, our user led organisation prior to public consultation to seek their views. An event was held in September 2014 for people with autism, their family and carers to review the strategy seek members for the Autism Action Group and agree priorities for the group. Establishing an Autism Action Group is a key priority within Think Autism and the inaugural meeting was held in December 2014.

The Health & Well Being Board may also wish to refer to the Adult Autism Strategy report presented to the Health and Well Being Board on 13 March 2014 for historic information.

1. Recommendation(s)

1.1 That the Health & Well Being Board note that the strategy has been reviewed in light of Think Autism

1.2 That the Health & Well Being Board give approval for a six week public consultation on the strategy, in line with Thurrock Councils consultation responsibilities

2. Introduction and Background

2.1 Autism is a lifelong developmental disability, sometimes referred to as Autistic Spectrum Disorder (ASD) or Autistic Spectrum Condition (ASC). A spectrum condition, by definition, refers to people with a very wide range of needs. A significant proportion of people with autism will also have a learning disability. At the other end of the spectrum there are people with 'high-functioning' autism, which includes Asperger Syndrome. People on the autistic spectrum experience difficulties with social communication, social interaction and social imagination

Whilst it is possible for people with autism to live fulfilling and rewarding lives, with family, friends and employment, many on the spectrum experience significant challenges, including:

- Economic exclusion and unemployment
- Inconsistency in the availability of services with a common experience of falling between services as autism does not fit the traditional inclusion criteria for mental health or learning disability services.
- Increased risk of homelessness
- Increased vulnerability to all forms of exploitation

The strategy has been written in the context of the statutory duties placed on local authorities and NHS bodies through the following

- The Autism Act (2009)
- Fulfilling and rewarding lives – the national strategy for autism (2010)
- **Statutory guidance for implementing the national strategy (DoH Best practice Guidance, Gateway 15204, 2010)
- Think Autism Strategy – Fulfilling and rewarding lives, the strategy for adults with autism in England: an update (April 2014)

** (It is worth noting that there is currently formal consultation on the revised Statutory Guidance to support the implementation of Think Autism. The draft statutory guidance seeks to update the existing guidance in line with progress made since 2010 and recent legislation. Thurrock Council will ensure that this will be incorporated into the strategy as part of the action plan when published in early 2015)

The specific areas for action under the revised Strategy are as follows

- Increasing Awareness
- Improved access to diagnosis and assessment services
- Transition
- Improved access to services
- Housing
- Employment
- Improve the way we plan and prioritise services for adults

There is a commissioning lead with Adult Social Care to lead and monitor performance on the work required. There will also be periodic reviews of the strategy over its lifetime to provide the Board with an update on progress

3. Issues, Options and Analysis of Options

3.1 N/A

4. Reasons for Recommendation

4.1 To ensure that the Health & Well Being Board are informed of the changes to Thurrock's Autism Strategy in light of updates to statutory responsibilities of Think Autism (April 2014)

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

5.1 Pre-consultation has taken place on the revised version of the strategy

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

6.1 There is a statutory responsibility upon the council and CCG to implement the Think Autism priorities. Officers will be working with other departments across the council, partners and the voluntary sector to ensure that we meet our responsibilities and where necessary amend policies as appropriate

7. Implications

7.1 Financial

Implications verified by: **Mike Jones**
01375 65277
mxjones@thurrock.gov.uk

The cost incurred regarding training, awareness and officer time in implementing the Think Autism priorities will be contained within existing resources

The wider demographic changes and the implications of the transition process between adults and children's social care will need to be considered as part of both the Councils medium and short term financial strategies.

7.2 Legal

Implications verified by: **Dawn Pelle**
01375 652925
Dawn.pelle@bdtlegal.org.uk

There are no legal implications over and above the Councils and CCG statutory responsibilities to have an Autism Strategy and those arise from this report. Account has been taken of the Transition Duties under the Care Act 2014.

7.3 Diversity and Equality

Implications verified by: **Teresa Evans**
Equalities and Cohesion Officer
tevans@lbbd.gov.uk

The implementation of the revised autism strategy will be key in ensuring that people who have autism have an equal opportunity within their community regardless of any other protected characteristic(Equality Act 2010) they may have. The service will continue to monitor closely the delivery of this wider agenda ensuring appropriate outcomes for all.

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

N/A

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):

9. Appendices to the report

- Appendix 1 – Thurrock Autism Strategy
- Appendix 2 – Amendments

Report Author:

Catherine Wilson

Strategic Lead - Commissioning & Procurement
Adults, Health & Commissioning

Allison Hall
Commissioning Officer
Adults, Health & Commissioning

Appendix 2 – Amendments

Page no.	Amendment	Reason for amendment
6	<p>In 2014 this was expanded to fifteen priorities in the revised national strategy called Think Autism. These fifteen priorities fit into three areas of focus;</p> <ul style="list-style-type: none"> • An equal part of my local community (priorities 1 to 6) • The right support at the right time during my lifetime (7 to 13) • Developing my skills and independence and working to the best of my ability (14 and 15) 	To include the Think Autism priorities
7	and are expressed clearly in HM Governments updated 2014 Think Autism strategy.	To reflect that Think Autism is included within Thurrock priorities
8	In addition an event was held in September 2014 with Thurrock Coalition to explore key priorities for the Autism Partnership Board, once it is established. Please see Appendix 4 for full details	Updated report of user-led involvement
17	In addition information provided by Children’s Social Care on children known to their service indicates that there is a likelihood of 57 children aged between 14 & 18 that would transition to Adult Social Care. Of those there are 31 children with ASC, 54% of the total numbers know.	Additional demographic data
18	Table of children receiving additional support in school	Updated table to reflect current information held
23	<ul style="list-style-type: none"> • Multi agency training plan - where both the local criminal justice system and the CCG are engaged in the training agenda • Make people aware that reasonable adjustments must be made to universal services (the type of services available to all people across the borough e.g. libraries, transport, cinemas etc.) to improve access and support to people with autism. 	To reflect the updated 15 priority areas in Think Autism

	<ul style="list-style-type: none"> Develop an Autism Champions programme led by the Autism Partnership Board 	
23	Health colleagues to lead on the development of a clear local diagnostic pathway. As part of this pathway a diagnosis should trigger a community care assessment.	To reflect the updated 15 priority areas in Think Autism
23	Ensure Thurrock's Carers Strategy and Autism Strategy are linked and that carers are represented on the APB	To reflect the updated 15 priority areas in Think Autism
23	Transition plans for young people with autism include employment as a key outcome	To reflect the updated 15 priority areas in Think Autism
24	<p>Thurrock aims to;</p> <ul style="list-style-type: none"> Develop a single identifiable contact point where people with autism (whether or not in receipt of a statutory service) can get information, signposting and autism-friendly entry points for a wide range of local services. (this may be through the council run LAC service) Make information available about local support easily accessible to people with autism 	To reflect the updated 15 priority areas in Think Autism
25	Include the need of people with Autism in the housing strategy	To reflect the updated 15 priority areas in Think Autism
25	Promote apprenticeship schemes Setting the example locally by becoming an autism friendly place to work.	To reflect the updated 15 priority areas in Think Autism
26	<p>Thurrock aims to:</p> <ul style="list-style-type: none"> Improve collection and analysis of information and trends to clarify how many people in Thurrock have the condition. This includes recording data about the number of people who meet adult social care eligibility criteria but do not receive a service. 	To reflect the updated 15 priority areas in Think Autism

	<ul style="list-style-type: none"> • Need to record more accurately the number of people with Autism who are also identified as having a learning disability or mental health problem (dual diagnosis) • Autism is included in the Joint Strategic Needs Assessment • Achieved this is Catherine Wilson - Service Manager A mechanism for adults with autism and carers to oversee the implementation of this strategy through the development of an Autism Partnership Board (APB) • Ensure Older People with Autism are considered in the planning of services. • Ensure that Thurrock's Clinical Commissioning Group (CCG) are engaged and a full partner in the development of this strategy. 	
27	It is a requirement that Thurrock has an Autism Partnership Board (APB) which includes adults with autism and their carers. This board must also include representatives from social care, health, education, housing and the criminal justice system. This board will monitor and report progress to the Disability Partnership Board	To reflect the updated 15 priority areas in Think Autism

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**Thurrock Council
Adult Autism Strategy
2014-2018**

Updated Version - November 2014

DRAFT

Foreword

In April 2014, H M Government published their updated Autism Strategy called Think Autism. This revised strategy (Think Autism) contains 15 priorities that need to be met locally. These 15 priorities fall into 3 broad areas for people with autism;

- An equal part of my local community (priorities 1 to 6)
- The right support at the right time during my lifetime (7 to 13)
- Developing my skills and independence and working to the best of my ability (14 and 15)

Web link to the revised strategy can be found at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf

We are refreshing Thurrock's autism strategy to ensure it reflects the priorities contained in Think Autism. Thurrock's autism strategy has already been consulted upon, but as we need to make changes to the document we want to hear your views on whether you agree to these changes or whether you think we have missed anything that is a priority locally.

During the review it was clear that although presented differently, Thurrock's original Autism strategy mostly mirrors the Think Autism priorities. However, some amendments have been made to ensure this document is up to date. These amendments are detailed in appendix 1

In addition, during this we reviewed the existing action plan. This is the most significant area of suggested change in the document.

The action plan has been reviewed and full details can be found at appendix 2

After the consultation, appendix 2 will be removed from the future version of Thurrock's strategy. Instead a new action plan is suggested in Part 8 which details any actions still outstanding (with a new deadline) or new actions which are a result of the changes in Think Autism or where Thurrock's scored either a red or amber in our Autism Self Assessment

[the web link to the self assessment can be found at
<http://www.improvinghealthandlives.org.uk/projects/autsaf2013/pdfs/thurrock.pdf>].

This action plan will also capture any additional actions that are seen as a priority locally during this public consultation

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Contents	Page number
Where we are now	4
Executive Summary	4
1. Introduction/Strategic Overview	8
2. Background	9
3. Autism in Thurrock	12
Where do we want to be?	
4. Thurrock aspirations	22
5. Thurrock goals	26
How we are going to get there	
6. Core strategy	27
How will the strategy be implemented?	
7. Resources	27
8. Action plans	28
How will we know when we are there?	
9. Monitoring	35
10. Review of strategy	35

Where are we now
Executive Summary
Context

Autism is a lifelong developmental disability, sometimes referred to as Autistic Spectrum Disorder (ASD) or Autistic Spectrum Condition (ASC). We have adopted the term Autistic Spectrum Condition. A spectrum condition, by definition, refers to people with a very wide range of needs. A significant proportion of people with autism will also have a learning disability. At the other end of the spectrum there are people with 'high-functioning' autism, which includes Asperger Syndrome.

Recent years have brought new statutory duties to local authorities and NHS bodies through;

- The Autism Act (2009)
- Fulfilling and rewarding lives - the national strategy for autism (2010)
- Statutory guidance for implementing the national strategy (DOH Best Practice Guidance, Gateway 15204, 2010)

This Strategy covers the Thurrock Council area and has been written in response to the above legislation and guidance. Initial consultation with people with an ASC and their family carers took place at a workshop on 24th July 2012 at The Beehive in Grays.

National and regional guidelines for the implementation of the Autism Act have formed the framework for the Strategy. It has been developed at a time of financial constraint, when it will be necessary to achieve outcomes by optimising the use of existing resources.

Thurrock Council outlines its own priorities which are as relevant for people with autism as the rest of the community.

- to improve the education and skills of local people
- to encourage and promote job creation and economic prosperity
- to ensure a safe, clean and green environment
- to provide and commission high quality and accessible services that meet, wherever possible, individual needs
- to build pride, respect and responsibility in Thurrock's communities and its residents.

The need in Thurrock

The need for support for people with ASC conditions varies considerably. A significant number of people with ASC will also have a learning disability, and some will also have other disabilities (learning, physical and/or sensory disabilities). Some people will need 24 hour support. At the opposite end of the ASC spectrum, people with “high functioning” Autism/Asperger Syndrome may need just a small amount of support or access to information, advice and guidance to enable them to live independently within their communities.

The exact number of people with ASC in Thurrock is not known, but estimates set the national prevalence at 1% (this is the incidence rate used in the national autism strategy). This gives an expected number of adults with ASC in Thurrock as 992. It is recognised that there are likely to be a number of adults with ASC who have not received a diagnosis. As young people with ASC reach the point of transition from Children’s Services to Adult Services they are very likely to have an existing diagnosis, so the number of undiagnosed people in the population will decline in future years.

It needs to be noted that the ASC population in Thurrock is expected to rise significantly over the coming years. This is due not only to the population increase but the provision of a specialist school with an excellent reputation for work with children with autism. Some families with children with autism are moving into the area in order to gain a place at the school. This will have a direct impact on adult services when these children reach transition and adulthood.

Existing Services in Thurrock

Statutory services are currently delivered by the NHS and Local Authority, which provide support through either the Community Mental Health Teams, Community Learning Disability Team (Health) or Social Work Intervention and Transition and Locality Teams. A specialist Asperger’s diagnostic service is also available through South Essex Mental Health Foundation Partnership Trust (SEPT).

The voluntary sector offers valuable but limited services and support for people with ASC and their family carers, some of these are provided across the Essex County Council border.

What the Thurrock Autism Strategy hopes to achieve.

The National Strategy focuses on five core areas of activity:

- Increasing awareness and understanding of autism among frontline professionals:
- Developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment;
- Improving access to the services and support which adults with autism need to live independently within the community;
- Helping adults with autism into work, and
- Enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities.

In 2014 this was expanded to fifteen priorities in the revised national strategy called Think Autism. These fifteen priorities fit into three areas of focus;

- An equal part of my local community (priorities 1 to 6)
- The right support at the right time during my lifetime (7 to 13)
- Developing my skills and independence and working to the best of my ability (14 and 15)

The Thurrock ASC Strategy has been prepared with the aim of addressing these objectives.

Thurrock Strategic Priorities

The Goals for this strategy and the actions needed to achieve them are set out in the full Action plan

From consultation with local residents in July 2012, six priority outcomes were identified as follows: These are in line with the national strategy.

- 1:** People have accessed appropriate health services.
- 2:** People are in paid work or undertaking work related opportunities.
- 3:** People are living in a range of accommodation and included in a range of activities in the community.
- 4:** People have experienced choice and control in the planning and delivery of their individualised social care services.
- 5:** People have had appropriately planned and supported transitions.
- 6:** People have had supportive education and training opportunities.

There are a number of cross cutting outcomes which feature throughout as follows:

- Both the community and professionals are aware of Autism and some have received specific training.
- There are a range of networks for support throughout Thurrock.
- Universal services have access to specialist support.
- Specialist support is available to people with Autism.

These Thurrock priorities are in line with the National Strategy and are expressed clearly in HM Governments updated 2014 Think Autism strategy. These will be delivered through a three year action plan. During the life of the strategy we will continue to consult and invite feedback to ensure annual action plans reflect any changes to local or national priorities.

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1. Introduction

Why do we need a Thurrock Autism Strategy?

Adults with ASC and their families face many barriers in their everyday lives in accessing the support and services they require including:

- Their condition being misunderstood by professionals and society
- Difficulty with the support and services they need to live independently in the community
- Difficulties with gaining long term meaningful employment.

The Autism Act 2009 required the government to develop a strategy for meeting the needs of adults in England with autistic spectrum conditions by improving the provision of relevant services to such adults by local authorities, NHS bodies and NHS foundation trusts.

That requirement was met by *'Fulfilling and Rewarding Lives: The Strategy for Adults with Autism in England 2010'*.

Statutory guidance for implementing the national strategy was also issued in 2010.

Thurrock Council has worked in partnership with Thurrock Coalition, our user led organisation to co-produce a local response to the national strategy and statutory guidance. Please see Appendix 3 for full details

This document:

- Identifies gaps in provision of services for people with autism and actions to address those gaps.
- Sets out how the commissioners in Thurrock will work in partnership to improve services for people with autism.
- Sets out relationships and responsibilities of statutory organisations and partners involved in service provision for adults with autism to make the best and most effective use of resources.

In addition an event was held in September 2014 with Thurrock Coalition to explore key priorities – linked to Think Autism, for the Autism Partnership Board, once it is established. Please see Appendix 4 for full details

Thurrock Vision

Thurrock's Community Strategy lays out the vision and priorities for Thurrock. The strategy is informed by what local people tell us are priorities for Thurrock.

The vision for Thurrock is:

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

There are five strategic priorities to achieve this vision.

- Create a great place for learning and opportunity
- Encourage and promote job creation and economic prosperity
- Build pride, responsibility and respect to create safer communities
- Improve health and well being
- Protect and promote our clean and green environment

Thurrock Council's vision and priorities reflect the philosophy of the National Autism Act.

2. Background

National and Local Policy Context

A number of significant national policies and reports have emerged that are relevant to provision of services to people with an Autistic Spectrum Condition, culminating in the first disability-specific act of Parliament, The Autism Act 2009.

In response to The Autism Act 2009, the Department of Health published *Fulfilling and Rewarding Lives* in March 2010, a National Strategy for Adults with Autism. This guidance sets out the following vision:

'...for all adults with autism to be able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis, and accept support if they need it, and they can depend upon mainstream public services to treat them fairly as individuals, helping them to make the most of their talents'

National Prevalence

Given that there is no prevalence rate for ASD in adults, the figure for the whole population is a very rough guide, but we estimate that there could be over 500,000 people who have an ASD. (*National Autistic Society*)

'It is estimated that autism affects 1 in 100 adults and in a survey conducted by the National Autistic Society, 63% of adults with autism do not have enough support to meet their needs' (Rosenblatt, 2008).

There is evidence that services provided by local authorities and health services are not always accessible. Adults with an Autistic Spectrum Condition can fall into the gap between learning disability and mental health teams, and this can be more problematic when local authorities and health services do not work closely together.

This is supported by a report by the National Audit Commission report identifying the difficulties in knowing if people have a recognised diagnosis

'We are not confident that all people who may have ASD are recognised and recorded as having ASD.'

Local Authority Survey Respondent (Source: NAO)

What is Autism Spectrum Condition (ASC)

Autism Spectrum Condition (Autism) is the collective term for Autism, Asperger Syndrome, Atypical Autism and Pervasive Developmental Disorder – Not otherwise specified. Current thinking suggests that Autism is a lifelong developmental condition that varies in severity in its impact on individuals. The National Autistic Society defines Autism as: *a complex spectrum condition.*

People on the autistic spectrum experience three main areas of difficulty:

They are difficulties with:

- Social communication (e.g. problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice)
- Social interaction (e.g. problems in recognising and understanding other people's feelings and managing their own)
- Social imagination (e.g. problems in understanding and predicting other people's intentions and behaviour and imagining situations outside their own routine)

As unique individuals, no two people with autism are the same. However, people with autism may show common traits such as strong preference for routine and rules, and some experience sensory sensitivity; for example in disliking loud noises. Around half of people living with autism also have a learning difficulty, and these people tend to receive a diagnosis of autism. Those with no learning disability have been referred to as having Asperger Syndrome, but impending changes in the definition of autism mean Asperger as a term is being used less.

Asperger syndrome is to be dropped from the psychiatrists' Diagnostic and Statistical Manual (DSM) of Mental Disorders, the American publication that is one of the most influential references for the profession around the world. The term Asperger disorder will not appear in the DSM-5, the latest revision of the manual, and instead its symptoms will come under the newly added Autism spectrum disorder, which is already used widely. That umbrella diagnosis will include children with severe autism, who often do not talk or interact, as well as those with milder forms.

People on the high functioning end of the autistic spectrum can experience anxiety and depression, especially if expectations cannot be achieved due to a variety of reasons.

It can be difficult for professionals to recognise that a person has autism when there is no learning disability present, so the condition frequently goes undetected. Awareness of autism is poor, even amongst experienced health and social care professionals and mainstream services often struggle to provide appropriate support.

Whilst it is possible for people with autism to live fulfilling and rewarding lives, with family, friends and employment, many on the spectrum experience significant challenges, including:

- Economic exclusion and unemployment

- Inconsistency in the availability of services with a common experience of falling between services as autism does not fit the traditional inclusion criteria for mental health or learning disability services.
- Increased risk of homelessness
- Increased vulnerability to all forms of exploitation

3. Autism in Thurrock

Within Thurrock there is currently very little in the way of specialist community based or residential/supported housing services available for people on the ASC. This can result in people not accessing appropriate support, coming to the attention of mental health services or social care services at a later date and requiring in-depth support or going outside of the borough for specialist provision. It can be the case that people are pushed either towards mental health or learning disability services when neither of these are appropriate. This causes distress and problems to those families affected.

What is the level of need in Thurrock?

There are no local sources of information that record incidence and prevalence of autism across Thurrock. For this reason, estimates based on those used in the National Autism Strategy have been used. These estimates indicate that prevalence is higher among men (1.8%) than women (0.2%), and rates change slightly between different age groups.

It is recognised within the National Strategy that current best estimates are based on a small study, which had a secondary aim of developing a robust methodology for undertaking such research.

A quote from the author reinforces the need to treat these rates with caution:

“This small base means that great caution is required in interpreting the population distribution of ASD (particularly among women).” Brugha et al, 2007

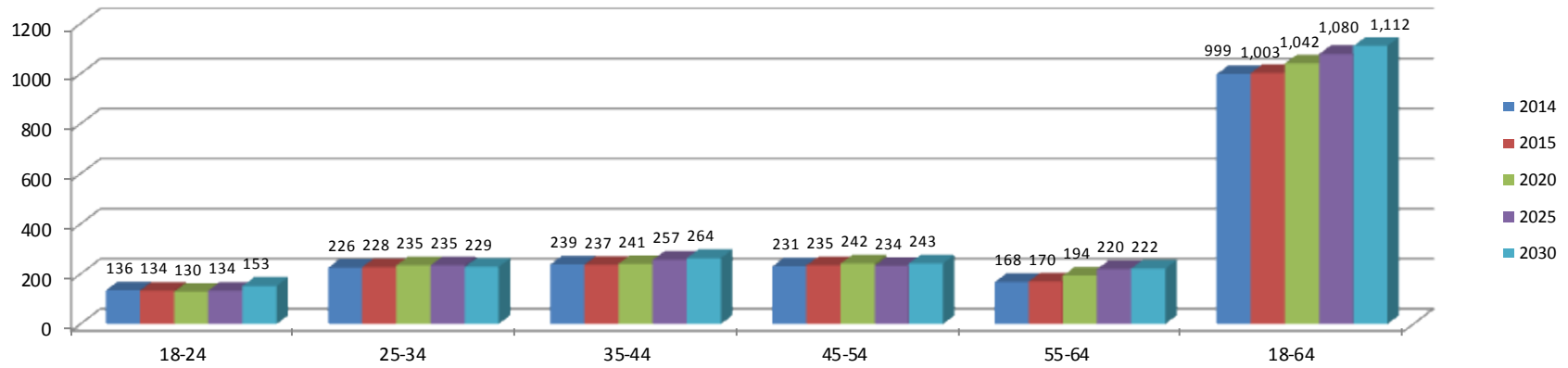
However, this study has been cited widely and in the absence of more accurate data, we have chosen these rates to estimate population of people with autism in Thurrock.

The following charts show the population by age and gender, and a key finding is the disproportionate number of males with autism. Again, it is worth viewing these findings with caution as these figures are based on the national study described above.

If we are to take the national prevalence rate in Thurrock, this equates to a predicted population of just under 1000 adults.

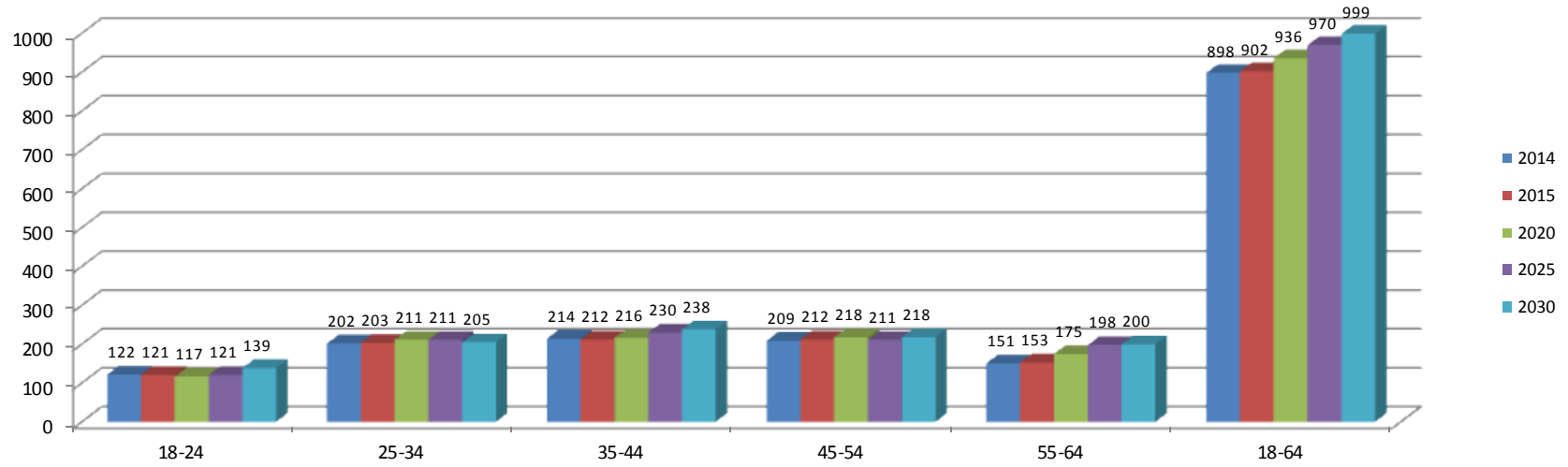
Using the data available from Projecting Adult Needs and Service Information System (PANSI) total population aged 18-64 predicted to have autistic spectrum disorders is 999 and this is set to rise.

Total number of adults in Thurrock predicted to have Autism Spectrum Conditions



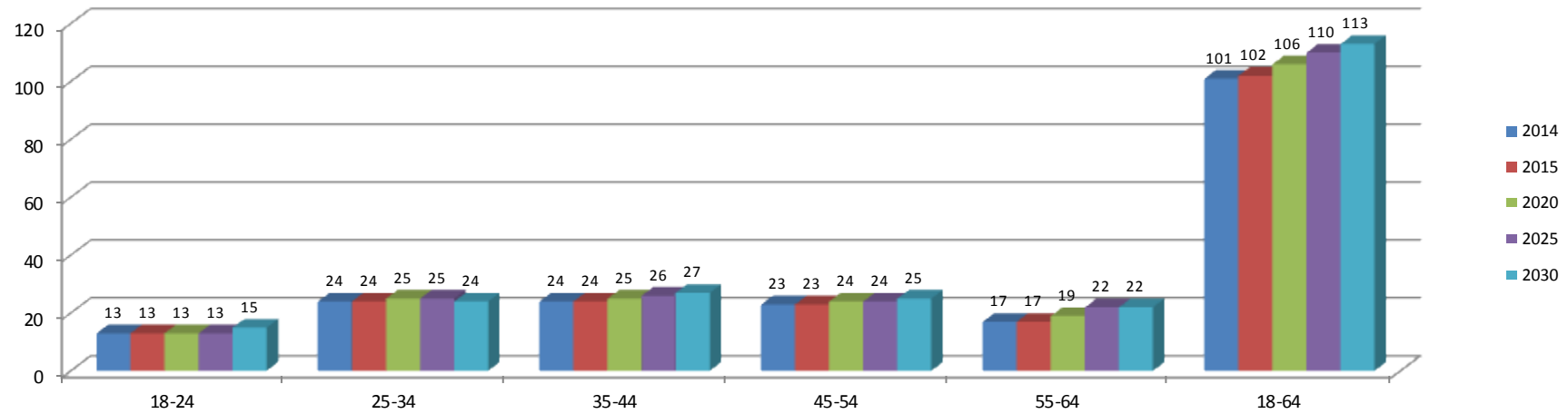
Conclusion 1: Available data indicates that total number of adults with autism in Thurrock area is 999 in 2014, with a projected increase to 1,112 by 2030.

Total number by gender – Males



DK

Total number by gender – Females



Various studies, together with anecdotal evidence, have come up with male/female ratios ranging from 2:1 to 16:1. Whatever the true ratio, clinical referrals to a specialist diagnostic centre such as The National Autistic Society's Lorna Wing Centre have seen a steady increase in the number of girls and women referred. Because of the male gender bias, girls are less likely to be identified with autism, even when their symptoms are equally severe. Many girls are never referred for diagnosis and are missed from the statistics.

National Autistic Society (2011) identified the different way in which girls and women present under the following headings; social understanding, social communication, social imagination which is highly associated with routines, rituals and special interests. Some examples cited in the paper are:

- Girls are more able to follow social actions by delayed imitation because they observe other children and copy them, perhaps masking the symptoms of Asperger syndrome (Attwood, 2007).
- Girls are often more aware of and feel a need to interact socially. They are involved in social play, but are often led by their peers rather than initiating social contact. Girls are more socially inclined and many have one special friend.
- In our society, girls are expected to be social in their communication. Girls on the spectrum do not 'do social chit chat' or make 'meaningless' comments in order to facilitate social communication. The idea of a social hierarchy and how one communicates with people of different status can be problematic and get girls into trouble with teachers.
- Evidence suggests that girls have better imagination and more pretend play (Knickmeyer et al, 2008). Many have a very rich and elaborate fantasy world with imaginary friends. Girls escape into fiction, and some live in another world with, for example, fairies and witches.
- The interests of girls in the spectrum are very often similar to those of other girls – animals, horses, classical literature – and therefore are not seen as unusual. It is not the special interests that differentiate them from their peers but it is the quality and intensity of these interests. Many obsessively watch soap operas and have an intense interest in celebrities.

The difficulties in the diagnosis of girls and women arise if clinicians continue to use the narrow definitions set out in the International Classification Systems. An assessment takes time and detailed evaluation is necessary to enable a clinician to systematically collect information which not only provides a diagnostic label, but more importantly, a detailed profile of the person.

Many women with ASC are not being diagnosed and are therefore not receiving the help and support needed throughout their lives. Having a diagnosis is the starting point in providing appropriate support for girls and women on the spectrum. A timely diagnosis can avoid many of the difficulties women and girls with an autism spectrum disorder experience throughout their lives. (Dr Judith Gould and Dr Jacqui Ashton Smith, Good Autism Practice, May 2011).

Conclusion 2: There is a disproportion in diagnosis between males and females. Because of male gender bias, females are less likely to be identified with autism. There may be a rise as gender diagnostic bias is taken into account

Transition from Childhood to Adulthood

A National Audit Commission report in 2009 recommended that *the NHS and local authorities needed to do more to collect information on the numbers of people with autism who are receiving support from mental health and learning disability teams to begin to understand the extent that needs are being met* (NAO, 2009). In terms of future demand, more should be done to analyse the number of pupils with statement of special educational needs and at school action plus who have autism and are approaching school-leaving age.

It should be noted that as well as being supported within mainstream schools, Thurrock has an outstanding special school that provides the Applied Behavioural Analysis/Verbal Behaviour (ABA/VB) approaches with children with ASC and learning disabilities. This has proved to be an extremely effective method of teaching and has resulted in some families moving into Thurrock in order for their children to access this valuable resource.

In addition information provided by Children's Social Care on children known to their service indicates that there is a likelihood of 57 children aged between 14 & 18 that would transition to Adult Social Care. Of those there are 31 children with ASC, 54% of the total numbers known.

Both factors will have a direct impact on Adult Social Care when they reach transition and adulthood. It is therefore likely that the numbers of adults with ASC in Thurrock will rise in the coming years.

Number of children and young people within Thurrock schools receiving additional support who are identified as having Autism Spectrum Conditions as their primary area of special educational need. There may be other children in school who are identified as having autism at a later stage in their education or following on from an earlier identification of speech and language disorder. 133 children are supported within mainstream schools with 117 students within our specialist school. NB: this figure does not include 6th Form colleges

Year	SA+	Statemented	Total
Nursery 2	4	2	6
Reception	1	16	17
NC Year 1	1	14	15
NC Year 2	2	13	15
NC Year 3	4	24	28
NC Year 4	4	14	18
NC Year 5	2	14	16
NC Year 6	1	14	15
NC Year 7	4	27	31
NC Year 8	1	15	16
NC Year 9	4	16	20
NC Year 10	1	20	21
NC Year 11	3	18	21
NC Year 12	1	5	6
NC Year 13	0	3	3
NC Year 14	0	2	2
Grand Total	33	217	250

Conclusion 3: There is evidence to suggest that there has been an increase in families accessing specialist childhood provision within Thurrock. Current numbers of those that will transition from Children's Social Care to Adult Social Care with ASC represents 54% of the total. This will have a direct impact on Adult Social Care when they reach transition and adulthood.

Population growth and BME Groups

Thurrock's population is growing rapidly and becoming more diverse. The population at the 2011 census was 157,700. It is predicted to rise to 207,200 by 2033. There is no evidence to suggest that autism is more prevalent in any particular ethnic group but it needs to be recognised that the population of the borough is changing. School census data shows ethnicity in some schools with non white students at 22.7% and a shift in the largest BME group from Asian/Asian British to Black African. The number of National Insurance registrations within Thurrock by overseas nationals in 2011 was 1260 (DWP Dec 2011).

Conclusion 4: As the general population within Thurrock grows, the expected number of people with Autism Spectrum Conditions is also likely to rise. Culturally sensitive and personalised services need to be considered when implementing this strategy.

Summary of conclusions from Thurrock Data

Conclusion 1: Available data (predicted) indicates that the number of adults with autism in Thurrock is around 999, with a projected increase to 1,112 in 2030. We currently do not have exact data of people with autism in Thurrock. One of our actions suggests we need to get better at understanding our local numbers, thus moving away from estimates as much as possible towards empirically based local data.

Conclusion 2: There is a disproportion between the diagnosis between males and females. Because of the male gender bias, females are less likely to be identified with autism. There may be a rise as gender diagnostic bias is taken into account

Conclusion 3: There is evidence to suggest that families are moving into the Thurrock area to access specialist childhood provision. Current numbers of those that will transition from Children's Social Care to Adult Social Care with ASC represents 54% of the total. This will have a direct impact on Adult Social Care when they reach transition and adulthood.

Conclusion 4: It is important this strategy does not overlook people with autism who come from BME groups and ensure that culturally sensitive services are considered.

Existing Services for People in Thurrock with an Autistic Spectrum Condition

This section maps out existing local service provision for adults with an Autistic Spectrum Condition in Thurrock. Services in Thurrock are provided by both the National Health Service and Local Authority (Statutory Services) and the Independent and Voluntary sectors (Non Statutory Services)

Statutory Services

Health

There is no separate structure for the delivery of autistic services within statutory organisations in Thurrock. Adults on the spectrum who have a learning disability are supported through the Community Nursing Learning Disability service and those on the higher functioning end of the spectrum may be involved with the Community Mental Health Teams. South Essex Mental Health Foundation University Trust (SEPT) is the significant provider for Mental Health and Learning Disability health services in Thurrock.

SEPT Asperger's 18-30 Diagnostic Service

SEPT operate a diagnostic service for those aged 18-30. Access is via the Clinical Assessment Service or referral by a Psychiatrist. They do accept people aged over 30 if referred to the service by a Psychiatrist.

The assessment includes the use of the Diagnostic Interview for Social and Communication Disorders (DISCO). The DISCO is recognised by the National Autistic Society as a reliable assessment tool in the diagnosis of ASC.

This service is primarily a diagnostic service; however it does offer limited post diagnostic support such as psychology, family counselling and referral to voluntary sector groups.

Adult Social Care

Thurrock Adult Social Care provides assessment and support for adults and those coming through transition on the ASC and carers. The provision of services is dependent on Fair Access to Care (FACS) criteria. Thurrock continues to support those individuals who meet critical and substantial need. People meeting this criteria can be offered a commissioned service or more personalised support through a Direct Payment or Personal Budget.

Residential Services

There are currently no long term residential care or supported housing services specifically for autism in Thurrock. This results in people needing to move into specialist provision some distance away from their families and communities.

Voluntary Sector

Thurrock Lifestyle Solutions TLS – Spectrum

Spectrum is a recently formed support group for adults diagnosed on the Autistic Spectrum.

Supporting Asperger's Families in Essex (SAFE)

SAFE is a support group for people on the autistic spectrum and carers.

It was set up in 1997 by a group of parents of children with Asperger's. They provide parent support group meetings, run regular social skills training programmes, two adult support groups, two youth groups and social events for all ages. SAFE campaigns for better services and understanding for people with Asperger Syndrome and their families around the county.

Please see web link to the mapping exercise undertaken by Thurrock Coalition, the local user led organisation at:
<https://consult.thurrock.gov.uk/portal/tc/asc/aasc/aasc>

Training

In 2012 Thurrock Council surveyed staff on how confident they felt working with people with ASC. Whilst many had experience the majority were keen to learn more and update their skills. Whilst most professionals know something about autism, they do not necessarily understand how autism affects a person. This makes it hard for them to recognise autism and communicate appropriately. It also means they may have little idea how to adapt their behaviour or services

At the current time staff working across the Council and Private and Voluntary Sector have been able to access an on-line e-learning package provided through The British Psychological Society. This consists of three modules as follows:

- Building awareness of autism
- Supporting adults with autism
- Working with adults with autism

Recognising and having an understanding of autism is important and at present many staff feel they lack in these skills, for these reasons we have identified training as a specific area within the action plan as in line with the national strategy

Resources

Financial mapping and analysis

Our current expenditure on supporting people with ASC is £2,692,944.32 per annum. This is to support around 42 adults with Autism as follows:

Service provision	Percentage of cost
Residential Care	65.2 %

Short Breaks	23.79 %
Homecare	11.19 %

Where do we want to be?

4. Thurrock's aspirations for autism support

Thurrock's aspiration will be focused on the national vision and the five core areas of activity

National vision and strategy

The National Strategy focuses on five core areas of activity.

- Increasing awareness and understanding of autism among frontline professionals
- Developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment.
- Improving access to the services and support which adults with autism needs to live independently within the community
- Helping Adults into work, and
- Enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities

Specific areas for action

Increasing awareness and understanding of autism

It is essential that at the very least, autism awareness training is available to everyone working in social care and those services in the voluntary sector who support people with autism. Without appropriate training, staff are unlikely to know how to adjust the way they deliver services.

Many professionals have some knowledge of autism and how to support people with autism, but frequently admit their knowledge is severely limited in terms of how autism affects people. Poor understanding of autism amongst practitioners can lead to the condition being overlooked.

A further consideration for adults with autism is that many of the most effective advocacy and buddy schemes are delivered through the voluntary sector and volunteer groups, who have a real insight into the challenges faced by adults with autism. However, funding is often a significant issue for such groups which makes it hard for them to increase their capacity. Given how valuable these services can be for individuals, Thurrock believes that more should be done to support volunteer and third sector groups to deliver these kinds of services.

Thurrock aim's to:

- Improve access to information for people with autism and their families
- Commission autism awareness training for front line staff in all areas
- Multi agency training plan - where both the local criminal justice system and the CCG are engaged in the training agenda
- Make people aware that reasonable adjustments must be made to universal services (the type of services available to all people across the borough e.g. libraries, transport, cinemas etc) to improve access and support to people with autism.
- Develop an Autism Champions programme led by the Autism Partnership Board

Improved access to diagnosis and assessment services

Adults with autism need to be able to get access to appropriate and timely assessment and diagnosis. This is not an end in itself and needs to be linked to community care assessments to enable people to access support if they need it.

People who have complex needs associated with autism continue to be supported by community learning disability services. Clear pathways are needed and professionals need to be aware of these.

Thurrock aim's to:

- Health colleagues to lead on the development of a clear local diagnostic pathway. As part of this pathway a diagnosis should trigger a community care assessment.
- Improve the way the Council carries out eligibility assessments and reviews
- Ensure that carers are fully aware of the right to an assessment in their own right
- Ensure Thurrock's Carers Strategy and Autism Strategy are linked and that carers are represented on the APB

Transitions

During transition a young person is on a gradual continuum from being a child being cared for, to becoming an adult, making decisions about their own life, with support, if necessary

The aim of the transition process is to minimise disruption, and to enable young people to realise their potential for independence.

Thurrock aim's to:

- Ensure that statutory duties around transition planning are followed and the local area meets the minimum standards in transition planning. This strategy links to the recently developed Transition Strategy and Pathway
- Transition plans for young people with autism include employment as a key outcome

Improved access to services: Facilitate independent living for adults

Following diagnosis, adults will be entitled to an assessment by Thurrock Council to establish whether they are eligible to receive services. The eligibility criteria is designed to ensure equity and consistency in the way resources are allocated across all groups of people.

We recognise that people with autism have not always been well serviced by the standard approach to assessment, as their needs may not be identified by practitioners not knowing how to communicate effectively. Thurrock has ensured that practitioners carrying out assessments within the locality teams have received Autism Awareness Training.

In line with the national social care policy of personalisation, people can now exercise choice and control about how their needs can best be met by contributing to their self directed support plan. For many people this includes managing a personal budget to purchase their choice of help and support services. We would like to see more people with autism taking up this opportunity.

Thurrock aims to;

- Develop a single identifiable contact point where people with autism (whether or not in receipt of a statutory service) can get information, signposting and autism-friendly entry points for a wide range of local services. (this may be through the council run LAC service)
- Make information available about local support easily accessible to people with autism

Housing

People with autism have varying levels of support and housing needs with some being able to live completely independently.

Exercising choice and control over where and with whom people live with is a fundamental part of life and independence for most adults. Thurrock shares this vision and our aim is to support people with autism to live as independently as possible.

Adults with autism need a range of living environments. Those who require intensive support have historically been referred to residential accommodation outside of Thurrock. Whilst this is still appropriate for some cases, others benefit from choice, control and independence with support, either alone or with others,

Thurrock aims to:

- Support people to access mainstream housing where they can have a tailored package of support from a provider of their choosing, using a personal budget
- Build on existing projects to enable people with autism to have access to housing projects that have suitable support with staff having specialist knowledge on ASC
- Continue to encourage the development of a range of new and innovative local housing options offering care and support
- Include the need of people with Autism in the housing strategy

Employment

15% of adults with autism in the UK are in full time paid employment.

46% of all people living with a disability are in full time paid employment.

71.2% of adults of the general population of working age are in full time employment.

People with autism are capable of making a positive contribution to the work place and some people with the condition have traits that can make them particularly valuable to employers in specific roles. Thurrock aims to promote greater awareness amongst potential employers about these benefits, as well as making reasonable adjustments to achieve compliance with disability discrimination legislation.

People with autism need clear information and support in their journey to work.

Thurrock aim's to:

- Increase awareness to employers
- Ensure access to supported employment opportunities
- Ensure Job centre plus Disability Employment Advisors have specialist knowledge around ASC
- Promote apprenticeship schemes
- Setting the example locally by becoming an autism friendly place to work.

Improving the way we plan and prioritise services for adults.

Thurrock Council and NHS systems do not currently record information related specifically to ASC. This shortcoming has been identified and the need to adjust these systems to enable information to be included has been actioned.

Through this process Thurrock will also seek to clarify how many people with autism also have additional conditions such as learning disabilities and or mental health difficulties.

Thurrock aims to:

- Improve collection and analysis of information and trends to clarify how many people in Thurrock have the condition. This includes recording data about the number of people who meet adult social care eligibility criteria but do not receive a service.
- Need to record more accurately the number of people with Autism who are also identified as having a learning disability or mental health problem (dual diagnosis)
- Autism is included in the Joint Strategic Needs Assessment
- A mechanism for adults with autism and carers to oversee the implementation of this strategy through the development of an Autism Partnership Board (APB)
- Ensure Older People with Autism are considered in the planning of services.
- Ensure that Thurrock's Clinical Commissioning Group (CCG) are engaged and a full partner in the development of this strategy.

SCIE encourages local authorities to explore how to support volunteer and third sector groups in planning and commissioning services locally.

One key route to do this may be through working with user-led organisations for disabled people such as Thurrock Coalition.

5. Thurrock Goals

In July 2012, a workshop was held in Grays to begin to establish the scope of the strategy for Thurrock. This involved people with ASC, carers, professionals from health, social care and the voluntary sector.

One of the main aims of the day was to achieve a consensus around the outcomes that the local strategy should seek to achieve for people with ASC in Thurrock. These were identified as:

- 1:** People have accessed appropriate health services.
- 2:** People are in paid work or undertaking work related opportunities.
- 3:** People are living in a range of accommodation and included in a range of activities in the community.
- 4:** People have experienced choice and control in the planning and delivery of their individualised social care services.

- 5: People have had appropriately planned and supported transitions.
- 6: People have had supportive education and training opportunities.

There were a number of cross cutting outcomes which feature throughout as follows:

- Both the community and professionals are aware of Autism and some have received specific training.
- There are a range of networks for support throughout Thurrock.
- Universal services have access to specialist support.
- Specialist support is available to people with Autism.

All of the above outcomes were mentioned in the National Autism Strategy and they will form the basis of the Thurrock Autism Strategy.

These areas were selected as it was considered that access to a diagnosis was key to enable people to be assessed/signposted for future support; having trained staff across agencies would help with accessing key services such as housing and healthcare; increased public awareness would ease and promote integration into mainstream education, employment and leisure; specialist housing and employment support would address two key areas of peoples' lives.

How are we going to get there?

6. Core strategy

It is a requirement that Thurrock has an Autism Partnership Board (APB) which includes adults with autism and their carers. This board must also include representatives from social care, health, education, housing and the criminal justice system. This board will monitor and report progress to the Disability Partnership Board

There is the need to focus on building capacity and capability at local level to enable local partners to develop relevant services for adults with autism to meet identified needs and priorities

How will the strategy be implemented?

7. Resources

The current expenditure on autism services is not specified as such and currently sits within mental health or learning disability budgets. As with most areas of expenditure Thurrock is looking at delivering better value from a reduced allocation. It is unlikely we

will be able to allocate significant additional resources towards this strategy in the short to medium term but it will be how we can use our existing spend better.

8. Action Plan

This action plan is based on both the National Strategy (including Think Autism) and local outcomes that Thurrock residents highlighted during consultation.

Priority	What do we want to achieve?	How are we going to do it?	Who is going to do it?	When are we going to do this by?
An equal part of my local community	Reasonable adjustments must be made to improve access and support for people with autism (universal services)	Task and Finish group to be established as part of the APB to deliver	Autism Partnership Board (APB)	December 2016
	Develop the Autism Champions programme in Thurrock	Task and Finish group to be established as part of the APB to deliver	APB	October 2015
	Autism Partnership Board must be in place. APBs must have sign up of social services, health, education, housing and criminal justice as well as people with autism and their carers.	Commissioning Team & Thurrock Coalition to identify members and convene initial meeting	Commissioning Team & Thurrock Coalition	December 2014
	Information on local progress is made available locally (e.g. self assessment) so that local communities can hold the local authority and other	<ul style="list-style-type: none"> Autism self assessment is published on Thurrock Council's website. https://www.thurrock.gov.uk/healthy-living/autism-self-assessment	Commissioning Team (Allison Hall)	<ul style="list-style-type: none"> Completed for 2013, to be updated annually

	partners to account.	<ul style="list-style-type: none"> Autism Strategy to be published when approved through Health & Well Being Board 		<ul style="list-style-type: none"> March 2015
	A single identifiable contact point where people with autism (whether or not in receipt of a statutory services) can get information, signposting and autism-friendly entry points for a wide range of local services	Possible Task and Finish group to be established as part of the APB to deliver	Commissioning Team & Thurrock coalition	December 2015
	Information available about local support easily accessible to people with autism	See above	See above	As above
	Those people who do not meet adult social care eligibility criteria have access to low level preventative support e.g. buddying schemes	Look for external resources and capacity to support the development of this service. E.g. – Thurrock Lifestyle Solutions, SAFE & Autism Partnership Board	Commissioning Team	December 2016
	Include the need of people with Autism in the housing strategy	Review the strategy	Housing	June 2015
	Quality autism awareness training should be included within general equality and diversity training	Review training programme to ensure autism awareness is included	Organisational Development Team	September 2015

	programmes across the council			
The right support at the right time during my lifetime	Health colleagues to lead on the development of a clear local diagnostic pathway (with clear performance indicators or timescales). As part of this pathway a diagnosis should trigger a community care assessment.	Thurrock CCG to develop pathway (good practice guidance to be issued September 2014)	Learning Disabilities Commissioning Manager - Thurrock CCG	31 st March 2015 (to complete review of current pathway) 31 st March 2016 (to complete any actions following review)
	People with Autism to be flagged as a priority in GP practices Annual Health checks to be completed by GP practices for those with Autism	Thurrock CCG to develop a process for health checks and system for the flagging of people with autism, jointly with GP's	Thurrock CCG	31 st March 2015
	Ensure that data collected can record <ul style="list-style-type: none"> • The number of people with autism • Those that meet ASC eligibility criteria but do not receive a service • Those with autism also identified as having a learning disability or mental health problem 	LAS system to be updated and guidance provided to staff to enable data to be recorded and reported upon	Strategic Lead for Performance. Quality & Business Support	September 2015
	Autism is included in the	To be actioned at next JSNA re-	Strategic Lead for	Draft to be published

	Joint Strategic Needs Assessment (JSNA)	write	Performance. Quality & Business Support	July 2015
	Commissioning plan for services for adults with autism, to be developed and reviewed annually	<p>To review the following and attach as an appendix of the Market Position Statement</p> <ul style="list-style-type: none"> • The number of adults known to have autism in the area; • The range of need for support to live independently; • The age profile of people with autism in the area – including those approaching; • 65 or above working age and the number of children approaching adulthood <p>How adults with autism are able to access personal budgets and benefit from personalisation</p>	Commissioning Team	April 2015
	Basic autism training should be available to all staff working in health and social care. Specialist training for those in roles that have a direct impact on access to services for adults with autism.	Achieved and ongoing for 2014/15	Workforce Development Team	March 2015
	Thurrock Council to develop an approach to becoming an Autism Friendly Council	Initial discussions to be held with Thurrock Councils Community Development Team to discuss	Commissioning Team	April 2015

		approach		
	<ul style="list-style-type: none"> Multi agency training plan to be developed, ensuring that we engage with partners, all public services (including CCG and the local criminal justice system) in the training agenda Training programme to be user-led approved around content & delivery, and approves organisations as Autism Friendly upon completion 	<ul style="list-style-type: none"> Task Group to be established Review training with APB Consider developing on-line fact sheets and refresher training programmes 	APB & Workforce Development Team	September 2015
	Ensure Thurrock's Carers Strategy and Autism Strategy are linked and that carers are represented on the APB	Amendments to be made to the Carers Strategy through the Carers Partnership Group	Carers Strategy Officer	July 2015
	Promote apprenticeship schemes. Setting the example locally by becoming an autism friendly place to work.	Explore potential for apprenticeship schemes (and if do-able develop a programme)	Learning & Skills Manager	April 2015
	Person centred care planning reflects the needs relating to LD, MH or PH	Current practice to be reviewed and awareness raising with practitioners to be undertaken to ensure	Strategic Lead for Safeguarding, Complex Care &	Ongoing

	issues as well as specifically to their autism.	appropriate recording. Regular file auditing to evidence compliance	Social Work, Team Managers	
	Ensure that the actions which come out of Transforming Care – the DH report following its review of the abuse exposed at Winterbourne View hospital	The Winterbourne view agenda has progressed well in Thurrock. We had a very small original cohort of people. We now have 3 people who need to move on. They are part of a national review programme to ensure they are moved on as soon as is appropriate. The wider winterbourne agenda for change is being led by a steering group across health and social care ensuring that local provision is available wherever possible. This links to the Market position statement and work being undertaken within social care around developing the local market	Strategic Lead - Commissioning and Procurement	The timescale for each person will be individual but will be monitored closely by the national winterbourne team.
	Implement good practice from the British Psychological Society's current Autism and the criminal justice system project (not reporting until March 2015)	Review actions in 2015, discuss initially with CJS	Commissioning Team	To be set once report is published
	Implement the outcome of the National Autistic Society brokerage/personalisation	Review report in 2016	Commissioning Team	March 2016

	project reporting in March 2016.			
	Transition plans for young people with autism include employment as a key outcome	<ul style="list-style-type: none"> • Current practice to be reviewed to ensure compliance • Engage with <ul style="list-style-type: none"> ○ Provider Services (e.g. – Thurrock Lifestyle Solution ○ Thurrock’s User- led Organisation ○ Education Dept. ○ Education colleges ○ Adult Community College ○ Specialist schools ○ Key local employers <p>To develop opportunities for internships, work experience and volunteering</p>	Strategic Lead for Safeguarding, Complex Care & Social Work	November 2015
	Care planning process for adult social care considers employment as a key outcome and looks particularly at whether personal budgets can be used to support adults with autism to become work ready	<ul style="list-style-type: none"> • Current practice to be reviewed to ensure compliance • Engage with <ul style="list-style-type: none"> ○ Provider Services (e.g. – Thurrock Lifestyle Solution ○ Thurrock’s User- led 	Strategic Lead for Safeguarding, Complex Care & Social Work	November 2015

	<p>Ensure the assessment process includes signposting, as appropriate to Access to Work</p>	<p>Organisation</p> <ul style="list-style-type: none"> ○ Education Dept. ○ Education colleges ○ Adult Community College ○ Specialist schools ○ Key local employers <p>To develop opportunities for internships, work experience and volunteering</p>		
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How will we know when we are there?

9. Monitoring

In line with policy guidance, it is proposed that progress in the implementation of this strategy and the future development of detailed joint commissioning plans, should be overseen by the Autism Partnership Board reporting to the Disability Partnership Board.

10. Review of the strategy

This strategy will be reviewed throughout it's lifetime to ensure relevance and ensure it includes any developing national or local policies or drivers.

8th January 2015	ITEM: 6
Health and Wellbeing Board	
Safeguarding Adults Partnership Board – Annual Report 2013 - 2014	
Wards and communities affected: All	Key Decision: Not required
Report of: Jill Moorman - Safeguarding Adults Manager	
Accountable Head of Service: Les Billingham, Head of Adult Services	
Accountable Director: Roger Harris, Director of Adults, Health and Commissioning	
This report is Public	

Executive Summary

Thurrock Safeguarding Adults Partnership Board produces a yearly report on safeguarding adults activity. This report is for the year April 2013 to March 2014. It was approved by the Safeguarding Adults Partnership Board on 7th October 2014 and has been published on Thurrock Council website as a public document.

1. Recommendation(s)

1.1 That the Health and Wellbeing Board notes the content of the Safeguarding Adults Annual Report 2013-14

2. Introduction and Background

2.1 Thurrock Safeguarding Adults Partnership Board produces a yearly report on the safeguarding adults activity during the previous year this one referring to 2013 - 14

2.2 The report contains information about safeguarding referrals and outcomes giving statistics.

2.3 The report also contains information about how the partners in the Partnership Board work together to safeguarding vulnerable people in Thurrock.

3. Issues, Options and Analysis of Options

3.1 Not applicable – for information only

4. Reasons for Recommendation

- 4.1 For members of the Health and Wellbeing Board to be aware of the Safeguarding Adults activities undertaken over the previous year.

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

- 5.1 Not applicable, for information only.

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

- 6.1 The statistics that are reported within this are a summary of those reported to HSCIC on a yearly basis and used as comparators with other local authorities.
- 6.2 Performance of the team is monitored and can influence priorities if patterns are identified.

7. Implications

7.1 Financial

Implications verified by: **Michael Jones**
Management Account, Corporate Finance

There are no financial implications in the production of this report.

7.2 Legal

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

In respect of the legal implications: it is to be noted that the Annual Report for the Safeguarding Adults Partnership Board is now a statutory requirement in accordance with Schedule 2 (4). The report must set out what has been done in the SAPB throughout the year. Schedule 2 (5) provides the persons to whom the Annual Report must be sent.

7.3 Diversity and Equality

Implications verified by: Teresa Evans Equalities and Cohesion Officer
tevens@thurrock.gov.uk

This report highlights the impact that the Safeguarding Adults Board, Partners and team have had on the safety of individuals and groups in Thurrock. This is across all types of vulnerability. The statistics gathered are used to identify areas of need, particularly with specific vulnerable groups and how safeguarding practice can be modified or targeted in future years as a result. Ethnicity of individuals is recorded – but not reported in this document – future plans are for the identification of issues pertinent to specific ethnic groups in the area.

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

The work identified in this report highlights the contribution Safeguarding Adults has made to the Community Safety Agenda.

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):

- Not applicable

9. Appendices to the report

- Safeguarding Adults Partnership Board Annual Report 2013 -14

Report Author:

Jill Moorman

Safeguarding Adults Manager

Thurrock Council, Adults Health and Commissioning.

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Thurrock Safeguarding Adults Partnership Board

Annual Report 2013-14

OUR VISION FOR SAFEGUARDING ADULTS

Thurrock is a place where every adult, in every home, in every community, matters. Our vision 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.”

Safeguarding is everyone’s business and our vision is shared by all of our partner agencies. It cannot be delivered by agencies acting in isolation. It can only be achieved by agencies working together, through common plans and strategies.

Thurrock’s Safeguarding Adults Partnership Board works with agencies to improve practice, reports and responses to adult abuse and ensures that our policies and procedures underpin and provide a solid framework for the protection of vulnerable adults in our community.

In partnership with

Age Concern

Basildon and Thurrock University Hospitals NHS Foundation Trust

East of England Ambulance Service

Essex County Fire and Rescue Service

Essex Police

Essex Probation

Healthwatch Thurrock

Local residential and Domiciliary Care Providers

NHS England

North East London Foundation NHS Foundation Trust

Public Health

South Essex Partnership University NHS Foundation Trust

Thurrock Clinical Commissioning Group

Thurrock Community Safety Partnership

Thurrock Council, Adult Services, Children’s Services, Housing

User Led Organisations

Contents

	Page
Our vision	2
What is Safeguarding Adults	4
Foreword by Chair – Graham Carey	5
National Changes – Care Act 2014	6
Principles of Safeguarding	
Empowerment	7
Protection	8
Prevention	9
Proportionality	11
Partnership	12
Accountability	15
Post Script – Les Billingham	16

WHAT IS SAFEGUARDING ADULTS?

All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act 1998 to intervene proportionately to protect the rights of citizens. These rights include Article 2 “The right to life,” Article 3 “Freedom from torture,” (including humiliating and degrading treatment) and Article 8 “Right to family life” (one that sustains an individual).

Any adult at risk of abuse or neglect should be able to access public organisations for appropriate assistance and interventions which enable them to live a life free from violence and abuse. This will include access to the civil and criminal justice system and victim support services. Remedies available should also include measures that achieve behaviour change by those who have perpetrated abuse or neglect.

Definition of Abuse

Abuse is a violation of an individual’s human and civil rights by any other person or persons. Abuse may consist of single or repeated act. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

“No Secrets”, Department of Health 2000

Definition of a Vulnerable Adult

An adult (a person aged 18 years or over) who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or serious exploitation.

“No Secrets”, Department of Health 2000

FOREWORD BY CHAIR - Graham Carey

This is the sixth annual report for Thurrock's Safeguarding Adult Board that I have had the pleasure of contributing to and much has changed, and improved, over those 6 years. This Board has not, as yet, had cause to consider commissioning a Serious Case Review into the death of a vulnerable adult; nor have we uncovered the level of abuse and ill-treatment that regularly make national headlines. Good fortune has undoubtedly played a part in that but so too did the local authority's decision in 2009 to put significant resources and effort into protecting vulnerable adults. Just as importantly we have to acknowledge that the amount of hard work that adult social care and its partners have put into this agenda over the last 5 years has contributed significantly.

My point, as we reflect in this report upon another successful year for adult safeguarding in Thurrock, and as we prepare to move adult safeguarding onto a statutory footing under the Care Act 2014, is that we ought perhaps to caution ourselves against complacency borne of success. Elder abuse and ill treatment of vulnerable adults continues to be a concern in Thurrock and past success is no guarantee of future success, particularly in this current economic climate. The number of elder people in the borough is growing and will continue to do so. Opportunities for fraud and deception abound and more "vulnerable" adults are living within the community rather than in residential or institutional settings. As changes approach in the year ahead, we, as a Board, must ensure that we remain focused on our primary task of keeping vulnerable people safe from harm.

This report has a new format and has been constructed around the Government's six principles of adult safeguarding. Future reports are likely to follow this format. Also, whereas in previous year we have detailed all recorded safeguarding concerns, this report differentiates between alerts and referrals in line with changes nationally. An alert has to pass a threshold to become a referral which merits attention from the safeguarding team and 25% of alerts failed to meet that threshold and were referred elsewhere. This ought to enable the safeguarding team to concentrate its resources where they are needed most.

There are many partners who need to be thanked for their contribution to our success. All those that work hard on the Operational Group; our health partners; Essex Police; the Probation Service; Healthwatch; Trading Standards; the Care Sector and, Essex Fire and Rescue. I also thank those individuals who have made a particular difference and I begin, as in years gone by, with Jill Moorman and her safeguarding team. Also Les Billingham, Fran Leddra, Sarah Attersall, Louise Brosnan, Bill Clayton and Julie Thompson from the Local Authority. Jayne Foster-Taylor and Andrea Metcalfe from the CCG, Michelle Cunningham from the Community Safety Partnership. Also Neil Woodbridge and Kim James. Finally Councillors Rice, Hebb and Gaywood for their continued support over the year.

NATIONAL CHANGES

THE CARE ACT 2014

Adult safeguarding

The Act sets out the local authority's responsibility for protecting adults with care and support needs from abuse or neglect for the first time in primary legislation.

This is vital to ensure clear accountability, roles and responsibilities for helping and protecting adults with care and support needs who are experiencing, or at risk of, abuse or neglect as a result of those needs. Local authorities are given a lead role in coordinating local safeguarding activity. DOH have produced draft guidance which once confirmed become the framework from which our Safeguarding Board will operate. To date the Board has been assessed to be able to meet all of the responsibilities required. The SET group will be embarking on a review of the SET guidelines to ensure that they will be compliant in April 2015 summary below.

- the principles of safeguarding which should underpin all work to protect people from abuse and neglect
- types of abuse and neglect
- local authorities' responsibilities to carry out safeguarding enquiries where it is suspected that someone is suffering or at risk of abuse or neglect
- creating Safeguarding Adults Boards (SABs) in every area to bring together the key local partners to focus on safeguarding strategy and practice
- conducting Safeguarding Adults Reviews where there is a cause for concern about a particular case, to learn lessons for the future
- sharing information between local and national organisations to support reviews and enquiries
- providing independent advocates to enable some people who would otherwise have difficulty to take part in an enquiry or review

<http://careandsupportregs.dh.gov.uk/>

STRATEGY DAY

In order to ensure that the Board will be meeting their responsibilities in line with the new responsibilities Board Members met to develop a clear Strategy Document. This Strategy Document has been completed for implementation in April 2015.

HOW WE HAVE MET THE PRINCIPLES OF SAFEGUARDING

In May 2011 the Government set out its policy on Safeguarding Adults which included a statement of principles from which Local Authorities including social services, housing, health and the police could develop and measure their local safeguarding arrangements. They continue with the Care Act Guidelines. It is these principles which form the framework for this year's annual report.

Empowerment – Personalisation and the presumption of person led decisions and informed consent.

In the majority of safeguarding referrals, where possible, the team have worked with

Vera 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 individual concerned or their representative, which could be a family member or friends or an advocate if they lacked capacity. This has led to positive outcomes for 90% of the cases closed as substantiated or partially substantiated, with the risks reported to have been removed or reduced. Even when the outcome of an investigation is concluded as unsubstantiated, by working with individuals we were able to reduce or remove risk in 28% of the cases. There were 12 incidents where investigations were ceased at the

individual's request, but before each closure the individual was furnished with information to assist with that decision or the ongoing risks.

A new addition to the Safeguarding Team is our Mental Capacity Act and Deprivation of Liberty Lead. As a result we have been able to provide enhanced support to practitioners in locality teams when assessing capacity of individuals as well as providing advice and information to providers and other parties.

The Safeguarding Team has signed up to the next round of "Making Safeguarding Personal" for 2014 to enhance practice and empowerment of individuals and to develop measures of the success of this approach.

How SEPT have involved people in development of safeguarding services

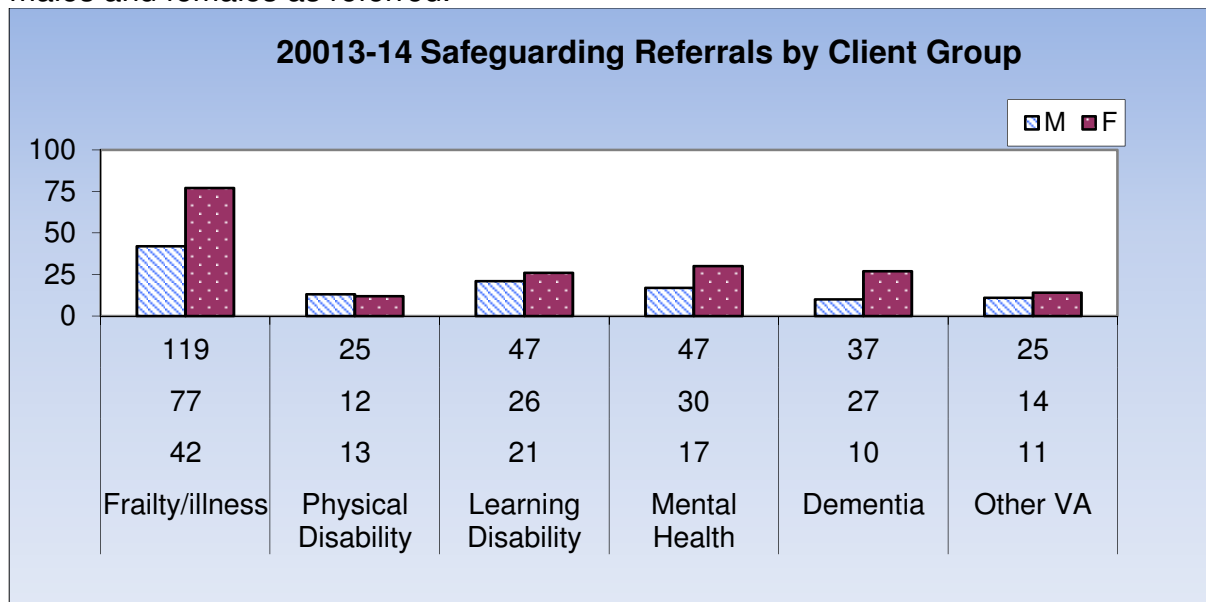
The Trust has developed a Safeguarding Questionnaire for those subject to investigation. Feedback is reported regularly and influences the process of engaging service users, their families and advocates. Two 'Lets Talk' Service User and public events have been held this year.

The outcomes of audits and Service User feedback demonstrates an improved service has been delivered and experienced by Service users.

Elaine Taylor, Associate Director, Safeguarding.

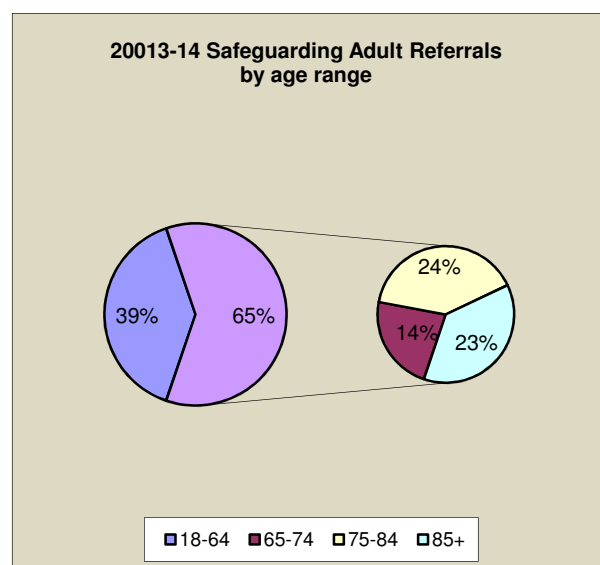
Protection - Support and representation for those in greatest need.

A total of 418 contacts were made relating to safeguarding queries from April 2013 to March 2014, 107 (25%) of those were not processed further and remained as alerts of the remaining 311 which were taken to the referral and investigation stage 36 were managed by SEPT. The following chart identifies the type of vulnerability for both males and females as referred.



A larger proportion over 65s are reported as victims 65%, this chart identifies that it is the older range of this age group who are affected.

Of those aged 85 and over, 28% were potential victims of Financial Abuse, with approximately 50% substantiated, partly substantiated or inconclusive. Likewise for those 40% reported as potential victims of acts of neglect or omission.



Prevention - It is better to take action before harm occurs.

Training remains a key element of our preventative work, both for people to understand what abusive practice is as well as to be confident to report it

The safeguarding basic awareness programme was reviewed and redesigned with the support of the Thurrock Safeguarding Team. This revised programme was used with a train-the-trainer in September of last year. In addition to this the programme delivery was commissioned to an external trainer. Running for ½ day twice a month 419 people have attended, the majority from private, voluntary and independent sector.

In addition, this year saw the Workforce Planning team take on the Corporate Induction Programme. Since safeguarding is everybody's business, this enabled us to strengthen the programme in terms of safeguarding adults and safeguarding children.

Other training opportunities have included sessions on Managing Service Users Finances, Understanding Hoarding and Deprivation of Liberty
Bill Clayton.

Two 2 stay safe events for people with learning disabilities were held, These engaged about 150 residents on how to keep themselves safe both in and out of the home. We also included how to report hate crime.

Community Safety Events 2013/14

An event was held for 15 people with sensory impairments to improve their feelings of safety. As a result they received home security equipment, we are in the process of ordering different types of personal alarms, and a sheltered complex received a visit and talk from the crime prevention officer

The Safeguarding Team and Local Area Coordinators have worked alongside Trading Standards Officers to visit people who we had information may have been targeted by scam mailers. We provided information and advice for many as well as identifying some people who been victims of these scams and we continue to work with these individuals.

In addition to this as part of our days of action in crime hot spot locations our trading standards and housing officers engaged with 525 vulnerable and elderly residents and advised them with regards to bogus callers

30 Neighbourhood watch coordinators have been trained to be dementia friends as part of their stay safe event where they will be in the community offering crime

To Strengthen Communities - professionals from adult social care have been given information so that they are able to provide residents with basic crime prevention advice and home security items.

And as part of our days of action in crime hot spot locations our trading standards and housing officers engaged with 525 vulnerable

and elderly residents and advised them with regards to bogus callers.

Michelle Cunningham, Thurrock Community Safety Partnership Manager

SEPT – Prevention and Awareness Raising

- A series of preventative and awareness raising initiatives have been implemented this year within the Trust and audits have evidenced that staff awareness and response to Safeguarding issues has improved in the timeframe process and quality of investigations. Analysis of all SEPT safeguarding cases are analysed for any trends and reported to the Trust Safeguarding Group
- All relevant staff in the mental health service have received a series of specific training programmes this year including Investigations and PREVENT
- The numbers of referrals this year continues to rise and reflects the training programmes delivered which aim to raise awareness of safeguarding issues. .
- Safeguarding policies were updated in September 2013. The Training strategy has been updated and all Trust staff have been mapped against the level of training required dependant on their role

Elaine Taylor, Associate Director, Safeguarding.

The Corporate Appointee Team relocated to sit with the Safeguarding Adults team in November 2013. This has been very beneficial in sharing knowledge and expertise where there are safeguarding issues and there has been increased liaison with local banks as a result, and we continue to have a strong relationship with the Office of the Public Guardian.

Work in raising staff awareness on Lasting Power of Attorney issues, has continued with drop in sessions in January and February 2014 with more planned through the coming year, including expanding to other groups, for example General Practitioners and Practice Managers.

Sarah Attersall – Financial Management Officer, Corporate Finance.

Vulnerable People's Protocol.

A vulnerable people's protocol has been developed between housing and adult social care. The purpose of the protocol is: -

- The prevention of vulnerable people at risk in their homes or those who face re-housing or eviction, wherever possible, through improved joint working across Housing, Social Care Services and partner agencies.

The Impact of this event was that - All staff were better equipped to deal with vulnerable people in vulnerable situations and it spurred additional valuable activity such as commissioning hoarding training.

Dawn Shepherd, Housing Needs Service Development and Strategy Manager, hosted a morning launch event on the 1st of July 2013.

Continued work on this and other initiatives with Housing are regularly discussed at the Housing Safeguarding Group which is a Sub group of the Operational Board.
https://www.thurrock.gov.uk/sites/default/files/assets/documents/vulnerable_people_protocol_201402.pdf

Proportionality – Proportionate and least intrusive response appropriate to the risk presented.

Over the year 107 of the contacts we received (25%) were screened and deemed to be alerts thus not processed to referrals for safeguarding investigation. This has resulted in information and advice being given to individuals and their families or the referrers and professionals

Our new process of only processing alerts to referrals after sufficient information gathering has also resulted in proportionate responses to health concerns in particular. The main example being on checking on the reasons why a person may have a pressure ulcer and what treatment is already in place. Further work is being undertaken with health colleagues regionally which will formalise this process and ensure that individuals are not subject to safeguarding investigations where this is not warranted, but the appropriate health incident reports are undertaken.

East of England Ambulance Service sends us a copy of every concern they have about a vulnerable adult. These are screened by the Safeguarding Team and directed appropriately, sometimes for a community care assessment rather than a safeguarding investigation being mindful of all of the risks presented in the information shared.

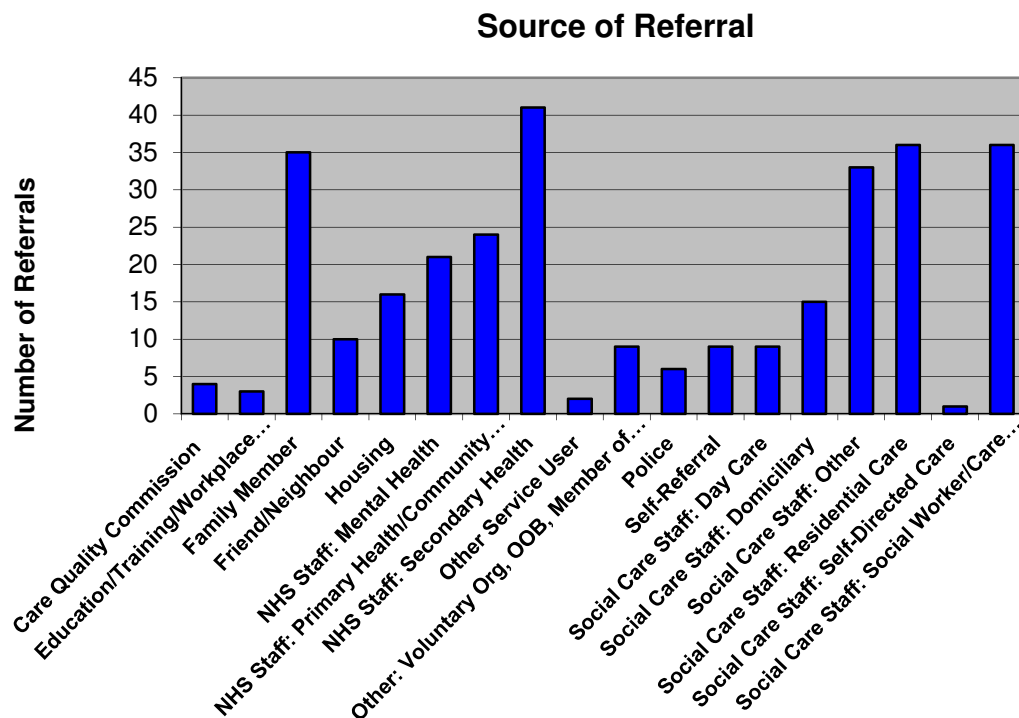
There is good partnership working and effective communication between Thurrock and North East London Foundation Trust Safeguarding Teams. We draw on each other's expertise to ensure the outcome is proportionate to the level of risk or the harm/abuse that has occurred, including appropriate screening of alerts when pressure ulcers are reported.

Hilary Hindley, Nurse Advisor, Safeguarding Adults, NELFT

The numbers of safeguarding referrals made by BTUH have varied month on month, and new systems and processes have been introduced to stabilize and improve the quality of referrals sent to the Thurrock team. An in-hospital feedback loop has been developed; this includes a new safeguarding pathway which is helping staff better understand the essential and important aspects of safeguarding practices. All safeguarding referrals are now screened by the hospital safeguarding team in response to feedback from the Thurrock team about referral quality/completeness and appropriateness. This has ensured joint working continues, whilst tailoring efforts and adding a clearer focus; thus also ensuring that a more effective/efficient process is in place to manage referrals moving forwards. Louise Bell, Adult Safeguarding Lead, Basildon Hospital

Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

There is a very good mix of sources of referrals for safeguarding, we have good partnership working with our colleagues in Community Nursing Services and the NELFT Safeguarding Leads as well as with Basildon Hospital Safeguarding Team. Continued work with screening concerns has enabled us to redirect when appropriate and therefore enabling us to identify what are alerts and referrals against the threshold criteria. Honest dialogue between the professionals involved has resulted in good working relationships and speedy resolutions for individuals.



There is a health mix of referral sources across the spectrum of agencies who work with vulnerable people. Particular areas have been targeted over the past year including GPs and we continue to work with the Central Referral Unit for Essex Police to ensure that referrals are made when vulnerable people are victims of crime to afford them appropriate support. This has also included providing Appropriate Adults for people who are both victims and perpetrators at Thurrock Police Stations.

Local Action Group

Safeguarding adults are key members of our partnership approach to anti-social behaviour. We currently have 6 open cases with vulnerable victims and Police, housing and adult social care all make regular referrals with regards to safeguarding

Anneliese Hillyer-Thake, Head of Safeguarding, East of England Ambulance Service NHS Trust

The East of England Ambulance Service NHS Trust works closely with Safeguarding partners around the Eastern Region. The Trust has a good working relationship with Thurrock Adult Safeguarding Board and a designated local lead for safeguarding who supports local working and local focus.

Hilary Hindley, Nurse Advisor, Safeguarding Adults, NELFT

TBC and NELFT continue to have a strong working relationship by being open, honest and having mutual respect. We both follow the principles as set out in the SET guidelines working together for the benefit of people under our care.

Local Area Coordinators

This is a new plan which helps vulnerable people stay connected with the people and services that can help them. A scheme called [asset based community development](#) strengthens the connections between people and informal associations around common interests and concerns. These connections help the ideas of local people develop the schemes that suit them.

In the first 12 months of Local Area Coordination within Thurrock, we have worked closely alongside the Adult Safeguarding Team in a number of ways.

There have been 6 introductions directly from safeguarding to Local Area Coordination over this period as the team have identified individuals who are vulnerable that would benefit from LAC support. Also during this time, as Local Area Coordinators have built relationships and worked alongside individuals there have been occasions the LAC has raised concerns to the safeguarding team.

An example of where this joint working has provided great results is the work the LAC did alongside a particular individual that had an open safeguarding case. The relational approach of the LAC working alongside safeguarding, allowed open and honest discussions that have led to small steps being taken to building towards this individual's vision of a good life. The safeguarding officer involved and the LAC's unique approach, providing options to the individual and keeping all agencies involved and updated, was pivotal in reducing the concerns, ultimately resulting in the safeguarding being closed. The individual is now talking about the possibility of volunteering which is something that would not have been the case a few months back.

We have also worked closely with safeguarding and trading standards as part of a project to contact individuals that have been subjected to scam mails. As part of this project Local Area Coordination and Safeguarding looked to identify if there was a need for continued/additional support that may be necessary for those identified who were vulnerable.

Jonathan Biddle, Local Area Coordination Manager

Louise Bell,
Adult
Safeguarding
Lead,
Basildon
Hospital

- The Trust values its strong partnership working arrangements with the Thurrock Country Council's Safeguarding Team; relationships are good, and staff in both organizations have worked hard to ensure effective working practices are in place to ensure that both vulnerable adults, the unborn and children are safeguarded and protected. The Trust made a number of safeguarding referrals to the service; these are always investigated promptly, with the outcomes of investigations being shared to ensure strong understanding of key issues and actions taken. Learning from incidents is being regularly embedded into practice across both teams, and new clinical safeguarding and protecting policies are being introduced at BTUH to continue developments.
- Both vulnerable adults and children's safeguarding teams continue to benefit from a shared understanding of requirements, where investigations are completed there is closure of the loop in terms of practices to prevent abuse. Work remains ongoing at the: individual, team, professional grouping and inter-organizational levels.

Accountability - Accountability and transparency in delivering safeguarding.

Within its work in setting a strategy for the board there will be measures included from which to report next year, in line with the requirements of the Care Act.

The Safeguarding team continue to work with referrers to share the outcomes of the concerns that they have raised. In addition to this we often also work with those people who have been involved with the abuse itself in order for them to understand the consequences of their actions and to try to remedy the situation, often in the way of support. The Making Safeguarding Personal project will further enable us to meet and evidence outcomes for individuals and their carers.

SEPT Quality Assurance

Elaine Taylor, Associate Director, Safeguarding.

- A weekly report to the Trust Executive Team gives assurance of Safeguarding activity and compliance to timescales. The Trust Safeguarding Group monitors the Safeguarding action plan for assurance.
- The Trust has reported consistent improvements in the safeguarding process and outcomes of investigations
- The process for investigating cases has continued to improve. 95% of Strategy discussions and Closures comply with the Local Authority procedures.

We have also been ensuring accountability within training.

The safeguarding operation board supported an “Approved Training” status. In short, this allows external organisations to run their own safeguarding basic awareness training and use the “Approved Status” banner provided they adhere to a variety of measures.

- This programme was introduced to support the cascade trainers who went through the programme in September but I will be looking to rolling it out wider to the Private, Voluntary and Independent sector through 2014-15. Issues have been raised at the Safeguarding strategic board for some time as to the quality of external training and how it is supported.

Bill Clayton, Workforce Development

Post Script - Les Billingham, Head of Adult Social Care – Joint Chair

The year 2013/2014 was an extremely challenging one for those of us involved in the difficult task of safeguarding vulnerable adults. Resources are tightening everywhere as central government austerity continues to bite and demand for social care continues to grow. In safeguarding this growth has been exacerbated by the significant increase in Deprivation of Liberty cases brought about by a new legal ruling, which has potentially increased demand in this area exponentially.

In addition the small matter of the implementation of the Care Act has added to the workload! However I remain very confident that in Thurrock we have the right team and partnerships to ensure that we can deliver these changes, and meet these challenges, whilst maintaining the high standards of performance we have achieved over the last few years

For these and many other reasons I would personally like to thank Jill Moorman and the team for delivering a high quality operational service, partners, both within and outside of the safeguarding board environment, for their committed and proactive support, and Fran Leddra, our Service Manager lead on safeguarding, for her contributions to ensuring high quality support to the operational team and to the strategic development of safeguarding locally.

8th January 2015	ITEM: 7
Thurrock Health and Wellbeing Board	
Public Health Commissioning 2015/16	
Report of: Debbie Maynard, Head of Public Health	
Accountable Director: Roger Harris, Director of Adults, Health and Commissioning	
This report is: Public	
Purpose of Report: The purpose of this report is to provide the HWBB with details around the commissioning arrangements for public health services in 2015/16	

EXECUTIVE SUMMARY

This report updates the Health and Wellbeing Board on the public health commissioning agreements. The governance process for public health commissioning is reported to the Public Health Strategy Board (PHSB). The PHSB reports quarterly to the Health and Wellbeing Board (HWBB). This paper is an update to the HWB Board around the agreed contracting arrangements for 2015/16, which has found further efficiencies for the council's savings target.

1. RECOMMENDATIONS:

- 1.1 For the members of the Health and Wellbeing Board to note the contents of the report and support the process for commissioning public health services in 2015/16

2. INTRODUCTION AND BACKGROUND

- 2.1 The public health services commissioned in 2015/16 are sexual health services, 5 – 19 (school nursing) service, drug and alcohol service, adult weight management, children's weight management, NHS health checks, parenting and breastfeeding and smoking and tobacco control services, these services are currently commissioned with North East London Foundation Trust, we also have a range of smaller services with Southend Hospital, Basildon Hospital and we also hold contracts for Sexual Health, Smoking Cessation and Health Checks with Thurrock GPs, and pharmacists.

In 2014/15 the team have reviewed the services in line with the benchmarking exercise and public consultation results and ensuring the future commissioning arrangements are in line with the priorities of the Joint Strategic Needs Assessment (JSNA) and the Annual Public Health Report (APHR)

Also this year we have awarded community grants working with CVS for delivering public health preventative emotional health and wellbeing projects

3. RECOMMENDATION:

3.1.1 The Health and Wellbeing Board is asked to support the Public Health Commissioning arrangements for 2015/16

4. Purpose of the Report

4.1 To report on the progress of the Public Health commissioned services for 2015/16

5. Background

Listed below is a summary by each service of the Public Health Commissioning arrangements for 2015/16.

5.1 5-19 School nursing

The Public Health Team have been working with the Benson Winterbourne model to scope a staffing skill mix to deliver a new service from 1 April 2015. The new service will offer school nursing universal plus model incorporating: children's weight management and preventative emotional support to primary schools. The current provider has agreed to work to the new redesigned service from 1 April 2015 with a reduction in funding.

Included in the new service are :

Children Weight Management Services for 5 to 19 years in schools This new service will be offered through the school nursing teams across the three localities, at each year a prevention or intervention programme will be offered and outcomes will be measured to review effectiveness, some of these programmes should be targeted at whole families with the aim to halt the rise of obesity in Thurrock's children.

Preventative emotional support to primary schools.. The school nurses will co-ordinate for one year emotional support programmes for primary school children across the three localities and outcomes will be measured to review effectiveness

5.2 Sexual Health

The public health team are currently reviewing this service which will include benchmarking and a value for money exercise. The aim is to produce an Integrated Sexual Health service under one service specification from 1 April 2015. At this stage there are no formal plans to tender this service in 2015/16 A reduction in funding has been agreed with the current provider.

From 1 April 2014 we also responsible for Thurrock's young people accessing GUM services out of the area on a cost per case basis. The estimated cost for 2014/15 is estimated to be as much as £100k. Payment is only released when robust data is provided from the hospital.

5.3 Smoking and Tobacco Control

Following the successful tobacco control workshop, a strategy and action plan will be completed by the end of January 2015. The outcomes of this will inform 2015/16 services. The new model of tobacco control shall have a focus on prevention and harm reduction, as the way people stop smoking has changed with the introduction of e-cigarettes and vapouring.

The current provider has agreed to remodel this service jointly with the commissioner from 1 April 2015, based on the results of the workshop and surveys; which highlighted preventative work in antenatal services, children centres and school/college settings and a need for closer links between primary care and prevention tobacco work. A reduction in funding has been agreed.

5.4 Drugs and Alcohol

A three year contract was awarded from 1 April 2014 for two services

- An integrated service offering universal, targeted and specialist substance misuse interventions to young people in Thurrock. Including consultancy and support for universal services; substance misuse education (formal and informal) and prevention in universal and targeted settings; advice and information; outreach; psychosocial interventions; complementary therapies; community prescribing; specialist harm reduction; family intervention services and access to residential substance misuse treatment. The service will be comprised of geographically focused teams.
- An adult drug and alcohol treatment service that increases the number of people achieving sustained recovery from substance misuse and dependence by providing individualised care, support and treatment. These will be enhanced by increasing opportunities for individuals to continue their recovery within the community and by providing further support to affected family and friends.

We are in negotiations with the current providers to reduce this contract in line with all our other contracts.

5.5 Parenting and Breastfeeding

We are currently completing a review of parenting services wider within the local authority linking with children's centres, other providers of parenting services and early offer of help, to review if there are duplications or gaps in current provisions. We are completing this review in preparation for the transfer of responsibilities for commissioning 0 – 5 years (Health Visiting) services from October 2015. We have planned a workshop to bring all the current providers together in the middle of January 2015 to feedback the review of these findings and understand what services as a Public Health

Team we should commission for Parenting and breastfeeding from July 2015. We have served notice to our current providers and aim to go live with a new service from 1 July 2015.

5.6 New Community Grants for Public Health Services from 1 April 2015

Following the benchmarking review for weight management services and the two obesity workshops and public consultations in 2014/15, it was agreed that for one year we would offer a community grant contract for weight management for adults and children to include the delivery of the health checks service.

Children's Weight Management

Service specification has been developed outlining a scope for weight management services to 2 – 5 years and 16 – 19 years (weight management services for 5 – 19 years in schools has been included in the school nursing service from 1 April 2015).

Adult Weight Management

Service specification has been developed outlining a scope for an adult weight management service to also include increasing activity and diet advice, we are keen to commission services covering BME, LD, Men's only, activity for older people etc. The aim of this is to encourage activity to groups of people who do not traditionally access services now. A one year contract will be tendered and in place for 1 April 2015

Health Checks

A contract will be tendered and in place for 1 July 2015. This will include the new provider managing other providers who may offer health checks such as GPs and pharmacists. The current provider has agreed to continue to provide this service until 30 June 2015.

6. Other Public Health

6.1 Community grants for delivering public health preventative health and wellbeing projects

We have used the Public Health Grant (PHG) differently in 2014/15, listening to our stakeholders and following various public consultation exercises to deliver wider programmes at community level. Initiatives are currently out to tender and are being awarded to go live January 2015. We will be reviewing all these services closely to test the effectiveness of offering a more localised programme.

There are three community tenders:

- Health and Wellbeing initiatives at a local level
- Emotional Wellbeing for adults
- Preventative emotional support in children centres

This is a one off project as monies are only available in 2014/15.

6.2 Sport 4 Life

Year two of a three year joint venture with LBD for inactive individuals aged 14 years and over with a BMI of 28 plus, to be referred into new programmes

of sporting activities for participation at least once a week and maintain this on a long term basis. With the objectives:-

These programme are offered for a 12 week health intervention programme with Sport as the key driver. An incentive programme to encourage clients to continue sports participation beyond the referral programme and a selection of new and sustainable 'get back into' sports sessions, delivered by existing sports providers.

Successes in to date are that 192 individuals have been recruited to these programmes. Early successes are the swim fit and circuit training

6.3 **Thurrock World 100**

Following the success of 'Beat The Street' (BTS) which was a six week walking challenge across Thurrock in July 2014 that got more than 14k people actively walking in the summer, we are now developing a new initiative to keep people walking linking with an exciting arts project with Kinetica that will engage hundreds of local participants to build a programme of physical activity across the borough that will contribute towards a healthier and happier Thurrock.

The initiative

- To develop an annual Thurrock World 100 Walking Festival
- To launch in 2015 10 x ten mile walks in summer 2015 with people who do not traditionally walk
- In 2015/16 to design local silk flags for schools and communities using arts, heritage and storytelling
- To lead a seven day one hundred mile walk with at least 100 participants carrying 100 flags into Grays in 2016.
- To create a Thurrock 100 Walking App and companion website that will encourage locals and visitors to experience the stories of the people that live here whilst walking.
- To engage with schools and vulnerable communities who do not traditionally take part in walking activities to reduce isolation and encourage wellbeing
- To link into the proposed annual festival in Grays.

6.4 **Workplace Health PHRD**

To improve the health and wellbeing of all staff in Thurrock Council and support the reduction of absences and to improve the general health and wellbeing of staff by offering stop smoking services, programmes on healthier diet and exercise, mental health awareness, health walks, drugs and alcohol awareness and regular health checks etc.

Last year we led an two initiatives "New Year New You" and the" Employee Wellbeing programme" which were very successful in the council and this year to follow on we are leading a more sustainable programme for the council:to evidence that the council is delivering wellbeing for their staff and report progress through the Public Health Responsibility Deal (PHRD) which

the council signed upto in March 2014. This year we have named the programme

Fit for 2015

Throughout the year a timetable of activities will be uploaded to inform the approval of the timetable will be reported to the Peoples Board quarterly and then advertised on the councils intranet. The first quarter timetable has been agreed. The first initiative will be to encourage staff to use the stairs to get fit and set themselves a new year challenge. "Stepjockey" will be uploaded onto the councils website at the beginning of January individuals and teams will be able to identify progress and set challenges. Staff need to upload the stepjockey app on their smartphones and sensors (QR codes) will report individual and teams progress of stair climbing. Pedometers are also being made available for those who do not have smartphones

Other initiatives on the timetable

1. Incafe – healthier options campaign 8 weeks from January 2015
2. Facts about foods and nutrition from January 2015
3. Park Run (Blackshots) starting March / April 2015
4. Bootcamp sessions April/May 15
5. Health Walk Training ongoing
6. Health Checks
7. Dry January

8. Reasons for Recommendations

Obesity and Smoking is a priority identified in the HWB strategy.

By public health delivering preventative programmes differently we believe that we will start to make a difference to our obesity and smoking rates. As well as all the other preventative health programmes we are responsible for.

The team will work closer with communities over the next year to monitor outcomes of new programmes and develop a greater understanding of what is important to local communities to take responsibility for their own wellbeing.

9. IMPLICATIONS

9.1 Financial

Implications verified by: **Mike Jones**
 Telephone and email: **01375 652772**
Mxjones@thurrock.gov.uk

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

9.2 **Legal**

Implications verified by: **Michael Henson-Webb**
 Telephone and email: **0208 7243800**
Michael.Henson-Webb@bdtlegal.org.uk

There are no legal considerations arising from this report. Full tendering and procurement policies will be adhered to.

9.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**
 Telephone and email: nwarren@thurrock.gov.uk

Each service review has taken into account the diversity needs of the local populations. As part of the review consultation with a range of groups will be completed to inform the new pathways that will be referenced in all service specifications.

There are no other implications.

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

APPENDICES TO THIS REPORT:

Report Author Contact Details:

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8th January 2015	ITEM: 8
Health and Wellbeing Board	
Thurrock Housing Strategy	
Wards and communities affected: All	Key Decision: Not applicable
Report of: Barbara Brownlee – Director of Housing	
Accountable Head of Service: Not applicable	
Accountable Director: Barbara Brownlee – Director of Housing	

Executive Summary

A new Housing Strategy is currently being developed which will set out the vision and direction for housing over the next five years. The aim is to create an engaging and aspirational document for both internal and external stakeholders.

A vision, core priorities and objectives have been developed which we are currently consulting on to ensure the Housing Strategy is reflective of the needs of the Council and demonstrates a joined up approach.

1. Recommendation(s)

1.1 To consider the proposed vision, core priorities and objectives for the Housing Strategy and ensure it aligns with the priorities of the Health and Wellbeing Board.

2. Introduction and Background

2.1 A new Housing Strategy is currently being developed. The aim is to create a concise and aspirational document which is supported by a clear evidence base and the resources of the HRA Business Plan, encompassing all areas of housing.

2.2 The Strategy will define the inherent relationship with health and wellbeing and support Thurrock Council’s Corporate Plan and five strategic priorities.

2.3 The Housing Strategy will set out the objectives for the next five years (2015 – 2020) with a longer term vision to 2044 in line with our 30 year HRA Business Plan.

2.4 Research is currently being undertaken to ensure there is an evidenced base approach to the development of the Strategy. A full list of the evidence being

collected is enclosed in Appendix 1. In addition, a housing needs survey has been commissioned.

- 2.5 It is proposed that we will produce annual updates on progress against the Strategy, setting ourselves ambitious targets to enhance and increase housing across all tenures over the next five years.

3. Issues, Options and Analysis of Options

- 3.1 Appendix 1 presents the proposed vision, core priorities and objectives for the Housing Strategy for consideration.
- 3.2 The vision has been developed following internal consultation to ensure it encompasses all the key areas for housing.

4. Reasons for Recommendation

- 4.1 It is essential the Housing Strategy clearly defines the relationship between health and housing. To this end, we seek the views of the Health and Wellbeing Board on the proposed vision and priorities to ensure this is reflected.
- 4.2 It is equally important that it supports the borough ambitious growth plan, delivering employment opportunities and subsequently improving health and wellbeing outcomes.

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

- 5.1 To ensure a joined up approach which reflects the needs of our tenants, residents, members and other key stakeholders, the Strategy is being developed in consultation with other departments within the Council, including planning and regeneration together with engagement with a variety of partners.
- 5.2 To date the consultation has primarily been internal with a view to engaging with external stakeholders in the New Year including Registered Providers, Community Safety Partnership and Thurrock Coalition. Residents on the Excellence Panel have also been presented with the proposed vision and further engagement will take place once the full Strategy has been drafted.

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

- 6.1 The enclosed appendix demonstrates the links between the Housing Strategy and the five Corporate Priorities.
- 6.2 It is envisaged that the Housing Strategy will clearly highlight the strategic direction of the department to maximise outcomes for the community and continue to improve performance.

7. Appendices to the report

- Thurrock Council Housing Strategy: Vision and Core Priorities

Report Author:

Barbara Brownlee – Director of Housing

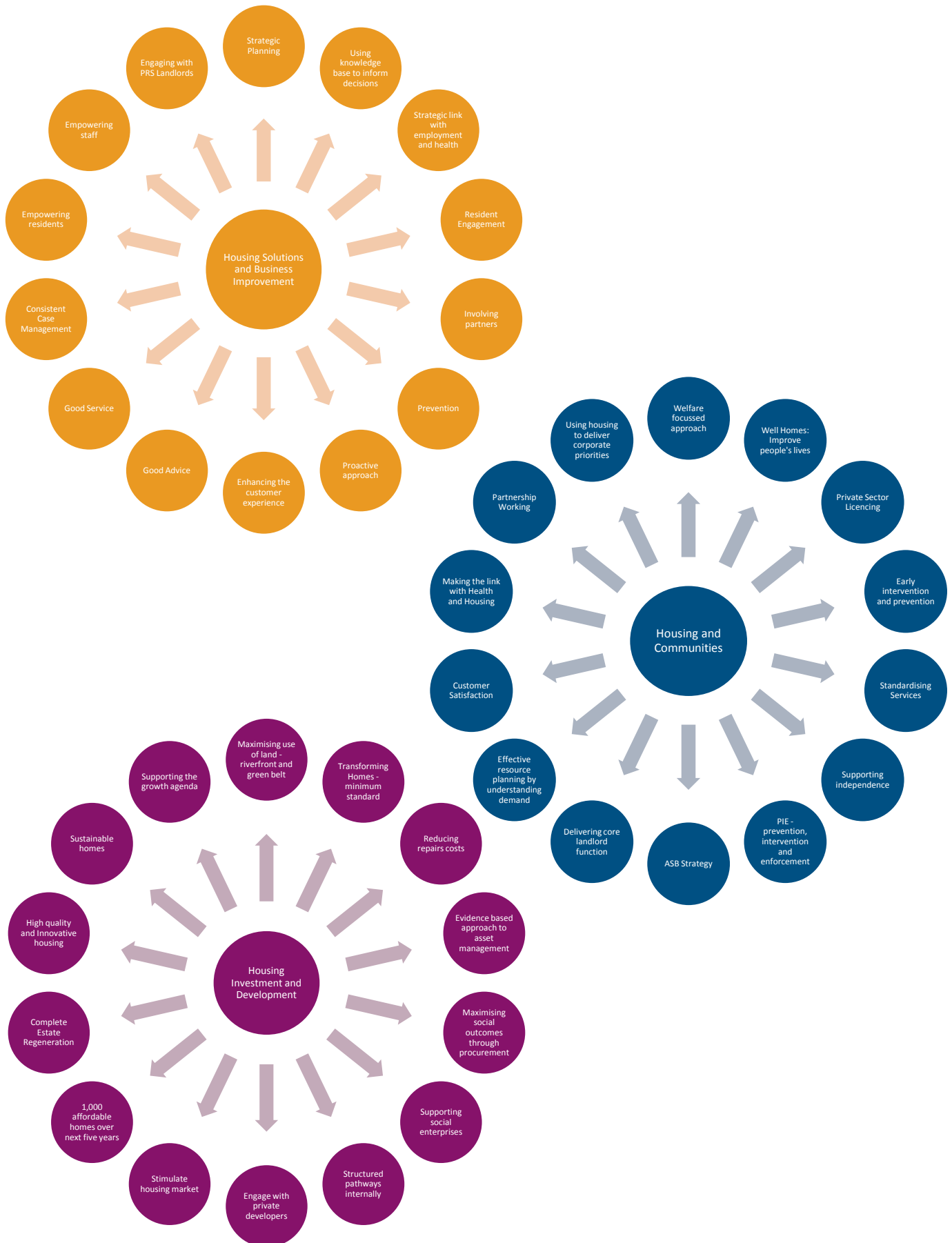
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THURROCK COUNCIL HOUSING STRATEGY

VISION, CORE PRIORITIES AND OBJECTIVES

DECEMBER 2014

1.2 Key Themes, Aspirations and Objectives from Heads of Service



1.3 Housing Strategy SWOT Analysis

Strengths

- Focus on prevention services
- Move towards online services
- Standardising services and processes
- Clear pathway to enhance and improve services
- Strategic plan in place to improve council owned stock
- Strategic evidence based approach to Asset Management
- Securing funding to support delivery of new homes
- More transparent customer engagement
- Cultural change within housing
- Using housing to achieve wider corporate priorities
- Healthy 30 year business plan to deliver housing
- Development in tune with housing growth agenda
- Partnership working with HCA, SELEP, Health and Wellbeing

Weaknesses

- Understanding of strategic direction and strategic awareness
- Victim of own ambition
- Internal career pathways and succession planning
- Engagement with private sector landlords to support homelessness
- Lack of land available
- Stakeholder engagement

Opportunities

- Pushing health agenda
- Link with employment services
- Enhance the customer experience and empower residents
- Empowering staff to deliver excellent services for customers
- Share best practice and be 'ahead of the game'
- Evidence based approach to resource management
- Maximising social outcomes through procurement
- Working with partners to maximise opportunities
- Well placed to take advantage of government funding streams
- Work more closely with private sector partners
- Ability to deliver strategy more quickly as a small but ambitious unitary authority
- Delivery of new homes through Gloriana Thurrock Ltd

Threats

- Funding constraints – understanding extent and impact
- Access to Private Sector funding to deliver regeneration
- Lack of housing availability
- Universal credit and welfare reform
- Increases in private sector rents
- Not keeping pace with what is happening in wider landscape
- Young people and housing affordability
- Move towards online services
- Success of Gloriana Thurrock Ltd
- Ability to deliver on ambitions within funding constraints
- Internal promotion and succession planning
- Delays in the redevelopment of the local plan

2. Housing Strategy Vision, Core Priorities and Objectives

Vision

Thurrock is a destination of choice with growing healthy and prosperous communities, living in high quality housing across all tenures where residents are empowered to help themselves, and supported with consistently excellent services.

Core Priorities

1. Raising the Bar

Delivering high quality housing and services

2. In on the Ground Floor

Proactively supporting residents to maximise health, wellbeing and employment outcomes

3. Looking Ahead

Creating sustainable communities and boosting housing supply

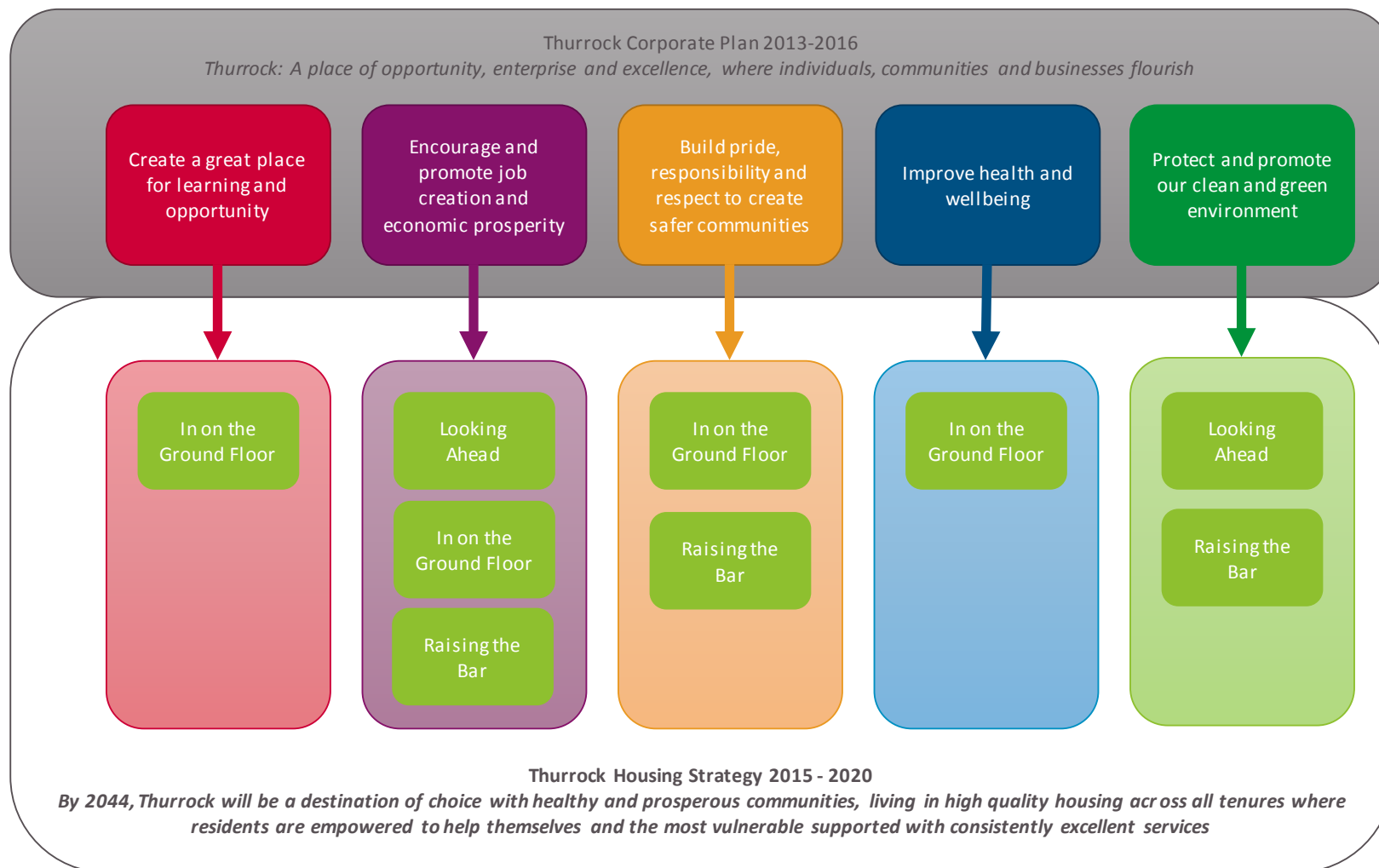
Objectives

- Deliver tailored and needs led services to all residents
- Ensure services represent value for money with high levels of customer satisfaction
- Provide high quality council housing
- Raise standards within private sector housing

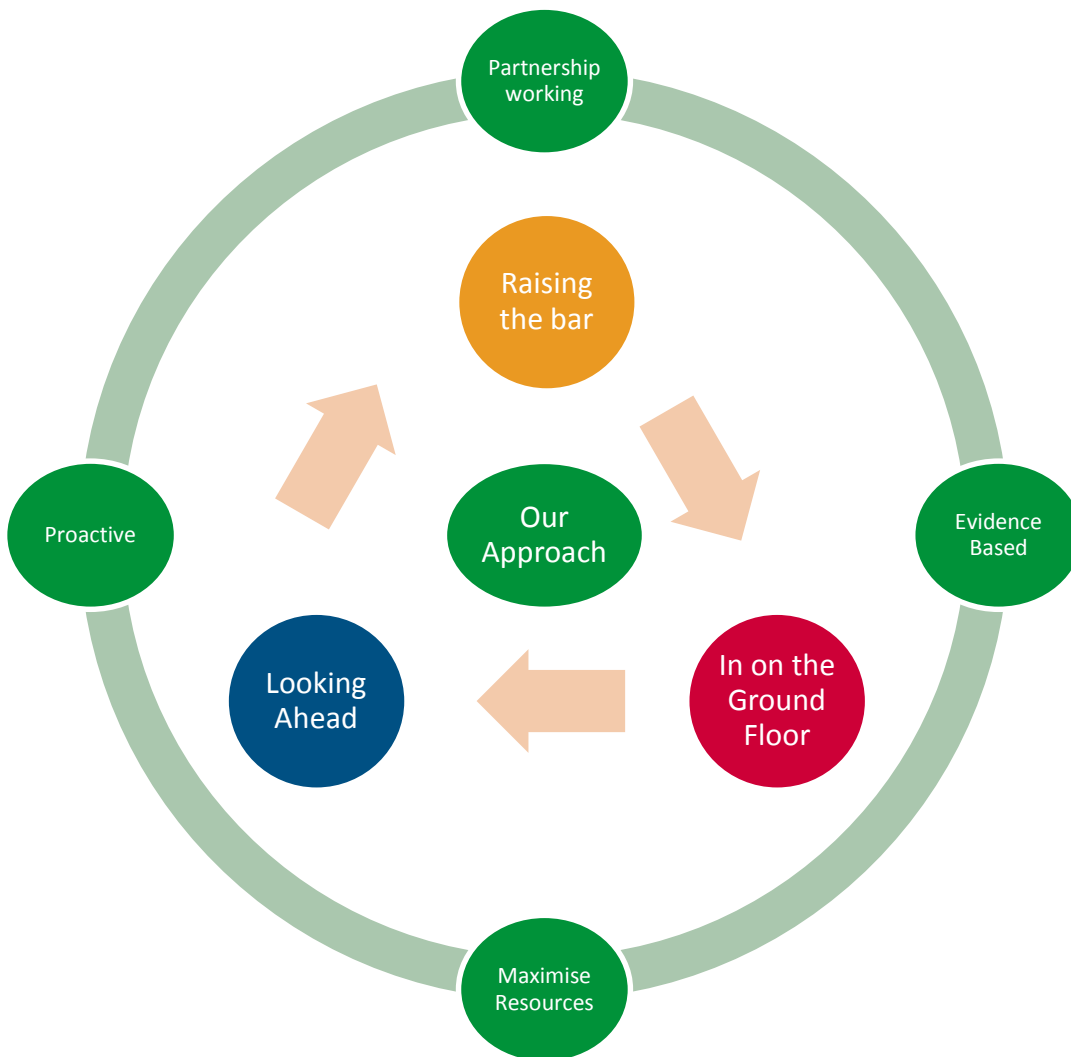
- Empower residents to make informed choices with access to advice and support
- Support our residents through prevention and early intervention to sustain their home and avoid crisis
- Support residents to maintain and improve their independence
- Create employment pathways and support residents to access these

- Boost the housing market delivering new affordable homes to meet local need
- Increase housing supply, working collaboratively with the private sector
- Enhance local communities through estate regeneration
- Ensure the sustainability of our homes to meet residents' needs now and in the future

3. Housing Strategy links with Corporate Strategy



4. Housing Strategy Approach



5. Evidence base

The Housing Strategy will be informed by a clear evidence base. This will be sourced internally together with the use of public government data and reports. In addition, a Housing Needs Survey will also be commissioned as indicated.

5.1 Socio-Economic Context

This will provide data at both a borough and Lower Layer Super Output Area or Ward level. Comparisons will also be made between those living in council housing and the wider population to understand any differentials. The following data will be included:

- Population
 - Changes in population
 - Age of population
 - Ethnicity
 - Religion
 - Population estimates
 - Armed Forces
 - Gypsy and Travellers
- Economic Activity
 - Labour supply
 - Average weekly earnings
 - Employment by occupation
 - Qualifications and skills
 - Economic inactivity
 - Key out of work benefit claimants
 - Local businesses
- Health
 - General health
 - Long term health condition and those with disabilities
 - Diseases diagnosed and operations
 - Obesity
 - Lifestyle
- Deprivation
 - Multiple Indices of Deprivation
 - Disposable Income
 - Factors contributing to residents going into crisis

5.2 Current Housing Stock

This will provide data at both a borough and Lower Layer Super Output Area or Ward level including the following:

- Existing Housing Stock
 - Accommodation Type
 - Household Composition
 - Local Authority Dwelling Stock

- Occupancy Rating
- Living Environment Score
- Tenure
 - Dwelling Stock by Condition and Tenure
 - Empty Homes
 - Houses in Multiple Occupation

5.3 Current Housing Market

This will provide data at both a borough and Lower Layer Super Output Area or Ward level including the following:

- Housing Supply
 - Supply of New Homes
 - Private Rented Sector
 - Housing Waiting List
 - Homelessness
- Affordability
 - Average House Prices
 - Average Weekly Rents – Social and Private
 - Lower Quartile House Price to Lower Quartile Earnings
 - Council tax and housing benefit claimants
- Right to Buy

5.4 Housing Need and Delivery

This data will largely come from the Housing Needs Survey being commissioned and will explore the local need for housing together with the accommodation type.

6. Timescales

6.1 Phase 1 – Information Gathering and Key Concepts for Housing Strategy

By When	Action
Friday 10 th October 2014	Attend HRA Business Plan Meeting
Friday 17 th October 2014	Research and review other housing strategies and examples of good practice to agree overall format
Friday 7 th November 2014	Meet with Heads of Service in Housing to establish the current and future work being undertaken to incorporate into the Strategy
Friday 7 th November 2014	Review existing documentation from Thurrock Council to ensure Strategy aligns with related policies, strategies and priorities
Friday 7 th November 2014	Meet with other relevant staff within Thurrock Council to ensure a joined up approach with other departments
Monday 10 th November 2014	Develop vision, core priorities and objectives
Friday 19 th December 2014	Consult internally and with residents through the Excellence Panel on vision, core priorities and objectives

6.2 Phase 2 – Conducting Research and Developing an Evidence Base

By When	Action
Friday 7 th November 2014	Meet with Helen McCabe and review existing research that can be utilised and incorporated into the strategy.
Friday 19 th December 2014	Conduct secondary research to provide a context and support the priorities of the Strategy
Friday 30 th January 2015	Commission Housing Needs Survey and incorporate into evidence base

6.3 Phase 3 – Developing the Housing Strategy

By When	Action
Thursday 8 th January 2015	Consult with Health and Wellbeing Board on vision, core priorities and objectives
Tuesday 20 th January 2015	First draft of complete Housing Strategy for review together with evidence base
Tuesday 3rd February 2015	Council Leadership Group – submit draft Housing Strategy
Wednesday 18th February 2015	Council Overview and Scrutiny Committee – submit draft Housing Strategy
Friday 20 th February 2015	External stakeholder consultation including Registered Providers, Thurrock Coalition and Community Safety Partnership
Friday 20 th February 2015	Review comments and revisions to Housing Strategy
Wednesday 25 th February 2015	Revise Housing Strategy
Wednesday 11th March 2015	Council Cabinet Meeting – submit draft Housing Strategy

Health and Wellbeing Board Forward Plan

Date	Agenda	Lead
08/01/15	<ul style="list-style-type: none"> • Thurrock Adult Autism Strategy • Safeguarding Adults Partnership Board – Annual Report 2013 - 2014 • Public Health Commissioning 2015/16 • Thurrock Housing Strategy 	Catherine Jill Debbie Barbara
09/02/15	<ul style="list-style-type: none"> • Special HWBB Meeting, for the Better Care Fund / S75 Agreement Report • Troubled Families Report 	Ceri/ Christopher Andrew Carter
12/03/15	<ul style="list-style-type: none"> • *Board Management Performance • *Health and Wellbeing Board Development Session Report • *Health and Wellbeing Strategy Refresh • *Annual Stakeholder Event • Joint Health and Social Care Self-Assessment (Learning Disabilities) • Health and Social Care Transformation Update Report • Primary Care Strategy • Joint Commissioning Statement Special Educational Needs (possibly) • Children’s JSNA 	Sharon Sharon Sharon/Ceri Sharon Kelly Ceri/ Christopher Mandy Malcom/ Claire Maria Payne

* Possibly the same report – all items maybe condensed in one report.

Health and Wellbeing Board Forward Plan

	<ul style="list-style-type: none">• Healthwatch Annual Report• Public Health Annual Report	Kim Andrea
05/2015	<ul style="list-style-type: none">• Mental Health Crisis Care Concordat	Mark Tebbs