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 **16 July 2015**

Committee Room 3, Civic Offices, New Road, Grays, Essex, RM17 6SL

Membership:

Councillors Barbara Rice, John Kent, Joy Redsell, Brian Little and Bukky Okunade.

Mandy Ansell, Acting Interim Accountable Officer, Thurrock NHS Clinical Commissioning Group
Dr Anjan Bose, Clinical Representative, Thurrock CCG
Barbara Brownlee, Director of Housing, Thurrock Council
Graham Carey, Chair of Safeguarding Adults Board
Dr Anand Deshpande, Chair of Thurrock NHS CCG Board
Lesley Buckland, Lay Member Thurrock CCG
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
Sean O'Callaghan, Vice Chair of Thurrock Community Safety Partnership
David Peplow, Chair of Local Safeguarding Children's Board
Andrew Pike, Director of Commissioning Operations, NHS England - Essex and East Anglia Region
Ian Wake, Director of Public Health

Agenda

Open to Public and Press

considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.

4	**Declaration of Interests**	
5	**Basildon and Thurrock University Hospitals Foundation Trust - Item in Focus**	
6	**Thurrock Adult Autism Strategy**	**15 - 56**
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10	**Forward Plan**	**207 - 208**

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: **8 July 2015**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

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

Helpful Reminders for Members

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

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

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

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Does the business to be transacted at the meeting

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

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

Disclosable Pecuniary Interests shall include your interests or those of:

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

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

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

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

Pecuniary

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

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

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

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

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

Non- pecuniary

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

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

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

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

1. Create a great place for learning and opportunity

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

2. Encourage and promote job creation and economic prosperity

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

3. Build pride, responsibility and respect

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

4. Improve health and well-being

- Ensure people stay healthy longer, adding years to life and life to years
- Reduce inequalities in health and well-being and safeguard the most vulnerable people with timely intervention and care accessed closer to home
- Enhance quality of life through improved housing, employment and opportunity

5. Promote and protect our clean and green environment

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

Minutes of the Meeting of the Health and Wellbeing Board held on 15 June 2015 at 1.00 pm

Present:	Councillors Barbara Rice (Chair), John Kent, Joycelyn Redsell and Bukky Okunade Mandy Ansell, Acting Interim Accountable Officer, Thurrock NHS Clinical Commissioning Group Dr Anjan Bose, Clinical Representative, Thurrock CCG Barbara Brownlee, Director of Housing, Thurrock Council Graham Carey, Chair of Safeguarding Adults Board Len Green, Lay Member Thurrock CCG 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 David Peplow, Chair of Local Safeguarding Children's Board
Apologies:	Chief Superintendent Sean O'Callaghan, Andrew Pike and Ian Wake, Director of Public Health
In attendance:	Councillor Graham Snell, Chair of Health and Wellbeing Overview and Scrutiny Committee Ceri Armstrong, Strategy Officer Yvonne Anarfi, Designated Nurse for Safeguarding Thurrock CCG (item 6) Lynnbritt Brown, Associate Director Community Mental Health Services South West – SEPT (item 4) Ann Carter, Manager IAPT Service (item 4) Detective Inspector Shirley Cole, Essex Police (item 6) Alan Cotgrove, Thurrock Children's Partnership and Local Safeguarding Children's Board Manager (item 6) Catherine Edwynn, Consultant in Public Health (item 10) Jane Foster-Taylor, Executive Nurse, Thurrock CCG Nigel Kee, Chief Operating Officer, Basildon and Hospital University Hospitals Foundation Trust Neil Laurie, Service Manager Safeguarding and Child Protection (item 6) Kev Malone, Public Health Manager (item 9) Debbie Maynard, Head of Public Health (items 8 and 9) Malcolm McCann, Executive Director of Integrated Services, SEPT (item 4) Jane Itangata, Senior Commissioning Manager, Thurrock CCG (item 4) Dawn Shepherd, Housing Needs Service Development and Strategy Manager (item 7) Christopher Smith, Programme Manager (item 15)

Michelle Stapleton, Integrated Care Director, NELFT (item 4)
Mark Tebbs, Head of Integrated Commissioning, Thurrock CCG (item 4)
Rita Thakaria, Assistant Director of Adult Community Health Services, NELFT (item 4)
Sue Waterhouse, Director of Mental Health and Learning Disability, SEPT (item 4)
Catherine Wilson, Strategic Lead for Commissioning and Procurement (item 4)

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.

61. Minutes

The minutes of the Health and Wellbeing Board, held on 12th March 2015, were approved as a correct record subject to the following amendment being made:

Correction on page 7 – minutes of the meeting approved on the 12th March 2015 were from the special meeting held on the 9th February.

62. Declaration of Interests

No interests were declared.

63. Urgent Items

Public Health Grant 2015/16
Roger Harris, Director of Adults, Health and Commissioning, made Board members aware that the Council had received notification that the currently ring-fenced Public Health Grant was to be cut nationally by £200m during 15/16. This equated to a 7.4% cut to the total Grant across England. If 7.4% was applied to Thurrock's current Grant, this would result in a reduction of £614k. The reduction was likely to be recurrent.

Board members highlighted that some services for children were likely to be affected and that a strong Equalities Impact Assessment should be carried out.

Carmel Littleton, Director of Children's Services commented that there were high numbers of year 6 children overweight or obese and that the Borough's teenage pregnancy numbers were above average. She raised concerns that the impact of the cut to the Grant could exacerbate these issues.

RESOLVED:

1. That the 15/16 cut to the ring-fenced Public Health Grant of potentially 7.4% be noted.

2. That a report on how the cuts are to be made is to be brought to the July Board meeting.

Success Regime
The Director of Adults, Health and Commissioning and the Acting Interim Accountable Officer jointly presented a letter from Simon Stevens, Chief Executive of NHS England. The letter detailed arrangements for the Essex 'health and care economy' to enter the new NHS 'Success Regime'.

The focus of the Regime was likely to be the combined deficit of the area – in particular the five hospitals in Essex and a very challenged ambulance service.

Mandy Ansell commented that the workforce challenge was the greatest issue for Thurrock CCG.

Board members raised concerns about the lack of clarity over the process, but felt there could be opportunities as well as threats.

It was important to remember that the health economy was greater than just the acute sector and that a whole system approach including social care was required.

Nigel Kee, Chief Operating Officer at Basildon Hospital, commented that preliminary work across the three Foundation Trusts had already commenced and that Monitor was likely to be the lead organisation for the Regime.

RESOLVED:

That the update on the NHS Success Regime in Essex be noted.

64. ITEM IN FOCUS: Mental Health Crisis Care Concordat and Mental Health Services in Thurrock

Catherine Wilson, Strategic Lead for Commissioning and Procurement, delivered a presentation on the Mental Health Crisis Care Concordat and Mental Health Services in Thurrock. Catherine was joined by colleagues from Thurrock CCG and mental health provider SEPT.

Whilst a high level action plan had been developed across South West Essex, Catherine commented that a Thurrock-specific action plan would be developed – via the Thurrock Mental Health Operations Group.

Board members were given an update on the Street Triage initiative between Essex Police and Mental Health provider SEPT. Sue Waterhouse from SEPT stated that the scheme had been very successful. As a result of the initiative, many individuals had been diverted away from the Section 136 suite. Due to

the scheme's success, partners had funded an extension which would include 7 day working.

Board members were keen that there was a Thurrock focus to agreed activity, and that there was clear responsibility assigned to actions and clear monitoring arrangements. It was confirmed that the Thurrock Mental Health Operations Group would be responsible for overseeing and monitoring the implementation of the action plan. It was also identified that a representative from Housing was required to sit on the Group.

Dr Bose raised concerns that some mental health referrals made for young people would often be sent back due to missing information. He was made aware that the service referred to had been re-commissioned.

The Director for Adults, Health and Commissioning stated that greater improvement in personalisation was required, similar to the transformation seen in options available for learning disabled service users.

Kim James, Chief Operating Officer for Thurrock Healthwatch provided a summary of feedback gained from users of mental health services in Thurrock. This included both positive and negative examples and would be developed in to a report for commissioners and providers of services.

Graham Carey raised two issues on behalf of Thurrock's Adult Safeguarding Partnership Board - both had supporting papers.

- The Adult Safeguarding Board wanted to ask the Health and Wellbeing Board what it was doing to reduce suicides in Thurrock given that, unlike most authorities, Thurrock did not have a suicide prevention strategy.
- Why was the level of local authority referrals to IMCA services for Thurrock residents over the last 5 years consistently at or near the bottom of a table of similar local authorities.

Suicide Prevention – Catherine confirmed that the Crisis Concordat did not include a Suicide Prevention Strategy nor a KPI on reducing suicides. Roger Harris expressed surprise that there was no strategy in existence given that there was one 5 or 6 years ago. It was agreed that there needed to be a new suicide prevention strategy and that the newly appointed Director of Public Health would be asked to develop a whole population Strategy which would be brought back to the Board for approval.

IMCA referrals – the Chair commented that she would like to know why referrals were so low and agreed that there should be a review. For example were referral rates just low, or were people who required IMCAs being missed? Graham Carey commented that there were safeguarding concerns if people were being missed at a time when they were most vulnerable.

RESOLVED:

1. That the Health and Wellbeing Board support the progress of the Mental Health Crisis Care Concordat and the proposed framework for the implementation plan for Thurrock.

2. That the Health and Wellbeing Board are aware of the services being provided in Thurrock for people experiencing mental ill-health.

3. That the Health and Wellbeing Board have an opportunity to discuss in more depth mental health services in Thurrock.

4. That the Director of Public Health be asked to develop a Whole Population Suicide Prevention Strategy that will be brought back to the Health and Wellbeing Board for approval.

65. Children and Young people Emotional Wellbeing and Mental Health Service Commissioning update

The report was presented by Carmel Littleton, Director of Children's Services.

Board members were made aware that the existing service had been successfully re-commissioned with the new service starting from the 1st November. The contract was for three years with the possibility of two twelve month extensions. The contract specification had successfully anticipated the outcomes of a recent national report and therefore reflected best practice.

Carmel confirmed that the transition from the existing service to the new one would be seamless.

RESOLVED:

That progress made on the re-commissioning of integrated targeted and specialist emotional wellbeing and mental health services for children and young people be noted.

66. Thurrock Response to Child Sexual Exploitation

A multi-agency presentation was delivered to the Board by Alan Cotgrove CYPP and LSCB Business Manager, Detective Inspector Shirley Cole Essex Police, Neil Laurie Service Manager Safeguarding and Child Protection, and Yvonne Anarfi, Designated Nurse for Safeguarding Thurrock CCG.

The Board were told that recommendations from recent national reports on Child Exploitation had been used to test the robustness of existing services, processes and procedures and to identify any improvement activity required. The Board were also made aware that a number of groups and teams were in place to ensure Child Sexual Exploitation was a priority. This included a dedicated team within Essex Police, and a multi-agency Sexual Exploitation Forum.

All front-line staff had completed training and a number of CSE champions had been appointed. The Youth Cabinet had put forward a number of its members as Youth Ambassadors for Safeguarding. The Board were assured that relevant safeguards were in place for the Youth Ambassadors.

Detective Inspector Shirley Cole stated that appropriate information sharing was key. She also made the Board aware that a CSE Triage Team had been established to collate information provided from a number of sources to enable the Police to see the 'bigger picture'.

Neil Laurie stated that a review of Thurrock had taken place and that no complex networks had been discovered as had been found in other areas of the country – e.g. Rotherham and Rochdale.

Councillor Redsell and Councillor Rice emphasised the importance of increasing councillor awareness, and Carmel stated that raising councillor awareness was already part of the activity being planned.

RESOLVED:

1. That progress on the response to child sexual exploitation in Thurrock be noted.

2. That the Board be enabled to make comments on the progress made.

67. Homelessness Prevention Strategy

Dawn Shepherd, Housing Strategy Manager, gave a presentation on Thurrock's draft Homelessness Strategy.

Dawn made the Board aware that there were four key reasons for someone becoming homeless:

- Exclusion by a parent, family member or friend;
- The ending of an assured short-hold tenancy;
- Violence and harassment; and
- Mortgage and rent arrears.

Dawn stated that there was a greater need for smaller properties, and that in Thurrock there were greater levels of under-occupation than overcrowding.

Next steps included consultation on the Homeless Review Document and Action Plan, and Board members were made aware that there were plenty of opportunities to be involved. The consultation exercise would close at the end of July.

Councillor Kent asked for monthly statistics on homelessness to be provided.

RESOLVED:

1. That the Board notes the outcomes of the initial review and draft action plan.

2. That the Board notes a further period of consultation will be undertaken and that subsequently a final action plan will be devised.

3. That Board members contribute to the consultation.

68. Demography JSNA

The Head of Public Health presented the Demography JSNA. The report had previously been presented at the March Board with the Board requesting a clearer executive summary and clearer set of recommendations.

The Board members stated they wanted opportunities for people to find out more about the demography of the area they lived in, and Debbie made the Board aware that she was already sharing the document with a number of groups.

The Director of Housing wanted to ensure that the Council used one set of data, and that there was join-up in terms of where the data was placed. Debbie assured the Board that the document would be live on the Council's website and would be updated annually.

The Board agree an additional recommendation which was that a briefing session be arranged for the Health and Wellbeing Board and all councillors on the contents of the Demography JSNA.

It was further agreed that Debbie would circulate the latest Health Profile for Thurrock with the notes.

RESOLVED:

1. The Board endorse key recommendations and priorities identified in the Demography document.

2. The Board approve the Demography JSNA document for publication.

3. That the Public Health Team arranges an evening briefing session for councillors and the Board.

69. Tobacco Control Strategy

Debbie Maynard and Kev Malone presented the Tobacco Control Strategy and action plan.

A number of Board members raised concerns about the action on page 196 'Work with public and private landlords to look at how properties may become smoke free in the future'. The Director of Housing stated that there was no

intention to make the Council's housing stock smoke-free. It was agreed that the action would be amended.

Councillor Kent questioned the action on page 199 'promote the LSSS as an e-cigarette friendly service', and suggested that to promote e-cigarettes might actually normalise smoking. Debbie responded that the action's purpose was to support people who had stopped smoking to stay off tobacco.

The Director of Children's Services recommended the refresh of a survey on children's smoking which had last taken place in 2009 and also raised concerns that e-smoking could provide a gateway to smoking for children and young people.

It was agreed that the amended Strategy would be brought back to the July Board meeting for agreement.

RESOLVED:

That the amended Strategy and Action Plan be brought to the July Board for agreement.

70. Health impacts of Air Pollution in Thurrock

Cate Edwynn, Consultant in Public Health, gave a presentation to the Board on the health impacts of air pollution in Thurrock.

Cate made the Board aware that there were 16 AQMAs (Air Quality Management Areas) in Thurrock and that air pollution was one of 20 leading risk factors that contributed to diseases that might lead to early death. Particulate Matter 2.5 was of particular concern as traffic was a major contributor.

Board members discussed the possibility of low emission zones, and also reducing car idling near schools as possible steps to consider in improving air quality – particularly in reducing the levels of 2.5. It was also discussed that considerations for planning applications should include the impact on air quality.

RESOLVED:

That the contents of the report be noted.

71. Health and Social Care Transformation Update

Roger updated the Board on progress made with the Health and Social Care Transformation Programme.

RESOLVED:

1. That the report be noted.

2. That the Health and Social Care Transformation BCF Implementation Project Plan be agreed.

72. Joint Health and Wellbeing Strategy End of Year Report 2014 - 2015

Roger reported that good progress had been made with the majority of actions rated green or amber. There were a few red rated actions, but these were low risk and being followed up.

RESOLVED:

That the End of Year Report (adults) 14-15 be agreed.

73. Health and Wellbeing Board Development Session and Recommendations Report

Roger presented to the Board the action plan that had been developed as a result of the Health and Wellbeing Board's Development Session held in January. The action plan had already been reviewed by the Executive Committee and many actions were being progressed.

RESOLVED:

1. The Health and Wellbeing Board approve and agree the recommendations drawn from the report.

2. The Health and Wellbeing Board input in to further developments and future progression of the Board.

74. Proposed Amendments to Thurrock's Health and Wellbeing Board Membership

Roger presented to the Board the proposal to add key NHS providers NELFT, SEPT, and BTUH and a representative from Thurrock CVS to its membership. This had been a proposal arising from the Board's Development Session held in January and would contribute to the quality of whole-system discussions.

The Board also asked for and agreed that the CCG's Executive Nurse become a member.

All changes will be subject to approval by full Council.

RESOLVED:

1. The Board agrees to NHS Providers NELFT, SEPT and BTUH becoming members of the Health and Wellbeing Board.

2. The Board agrees to Thurrock CVS becoming a member of the Health and Wellbeing Board.

3. The Board agrees to Thurrock CCG's Executive Nurse becoming a member of the Health and Wellbeing Board.

75. CASSH fund bid - Bid to the Care and Support Specialised Housing Fund for housing for young people with autism

Roger updated the Board that a bid had been submitted to the Care and Support Specialised Housing Fund for housing for young people with autism, including the proposal for a capital contribution of £140,000. The outcome of the bid would be known in October 2015.

RESOLVED:

1. The Health and Wellbeing Board notes the terms of the bid to the Care and Support Specialised Housing Fund for housing for young people with autism, including the proposal for a capital contribution of £140,000 to be made from the Better Care Fund pooled fund.

76. Work Programme

The Board's Forward Plan was updated.

The meeting finished at 4.05 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

16 July 2015	ITEM: 6
Thurrock Health & Well- Being Board	
Thurrock Adult Autism Strategy	
Wards and communities affected: All	**Key Decision:** Non-key
Joint Report of: Thurrock Council & Thurrock Clinical Commissioning Group (CCG):Authors – Catherine Wilson – Strategic lead – Commissioning and Procurement, Adults Health and Commissioning and Allison Hall – Commissioning Officer, Adults Health and Commissioning	
Accountable Head of Service: N/A	
Accountable Director: Roger Harris – Director Adults Health and Commissioning	
This report is Public	

Executive Summary

On 08 January 2015 the Health & Well Being Board was asked to note that Thurrock's Adult Autism Strategy had been reviewed in light of Think Autism and to a approve a six week consultation on the strategy in line with Thurrock Councils consultation responsibilities
Between 19 January 2015 and 01 March 2015 Thurrock Council consulted on the strategy, minor amendments to the strategy and action plan have been made taking into account the views of the responses received

1. Recommendation

1.1 That the Health & Well-Being Board formally adopts the strategy

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 Local authorities and NHS organisations to support the implementation of the adult autism strategy (March 2015)
- Think Autism Strategy – Fulfilling and rewarding lives, the strategy for adults with autism in England: an update (April 2014)

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**

* Following a review of our Transitions data for 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)

**By completing this review, being clear of our future demands and including this information within our strategy we are already beginning to see that it is having an effect particularly around commissioning decisions – Thurrock Council has recently submitted a joint bid with Family Mosaic (through CASSH funding (Care and Support Specialised Housing)) to support the development of autism specific accommodation in Thurrock, that can meet the needs of those on the autism spectrum and is an alternative to residential care. Thurrock Council will not know until the autumn if the bid has been successful, nonetheless this does demonstrate how the strategy is beginning to be influential in addressing the growing demand of suitable accommodation within the area.

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.

As a result of the consultation the following amendments have been made to the strategy. The responses covered 2 areas; firstly that the wording around employment is changed where appropriate to "meaningful employment". Secondly SPECTRUM – a local group run through Thurrock Lifestyle Solutions for people on the autistic spectrum, suggested 6 clear actions which in their view summarise the action plan. These have been included in the action plan (at pages 27-34) with the caveat that these actions will be delivered in the context of eligibility for Adult Social Care as defined in the Care Act 2014.

The strategy will be reviewed throughout its lifetime to ensure relevance and ensure it includes any developing national or local policies or drivers. It is anticipated that the action plan will be reviewed on an annual basis and reported to the Disability Partnership Board, to note progress and include areas of red and amber on each annual Autism Self-Assessment

3. Issues, Options and Analysis of Options

N/A

4. Reasons for Recommendation

4.1 To ensure that the Health & Well Being Board are informed of Thurrock's statutory responsibilities in adherence of Think Autism (April 2014) and to approve the Adults Autism Strategy following consultation

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

5.1 Public consultation was carried out following Health & Well-Being board on 08 January 2015

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 work with departments within the council, partners and the voluntary sector to ensure that we meet our responsibilities and where appropriate amend policies

7. Implications

7.1 Financial

Implications verified by: **Mike Jones**

Management Accountant

There will be costs incurred regarding training, awareness and officer time in implementing the Think Autism priorities and Adult Autism Strategy; these will be required to be contained within existing resources

7.2 Legal

Implications verified by: **Dawn Pelle**

Adult Care Lawyer

There are no legal implications. The relevant legislation and Guidance has been taken into account within the strategy

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**

Community Development & Equalities Manager

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 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

- Thurrock Council Adult Autism Strategy

Report Author:

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Thurrock Council
Adult Autism Strategy
2014-2018

Updated Version – March 2015

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 have refreshed Thurrock's autism strategy to ensure it reflects the priorities contained in Think Autism.

A new action plan at 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 also captures additional actions that were seen as a priority locally during the public consultation

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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.

- **Create** a great place for learning and opportunity
- **Encourage** and promote job creation and economic prosperity
- **Build** pride, responsibility and respect
- **Improve** health and well-being
- **Promote** and protect our clean and green environment

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 then 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.

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 meaningful 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

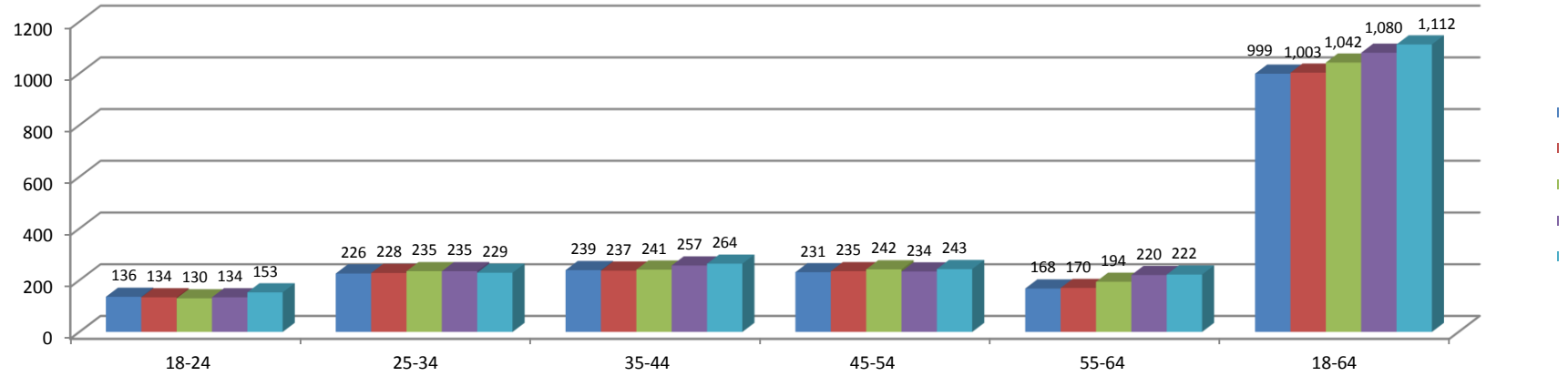
However, this study has been cited widely and in the absence of more accurate data, we have chosen these rates to estimate population of people with autism in Thurrock.

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.

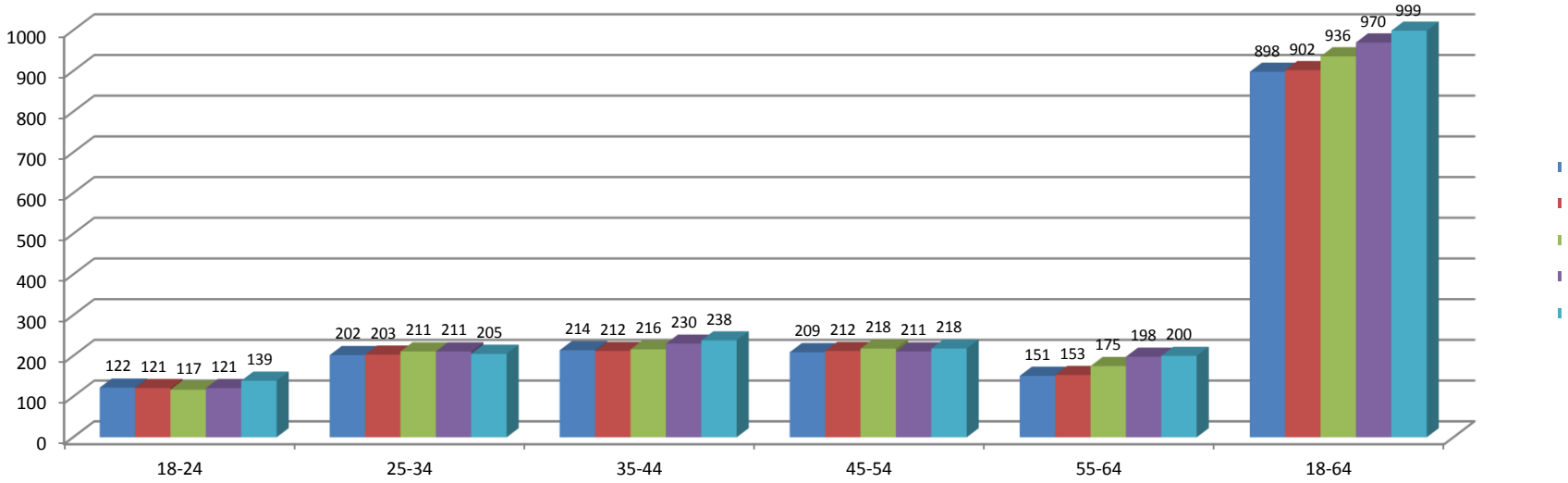
Using the data available from Projecting Adult Needs and Service Information System (PANSI) total population aged 18-64 predicted to have autistic spectrum disorders is 999 and this is set to rise.

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

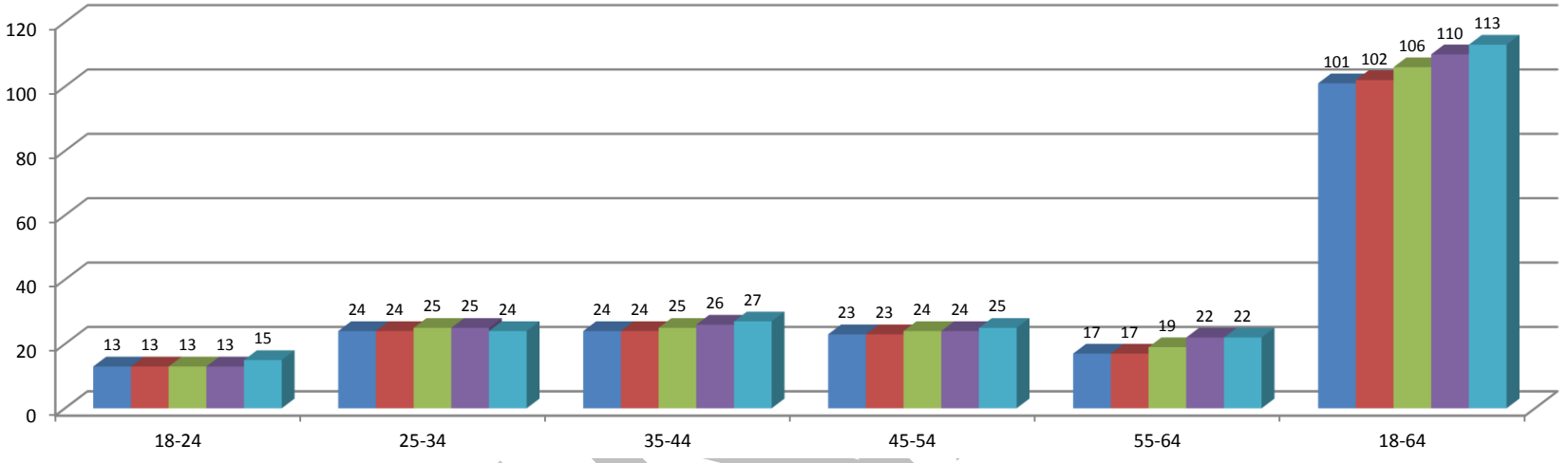


Conclusion 1: Available data indicates that total number of adults with autism in Thurrock area is 999 in 2014, with a projected increase to 1,112 by 2030.

Total number by gender – Males



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 know.

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 meaningful 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 though 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, meaningful 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
	Explore the development of the Autism Champions programme in Thurrock	Task and Finish group to be established as part of the APB to deliver	APB	April 2016
	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 **Completed, meeting quarterly**
	Information on local progress is made available locally (e.g. self assessment) so that local communities can hold the local authority and other	• Autism self assessment is published on Thurrock Council's website. https://www.thurrock.gov.uk/healthy-living/autism-self-assessment	Commissioning Team (Allison Hall)	• Completed for 2014, to be updated annually

	partners to account.	• Autism Strategy to be published when approved through Health & Well Being Board		• July 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	**Completed**. The Housing Strategy is currently being consulted upon, officers have been involved in providing information

				on the needs of people with autism to Housing colleagues during its development
	Quality autism awareness training should be included within general equality and diversity training programmes across the council	Review training programme to ensure autism awareness is included	Organisational Development Team	September 2015
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	31st March 2016 (to complete review of current pathway) 31st March 2017 (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	31st March 2016
	Ensure that data collected can record • The number of people with autism • Those that meet ASC	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

	eligibility criteria but do not receive a service • Those with autism also identified as having a learning disability or mental health problem			
	Autism is included in the Joint Strategic Needs Assessment (JSNA)	To be actioned at next JSNA re-write	Strategic Lead for Performance. Quality & Business Support	Draft to be published in 2015
	Commissioning plan for services for adults with autism, to be developed and reviewed annually	To review the following and attach as an appendix of the Market Position Statement • 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 How adults with autism are able to access personal budgets and benefit from personalisation	Commissioning Team	**Completed** Included within the Market Position Statement
	Basic autism training should be available to all staff	Achieved and ongoing for 2015/16	Workforce Development Team	**Completed**

	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.			
	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 approach	Commissioning Team	April 2016
	• 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	• Task Group to be established • Review training with APB • Consider developing on-line fact sheets and refresher training programmes	APB & Workforce Development Team	April 2016
	Ensure Thurrock's Carers Strategy and Autism Strategy are linked and that carers are represented on	Amendments to be made to the Carers Strategy through the Carers Partnership Group	Carers Strategy Officer	December 2015 The Carers Partnership Group is not currently

	the APB			meeting, this will be raised as an action once it is formally re-established
	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	December 2015
	Person centred care planning reflects the needs relating to LD, MH or PH issues as well as specifically to their autism.	Current practice to be reviewed and awareness raising with practitioners to be undertaken to ensure appropriate recording. Regular file auditing to evidence compliance	Strategic Lead for Safeguarding, Complex Care & Social Work, Team Managers	Completed and ongoing through file audits
	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	Strategic Lead - Commissioning and Procurement	The timescale for each person will be individual but will be monitored closely by the national winterbourne team.

		undertaken within social care around developing the local market		
	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	Report not published, dates to be set once report seen
	Implement the outcome of the National Autistic Society brokerage/personalisation project reporting in March 2016.	Review report in 2016	Commissioning Team	March 2016 to commence review
	Transition plans for young people with autism include meaningful employment as a key outcome	• Current practice to be reviewed to ensure compliance • Engage with ○ Provider Services (e.g. – Thurrock Lifestyle Solution ○ Thurrock's User- led Organisation ○ Education Dept. ○ Education colleges ○ Adult Community College ○ Specialist schools ○ Key local employers	Strategic Lead for Safeguarding, Complex Care & Social Work	November 2015

		To develop opportunities for internships, work experience and volunteering		
	Care planning process for adult social care considers meaningful employment as a key outcome and looks particularly at whether personal budgets can be used to support adults with autism to become work ready Ensure the assessment process includes signposting, as appropriate to Access to Work	• Current practice to be reviewed to ensure compliance • Engage with ○ Provider Services (e.g. – Thurrock Lifestyle Solution ○ Thurrock's User- led Organisation ○ Education Dept. ○ Education colleges ○ Adult Community College ○ Specialist schools ○ Key local employers To develop opportunities for internships, work experience and volunteering	Strategic Lead for Safeguarding, Complex Care & Social Work	November 2015

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. It is anticipated that the action plan will be reviewed on an annual basis to note progress and include areas of red and amber on each annual Autism Self-Assessment.

16 July 2015	ITEM: 7
Health and Wellbeing Board	
Market Position Statement	
Wards and communities affected: All	**Key Decision:** Non-key
Report of: Catherine Wilson: Strategic Lead - Commissioning and Procurement	
Accountable Head of Service: N/A	
Accountable Director: Roger Harris – Director of Adults, Health and Commissioning	
This report is Public	

Executive Summary

It is a requirement that Adult Social Care publishes a Market Position Statement (MPS). The document sets out how we see the social care market developing over the coming years.

The document sets out current and predicted need; the strategic context we are operating in; what we spend and changing trends and implications for providers.

We will use this document as a basis of discussion with current and potential providers to ensure that the market changes to meet our vision of where we want to be.

1. Recommendation

1.1 The Board are asked to note the outcome of the public consultation and approve the document for publication.

2. Introduction and Background

2.1 In November 2014, the Board was asked to approve the content of the MPS prior to public consultation.

2.2 This consultation has now taken place (please see section 5). As such, we are seeking final approval from the board prior to publication and formal adoption of this document.

2.3 The MPS describes the current and potential future demand and supply for adult social care services and outlines the model of care the Council wishes to secure for the population in the future.

2.4 It also details what in the market needs to be encouraged and what does not. This includes size and shape of the market, funding and resources and what needs to change and how the Council will purchase in the future.

2.5 Equally, the MPS makes current and potential providers think about their future plans and investment e.g. what service they may want to set up, whether they should they disinvest in a certain model etc.

2.6 The MPS also ensures that providers are aware of major changes such as the introduction of the Care Act and the Better Care Fund. It details how these changes will impact on providers.

2.7 The MPS has been positively received.

2.8 The MPS aims to be a 'living document' and work is already underway to commence delivering against the commissioning intention statements as detailed within. Thurrock Council will be developing a range of category plans that aims to address some of the current shortfall of service provision locally but also changes the way that the council plans to commission services in order that they are more cost effective and sustainable.

Thurrock Council will be developing category plans which will detail the commissioning and procurement approach to be taken to change the market. There will be a suite of category plans that sit under the Market Position Statement (in effect they will be the delivery plans of the MPS).

The first five plans will be;

- Learning disability and Autism day opportunities
- Learning disability and Autism community support
- Learning disability and Autism accommodation based services (Including residential care)
- Mental Health community support
- Carers

These plans will be developed in the next few months, however the publication of the draft MPS is already beginning to generate positive active dialogue with providers, in particular;

- How we can reshape the fragile domiciliary care market (pressure to increase the councils declared rate, increases in demand both in numbers and complexity, staff retention) and
- Meeting the need for more suitable accommodation in Thurrock for those on the autism spectrum. Thurrock Council and Family Mosaic have recently submitted a joint bid to the HCA (Homes & Communities Agency), for funding to build accommodation which will meet the needs

and address the increase in numbers of those on the autism spectrum. This bid provides an alternative to residential care and a solution to placements being made outside of Thurrock.

3. Issues, Options and Analysis of Options

3.1 The Board are asked to note the outcome of the public consultation and approve the document for publication.

4. Reasons for Recommendation

4.1 It is a requirement that Adult Social Care produces and publishes a Market Position Statement.

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

5.1 A full consultation was carried out.

5.2 Two events were held in January with existing and potential providers. The events gave providers the opportunity to ask questions and to seek clarification. The MPS was well received and there was no adverse feedback received on the day.

5.3 In addition to this, existing and potential providers were offered a 'Meet the Commissioner' appointment. This gave individual providers the opportunity to talk to the commissioner responsible for their area e.g. autism or older people etc about the implications of the MPS on their planned or existing service. Neither event required any amendments to the MPS to be made.

5.3 The draft Market Position Statement was also published on our consultation portal. We only received one response to the consultation through this medium. This individual raised public health policy concerns rather than commenting upon the document. As such, this response was not taken into account and no amendments to the document were made as a result of the consultation.

5.4 Internally, housing colleagues provided some suggested changes to wording in section 2.4.4 (Housing).

These changes are as follows;

- Accommodation provided can promote independence, health and wellbeing
- Accommodation for older people must be suitable to meet their changing needs
- Those with learning disabilities and mental ill health are supported to access suitable accommodation
- Identification of community based solutions through the transition to independent living

- Extra care provision will be reviewed
- Increase in the provision of supported housing by converting existing accommodation
- Including reference to Thurrock Councils Housing Strategy

These changes have been incorporated into the final version.

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

6.1 This should have a positive impact on the corporate priority 'Improve health and well-being' by creating a diverse market offer and ensuring choice and control for service users.

7. Implications

7.1 Financial

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

There are no financial implications.

7.2 Legal

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

There are no legal implications. The Market Position Statement has been prepared and published in accordance with our statutory duties under the Care Act 2014 and associated Guidance.

7.3 Diversity and Equality

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

There are no adverse diversity and equality implications contained in this report, however any future actions taken could potentially impact on the local community/providers including the voluntary and community sector. Any significant change in provision requires a separate Communities and Equality

Impact Assessment prior to implementation to assess the impact of decisions on protected characteristics and the local community.

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

None

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

- None

9. Appendices to the report

- Market Position Statement – Final Version for Publication

Report Author:

Catherine Wilson

Strategic Lead – Commissioning and Procurement

Adult Social Care – Commissioning Department

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Draft Market Position Statement

Adult Social Care in partnership with Health and Housing

2015 - 2018

Transforming social and health care in Thurrock: Building Positive Futures

The Council and the NHS are facing unprecedented demand for health and social care services. The Council also faces a severe reduction in the means by which it can meet those demands. For example, the Council has to save £32 million pounds in the next 3 years. This equates to 25% of our current budget.

We believe that it is important to be open with providers, not just about the limitations of Council and Health budgets, but also about what in the future we can expect citizens and communities to do for themselves, with their own resources.

We recognise that we need to change the way we commission services, and the way we work with service users, carers and providers. Although our budgets may be limited, we believe the market as a whole still presents considerable growth opportunities for providers as we jointly commission more integrated health and social care services, invest more in preventative and out of hospital care, and as the number of people funding their own care also increases.

Roger Harris,
Director Adults, Health and Commissioning
Thurrock Council

Executive Summary

This Market Position Statement details the current and potential future demand for adult social care services and our vision for a re-modelled care and support service.

The document describes how we think those services might change as people exercise more control over their lives including a greater use of direct payments.

Where health and social care services are required we are committed to stimulating a diverse market where innovation is encouraged and rewarded, and where poor practice is actively discouraged. This is a key part of shaping Thurrock – it directly relates to our **strategic priorities to:**

- **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

We hope established providers of health and social care services will learn about the Council and the Clinical Commissioning Group's (CCG) intentions as commissioners of services, including integrated commissioning arrangements and also the Council's new responsibility for Public Health.

We will support voluntary organisations and community groups to build on their knowledge of local needs and find the resources to develop new initiatives to strengthen their communities.

We are keen to engage with those who are interested in developing new businesses and social and micro-enterprises to promote health and well-being in Thurrock so that we can better understand what we need to do to foster improvement and innovation in services.

We hope providers will understand the main drivers for change (including the new Care Act and Better Care Fund) and the market opportunities this may present.

The document is structured in 4 sections;

1. Need and Strengths – Population demands/changes and strengths
2. The Strategic Context – National and Local Drivers for change
3. Provider Data – Details the resources available and a 2013/14 snapshot of spend and future trends.
4. Commissioning for the future – This section details the market opportunities for providers looking ahead.

We have highlighted key points for consideration by providers in text boxes at the side of each page.

Planning Assumption 1

Thurrock's population is growing.

There is considerable growth in the number of those aged 70 and over.

Section 1 - Need and Strengths

Thurrock is situated on the River Thames immediately to the east of London. The borough is host to one of the biggest growth and regeneration programmes in the UK which will create 26,000 jobs and 18,000 new homes in the coming years. It encompasses the urban areas of Grays, Tilbury, Stanford-le-Hope and Corringham together with swathes of Green Belt and 18 miles of Thames riverfront. Thurrock has national significance with its key location and significant port capacity for the import and export of goods and services for the UK. The population is currently served by Thurrock Council – a unitary local authority and NHS Thurrock CCG.

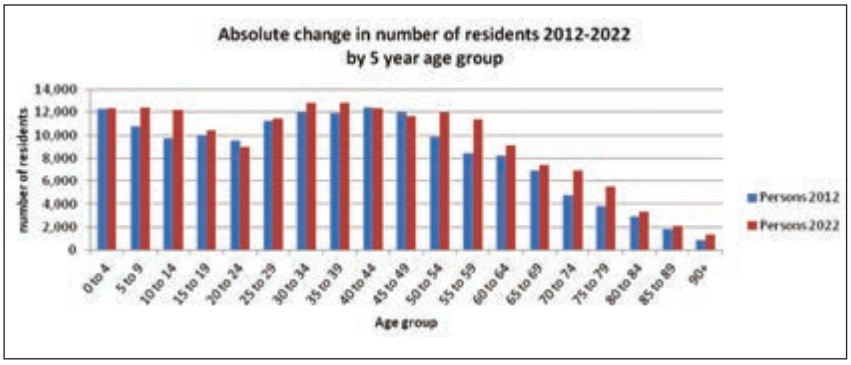
The latest population estimates for mid-2014 estimate the population of Thurrock at 160,800, of which 79,330 (49.3%) were male and 81,520 (50.7%) female.
The borough's population aged 60 years and above has increased by 16.5% since 2001. However, the proportions of people in each of the 60+ age groups are lower than the England and East of England averages.

There has been a 47.5% increase in the over 85 population, equating to 846 more residents in this age group since 2001.

It is expected that until 2018 the population will continue to grow across all age bands, with significant growth in those aged 70 and over. The 65+ population, which are already major users of health and social care services, is estimated to grow by 17%. But this trend does not automatically translate to an equivalent growth in demand for social care and health care services.

Thurrock will see a significant ageing of its population among the key older care groups – 50-64, 65-74, 75–84 and 85+, all of which will increase in absolute terms and as a proportion of the population.

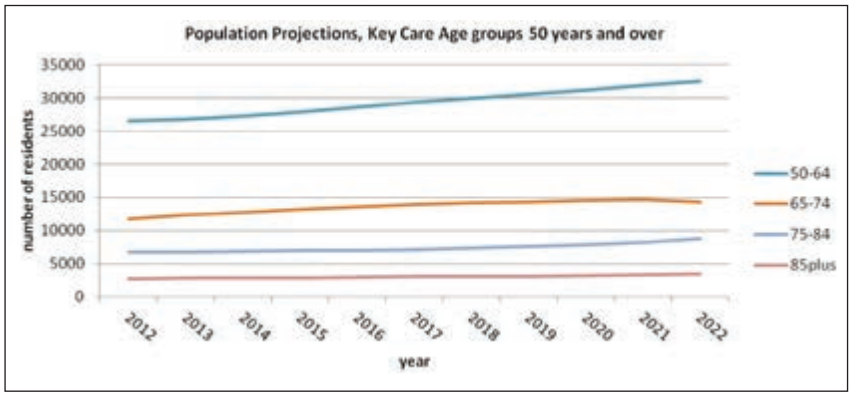
By 2022, the population group aged 50-64 is projected to increase by 5,900, which is an 18% increase, and the population group aged 75-84 is projected to increase by 2,139 (26%).



Planning Assumption 2

Due to our investment into preventative services, this growth in population is unlikely to result in an equivalent growth in demand for traditional services.

Section 1 - Need and Strengths



This is because the health characteristics of the current older population is not the same as younger age groups, and also because we expect increasing numbers of older residents to take responsibility for their care. Many have access to greater resources than the generation that went before them. A number of conditions can be prevented or at least managed to lessen the chances of deterioration. Our communities need to be mobilised to provide support and mutual assistance so that many more can take an active part in community life and continue to make a contribution.

1.1.1 The needs of an ageing population

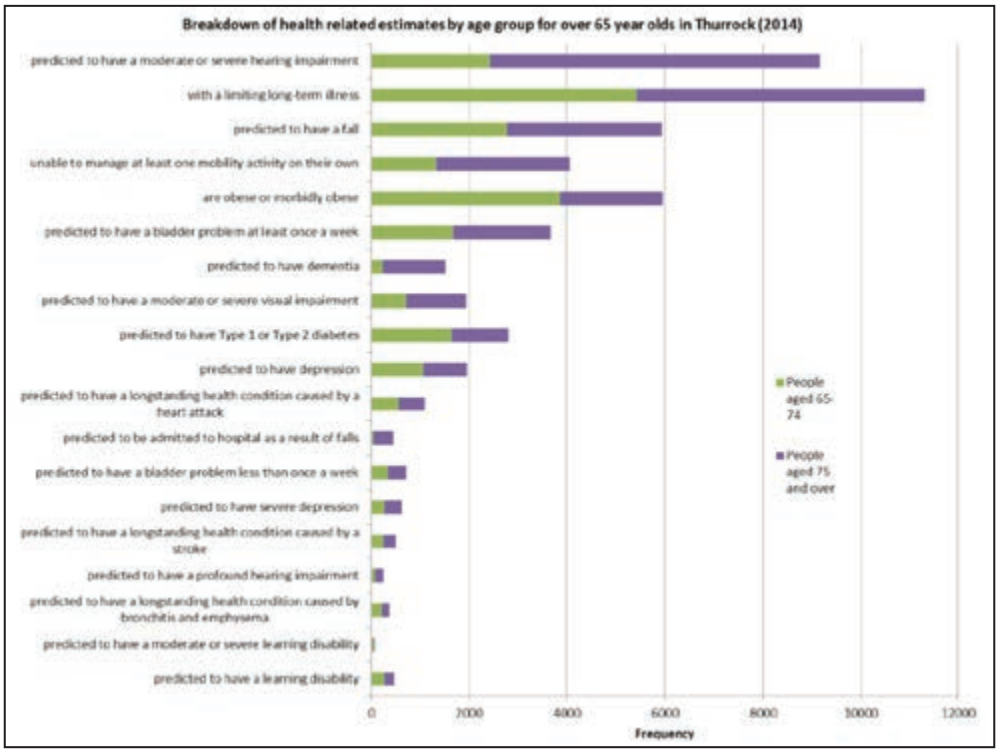
However a growing older population will see the numbers of people with acquired sensory impairments, mobility problems and physical frailty, often related to the ageing process. Most will live with a number of co-morbidities. These individuals may well need adaptations to their home, as well as equipment or assistance to live independently.

Planning Assumption 3

There is a significant increase in the number of people predicted to have dementia.

This is a potential area of growth for high quality and specialist providers.

Section 1 - Need and Strengths



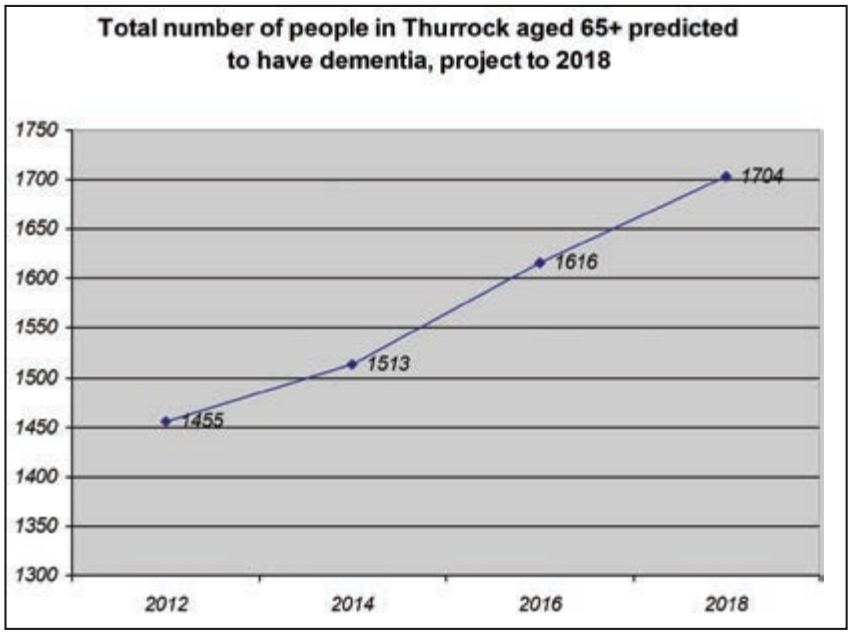
A range of estimates for health related indicators for people aged 65 and over in Thurrock are summarised in the chart above. The most common health problems (predicted) for those aged over 75 years are summarised below:

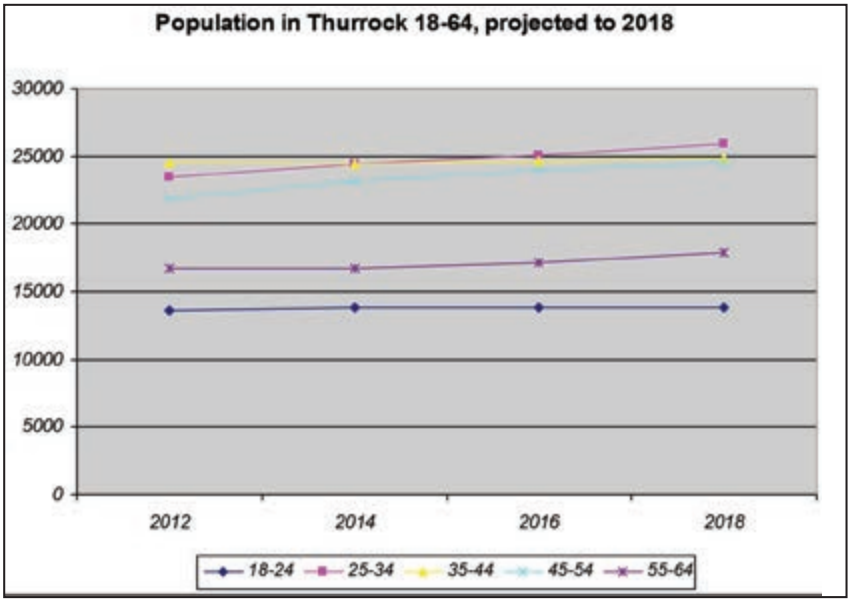
One area of which requires specific attention is the growth in those aged over 65 predicted to have dementia. If the incidence grows at or near the nationally projected rate, the numbers will increase by over 17% in the next 5 years. To address this issue we will require not just new forms of service but a positive response from the whole community and significant changes in the awareness of, and the attitudes to, people with dementia. As part of its response to this need the Council is encouraging all its staff to become dementia friends, and it has recently been invited to participate in the recognition process for dementia friendly communities. This year community wellbeing programmes are being developed by public health specifically for those individuals diagnosed with dementia.

Planning Assumption 4

There is a modest predicted increase in those aged 18 – 64.

Section 1 - Need and Strengths





1.1.2 The needs of people of working age

The under 65 adult population is expected to grow at a more modest but significant 9%.

The numbers of adults with mental health needs may grow proportionately. However, the numbers of people with a physical or sensory disability is expected to rise in excess of population growth because a greater number of babies with genetic conditions are expected to survive into childhood and adulthood as a result of medical advances. People with learning disabilities are expected to have increased longevity, in part as a result of advances in medical treatments, which may mean that more may need assistance later in life with needs related to the ageing process, including dementia.

Planning Assumption 5

Thurrock's Adults Autism Strategy will be published in January 2015 for formal consultation. This document will contain detailed needs data to assist providers.

At this time we believe that this will be a potential growth area for providers (but please check strategy for further information).

Section 1 - Need and Strengths

Due to the location of an in-borough school for young people with learning disabilities with a specialist autism unit we are expecting a significant increase in the number of people with autism in Thurrock over the next 5 to 10 years

A detailed assessment of current and future need is currently being undertaken as part of our new Autism Strategy and providers should refer to this document for further information. The consultation version of this document will be published in January 2015. Please see the consultation portal on Thurrock's website at this date **https://consult.thurrock.gov.uk/portal**

Planning Assumption 6

We are changing the profile of adult social care services.

We are focussing on prevention and short term reablement services to enable people to live in their own homes in their community.

There are a number of national and local strategic drivers that have an impact on the future provision of care and support in Thurrock. These include;

- Health and Wellbeing Board
- Building Positive Futures
- The Care Act
- Integration of health and social care
- Local population demands and projected change

Section 2 - The Strategic Context

2.1 Thurrock Health & Wellbeing Board

Health and Wellbeing Boards are statutory bodies introduced in England under the Health and Social Care Act 2012

Our vision for health and wellbeing in Thurrock is "Resourceful and resilient people in resourceful and resilient communities"

We have four priorities to strengthen the health and well-being of adults in Thurrock:

- Improve the quality of health and social care.
- Strengthen the mental health and emotional well-being of people in Thurrock.
- Improve our response to frail elderly people and people with dementia.
- Improve the physical health and well-being of people in Thurrock (initial focus on reducing the prevalence of smoking and obesity).

2.2 Building Positive Futures

Building Positive Futures is our programme to deliver the aims of Thurrock's Health and Wellbeing Board and has three main workstreams:

- **Better health and wellbeing:** helping people stay healthy and independent
- **Improved housing and neighbourhoods:** to give people more - and better - choice over how and where they live as they grow older
- **Stronger local networks:** to create more hospitable, age-friendly communities

Our vision is for a re-modelled care and support system – moving away from crisis responses that too often result in avoidable admissions to hospital and care homes, to wellbeing services that enable people to live healthy, fulfilling and independent lives in their own homes.

Planning Assumption 7

As the ABCD and LAC initiatives gain momentum there will be an impact on the amount of commissioned services.

Traditional service solutions will only be used when all other avenues have been explored.

This may result in the traditional services share of the market shrinking. However, there should be growth in preventative and low level community based services.

This will mean shifting resources across the housing, health and adult social care system to provide people with a single point of access to personalised services. Over time, this will reduce demand for acute health care services and change the profile of adult social care services. In future, there will be more intensive, short-term reablement services, and more low cost preventative services. This will enable disabled people, people with long term conditions and older adults to remain independent, in homes and neighbourhoods more suited to their needs. The local authority now has the responsibility for public health so preventative care is now embedded throughout the Council.

As part of Building Positive Futures an initiative called Asset Based Community Development (ABCD) has been introduced. ABCD strengthens the connections between people and informal associations around common interests and concerns. Through those connections, the ideas of local people can be harnessed to develop initiatives that match their needs. Thurrock is also committed to becoming a dementia-friendly community.

Section 2 - The Strategic Context

Our emphasis on strength based approaches including ABCD will require service providers and funding agencies to shift their focus from the needs and deficiencies of neighbourhoods, towns and villages to the 'community assets'.

These community assets are the key building blocks of sustainable urban and rural community building efforts and include:

- the skills and connections of the local residents
- the power of local associations (clubs, groups, informal social networks)
- the resources of public, private and non-profit institutions
- the physical and economic resources of local places.
- the heritage, culture and stories of the local community

To complement this we are also investing in Local Area Coordination (LAC), a unique and innovative approach to supporting people who are vulnerable through age, frailty, disability or mental health issues to identify and pursue their vision for a 'good life', to strengthen the capacity of communities to welcome and include people and to make services more personal, flexible and accountable. Rather than waiting for people to fall into crisis, assessing needs and then responding with services or money (if eligible). Local Area Coordinators build relationships at the individual, family and community levels, aiming to support people to stay strong, build personal, local and community solutions and nurture more welcoming, inclusive and mutually supportive communities.

Planning Assumption 8

The Care Act 2014 represents the largest reform to adult social care for over forty years.
The act introduces

- **a national eligibility criteria**
- **puts the rights of carers on an equal footing**
- **a legal entitlement to a personal budget.**
- **This act will result in a number of changes to the existing market and may provide some new opportunities for innovative providers (see section 3).**

2.3 The Care Act

The Care Act 2014 represents the largest reforms to adult social care for over forty years. The Act focuses on:

- Promoting people's wellbeing;
- Enabling people to prevent and postpone the need for care and support; and
- Putting people in control of their lives so they can pursue opportunities to realise their potential.

The Act introduced a national eligibility criteria to ensure that everyone across England is eligible for the same level of social care wherever they live. It also puts the rights of carers on an equal legal footing to those they care for.

Section 2 - The Strategic Context

In addition, the Act requires local authorities to ensure the availability of information and advice services for the whole population. Information and advice is a vital part of our strategy to prevent or delay the need for care and support. We also see this as a core part of our commitment to ensure carers and families exercise choice and control.
For the first time, the Act provides people with a legal entitlement to a personal budget. This adds to a person's right to ask for a direct payment to meet some or all of their needs. It also gives a duty to integrate care and support with health. Housing is now explicitly referenced as part of local authorities' new duty to promote the integration of health and care.

The Market plays a critical role in helping to achieve this vision and the Act's guidance includes a chapter specific to Market shaping and commissioning. The emphasis of the Market shaping and commissioning chapter is:

- Commissioning focused on outcomes and promoting wellbeing;
- Promoting choice to drive quality and sustainability; and the
- Importance of workforce development and pay.

2.4 Integration and Partnership Working

2.4.1 Integration of funds

The Comprehensive Spending Review announced the Better Care Fund (BCF) in June 2013 as part of the Spending Round. The Fund is a pooled pot of money between local authorities and Clinical Commissioning Groups for the purpose of transforming local services so that people are provided with better integrated care and support. In particular, the BCF Plan focuses on how unplanned admissions to hospital or residential care will be reduced. Each local area has a BCF Plan to detail how the Fund will be spent, and more importantly how outcomes will be improved.

Planning Assumption 9

The Council and Thurrock Clinical Commissioning Group are committed to providing integrated services. Whether this is through pooled resources or by delivering co-ordinated or integrated services.

This presents a real opportunity to those providers who can assist with this ambition and provide integrated services.

There may be additional opportunities for providers as Social Care starts to develop integrated commissioning approaches with Health (including Public Health) and Housing colleagues

Thurrock's BCF Plan is part of a broader Health and Social Care Transformation Programme. The Plan is underpinned by five principles jointly agreed by the CCG and Council:

- Empowered citizens who have choice and independence and take personal responsibility for their health and wellbeing;
- Health and care solutions that can be accessed close to home;
- High quality services tailored around the outcomes the individual wishes to achieve;
- A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible; and
- Systems and structures that enable and deliver a co-ordinated and seamless response.

Section 2 - The Strategic Context

We are clear that we need to make a difference to patients and service users. In particular, the outcomes we want the Better Care Fund to help deliver are:

- Users of services having an improved experience through multi-disciplinary teams and services that operate around the 'whole person';
- Individuals being able to achieve the outcomes they want through personal health budgets and personal care budgets;
- Risk-based approaches to target those most at risk to enable individuals to remain out of hospital and residential care;
- Proactive approaches to 'ageing well' that enable people to remain healthy, independent and in control for longer; and
- Federations of GP practices aligned with community health, mental health, and social care services that ensure whole person approaches; and
- Carers feeling supported and sustained in their caring role.

Our Whole System Redesign Project Group will drive the change across the health and social care system to achieving these outcomes.

2.4.2 Integration of services

The Council and the CCG are committed to providing integrated services in line with the Department of Health's ambition to make joined-up and coordinated health and care the norm by 2016.

Current examples of how Health and Social Care are working to provide integrated services are:

- The Rapid Response and Assessment Service, (a partnership between Thurrock Council and North East London NHS Foundation Trust – our community health provider) is an integrated team of Social Care and Health professionals that undertakes urgent assessments at home and then provides direct access to a range of services. These include re-ablement programmes, telecare and telehealth services, as well as short stays in specially equipped Short Term Assessment and Reablement Flats or interim care beds in residential homes, to stabilise conditions and to build confidence.

Planning Assumption 10

Public Health is now a responsibility of the Council.

From November 2014 there is an opportunity to apply for a Public Health grant programme.

Public Health is already working closely with internal partners on jointly delivering and commissioning initiatives.

- The Joint Reablement Team is an integrated team consisting of Social Care staff, nurses and a physiotherapist. The service provides short-term support designed to help keep vulnerable people safe and as independent as possible. The Reablement Team works with service users to help them learn or re-learn important tasks needed for everyday life. In 2013/14 over 500 people completed a period of six week reablement.

The main focus of the CCG and Council funded initiatives and services is to support health and well-being and to ensure service users and carers get the help they need in a timely way, including rebuilding skills and confidence to live independently. This will reduce dependence on services and prevent unplanned admissions to hospital and care homes where appropriate. For example in 2013-14, 89% of people discharged from hospital into reablement or rehabilitation services were still living independently after 90 days. The Council and CCG funds a range of external community and residential services for service users who have critical and substantial needs for care and support, as well as help for carers.

2.4.3 Public Health

In 2013 Public Health responsibility was brought into the Council. The role of Public Health is to protect and improve the health and wellbeing, and reduce health inequalities of local residents. The importance of Public Health is now expressed in the Council's top 5 priorities – Improving the health and wellbeing of local residents. The Public Health team have undertaken a robust review of all the services they commission for Thurrock using evidence based practice, a full benchmarking review with comparator sites and a community engagement programme to include questionnaires, attending community groups and holding two community workshops. The finding of this review has now resulted in a new re-modelling of the Public Health service. Public Health grants being awarded from November 2014 to support wellbeing programmes in local communities.

The Public Health team have quickly become an integral part of the Council and are already working very closely with Social Care, LAC's, and the Building Positive Futures programme. Public Health is also working on an exciting project with the Housing department on a Well Homes Project.

Planning Assumption 11

- The Housing department is a key partner in the future delivery of social care.
- We will work together to utilise existing stock or where necessary through purpose built schemes to meet the needs of vulnerable people.
- We will provide a range of housing options for older people including building to HAPPI standards.
- We will first look to utilise our housing assets for supported living. This is to ensure that people have real choice in their care and support provider and so that there becomes a separation of landlord and care/support functions.

2.4.4 Housing

Housing is a key partner and we are continuing to work closely with our housing colleagues to provide appropriate accommodation that promotes independence, health and wellbeing. Through making best use of our existing council stock, building more council homes and delivering schemes through the Council's own company Gloriana Thurrock Ltd, we can provide housing that meets the needs of our residents now and in the future.

For our older residents, we need to provide a range of suitable housing that meets their changing needs. The Council's Sheltered Housing schemes deliver a proactive service that supports independent living. By working together, we can understand the health priorities of these residents to enable a personalised and responsive service. We are also exploring new specialised housing schemes that support older people as they age. Early successes include a development of 25 flats built to 'HAPPI' (Housing Our Ageing Population Panel for Innovation) Standards in South Ockendon. We have also secured Government funding to deliver an additional HAPPI scheme of 35 flats in Tilbury.

We will ensure residents with learning disabilities and mental ill health are supported to access suitable accommodation. Our aim is to create a distinction between the landlord and care functions, increasing choice for residents. In partnership with housing colleagues, we will identify community based solutions and support people through the transition into independent living.

The provision of extra care housing in the borough as a means to support older people and those with learning disabilities will also be reviewed. For those that require more high level support, we will work together with housing to identify existing properties, together with land for development and funding, to provide more specialist services. In addition, we will look for opportunities to increase the provision of supported housing by converting existing accommodation.

These strong links between housing, Adult Social Care and Health are equally reflected in the Council's Housing Strategy. This, together with the supporting Evidence Base, provides further information on projected housing need.

[1]The Strategic Housing Market Assesessment Review can be downloaded at:
https://www.thurrock.gov.uk/sites/default/files/assets/documents/tgse_fundamental_review_strategic_housing_market.pdf

Planning Assumption 12

The Council is experiencing unprecedented cuts of nearly 25% (32 million) of our entire council budget over the next 3 years.

The Council spent £43.7 million (gross) on adult social care services in 2013/14 compared to £47.9 million in 2010/11

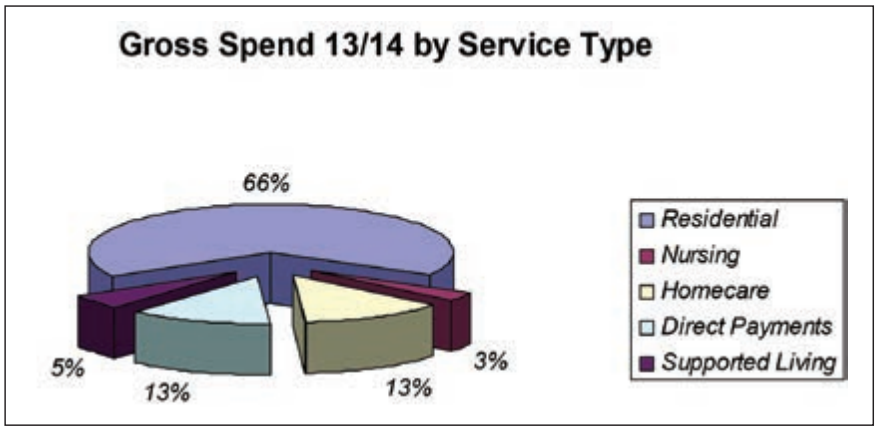
Spend per head on adult social care has already fallen 24.7% since 2010/11

Section 3 - Provider Data

The Council spent £43.7 million (gross) on social care services in 2013/14. This includes £12.6 million on its own internal services including assessment and care management, reablement, day care, respite and care home services.

Adult Social Care spent £32 million during this year on external services including funding home care, care homes and grants to voluntary organisations.

3000+ new contacts dealt with every year	£43m spent on adult social care in 2013/14	Population aged 65+ will grow by some 17% by 2018. Those over 90 will grow by 55%
Commissioned on average 5100 hours of homecare weekly	1 in 5 service users have a direct payment. 71% with a personal budget	Completed nearly 2000 reviews in 2013/14
Net spend per head of pop. aged 18+ was £272 in 2012/13 - lower than the average of £359	Over 500 people completed a period of six week reablement in 2013/14	Supported some 500+ people in residential or nursing care as at end of March 2014
There are around 14,500 unpaid carers in Thurrock - 9% of the population	Assessed or reviewed around 1000 carers in 2013/14	RRAS Service deals with 200+ referrals every month



Planning Assumption 13

Thurrock is a low spending authority on adult social care (bottom 5% of councils nationally).

Although residential care is still our greatest area of spend, the number of users of these services and as such spend continues to reduce.

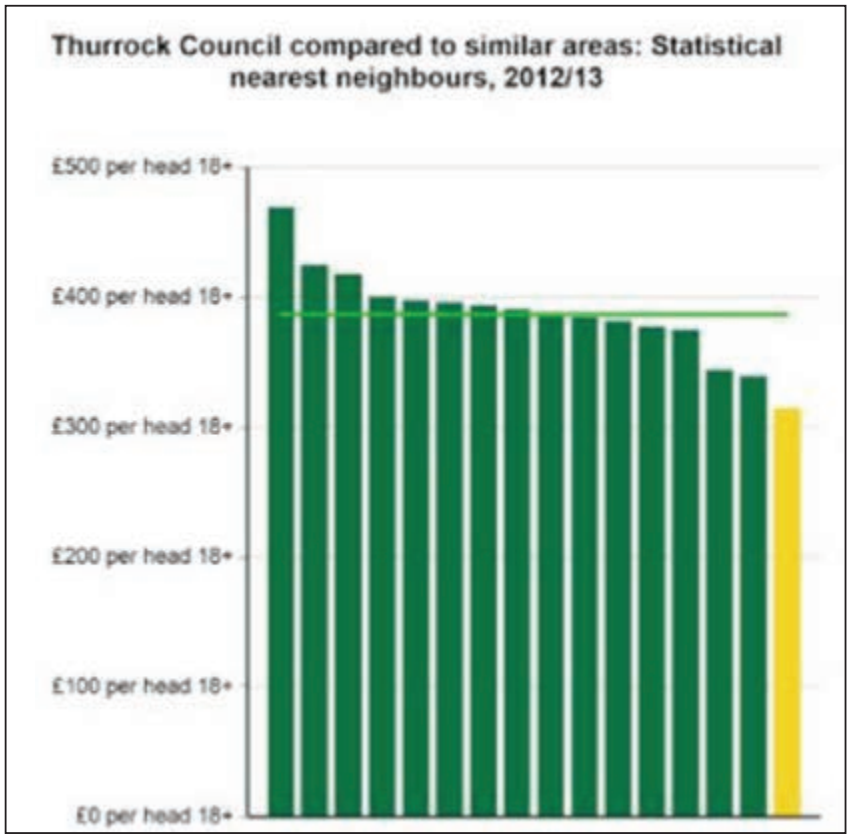
Section 3 - Provider Data

3.1 Snapshot of spend

- Provisional national expenditure data for 2013/14 shows that Thurrock spends £3240 per 10,000 people aged 18+ on adult social care. This compares to the national average spend of £4070; the average spend across our CIPFA comparator councils of £3858 and the Eastern Region average of £4180.

- Thurrock is the lowest spend council among our comparator group (see chart below) and firmly within the lowest 5% councils nationally. Spend per head of population on adult social care in Thurrock has fallen by 24.7% since 2010-11 (£417.68).

- Thurrock spends £901.94 per head of population aged 65+ compared to the average spend nationally of £1,101.08 and £965.97 among our comparator council group. Spending on this age group has fallen in Thurrock by 33% since 2010-11 (£1,349.40).



3.2 Residential Care

- The greatest area of spend is residential care although the number of service users, and so the spend, has been reducing in recent years. A reduction is also seen in nursing care.

- Thurrock has historically placed more people in residential and nursing care as a proportion of the population than the national average. This pattern is particularly acute for people aged 65+. In 2013/14, the rate of admissions into residential or nursing care of people aged 65+ was 644.9 per 100,000 population aged 65+. This compares to the national average of 668.4.

- As at the end of March 2014, Thurrock was supporting some 500+ people in residential and nursing care placements.

Planning Assumption 14

Over 40% of our current learning disability residential care placements are as a result of historical closure of a local long stay hospital. When this cohort of people no longer requires care we will have sufficient (possibly excessive) provision locally. We do not view this as a growth area.

Section 3 - **Provider Data**

Client Group	Number of Homes	Number of beds
Older People and Dementia (including Nursing)	13	593
Working Age Adults - Residential and Nursing Care (Learning Disability, Mental Health and Autism)	23	147

Table depicts the number of in-borough residential care homes in the private, voluntary and independent sector.

- The Council operates one care home for older people which has 45 single bedrooms. Up to 15 rooms in this scheme are used to provide interim care for service users who are unable to return home for a period of time and respite care for users who are supported by unpaid carers. Use of interim care beds enabled 67% of people to return to the community.
- We have recently undertaken a review of all adult residential placements. Over 40% of our current learning disability residential care placements are as a result of a historical closure of a local long stay hospital. When this cohort of people no longer requires care we will have sufficient (possibly excessive) provision locally.
- A detailed assessment of current and future need (including spend) is currently being undertaken as part of our new Autism Strategy. Providers should refer to this document for further information. The consultation version of this document will be published in January 2015. Please see the consultation portal on Thurrock's website at this date https://consult.thurrock.gov.uk/portal
- Thurrock Council has also undertaken a recent review of all mental health accommodation based placements. Although 50% of service users were accommodated out of borough this was found to be appropriate (e.g. as a result of their treatment order or personal preference). It was felt that we do not need to increase our residential provision for people with mental ill health; however we will be developing a step up/ step down assessment centre in the near future

Planning Assumption 15

The amount of spend on community services is increasing.

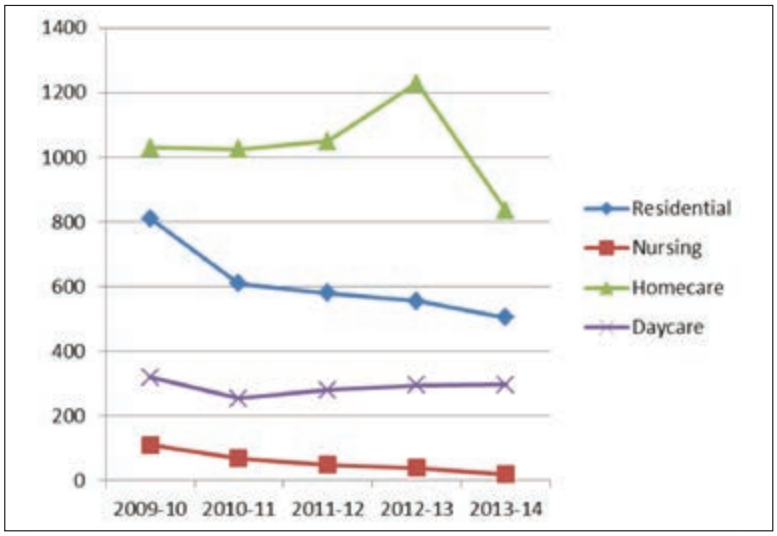
Home Care is our largest funded service. This reflects our strategy to support people to live independently in their community.

We currently commission 3 providers to deliver home care. However, there are over 10 registered home care providers active in Thurrock.

We have recently seen a decrease in the amount of commissioned home care. This has been mirrored by an increase in direct payments.

Meeting the needs of people utilising a direct payment or their own funds is a potential growth area for providers.

Section 3 - Provider Data



3.3 Home Care

- Conversely, expenditure on community services, especially Home Care is increasing (although there has been a reduction in commissioned hours and an increase in the use of direct payments to purchase this service).

- These trends are in line with our strategy and commissioning intentions which are to enable service users to live in their own homes wherever possible.

- Home Care is currently the largest Council funded service. In 2013/14 we externally commissioned 5400 homecare hours per week. Most of the people receiving home care are aged 65 or over.

- The Council currently commissions three providers that work across the whole of the borough. At the end of March 2014, there were 91 adults (18-64) and 411 older people (65+) receiving homecare. These providers may also be commissioned by the CCG for Continuing Health Care. There are over 10 registered home care providers active in the Borough offering support to residents who receive Direct Payments or who fund their own care.

3.4 Direct Payments

- The Council is also committed to delivering greater choice and control to service users. In 2013/14 one in 4 service users (26%) were supported with a direct payment, which is a marked increase in take up compared to previous years.

- From April 2015, the new Care Act introduces the requirement for all service users to have a personal budget. This will mean that all service users will have a clear understanding about the financial resources available to them. In future, Thurrock Council expects most people (or an authorised person on their behalf) to take this personal budget as a direct payment (i.e. they will have the money) and make their own arrangements for care.

Planning Assumption 16

Direct payments are increasing.

The Care Act introduces a requirement for all service users to have a personal budget.

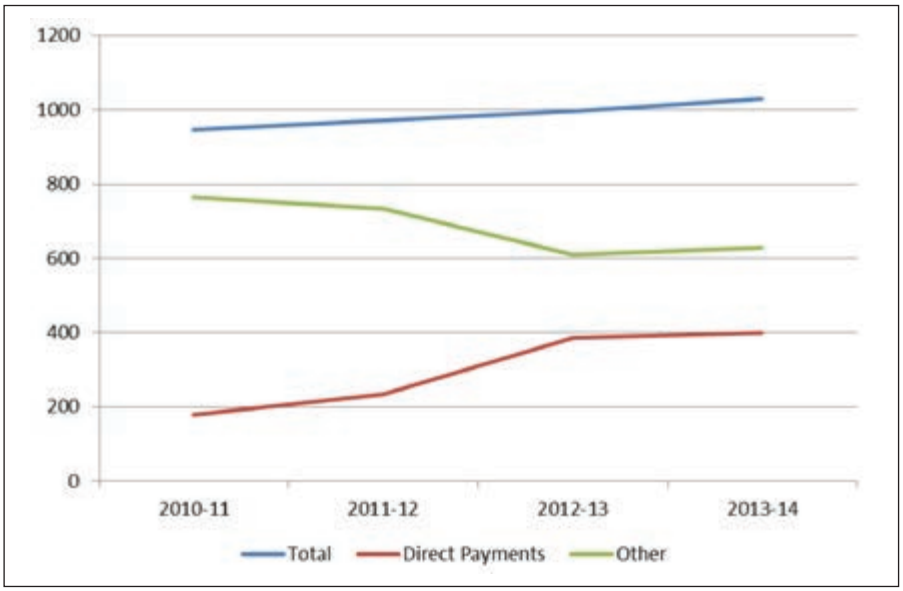
We expect most people in the future to utilise a direct payment.

This will be a significant change for providers as the commissioning moves from the Council to the individual.

Providers will need to be able to respond as service users may wish to purchase something different to the Council.

Meeting the needs of people utilising a direct payment or their own funds is a potential growth area for providers.

Section 3 - **Provider Data**



3.5 Supported Accommodation

- The Council provides 1,304 units of sheltered housing in 37 separate schemes which all have support from Sheltered Housing Officers and a community alarm service providing an emergency response.

- There are four sheltered housing schemes operated by Registered Social Landlords providing 113 one and two bedroom homes for rent and three private sector retirement schemes for leasehold ownership, providing 91 one and two bedroomed homes.

- The Council owns 2 two extra care housing sites with a total of 73 units, and demand for these units is high. Also we have in partnership with Hanover developed a new purpose built extra care scheme which provides 18 one bedroom and 47 two bedroom extra care flats for rent and sale.

- As the development of extra care is relatively recent, the Council is still evaluating the impact of this service and as to whether we will roll this out wider. We will make providers aware of this evaluation in 2015.

- As part of this evaluation we are considering the development of a small extra care scheme for people with learning disabilities (utilising council stock) and possibly supporting the development in the west of the borough (as we currently have no provision) a small extra care housing development for older people and people with dementia.

- There are 46 units of purpose built (individual flats) supported accommodation for people with learning disabilities and mental ill health. These are mainly run by Registered Social Landlords.

Planning Assumption 17

The Care Act 2014 will give carers the same rights to assessment and support as the people they care for.

Due to this change in legislation we are expecting to identify and support a greater number of carers.

We will be addressing the lack of diversity within this sector of the market so that carers have a greater choice of services. A direct payment provided, either for the carer or the person they are supporting, may then be used to purchase services which help with their caring role or their life outside of caring.

As such, this offers a real opportunity for growth for high quality providers.

- In addition we are currently running a pilot to help people with learning disabilities transition to independent living. This pilot has 8 places available and currently utilises Council owned stock (ex-Sheltered Housing Officers homes on sheltered housing sites). This pilot has proven to be very effective and has resulted in a number people moving on to their own homes in the community.

- In addition we currently have 29 units of supported living run by the private sector (and 10 units run by a social enterprise) available in-borough for people with learning disabilities and mental ill health. The accommodation and care/ support is currently linked. We plan to move away from this model and will be looking for a distinct separation of accommodation and support over time. People with learning disabilities and mental ill health should have the right to choose how they live, where they live, who they live with and who supports them along with every other member of society.

- Current and potential providers of supported living services should familiarise themselves with the reach standards and ensure that their services meet the core principles.

Section 3 - Provider Data

3.6 Carers Services

- The 2011 Census reported that there were 14,606 unpaid carers in Thurrock, which represents around 9% of the population.

- The Council is one of the largest providers of carers services locally. As part of the Care Act we will ensure that there is a diversity of quality provision.

- In the future, we expect carers needs to be largely met through a direct payment.

- The identification of carers early on in their caring role is key to reducing the risk of carer breakdown and crisis situations at a later stage. In order to improve our identification of carers, Thurrock appointed Cariads, to identify and provide support, information and advice to carers. Cariads is a collaboration of three local voluntary sector organisations each with their own area of expertise and a strong track record of supporting carers in the local community.

- In addition to our carer support in the community, the Thurrock Carers Centre acts as a hub for carers providing drop-in support and advice and hosting support groups, training and therapeutic activities. The Carers Centre also hosts regular short break services at the hub and arranges outreach respite services from here.

Section 4 - **Implications for Providers**

Our vision is for a re-modelled care and support system – moving away from crisis responses that too often result in avoidable admissions to hospital and care homes, to wellbeing services that enable people to live healthy, fulfilling and independent lives in their own homes

This section sums up the main drivers for change over the next few years and implications for providers.

No.	Driver for Change	What this may mean for Providers
1.	**Communities become more resilient and self supporting, and improvements to the homes and built environment enable more people to stay well.**	• Commissioned services will no longer be our first response but our last. We will work with people to find the solution in their own community • As the LAC and ABCD initiatives gain momentum there will be an impact on the amount of commissioned services. Traditional service solutions will only be used when all other avenues have been explored • We will support voluntary and community groups with initiatives that strengthen the community
2.	**The Council and the CCG are committed to integrated commissioning.** The Council and CCG commissioning functions will be integrated removing duplication and improving outcomes for people. In addition, the Council will be hosting the Better Care Fund (BCF).	• Single commissioning arrangements across the Council and CCG • Single set of commissioning intentions and commissioning strategy • As the host organisation, the Council will be responsible for contract managing the elements of NHS contracts that sit as part of the Better Care Pooled Fund
3.	**The new Care Act 2014 introduces the requirement for all service users to have a personal budget.** This will mean that all service users will have a clear understanding about the financial resources available to them	• Thurrock Council expects most people in the future (or an authorised person on their behalf) will take this personal budget as a direct payment • In the future the Council may not be the main commissioner of services. Both the money and power will shift from the Local Authority to individuals needing support and their carers. • Individual purchasers may be looking for something different to services available via a Local Authority • As more people utilise a direct payment to purchase P.A. support, an agency able to offer this service may become a need.

No.	Driver for Change	What this may mean for Providers
4.	**The new Care Act 2014 places a duty on the local authority to 'Promote Diversity and Quality in Provision of Services'**	• This means that Thurrock Council needs to ensure that services users have a variety of providers and a range of high quality services to choose from • We will actively work with potential providers including micro and small/medium enterprises to ensure that service users (and carers) are offered real choice and foster innovation locally. • We will actively support the development of micro and social enterprises • Existing providers may find that their market share shrinks as the range of providers is increased • As a provider, Adult Social Care will also look to diversify its offer. As the number of people taking a direct payment and choice of providers increases, we expect our internally run services to adapt to reflect this.
5.	**The new Care Act 2014 places a duty on the local authority to assess whether a carer has needs for support and to provide or arrange for the provision of services, facilities or resources which contribute towards preventing or delaying the development by carers of needs for support**	• The provision of information and advice is a core component of the Act. We see this provision as not only the responsibility of the Council but of every provider • If eligible, carers will also be given a personal budget • We expect that in the future most carers will utilise a direct payment to arrange support. • This could be a growth area for existing and prospective providers • A review of the market has shown little diversity of provider in the Carers support service sector. Thurrock Council is encouraging increased diversity in the provider profile. As the number of people taking a direct payment and choice of providers grows, we expect our internally run services may adapt to reflect this. • We will actively support the development of a Shared Lives scheme locally as an alternative to residential respite.
6.	**There is an increase in Thurrock's population, especially those aged over 70 and people with dementia.**	• Innovative and high quality community based provision aimed at older people and people with dementia is an area of potential growth. • We are working closely with housing developers and our own housing, planning and regeneration departments to support the building of homes to HAPPI standards for older and vulnerable people. This is part of our strategy to enable older and vulnerable people to live independently in their community.

No.	Driver for Change	What this may mean for Providers
7.	**The number of service users in residential care is decreasing and as a result so is spend.**	• We may support the development of a high quality small dementia with challenging behaviour nursing home or unit. • We will not support the development of additional learning disability residential care schemes in Thurrock • However, we will actively support the development of a shared lives scheme locally as an alternative to residential care. • Although we anticipate a growth in people with autism and as such may require additional specialist services in borough, this detail will be contained within the Autism Strategy – the final version will be published on the Council's website in April 2015. Current and potential providers should refer to this document to understand our desired service profile before investing in local autism services. • We will not support the development of additional mental health or learning disability residential care schemes in Thurrock • We will be developing a step up/step down service provision for mental health
8.	**The number of service users being supported in the community is increasing and as a result so is spend.**	• As the development of extra care is relatively recent, the Council is still evaluating the impact of this service and as to whether we wish to roll this out on a wider scale. We will report in 2015. • Due to the success of Elizabeth Gardens we will consider (as part of the evaluation) supporting a small extra care housing development for older people and people with dementia in the west of the borough (as we currently have no provision here). • Also, subject to this evaluation we will consider the development of a small extra care scheme for people with learning disabilities • Unlike many areas we have the opportunity to utilise RSL and Council owned accommodation for supported living. As such, we will wherever possible utilise this resource and encourage the separation of landlord and support functions for long term provision. We will commission any support separately or service users can utilise a direct payment to arrange their own. • We will actively work towards a 100% of our long term supported living provision meeting REACH standards. • A recent review of the market has shown little diversity of provider in learning disability day services. Thurrock Council will be encouraging increased diversity in the provider profile. This will most likely be by the use of a framework type agreement. • We are anticipating a growth in service users with autism. This will form part of the framework type agreement (detailed above). This information will be contained within the Autism Strategy to be published in April 2015. Current and potential providers should refer to this document to understand our desired service profile before investing in local autism services.

No.	Driver for Change	What this may mean for Providers
9.	**The number of direct payments is increasing.**	• We expect direct payments to become the primary way care and support is purchased • In the future providers will have a relationship directly with service users – not the Council • Although the Council currently commissions home care under existing contracts with three providers, direct payments are increasing. This offers a real opportunity for the increase of organisations (large and small) who want to provide care to people either receiving a direct payment or self funding
10.	**Our assessment and Care Management Services are becoming much more closely embedded into the communities they serve and ensuring that strengths and outcomes are more important as needs and outputs in their practice.**	• Programme of culture transformation is underway that will require providers to engage with fieldwork to find creative solutions based on strength and choice. • Locality will become a crucial factor in solution finding. The challenge for providers will be to add value to the communities in which they provide. • A genuine partnership with the citizen will be a feature of the relationship between them, their support planner and provider; paternalistic models of support will be a thing of the past
11	**Our transition service is committed to providing flexible and appropriate support for young people with disabilities moving through transition to adulthood that maximises their independence and promotes community inclusion.**	• Residential models of accommodation will become the service solution of last resort for disabled young people. • Community based solutions to lifestyle and respite support will be an area of potential growth. • Shared Lives approaches will also be encouraged for this group.

Notes

Notes

16th July 2015	ITEM: 8
Thurrock Health And Wellbeing Board	
Tobacco Control Strategy	
Wards and communities affected: All	**Key Decision:** Non-key
Report of: Kev Malone, Public Health Manager	
Accountable Head of Service: Debbie Maynard	
Accountable Director: Roger Harris, Director of Adults, Health & Commissioning	
This report is Public	

Executive Summary

This report was tabled at the June meeting where two amendments to the delivery plan were requested by the Board. These have been actioned and this report provides the Thurrock Tobacco Control Strategy 2014 – 2019 for ratification by the Board.

This Strategy was developed following a public consultation in the summer of 2014 and a stakeholder workshop in October 2014.

It has been approved by the Tobacco Control Alliance and the delivery plan within the strategy remains a live document of which the Alliance monitors progress. The objectives link to Public Health and Corporate priorities.

1. Recommendation(s)

That the Board:

1.1 Ratify the Thurrock Tobacco Control Strategy 2014 - 2019

1.2 Ratify the Delivery Plan contained within this document

2. Introduction and Background

2.1 Health harms caused by tobacco remain a main public health priority for Thurrock. Our adult smoking prevalence rate crept up slightly to 22.8 per 1,000 in 2013/14, (against the national trend that saw a further decline) meaning more than 1 in 5 adults in Thurrock smokes. Tobacco is a uniquely

dangerous product because when used as the manufactures intend it will kill half of all life-long users.

2.2 Yet footfall into stop smoking services is currently in decline, partly due to e-cigarettes and smokers switching to 'vaping' or dual-using both products. Nevertheless, helping people to quit smoking with behavioural support makes them 5 times more likely to quit. Quitting tobacco is the single biggest thing a smoker can do to improve their health and it is never too late to quit.

3. Issues, Options and Analysis of Options

3.1 However, we needed to think more broadly beyond just a treatment model, with a greater emphasis on prevention and enforcement that reflects the consultation results from last summer. This is why we developed this Tobacco Control Strategy, evolved the Smoke Free work stream into a Tobacco Control Alliance and redesigned the Local Stop Smoking Service away from a treatment model and into a Tobacco Control model of which the three key tenets are prevention, treatment and enforcement.

3.2 In November 2013 Thurrock Council became only the 22nd Local Authority to sign up to the Local Government Declaration on Tobacco Control. This committed us to a range of actions including:

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use, according to our local priorities and securing maximum benefit for our communities;
- Monitor the progress of our plans against our commitments and publish the results.

This strategy realises this commitment and provides a framework for its delivery alongside supporting the ambition set out in the vision.

4. Reasons for Recommendation

4.1 Ratifying this Strategy and Delivery Plan will provide the Tobacco Control Alliance with the mandate to drive this document, in turn achieving the associated targets and objectives.

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

5.1 In June and July 2014 a public consultation was conducted, including council staff and the Youth Cabinet, which informed Public Health of the community's attitude to tobacco. The findings of this consultation are summarised in Appendix 3 of the Strategy and were presented to the October stakeholder workshop where the foundations of this Strategy were laid.

5.2 In April 2015 the final document was sent for comment to the 11-19 Strategy Group, the Youth Cabinet and children's social care (Children In Care and Foster Care) at the recommendation of Children's DMT. No representations have been received.

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

6.1 The Strategy and Delivery Plan contribute to both the Council's and CCG's priorities as stated in the Joint Strategic Needs Assessment (JSNA). It also underpins the Council's Smoke Free Policy for staff and visitors to the council.

7. Implications

7.1 Financial

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

There are no financial implications.

7.2 Legal

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

There are no legal implications.

7.3 Diversity and Equality

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

There is significant evidence available to demonstrate that smoking and the impact of smoke has a high potential impact on pregnancy, children and those with health conditions including heart and respiratory disorders. Thurrock's smoking rates are currently above the national average indicating that smoking does impact our communities moreso overall when compared to some other areas. This strategy will identify and implement actions and initiatives to prevent young people from starting smoking, ensure a range of options to motivate current smokers to stop smoking, with a view to protecting families and communities from the harm caused by smoking.

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

None identified.

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):

- Smoking & Obesity Scoping Paper, Item 9, HWBB, 11th July 2013

9. Appendices to the report

- Appendix 1: Tobacco Alliance Delivery Plan
- Appendix 2: Tobacco Control Strategy

Report Author:

Kev Malone

Public Health Manager

Adults, Health & Commissioning

Tobacco Alliance

Draft Delivery Plan 2015

Action / KPI	How will we know it's made a positive impact?	Can it be done?	Responsible person	Completed by when
Specific	*Measurable*	*Achievable*	*Realistic*	*Time-bound*
Evolve the Smoke Free Work Stream in to a Tobacco Control Alliance	When activity reports are submitted to the Public Health Strategy Board that demonstrate a directly measurable improvement in the areas of Prevention, Treatment and Enforcement	Yes. The nucleus of the group already exists as a work stream	Kev Malone	Spring 2015
Prevention				
(Strand 2) Annual support of ASH and UKCTCS budget submission to the Chancellor of the Exchequer	Tobacco taxation increased above inflation in annual budget report. Tobacco is less affordable	Linked to Key Strand 2 of strategy. Submission to be reported to the TC Alliance	Kev Malone	End of financial year, each year
Support campaigns to lobby for the implementation of standardised (plain) packaging for cigarettes	Achieve a drop in youth smoking prevalence	The regulations were approved by the House of Lords on 16.03.15	Tobacco Control Alliance	May 2016

CLeaR / babyClear	**When peer assessment is completed**	**Preparatory work is being undertaken to ensure delivery in 2015**	**Jacqui Sweeney / Kev Malone**	**2015/16**
(Strand 1 & 5) **Increase smoke free outdoor zones at pubs and restaurants via the Public Health Responsibility Deal**	**Patrons can dine alfresco at on-licenses and restaurants without having to breathe second hand smoke**	**Yes, provided businesses sign up to this and enforce the rule at their establishment**	**Tobacco Control Alliance**	**2018/19**
Promote to the public the risks of hand-rolled tobacco and niche tobacco products e.g. shisha	**Myths dispelled about these products being lower risk. Users of these products accessing LSSS for quit support**	**Via prevention programme in secondary schools and general campaigns e.g. Stoptober and Health Harms campaigns**	**QUIT / Vitality** **Public Health**	**2016/17**
Promote to the public the adverse effects of counterfeit tobacco	**Myths dispelled about these products being okay. Educate people about how tax evasion and organised crime impacts on communities and society**	**Via prevention programme in secondary schools and general campaigns e.g. Stoptober and Health Harms campaigns**	**QUIT / Vitality with Public Health and Trading Standards advice**	**2018/19**
Work with schools and colleges to promote local and national prevention campaigns	**Evaluation of programmes to assess the level of understanding gained and assess the likelihood of uptake of tobacco by young people following their intervention**	**A programme of interventions will be delivered by QUIT within schools to prevent the uptake of smoking and demonstrate the harm of tobacco smoking as outlined in NICE guidance (PH23)**	**QUIT/Vitality**	**2015/16**
Treatment				
(Strand 4)	**Service is delivering against targets and**	**Yes**	**Kev Malone**	**2015/16**

Evaluation of new service / Service Review	**demonstrating value for money**			
Value for Money benchmarking exercise	**Service compares favourable against CIPFA comparator sites**	**Underway**	**Kev Malone**	**2015/16**
Engage with more older people e.g. sheltered complexes & retirement homes to offer quit support	**Increase in number of over 65's engaging in quit attempts**	**Yes**	**Vitality / Housing / LACs**	**2015/16**
Hospitals: Implement Quit Manager onto desktops in hospitals for secondary care referrals at pre-op assessment including support for pregnant smokers via maternity services with an opt out policy **NICE PH48, PH22**	**Increase in stop smoking referrals from BTUH**	**Ensure relevant hospital staff are trained to deliver smoking cessation interventions to patients** **Support local hospitals to refer patients in to the stop smoking service**	**Vitality** **Vitality**	**2015-19** **2015/16**
Community Healthcare: Dentists, Optometrists, Mental Health and Substance misuse	**Increase in referrals for quit support from these partners**	**Train dental nurses and dental reception staff in level 2 smoking cessation brief intervention training.** **Train optometrist staff in level 2 smoking cessation brief intervention training.** **Ensure pharmacy staff are trained or refreshed in level 2 smoking cessation brief intervention training.**	**Vitality / KCA / CRI** **Vitality** **Vitality**	**2015/16** **2015/16** **2015/16**

		Develop referral pathways with all mental health services and providers within Thurrock. **Develop referral pathways and train staff in level 2 smoking cessation brief intervention training for adult and young person substance misuse services in Thurrock.**	**Vitality** **Vitality**	**2015/16** **2015/16**
Workplaces	**Increase in referrals for quit support from local businesses, especially routine and manual employers**	**Build relationships with businesses and their occupational health departments and offer the stop smoking services for their employees and volunteers**	**Vitality**	**2015/16**
(Strand 4 & 5) **Work with Housing to promote quit support for tenants**	**Increase in quitters from LSOA postcodes in quintile 4 & 5 and routine and manual quitters**	**Yes, via promotion of Local Stop Smoking Service by housing officers**	**Lynette Royal**	**2015/17**
Young people	**Increase in referrals for quit support from schools and colleges**	**Work with schools and colleges to offer cessation services to young people**	**Vitality / QUIT**	**2015/16**
E-cigarettes: **Local Stop Smoking Service to support quitters doing so via e-cigarettes**	**Increase in people engaging in a quit attempt but using their own e-cigarette**	**Yes**	**Vitality**	**2015/16**
Enforcement				

Reduce illegal tobacco sales	**Increase in number of seizures of illegal and illicit tobacco from our borders and retailers**	**Work with Trading Standards to maximise the inclusion of other agencies to reduce illegal sales to minors including, for example, the use of covert cameras with underage volunteers**	**Border Force / HMRC / Trading Standards**	**2018/19**
Promote the Crimestoppers number to the public to report retailers, traders or members of the public who make illegal sales of counterfeit and smuggled products	**Increase in number of seizures of illegal and illicit tobacco from our retailers / traders**	**Yes**	**Trading Standards & Tobacco Control Alliance**	**2015/16**
Enforce point of sale regulations, for example, reduction of exposure to tobacco product advertising by enforcing the Tobacco Advertising and Promotion (Point of Sales) Regulations and associated legislation	**Regulations adhered to**	**Enforcement of tobacco display ban**	**Trading Standards**	**2015-19**
Ensure the 'Challenge 25' proof of age scheme is implemented and adhered to	**Scheme adhered to and evidenced via refusal books**	**Yes**	**Trading Standards**	**2015-19**
(Strand 5) **Support the ban on adults smoking in cars that carry**	**Fewer adults witnessed smoking in their cars while carrying children** ***(The latter has since***	**Via Civil Enforcement Officers issuing fixed penalties where vehicles are stationary and via local marketing**	**Tobacco Control Alliance**	**2015/16**

children and promote pressure on MP's to support this	***been achieved since the regulations were approved by Parliament in February 2015)***	**to raise awareness of the law change on 01.10.15**		
Work with HM Revenue & Customs to maximise the inclusion of other agencies to reduce the supply of smuggled tobacco products including hand-rolled tobacco and niche tobacco products e.g. shisha	**Reduction in amount of illicit and illegal tobacco products available in Thurrock**	**Via information sharing of intelligence and coordinated resources to respond to intelligence**	**Tobacco Control Alliance**	**2015-19**
Work with Trading Standards to collate greater intelligence on illicit and illegal tobacco	**Successful operations with tobacco detection dogs**	**Cost implication regarding tobacco detection dogs**	**Tobacco Control Alliance**	**2015-19**

Thurrock

Tobacco Control Strategy

2014 – 2019

Kev Malone

Tobacco Control Lead, Thurrock Public Health

Jacqui Sweeney

Health Improvement Officer, Thurrock Public Health

"Public health is the science and art of preventing disease. Prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals"

(Winslow, 1920)

"Comprehensive tobacco control is more than just the provision of local stop smoking services or the enforcement of smokefree legislation. The effectiveness of tobacco control is dependent on strategies which implement a wide range of actions that complement and reinforce each other"

Tobacco Control Plan for England

Acknowledgements

Maria Payne	Health Needs Assessment Manager
Beth Capps	Senior Public Health Manager
Debbie Maynard	Head of Public Health
Charlotte Edwards	Trading Standards
Lewis Collantine	Trading Standards
Elizabeth Cox	Licensing

Document Control

Title:	**Tobacco Control Strategy**
Purpose:	In partnership to produce a robust strategy with measureable outcomes and delivery plan
Owner:	Dr Andrea Atherton – Director of Public Health
Approved by:	Public Health Strategy Board Date Health and Wellbeing Board Date
Status:	Draft 0.4 30 January 2015
Review Frequency:	Annually

Amendment History

Version	Date	Author	Comments
Draft 0.1	10/12/14	KM	
Draft 0.2	12.01.15	KM	
Draft 0.3	13.01.15	KM	
Draft 0.4	28.01.15	DM	
V 5	16.04.15	KM	Final approved by Tobacco Control Alliance
V 6	13.05.15	KM	Updated Delivery Plan
V 6.1	01.06.15	KM	Updated Delivery Plan

Contents

Appendices

Executive Summary

Smoking continues to be the single biggest cause of death in England. In 2013 Thurrock's smoking prevalence was 22.8% which was above the national and regional rates but broadly in line with its Chartered Institute of Public Finance & Accountancy (CIPFA) comparators. Nationally prevalence for 2013 reached 18.4%, its lowest rate since records began.

This strategy sets out our vision for a five year plan from 2015 to 2019 for prevention, treatment and enforcement utilising the 6-strand approach of a tobacco control programme.(see appendix 1) Targets within the strategy stretch to 2019 in order to lay the foundations needed to achieve our aspirations that:

- By 2020 we will reduce by half the smoking prevalence of our under 20 year olds
- Between 2013 – 2016 we will reduce the prevalence of smokers.

We know that 80% of smokers take up the smoking by the age of 20, with 40% starting before the age of 16, shifting the strategy away from treatment and weighting it towards prevention will yield measurable future outcomes for individuals, families, communities and businesses.

Therefore this strategy will focus on prevention, setting challenging targets to engage with our young people in our schools and colleges to raise awareness of the harms of smoking.

The management and responsibility of this strategy will be through the Tobacco Control Alliance which reports into adults and children's directorate management team meetings (DMTs) and the Health and Wellbeing Board (HWBB).

Introduction and Strategic context

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

- Health improvement
- Health protection
- Healthcare public health

The PHOF has domains relevant to addressing the topic of Tobacco Control and the following areas are relevant to the new duties of the local authority:

- Smoking prevalence – 15 year olds
- Smoking prevalence – Adults (over 18 years)
- Smoking status at the time of delivery
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Local initiatives on workplace health

One of Thurrock Council's five corporate priorities is to 'Improve Health and Wellbeing', demonstrating the Council's commitment to this agenda. The council has established a Health and Wellbeing Board (HWBB) that brings partners together to lead the integration of

health and well-being services across the NHS and local government, to assess the community's assets and needs and develop a Health and Wellbeing Strategy (HWBS) to improve the health and well-being of the community and to reduce inequalities.

The HWBB priority to 'improve health and well-being' has three specific objectives:-

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

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

The Thurrock Health and Wellbeing Strategy for 2013 – 2016; health and wellbeing targets are to improve the physical health and wellbeing of the people of Thurrock, with initial focus on reducing the prevalence of smoking. This will be accomplished by:

- Identifying and implementing actions and initiatives to prevent young people from starting smoking
- ensuring a range of options to motivate and encourage current smokers to stop smoking
- protecting families and communities from the harm caused by smoking
- developing approaches that use prevention, treatment and enforcement – particularly in restricting the supply of tobacco products to minors

In November 2013 Thurrock Council became only the 22nd Local Authority to sign up to the Local Government Declaration on Tobacco Control. This committed us to:

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use, according to our local priorities and securing maximum benefit for our communities;
- Participate in local and regional networks for support; and
- Monitor the progress of our plans against our commitments and publish the results.

This strategy realises this commitment and provides a framework for its delivery alongside supporting the ambition set out in the vision.

Prevalence of smoking

Today smoking continues to be the leading preventable cause of death in England with over 8 million smokers. Tobacco is a uniquely dangerous product because when used as the manufactures intend it will kill half of all life-long users[1].

This diagram illustrates the number of deaths attributable to the following causes, as at October 2013

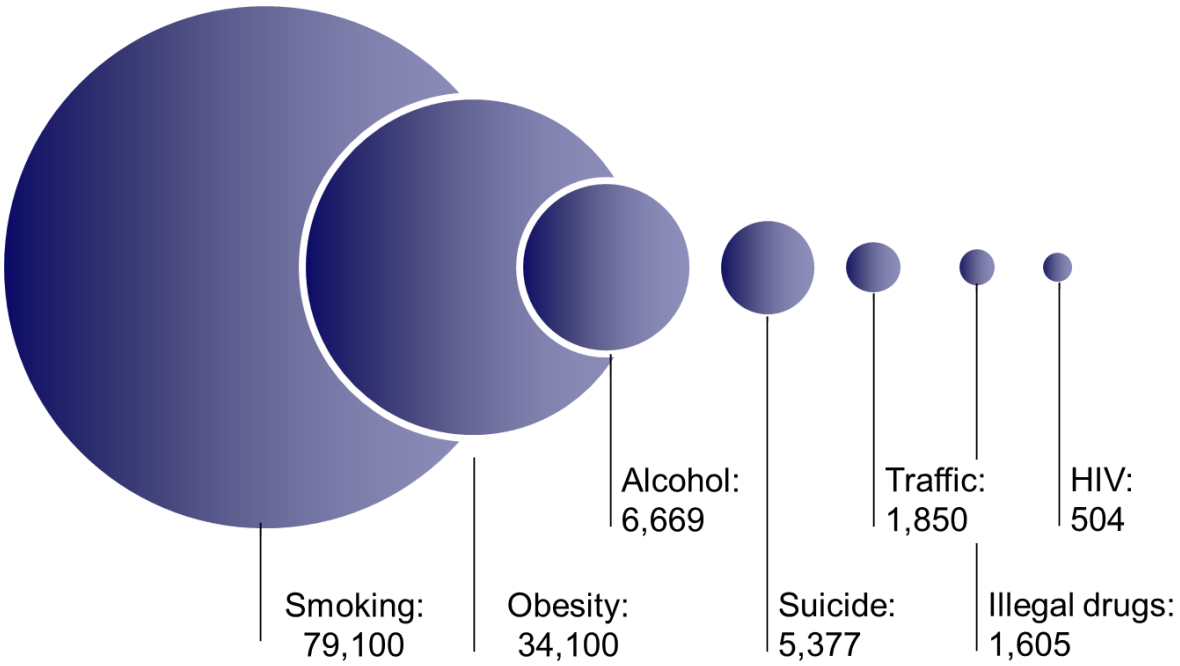


Figure 1, Source: ASH Factsheet, Smoking Statistics: illness & death, October 2013
http://ash.org.uk/files/documents/ASH_107.pdf

Local Profile

Over a fifth (22.8%) of Thurrock adults aged 18 years smoke. This is both an increase from the previous years (20.7%) and above the national average, the latter of which is currently the lowest figure since records began (18.4%)[2].

In 2013, Thurrock had the highest smoking prevalence out of its CIPFA (Chartered Institute of Public Finance and Accountancy) (nearest neighbours) comparator authorities. It was also significantly higher than the regional and national averages.

[1] Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years observations on male British doctors. BMJ 2004, 328: 1519 http://www.bmj.com/content/328/7455/1519
[2] http://www.tobaccoprofiles.info/profile/tobacco-control/data#gid/1000110/pat/6/ati/102/page/0/par/E12000006/are/E06000034

None of the CIPFA comparators were statistically better than the national average - of the 15 authorities, 8 were statistically similar and 7 were statistically worse.

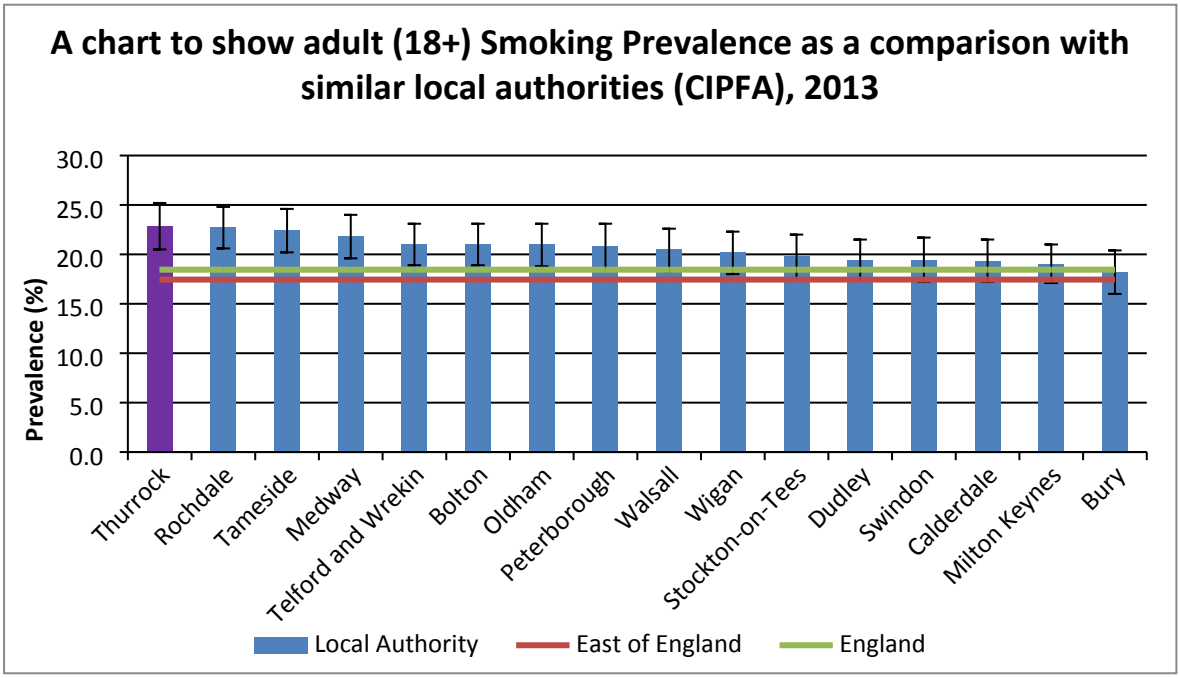
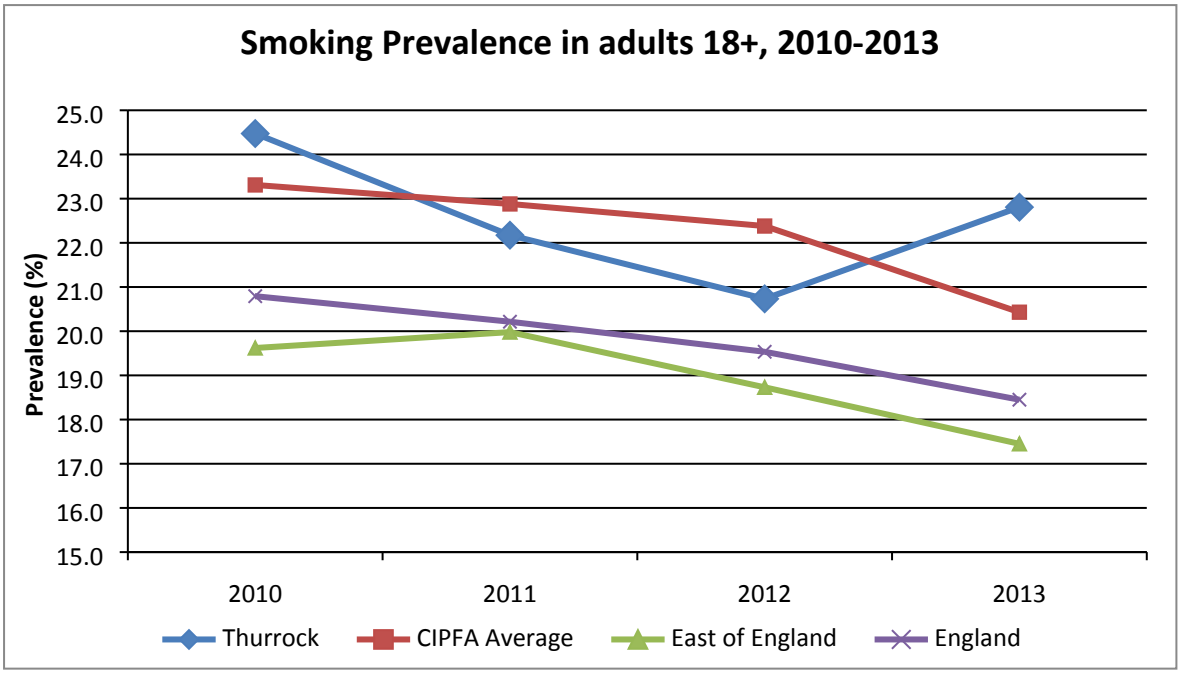


Figure 2, Source: Integrated Household Survey 2013.

Figure 3 illustrates how Thurrock outperformed the CIPFA comparator sites in reducing prevalence between 2010 and 2012, but in 2012/13 there is an increase of 2% where our comparator sites continue to reduce the smoking prevalence. Therefore a new approach is required. The cause in the 2% increase is currently unknown.



Research tells us that 80% of smokers take up the habit before the age of 20[3], with 40% starting before the age of 16 years. Young people smoking prevalence rates for 2013 are currently estimated at some 11.5% for all under 20 year olds in Thurrock, with prevalence amongst 15 year olds (regular smokers) estimated at some 8.2%, reaffirming our focus for early intervention and preventative work with young people[4].

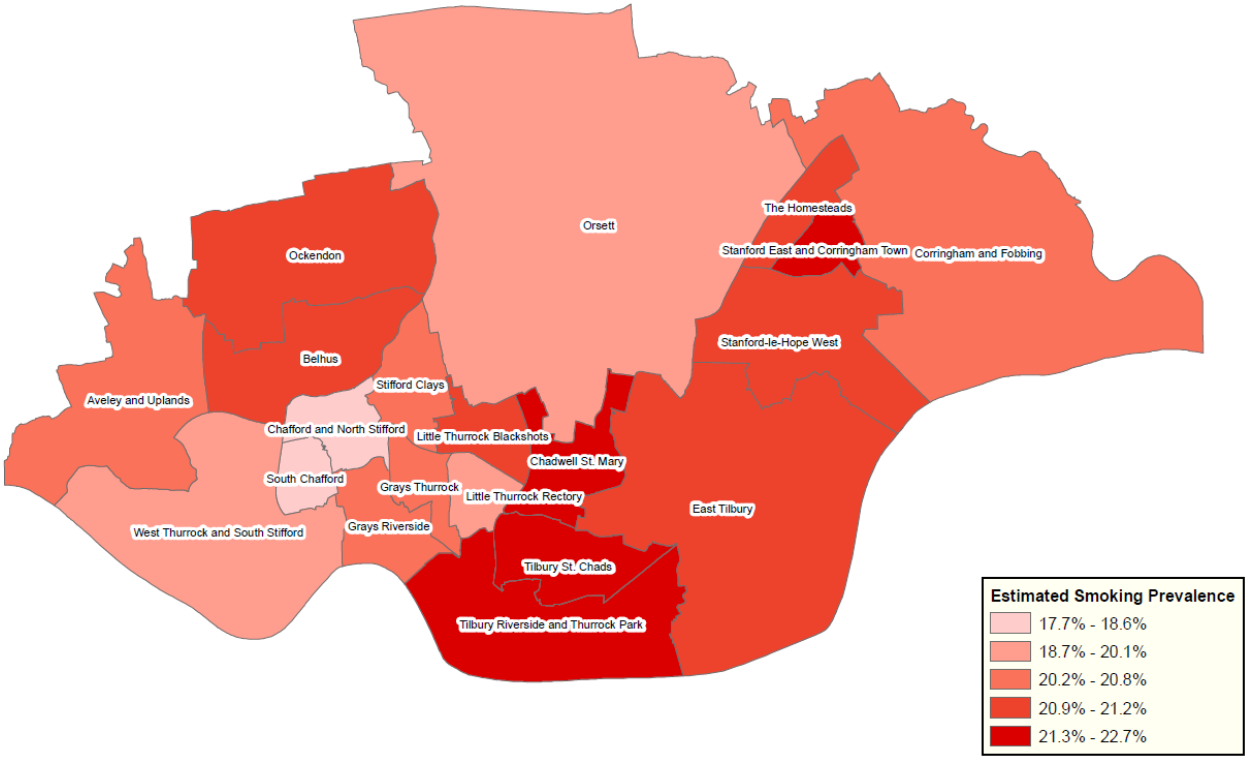
A level of caution needs to be applied to prevalence data as this based on self-reported evidence i.e. the Integrated Household Survey and GP records with the assumption that people and patients have been honest about their smoking status.

We are unsure if those who use e-cigarettes report themselves as a smoker or not which could have impact of prevalence figures.

If we can stop people from starting smoking this will make a measurable difference in future datasets, particularly if we target the young and those living in areas of deprivation; smoking is directly linked to health inequalities with prevalence significantly higher in areas of deprivation and vulnerable groups (see appendix 2).

The map in figure 4 below shows modelled synthetic estimates based on the 2012 Integrated Household Survey to illustrate smoking prevalence data in different wards in Thurrock. These data show a direct correlation with the more deprived areas of Thurrock demonstrating a clear health inequality.

Smoking Prevalence at ward level, 2012



[3] General Lifestyle Survey 2008

[4] Source: Children and Young People's Health Outcomes Framework http://fingertips.phe.org.uk/profile/cyphof (Accessed Feb 2015).

Figure 4

Thurrock's smoking prevalence in routine and manual occupational groups is higher than the overall smoking prevalence average for Thurrock.(25.6%) of adults aged 18+ within these groups smoke, which is just under the regional and national averages (28.4%, 28.6% respectively).

- The mortality rate attributed to smoking in Thurrock is 235.76 per 100,000 populations (2012/13). This is equivalent to 229 smoking-related deaths per year[5].
- Smoking status at time of delivery (for pregnant women) indicator (2012/13) for Thurrock is (11.4%) this remains below the East of England (12.4%) and England (12.7%) averages[6].
- Young people are more likely to smoke if their friends smoke and generally exhibit greater ambivalence about the present health dangers of their tobacco use than adults. 200,000 new smokers start each year and two thirds are under 18, the legal age of purchase in the UK[7]. See chart 5 below.

The age at which young people take up smoking in the UK

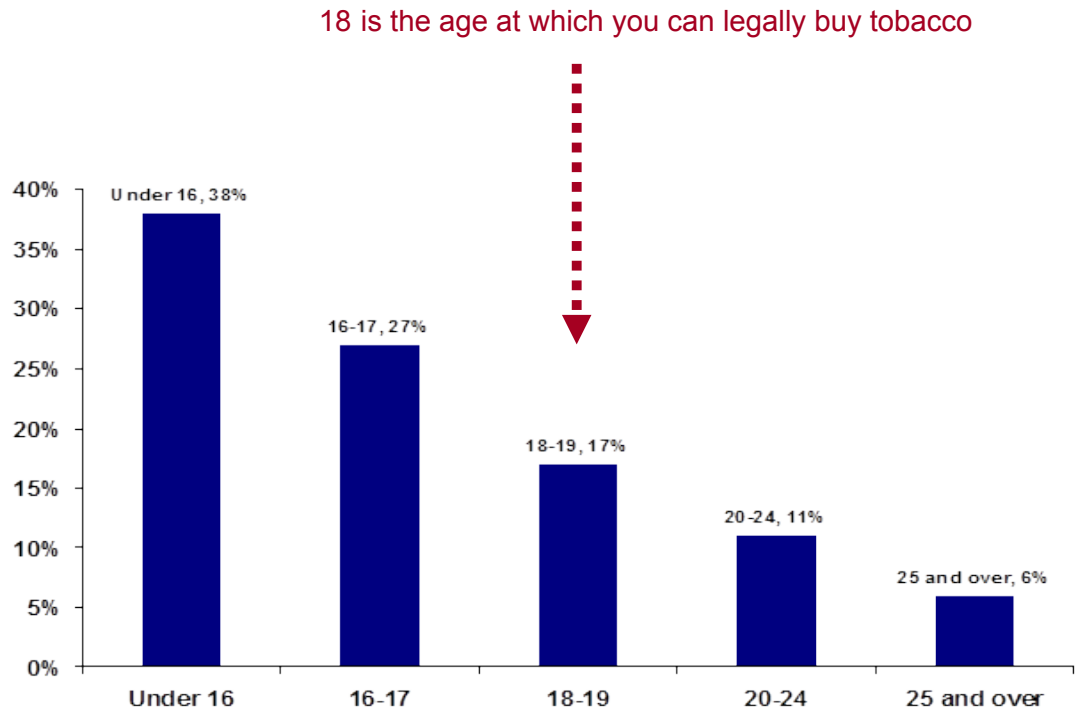


Chart 5. Source: Smoking Attitudes & Behaviours, ONS 2011

[5] Public Health England Thurrock Health Profile 2014, http://www.healthprofiles.info
[6] Public Health England Thurrock Health Profile 2014, http://www.healthprofiles.info
[7] Smoking Attitudes & Behaviours, ONS 2011

Estimated costs to our local economy

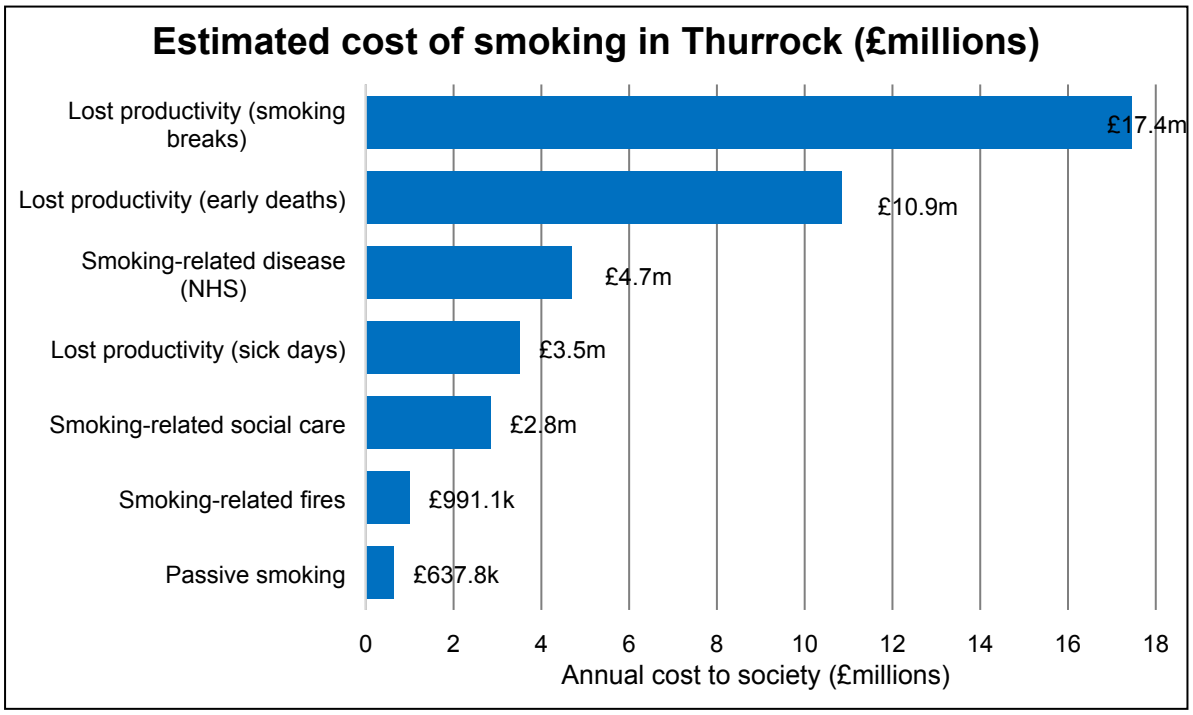


Figure 6, Source: The Local Cost of Tobacco, ASH Ready Reckoner 2014.

These costs can be broadly divided into two groups; costs to smokers and costs to society:

Costs to smokers

- In 2013, a 20 a day smoker of a premium cigarette brand will spend around £2,900 a year on cigarettes.
- Estimates for the total amount spent on tobacco in the UK in 2011 range from £15.3 billion to £18.3 billion[8] [9].
- The proportion of total household expenditure on tobacco has decreased from 3.6% 1980 to 1.9% in 2012[4]. In 2012, tobacco was 27.9% less affordable than in 1980[5].

Costs to society

- Contrary to popular belief smokers do not "bankroll the NHS". £9.5 billion is collected by the Treasury every year in tax, but the costs to society have been estimated to be £13.74 billion every year[10] [11].
- Costs to the NHS include the costs of hospital admissions, GP consultations and prescriptions. The government also pays for sickness/invalidity benefits, widows' pensions and other social security benefits for dependants.
- There are wider costs such as increased absenteeism, productivity lost due to smoking breaks etc. that tend to impact on the employer. The loss of economic output from the premature death of smokers costs £4.1 billion every year.

[8] AC Nielsen Market Track cited in The Grocer, 18 Feb. 2012.
[9] Statistics on smoking: England, 2012. The Health and Social Care Information Centre, 2012.
[10] Tobacco Bulletin. HM Revenue & Customs, Apr. 2014
[11] Nash, R & Featherstone H. Cough Up: Balancing tobacco income and costs in society. Policy Exchange, 2010

- Smoking-related diseases include illnesses such as lung cancer, heart disease, bronchitis and chronic obstructive pulmonary disease (COPD).
- Social care costs include those costs related to the wellbeing of smokers who on average need social care support such as home care nine years earlier than non-smokers.
- The national cost of cleaning up cigarette butts every year is estimated to be £342 million, with the cost of fires being £507 million every year. Cigarettes are the leading cause of fatal accidental fires in the home: in 2008 smokers' materials accounted for 113 deaths and 932 non-fatal casualties from fires in the home. Costs to society from house fires also include increased insurance premiums.

The Thurrock Approach

Our five year strategy sets out the priorities and actions for the council and our local partners, including statutory and voluntary agencies and local communities, we aim to achieve a coordinated reduction of smoking prevalence and the associated harm caused by tobacco in Thurrock. This will include looking at age-specific smoking issues and strategies.

Our Ambition

From 2013 Thurrock's multi-agency Smoke Free Work Stream has had some significant achievements including

- sign up to the Local Government Declaration for Tobacco Control
- refresh its own Smoke Free policy to include e-cigarettes and recognise their harm-reduction benefits.
- led a public consultation on tobacco
- delivered a multi-agency workshop to discuss the results of the consultation and explore the future for tobacco control in Thurrock. (see appendix 3 for the consultation summary report).

In 2015 the Smoke Free Work Stream will develop into a Tobacco Control Alliance with the responsibility of overseeing the implementation of this strategy.

The findings following the consultation and the workshop will now inform our commissioned services. From April 2015 a new preventative tobacco control model will be developed with the existing provider. We will still continue to commission interventions around stopping people smoking with a focus on targeted groups and targeted areas and we will continue to work with trading standards on enforcement

Shifting to a tobacco control programme will release the potential to affect the entire population of Thurrock including those who want to quit and also those who are passive smokers. including monitoring and enforcement of national legislations (e.g. smoke free, illicit tobacco sales, advertising bans), taking responsibilities for paid and unpaid mass media, evaluating and monitoring progress of the control programme and advocacy work to influence national and international actions.

Prevention

Prevalence refers to activity designed to stop people from smoking in the first place. Given that we know most smokers take up the habit before they are old enough to legally purchase cigarettes (18), we will focus our preventative work at schools, colleges, youth settings and other places where young people access; creating an environment where young people choose not to smoke.

A multi-agency approach with shared objectives is the key to success here

The offer can be a mixture of both universal (open to all) and targeted (aimed at certain groups/individuals). Evidence tells us that particular people are more likely to smoke, e.g. children from households where 1 or more adults already smokes. manual workers, people suffering with mental health and those using substances

Evidence Base:

Nicotine addiction plays a strong part in smoking, and most adult smokers become addicted to nicotine when they are children or young people during a time of their lives when they do not have the knowledge or experience to understand either the nature of addiction or the difficulty many smokers have in quitting smoking. Children who smoke become addicted to nicotine very quickly, and currently 200,000 young people in the UK take up the habit each year. That is 548 new young smokers every day (DECIPHer IMPACT 2011).

A randomised control trial of ASSIST (A Stop Smoking in Schools Trial) results suggest if implemented on a population basis, the ASSIST intervention could lead to a reduction in adolescent smoking prevalence of public-health importance[12].

Nationally, education regarding smoking forms part of the Science and the Personal, Social and Health Education (PSHE) curriculum in both primary and high schools. The curriculum focuses on educating children on the health effects of smoking.

- Key Stage 2 (age 7–11) pupils are taught that tobacco has harmful effects.
- Key Stage 3 (11-14) pupils are taught that tobacco will affect health including lung structure.
- Key Stage 4 (14-16) pupils are taught the effects of smoking on the body functions. Education regarding skills development, e.g. in resisting the pressure to smoke, can also form part of the PSHE programme.

Commissioning programmes that successfully prevent young people from starting smoking could have a much greater long term impact on smoking prevalence than commissioning services to help current smokers to quit. We will ensure that all our schools are meeting the targets at each key stage in Thurrock.

[12] Campbell R, et al, Lancet 2008, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)60692-3/abstract

Treatment

Despite the strategy having a bias towards prevention, it is still important that treatment is available for those smokers that wish to quit. The NICE best practice recommendations that service providers should aim to treat at least 5% of their local smoking population[13].

Quitting smoking can take a smoker an average of 7 attempts, but smokers are 5 times more likely to quit with support from a Local Stop Smoking Service (LSSS). This can include behavioural support from a trained professional, 1:1 support, group support and medications such as free Nicotine Replacement Therapy (NRT) more commonly known as nicotine patches, gums and sprays or medications such as Varenicline (Champix) or Buproprion (Zyban).

Currently smokers can access support via a dedicated LSSS or through their local pharmacist or GP; we will continue to commission treatment services with a focus on our hard to reach groups and areas

In Thurrock, older people who set quit dates were more likely to quit smoking, with almost 57% of those aged 60+ successfully quitting (self-reported) at 4 weeks[14].

Evidence Base:

Stopping smoking is arguably the single most effective thing a smoker can do to improve their health and it's never too late to quit.

Surveys show that at least 70% of adult smokers would like to stop smoking and of those who express a desire to quit, more than a third are very keen to stop[15]. Many smokers continue to smoke, not because they choose to, but because they are addicted to nicotine and are unable to beat the addiction.

Reducing smoking prevalence in our adults is also likely to have an effect on preventing young people from starting smoking, as there will be fewer adult smokers acting as role models to young people.

[13] Local Stop Smoking Services, Service and Delivery Guidance 2014, NCSCT, http://www.ncsct.co.uk
[14] HSCIC: http://www.hscic.gov.uk/article/2021/Website-Search?productid=15174&q=stop+smoking&sort=Relevance&size=10&page=1&area=both#top
[15] Smoking-related Behaviour and Attitudes, Lader and Goddard, ONS, 2004

Enforcement

Enforcement includes where tobacco is available for sale, we ensure that these are genuine products with UK duty paid and only sold to those old enough to purchase tobacco products working with agencies such as Trading Standards, Boarder Force and Her Majesty's Revenue and Customs (HMRC).

Within the last decade there has been significant achievements including the introduction of smoke free public buildings and businesses, bigger health warnings on cigarette packets, greater restrictions on cigarette advertising and the introduction of plain screens in front of tobacco cabinets.

There has been increased pressure on government to pass legislation that supports plain (standardised) cigarette packets, with the Chantler review[16] finding no evidence to support the tobacco industry's arguments that standardised packaging would increase the illicit trade in tobacco.

There has also been a call to introduce legislation to protect children from the effects of second-hand smoke by banning adults from smoking in cars that carry children. The regulations to prohibit smoking in cars when children are present were laid before Parliament on 17th December 2014 and were approved in February 2015. The law will take effect on 1 October 2015.[17]

Evidence Base:

The UK has the most expensive cigarettes in the EU and among the most expensive cigarettes in the world. Price increases have successfully helped people become non-smokers. UK budget changes to tobacco duty have saved lives and prevented serious illness.

Research has shown that four times more people die from the effects of smuggled tobacco than from all illicit drugs combined. Furthermore, other studies estimated that eliminating smuggling could lead to an overall fall in the number of cigarettes smoked by around 5 per cent, resulting in 4,000 fewer premature deaths[18]. It is essential that work should be continued to reduce illegal tobacco sales within Thurrock.

[16] https://www.gov.uk/government/speeches/chantler-report-on-standardised-packaging-of-tobacco-products
[17] http://www.smokefreeaction.org.uk/SmokeCars.html
[18] http://tobaccocontrol.bmj.com/content/17/4/230.short

Targets

The future targets are set against ambitions laid out in the Coalition Government's 2011 Tobacco Control Plan for England and national data provided by the Office for National Statistics. The ONS data for male and female prevalence rates have then been averaged. The Thurrock average takes account of the fact that deprivation is not evenly distributed across the local population.

***Table 1 - smoking prevalence milestones* by quintiles**

DATE	Quintile 5 *Most deprived*	Quintile 4	Quintile 3	Quintile 2	Quintile 1 *Most affluent*	THURROCK AVERAGE
2012 baseline	29.5	22.9	18.9	15.2	12.3	**22.8%**
2015	25	18	13	11	10	**21%**
2017	21	13	9	8	7	**19%**
2019	17	9	6	5	4	**14%**

Public Health England have modelled some local estimates for smoking prevalence in particular age groups, however, this doesn't exist for all young people under 20 years. Therefore, for table 2 we have calculated the baseline from the national prevalence rates for young people. A local measure is expected in 2016 from the What About YOUth survey[19], at which point table 2 may get amended.

Table 2 – young people prevalence milestones

DATE	THURROCK AVERAGE
2013 baseline	**11.5%**
2015	**10%**
2017	**9%**
2019	**8%**

[19] http://www.whataboutyouth.com/

Conclusion

The work of the tobacco control work stream over the last twelve months has informed this five year strategy which included completing a public consultation and holding a multiagency workshop. The findings have resulted in our vision and remodelling of the way we commission tobacco control in Thurrock.

Over the next five years we will focus on preventative services with the young people of Thurrock, we will work with targeted populations and target local hot spot areas Quintiles 4 and 5 on stop smoking services, and finally we will work in partnership with trading standards and enforcement agencies on the enforcement agenda.

We will ensure that our commissioned programmes are updated to reflect these findings.

We have developed a delivery plan which will monitor progress ongoing. The delivery plan will be managed through the work stream reporting into the PHSB and the HWBB. We will continue to refresh our approach following continued engagement and consultation with partners and our communities.

Delivery Plan

Action / KPI	How will we know it's made a positive impact?	Can it be done?	Responsible person	Completed by when
Specific	*Measurable*	*Achievable*	*Realistic*	*Time-bound*
Evolve the Smoke Free Work Stream in to a Tobacco Control Alliance	When activity reports are submitted to the Public Health Strategy Board that demonstrate a directly measurable improvement in the areas of Prevention, Treatment and Enforcement	Yes. The nucleus of the group already exists as a work stream	Kev Malone	Spring 2015
Prevention				
(Strand 2) Annual support of ASH and UKCTCS budget submission to the Chancellor of the Exchequer	Tobacco taxation increased above inflation in annual budget report. Tobacco is less affordable	Linked to Key Strand 2 of strategy. Submission to be reported to the TC Alliance	Kev Malone	End of financial year, each year
Support campaigns to lobby for the implementation of standardised (plain) packaging for cigarettes	Achieve a drop in youth smoking prevalence	The regulations were approved by the House of Lords on 16.03.15	Tobacco Control Alliance	May 2016
CLeaR / babyClear	When peer assessment	Preparatory work is	Jacqui Sweeney /	2015/16

	is completed	**being undertaken to ensure delivery in 2015**	**Kev Malone**	
(Strand 1 & 5) **Increase smoke free outdoor zones at pubs and restaurants via the Public Health Responsibility Deal**	**Patrons can dine alfresco at on-licenses and restaurants without having to breathe second hand smoke**	**Yes, provided businesses sign up to this and enforce the rule at their establishment**	**Tobacco Control Alliance**	**2018/19**
Promote to the public the risks of hand-rolled tobacco and niche tobacco products e.g. shisha	**Myths dispelled about these products being lower risk. Users of these products accessing LSSS for quit support**	**Via prevention programme in secondary schools and general campaigns e.g. Stoptober and Health Harms campaigns**	**QUIT / Vitality** **Public Health**	**2016/17**
Promote to the public the adverse effects of counterfeit tobacco	**Myths dispelled about these products being okay. Educate people about how tax evasion and organised crime impacts on communities and society**	**Via prevention programme in secondary schools and general campaigns e.g. Stoptober and Health Harms campaigns**	**QUIT / Vitality with Public Health and Trading Standards advice**	**2018/19**
Work with schools and colleges to promote local and national prevention campaigns	**Evaluation of programmes to assess the level of understanding gained and assess the likelihood of uptake of tobacco by young people following their intervention**	**A programme of interventions will be delivered by QUIT within schools to prevent the uptake of smoking and demonstrate the harm of tobacco smoking as outlined in NICE guidance (PH23)**	**QUIT/Vitality**	**2015/16**
Treatment				
(Strand 4) **Evaluation of new**	**Service is delivering against targets and**	**Yes**	**Kev Malone**	**2015/16**

service / Service Review	**demonstrating value for money**			
Value for Money benchmarking exercise	**Service compares favourable against CIPFA comparator sites**	**Underway**	**Kev Malone**	**2015/16**
Engage with more older people e.g. sheltered complexes & retirement homes to offer quit support	**Increase in number of over 65's engaging in quit attempts**	**Yes**	**Vitality / Housing / LACs**	**2015/16**
Hospitals: Implement Quit Manager onto desktops in hospitals for secondary care referrals at pre-op assessment including support for pregnant smokers via maternity services with an opt out policy **NICE PH48, PH22**	**Increase in stop smoking referrals from BTUH**	**Ensure relevant hospital staff are trained to deliver smoking cessation interventions to patients** **Support local hospitals to refer patients in to the stop smoking service**	**Vitality** **Vitality**	**2015-19** **2015/16**
Community Healthcare: Dentists, Optometrists, Mental Health and Substance misuse	**Increase in referrals for quit support from these partners**	**Train dental nurses and dental reception staff in level 2 smoking cessation brief intervention training.** **Train optometrist staff in level 2 smoking cessation brief intervention training.** **Ensure pharmacy staff are trained or refreshed in level 2 smoking cessation brief intervention training.** **Develop referral**	**Vitality / KCA / CRI** **Vitality** **Vitality**	**2015/16** **2015/16** **2015/16**

		pathways with all mental health services and providers within Thurrock. **Develop referral pathways and train staff in level 2 smoking cessation brief intervention training for adult and young person substance misuse services in Thurrock.**	**Vitality** **Vitality**	**2015/16** **2015/16**
Workplaces	**Increase in referrals for quit support from local businesses, especially routine and manual employers**	**Build relationships with businesses and their occupational health departments and offer the stop smoking services for their employees and volunteers**	**Vitality**	**2015/16**
(Strand 4 & 5) **Work with Housing to promote quit support for tenants**	**Increase in quitters from LSOA postcodes in quintile 4 & 5 and routine and manual quitters**	**Yes, via promotion of Local Stop Smoking Service by housing officers**	**Lynette Royal**	**2015/17**
Young people	**Increase in referrals for quit support from schools and colleges**	**Work with schools and colleges to offer cessation services to young people**	**Vitality / QUIT**	**2015/16**
E-cigarettes: **Local Stop Smoking Service to support quitters doing so via e-cigarettes**	**Increase in people engaging in a quit attempt but using their own e-cigarette**	**Yes**	**Vitality**	**2015/16**
Enforcement				
Reduce illegal	**Increase in number of seizures of illegal and**	**Work with Trading Standards to maximise**	**Border Force / HMRC / Trading**	**2018/19**

tobacco sales	**illicit tobacco from our borders and retailers**	**the inclusion of other agencies to reduce illegal sales to minors including, for example, the use of covert cameras with underage volunteers**	**Standards**	
Promote the Crimestoppers number to the public to report retailers, traders or members of the public who make illegal sales of counterfeit and smuggled products	**Increase in number of seizures of illegal and illicit tobacco from our retailers / traders**	**Yes**	**Trading Standards & Tobacco Control Alliance**	**2015/16**
Enforce point of sale regulations, for example, reduction of exposure to tobacco product advertising by enforcing the Tobacco Advertising and Promotion (Point of Sales) Regulations and associated legislation	**Regulations adhered to**	**Enforcement of tobacco display ban**	**Trading Standards**	**2015-19**
Ensure the 'Challenge 25' proof of age scheme is implemented and adhered to	**Scheme adhered to and evidenced via refusal books**	**Yes**	**Trading Standards**	**2015-19**
(Strand 5) **Support the ban on adults smoking in cars that carry children and promote pressure**	**Fewer adults witnessed smoking in their cars while carrying children** ***(The latter has since been achieved since the regulations were***	**Via Civil Enforcement Officers issuing fixed penalties where vehicles are stationary and via local marketing to raise awareness of the law change on**	**Tobacco Control Alliance**	**2015/16**

on MP's to support this	***approved by Parliament in February 2015)***	**01.10.15**		
Work with HM Revenue & Customs to maximise the inclusion of other agencies to reduce the supply of smuggled tobacco products including hand-rolled tobacco and niche tobacco products e.g. shisha	**Reduction in amount of illicit and illegal tobacco products available in Thurrock**	**Via information sharing of intelligence and coordinated resources to respond to intelligence**	**Tobacco Control Alliance**	**2015-19**
Work with Trading Standards to collate greater intelligence on illicit and illegal tobacco	**Successful operations with tobacco detection dogs**	**Cost implication regarding tobacco detection dogs**	**Tobacco Control Alliance**	**2015-19**

Appendices

Appendix 1

Glossary

ASH	Action on Smoking and Health
BME	Black and Minority Ethnic
CCG	Clinical Commissioning Group
CIPFA	Chartered Institute of Public Finance & Accountancy
CLeaR	Excellence in local tobacco control
DMT	Directorate Management Team
DOH	Department of Health
HMRC	Her Majesty's Revenue and Customs
HSCIC	Health and Social Care Information Centre
HWBB	Health and Wellbeing Board
LSSS	Local Stop Smoking Service
NCSCT	National Centre for Smoking Cessation and Training
NICE	National Institute for Health and Care Excellence
NRT	Nicotine Replacement Therapy
ONS	Office for National Statistics
PHOF	Public Health Outcomes Framework
UKCTCS	UK Centre for Tobacco Control Studies

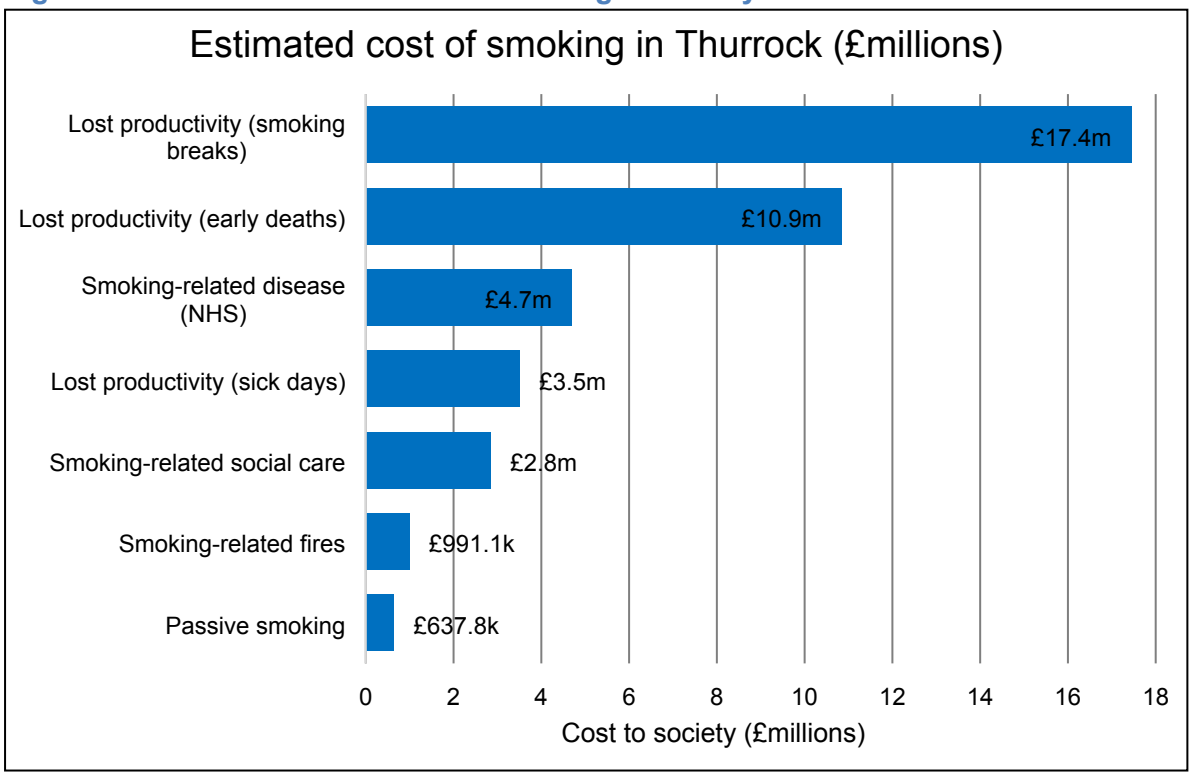
Appendix 2

JSNA section: Smoking - What do we know?

Economic Cost

There are a wide range of costs to society due to smoking. In Thurrock, it is estimated that smoking costs society approximately £41 million each year. Below is a breakdown of the estimated impact of smoking in Thurrock, and it can be seen that the largest cost is due to lost productivity from smoking breaks (£17.4 million), followed by lost productivity due to smoking-related deaths – an estimated 525 years of productivity is lost, at a cost of £10.9 million.

Figure 1: Estimated annual cost of smoking to society in Thurrock



Source: ASH and LeLan

Children and Young People

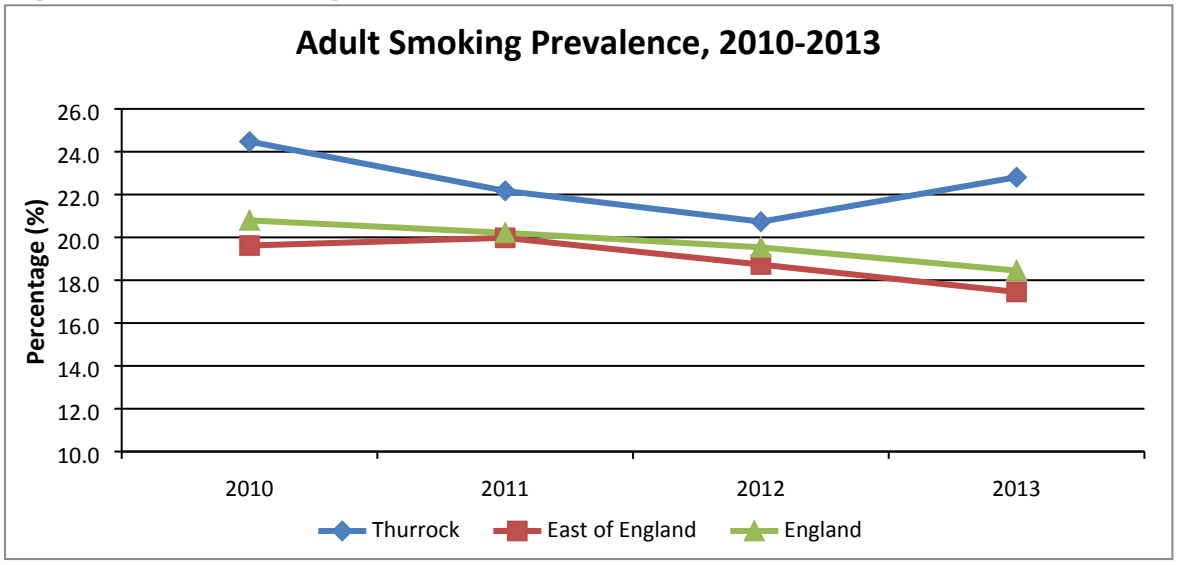
Data collected by the Health and Social Care Information Centre (2013) indicates that 3% of pupils in England reported that they smoked at least one cigarette per week. When results were broken down by age, it can be seen that the prevalence of smoking increased with age: less than 0.5% of 11 and 12 year olds said that they smoked at least one cigarette per week, compared with 4% of 14 year olds and 8% of 15 year olds.

Accurate local data is limited. The most recent data on smoking habits in children and young people originates from the TellUs4 survey (2009), which indicates that 4% of Thurrock children in years 6, 8 and 10 usually smoke at least one cigarette per week, which was the same as the national average but higher than the regional average (3.4%).

Adults

Data from the Integrated Household Survey in 2013 indicates that 22.8% of adults aged 18+ in Thurrock smoke, which is significantly higher than the regional and national averages. The prevalence of smokers in Thurrock has increased from 2012, where it was statistically similar to the national average.

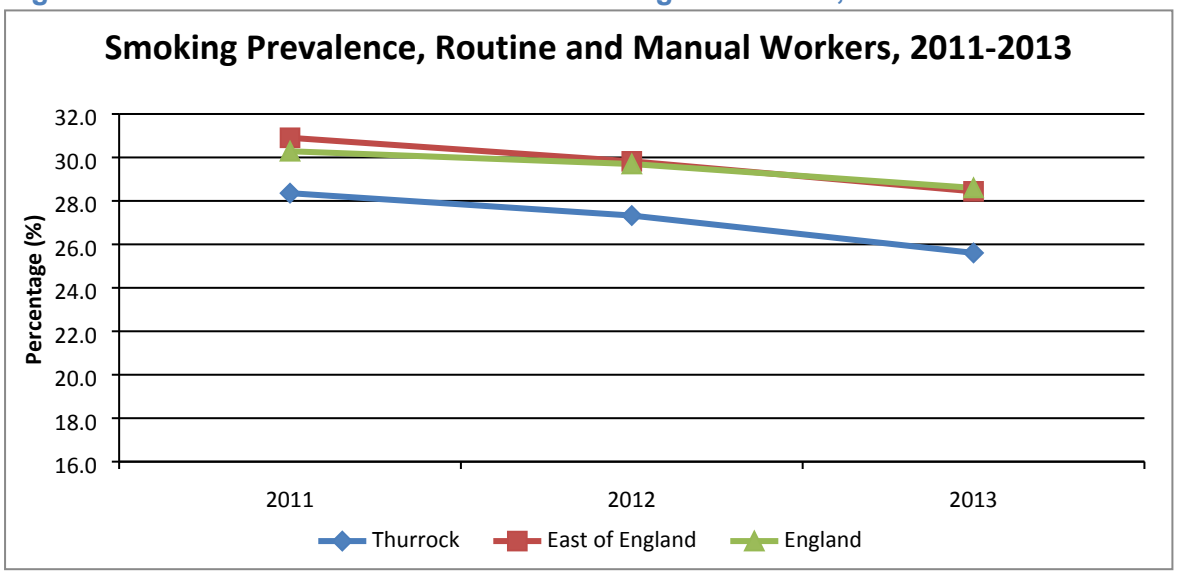
Figure 2: Adult Smoking Prevalence, 2010-2013



Source: Integrated Household Survey

Routine and manual workers are a key priority group whose smoking prevalence is monitored as it is an occupation group with a particularly high prevalence of smoking. In Thurrock, the latest data shows that smoking prevalence within this group is 25.6%, which is statistically similar to the regional and national averages. The prevalence in Thurrock for this population group has decreased slightly over the last three years.

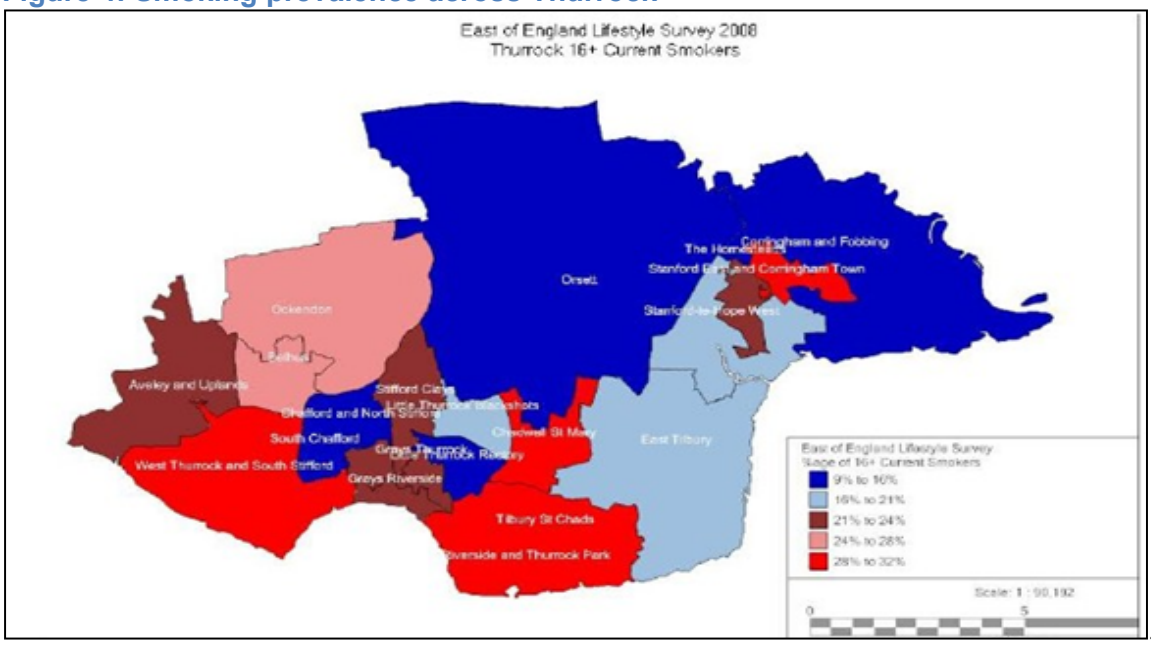
Figure 3: Routine and Manual Workers Smoking Prevalence, 2011-2013



Source: Integrated Household Survey

Smoking across the borough of Thurrock is not uniform. Modelled estimates from the 2008 East of England Lifestyle Survey indicate that areas such as Tilbury St Chads, Tilbury Riverside and Thurrock Park, West Thurrock and South Stifford, and parts of Stanford East and Corringham Town have higher prevalence of adults who smoke.

Figure 4: Smoking prevalence across Thurrock

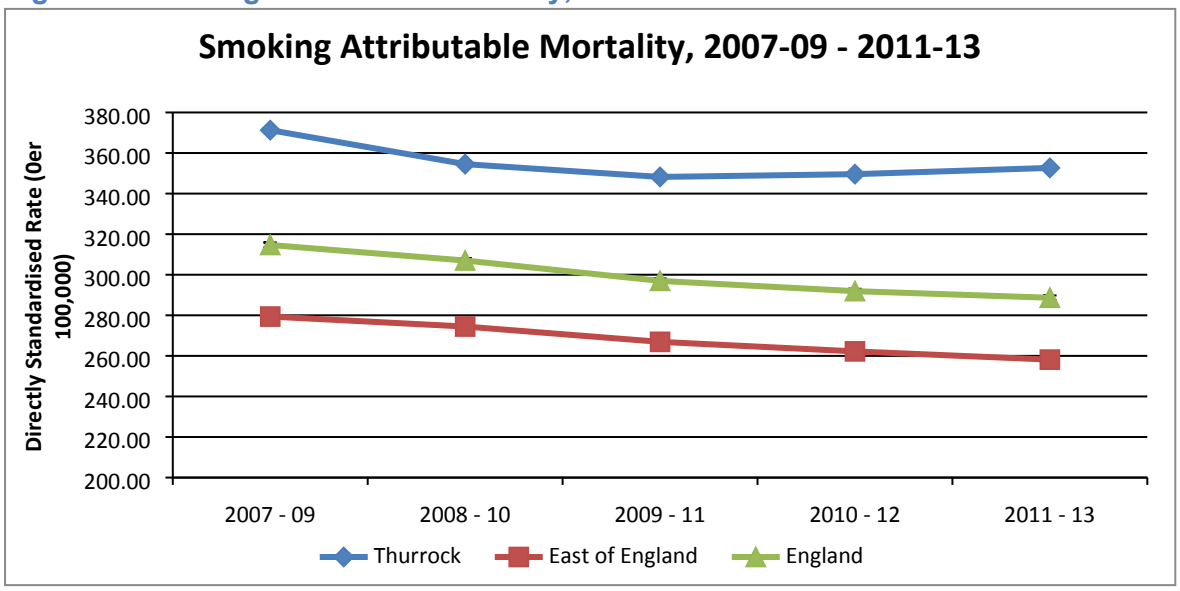


Source: East of England Lifestyle Survey, 2008

Smoking-Attributable Mortality

For many years the rate of deaths attributable to smoking has been significantly higher in Thurrock than the regional and national rates. The rate per 100,000 in Thurrock is 352.66 in 2011-13, compared with the regional rate of 258.15 and the national rate of 288.66.

Figure 5: Smoking Attributable Mortality, 2007-09 - 2011-13

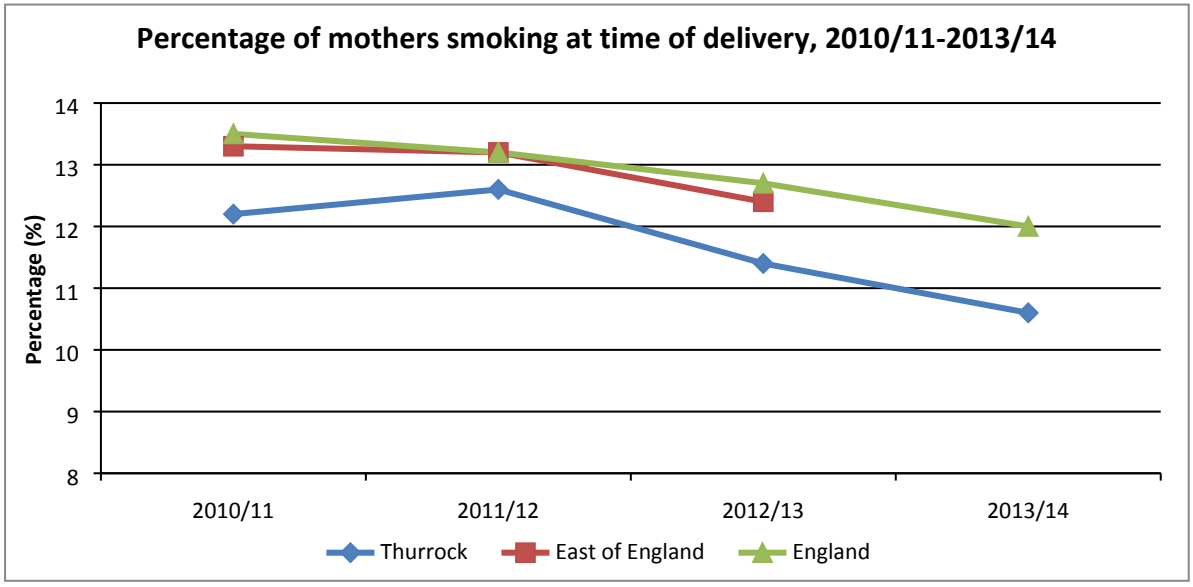


Source: Public Health England

Smoking in Pregnancy

The latest information shows that 10.6% of women were smoking at the time of delivery in 2013/14, which is lower than the previous two years. Comparing the data to East of England and England, Thurrock's figures do appear to be consistently lower; however confidence intervals mean that the authority is statistically similar to the national average.

Figure 6: Percentage of mothers smoking at time of delivery 2010/11-2013/14

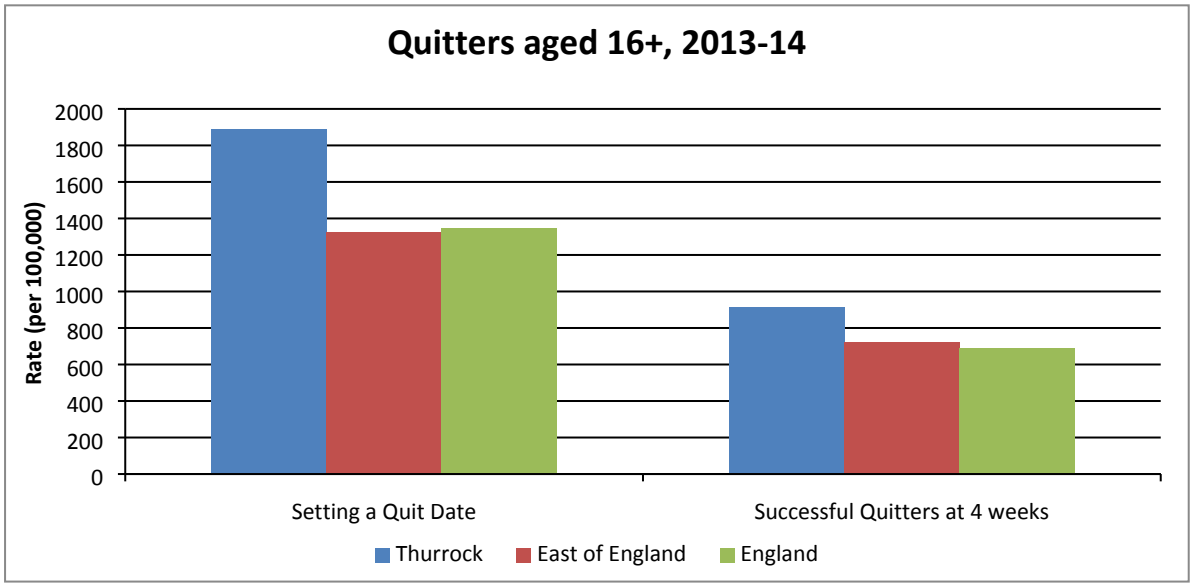


Source: Public Health England / Health and Social Care Information Centre

Smoking Quitters

In 2013-14, there were 2,372 people aged 16+ who set a quit date in Thurrock, of which 1,145 (48.1%) self-reported to have successfully quit at 4 weeks. To enable comparison to regional and national figures, rates per 100,000 population were calculated, and as below it can be seen that Thurrock had both a higher rate per 100,000 of smokers setting quit dates, and a higher rate per 100,000 of successful self-reported quitters.

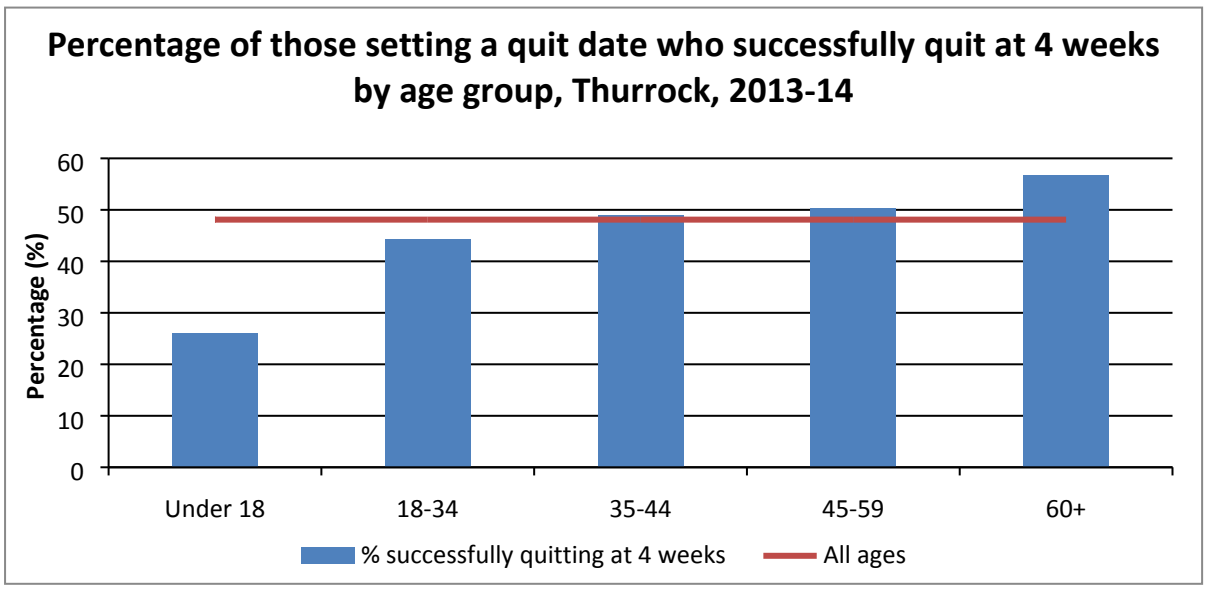
Figure 7: Smokers setting a quit date and successful quits at 4 weeks, 2013/14



Source: Health and Social Care Information Centre

In Thurrock, older people who set quit dates were more likely to quit smoking, with almost 57% of those aged 60+ successfully quitting at 4 weeks, compared to just 26% of those aged 16-18. The proportion for all age groups in Thurrock was 48.1%.

Figure 8: Successful quitters by age group, 2013-14



Source: Health and Social Care Information Centre

Appendix 3

Thurrock Smoke Free Workshop Survey Summer 2014

This Survey consisted of a Public online survey which generated 105 responses and was conducted by Thurrock Council Public Health Department.
The survey ran for 6 weeks across June and July and consisted of 12 main smoking related questions with further interrelated sections.

The aim of this public survey was to gain current views amongst local residents around specific national and local smoking issues in order to obtain an improved understanding of public perception within the borough.

Summary of findings

- The majority of respondents felt that peer pressure (47%) and stress (33%) were the main reasons why children and young people take up smoking. Other reasons were cited as learned behaviour from family members where smoking is considered normal rather than a bad habit or addiction. These reasons were also recognised as obstructions to quit smoking.
- Almost three quarters of respondents felt that smoking on television and in the media has an effect on how people view smoking and whether it influences people to start, compared to only a quarter who think it makes no difference.
- Smoke-free zones were largely supported with 70% of respondents in favour of this idea.
- Over 80% of respondents had heard of the Stoptober smoking campaign with 66% agreeing it helps people to quit smoking.
- 73% of respondents felt that standardised tobacco packaging will not have a positive effect on reducing smoking.

Review of Findings

Question 1& 2
Results suggest that young people are attracted to a perceived "cool image" that they feel smoking presents, and there is still a strong desire to "keep in" with friends that smoke. Smoking was also linked as a tool for weight management.
In families where parents smoke there is a danger children become desensitised to the health effects, and there is more likely to be a lack of positive guidance within these families.

Question 3
Responses to whether smoking on screen has an effect on how people view smoking and whether it may encourage smoking indicates that almost three quarters felt it did have an effect, compared to almost a quarter of respondents (24%) that think it makes no difference. It was largely agreed that smoking in films and soaps presents smoking as a normal and acceptable activity in our society.

Question 4
It was encouraging to note that almost three quarters of respondents (69%) were in favour of smoke free zones, although a further 78% thought these would be difficult to enforce and may not be adhered to.

Question 5
81% of respondents had heard of the NHS Stoptober challenge, recognised as a high profile campaign that is successful due to it being a group activity offering focussed support to people

wishing to give up smoking. Media communication and education around smoking – viewed by the World Health Organisation as the cornerstone of any successful tobacco control programme.

Question 6

Almost three quarters of respondents felt that standardised packaging on cigarettes will not influence consumption, posting comments such as "it doesn't change what's inside" and "we don't even look at the packaging anyway", this is contrary to scientific studies which shows a positive impact.

Question 7

25% of respondents thought the legal age to purchase cigarettes was 16. Some 41% of 15-year-olds who smoke say they usually buy their cigarettes from someone else rather than from a shop.[i] The new rules on adults buying cigarettes for under-18's could be in force by the autumn and may mean anyone caught buying cigarettes for a child could be given a £50 fixed penalty notice or a fine of up to £2,500. Further publicity around this will coincide with the launch of the new ruling.

Question 8 and 8a

Cigarettes will now have to be hidden under the counter or behind shutters in a bid to cut down on the number of smokers and deter young people from taking up the habit.

69% of respondents feel that plain screens when selling cigarettes will not help to quit smoking, while 32% feel it will discourage non-smokers to start smoking. This is in contrast to the Department of Health's view that said the move was in response to evidence that cigarette displays in shops can encourage young people to take-up the habit.

Question 9

90% of respondents felt that the sale of illegal tobacco in Thurrock was a bad thing. There are national concerns over an increase in illegal tobacco if the standardised packaging of cigarettes comes into force as people will attempt to bypass the product in favour of illegal imported cigarettes with branded packaging. Local trading standards and customs and excise are aware of the potential problem. The high percentage of opposition to illegal cigarettes in Thurrock was encouraging.

Question 10

93% agree that passive smoking in cars has an effect on child passengers.
90% agree that smoking while pregnant has an effect on unborn babies.
79% agree that passive smoking while pushing a pram/walking with a child has an effect.
88% agree that smoking in the home with children in the same room has an effect.
79% agree that smoking in the home but with children in a different room has an effect.
Results indicate a reassuring level of support within Thurrock.

Question 11

E-cigarettes generated a mixed response, only 12% of respondents saw them as a good stepping stone to quitting, 13% saying there is not enough evidence to support their use and 8% think they are good for your health.
An estimated 1.3m people in the UK use e-cigarettes which were designed to help smokers quit. Concerns have been raised that electronic cigarettes could be a gateway into smoking for young people. Although there is no evidence to suggest this it is recommended that e-cigarette use is closely monitored and make sure advertising and promotion does not glamorise their use. We do not yet know the harm that e-cigarettes can cause to adults or children, but we do know they are not risk free and that they currently remain unregulated in the UK.

Question 12

43% of respondents think public health should target its resources into education and prevention.
25% think public health should target greater enforcement in buying/accessing cigarettes.
31% think public health should target resources into treatment and helping more smokers to quit.
The results represent a mixed reaction to how public health should target its resources and is reflective of Thurrock's current multi-component approach to resources.

Conclusions and Recommendations

Children are very impressionable and the "smoking is cool image" still remains very much a problem. More focus should be given to Initiatives that improve self-confidence and self- esteem to empower children to make their own decisions and become more self-assured. Thurrock will strive to advocate a culture of well-being where children are empowered with the knowledge and the confidence to make rational decisions.

More focus could be given to stress reduction initiatives aimed specifically at children and young people to addresses more psychological issues. The introduction of specialised programs that teach coping mechanisms or yoga/relaxation classes in schools can help prevent some of the consequences of stressful behaviour, such as smoking, becoming apparent.

Smoking is sometimes perceived as an activity for young people to do with their friends to alleviate boredom. Offering alternative choices such as involvement with community groups, recreational facilities, clubs, hobbies and interests instead of smoking socially with friends should be promoted further.

The promotion of positive healthy role models and mentors in our borough that advocate regular exercise and healthy eating as a cool image should be more abundant and high profile.

A weight management message linked with the fundamental principles of healthy diet and regular exercise should be consistently reinforced at every opportunity which overshadows other less desirable mind-sets such as smoking as a tool to control weight.

It was encouraging to note that the majority of the respondents were in favour of smoke free zones and plans to expand on existing zones or the introduction of new smoke free areas e.g in play areas and parks could be considered in response to this.

The high recognition of Stoptober confirms that people are aware and responsive to national campaigns and find it helpful to quit as part of a supportive programme with other smokers. Thurrock Council need to ensure that advice on quitting remains high profile and there is plenty of access to group activities and stop smoking clubs throughout the year. National campaigns play an important role in raising profiles and encouraging people to quit and Thurrock will continue to work closely with these initiatives to support local quitters.

Reactions to e-cigarettes were mixed and respondents were unclear about the associated health risks. E-cigarettes are a relatively new phenomenon and although perceived as a better option than smoking and a helpful aid when quitting, it is important to remember they still contain nicotine and as such are as addictive as cigarettes. Not to smoke anything should still remain the ultimate goal.

Appendix 4

The Six Strands

1. **Stopping the promotion of tobacco**

   A reconfigured treatment service that looks more broadly at tobacco control will advocate work to highlight the need to tackle the broad range of tobacco harms, including, for example, lobbying for standardised (plain) packaging for cigarettes. Early evidence from Australia suggests that the measure is beginning to have an impact on smoking rates.

   The preventative work conducted with children and young people will include information from Public Health, supported by Trading Standards, to inform and educate people on key areas of enforcement, in particular how the illicit and illegal tobacco machine operates and how purchasing such products sustains this illegal industry and its activities.

2. **Making tobacco less affordable**

   The simplest way to make tobacco less affordable is to massively increase the duty, but we have no influence over tobacco pricing at a local level since their taxation is determined by central government. However, through mechanisms such as local and regional tobacco control alliances and in partnership with recognised organisations such as Action on Smoking and Health (ASH)[20] we can help exert pressure towards achieving such changes.

3. **Effective regulation of tobacco products**

   The effective regulation of tobacco products remains a high priority for Trading Standards who will be using intelligence to identify target areas to focus their efforts, particularly around underage sales.

   While it is accepted that niche tobacco products such as smokeless products and shisha may exist in Thurrock, intelligence and evidence of their use is currently very limited to a few isolated incidents. Nevertheless, future work should include making the public more aware of such products and their harms so that subsequent reported incidents can be responded to by Trading Standards.

4. **Helping tobacco users to quit**

   The service will work broadly across all organisations in Thurrock to ensure the benefits of quitting are promoted as widely as possible and that referral pathways exist for those that wish to quit. In addition it will develop better pathways to support mental health service users and people with long term conditions.

[20] Action on Smoking and Health (ASH) was established in 1971 by the Royal College of Physicians . It is a campaigning public health charity that works to eliminate the harm caused by tobacco. ASH provides the secretariat for the All Party Parliamentary Group on Smoking and Health.

In February 2015 NICE are scheduled to publish new guidance on reducing tobacco use in the community. This guidance will include mental health and behavioural conditions and therapeutic procedures[21], both of which will feature in the smoking cessation service redesign in 2015.

E-cigarettes re-normalising smoking is a complex issue for Public Health; on the one hand there is a current lack of evidence to support this concern, yet on the other hand their harm reduction possibilities for smokers appear to be enormous and some estimates suggest that if all 9 million UK smokers switched to using e-cigarettes tomorrow this would save 54,000 lives a year[22].

Nevertheless, the footfall of smokers entering their LSSS for quit support has reduced in recent years, particularly in 2014, which impacts on the subsequent 4-week quit targets that are also below trajectory. Anecdotally e-cigarettes are believed to be one cause of this phenomenon whereby smokers are independently switching to e-cigarettes in recognition of their harm-reduction benefits.

5. Reducing exposure to second hand smoke

This strand includes compliance monitoring of existing smokefree legislation and work around challenging compliance areas e.g. taxis and work vehicles; advocacy around smoking in cars with children; smokefree homes programmes; outdoor smokefree spaces programmes

The redesigned LSSS will develop policy and practice to embrace the harm reduction agenda, particularly the use of e-cigarettes. As the rise of e-cigarettes continues, so does the response to their use. We can expect to see e-cigarettes feature within the NICE Harm Reduction guidance scheduled for release in July 2015 [23].

The latest briefing released from the NCSCT on electronic cigarettes recommends that smoking cessation services provide behavioural support for clients who are using e-cigarettes and to include these clients in their national returns[24].

6. Effective communications for tobacco control

Work here will include supporting Public Health England campaigns such as Stoptober, providing year round PR on a range of tobacco issues, promoting local campaigns and the LSSS, developing local media campaigns on wider tobacco issues and working with others around regional media campaigns.

[21] http://www.nice.org.uk/Guidance/InDevelopment/GID-QSD83
[22] West, R, University College London, 5th September 2014, http://www.bbc.co.uk/news/health-29061169
[23] http://www.nice.org.uk/Guidance/InDevelopment/GID-QSD103
[24] http://www.ncsct.co.uk/usr/pub/e-cigarette_briefing.pdf

[i] Department of health

16th July 2015	ITEM: 9
Thurrock Health and Wellbeing Board	
Joint Health and Wellbeing Strategy End of Year Report 2014 – 2015 (Children and Young People) and Delivery Plan 2015 - 2016	
Wards and communities affected: All	**Key Decision:** Non-key
Report of: Ceri Armstrong, Strategy Officer and Alan Cotgrove Children's Partnership and LSCB Business Manager	
Accountable Head of Service: Not applicable	
Accountable Director: Roger Harris, Director of Adults, Health and Commissioning and Carmel Littleton, Director of Children's Services	
This report is Public	

Executive Summary

This report provides the End of Year report against the 2014-15 Health and Wellbeing Strategy Delivery Plan for Children and Young People, and the proposed Delivery Plans for both Adults and Children and Young People for 2015-16.

The End of Year Report details progress against the 14/15 actions as provided by action owners.

The Joint Health and Wellbeing Strategy is a three year Strategy which expires in 2016. Work is underway to refresh the Strategy for 2016-2019.

1. Recommendation(s)

That the Board:

1.1 Agree the Children and Young People's End of Year Report 2014-15

1.2 Agree the Delivery Plans for 2015-2016 for both Children and Young People and Adults.

2. Introduction and Background

2.1 The Joint Health and Wellbeing Strategy 2013 – 2016 was agreed by the Health and Wellbeing Board in January 2013, and the delivery plan covering the second year of the Strategy (2014-2015) was subsequently agreed in July 2014.

2.2 Throughout the year, the Board has received progress reports on the delivery plan as part of meeting agendas, updates, decisions, and progress reports. It was agreed at the September 2013 Board that there should be one mid-year progress report, followed by an end of year report. The Executive Committee also fulfils a key role in monitoring and highlighting any concerns in terms of performance.

2.3 Since the Strategy and second year delivery plan were agreed, the Better Care Fund Plan has been agreed and part 1 of the Care Act 2014 has come into operation. These are two significant changes within the health and (adult) social care sector – particularly in relation to integration across health and social care. As a result, the delivery plan for 2015-16 makes references to the Health and Social Care Transformation Programme.

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

3. Issues, Options and Analysis of Options

3.1 Updates have been received by action owners and are contained within the end of year report for 2014-15. The Board are asked to agree to this report.

3.2 The 15-16 delivery plan reflects actions that will take place to achieve the outcomes detailed within the Strategy. The delivery plan will be monitored by the Executive Committee and through reports received at the Health and Wellbeing Board. The Children's element of the plan will be further monitored through the Children and Young People's Strategic Partnership arrangements.

3.3 Significant concerns will be escalated to the Board during the year with day to day monitoring of delivery plan actions taking place through existing arrangements and the Executive Committee.

3.4 The scale of pace and change across the public sector is significant. This is particularly so across the health and care system. The 15/16 delivery plan reflects any changes to the system and Thurrock's response, and will continue to do so through the year. A full review of the current strategy will take place during 15/16. The refresh will be overseen by the Executive Committee, but with key decisions being taken to the Board prior to final sign off.

4. Reasons for Recommendation

4.1 To ensure that the objectives and priorities within the Joint Health and Wellbeing Strategy are being met.

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

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

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

6.1 The Strategy and delivery plans contribute to both the Council's and CCG's priorities as stated in the Joint Strategic Needs Assessment (JSNA), Community Strategy and CCG's 2 year Operational Plan.

7. Implications

7.1 Financial

Implications verified by:

Mike Jones

Management Accountant

There are no financial implications.

7.2 Legal

Implications verified by:

Dawn Pelle

Adult Care Lawyer

There are no legal implications.

7.3 Diversity and Equality

Implications verified by:

Natalie Warren

Community Development and Equalities Manager

There are no diversity and equality implications.

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

None identified.

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):

- Joint Health and Wellbeing Strategy

9. Appendices to the report

- Appendix 1: Delivery Plan (Adults) 15/16
- Appendix 2: End of Year Report (Children and Young People) 2014/15 (to follow)
- Appendix 3: Delivery Plan (Children and Young People) 2015-16 (to follow)

Report Author:

Ceri Armstrong

Strategy Officer

Adults, Health and Commissioning

Alan Cotgrove

Children's Partnership and LSCB Business Manager

Children's Services

Priority: Improve the quality of health and social care

ACCOUNTABLE BODY	WHERE DO WE WANT TO BE	ACTION	ACTION BY	DEADLINE
OBJECTIVE: Improve the quality of primary care				
Thurrock CCG NHS England	• Improved access and capacity • Provision of consistent delivery and quality • Provision of good quality primary care estate to support the future ambition for primary care in Thurrock • Consistency of clinical quality	Implementation of Thurrock's Primary Care Strategy – key actions detailed below		
		Provide locally based hubs providing extended hours to all residents in Thurrock	Mandy Ansell	4 hubs in place by March 2016
		Implement initiatives to increase the number of clinicians working in Thurrock – both GPs and nurses	Mandy Ansell	March 2016
		Improve the uptake of LD health checks in Thurrock	Jane Foster Taylor	March 2016
		Develop an Estates Strategy that incorporates better use of technology	Mandy Ansell	March 2016
OBJECTIVE: Improve the quality of secondary care				
Thurrock CCG	• Delivery of acute care across 7 days • Consistent delivery of 4 hour accident and emergency standard • Improve sustainability • Improve handover times between Ambulance Service and A&E • Work towards elimination of avoidable deaths • Increase number of people having a positive experience of hospital care • Reduce avoidable admissions	Agree a service development plan for 7 day working	Mark Tebbs	March 2016
		Development of initiatives that improve flows between the Emergency Department and inpatient capacity	Mark Tebbs	March 2016
		Review of winter resilient schemes	Mark Tebbs	September 2015
		Carry out work with Basildon Hospital and East of England Ambulance Service to increase performance	Mark Tebbs	September 2015
		Adopt and maintain a zero tolerance approach to MRSA bacteraemia and C. diff. via monitoring, spot checks, peer review audits and quality visits	Jane Foster Taylor	March 2016
		Identify actions to improve Family and Friends response rates (with issues identified and rectifying actions linked to completed questionnaires)	Jane Foster Taylor	March 2016

		Development and delivery of Better Care Fund Plan 2015/16 – re: reduction in emergency admissions	Mark Tebbs/ Catherine Wilson	March 2016
		Implementation of Success Regime - TBC	TBC	TBC
OBJECTIVE: Improve the quality of residential and community care				
Thurrock Council Thurrock CCG	• Providers consistently meeting CQC essential standards • Vulnerable people safeguarded against abuse • Provide choice of provision – market management and development • People remaining independent for as long as possible • Encourage sustainability in the market place • Well trained workforce • Increased in-borough provision for adults	Development and delivery of Market Position Statement – year 1 actions (Adult Social Care Transformation Programme)	Catherine Wilson	March 2016
		Development of Service Level Agreements with internally provided Adult Social Care Services	Catherine Wilson	March 2016
		Development of joint commissioning intentions between CCG and Council	Catherine Wilson and Mark Tebbs	September 2015
		Review of Council Adult Social Care provision (Adult Social Care Transformation Programme) – development of a business unit - development of options for potential spin-out	Tania Sitch and Angela Clark	March 2016
		Development and delivery of Better Care Fund Plan 2015/16: - Review of nursing and residential care home provision – including intermediate care beds	Mark Tebbs and Catherine Wilson	March 2016
OBJECTIVE: Improve the quality of care across the whole system pathways				
Commissioning: Thurrock CCG Thurrock Council Delivery: Thurrock Council NELFT	• Improve the quality of life for people with long-term conditions • Prevent, reduce and delay the number of people who require a service • Increase the percentage of	Development and delivery of Better Care Fund Plan – Integrated Commissioning Executive Programme to be agreed	Mark Tebbs and Catherine Wilson	March 2016
		Development of Adult Social Care and Community Health Integrated Access Project (Adult Social Care Transformation Programme)	Commissioning: Mark Tebbs Catherine Wilson Delivery: Tania Sitch and	March 2016

	integrated provision between adult social care and health • Improve predictive modelling to identify individuals likely to be at crisis point or at risk of requiring a service		Michelle Stapleton	
		Development and implementation of Integrated Commissioning (both across the Council and between the Council and CCG)	Catherine Wilson, Ian Wake, Mark Tebbs	March 2016

Priority: Strengthen the mental health and emotional wellbeing of people in Thurrock

ACCOUNTABLE BODY	WHERE DO WE WANT TO BE	ACTION	ACTION BY	DEADLINE
OBJECTIVE: People have good mental health				
Commissioning: Thurrock Council Thurrock CCG Delivery: SEPT	• Strategy and plan that reflects and responds to local needs and outcomes • Improved crisis response for people with mental health problems	Revise the current Mental Health Strategy providing a strengthened Thurrock focus	Catherine Wilson and Mark Tebbs	October 2015
		Develop co-produced long-term plan for Thurrock (via Mental Health Operational Group)	Catherine Wilson and Mark Tebbs	October 2015
		Develop and implement that crisis care concordat	Jane Itangata	March 2016
OBJECTIVE: People with mental health problems recover				
Commissioning: Thurrock Council Thurrock CCG Delivery: SEPT	• Improve access to psychological therapies (IAPT) to achieve the 15% coverage target	Implementation of new service model for IAPT and Recovery College	Catherine Wilson and Jane Itangata	June 2015 (IAPT) October 2015 (Recovery College)
OBJECTIVE: People with mental health problems achieve the best quality of life				
Commissioning:	• Varied provider market that promotes choice and control	Delivery of Market Position Statement	Catherine Wilson	March 2016
		Development and delivery of Personal Health	Jane Itangata	March 2016

Thurrock Council Thurrock CCG Delivery: SEPT	supports individuals to meet their outcomes • Good quality services that meet and improve mental health outcomes	Budgets and Integrated Health and Social Care personal budgets		
		Robust performance management of section 75 agreement and CCG contract	Catherine Wilson and Mark Tebbs	Throughout the year

Priority: Improve our response to the frail elderly and people with dementia

ACCOUNTABLE BODY	WHERE DO WE WANT TO BE	ACTION	ACTION BY	DEADLINE
OBJECTIVE: Early diagnosis and support for people living with dementia				
Thurrock Council Thurrock CCG	• Improved diagnosis – ensuring that the target of 67% is reached and maintained • Dementia-friendly community that knows how to help • Increase diagnosis rates through memory clinics (SEPT) • An effective, trained and skilled workforce	Agree and deliver plans for maintaining the Dementia Diagnosis rate and improving the early uptake of early discussions regarding end of life care	Catherine Wilson and Jane Itangata	June 2015
		Undertake joint work between the CCG, Public Health and Social Care to ensure the provision of information, advice and support	Catherine Wilson	TBC
		Development of Dementia Action Alliance	Catherine Wilson	TBC
		Delivery of training and information throughout Thurrock	Catherine Wilson	Throughout the year
OBJECTIVE: Make Thurrock a great place in which to grow older (delivery of Building Positive Futures Programme)				
Thurrock Council (ASC and Housing)	Create homes and neighbourhoods that are sustainable and support independence	Progression of house-building programme – ensure new homes built are sustainable and promote independence and are adaptable to meet prospective tenants' current and future needs: • Completion of the lets for Seabrook Rise and Derry Avenue	Barbara Brownlee	Throughout the year
		Identify and develop schemes that meet HAPPI standards – completion of Derry	Barbara Brownlee and Les	TBC

		Avenue, South Ockendon, and Calcutta Road, Tilbury	Billingham	
		Development of improved housing options through specialised housing for mental health, learning disabilities, and autism. • CASSH Bid	Barbara Brownlee and Les Billingham	
	Creating communities that support Health and Wellbeing	Influence major planning developments to ensure they impact positively on health and wellbeing – via Housing and Planning Advisory Group	Les Billingham	Meetings planned throughout the year to review planning applications
		Continue to embed Local Area Coordination across the Borough – 9 LACs provide Borough-wide coverage	Tania Sitch	Throughout the year
		Continue to develop the Community Hub Programme – Tilbury and Stifford Clays to open during 2015/16	Natalie Warren	By March 2016
		Promote and embed 'Stronger Together' to support the development of strong communities in Thurrock	Natalie Warren	Throughout the year
	~~Creating~~ Transforming the social care and health system ~~infrastructure~~ to manage demand	Development of vision and direction of travel to frame transformation and delivery of health and social care system	Roger Harris and Mandy Ansell	Summer 2015
		Development and delivery of Better Care Fund Plan – via Integrated Commissioning Executive Programme: • Identification and scoping of projects • Development of options • Development of business plans • Delivery of project plans	Mark Tebbs and Catherine Wilson	Throughout the year as per programme plan (reporting via Integrated Commissioning Executive)
		Development and delivery of Adult Social Care Transformation Programme: • Adult Social Care and Health Integrated Access Project • In-house Provider Development	Roger Harris	Throughout the year as per programme plan: • Scope – Sept 15 • Options – Dec

		• Fieldwork Redesign • Integrated Commissioning • Market Management • Business Support • Care Act Implementation		15 • Business Plans – March 16
		Development and delivery of Thurrock CCG 2 Year Plan	Mandy Ansell	Specific milestones to be met throughout the year as detailed within the Plan

Priority: Improve the physical health and wellbeing of people in Thurrock

ACCOUNTABLE BODY	WHERE DO WE WANT TO BE	ACTION	ACTION BY	DEADLINE
OBJECTIVE: Reduce the prevalence of smoking in Thurrock				
Thurrock Council	• Preventing young people from starting smoking • Working collaboratively with PHE to support and implement initiatives to improve the health of the public. • Protect families and communities from the harm caused by smoking	Stop Smoking service is sub-contracting a smoke –free family lives programme to deliver in five targeted schools in the areas of high deprivation.	Kevin Malone	March 2016
		Local promotion of national campaign e.g. Stoptober, Health Harms Campaigns, National No Smoking Day.	Kevin Malone	March 2016

		Commission a Tobacco Control service with preventative measures a treatment programme and enforcement activity with partners.	Kevin Malone	March 2016
		Work with Housing via a Tobacco Control Alliance to engage with more older people e.g. sheltered complexes & retirement homes to offer quit support	Kevin Malone	March 2016
OBJECTIVE: Reduce the prevalence of obesity in Thurrock				
Thurrock Council	Halt the rise in adult and childhood obesity and promote a downward trend in obese adults and children	Development of a variety commissioned community programme pilot for 2015/2016 Childrens and Adults.	Sue Bradish/Beth Capps	March 2016
		Formal ongoing monitoring and sustaining the new process of delivering services through community provision	Sue Bradish / Debbie Maynard	March 2016
		Reviewing Healthy Weight workstream objectives and membership going forward.	Sue Bradish / Debbie Maynard	March 2016
		Development of sport and leadership group.	Sue Bradish	March 2016
		Integrated with existing work of the Active Space Strategy to encourage people to use	Sue Bradish	March 2016

		green space effectively		
		Delivery of the first phase of Thurrock 100 – walking and talking project.	Sue Bradish	July 15 potential to extend to 16 with external funding

This report provides governance boards and interested parties responsible for Children's Services with an overview of the achievements and outcomes of the Children's and Young People Partnership (CYPP) for the year 2014/5 supporting better outcomes for Thurrock's children and young people.

Thurrock's Community Strategy lays out the long-term vision and priorities for Thurrock. There are five priorities which are reflected in the council's Corporate Plan and Medium Term Financial Strategy and mainstreamed into all Service Strategies and Plans:

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

Thurrock's Health and Well-Being Strategy 2013-16 (HWB Strategy) incorporates the Children and Young People's Plan (CYP Plan) to ensure that the principles of giving every child the best start in life are embedded within the HWB Strategy.

Our Children and Young People's Plan 2013-2016 is built upon 4 priorities, each of which has objectives to support its delivery as illustrated below:-

Outstanding universal services and outcomes

- Raise attainment at the end of Early Years Foundation Stage, Key Stage 1, and Key Stage 2;
- Promote and improve the health and well-being of children and young people; and
- Ensure progression routes to higher level qualifications and employment

Parental and family resilience

- Offer help early;
- Reduce and mitigate the impact of child poverty; and
  Strengthen communities.

Everyone succeeding

- Promote the attainment and achievement of underachieving children;
- Promote and support inclusion; and

- Narrow health inequalities for children and young people

Protection when needed

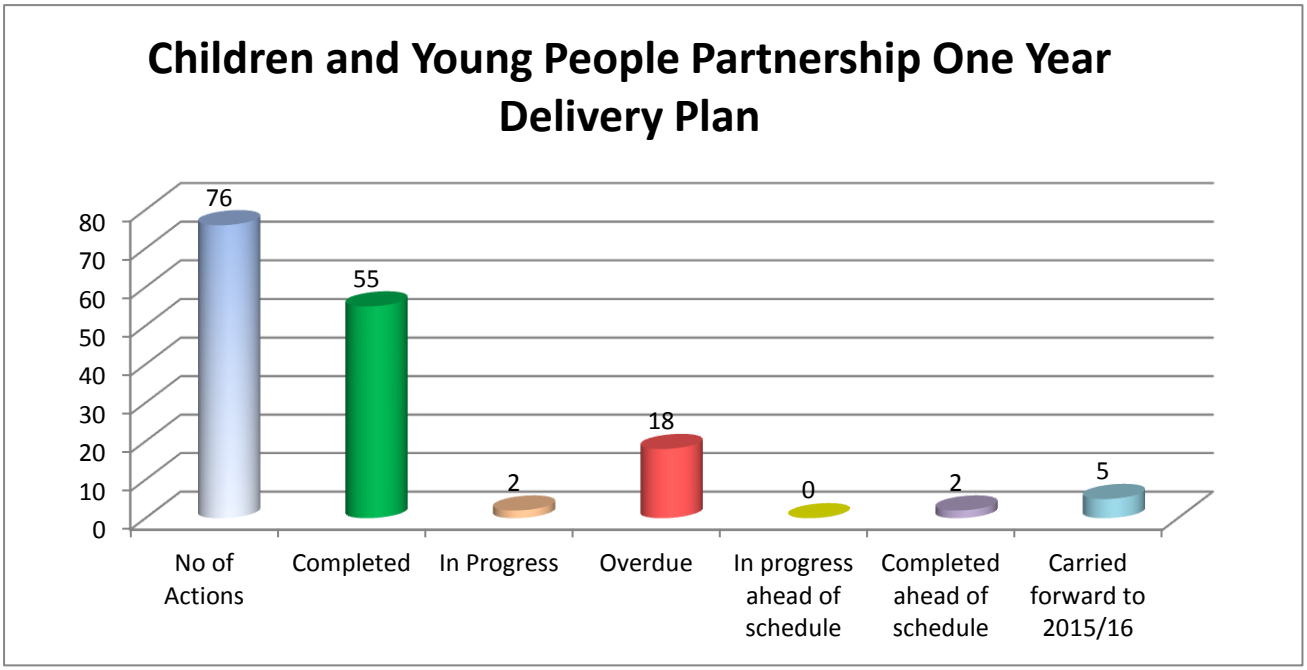
- Provide outstanding services for children who have been or may be abused;
- Provide outstanding services to children in trouble; and
- Provide outstanding services for children in care

Each priority is supported by a one-year delivery plan. The Delivery Plan is monitored by the Executive Committee on behalf of the Health and Well-Being Board (HWBB). Part Two (CYPP Plan) is monitored by the CYPP with exception reporting to the HWBB.

The partnership plan supports Thurrock Health & Wellbeing Board in delivering services to children across the Borough.

This report provides details of each of the actions set within the third year delivery plan and how those actions have impacted on service delivery and support across the children's workforce.

A total of 76 actions formed the delivery programme for 2014/5. Of these actions 55 were completed. 5 required further work and have been included in the 2015/6 plan.



Background to Children's Services

Thurrock has a young population by national standards. Out of its population of 157,700, there are 42,800 children under the age of 19 (26.8% of population) and 12,100 children are under the age of five. The number of 0 -19 year olds in Thurrock is set to increase to 50,500 by 2037. The distribution of children under 15 years of age is centred in the south of the borough in Tilbury, Chafford, North Stifford, West Thurrock and Ockendon. The population is increasingly diverse. According to the 2011 Census BME population was 15.7% – a significant increase from the 2001 Census of 4.7%. Among school-age children, over one in four (26.5%) are from a black and minority ethnic group. The latest available data indicates that Thurrock may have a slightly higher population of Gypsy, Roma and Traveller children than the national average (0.3% compared to 0.2%).

Life expectancy at birth for boys in Thurrock is 79.2 and for girls 82.4. This compares to 79.2 and 83 nationally. There remain significant gaps in life expectancy in respect of deprivation. Life expectancy is lower (8.3 years for men and 4.3 years for women) for people living in the 10% most deprived areas compared to those living in the 10% least deprived areas of Thurrock. Infant and child mortality rates in Thurrock are consistent with national averages.

The outcomes achieved over the reporting period are recorded under the 4 key aims of the plan, which is shown below:-

Strategic Aim 1		**Outstanding universal services and outcomes – Priorities for 2014/2015**			
Objective 1		**Action**		**Measure**	**Comments**
1.1	Raise attainment at the end of all key stages with a particular focus on Early Years Foundation Stage, Key Stage One and Key Stage Two	1.11	Prepare a report on progress made on the action plan of the Education Commission	Progress report	A report and action plan was taken to in July 2014 to O & S committee
		1.12	Prepare report on activities of Children Centres and links with early years curriculum	Progress report	An update and overview by 4Children has been presented to LSCB Management Exec

		1.13	Report on the progress and activity to raise registration levels in Children Centres to 85%	Progress report and recommendations	CCs currently report to the Accountability Board. Reports are provided for this group with quarterly reports for Advisory Boards to ensure the progress towards this target.
		1.14	Report on progress to increase take up of early education of 3 and 4 year old children to 95%	Progress report and recommendations	Reports on the take up of ¾ year old education are provided
		1.15	Embed strategies to narrow the gap between boys and girls at all key stages and target resources to ensure all children make expected progress during their primary school years	KS2 above national average gap narrowed between all vulnerable and underperforming groups	A report was prepared and submitted to O&S in November 2014
		1.16	Increase our capacity to provide early-education to two year olds in line with national targets	800 places	There is a 2 Year Old Strategy Board which meets half termly. The latest report for this will chart the progress which is currently good when compared with the Eastern Region.
		1.17	Ongoing analysis of take up of early-education to two year olds undertaken to identify any inequalities and address these	Analysis report	The latest report for this shows good progress when compared with the Eastern Region.
		1.18	Project Plan (1.17) for Phase Two in place and being delivered	Plan	There is a 2 Year Old Strategy Board which meets half termly. The latest report for this will chart the progress which is currently good when compared with the Eastern Region.

		1.19	Commission a high quality programme for Heads and Deputies based on raising standards linked to effective school improvement and the Ofsted framework	Programme	Continued support and guidance is given to Governing Bodies to attract the appropriate, experienced leaders to our schools, including academies. This has been highlighted as a strength by HMI who recognise the strategic lead the LA has had in conjunction with governing bodies to ensure a highly effective workforce. During the period April 14 to April 15 a further 5 appointments have been made to Head Teacher positions who have all taken advantage of the programme. Feedback has been very positive and when complete the programme will ensure sustainable mentoring within the LA. We have also had some success in appointing DHs to HT positions within the borough. During the period April 14 to April 15, 6 DHs have gone on to be either HTs or Heads of Schools in Thurrock. This 'growing our own' approach is very popular in Thurrock which is securing sustainable leadership pathways.
Objective 2		**Action**		**Measure**	**Comments**
2.1	Promote and improve the health & well-being of Children and Young people	2.11	Update report on healthy weight strategy (2014-2017) and strategic delivery plan. (HWBB Report)	Progress Report	Report presented to CYPP Full Board on 2nd October 2014
		2.12	Prepare report on progress of the revised CAHMS service provision	Report	Report presented to H&WBB on 13.11.14
		2.13	Children's 5-19 service (school nursing) New service model scoping paper incorporating service review exercise with CIPFA comparators and commissioning update.	Progress report	New redesigned service agreed with provider to include school nurses delivering weight management programmes and preventative mental health programmes

		2.14	Receive report on Risky behaviours to incorporate updates on DAAT, Tobacco control, sexual health services. Report to include latest data and details of commissioned services, service reviews and strategic actions.	Progress report	Report presented to H&WBB in July 2014
		2.15	Children's 0-5 services (including health visiting) update paper to be provided detailing allocation and transition arrangements.	Progress report	Allocation of PHG for 0-5 received, task and finish group established to ensure that the council are prepared for the transfer of responsibility. Low risk for the council further guidance still awaiting
		2.16	Preventative MH services scoping paper provided.	Progress report	Scoping paper approved - new service for adults and children will be delivered in 2015/16
		2.17	Receive Communications Plan from Public Health and identify Partnership outcomes to support improving the health of children and young people	Communication plan	Comms plan agreed for campaigns and consultation of all children services 14/15
		2.18	Receive Annual Public Health report	Report	General APHR completed June 14 - new Aging Well APHR in draft for 2015
		2.19	Partnership Locality planning and delivery is in place with integrated	Progress report	Integrated Locality management arrangements in place. Links with Local CCGs being progressed

			management arrangements and strong links with local CCGs.		
Objective 3		**Action**		**Measure**	**Comments**
3.1	Ensure progression routes to higher level qualifications and employment	3.11	Receive report on progress to increase level 2 & 3 qualifications	Data	Progress report provided though HOS.
		3.12	Prepare report on the delivery of year 2 of the Raising Participation Age Plan	Data	Progress report provided though HOS.
		3.13	Reduce the number of young people aged 16-18 who are NEET	0.5% reduction until performance is above national levels - Data/progress report	Performance below target due to lack of local FL flexible provision in the borough. All young people becoming NEET have to wait till September '15 for a start in education or training. 22% of the NEET cohort are NEET Unavailable, 13% of them are Teenage parents. Unknown figure still remains the lowest in the country at 0.1%. Thurrock is above England's NEET percentage but is on average for Statistical neighbours. Participation, on the other hand, in Thurrock is considerably higher than national and statistical neighbour's average.
		3.14	Ensure high quality opportunities for learning, skills development and training linked to the regeneration opportunities in the Borough	Implement plan to increase volume of apprenticeships in the priority sectors Q1: Public Sector/Logistics Q2: H&S care/retail Q3: Engineering/construction Q4: Evaluation report	Partnership Action plans developed and implemented, for education programmes linked to current and future employment opportunities, has resulted in increased volumes of apprenticeships in priority sectors

		3.15	Increase volume of L2 and L3 apprenticeships by targeting individuals and employers	Progress report	Support provided to local employers/young people enabled the employment of 135 apprentices
		3.16	Increase of level 2 and 3 apprenticeships by at least 20% year on year	Progress report	Validated data, published by National Statistical Data, is not available for 18 months after each quarter has closed. Using unvalidated data available for 14/15 and 13/14, the number of apprenticeships is forecast as a 24% decrease at Level 2 and a 2% decrease at Level 3
Strategic Aim 2		**Parental, Family and Community resilience - Priorities for 2014/2015**			
Objective 1		**Action**		**Measure**	**Comments**
4.1	Early Offer of Help	4.11	Receive report on progress of Early Help services improved outcomes	Progress report	Report submitted to CYPP Board 12.11.14
		4.12	Receive a report on progress and outcome benefits of the Troubled Families Programme	Annual report Additional 60 families	This has been received and the programme has now progressed to Phase 2
		4.13	Develop a revised EOH Strategy	Strategy	Report submitted to CYPP Board in October 2014
		4.14	Develop a MASH Strategy	Strategy	Report submitted to CYPP Board in October 2014
		4.15	Conduct a post implementation review of MASH and revised EOH provision	Review document	The draft report has been completed - awaiting final report to be submitted to CSC
		4.16	Work with the Police Commissioner's Office to review existing service provider to victims and multi-agency	Report	This is an ongoing piece of work which will be carry forward to the 15/16 plan

			early offer provision.		
Objective 2		**Action**		**Measure**	**Comments**
5.1	Mitigate the impact of child poverty	5.11	Working with partners develop an advice strategy that lessons the impact of welfare reform for those families and young people who are at a higher risk from the effects of poverty	Multi agency strategy	Children's JSNA produced and approved by the CPB. Within this document are recommendations for 2015/16 - all the public health programmes will be delivered to ensure that all children in Thurrock receive prevantive support and advice around their wellbeing. Parenting review completed workshop in January to agree next steps. From October 2015 Public Health will be responsible for Health Visitors and the commissioning of 0-5 services. Therefore delivery of the whole healthy child programme
		5.12	Receive reports on activities to support families accessing and understanding child care provision, promoting moving into work and sustainable employment	Multi agency reports	Carry forward to the 15/16 plan
		5.13	Increase parental employment and skills by providing access to adult training and skills development	Report on increasing adults with level 2 & 3 qualifications Target L2 74.1% L3 42.2% by October 2014	The partnership work undertaken with the Children Centres has enabled us to train 26 new volunteers, we have a strong programme and volunteers are encouraged to access other Thurrock training opportunities eg Safeguarding, the volunteers are currently undertaking a range of roles within the Children Centres and we are looking to expand the programme to enable more opportunities for skill development in September, recognising that for some volunteers this will provide a stepping stone into work

		5.14	Increase the take up of Working Tax Credits to 15.5% particularly targeting areas of the highest child poverty.	Progress report	This report is still pending
		5.15	ESF Families programme commenced and meeting targets	Report on achieving 200 families by September 2014	This report is still pending
5.2	Strengthen communities	5.21	Improve housing for families and for vulnerable young people and prevent homelessness - 200 new home by 2014/15	Progress report	This report is still pending
		5.22	Introduce social lettings agency by 2014/15	Progress report	This report is still pending
		5.23	Develop links with housing teams and ensure that information is included on Ask Thurrock and in locality information outreach offer.	Progress report	Strong partnership have been built with housing which has supported the recruitment of a number of apprentices across the council, we have also been working with external housing providers to support people back into work, one programme is around developing a programme to recruit childminders in areas where we have issues around numbers of places available - thus supporting working partners with childcare options and local residents to gain employment as childminders
		5.24	Implement a programme to increase the number of accredited landlords	Progress report	26 Thurrock Landlords have been accredited over the last year, enabling safer places for families and their children to live. To date there are a total of 166 Thurrock landlords accredited who manage a total of 429 rented properties
		5.25	Community hubs designed to build community	Evaluation /progress report	This has been completed and as a result a further Hub has been opened in Chadwell St Mary

			resilience - Evaluation of the Ockendon pathfinder and future roll out of additional community hubs		
		5.26	Implement a strategy to support challenge and change parenting in Thurrock	Strategy	EOH Strategy refreshed 2014-17. Commissioned/Targeted services in place. Monitoring and evaluation undertaken by the Commissioning Team
		5.27	Service delivery objectives agreed by partners and delivery commenced (5.26)	EOH Strategy	EOH Strategy refreshed 2014-17. Commissioned/Targeted services in place. Monitoring and evaluation undertaken by the Commissioning Team
		5.28	Locality integrated management arrangements in place and opportunities for joint planning and delivery identified and committed	EOH Strategy	EOH Strategy refreshed 2014-17. Commissioned/Targeted services in place. Monitoring and evaluation undertaken by the Commissioning Team
Strategic Aim 3		**Everyone Succeeding - Priorities for 2014/2015**			
Objective 1		**Action**		**Measure**	**Comments**
6.1	Promote the attainment and achievement of underachieving children	6.11	Report on the development and access of services for pupils with SEN / LDD to support the best possible academic achievement	Report & outcomes	This report is still pending
		6.12	Develop and improve Personal Education plan forms & systems during 2014	Report and outcomes	This report is still pending
Objective 2		**Action**		**Measure**	**Comments**

7.1	Promote and support inclusion	7.11	Provide update on embedding of the disability charter	Progress report	This report is still pending
		7.12	Children's Centres to ensure that the number of registrations by families with children with SEN and learning difficulties increases and is in line with local population data.	Progress report	CCS have targets to improve the number of registrations which have consistently improved across all centres in particular those with SEN and learning difficulties
		7.13	Develop the offer to all pupils accessing pupil support services to significantly improve the outcomes and life chances of pupils in short-stay provision	New models of alternative provisions and Pupil Referral Units	This report is still pending
		7.14	Implement improved processes for children with complex needs, disability and continuing health care needs	New system of Education Health and Care Assessment and Plans to be in place to support children and young people aged 0-25 incorporating changes to post 16 assessments	This report is still pending
7.2	Narrow health inequalities for children and young people	7.21	Vulnerable pregnant women are targeted to ensure they are supported and access rolling programme of ante-natal and post natal care	Progress report on the capacity planning programme	Review of all parenting services for families undertaken across partners in Thurrock, stakeholder workshop to feedback findings and a new preventative service from July 2015. Mothers consulted and surveys completed to support next steps
		7.22	Children in care access immunisation	Report on improved screening services	New preventative models from 1 April 2015, school nursing to promote the benefits of imms and screening.

			routinely and uptake is increased		Marketing campaign planned throughout the year. Need to ensure that children in care are monitored around preventative support in the future
Strategic Aim 4		**Protection when needed - Priorities for 2014/2015**			
Objective 1		**Action**		**Measure**	**Comments**
8.1	Provide outstanding services for children who have been or may be abused	8.11	Implementation of Multi Agency Safeguarding Hub (MASH)	Process in place	MASH implemented. Officially launched Sep 14
		8.12	Revised Threshold document produced by the LSCB	Revised document	This has now been completed and is on the Thurrock LSCB Website. This has also been circulated to all agencies. - 06.10.14
		8.13	Report from the Munro Principal Social Worker on progress of improving services for children	Annual Report	This report is still pending
		8.14	Undertake a gap analysis against Munro review recommendations & develop any relevant action plan	Annual Report	This report is still pending
		8.15	Quality Assurance of delivery through audit and performance monitoring	Annual Report	A QA process and Peer Review process is now in place
		8.16	Receive report on progress of action plan for continuous improvement of services to children with focus on Ofsted inspection process (CSC)	Report	Weekly meetings held and progress updated at each meeting

		8.17	Receive report on quality assurance audits of safeguarding to improve service provision to children including peer audits	Report and recommendations	A QA process and Peer Review process is now in place
		8.18	Receive report and recommendation from Essex Police CAIT on police response to safeguarding	Report	Due to changes within Police structure/personnel, this report is being deferred until the next financial year
		8.19	Receive report and outcomes' change process following quality assurance of childrens services	Report	Awaiting completion of objectives 8.15 and 8.17 - c/f to next financial year
		8.20	Parent Outreach Worker role to be evaluated to ensure that it supports families most in need of support	Report	POW Role evaluated, JD rewritten, caseloads assigned and impact measured through visit notes, Ofsted inspections and feedback from families and workers
		8.21	Residential visits process is reviewed to ensure it is best practice	Progress report	This report is still pending
		8.22	The EOH commissioned offer is integrated with other service delivery to provide an offer of support locally and this is monitored and evaluated	Progress report	Quarterly outputs and KPI outcomes are reported to the Commissioning Team. Formal review of service took place November 13 and February 14 and annually thereafter
Objective		**Action**		**Measure**	**Comments**

9.1	Provide outstanding services to the most vulnerable children and young people	9.11	Receive progress report on activity to reduce Violence against women and girls	Annual report	Refreshed Action Plan being undertaken and by the VAWG Governance Board and review will be undertaken as part of the 15/16 plan
		9.12	Receive a report from Disabled Children Team on activity and services provided to prevent children from being in care	Annual report	The short break statement was updated on the Thurrock website in Jan 15 and this provides information on all the short breaks available to disabled children and their families with either low needs to those with more complex disabilities and circumstances. The choice of short breaks supports families to continue their caring role and therefore reducing the number coming into care.
		9.13	Receive a report from BTUH on the progress made on paediatric services following 2013 review	Progress report	LSCB will be writing to BTUH requesting an update on the recent review that is being done and will include this as part of the request. This will be carried forward to 2015/16
		9.14	Receive a report on the development on integrating parent groups in decision making and outcomes for disabled children	Progress report	This report is still pending
		9.15	Report from Youth Offending Services showing progress since last year's inspection and outcome of the action plan	Report	This report has been completed and finalised

		9.16	Review and implement relevant recommendations from the children's commissioner report on CSE	Progress report	The Children's Commisioners Report recommendations are being looked at together with the recommendations from the Rotherham Report - this is being actively worked upon with some short, medium and long term actions
		9.17	Deliver the Walk on line roadshows (E-safety) to year 5	Programme	The Walk On Line Roadshows took place on 11 and 12 March 2015
		9.18	Expand the capacity of ISS (Intensive Supervision and Surveillance)	Progress report	This objective is no longer alive and valid
		9.19	Implement monitoring and review of SEN and Disability Strategy by the LSCB and Stay Safe Group	Report	This report is still pending
		9.20	Launch the integrated parents group (PEG)	Report	This report is still pending
		9.21	Children and families have access to a wide range of services through the locality teams as a part of their package of support	Report	Commissioned/Targeted Support Services in place and monitored by Commissing Team
		9.22	Re-commission short break services	Update report	This report is still pending
Objective 3		**Action**		**Measure**	**Comment**

10.1	Provide outstanding services for children in care and leaving care	10.11	Receive a performance report on indicators of outcomes progress to ensure care numbers are consistent with national comparators	Performance report	This is received by R Rowlands and is bought to the CYPP Full Board
		10.12	Report from LAC Manager setting out progress of service provision to aspire to grading of outstanding	Report	Fostering Report has been presented to the LSCB Management Exec
		10.13	Receive report and recommendations on quality assurance audits on service provision to children in care or leaving care	Report and recommendation	There is a programme of auditing in place which incorporations this with an established review process and is outcome based
		10.14	Produce a revised Adoption Development Plan	Progress report	This report is still pending
		10.15	Receive a report on the voice of child in improving and development care services	Report	This report is still pending

		10.16	Receive report on activity to ensure that LAC are achieving their academic potential to the level of their peers	Report	The full time Head of the Virtual School for Looked After Children and has made an excellent start to the role. Working closely with Social Care and Schools, systems are now in place to ensure that all LAC are tracked closely to chart their progress in schools. Currently the position is that KS2 pupils achieve at least in line with National whilst KS4 achieve below that of their peers Nationally. Education Plans are highlighting the need to ensure that any support programmes build in academic achievement as well as health, well-being and care. Meetings with schools take place at least twice a year to monitor progress against PEPs and to ensure that any slippage in pupil attainment is supported by an appropriate intervention programme and use of the Pupil Premium Funding if applicable.
		10.17	Report on the review and recommendations of the current placement strategy to ensure best value and good outcomes for children.	Report	A new placement panel process is in place and overseen by Head of CATO

Progress and what has been achieved so far

Education and Attainment

Identification of under-performance in Thurrock is complex, largely because of the accelerated improvement in schools locally. The areas in Thurrock with the highest levels of child poverty also experience the lowest educational attainment and have more people in poor health or with disabilities which prevent them from working; higher proportions of workless families and higher numbers of adults with poor basic skills or who lack qualifications.

The proportion of young people aged 16-19 who are NEET has decreased in recent years to 5.4% and is now similar to the regional and national average. Thurrock is the only local authority in the country to have no 'unknown' young people in this category.

Officers working to reduce NEET regularly consult with young people to identify the opportunities they would like to access and plan these against sector skills shortages to support improved engagement

Services to reduce the % of 16-19 year olds not in education, employment or training (NEET) have provided opportunities linked to sector based training and apprenticeships in line with the job opportunities created through local regeneration. Our NEET rates have continue to fall and are now below our previous rate of 5.7%.

The strategy for Thurrock is to ensure that the position of every young person is known (where Thurrock has the strongest performance nationally) and to ensure that the most vulnerable young people have effective pathways from 14 to 19+against a national backdrop of increasing unemployment levels for young people.

NEET Care leavers - For 2013/14 35% of care leavers were EET. The EET rate has increased for 2014/15 but the council has set the stretch target of 70% EET for 2015-16 to drive continuous improvement.

KS2 performance

Pupils achieving level 4 or above in reading, writing and maths

- This is the national benchmarked standard at the end of primary education and Thurrock achieved 77% compared to 79% nationally. This is an increase of 5% from 72% the previous year and continues to narrow the gap on the national average.

Pupils achieving level 4 or above in reading

- 87% of Thurrock pupils achieved a level 4+ in reading in 2014 compared to 89% nationally. Overall performance in Thurrock rose by 3% on 2013 with boys improving by 2% and girls by 3%. This continues to be a priority area for school improvement. Pupils making the target of 2 levels of progress between KS1 and

KS2 in reading rose to 91% putting Thurrock in line with the national average of 91%.

Pupils achieving level 4 or above in writing

- Thurrock improved its performance in this indicator by 3% to 85% - 1% behind the national performance. Pupils making the target of 2 levels progress between KS1 and KS2 in writing rose by 3% to 95% which puts Thurrock 2% above the national average.

Pupils achieving level 4 or above in maths

- Thurrock's performance rose to 85% which is 1% behind the national average. Pupils making the target of 2 levels of progress between KS1 and KS2 in maths rose by 3% to 90%, which is now in line with the national average, with an increase of 10% since 2011.

% of schools below KS2 floor standard

- 6% of schools were below the standard in 2014 (2 schools)

Narrowing the gap

Pupils eligible for FSM in Thurrock have seen a rise in performance of 3% to 62%. Non FSM pupils saw a higher 5% rise to 80%, 2% below the national average of 82%. The FSM/non-FSM gap increased to 18% which is in line with the equivalent gap nationally.

SEN statemented pupils have seen a drop in performance of 5% to 13% which is 2% below than the national average of 15%. Non SEN pupils saw performance increase to 89%, 1% below the national average. The estimated SEN/non-SEN gap of 54% is slightly higher than the national average of 52%.

KS 4 performance

5+ GCSEs A*-C including English and Maths

- Performance on the key measure of 5+ GCSEs A*-C including English and Maths dropped to 57.4%. This was mainly due to changes in calculations for this indicator introduced by the government. National performance dropped more than Thurrock to 56.1% ranking Thurrock 59th out of 151 authorities. Thurrock has risen above national (56.1%) and SNN (54.6%) averages in 2013/14.

- Boys have increased the gap with national in 2014 and are now 0.7% ahead of national performance – 51.7% compared to 51%
- Performance for girls improved to 63.1% where nationally performance dropped significantly. This is now 1.8% above the national average (61.3%)

5+ GCSEs A*-G including English and Maths

- 91.5% of pupils achieved 5+ A*-G including English and maths which is 0.5% above the national average. This places Thurrock in the 2nd quartile nationally (ranked 66/151 authorities).

KS2 to KS4 progress in English

- 72.2% of pupils made the target of 2 levels of progress between KS2 and KS4 in English, an decrease of 1.3% since 2013 and 0.1% below the national performance of 72.3%

KS2 to KS4 progress in Maths

- 73.9% of pupils made the target of 2 levels of progress between KS2 and KS4 in maths, an fall of 1.1% since 2013, though significantly above the national performance of 66.5% and above all statistical neighbours

% of schools below GCSE floor standard

- 1 school fell below the floor standard in 2014

Narrowing the gap

Pupils eligible for FSM in Thurrock have maintained performance in 2014 at 31% compared to national levels which dropped by 4.4%. Performance for FSM pupils in Thurrock was high in 2012 so this decrease has resulted in a gap with national of 2.7%. Pupils not eligible for FSM dropped in 2014 which was less than the national drop with Thurrock now 1.6% above national

SEN pupils have seen a drop in performance of 3.5% to 17.5%. This increases the gap to national to 3%. Non SEN pupils saw a 0.7% drop in performance to 68.5%, which is now 2.8% above the national average of 65.7%

Level 2 and 3 at 19

The recently released data from the Department for Education indicates that for 2013/14, Thurrock has exceeded the national average for the rate of young people achieving at least a level 2 qualification by age 19 – 88% compared to 85.6% a rise of 0.7% coming on top of a 5% rise the previous year. This is an excellent outcome.

Building on the improvement for Level 2 at 19, the percentage achieving the measure of Level 3 at 19 has increased from 52.8% in 2012/13 to 53.2% in 2013/14. The gap between the national figure and Thurrock's has increased slightly from 3.5% to 3.7%.

Overall levels of deprivation in Thurrock are consistent with the national average however, Thurrock experiences significant pockets of deprivation and inequality, with several areas falling within the 20% most deprived areas in England. Just over one in five children in Thurrock is growing up in poverty (22%) – which is more acute than the national rate (21.1%). However, this masks the concentration of child poverty in the most deprived areas of Thurrock. Over half of children living in poverty are in the six most deprived wards. The gap between the highest and lowest areas of deprivation in respect of child poverty is wide. For example, in Tilbury 55% of children are living in poverty, 25 times the level of child poverty in the least deprived ward of Corringham and Fobbing.

Young people with special educational needs are well represented as part of our transition working group and have made a major contribution to this work, including the development of Person Centred Planning. Thurrock's work in this area has been acknowledged nationally as an example of good practice.

Partner agencies are focused on preventing Serious Youth Violence and associated sexual violence and abuse; drawing on national models such as the work undertaken by MsUnderstood. A new Serious Youth Violence strategy and is being implemented in partnership between Essex and Kent police.

Children's Services and its partners continue to respond positively to new challenges around radicalisation and the promotion of social cohesion. Partners agencies, schools and departments across the council are working together to promote social cohesion, tackle anti-social behaviour and promote a positive living environment for all our residents. Prevent champions have been identified and training provided to raise awareness amongst frontline staff.

Outstanding Universal Services

MASH

Establishment of MASH in July 2014.

Independent evaluation undertaken during March 2015 of progress and benefits of the MASH and the report is due to be published soon .

The MASH is expanding its role to include the piloting of a First Response Team drawing on Cambridgeshire's model and to increase capacity to focus cases appropriately towards early intervention where this is appropriate to the levels of need and risk.

Troubled Families

The Payment By Results (PBR) data shows that Thurrock have successfully 'turned around' over 100% of families within Phase 1 of the Troubled Families Programme.

We believe the 'Triad' provides us with a solid base for entering Phase 2 of the Troubled Families Programme.

We are very proud of our Troubled Families Programme and unique Thurrock strengths, which include:

- Dedication to working with and helping improve the lives of the people living within Thurrock. A team that are prepared to work and deliver support services in flexible ways to ensure the best outcomes for the Troubled Families e.g. one Parental Outreach Worker is currently taking a number of previously withdrawn young people out doing "Positive Activities" (Football/Basketball/Tennis, etc.) in local parks. Some of these young people were so withdrawn they had seldom ventured out of the family home or to school in over a year. This has also allowed other services to engage them such as Thurrock Therapeutic Treatment Services.

- A strong belief in the ideals of the Troubled Families programme - use of the Team Around the Family model which emphasises and encourages participation; is action orientated and supported by a SMART outcomes framework.

- A full engagement plan for schools, with frequent visits to ensure the Troubled Families agenda is fully embedded within participating local schools.

- Development of co-located Thurrock Housing Department, TF Champions

- A strong Multi-Agency Partnership Board

Support Processes

Thurrock Children's Service has been undertaking an ongoing process of self-assessment and evaluation. This has included direct consultation with service users; staff and key partners. Task and Finish groups have been established to look at specific areas, develop and implement improvements. A series of thematic audits, single agency & multi-agency case audits and surveys have been undertaken. The Lead Member & members have been actively involved in reviewing the service and driving improvements. The Lead Member has met directly with staff and observed practice. Self-assessment findings have been disseminated for comment and challenge across Children's Services.

The VAWG strategy continues to be refreshed and learning incorporated from a local and national prospective. Close working relationship are being forged with the South Essex Rape and Incest Crisis Centre to support victims of sexual abuse and sexual exploitation.

The key public health priorities for children are captured in our Health and Well Being Plan and include (delivery of the Health Child Programme, reducing exposure to second-hand smoke and uptake of smoking by young people and reduction in childhood obesity, ante-natal and newborn screening, initiation and duration of breastfeeding, and childhood immunisation).

Thurrock's has a comprehensive and continually updated JSNA. The JSNA is driving sufficiency and commissioning strategies across Children's Services and key partners.

We have strived to continue to build on and improve the leadership, management and capacity for continuous improvement of the service.

Children's Services is led by a group of highly experienced and able managers / leaders.

A new permanent Head of Children's Social Care started in October 2014.

Children's Services across the Partnership benefits from strong performance information, which it uses to drive strategic plans. The council continues to benefit from a range of Quality Assurance mechanisms, such as:

1. Daily Performance data and monthly reports available via the 'Tree' (online performance dashboard / reporting system).
2. Corporate Scorecard and performance reporting to Directors Board.
3. Case file audit & planned program of 'Peer Reviews'.

4. LSCB Performance Review Panel
5. Threshold to Care Plan
6. Children Looked After, CIN and Child Protection Surgeries
7. IRO escalation system
8. Notification to Head of Service and DCS re: missing children.

The LSCB and Sub Groups (Management Executive, the Performance sub-group and the Audit sub-group & Serious Case Review) continue to challenge themselves regarding effectiveness and how their boards activities have made genuine differences to the lives of children and young people.

A new challenge panel has been introduced to further scrutinise the performance of individual agencies.

SEND services have been increasingly co-produced, empowering parents and service users.

Parents are included in Children's Centre Advisory Boards across Thurrock supporting planning and evaluation of services. In addition, parental evaluation of services and the impact of these is used to plan additional support and ensure value for money is achieved.

Within the Children's Centres, parents are included on the Advisory Boards adding significant value to the planning process.

During 2014/15 consultation has led to:

- Parent led fund raising re: summer activity schemes.
- Child led tracking and prioritisation of Council Pledges for looked after children.
- Co-production of Education, Health, Care Plans.
- Revision of complaints guidance.
- Sending YOS appointments & reminders by text as requested by service users.
- Regular written feedback to parents at Sunshine Centre in formats requested by parents.
- Development of new Pathway Plan with CiCC.

- Information sharing with parents and carers via Facebook and Twitter.

- Development of Life Story & Direct Work policy with CICC.

Highly effective YOS and partnership intervention ensures a low rate of re-offending at 27%; a 157 per 100,000 rate of new entrance and a very low rate of CLA offending at 1.5%.

Specialist Service for substance misuse are provided by Wize-up and the main presenting substance amongst young people remains cannabis.

A smoking cessation programme is being offered by public health given the rising trend in young people smoking.

Child Sexual Exploitation (CSE)

Children's Social Care have identified 30 cases of suspected CSE and 10 cases where on 'the balance of probability' we consider to be cases of actual CSE. 4 of the 10 are boys and 6 are girls. No prosecutions have taken place in relation to these 10 cases as the judgement is based on the balance of probability.

However between 2012 and 2014 we have had the following police & multi-agency operations:

Operation Bracken: led to a criminal prosecution of 1 man. There were 11 identified female victims the youngest being 11 years old.

Operation Steelband: in related to 3 girls (1 care leaver, 1 looked after & 1 on a CP plan) - centred around a pizza parlour. The operation did not lead to any prosecution but disrupted the activity and risk at this location.

Operation Praline: was a large scale joint police and social care investigation which involved a number of other authorities and police forces. There were no prosecutions but safeguarding measures were put in place for all children at risk of CSE.

Responses to the Jay Report and CSE Action plan were presented to the Children's Overview and Scrutiny committee in November 2014. An update on the plan was presented to the Overview and Scrutiny committee in March 2015.

A new Thurrock CSE Strategy has been developed and was introduced in January 2015 and a copy is available on the LSCB website.

The strategy aims to build on current learning and best practice including the Ofsted Thematic Review Findings: The sexual exploitation of children: it couldn't happen here, could it?

A CSE risk assessment is in use across the Partnership and all cases where a medium to high risk of CSE is identified are referred to the LSCB Risk Assessment Group (RAG) and Police Child Sexual Exploitation Triage Team (CSETT).

All Partners are required to undertake on-line CSE Awareness training and this training is on offer to schools and partner agencies.

A CSE Consultant and CSE Social Worker have been recruited to assist in co-ordinating and developing our approaches to CSE across Children's Social Care, Children's Services and the Council.

CSE Champions have been introduced and trained across Children's Services and some partner agencies (in particular schools).

The Partnership has supported the LSCB who have continued to provide a series of "Roadshows" in partnership with Essex Police, reaching an audience of almost 6,000 students aged 7-11 across the Borough giving clear messages about the dangers of the on-line world. The roadshows have been well received and have generated further debate within the community, following some of the findings generated by a questionnaire completed by the students about their on-line habits.

Thurrock has introduced the LSCB Risk Assessment Group to holistically consider and review a range of risks, including missing and CSE.

The Risk Assessment Group feeds up into the LSCB Multi-Agency Sexual Exploitation panel (MASE), which provides strategic leadership and challenge re: CSE.

In partnership with Southend, Essex and Essex Police we are undertaking a review of all current cases and cases going back 5 years where a potential risk of CSE has been identified, to ensure that children and young people are safe; that processes were appropriately followed and that learning is captured to improve practice.

Youth Cabinet & Young People

The Youth Cabinet play an important role in debating current issues and plans and are routinely invited to take part in consultations. The Youth Cabinet provides views and comments on a variety of consultations and they have led a consultation with young people on the activities they would like to see in their local areas. This information is used to plan and shape service delivery.

Members of the Youth cabinet have been identified as Safeguarding champions and are appropriately leading on promoting the protection of young people, increasing awareness of risk and services.

Locally, youth workers work closely with young people to encourage volunteering and participation in activities and through the Princes Trust Programme and Duke of Edinburgh schemes, young people are able to support local community initiatives and understand the impact of their volunteering.

The Children in Care Council (CICC) is externally facilitated by a local voluntary organisation, which ensures independence and meets on a monthly basis. Both the Chair person and the facilitator attend the Corporate Parent committee. The CICC have been involved in developing the department's online safety programme; reviewing the Pledge; Developing a new Pathway plan; reviewing the complaints procedure and developing a new entering care pack to be launched in 2015/16/.

Early Years

Thurrock's overall position in relation to the two-year-old entitlement for free early year's education and childcare has increased from 64% of our eligible families taking up the entitlement to 80%.

By definition of the entitlement all children are disadvantaged (i.e. children living in workless and low-income households), with the additional local criteria, i.e. of providing early year's education and childcare to children on a child protection plan, Common Assessment Framework plan and to those children looked after, we can be sure that we are reaching some of our most vulnerable families within Thurrock and therefore contributing to the reduction of inequalities between these children and the rest through participation of quality assured childcare provision (i.e. Ofsted 'Outstanding or 'Good').

Access to a range of services is provided through Children's Centres with a clear focus on core purpose outcomes – Child Development & School Readiness, Child and Family Health and Life chances, Parenting Aspirations and Parenting Skills. Activities within centres are Age Appropriate and significant progress has been made to ensure that groups are meeting the identified needs and outcomes

related to children's developmental stages through newly established session planning and evaluation processes.

Other early years' provision is available in centres in all localities, with close working relationships including development of challenging Advisory Boards that hold centres to account to ensure that services are meeting local need and are evidencing impact and outcome. In addition, partnership delivery and working includes midwifery teams and health visiting teams, all of whom work together to ensure that families have access to a wide range of child and family health support.

The majority (around 90%) of new parents attend Baby Weighing facilities in centre, as well as a consistent access to support on attachment and Post Natal Depression through smaller Health delivered group work. This is a 'wrap around approach' from the ante-natal stage through to the first years of the child's life including the one and two year old assessments and close working to support individual families who are in 'crisis' and are supported through the Common Assessment Framework process.

Children in Thurrock have average levels of obesity. The most recent National Childhood Measurement Programme data 2012/13 shows Thurrock to have an obesity prevalence in Reception-aged children of 9.6%, which is significantly higher than the East of England average (8.1%), and is above the England average of 9.3%. In Year 6 children the prevalence is 19.8%, which is more than double the prevalence in Reception.

Targeted public health programmes across Thurrock (in health, early years, schools, children's centres, leisure centres and community settings) continued to provide integrated support and packages to promote healthy lifestyles and tackle childhood obesity (and across the life-cycle).

Attainment at the end of reception in 2014:

- 66% of children gained a Good Level of Development which was above the National average of 60%
- 65% of children gained at least the expected level in all Early Learning Goals which was above the National average of 58%
- The average points score for all children was 33.7 with the National score being 33.8

The % inequality gap in achieving all the Early Learning Goals was 28.8% which is better than the National score of 33.9

Early Offer of Help

Our Early Offer of Help puts the ethos of Early Intervention at the heart of delivery across children's services and a range of agencies. Through this we are transforming our systems, including children's centre delivery to support those most in need at an earlier stage.

Our approach is one of a multi-agency partnership, working to collectively provide a team around the family approach utilising evidence based primary prevention programmes such as Family Nurse Partnerships (FNP) and the Maternal and Early Childhood Sustained Home Visiting Programme (MESCH). Aligning these programmes with wider services, such as the Healthy Child Programme and access to early education for two, three and four year olds mean that we can offer a structured programme of support.

This 'wrap around approach' embeds the team around the family approach in universal services but with structured links to targeted early support when it is needed. Community based services such as Community mums and dads add to our support pathways that are made up of both statutory and community based services.

The structure that underpins the Early Offer of Help is in place across the 9 children centres. The service to support the EOH is equitable but differentiated to serve the local communities and ensure the desired outcomes.

Our current Early Offer of Help Strategy brings together a needs led evidence based approach at an appropriate level, to prevent needs escalating but also to offer a step down approach that prevents re- referral. We have secured multi agency commitment and funding to build on current good practice and maximise investment in a local offer that includes targeted programmes such as FNP and MESCH. Community engagement is at the heart of our developments in Thurrock.

Our current strategy is built on a detailed needs assessment and has developed an ethos of Early Intervention at its heart. By using a needs led approach we have been able identify where there is a correlation of risk factors and plan services to reduce overlaps and gaps between services and agencies to:

- Identify needs earlier, especially for those at the edge of statutory intervention
- Support a coordinated package of support for children and their families
- Reduce the number of cases that escalate to require statutory intervention
- Provide a fully supported de-escalation process supported by universal services

By developing the ethos of Early Intervention we have integrated the work across a range of initiatives including Child Poverty reduction, Troubled Families, Children's Centres and Health Visiting reforms.

Safeguarding the children and young people of Thurrock

Thurrock continues to apply its thresholds rigorously but the focus has been shifted to ensure that thresholds are not a barrier to needs but a phased continuum to address needs. On-going training is being developed and provided across the partnership to ensure that thresholds are clearly understood and consistently applied to promote positive outcomes.

100% of new referrals in Thurrock have a management decision within 24 hours as to whether further intervention is required.

Compliance with timescales is historically strong and continues to be so despite a slight dip as reflected in the Eastern region bench marking data.

The rate of children subject to child protection plans is high; Thurrock, 75 per 10,000, the same as in 2013/14. During the course of the year the number of children subject to CP Plans did decrease to 167 but has steadily increased.

This increase needs to be considered however against the duration of children subject to a plan. This has significantly decreased to a point where only 2 children on 31.3.15 were subject to a plan for more than 3 years. These 2 children are in proceedings and due to come of plans shortly. Also on 31.3.15, no children were subject to a plan for between 2-3 years. The majority of plans are new or between 1-2 years. The department continue to review all plans between 1-2 years to ensure that the plan is addressing the risk and meeting the needs of the child or step the plan up or down as appropriate.

The majority of children subject to plans remain in relation to neglect with very low rates of physical and sexually abuse. The department continue to review categories of abuse to ensure that these are being effectively applied and that staff are able to identify, assess and name sexual abuse.

Children in Care

There were 277 looked after children in Thurrock as of 31.3.15 (291 in the last self-assessment) 70 per 10,000. If unaccompanied asylum seeking children excluded from the Children looked after count the number of CLA drops to 248 and approximately 63 per 10,000. Thurrock has historically had higher per 10,000 rates of children looked after than the national and regional average.
The threshold to care panel is being used to ensure that only those children who need to be looked after are and increase the number of children (and in particular teenagers) who can successfully be supported within their families.

Thurrock continues to purchases placements outside the area for unaccompanied Asylum Seeking Children in order to ensure good matching with their carers, and easier access to communities of origin, which helps to build bonding capital for children who have often been deeply traumatised.
We always attempt to arrange for children to be cared for by their own relatives. We have strong systems to assess the suitability of family members and our SGO figures show that we have successfully accomplished exits from care by supporting relative carers' applications.

The majority of LAC children are fostered, only 10%of children are in residential placements. The capacity of the in-house fostering service continues to be stretched particularly in relation to placements for adolescents, large sibling groups and children with complex needs. Thurrock has a Specialist Therapeutic Fostering Team accommodating young people who would otherwise require residential or even hospital settings. These carers receive multi-disciplinary support and their training is accredited by the University of Essex. All carer training is led by a specialist post holder who works exclusively on this.

Over 70% of Thurrock's looked after children are placed within 20 miles of Thurrock.

Only minimal numbers of children are placed at home and we work to ensure that this is only very temporary and a route to leaving the care system.

The placement stability for 3+ moves is good and below known national averages – Thurrock %3 + moves percentage rate for 2014/15 is 9 for 31.3.15. The 3+ percentage rate for 2012 was 9, 2013 was 14 and 2014 was 8.

Educational outcomes for children in care are a priority and concern remains that at GCSE only 9% of children received 5 GCSE – A*-C including maths and English. This compare favourably to the England average of 12%.

Detailed tracking and intervention is in place within the virtual school to track the educational outcomes of children looked after at every stage and increase attainment across the key stages.

86% of CLA (903 cohort) are recorded as having an up to date review health assessment, this is the same as 2013/14. Dental Assessments and Developmental check completed have both increased to above 90%.

Adoption and permanency

The average duration for care proceedings during Q3 reached 21 weeks and overall for 2014/15 we have achieved and average of 28 weeks. This is a significant reduction from previous years where the average has been up to 40 weeks and over.

We proactively advertise children for adoption; have sought to make links through the consortium and made use of 'Exchange Days'. Given the disbandment of the consortium we are seeking to strengthen our links with the voluntary sector.

We have not had cause to use 'Activity Days' as of yet but will do so in keeping with the needs of the child / children.

A group for adopted teenagers (children who were adopted and are now teenagers) is being run by the Adoption Team and is aiding to support young people at a point that many families can experience increased stress and strains (particular to having formed a family through adoption).

Care leavers

Care Leavers are consulted during the pathway planning process. Discussion is encouraged with the young person about how to keep themselves safe and what support is available if they have any concerns about their own safety or their peers. It is recognised that young people are not moving to a stage of independence but a new stage of inter-dependence. Young people are made aware of the risks associated with such factors such as drugs, alcohol and sexual health during the on-going discussion about their health and safety. If there are issues with any aspect of their accommodation or health or safety, plans are put in place to manage the risks.

For young people preparing to leave care and care leavers (eligible, relevant and former relevant) **some of our areas of strength are**:

- Where appropriate young people are encouraged and supported in delaying their move to independent accommodation under 'Staying Put' in order to better manage their preparation, address risk factors and maintain positive attachments.

- Advocacy and support is available to young people via Open Door to raise any complaints and ensure that their voice is heard within the planning and management of any risk.

- Effective working relationships are in place between the YOS, CRC & Probation Service to ensure effective transitions for young people and care leavers known to the service.

- Comprehensive sexual health advice is able through universal services and targeted advice is available through the Children Looked Nurse and Sexual Health Advisor.

- Partnership working with Thurrock Housing and avoidance of tenancy disruption.

- Life-long Planning (transitions) for children with disabilities.

- Achievement Awards for CLA & Care Leavers

Thurrock Children & Young People Partnership

Foreword

Welcome to Thurrock's Children and Young People Plan

The Children and Young People Plan (CYPP) is the overarching strategy for Thurrock's Children and Young People Partnership, setting the direction and priorities for services for children, young people and families over the next year. The plan sets out what all services need to do, universal, targeted and specialist, to improve outcomes for our children, with a emphasis on what more can be done to assist the most vulnerable and most excluded.

This is the third year of our current three year strategic plan during which we have had visible success in bringing together a wide range of organisations working with children and young people, to improve outcomes. We should be enormously proud of what we have achieved so far.

There is more to do, because all Thurrock's children and young people deserve the best. We also know that we can achieve more together, so we remain committed to joint working through the CYPP.

Our Plan gives us the opportunity to focus on what works well locally; and this Plan provides the strategic framework for all those working with children and young people in the Borough.

This CYPP Plan will be implemented at a time of continuing change for us all. The backdrop of significant reductions in resources makes it imperative that we work together to do things in the most effective way. Our collective strength places us in a good position to respond to these challenges, and the concept of accountability based on outcomes is as important as ever.

The focus of this Plan is on early help for children, young people and families, combined with high-quality, more specialist services targeted to those who need them most in order to narrow the gap in outcomes.

Thank you for your continued commitment and support for improving outcomes for our children and young people. We look forward to continuing to work with you in making this new Plan a reality and making Thurrock a place where children enjoy a good childhood.

Carmel Littleton

Chair

Thurrock Children and Young People Partnership

Director of Children's Services

Introduction

The 2015/16 Children and Young People Plan (CYPP) is the overarching strategy, which represents all those working for, and with, children, young people and their families. It reflects a shared commitment to improving the lives of all children and young people in Thurrock, enabling every child and young person to be talented and successful, making Thurrock an even better place in which to enjoy childhood.

This strategic document cannot, and does not, refer to everything we all do for all children. It sets a framework for what we must do together.

The CYPP is relevant to all services, universal, targeted and specialist, but its emphasis must be how we collectively ensure that every child in Thurrock, regardless of their circumstances, has access to the best services and outcomes.

Most of our children and young people achieve good outcomes and go on to lead successful lives as adults, but there are some who do not. In particular, children from poorer backgrounds often do not achieve the success of others. We need to be focused and innovative to make sure that we help – and challenge – them to achieve more.

The Plan is not prescriptive and does not seek to capture every service or initiative. Instead, it provides a strategic framework for local activity, setting out a shared sense of purpose and direction. Our operational groups will use this strategic direction to inform the operational activity. It is within these groups that the more detailed action plans are implemented reporting their outcomes to the Board providing an impact and outcome framework to measure our collective success.

The focus of this Plan is on early help: working together to identify when a child or family need support and helping them to access that support before their difficulties become so great that specialist services are required. This means doing what works best in each community, children's centre and school, and adopting a "can do" attitude. We need to use our collective resource wisely and make a much needed difference to children's lives.

Alan Cotgrove

Children Partnership Manager

What is the plan?

Our plan builds on three key drivers in Thurrock.

The Thurrock Community Strategy aim

"Create a great place for learning and opportunity"

The Health & Well Being Board Strategy

"Resourceful and resilient people in resourceful and resilient communities"

"Every child has the best possible start in life"

There are four key Aims to this Partnership Plan:

1. **Outstanding Universal Services and Outcomes**
2. **Parental, Family and Community Resilience**
3. **Everyone Succeeding**
4. **Protection When Needed**

Our aims establish the overarching outcomes for delivery of each of our key areas, providing the framework for monitoring success. It sets out the Partnerships shared vision and priorities which then translates the priorities into a summary of activities for delivering the Plan.

For our plan to be a success requires integrated working and informs the priorities of our partners in their single and joint partnership roles to ensure that activities are targeted to those groups and areas in greatest need.

In support of our understanding of need the Partnership has taken account of the recently refreshed Joint Strategic Needs Assessment.

The Joint Strategic Needs Assessment 2015 represents a major review of the health and well-being needs of local people and has been used to inform and support our priorities over the coming year.

Achievements so far

This is our final year of our current three year plan. We have made significant progress against the priorities we set out to achieve in 2013 including:

- strengthening the Children's Partnership arrangements
- developing children's centres across the Borough, providing support for the most vulnerable or disadvantaged families, including those in poverty
- improving levels of health assessments and checks for children in care
- providing parent/carer support programmes that have a strong track record of success
- commissioning a refreshed Child and Adolescent Mental Health Services (CAMHS), promoting equal access to services across the county of Essex.
- year on year improvements in key national tests for school pupils
- increasing proportions of *good* and *outstanding* schools inspected by Ofsted
- reducing persistent absence among secondary school pupils
- implementing the Multi Agency Safeguarding Hub (MASH), strengthening safeguarding arrangements, with the introduction of a single pathway for all safeguarding services
- excellent low rates of first-time young offenders and re-offending
- refresh of the joint strategic needs assessment

Priorities

Our priorities recognise that the childhood years (beginning with conception and pregnancy) are fundamentally important in shaping adult life chances and opportunities. We have achieved much since the establishment of the Partnership; in safeguarding, in educational attainment and in the wider achievements of children and their communities. Despite budget challenges, we move forward from a position of strength. We will maintain what is already excellent, while at the same time, tackling the difficult challenges presented by disadvantage and poverty with more vigour.

All four aims are underpinned by a shared commitment to removing barriers to access, participation and achievement, and not tolerating discrimination and abuse.

The Partnership's focus is on improving outcomes for all, reducing inequalities and narrowing the gap between those who are vulnerable or disadvantaged and their peers.

The Partnership embraces a "can do" philosophy. We want all our children and young people to do well and, within the resources we have available to us, we will search for those strategies and activities that make sure that they do. If what we are doing fails to make the difference, we will try something else with the use of developing evidence.

This is as true in educational settings as within communities. We are ambitious for our children and young people; we challenge expectations where they are too low and we support them all to succeed.

Our Challenges

Over the last three years, there have been significant changes affecting the Children Partnership, particularly the evolving national frameworks for Schools, Children's Social Care and Public Health. At the same time, we have needed to respond to reduced budgets and increased demand for some services. The Children's Partnership has a key role in translating national policy into effective local practice and ensuring that, through strong partnership working, we make the most of available resources.

Our Governance arrangements

The Children's Partnership has an established Governance Framework and Terms of Reference, which provides a clear structure and set of accountabilities to support partnership working.

Children's Partnership Full Board

The Board is made up of the Executive Members of our partner organisations. They include representation from the chairs of our partner groups and are responsible for overseeing the impact and outcomes of progress against the CYPP plan.

As part of this process, the Board will:

- Ask partners to provide relevant information on progress made in implementing their local delivery plans
- Review priorities and targets and progress towards them and identify risks and issues in the delivery of the CYPP
- Interrogate performance indicator data, where appropriate
- Recommend strategic actions, where targets are not being met.

Receive through a rolling Performance Management Programme, outcome and impact reports of progress against local delivery plans, from partners and CYPP groups established to inform the Board of reporting against the CYPP plan.

Supporting a diverse and experienced workforce

The strength and quality of services for children and young people in Thurrock lies in the confident, motivated and diverse range of professionals that make up our workforce. Whether paid employees or volunteers, working for public, private or voluntary organisations, we all have distinctive specialist skills, with a shared commitment to improving outcomes for children and young people. In working together, we can find local solutions that best meet needs, and can build capacity by sharing knowledge and driving improvement; essential if *early help* services are to be effective.

The CYPP and Local Safeguarding Children Board will continue to create opportunities for joint training, continuous professional development and learning from each other. Furthermore, as individual organisations forming the CYPP, we remain committed to investing in our own workforce and building a culture of support and continuous learning for staff.

Our 2015/16 Plan

Section 1 – Outstanding Universal Services and Outcomes

Priority	
1.1	Raise attainment at the end of all key stages with a particular focus on early Years, Foundation stage, Key Stage One and Key Stage Two
1.2	Promote and improve the health & wellbeing of children and young people.
1.3	Ensure progression to higher level qualifications and employment.
1.4	Promoting vocational, leisure and recreational activities that provide opportunities for children and young people to experience success and make a positive contribution.

1.1 Raise attainment at the end of all key stages with a particular focus on early Years, Foundation stage, Key Stage One and Key Stage Two

The Partnership believes that regardless of individual governance arrangements, all schools and academies have a key role to play in improving outcomes for children and young people, as established by the *duty to co-operate*. The trend towards increasing freedom and responsibility for all schools is also balanced by a requirement for the Local Authority to *champion* the interests of children and families, including securing a sufficient supply of school places, tackling underperformance and ensuring high standards, and supporting vulnerable children. Working together remains the best mechanism for delivering these three key objectives.

Key activity areas:

- Developing a coherent system for promoting educational excellence for all children and young people, and being intolerant of underperformance
- Providing opportunities for children to learn how to play a musical instrument within their school setting
- Supporting early education and childcare settings to implement changes to the Early Years Foundation Stage
- Enhance early language development, literacy and social skills so that young children are ready for school
- Understanding and implementing changes to the National Curriculum
- Strengthening teacher subject knowledge and expertise, especially in the core subjects of English and Mathematics
- Developing whole system and specific school solutions to improve the attendance and attainment of children in care
- Reducing persistent absence and fixed-term exclusions
- Working together to support young people to remain in education, in line with increases in the participation age.

1.2. Promote and improve the health & wellbeing of children and young people.

Health inequalities experienced in childhood can have a lasting impact throughout life, so we will work together to promote and support healthy lifestyles from an early stage. Giving children the best start in life begins with promoting health and well-being in pregnancy and childhood, and ensuring that universal healthcare services are available for all children and families.

National Health Service and Public Health professionals will work in partnership with children's centres and schools to identify those who need extra support, or treatment, and help them to access services. We will strive to integrate services and plan care jointly wherever possible, for

example for disabled children and their families.

National reforms to health and social care have changed the way public health services are delivered.

In part, this means that the Partnership will work closely with the Health and Well-Being Board and Clinical Commissioning Groups to champion the needs of children, young people and families. This includes ensuring that the priorities of this Plan and the new Joint Adult and Children's Health and Well-Being Strategy are aligned, with partners working together to secure consistent access to high-quality health services across the Borough.

Key activity areas:

- Ensuring that the best universal services are available for all children and families
- Supporting parents/carers through universal, high-quality maternity care from early pregnancy, with targeted interventions for vulnerable women and families
- Offering preventative care through the Healthy Child Programme (0–19 years), including: health visitors, school nurses, promoting breastfeeding, and immunisations for children
- Providing information, advice and support to enable parents/carers, children and young people to make healthy choices, eg: healthy eating, being smoke free and increasing physical activity
- Implementing the Healthy Weight Strategy for children and families
- Developing and implementing a children and young people's care pathway for substance misuse
- Ensuring that the newly commissioned integrated sexual health services are easily accessible
- Reducing teenage conceptions and delivering a targeted approach to improving outcomes for the most vulnerable first-time teenage mothers
- Improving access to specialist advice for universal services, in order to improve support for children and young people's emotional health and well-being
- Building resilience and personal confidence for children and young people, promoting rights, respect and responsibilities
- Supporting schools to develop spiritual, social and cultural work in line with the new Ofsted framework.

1.3 Ensure progression to higher level qualifications and employment.

Achievement at school is a key determinant of future life chances. We share a responsibility to unlock the potential of every child, giving them the best possible start. Overall, Thurrock's children and young people perform well in key assessments and exams, with results improving year on year. However, the gap between these children and young people and their disadvantaged or more vulnerable peers remains a significant issue.

There have been considerable changes in the national school system over the last two years. We now have a unique opportunity to build on our existing strong relationships, working together to improve standards and doing whatever it takes to achieve the best outcomes for our children and young people.

We continue to develop opportunities for 16-19 year olds to ensure high quality opportunities for learning, skills, development and training linked to the regeneration opportunities within the Borough. Providing early support and intervention for those at risk of becoming NEET (Not in Education, Employment or Training)

Key activity areas:

- providing targeted youth support, focused on defined groups of young people most in need (in order to increase the proportion of young people in education, employment or training)
- developing the range of local activities provided by the voluntary and community sectors including access to the Duke of Edinburgh Award Scheme
- providing high-quality careers education, advice and guidance in schools
- supporting care leavers in the transition to adulthood and independence
- preventing young people entering the Youth Justice System, or reoffending
- promoting the positive contribution made by children and young people helping young people access opportunities that give them a role in the community, e.g. volunteering and youth councils, and promoting *rights, respect and responsibilities*
- promoting *voice* and participation for all children and young people, including those with learning difficulties and/or disabilities
- providing positive activities for children and young people with disabilities, that give families a short break
- ensure that young carers receive 'time out' from their caring duties to take part in recreational and fun activities
- promoting play including sport, outdoor activities and music

- building resilience and personal confidence
- improving access to services for vulnerable children and young people living in rural areas.

Section 2 – Parental, Family and Community Resilience

Priority	
2.1	Early offer of help.
2.2	Mitigate the impact of Poverty
2.3	Strengthen Communities

2.1 Early Offer of Help.

The vision and priorities of this Plan are based on the commitment of early help for children, young people and families.

What do we mean by early help?

Identifying as early as possible if a child or family need support and helping them access services, working together to ensure that this has maximum impact. In other works, offering the right help at the right time.

This is as true within educational settings, as in families and communities.

We recognise that families are the most important influence on children and young people, and that some need more support than others to develop skills and resilience needed for parenting and family life. By providing early help, our aim is to support families to break out of a cycle of poor outcomes, protect children from harm and maximise their opportunities to experience supportive relationships, to enable them to achieve during their time at school.

Effective early help has four elements:-

- **Identification** – professionals use all contact with children and families as opportunities to identify any additional needs.
- **Assessment** – the scale and nature of the problems are understood and a plan for offering help is developed.
- **Support** – appropriate support is offered/provided based on the agreed plan
- **Evaluation** – checks are made to determine if the support has been effective and, if not, other strategies are implemented.

Key activity areas:

- Reviewing and redesigning children's social work services in line with national changes in the framework for safeguarding, with an emphasis on promoting direct work with children and young people
- Developing our Multi-Agency Safeguarding Hub
- Ensuring there is sufficient provision of *early help*, with improved access to information about these services
- Embedding the Principal Social Worker role and continuing to improve the quality of training, supervision and support for social workers
- Providing targeted support for families with multiple problems
- Promoting child safety with parents/carers, and helping children and young people understand how to keep themselves safe, thereby reducing the possibility of children entering risky behaviour through better education on Healthy Relationships and awareness raising of the risks associated with Child Sexual Exploitation (CSE).

2.2 Mitigate the impact of Poverty

This priority sets out our strategy for reducing and mitigating the effects of child poverty, as required by the Child Poverty Act 2010.

Poverty has a profound impact on the health and well-being of children. They can lack the positive experiences and opportunities of other children, including poorer health, attainment and low aspirations. Child poverty is complex and its effects can be long-lasting and hard to escape.

By working together and taking a *whole community* approach, we will support families to lift themselves out of poverty, thereby reducing the impact of poverty on children and young people's educational attainment and life chances. This means focusing on the children and families most in need, and the areas that are most deprived, tackling the issues that will make a difference in the long term. Our approach will cover employment and skills, health, housing, financial support, education, family support, and childcare.

Key activity areas:

- Identifying children and families most in need, through careful analysis and a partnership approach
- Helping families to access a range of employment and training services in their communities, including adult and community learning, careers advice, volunteering and employment support
- Increasing awareness of local services and targeting health, parenting and family support services (including through children's centres)
- Promoting and maximising uptake of benefits
- Ensuring there is sufficient flexible and affordable childcare, so far as is reasonably practicable
- Increasing take up of free Early Years education in the most disadvantaged areas and extending free Early Years education to all eligible two year olds

- Raising the quality of Early Years education in disadvantaged areas
- Promoting and supporting a relentless focus on improving educational outcomes of children from low income families across the Hampshire school system
- Identifying and supporting schools in greatest need to promote educational aspiration and the belief that all children can, and will, succeed
- Creating opportunities and supporting young people to find employment, helping to break intergenerational cycles of poverty
- Ensuring there is sufficient, affordable, quality (including warm) housing for families and vulnerable young people, as far as is reasonably practicable
- Maximising use of resources across agencies to support families, including co-ordinated

2.3 Strengthen Communities

We continue to develop our approach on community engagement through the evolving community hubs designed to build community resilience. Following the success of our pathfinder in Ockendon back in 2013 our Hub situated both there and Chadwell are fully operational with high levels of volunteering from the community supporting self-help. This is enhanced through our adult colleagues and local area co-ordinators that are fully integrated within the communities of Thurrock.

Thurrock is recognised as a place where children are able to attend high performing schools at primary and secondary level in all localities supported by the recent education commission undertaken during 2013/14.

Key Activity Areas:-

- Further develop volunteering opportunities
- Strengthen our activity based community development programme.

Section 3 – Everyone Succeeding

Priority
3.1 Promote the attainment and achievement of underachieving children.
3.2 Promote and support inclusion.
3.3 Narrow health inequalities for children and young people.

3.1 Promote the attainment and achievement of underachieving children.

There is increased recognition in schools of the needs of children in care. The virtual *school*, the team who focus on improving the educational achievement of children in care, works closely with schools to build capacity. A wide range of training and support networks are in place for Designated Teachers (responsible for promoting the needs of children in care in their school). Targeted reading and mathematics initiatives promoted by the Virtual Head and teachers have been shown to accelerate pupil progress.

Children in care benefit from being placed in mainly *good* and *outstanding* schools. A Personal Education Plan is in place for each child and the *virtual school* has a process in place to monitor the quality of the plans. They also track attendance, progress and attainment, intervening where necessary.

Key activity areas

- Embed strategies to narrow the gap between boys and girls at all Key Stages
- Ensure all children make expected progress during their primary school years
- Strong home to school links, with teachers identifying problems/risks and enabling parents/carers to ask for help when needed
- Schools identifying problems with children's development or learning, and intervening to ensure they get back on track, working with parents/carers to achieve this.

3.2 Promote and support inclusion.

Collectively, we will support the most disadvantaged and vulnerable children to overcome barriers to learning, share knowledge and good practice, build on opportunities to promote resilience and develop self-esteem, and promote inclusion. Thurrock Children and Young People Partnership will continue to collaborate to identify and address local issues, promoting excellence, equality and inclusion through their actions.

Key Activity Areas

- Ensure positive personalised outcomes for all children and young people with SEND
- Promote and support integrated working within the Learner Support Service Plan 2015/16.
- Ensure the needs of children and young people with SEND are supported through the embedding of the new SEND support arrangements
- Develop the offer to all pupils accessing Pupil Support Services to significantly improve the outcomes and life chances from short stay provision.

- Provide an effective range of support through the Olive Academy
- Building on opportunities available to promote aspiration, resilience and develop self-esteem based on the belief that all children can, and will, succeed
- Championing an understanding of the individual needs of vulnerable children, or those who may need extra support, including ensuring that the pupil premium is used effectively to support learning and personal development

3.3 Narrow health inequalities for children and young people.

In evolving and adapting to national policy frameworks for schools and public health, the CYPP will work to develop strong relationships with new and existing partners. Key

relationships will be with the organisations responsible for commissioning and delivering health services.

Engaging with health commissioners and service providers to promote public health outcomes will be led by the Health and Well-being Board. The CYPP and Health and Well-being Board will work together in developing coherent strategies for improving child health that reflect joint needs assessment and shared priorities.

Key activity areas

- Develop and enhance targeted support focusing resources on the most vulnerable pupils.
- Providing a range of targeted services in the community to meet local need and reduce health inequalities, eg: through children's centres

Section 4 – Protection When Needed

Priority

4.1 Provide outstanding services for children who have been or may be abused.

4.2 Provide outstanding services to the most vulnerable children and young people.

4.3. Provide outstanding services for children in care and leaving care.

4.1 Provide outstanding services for children who have been or may be abused.

Keeping children and young people safe is a key priority for all partners. Thurrock has promoted a robust and consistent understanding of the thresholds for statutory services, through our LSCB Thresholds Guidance for Thresholds of Statutory Intervention, both of which are easily accessible at: www.thurrocklscb.org.uk. The common level of knowledge supported by these reference documents helps to ensure that the most vulnerable children and young people receive support as soon as possible.

The CYPP has a strong relationship with the Thurrock Local Safeguarding Children Board, the statutory body responsible for co-ordinating, monitoring and challenging partner

agencies in safeguarding children in the Borough. We will continue to work together to develop and improve services, including *early help* and promoting child safety with parents and carers. This Plan is informed by the findings and recommendations of the Safeguarding Children Board, who produce a report every year on the effectiveness of services in Thurrock.

Key Activity Areas:-

- Ensure that Thurrock School staff is appropriately trained in the safeguarding of children.
- Ensure children and young people are able to access appropriate emotional and mental health support
- Promote the online safety of pupils through the Walk on Line Roadshow programmes.
- Educate professionals and parents on Stranger Danger in 2015 through the Inter-Agency training programme

4.2 Provide outstanding services to the most vulnerable children and young people.

We know that there is always more that can be done ti improve services. Thurrock has a strong and effective Local Safeguarding Children Board, closing linked to the Children and Young People Partnership. All relevant partners will continue to play an active role in the Board, ensuring that we learn from practice and the outcomes of Serious Case Reviews, both national and locally, so that we continue to improve services – and ultimately outcomes – for children and young people.

Key Activity Areas

- Embed the revised CAMHS Strategy
- Ensure disabled children and their families receive the appropriate multi agency service
- Ensure that learning from both national and local serious case reviews and managed reviews is embedded with local practice.

4.3. Provide outstanding services for children in care and leaving care.

Thurrock continue to strive to ensure that public care is reserved for those children for whom there is no safe or alternative and that those young people are able to leave care reaching their full potential.

An important element is the work with those children on the edge of care to ensure teenage entrants become the exception.

Key Activity Areas:-

- An effective Corporate Parenting Committee ensuring the best possible services that can be offered.
- Ensure that the best possible placement is found for every child and young person.
- Offer the opportunity for all looked after young people to have a voice through the Children in Care Council.
- Increase the number of foster carers within Thurrock to enable children and young people to retain community attachment.
- Ensure that foster carers receive high quality training and support.

Children in Care Pledge

The Pledge outlines the areas that children and young people in care want to see improved. The development of the Pledge has been written and led by the Children in Care Council and applies to all children and young people from birth to 18 years and in some case up to the age of 25.

Your Health, we will:

- help you to access health services, e.g. doctors, dentists, counselling, etc
- support you in being healthy, both physically and mentally
- support you in identifying and taking part in positive activities, interests and hobbies.

Your Voice, we will:

- be contactable through a variety of ways and get back to you within 24 hours
- make time for you to talk one-to-one with us on your own
- be open and honest about your care and support you when changes are made
- encourage your participation in your Care Plan and other plans related to your care
- listen to your complaints and act on them as soon as possible
- make information available to you, so you know your entitlements and rights.

Your Education, we will:

- not make you feel '*different*' at school, eg: not take you out of a class for a meeting and pay for you to go on trips, etc
- support you in accessing academic and non-academic opportunities, not just school or college (eg: apprenticeships, NVQs, other qualifications and job opportunities)
- involve you in decisions made about your education and, when additional help is needed, why this is necessary
- involve you in decisions around your individual budget
- support you to access the college/university of your choice, should this be something you wish to do.

Your Placement, we will:

- where possible, try to find you a placement with your siblings
- support you in transitions from placement to placement
- make better long term plans for you, not just *quick fixes*
- find you a foster carer who suits you and your needs
- involve you in your placement planning
- keep you informed, where appropriate, about contact arrangements and how and when this can happen.

Your Future, we will:

- help you plan for your future, as a good parent should
- support and help you build the life skills needed in becoming an adult
- not judge you based on how you have acted in the past, but who you are now
- encourage you to be the very best you can be
- support and help you in achieving your goals
- always be there to support you, even when you make mistakes.

Leaving Care, we will:

- provide you with support, if you feel you need it
- not *'kick you out'* on your 18th birthday
- provide and support you in building the skills to live on your own
- help you find somewhere to live and make sure you have everything you need
- give you information about your entitlements and support you in accessing them.

What's important to children and young people

Voice of the child

The CYPP has a variety of mechanisms for capturing the views of local children and young people to inform the planning and review of services. This includes: annual surveys of school pupils, specific consultation exercises on priorities/policies, feedback from the Youth cabinet, and children in care council.

The CYPP vision for participation is that:

Thurrock children and young people have the opportunity to participate in decisions which affect their lives. They will have access to the services they need, when they need them and shape how these services are planned and delivered.

At a local level, CYPP are responsible for ensuring that children and young people are engaged in service design, delivery and evaluation, in line with the Participation Strategy. Key activities for securing the regular participation of children and young people include:

- Surveys of primary and secondary school pupils, seeking their views on their school, local area and well-being
- Youth cabinet
- Youth Conference
- Representation on the UK Youth Parliament
- Consultation on specific strategies
- Safeguarding Ambassadors (LSCB); young people who support other children to have a voice.

Promoting diversity in the provision of services for children, young people and families

Much of Thurrock's expertise in working with children, young people and families lies in the voluntary and community sector. The CYPP is committed to developing opportunities for voluntary, community and social enterprise organisations to shape and deliver services,

Links to other plans and strategies

Effective delivery of the CYPP is linked to a number of other key plans and strategies, including the:

- Youth Justice Plan
- Community Safety partnership Plan
- Young Carers Strategy
- Participation Strategy
- Thurrock Local Safeguarding Children Business Plan
- Primary Care Trust/local GP commissioning group plans
- Joint Health and Well-being Strategy (from 2013)
- Play Strategy
- Economic Development Strategy

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National Probation Service

Thurrock Children & Young People Partnership

North East London NHS Foundation Trust

THURROCK LOCAL SAFEGUARDING CHILDREN BOARD

thurrock.gov.uk

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Health and Wellbeing Board Forward Plan

Date	Agenda	Lead
10/09/15	• **Item in Focus 'Essex Success Regime'** • **Essex Strategy for gypsies and travellers** • **Health and Social Care Learning Disability Self-Assessment** • **Suicide Prevention** • **Healthwatch Annual Report** • **Joint Commissioning Statement Special Educational Needs Report (TBC)** • **Health Provision for looked after Children**	Andrew Pike Chris Evans Kelly Jenkins Ian Wake Kim James Malcolm Taylor TBC
12/11/15	• **Item in Focus - TBC** • **Update Thurrock 100 Project** • **Progress new Weight Management Programmes** • **Health and Wellbeing Strategy – Priorities and Outline**	 Ian Wake Ian Wake Ceri Armstrong
14/01/16	• **Health and Wellbeing Strategy – Draft** • **Care Act 2014 – Part 2 Implications**	Ceri Armstrong
10/03/16	• **Health and Wellbeing Strategy - Final**	

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