Thurrock - An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

Health and Wellbeing Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **5 September 2019**

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

Membership:

Councillors Victoria Holloway (Chair), Shane Ralph (Vice-Chair), Tom Kelly, Sara Muldowney, Joycelyn Redsell and Elizabeth Rigby

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

Substitutes:

Councillors John Allen, Alex Anderson, Cathy Kent, Sue Sammons and Sue Shinnick

Agenda

Open to Public and Press

Page

1. Apologies for Absence

2. Minutes **5 - 12**

To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 13 June 2019.

3. Urgent Items

To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.

4. Declarations of Interests

Queries regarding this Agenda or notification of apologies:

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

Agenda published on: **28 August 2019**

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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.

Our Vision and Priorities for Thurrock

An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.

1. **People** – a borough where people of all ages are proud to work and play, live and stay

    - High quality, consistent and accessible public services which are right first time
    - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
    - Communities are empowered to make choices and be safer and stronger together

2. **Place** – a heritage-rich borough which is ambitious for its future

    - Roads, houses and public spaces that connect people and places
    - Clean environments that everyone has reason to take pride in
    - Fewer public buildings with better services

3. **Prosperity** – a borough which enables everyone to achieve their aspirations

    - Attractive opportunities for businesses and investors to enhance the local economy
    - Vocational and academic education, skills and job opportunities for all
    - Commercial, entrepreneurial and connected public services

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 13 June 2019 at 7.00 pm

Present:	Councillors Victoria Holloway (Chair), Shane Ralph (Vice-Chair), Sara Muldowney, Joycelyn Redsell and Elizabeth Rigby
Apologies:	Councillor Tom Kelly
In attendance:	Roger Harris, Corporate Director of Adults, Housing and Health Ian Wake, Director of Public Health Mandy Ansell, Accountable Officer, Clinical Commissioning Group Rahul Chaudhari, Director of Primary Care, Clinical Commissioning Group Jenny Shade, Senior Democratic Services Officer

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

1. Minutes

The minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 7 March 2019 were approved as a correct record.

2. Urgent Items

No urgent items were raised.

3. Declarations of Interests

No interests were declared.

4. HealthWatch

Kim James stated concerns with the proposed reduction in the control total for the Mid and South Essex Sustainability and Transformation Partnership to assist the Peterborough and Cambridgeshire Sustainability and Transformation Partnership. Kim James would comment more on this matter in Minute Item 5.

5. Mid & South Essex Sustainability and Transformation Partnership (Verbal Update)

Roger Harris, Corporate Director of Adults, Housing and Health, briefed Members on the current position of the referral made to the Secretary of State on the 15 January 2019. This referral was made alongside a referral made by

Southend on Sea Council on Stroke Services and the Consultation Process. That a letter had now been received from the Department of Health and Social Care to inform Members that an initial review would be undertaken by the Independent Reconfiguration Panel. Roger Harris stated his disappointment as it had taken six months to get to this stage and reassured Members that planning of the Integrated Medical Centres would continue but there would delays as no formal agreements, tenders or planning permissions could be adhered to.

Mandy Ansell, Accountable Officer, Clinical Commissioning Group, explained to Members that the Sustainability and Transformation Partnership was not an organisation in its own right but a collection of partners with the long term plan setting out that Sustainability and Transformation Partnership were expected to move into Integrated Care Systems by 2021. That experienced had shown that one Integrated Care System would be equivalent to one Clinical Commissioning Group. With the Mid and South Essex Sustainability and Transformation Partnership having an objective to move to one Accountable Officer and one Management Team across the five Clinical Commissioning Groups.

A new chair for the Mid and South Essex Sustainability and Transformation Partnership was currently being recruited following the existing chair, Anita Donley, stepping down in September 2019. Candidates would be met in July when the interview process would begin with the new chair starting in September 2019.

Mandy Ansell explained how Thurrock's Clinical Commissioning Group managed their control totals and budgets and was pleased to announce that they were successfully breaking even. Although a financial challenge had arisen with the proposed reduction in the control total for the Mid and South Essex Sustainability and Transformation Partnership to assist the Peterborough and Cambridgeshire Sustainability and Transformation Partnership. This would result in a reduction of £480K to the Thurrock's Clinical Commissioning Group's budget for 2019/20 and explained how this would impact on and delay projects that had already been agreed for the local authority.

It had already been agreed that a joint letter would be sent to the Regional Director of NHS England from Roger Harris and Kim James expressing concerns.

Kim James stated her frustrations that those in need of those services in particular mental health services would not now be met and that this was an absolute disgrace. A lot of hard work had been undertaken to secure these services and this decision would now have severe impact to the residents of Thurrock.

Members agreed that the £480K was for the residents of Thurrock and not for the residents of Peterborough and Cambridgeshire.

The Chair proposed and Members agreed that:

- Invite NHS England to a Health and Wellbeing Overview and Scrutiny Committee to speak about the decision made and how they expect Thurrock to deliver their services.
- A joint letter to be sent out from Roger Harris and Kim James.
- A letter would be sent out from the Chair of the Health and Wellbeing Overview and Scrutiny Committee.
- Proposed that a letter also be sent out by Councillor Halden the Portfolio Holder for Education and Health.

6. Targeted Lung Health Checks Programme - Thurrock Clinical Commissioning Group

The Chair noted her disappointment in the lack of detail in the following two items and apologised to new Members on the unusual standard of reports being presented this evening. With the Target Lung Health Check Programme and the Primary Care Networks being two of the most important areas to Thurrock the reports should have been more specific based and relevant to Thurrock. The Chair requested that both reports be brought back to the 5 September 2019 committee. Mandy Ansell, Accountable Officer for Clinical Commissioning Group, apologised to Members and agreed to present the reports at the 5 September 2019 committee.

Mandy Ansell presented the report by stating that NHS England had confirmed it was to invest in 14 targeted lung health checks across England with Thurrock being twinned with the Luton Clinical Commissioning Group. The checks were being undertaken due to high lung cancer mortality, the high incident of smoking and high incidence of lung cancer rates. Those people in selected areas who were aged between 55 and 74 and 364 days who had a smoking history would be invited to attend a lung health check by their general practitioner. Where results would be calculated and those patients identified at being high risk would be invited to have a low dose Computerised Tomography Scan. Comparisons display that Thurrock had poor outcomes due to a high level of smokers, obesity and air population. Mandy Ansell identified that engagement had already taken place with stakeholder events and workshops in Thurrock alongside the enthusiastic engagement with Healthwatch and Luton. That the early testing of those risk groups started in Manchester followed very quickly by the Yorkshire lung trial. The programme staff had been identified with Patient Lead for Thurrock being Barbara Rice from Healthwatch and the strong medical leadership, patient safety and deliverables being governed alongside the Risk Register.

Mandy Ansell concluded some of the next steps being the procurement of lorries, where a one stop check would be carried out including the low dose Computerised Tomography Scans and deciding on the best locations. It was agreed by Members that this report be brought back for regular updates on the progression.

The Chair thanked Mandy Ansell for the update.

Councillor Muldowney questioned why over 75's were not being screened. Mandy Ansell stated the age bracket had been based on the research on trials undertaken in Manchester and Leeds. Although the study should raise the profile of lung cancer, increase awareness and encourage patients to present earlier to general practitioners. Ian Wake, Director of Public Health, stated that consideration had to be taken into account on the benefit verses harm. That in these types of trials it had been calculated that over 75s could potentially die before lung cancer developed.

Councillor Redsell questioned why screening was not being undertaken for under 55s and to ensure the right location be made for the positioning of the treatment lorries. Mandy Ansell stated that the lorries would be placed on public sites, probably starting in Tilbury but would be placed where the need was. Ian Wake stated the increase of cancer increased as you aged and it was very rare for someone under 40 to get lung cancer with the risk of screening those in their 20s could provide false positives in this age bracket and consideration should be given on risk verses reward.

Ian Evans, Thurrock Coalition, questioned what the timescales were on the Rapid Access Clinic from referral to getting an appointment and asked what treatments would look like. Mandy Ansell stated these were part of the pathway to be developed although the structure and engagement had started but patients would not be seen until the end of the year.

Ian Wake stated that this was incredibly good news for Thurrock with lung cancer being one of the most common cancers in Thurrock. That the recording of patient smoking status was relevantly poor with only 33% patient status being recorded at SystmOne and questioned how the system would be used to improve the recording of patient smoker status. Rahul Chaudhari recognised that digitalisation had to be improved in the NHS service. Mandy Ansell stated that other forms of communication would need to be used for those hard to reach groups to encourage residents to come forward to get registered. Ian wake stated that 95% of resident access a general practitioner once a year so smoking status could be flagged up and completed at this time. Ian Wake also stated that letters could also be sent to those that had no completed smoking status on their records. The Chair agreed that this was a commitment that should be made with Mandy Ansell agreeing to look into this. Kim James agreed that this was a great opportunity but to ensure the right people were not being missed and communications would be undertaken by Healthwatch to make residents aware.

Kim James also stated concerns to ensure that with the sudden influx of people that this did not have detrimental effect on those residents already being missed from this service because of waiting times for all other cancer treatments. Healthwatch would continue to monitor and challenge as required.

Mandy Ansell stated that each area was being supported by the Cancer Network who had an overview of all the services, deliverables and outcomes. With 14 Clinical Commissioning Groups working as a group alongside experts

from Manchester, Leeds and Nottingham who had designed the service and answered all relevant questions. Mandy Ansell also stated that the risk register would also highlight any concerns.

The Chair thanked Mandy Ansell for the report but to note those concerns raised this evening should form part of the report to be presented at the September committee.

Councillor Ralph questioned whether the completion of the smoking status could form part of the Over 40s health checks and stated that there would probably be a potential increase in lung cancer as young people denied they smoked and had concerns with the amount of cannabis being smoked which was being mixed with tobacco. Ian Wake stated he would take the suggestion away that lung checks could form part of the NHS Health Check Programme and had concerns over the high use of cannabis and how this could affect those suffering from mental health.

The Chair questioned what was being done, from an environmental point of view, to prevent residents from getting lung cancer in the first place. Ian Wake stated that the greatest risk was smoking with 85% of lung cancer incidents being contributed by smoking. That the tobacco programme was key and vital that it was incorporated into the promoting of the screening programme, education in schools and working alongside Trading Standards.

The Chair stated that air pollution was another contributing factor with Thurrock being an industrial borough and with huge plans to change the infrastructure and questioned what the impact this was likely to have on the health of residents. Ian Wake stated that with regards to the Lower Thames Crossing no one knew at this time what the impacts would be but stated that air pollution levels were falling nationally and locally but not at the rate we would like it to fall. Ian Wake stated that a difficult issue for Thurrock to tackle was that 50% of pollution was background pollution coming in from London or even from France. That work would also be undertaken with haulage companies and to look at when engines could be turned off with idle.

Councillor Redsell stated the river was being used more for the movement of containers to alleviate road usage.

Councillor Redsell questioned the use of e-cigarettes and asked whether they contained nicotine. Ian Wake stated he was a huge fan of e-cigarettes in preventing lung cancer as although they contained nicotine they did not contain any of the lung cancer tars and were the most effective way for smokers to quit.

Councillor Ralph stated he was aware that some general practitioners were already referring patients to vape shops but questioned the air monitoring being undertaken in Stanford le Hope and asked whether there was a breakdown of stats on cancer and asthma rates by local area. Ian Wake stated that stats could be obtained at general practitioner level but would not possibly show the entire picture. Councillor Ralph questioned why Stanford le

Hope's air pollution was not being monitored. Ian Wake stated he was unsure but would supply a response from the Environment Health Team.

The Chair thanked Officers and Members for their questions and looked forward to receiving an update at the September committee.

RESOLVED:

That the Health and Wellbeing Overview and Scrutiny Committee noted and supported the delivery plan for the Targeted Lung Health Checks Programme and the later commencement of the programme for the people of Thurrock.

7. Primary Care Networks

Rahul Chaudhari, Director of Primary Care, presented the PowerPoint presentation and focused on:

The 10 Year Plan – greatest focus on improving primary care networks, whole of England would be covered by Integrated Care Systems by 2021, significant levels of investment, a big push to get people healthy, look at clinical priorities, workforce and the role of digital. That all registered patients would be covered by a Primary Care Network by June 2019 with general practitioners taking the lead, for those non-participating practices a Primary Care Network would be identified to provide network services to patients, the Directed Enhanced Service would apply from 1 July 2019. The networks key outcomes would improve sustainability for general practitioners, provide a wider range of services, stronger collaboration with the wider health and care system and support management of financial and estate pressures. The requirements in 2019/20 would be available to 100% of patients and from April 2020 expected to deliver against the five national service specifications with two further service specifications applying from April 2021. The Additional Roles, the participation in Network Contract Directed Enhanced Service and timescales were briefly explained. The PowerPoint presentation was available as part of the Agenda.

Councillor Holloway, Councillor Muldowney and Ian Evans, Thurrock Coalition, agreed as the report detail was insufficient and not Thurrock specific a further report was required to answer their concerns and questions. The Chair agreed that reports should be presented to Committee complete rather than piecemeal and requested that a report was presented again at the 5 September 2019 committee. Rahul Chaudhari advised that the timing of the Health and Wellbeing Overview and Scrutiny Committee coincided with the time line where Thurrock Primary Care Networks were being formally ratified and assessed and so it had not been possible to give any more details and put a Thurrock context to it at this time. A detailed report could be made available in time for the September committee.

Ian Wake, Director of Public Health, stated that this was a good news story for Thurrock. With unacceptable levels of care in Thurrock between general

practitioners this would bring practices together in networks where best practices could be shared amongst them and incentives given to those practices not performing so well. The Primary Care Networks would fit well with the transformation plans already in place and with Thurrock way ahead of the curve in areas such as primary care in transformation work, mixed skills clinical workforce. Ian Wake stated that a lot of the proposals in the report were already being undertaken by Thurrock and would be good practice to roll out to other areas.

Roger Harris, Corporate Director of Adults, Housing and Health, stated that a report on Adult Social Care would be presented at the 5 September 2019 committee and suggested that both reports be brought back together.

Councillor Redsell stated the report to be presented in September should be able to answer those questions that members receive with regards to complaints on general practitioners.

Councillor Ralph noted the inconsistencies amongst general practitioners in the borough and would like to see feedback on the digital stat and more information on google searching in the September report.

Councillor Rigby questioned whether the funding to practices was additional funding from Government or had it been taken away from other NHS services. Rahal Chaudhari stated that it was additional funding which was not far reaching enough. The challenge was getting residents not to listen to Dr Google.

Councillor Muldowney referred to “Dr Google” and had concerns at this level that sufficient testing had been undertaken on some of the Apps currently being used and questioned whether the information given was accurate and fit for purpose. Rahal Chaudhari stated investigation work was being undertaken on the Apps but nothing compared to face to face consultations.

Mandy Ansell stated that clinician groups were up and running with physiotherapy groups fully booked. The groups were treating real people in the right place with further capacity being built into local hubs.

The Chair thanked Officers for the update and looked forward to a more detailed report in September.

8. Work Programme

The Chair asked Members if there were any items to be added or discussed for the work programme for the 2019-20 municipal year.

Members agreed to add a new item Locality Working to include the Primary Care Networks and Adult Social Care to the 5 September 2019 committee.

Members agreed to add a new item Sustainability and Transformation Partnership Update to the 5 September 2019 committee.

Members agreed to add a new item Sustainability and Transformation Partnership Governance Paper to the 5 September 2019 committee.

Members agreed that the item Update on New Mental Health Crisis Pathway would be a verbal update on the 5 September 2019 committee.

Members agreed to move the item Update on Cancer Waiting Times from the 5 September 2019 to the 7 November 2019 committee.

Members agreed to remove the item Pathway Review from the 5 September 2019 committee.

Members agreed to remove the item NHS Long Term Plan from the 7 November 2019 committee.

Members agreed to add the item Budgets to the 16 January 2020 committee.

The meeting finished at 8.38 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

5 September 2019	ITEM: 6
Health and Wellbeing Overview and Scrutiny Committee	
2018/19 Annual Complaints and Representations Report – Adult Social Care	
Wards and communities affected: All	**Key Decision:** Non Key
Report of: Lee Henley, Strategic Lead, Information Management	
Accountable Assistant Director: Les Billingham, Assistant Director, Adult Social Care	
Accountable Director: Roger Harris - Corporate Director of Adults, Housing & Health and Interim Director of Children's Services	
This report is public	

Executive Summary

The annual report on the operation of the Adult Social Care Complaints Procedure covering the period 1st April 2018 – 31st March 2019 is attached as Appendix 1. It is a statutory requirement to produce an annual complaints report on adult social care complaints.

The report sets out the number of representations received in the year, key issues arising from complaints and the learning and improvement activity for the department.

A total of 318 representations were received during 2018-2019 as detailed below:

- 151 compliments
- 27 Initial Feedback
- 41 complaints received
- 9 MP enquiries
- 76 Member enquiries
- 12 MEP enquiries
- 2 Local Government Ombudsman enquiries

1. Recommendation(s)

1.1 **That the Health and Wellbeing Overview and Scrutiny Committee consider and note the report.**

2. Introduction and Background

2.1 This is the annual report covering Adult Social Care Complaints for the period 1st April 2018 – 31st March 2019.

3. Issues, Options and Analysis of Options

3.1 This is a monitoring report for noting, therefore there is no options analysis. The annual report attached as Appendix 1 includes issues arising from complaints and service learning and improvement.

3.2 **Summary of representations received 2018/19**

- 151 compliments
- 27 Initial Feedback
- 41 complaints received
- 9 MP enquiries
- 76 Member enquiries
- 12 MEP enquiries
- 2 Local Government Ombudsman enquiries

Further detail on the above is outlined within Appendix 1.

3.3 **Local Government Ombudsman**

There were 2 cases received from the Ombudsman's office for the reporting period. Further detail on both cases are outlined within Appendix 1.

3.4 **Learning from Complaints**

Upheld complaints are routinely analysed to determine themes and trends and services are responsible for implementing learning swiftly. Robust monitoring and evidencing of corrective actions is a key theme for the next reporting year.

4. Reasons for Recommendation

4.1 It is a statutory requirement to produce an annual complaints report on adult social care complaints. It is best practice for this to be considered by Overview and Scrutiny. This report is for monitoring and noting.

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

5.1 This report has been agreed with the Adult Social Care Senior Management Team.

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

6.1 All learning and key trends identified in the complaints and compliments reporting has a direct impact on the quality of service delivery and performance. The reporting ensures that valuable feedback received from service users and carers is captured effectively and regularly monitored with the primary focus on putting things right or highlighting and promoting where services are working well.

7. Implications

7.1 Financial

Implications verified by: **Jonathan Wilson**

Assistant Director Finance

There are no specific financial implications arising from the report.

7.2 Legal

Implications verified by: **Tim Hallam**

Acting Head of Law, Assistant Director of Law and Governance and Monitoring Officer

There are no legal implications as the report is being compiled in accordance with regulation 18 of the Complaint Regulations.

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**

Strategic Lead Community Development and Equalities

There are no specific diversity issues arising from this report.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder or Impact on Looked After Children)

- 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

- Appendix 1 – Adult Social Care Complaints and Representations Annual Report 2018/19.

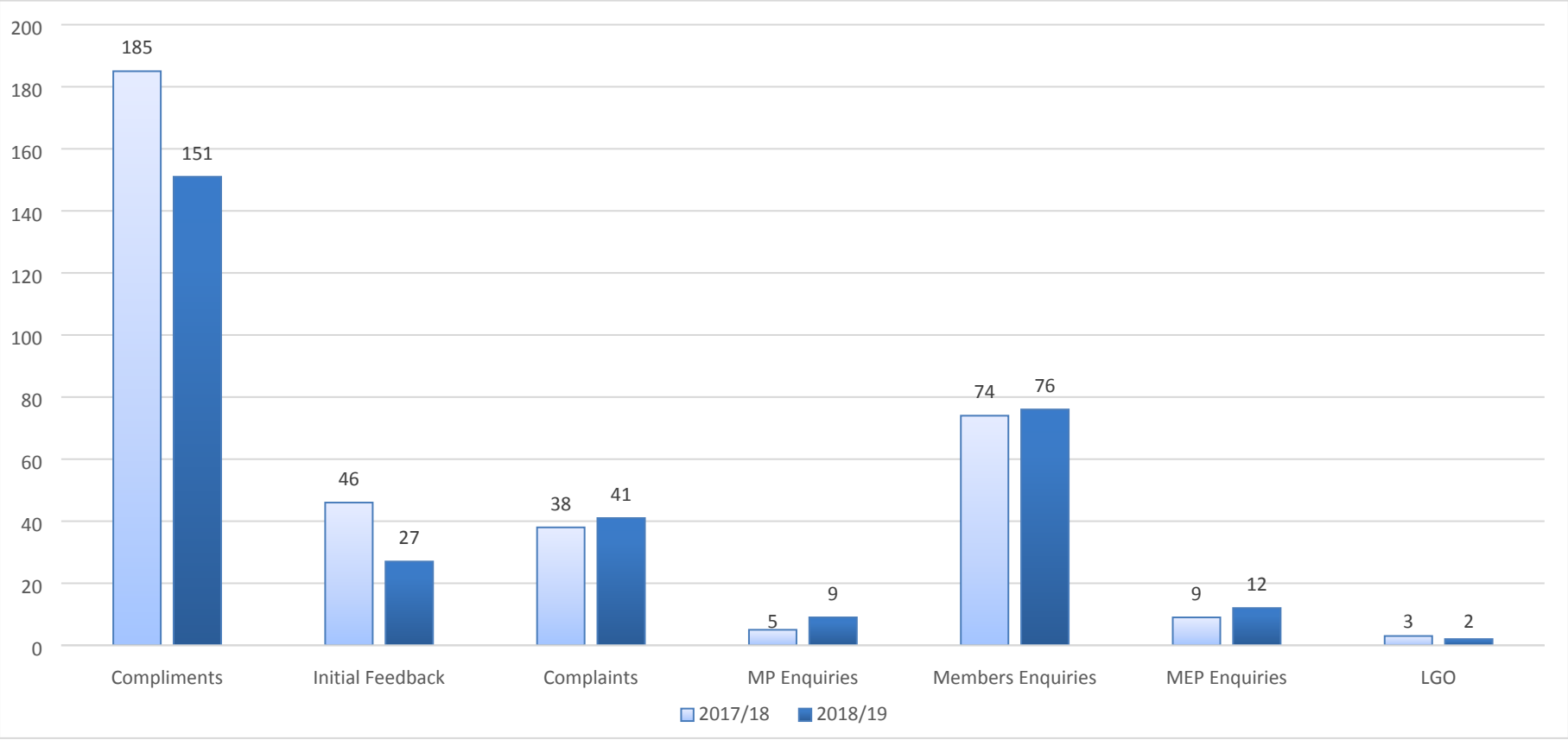
Report Author:

Lee Henley
Strategic Lead, Information Management
HR, OD & Transformation

Appendix 1 - Annual Adult Social Care Complaints & Representations Report

Volume of Representations – 2017/18 vs 2018/19

Below is a comparison of representations received for both years. During 2017/18, **360** representations were received, compared with **318** for 2018/19.



Complaints – 2017/18 vs 2018/19:

Below is a comparison broken down into specific detail. This includes complaints involving both internal and external providers.

Feedback:	Initial Feedback	Low Intervention	Medium Intervention	High Intervention	No. withdrawn / Cancelled	Total to be investigated	Cases closed in period*	% of complaints upheld in period	% timeliness of response for those due in month
2018/19	27	37	3	1	2	39	38	56%	93%
2017/18	46	27	11	0	1	37	39	72%	95%
Difference	-19	+10	-8	+1	+1	-1	-1	-16%	-2%

***Number closed may differ due to length of time required to close a complaint (i.e. those from March will likely be closed in April)**

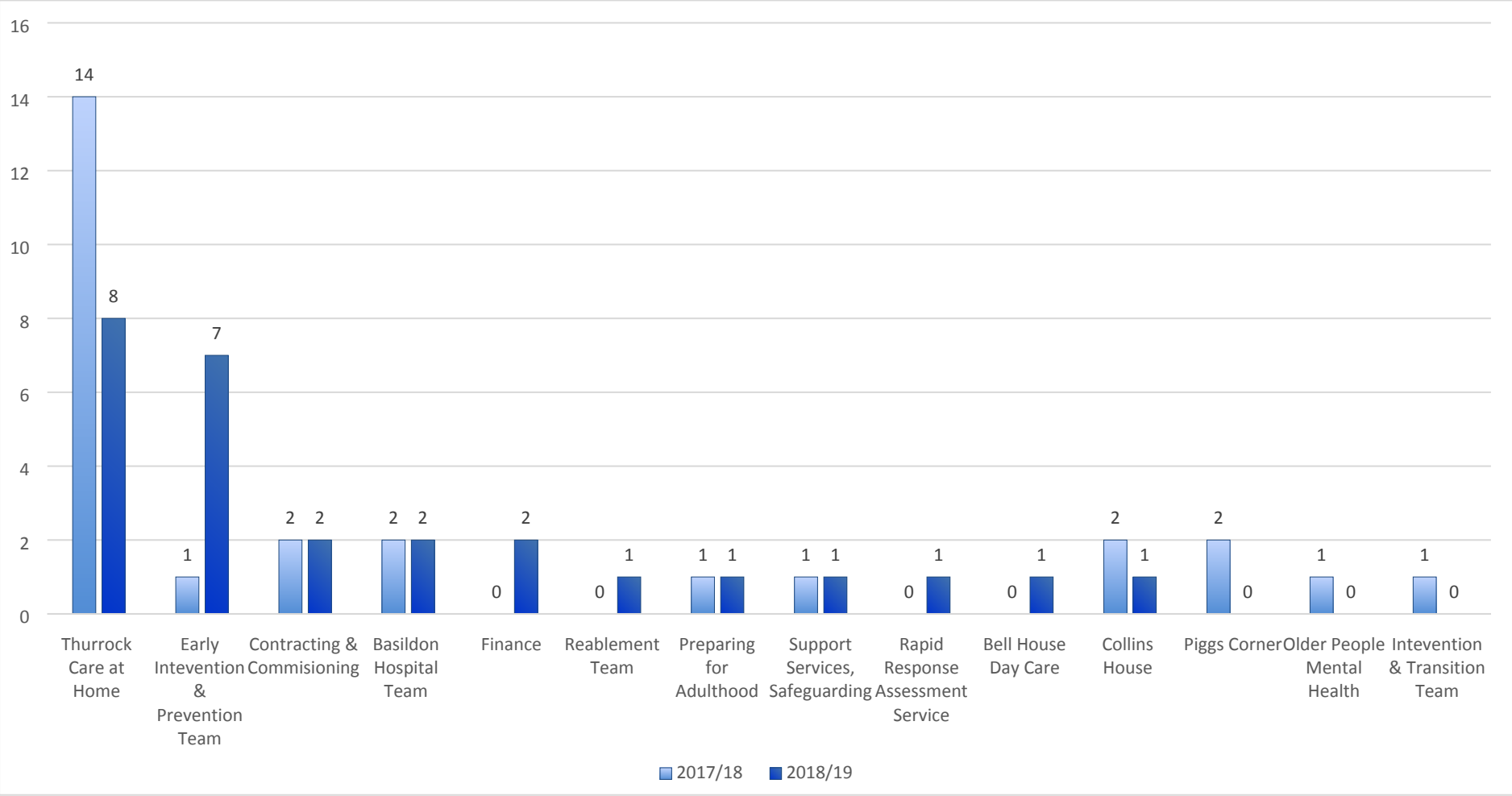
Root cause analysis and associated learning:

Complaints are analysed and the top three themes are identified below. Learning from upheld complaints is recognised by the service as part of complaint resolution. The Complaints Team will ensure the case studies are shaped as appropriate and that learning is embedded.

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning	Root Cause 2 and associated learning	Root Cause 3 and associated learning
2018/19	Missed Appointments	Quality of Care	Finance
Learning	• Providers to maintain consistency in carers call times • Staff reminded that all care calls must be	• In-house system to be monitored to ensure quality & length of calls. • Additional training for carers provided	• Direct payments provider to review internal processes for payments • Funding decisions to make clear reasoning for

	provided and support plans followed at all times	• Staff to ensure that all available contacts for Clients are documented within ISP and are regularly checked and updated. • Medication policy updated	outcomes (legal advice etc.)
2017/18	Quality of Care	Missed Appointments	Communication
Learning	• Staff reminded of the importance of complying with medication policy, reading of care & support plans & action plans	• Calls to be added to rotas. • Staff reminded to contact residents Next of Kin if appointments cannot be met	• Coordinators reminded of importance of advising service users of any changes, to ensure staff are able to comply with contact requirements

Complaints regarding internal teams and staff: Of the **38** complaints responded to within 2018/19, **27** related to internal teams/services, compared with **27** of **39** in 2017/18.



Commissioned Providers:

During 2018/19**, 11** of the **38** complaints responded to related to external commissioned providers, compared with **12** out of **39** in 2017/18.

Commissioned Provider	2017 - 2018	2018 - 2019
Lodge Care Group	5	2
Guardian Homecare	0	1
Purple	0	6
Carolyn House	1	0
Triangle	4	0
Cedar House	0	1
Leatherland Lodge	1	0
Bluebell Court	0	1
Willows Lodge	1	0

Upheld Complaints:

Percentages for upheld complaints appear high as complaints are low in volume. Figures in brackets below represent the number of upheld complaints.

Complaint Area	Volume 2017-2018	% Upheld	Volume 2018-2019	% Upheld
Safeguarding	1	0%	1	100% (1)
Intervention & Transitions Team	1	0%	0	N/A
Piggs Corner	2	100% (2)	0	N/A
Preparing for Adulthood	1	0%	1	0%
Collins House	2	50% (1)	1	100% (1)
Re-ablement Team	0		1	0%
Basildon Hospital Team	3	67% (2)	2	0%
Early Intervention & Prevention	1	100% (1)	7	29% (2)
Thurrock Care at Home	13	100% (13)	8	100% (8)
Contracts & Commissioning	2	50% (1)	2	50% (1)
Finance	0	N/A	2	50% (1)
Lodge Care Group	5	80% (4)	2	50% (1)

Guardian Homecare	0	N/A	1	0%
Bell House Day Care	0	N/A	1	100% (1)
Willows Lodge	1	0%	0	N/A
Carolyn House	1	0%	0	N/A
Leatherland Lodge	1	100% (1)	0	N/A
Triangle	4	50% (2)	0	N/A
Bluebell Court	0	N/A	1	0%
Cedar House	0	N/A	1	100% (1)
Rapid Response Assessment Service	0	N/A	1	100% (1)
Older People Mental Health	1	100% (1)	0	N/A
Purple	0	N/A	6	67% (4)

Outcomes:

Of those **22** complaints upheld in 2018/19, these related to the following issues:

Decision Making
Assessment
Funding / Finance
Communication
Quality of Care
Late Appointments
Missing Medication
Length of Care Calls

LGO Complaints:

2 complaints have been received in this period as per below:

Service Area	Outcome	Compensation	Decision Reasoning
Basildon Hospital Team	Local Settlement	£150	The Council contacted resident at incorrect former address to cancel care and issued court proceedings to the same former address whilst resident was in hospital
Support Services	Maladministration Causing Injustice	N/A	The Council made an error in believing the complainant had misused her son's funds and should not have transferred control of this to a 3rd party.

ADR Cases

There have been no ADR cases in the reporting period.

Enquiries

In the reporting period the following was received:

- 9 MP Enquiries
- 12 MEP Enquiries
- 76 Member Enquiries

MP Enquiries	Total
Thurrock First	3
Contracting & Commissioning	2
Local Area Coordination	1
Early Intervention & Prevention Team	1
Mental Health Services	1
Rapid Response Assessment Service (RRAS))	1

MEP Enquiries	Total
Thurrock First	4
Customer Finance	2
Bluebadges	2
Early Intervention & Prevention Team	2
Basildon Hospital Team	1
Mental Health Services	1

Members Enquiries	Total
Thurrock First	42
Local Area Coordination	9
Early Intervention & Prevention Team	5
Customer Finance	3
Bluebadges	3
General ASC	3
Public Health	2
Contracting & Commissioning	2
Home Care - External	2
Mental Health Services	2
Long-Term Condition Team	1
Basildon Hospital Team	1
Thurrock Adult Community College	1

External Compliments:

A total of **151** compliments have been received during this period

Service Area	Number of Compliments 2018/19
Reablement Team	46
Thurrock Care at Home	25
Collins House	15
Early Intervention & Prevention Team	13
Local Area Coordination	11
Older People Mental Health	6
Basildon Hospital Team	6
Early Intervention & Prevention Team - Internal	5
Safeguarding	4
Thurrock First - Internal	3
Community Development	3
Complex Care	3
Rapid Response Assessment Service (RRAS)	2
Alzheimers Society	2
Bluebadges	2
Mental Health Services	2
Home Care - External	1
Thurrock Care Partnership	1
Disabled Facilities Grant	1

5 September 2019	ITEM: 7
Health and Wellbeing Overview and Scrutiny Committee	
Whole Systems Obesity Strategy Delivery and Outcomes Framework	
Wards and communities affected: All	**Key Decision:** Non-Key
Report of: Faith Stow, Public Health Programme Manager and Helen Forster, Strategic Lead Place, Environment and Community	
Accountable Assistant Director: N/A	
Accountable Director: Ian Wake, Director of Public Health	
This report is public	

Executive Summary

A Whole Systems Obesity Strategy has been developed as the driver for preventing and reducing obesity in Thurrock. The Strategy is based on the evidence of the Whole Systems Obesity Joint Strategic Needs Assessment (WSO JSNA) published in 2017 by Public Health. This paper presents the Delivery Framework which underpins the Strategy. The Framework will continue to be developed as a result of a number of engagement activities and in collaboration with a range of key stakeholders and is a dynamic, evolving document which reflects the Thurrock residents' voice. The Framework details the specific actions that will set out how the strategy shall be achieved.

1. Recommendation(s)

1.1 For the Health and Wellbeing Overview and Scrutiny Committee to provide member input and comment to the Whole Systems Obesity Delivery Framework recognising that obesity is everyone's business.

2. Introduction and Background

2.1 This report presents the underpinning Delivery Framework to the Whole Systems Obesity Strategy (WSOS). The strategic vision is as below:

***Everyone in Thurrock can achieve and maintain a healthy weight, lead an active life, eat a healthy diet and reach a healthy long life expectancy*.**

Please see Appendix **1** for the WSOS and Appendix **2** for Delivery and Outcomes Framework.

2.2 Obesity is one of the most serious and complex public health challenges of the 21st century. The evidence base highlights a huge array of factors that are driving the obesity crisis related to physiology, biology, individual psychology, societal influences, daily activity, the activity environment, food consumption, food environment production, local transport and the physical built environment. The interaction of these factors has been labelled '*the obesogenic environment'.*

2.3 In 2017/18, 69% of the adult population were overweight and obese in Thurrock. This prevalence is statistically significantly greater compared to England (62%) and is the highest in the East of England and worst compared to our CIPFA comparator local authority population. Prevalence of childhood obesity in Thurrock at year reception and year 6 are 10.7% and 25.3% respectively (2017/18). The year 6 prevalence is also statistically significantly greater than England's prevalence.

Source: PHE (inc NCMP)

2.4 We have adopted a new *whole systems* approach to tackling obesity in Thurrock. Whole systems approaches are useful for tackling complex social issues. The *whole system* refers to the network of broad and interlinking factors that contribute to a solution or problem. High persistent levels of obesity in Thurrock will be addressed from all angles. Previously, traditional approaches that focus on single interventions have been shown to be ineffective at reducing the overall prevalence of obesity in the Thurrock population.

3. A Thurrock Whole Systems Approach to tackling obesity

3.1 There are many different perspectives on what a whole systems approach to obesity is. The following definition, informed by academic thinking and learning from local authorities, was developed through the Whole Systems Approach to Obesity programme, a collaboration between PHE, the Local Government Association, the Association of Directors of Public Health, Leeds Beckett University and local authorities.

"A local whole systems approach responds to complexity through an ongoing, dynamic and flexible way of working. It enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long term systems change".

3.2 Five 'goal action plans' aligned to each of the five WSOS goals for tackling obesity in Thurrock have been developed which form the Delivery Framework.

Goal A	Enabling settings, schools and services to contribute to children and young people achieving a healthy weight
Goal B	Increasing Positive Community Influences
Goal C	Improving the food environment and making healthier choices easier
Goal D	Improving the built environment and getting the physically inactive active
Goal E	Improving the identification and management of obesity

3.3 The Delivery Framework details the specific actions that the Whole system Obesity Alliance steering group and its associated key stakeholders will take in order to drive the approach. Each goal is set out to correspond to a principle objective within the WSOS and has an activity or task, baseline, measure, expected outcome, a named Responsible Officer/(s), a delivery time scale and rag rating. Please see appendix 2.

3.4 The Delivery Framework has been produced collaboratively. The Framework incorporates the feedback gained from an online public consultation (September 2018), a focus group with residents (October 2018) the Whole Systems Obesity summit held in February 2019, a members briefing and a Citizens panel (August 2019). Steering groups with officer representation from across and beyond the council have then developed each goal action plan. The Delivery Framework is a dynamic document and as such will continue to evolve as work and direct engagement with residents and champions and further stakeholders continues. The range of stakeholders is listed below:

Voluntary Sector

- Citizens Panel (local residents, Health and wellbeing champions)
- CEO CVS
- Chief Operating Officer of Healthwatch Thurrock
- Ngage

Children Services

- School Improvement Manager, Children's Services

Public Health

- Chair: Strategic Lead, Place, Environment and Communities
- Co-chair: Public Health Programme Manager

- Senior Public Health Programme Manager
- Public Health Programme Manager
- Strategic Lead for Healthcare Public Health
- Assistant Director and Consultant in Public Health
- Public Health Graduate

Children Services

- School Improvement Manager, Children's Services

Adults and Housing

- Partnership Director, Adults Health and Social Care (NELFT and Thurrock Council)
- Service Manager Thurrock Healthy Lifestyle Service
- Quality and Resident Engagement Manager, Adults, Housing and Health

Planning and Growth

- Assistant Director of Planning & Growth

Recreation and Leisure Services

- Recreation and Leisure Services Manager, Environment and Highways Management

Council Human Resources

- HR, OD and Transformation Improvement Manager

Schools Rep

- Head Teacher of Kennington's Primary School

4. Governance of the WSOS

4.1 The progress of the Delivery Framework will be monitored by the Whole Systems Obesity Alliance Steering Group which will report to the Thurrock Joint Health and Wellbeing Board. An annual progress report will be presented at Health and Wellbeing Board and will demonstrate achievements to date and progress against the Health and Wellbeing Strategy targets as shown in Table 1 below.

Table 1: HWB Strategy Targets (goal E)

Goal E: Healthier for Longer	**Baseline 2016/17**	**Target**
Proportion of children overweight or obese in year 6	36.9%	reduction of 0.5%
Proportion of adults who are overweight or obese in	65.3%	reduction of 0.5%
Proportion of adults who are physically inactive in Thurrock	28%	reduction of 0.5%

4.2 The WSOS identifies intentions up to 2021, after this period it will be reviewed to ensure it is still relevant and in-line with the overarching Health and Wellbeing Strategy.

4.3 Each of the 5 Goals have Director level sponsorship. August will see Goal sponsors meeting to discuss and form a proposed Strategic Board of the WSO. Senior level buy in adopting a whole systems approach sends a clear signal that obesity is a priority. It will further ensure that time, resources and commitment as a whole system are embedded and realistic.

5. Issues, Options and Analysis of Options

5.1 Obesity is getting worse in Thurrock and the trajectory and shows no sign of stopping unless we intervene soon. The consequences of increasing obesity level are known and the pressures on the health care system at large are unsustainable. Urgent action is required to stabilise and then reverse the current trajectory. Options to address this may include more aggressive tactical measures to begin with followed by long term strategic plans. The framework must include tactical short term measures whilst it considers the longer term core changes needed.

5.2 Engagement from the local community champions needs to be pursued aggressively in order to influence those hard to reach community members most at risk. The Citizens panel has been set up to obtain critical on the ground feedback and information from residents about their needs and the challenges they face. The champions that form part of this panel will play a central role ensuring the community has a voice into the delivery framework as well as contribute to the implementation of the strategy within the community. We will work to benefit from their expertise in what the community want and what they consider to be their assets who after all are the beneficiaries of a whole systems effort in tackling the obesity challenge.

6. Reasons for Recommendation

6.1 To ensure that Members have understanding of the whole systems approach that has been developed for tackling obesity in Thurrock and that Members are able to champion the rationale for the wider range of stakeholders involved recognising that *obesity is everyone's business*.

7. Consultation

7.1 Engagement in developing the WSOS Delivery Framework initially took place from July 2018 to February 2019. The engagement activities were both with public and professionals across the Council, education sector, local businesses and the voluntary sector. There is an ongoing mechanism through various forums such as the 'Citizens Panel' which will continue to capture the voice of the residents to help drive delivery.

7.2 A Whole Systems Obesity Summit was held on 8th February 2019 where the WSOS was launched to over 100 attendees from a wide range of stakeholders. The key outputs of the day included wide stakeholder input for the Delivery Framework reflects the local and realistic opportunities for obesity prevention in Thurrock

7.3 There is an ongoing mechanism through various forums such as the 'Citizens Panel' which will continue to capture the voice of the residents to help drive delivery. The Citizens panel will also act as custodians of the Delivery framework holding to account the responsible officers, goal leads and sponsors.

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

8.1 The WSOS supports both the Health and Wellbeing Strategy as highlighted in Table **2** below (the highlighted green areas show where the WSOS will directly support the strategy and in yellow will indirectly support the strategy) and the Council's priorities particularly improving health and wellbeing of Thurrock residents.

Corporate strategy - People - a borough where people of all ages are proud to work and play, live and stay.

This means:

- High quality, consistent and accessible public services which are right first time.
- Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing.
- Communities are empowered to make choices and be safer and stronger together.

Table 2: Health and Wellbeing Strategy for Thurrock – Goals

Goals	A. Opportunity For All	B. Healthier Environments	C. Better Emotional Health And Wellbeing	D. Quality Care Centred Around The Person	E. Healthier For Longer
Objectives	A1. All children in Thurrock making good educational progress	B1. Create outdoor places that make it easy to exercise and to be active	C1. Give parents the support they need	D1. Create four integrated healthy living centres	E1. Reduce obesity
	A2. More Thurrock residents in employment, education or training.	B2. Develop homes that keep people well and independent	C2. Improve children's emotional health and wellbeing	D2. When services are required, they are organised around the individual	E2. Reduce the proportion of people who smoke.
	A3. Fewer teenage pregnancies in Thurrock.	B3. Building strong, well-connected communities	C3. Reduce social isolation and loneliness	D3. Put people in control of their own care	E3. Significantly improve the identification and management of long term conditions
	A4. Fewer children and adults in poverty	B4. Improve air quality in Thurrock.	C4. Improve the identification and treatment of depression, particularly in high risk groups.	D4. Provide high quality GP and hospital care to Thurrock	E4. Prevent and treat cancer better

9. Implications

9.1 Financial

Implications verified by: **Jo Freeman**

Finance Manager

The Delivery Framework details a series of actions for tackling health inequalities related to obesity in the population which should contribute towards reducing demand on primary and secondary health care and social care services. The delivery of the WSOS may have a future financial impact for the council but would be subject to the full consideration of the cabinet before implementation, and in the case of the NHS, by the relevant Boards of NHS Thurrock CCG and provider foundation trusts. Detailed business cases will have to be worked up before any investment decisions will be made and these will go through the usual governance routes.

9.2 Legal

Implications verified by: **Tim Hallam**

Acting Head of Law, Assistant Director of Law and Governance and Monitoring Officer

There are no legal implications arising directly from this report; the WSOS and Framework have been developed to support and help achieve targets within the Council's overarching Health and Wellbeing Strategy.

9.3 Diversity and Equality

Implications verified by: **Natalie Warren**

Strategic Lead, Community Development and Equalities

The WSOS and Delivery Framework seeks to reduce health inequalities as a result of obesity whilst continuing to support and promote diversity and equality. A Community Equality Impact Assessment has been completed and will inform the delivery plan. Both will develop as further community engagement and research informs implementation.

9.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder or Impact on Looked After Children)

None.

10. 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):

- Health and Wellbeing Board Report 2rd November 2018. Available from: https://democracy.thurrock.gov.uk/documents/g5470/Public%20reports%20pack%2023rd-Nov-2018%2010.30%20Health%20and%20Wellbeing%20Board.pdf?T=10

11. Appendices to the report

Appendix 1 - Whole Systems Obesity Strategy

Appendix 2 - Whole Systems Obesity Strategy Delivery and Outcomes Framework

Report Author:

Faith Stow

Public Health Programme Manager

Helen Forster

Strategic Lead Place, Environment and Community


Thurrock
Whole Systems
Obesity Strategy
2018-2021

Foreword

This is the first Whole Systems Obesity Strategy for Thurrock. Obesity is a complex problem that is linked to poorer health outcomes and can lead to a number of health conditions such as Type 2 Diabetes and high blood pressure. The influencing factors of obesity are vast, and include things like our social, economic and living environments, this is why we need a new approach. A whole systems approach refers to the network of broad and interlinking factors that contribute to a solution or problem. Traditional approaches that focus on single interventions will not make an impact at a population level, collaboration with partners and the community is vital to the success of the Strategy. Multiple sectors including health, social care, the community and voluntary sector, planning, housing, transport, regeneration and environment all have a role to play. As do our local businesses, workplaces and the wider community themselves all by jointly making better use of resources, seeking opportunities for change and working towards a vision of better health and wellbeing.

Ian Wake
Director of Public Health

Vision statement

Everyone in Thurrock can achieve and maintain a healthy weight, lead an active life, eat a healthy diet and reach a healthy long life expectancy.

Background

Obesity is considered to be one of the most serious and complex public health challenges of the 21st century because of the numerous, interrelating factors associated with obesity. The current obesity system, which operates at a local, regional, national and international level, and as described by the Foresight 2007 report on tackling obesities[1] currently works in favour of individuals gaining weight. Without action the health of individuals will continue to suffer, health inequalities associated with obesity will remain and the economic and social costs will increase to unsustainable levels. The Government is implementing a number of measures to address the national problem of obesity such as the Soft Drinks Levy and reducing sugar in commonly purchased products as set out in the Child Obesity – A plan for action in 2016 [2] and further update in 2018.[3] It is clear that to have a significant impact, we as a Local Authority and the wider local system, must also take action alongside these policy measures.

Drawing on the emerging material from the Whole Systems Obesity Pilots, the system needs "disrupting" in a way that halts this preference for gaining weight and instead works and interacts to assist people in the achievement of healthy lifestyles. This means that, not only do we need to tackle the issue with a comprehensive portfolio of interventions and actions, but more important to this, the interactions between them need to be defined and linked. Essentially the whole is greater than the sum of its parts.

Reducing obesity and reducing the inactive population is a top health and wellbeing priority in Thurrock and is identifiable as a key objective to achieving the Thurrock Health and Wellbeing Strategy. [4] In 2017, Public Health published the Whole System Obesity (WSO) Joint Strategic Needs Assessment (JSNA) which sets out in detail the scale of the issue of obesity for Thurrock and made recommendations about how it can be addressed.[5]

[1] Government Office for Science. Foresight Tackling Obesities: Future Choices – Project Report. 2007.
[2] Childhood Obesity: A Plan for Action. 2016. Available from: www.gov.uk/government/publications/childhood-obesity-a-plan-for-action
[3] Childhood Obesity: A Plan for Action. 2018. Available from: www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2
[4] Health and Wellbeing Strategy Thurrock. 2016. Available from: www.thurrock.gov.uk/strategies/health-and-well-being-strategy
[5] Whole Systems Obesity Joint Strategic Needs Assessment Thurrock. 2017. Available from: www.thurrock.gov.uk/sites/default/files/assets/documents/jsna-obesity-201709-v01.pdf

Strategy Purpose

The Strategy places focus on the wider determinants of health and the impact that multiple sectors can have on health and lifestyle related to obesity through a whole systems approach. By tackling obesity we can also reduce health inequalities.[6] The strategy is central to achieving the vision, for gaining sector buy in and is the tool for having positive conversations with stakeholders around what can be done to tackle obesity in our local population.

The Strategy has five goals, as informed by the WSO JSNA, and which set out how the vision can be achieved using the whole system approach. Recommendations for each goal come from the evidence base of the JSNA work. Stakeholders will be identified and invited to form a new Healthy Weight Working Group. This group will consider the recommendations and co-produce a delivery framework to set out the achievable and relevant actions that will bring about the necessary changes to realise each goal. By nature of a complex system, it will be likely that some of the actions within the goals will cross over with each other.

The Strategy identifies intentions up to 2021, although the WSO work will continue past this timeframe; the strategy will be reviewed and updated on this date. Outcomes and progress of the Strategy will be measured through the measurable actions within the delivery framework and will contribute towards achieving the targets within the overarching Health and Wellbeing Strategy for Thurrock. The Health and Wellbeing targets this strategy will contribute to are outlined in Table 1 below.

Table 1: Thurrock Health and Wellbeing Strategy Targets related to obesity

Goal E: Healthier for Longer	Baseline 2016/17	Target
Proportion of children overweight or obese in year 6	36.9%	Year on reduction of 0.5%
Proportion of adults who are overweight or obese in Thurrock	65.3%	Year on reduction of 0.5%
Proportion of adults who are physically inactive in Thurrock	28%	Year on reduction of 0.5%

Whole Systems Obesity Goals

Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight

Goal B: Increasing positive community influences

Goal C: Improving the food environment and making healthy food choices

Goal D: Improving the physical activity environment and getting the inactive active

Goal E: Improving identification and management of obesity

[6] National Institute for Health and Care Excellence. Preventing obesity and helping people to manage their weight. NICE local government briefings. 22 May 2013.

Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight

We aim to **halt** the upward trend of childhood obesity levels in Thurrock. There are numerous factors that affect a child's health and can lead to them becoming overweight or obese. Healthy behaviours can be promoted in many ways through increasing the opportunities for children and young people around healthy eating and physical activity and making it easier for families to adopt a healthy lifestyle. Collaboration with partners is key to the success of this goal; including influencing early years, schools, colleges, the Brighter Futures Services the voluntary sector and other universal, prevention and support services. Importantly, we must not forget the role of families, parents and carers too.

Why?

Focus on prevention early in the life course, including early childhood and pre-birth, is a priority due to the impact on health and wellbeing during this critical time in combination with the impact that is carried through to adulthood. Overweight and obese youth have an increased risk of becoming overweight adults.[12] Obesity prevalence rises with increasing socioeconomic deprivation.[13]

In Thurrock:

- More than **2 in 10** (22.6%) Reception aged children are overweight or obese, statistically similar to the England figure of 22.4%.
- **4 in 10** (39.5%) Year 6 age children are overweight or obese, statistically worse than the England figure of 34.3%.[13]

Objectives:

- reducing overweight and obesity in children in Year 6 (age 11) by at least 0.5% a year to be statistically similar or below than the national average
- preventing obesity in pre-school age children as well as adolescents aged 11 plus
- increased physical activity in Primary school aged children
- more children accessing a healthy diet

Wider system impacts:

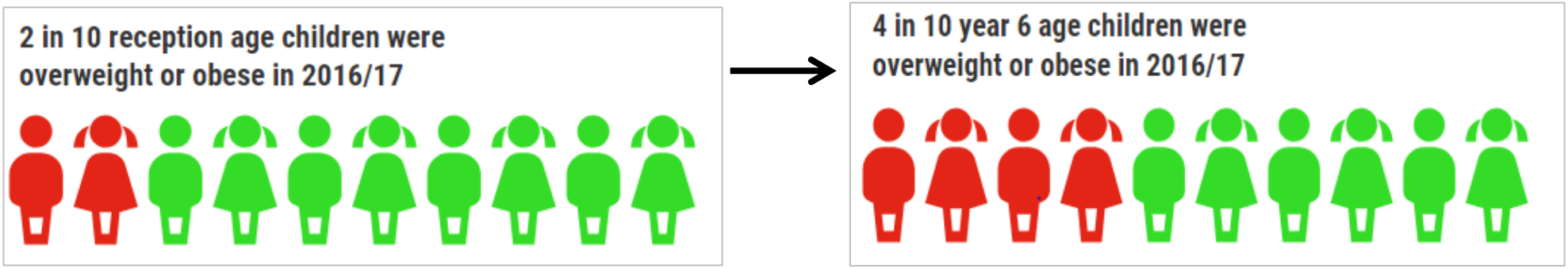
- healthier children and healthier families through behaviour change within the family
- Improved oral health and hygiene through sugar reduction and healthier diet promotion[7]
- improved pupil concentration and engagement within school time[8]
- fewer school absences and improved educational attainment[9]
- improved emotional wellbeing[10], body image and reductions in bullying[11]

[7] Public Health England. Local authorities improving oral health: commissioning better oral health for children and young people. June 2014.
[8] National Institute for Health and Care Excellence. Preventing obesity and helping people to manage their weight. NICE local government briefings. May 2013.
[9] Pan L, Sherry B, Park S, Blanck HM. The association of obesity and school absenteeism attributed to illness or injury among adolescents in the United States, 2009. Adolesc Health. 2013 Jan;52(1):64-9.
[10] Griffiths LJ, Dezateux C, Hill A. Is obesity associated with emotional and behavioural problems in children? Findings from the Millennium Cohort Study. International Journal of Pediatric Obesity 2011;6(2-2):e423-32.
[11] Rees R., Oliver K., Woodman J. & Thomas J. Children's views about obesity, body size, shape and weight: a systematic review. EPPI-Centre, Social Science Research Unit, Institute of Education, University of London, London. 2009.
[12] Singh AS, Mulder C, Twisk JW, van Mechelen W, Chinapaw MJ. Tracking of childhood overweight into adulthood: a systematic review of the literature. Obes Rev. 2008 Sep;9(5):474-88.
[13] National Child Measurement Programme. 2017/18. Available from: www.fingertips.phe.org.uk

WSO JSNA Recommendations for Goal A

Considerable focus on preventative measures in children is crucial due to the impact on health and wellbeing during childhood and the impact this has on later on in adulthood. These measures may include the following as recommended by the JSNA:

1. A detailed review of the local Healthy Start scheme is undertaken by public health and children's services and a recommendation to understand the effectiveness of the scheme and to focus on increasing the uptake of the scheme locally.
2. Children's services and health commissioners should ensure Maternity services, Health Visitors and Children's Centres work to increase healthy weight in pregnancy, increase breast feeding rates and support healthy weaning.
3. To support the development of family healthy weight opportunities including nutritional advice, cookery sessions and physical activity, making this a normalised behaviour within communities.
4. Review and consider the provision for Tier 2 childhood weight management and its impact on population childhood obesity outcomes.
5. Schools, particularly in neighbourhoods of high childhood obesity, should consider taking up the Modeshift STARs[14] scheme to promote active travel methods into school. How this links into the built environment in Thurrock and perceived safety should be considered.
6. Review and consider what options in schools would encourage children to be more active. Schools, particularly in neighbourhoods of high childhood obesity, should use this understanding to work to encourage children to take part in daily physical activity.
7. A review of how the PE and School Sport premium is being spent by schools across Thurrock, with a view to understanding impact, sharing best practice and to understand opportunities to increase physical activity in children across the borough through this route.



[14] Available from: https://modeshiftstars.org/

Goal B: Increasing positive community influences

There are wider system factors including economic, cultural and social factors that impact on the health of individuals. Furthermore, obesity does not affect all groups equally. We aim to understand the barriers to health in our local communities, including the impact of worklessness and housing, to identify opportunities that will support health and encourage physical activity and healthy eating. A collaborative approach with the wider community in Thurrock and key local connectors is needed to identify solutions and opportunities to influence positive behavioural change at an individual and population level.

Why?

Obesity widens **health inequalities**; there is an established link between deprivation and obesity.[17] Thurrock is ranked 84th most relatively deprived out of 152 Local Authorities in England (1 most deprived). The level of child poverty is worse than the England average with 17.8% of children aged under 16 years living in poverty (2015). The rate of family homelessness is also worse than the England average (2016/17).[18] The estimated cost to society related to obesity is £27 billion a year. People who are obese are more likely to face discrimination and stigmatisation, furthermore they are less likely than people of a healthy weight to be in employment.[17]

The **ethnic diversity** of Thurrock's population has increased at a faster rate than the national average and this trend is set to continue. School children in Thurrock are a more ethnically diverse population than their parent's population. Prevalence of obesity is higher among women of Black Caribbean, Black African, and Pakistani ethnicities, compared to the other ethnic groups. For men, obesity prevalence is highest in Black Caribbean, White and Irish ethnic groups.[19] There is variation in obesity prevalence by ethnic group for children too. Programmes and initiatives should be designed with this in mind and target accordingly.

Socioeconomic factors such as poor housing and lack of cooking facilities and skills, as well as inherited cultural cooking methods, can contribute to social and family norms that may encourage unhealthy behaviours around eating and physical activity.

Objectives:

- the development of community driven health initiatives particularly focusing in areas of deprivation
- a wider range of departments and sectors such as Housing, the Voluntary Sector and local businesses contributing to reducing obesity and improving health

Wider system impacts:

- empowered communities particularly around tackling weight related issue
- greater public resilience
- greater social cohesion, reduced social isolation and loneliness[15]
- increased participation, volunteering and reductions in worklessness[16]

[15] Available from: www.noo.org.uk/LA/tackling/leisure
[16] National Institute for Health and Care Excellence. Preventing obesity and helping people to manage their weight. NICE advice [LGB9] May 2013.
[17] Public Health England. Adult obesity and socioeconomic status data factsheet. August 2014
[18] Public Health England. Available from: https://fingertips.phe.org.uk/profile-group/child-health/
[19] Public Health England. Adult slide set. Adult obesity prevalence by ethnic group. Health Survey for England 2006-2010. 2013.

WSO JSNA Recommendations for Goal B

Focus should be on developing a joined up approach between multiple sectors including businesses, health care, social care and communities to better understand the opportunities and potential solutions to tackling obesity in Thurrock. Measures to achieve this may include the following as recommended by the JSNA:

1. To instigate work with communities, including schools and colleges, to identify behavioural change methods that would be successful in creating a cultural shift away from health harming social norms to healthy ones.
2. To work in partnership with local employers to develop a holistic health and wellbeing workplace model.
3. Work with businesses should be undertaken to understand the links with obesity, mental health and employment.
4. To keep a watching brief on further national research to develop a better understanding of any association between ethnicity and obesity and how this can influence our action.
5. For housing, planning and environment departments to ensure that there are opportunities for physical activity, for accessible healthy food outlets and suitable food preparation/ storage areas within housing, to include private tenants.
6. To support and assist in the promotion of national campaigns locally, such as Dry January and One You to spread their messages and encourage a greater take up amongst communities through the identification of relevant departments, services and agencies.
7. Regeneration and public health should work with employers, unemployment agencies and relevant voluntary and public organisations to identify and develop healthy lifestyle opportunities to increase life chances.
8. Focus on, existing and new, prevention opportunities and small behaviours changes that could have a population impact should be implemented at the key ages of increase from the age of 16 through to age 45. For example One You and Active 10 initiatives.
9. Strategies to tackle overweight and obesity should give a greater focus on community based methods of engagement with those from deprived geographical areas.
10. Strategies to tackle overweight and obesity should consider more relevant methods of engagement and focus with those from Black and Minority Ethnic groups and communities where obesity and excess weight has been observed to be higher.
11. Adult social care should consider targeted opportunities towards those with limiting long term health problems and older people.

Goal C: Improving the food environment and making healthy food choices easier

We aim for healthy food choices to be a simpler and easier task especially for families. The food environment is the collection of the physical, biological and social factors that affect eating habits and patterns. The makeup of the food environment influences our decision making around food choices and this can lead to habitual and social food preferences. Where we can start to have an impact is the high-street, our local hospitals, workplaces and within educational settings such as nurseries, schools and colleges. This will involve working with local food outlets and businesses to ensure that the nutritional quality of food and drinks available is considered in-line with the recommended food standards and factored into the local food supply.

Why?

Eating a healthy diet is important for preventing weight gain and reducing the risk of developing certain diseases.[23] Figures from the latest National Diet and Nutrition Survey (NDNS) collected from 2014-2016 show the UK population is consuming too much saturated fat and not enough fruit, vegetables, and fibre.[24]

Measures for **5-a-day fruit and vegetable** consumption in Thurrock is significantly lower than the regional and national averages. The data for Thurrock shows that less than half of 15 year olds (49.2%)[25a] and just over half of adults (51.3%)[25b]are meeting the national '5-a-day' standard on a usual day. The uptake of free school meals, which tend to be healthier than lunch boxes, in Thurrock is low, with only 12.7% of pupils who are eligible taking up the offer in 2017.[26]

There is a strong relationship with deprivation and the rate of fast food outlets in England and this also applies to Thurrock.[27] There are **27 allotment sites** in Thurrock providing opportunities for people to grow their own food. However, Thurrock does not meet the National Society of Allotment & Leisure Gardens' suggested standard of 20 allotments per 1000 households, therefore access to growing food should be increased and promoted.

Objectives:

- a healthier food environment in Thurrock
- improved opportunities for access to healthy food
- increase the number of schools serving healthier food
- increase the number of children taking up free school meals

Wider system impacts:

- healthier workplaces and less staff time off sick[20]
- improved productivity within the workplace and other settings such as education[21]
- engaged local businesses that are supporting local health
- positive community outlook on healthy food supply[22]

[20] Butland B, Jebb S, Kopelman P, et al. Tackling obesities: future choices – project report (2nd Ed). London: Foresight Programme of the Government Office for Science, 2007.
[21] National Institute for Care and Health Excellence, Workplace health. NICE advice[LGB2] July 2012
[22] Public Health England. Obesity and the environment briefing: regulating the growth of fast food outlets. March 2014.
[23] Global Burden of Disease 2016 Risk Factors Collaborators. A systematic analysis for the Global Burden of Disease Study 2016. Lancet; 390: 1345–422, 2017.
[24] Available from: www.gov.uk/government/statistics/ndns-results-from-years-7-and-8-combined
[25a] What About YOUth (WAY) survey, 2014/15 and 25[b] Public Health England (based on Active Lives, Sport England), 2016/17. Available from: www.fingertips.phe.org.uk
[26] School Census. Available from: https://fingertips.phe.org.uk
[27] Whole Systems Obesity Joint Strategic Needs Assessment Thurrock. 2017. Available from: www.thurrock.gov.uk/sites/default/files/assets/documents/jsna-obesity-201709-v01.pdf

WSO JSNA Recommendations for Goal C

There should be a shift of strategic focus to improving the food environments across the Borough to promote small lifestyle changes and to prevent gradual increases in body weight, impacting at a population level. This may include the following measures as recommended by the JSNA:

1. Children's Services to conduct a review of early years, childcare and school settings to understand the provision of healthy food environments locally and to ensure the nutritional quality of food supplied in early year and school settings is of a good standard.
2. Develop an understanding of why eligible children and families in Thurrock do not take up free school meals. There should be a concentrated effort to increase the uptake of Free School Meals in primary and secondary schools in Thurrock.
3. The school catering team should work with schools to change and shift the culture of packed lunches to school meals or to encourage more nutritionally balanced packed lunch contents.
4. Schools have huge potential to make a positive impact for reducing obesity and chronic related disease risk, as does the local school environment, the school curriculum should deliver consistent messages on food and diet to its pupils.
5. Planning policy should consider the options around the restriction of the growing number of fast food outlets in Thurrock, in particular in the areas where there is the highest childhood obesity at Year 6.
6. Explore opportunities to influence the built environment through planning and regeneration, to enable better access to affordable healthy food.
7. To work with environmental health around existing fast food outlets to review the provision and offer alternative options and healthier food or healthier ways of cooking food e.g. via the TUCK IN initiative.
8. Work with planning to increase allotment availability and accessibility, link them to community growing schemes and release excess food grown to communities.
9. Work with local supermarkets on healthy food promotion and marketing schemes and areas of food waste.
10. Ensure issues relating to food storage and cooking skills are identified and addressed in populations and groups where this is a highlighted barrier to eating a healthy and balanced diet, for example through the Well Homes Good Food Pilot.
11. Consider the potential to pilot of a healthy eating zone to test whether this is something which might have an impact on the food system.
12. To work with the Food Banks and other community initiatives to identify healthy eating/ preparation ideas for their users.

Around half of the Thurrock population are not meeting the '5 a day target' (2016/17).

Goal D: Improving the physical activity environment and getting the inactive active

We aim to improve the areas in our local environment that will encourage physical activity and the use of outdoor space, to improve health and increase the number of active people in our population. Through the planning and housing growth agenda that is being developed within Thurrock we have a unique opportunity to shape our environment to encourage behaviour change around physical activity. Through the use of tools to assess the health impact during planning, the creation of quality outdoor spaces and the development of active travel initiatives will all contribute towards achieving this goal.

Why?

Low physical activity is one of the top ten causes of disease and disability in England.[31] National guidelines state that for healthy lives, adults and children should be physically active every day.[32] The health benefits of physical activity are not just about maintaining a healthy weight, but also relate to healthier ageing, reduced risk of falls, positive effect on mental health and a reduced risk of diseases including cancer. Around one in two women and a third of men in England are damaging their health through a lack of physical activity.[33] This is unsustainable and costing the UK an estimated **£7.4bn** a year.[34]

The Active Lives survey showed that almost half of adults in Thurrock (**47.2%**) are not meeting the recommended physical activity guidelines and that there are statistically fewer adults who do any cycling; only **1.2% of** adults cycling are 3 times a week.[35] We know there are particular groups in our communities who have lower levels of physical activity; these include females, older adults, people with limiting illness or disability, people on a lower income, part time employees and those with a higher body mass index (BMI).[36] We also know that in areas in Thurrock where parks and gardens have a lower quality rating have higher rates of childhood obesity.[37]

Objectives:

- improvements to the physical environment in the Borough that promote physical activity and wellbeing
- active travel prioritised in transport and planning policies
- reduction in the inactive population

Wider system impacts:

- greater social cohesion, reduced social isolation and loneliness[28]
- local communities positive about the environment and where they live
- healthier workplaces and increased productivity[29]
- reduction in car travel, air pollution, carbon dioxide emissions and congestion[30]

[28] Available from: www.noo.org.uk/LA/tackling/leisure
[29] Butland B, Jebb S, Kopelman P, et al. Tackling obesities: future choices – project report (2nd Ed). London: Foresight Programme of the Government Office for Science, 2007.
[30] Public Health England. Obesity and the environment briefing: increasing physical activity and active travel. November 2013.
[31] Murray et al. UK health performance: findings of the Global Burden of Disease Study 2010. The Lancet; 381: 997-1020, 2013.
[32] UK Physical Activity Guidelines. Available from: www.gov.uk/government/publications/uk-physical-activity-guidelines
[33] Health and Social Care Information Centre (2013) Health Survey for England 2012. Volume 1: Chapter 2 – Physical activity in adults. Leeds: Health and Social Care Information Centre.
[34] Scarborough et al. The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. Journal of Public Health; 33 (4): 527-535, 2011.
[35] Active Lives Survey. 2015. Available from: Available from: www.fingertips.phe.org.uk
[36] Essex County Council. Sport and Exercise Physical Activity Needs Assessment. June 2014. Available from: www.essexinsight.org.uk/get/ShowResourceFile.aspx?ResourceID=973
[37] Whole Systems Obesity Joint Strategic Needs Assessment Thurrock. 2017. Available from: www.thurrock.gov.uk/sites/default/files/assets/documents/jsna-obesity-201709-v01.pdf

WSO JSNA Recommendations for Goal D

Greater strategic focus on promoting physical activity in order to increase the amount of adults meeting government activity recommendations and reduce the number of people who are inactive in the borough. Measures to achieve this may include the following as recommended by the JSNA:

1. Continue to influence future planning to prioritise the need for communities to be physically active as a routine part of their life, with strong consideration for Active Design Principles (Sport England) and healthy weight environments.
2. Environment department to seek to improve the quality and quantity of local sports facilities, green spaces and pitch and play provision in response to local need and population growth as evidenced by the Active Place Strategy.
3. Using the Active Place Strategy findings as a benchmark, undertake further evaluation around sport and physical activity levels to identify any specific demand for additional services/club and obtain a clearer understanding of local demand for sport and physical activity to help shape future vision.
4. Focus provision and commissioning on localities with lower levels of physical activity and the least active groups to address Thurrock's health inequalities.
5. Develop consultation activities to try and identify perceived barriers to physical activity within different communities.
6. Collective action should be undertaken to promote, encourage and support the community to get active and travel actively via walking and cycling including inspiring the community to use their parks, gardens and open spaces more.
7. Thurrock Council should consider the development and enhancement of new and existing relationships and partnership working with Active Essex, Sports England and other external organisations.
8. Regeneration to seek to integrate future development of further sports facility infrastructure with prospective integrated medical centres/ educational facilities where possible.
9. Active travel should be enshrined in transport policies. Planning and transport policy should encourage new developments to maximise opportunities for active travel with appropriate infrastructure (e.g. cycle lanes, cycle parking) and ensure these are prioritised over car transport as part of designing safe and attractive neighbourhoods.
10. Improve the provision of high quality, local, accessible and safe green space in line with recommendations by organisations including the Design Council Commission for Architecture and the Built Environment. Including improving the aesthetics of green space, alongside appropriate safety and crime prevention initiatives to encourage people to use their local green space.

40.5% of adults in Thurrock are not meeting recommended physical activity levels (2016/17)

Goal E: Improving identification and management of obesity

We aim to improve the identification of obesity in our population through primary care settings, including brief advice and promotion of current services that can support a person around their weight. Research shows that brief, opportunistic interventions delivered in primary care can result in a 5-fold increase in the proportion of patients engaging in weight management services.[41] Simple advice from a health or care professional to lose weight increases patients' intentions to lose weight, whilst referring people to weight management services can more than double the amount of weight they lose.[41] There are a range of local services in Thurrock that can support people in making healthy lifestyle changes including physical activity and weight management programmes, however, more understanding is needed whether these services are accessed equitably.

Why?

Obesity is associated with an increased risk of developing a range of health problems, including heart disease, type 2 diabetes, osteoarthritis, sleep apnoea and some cancers, as well as emotional and mental health problems.[38] Most of the complications of obesity can be reduced by weight loss.[42] Body Mass Index (BMI) provides a practical estimate of weight status in adults. Research has shown that GPs perceived overweight and obese weights as being of lower BMI and weight status than they actually are, and this was associated with a lower intention of discussing weight management with a potential patient.[43] In Thurrock, figures show:

- **69.4%** of adults are overweight or obese in Thurrock, statistically worse than the England average of 61.3%.[44]
- There is variation at GP practice level in the identification of obesity in adults.[45]
- **66%** of Thurrock patients referred to tier 3 weight management had one or more long term health conditions, with **22%** having three or more.[39]

Objectives:

- improve education in the prevention of obesity locally
- improve identification and management of obesity including awareness and signposting resulting in increased referrals into services that can support a healthy weight
- improved join up and signposting between all services to maximise potential outcomes for the population of Thurrock
- local weight management services that are equitable

Wider system impacts:

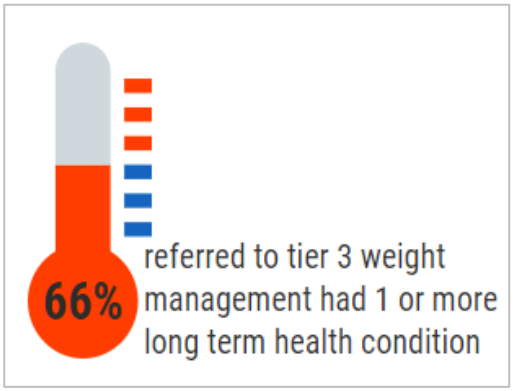
- improved management of long term conditions including depression through better linked referral pathways
- halting increase in incidence of obesity associated conditions such as diabetes[38]
- reductions in use of primary care and secondary care services resulting in NHS cost savings[39]
- reductions in social care packages resulting in savings to local authority adult social care[40]

[38] National Institute for Health and Care Excellence. Obesity: identifying, assessing and managing obesity in adults, young people and children. November 2014. Available from: www.nice.org.uk
[39] The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs
[40] Estimated annual Social Care costs* of obesity to Local Authorities is £352m. Preliminary analysis of Health Survey for England combined data 2011 and 2012. Obesity Knowledge and Intelligence. PHE 2014.
[41] Public Health England. Let's Talk About Weight. 2017. Available from: https://assets.publishing.service.gov.uk
[42] National Institute for Health and Care Excellence. Obesity. Clinical Knowledge Summary. October 2012. Available from: www.nice.org.uk
[43] Robinson E, Parretti H, Aveyard P. Visual identification of obesity by healthcare professionals: an experimental study of trainee and qualified GPs. Br J Gen Pract; 64(628):e703-8, 2014.
[44] Public Health England (based on Active Lives survey, Sport England). 2016/17. Available from: www.fingertips.phe.org.uk
[45] Whole Systems Obesity Joint Strategic Needs Assessment Thurrock. 2017. Available from: www.thurrock.gov.uk/sites/default/files/assets/documents/jsna-obesity-201709-v01.pdf

WSO JSNA Recommendations for Goal E

Greater focus on identifying and supporting those who already measure as overweight or obese to adopt a healthy lifestyle and achieve a healthier weight. Measures to achieve this may include the following as recommended by the JSNA:

1. Thurrock Clinical Commissioning Group to encourage GPs to identify and refer more obese patients for weight management support.
2. Practice-level variation in the identification of obesity to be supported through the work of the Healthcare Public Health Improvement Managers
3. A health equity audit undertaken of weight management provision to understand if local groups and communities within the Thurrock population are accessing weight management services equitably.
4. Future weight management provision to continue to target patients in more deprived areas as well as males.
5. Tier 2 Weight Management Programmes to provide a varied range of options, including physical activity options, to ensure it reaches all sectors of the community.
6. Public Health and NHS Commissioners should ensure that there is clear connectivity between weight management and mental health support services.
7. Analysis of the Tier 3 data indicates that a large proportion of patients have more than one long term condition. In order to prevent development of further ill-health, Tier 3 Weight Management Programmes obesity support and long term condition support should be delivered in an integrated way.



Next steps

Public Health are leading the roll out of this Strategy. The initial steps are to invite cross-sector members to form a new Healthy Weight Network. Using a whole system approach this group will give direction and steer to take forward the JSNA recommendations. A co-produced delivery framework will set out the specific and measurable actions to achieve the five goals of this strategy. The progress of this group will report into the Health and Wellbeing Board.

Please submit any queries or comments to publichealth@thurrock.gov.uk.

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APPENDIX 2

Thurrock Council and Partners

Whole System Obesity Delivery Framework 2019 – 2021

thurrock.gov.uk

Whole Systems Obesity Delivery Framework 2018-2021

Everyone in Thurrock can achieve and maintain a healthy weight, lead an active life, eat a healthy diet and reach a healthy long life expectancy.

This document presents the delivery framework underpinning Thurrock's Whole Systems Obesity Strategy. Tackling the complexity of obesity is multifactorial. This is a long term project, with a wide range of stakeholders. The approach of the strategy and its delivery framework has a 'golden thread' and is one that is: asset based, place based and led by the system including our citizens'

The delivery framework is a dynamic document which will continuously evolve. Our approach will enable changes and developments to be considered and acted on as we progress actions and reflect the ever changing physical, social, economic and political environment in Thurrock.

The newly formed Citizens Panel will act as 'Custodians' of the delivery framework, championing and challenging and holding stakeholders to account. The Health and Wellbeing board will also receive an annual report to demonstrate progress.

Our partners

We would like to thank the many people and organisations who have contributed to the development of this framework. These include:

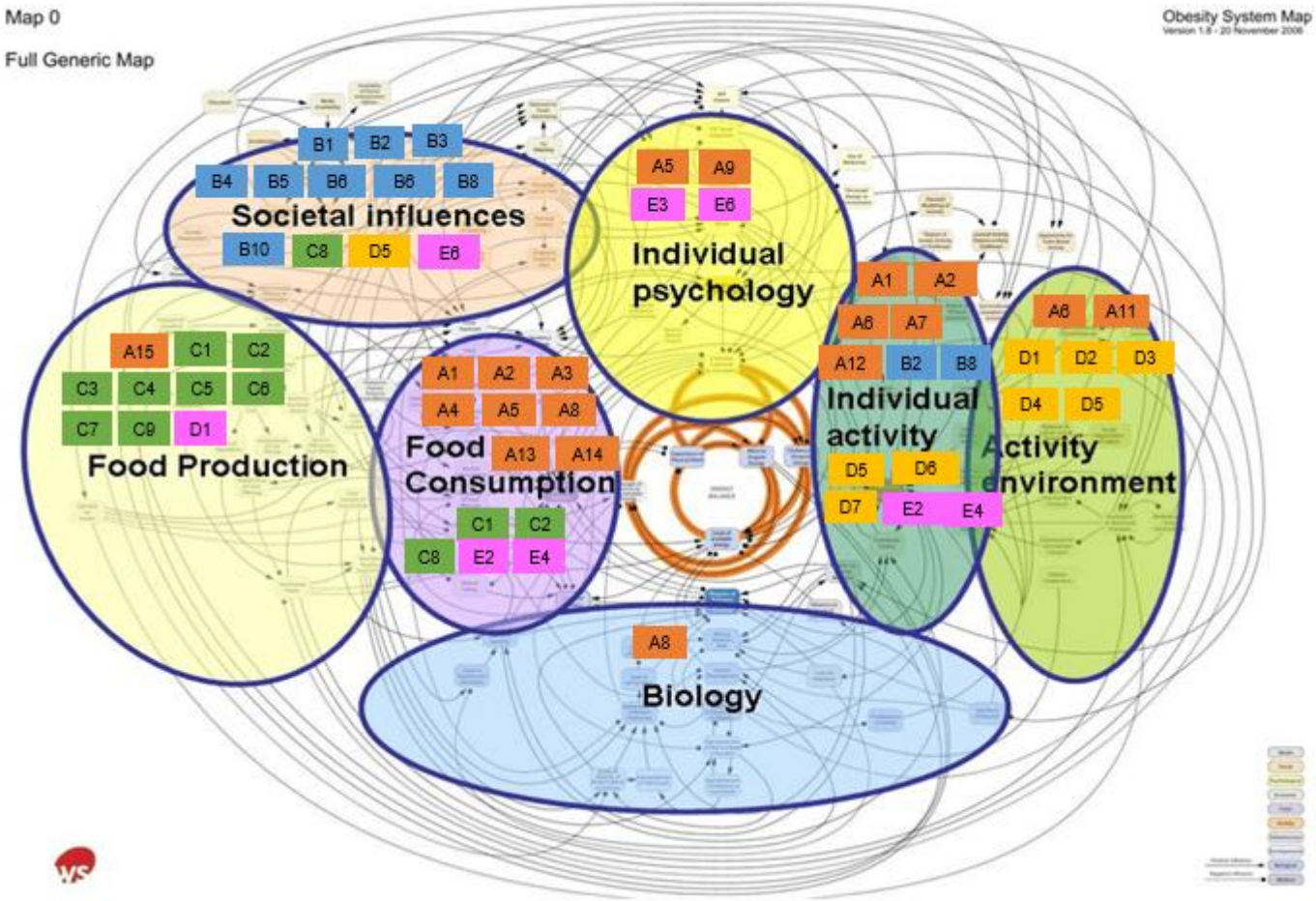
Residents of Thurrock, Thurrock Community & Voluntary Services, Healthwatch Thurrock, Public Health, Children Services, Health and Social Care, Transport and Planning, Environment and Leisure, Human Resources and Organisation Development, Housing, Resident Engagement, Thurrock Healthy Lifestyle Service, Thurrock Clinical Commissioning Group, Kennington's Primary School Head, ngage, Economic Development Skills Partnership, Friends of Hardie Park and Impulse Leisure.

Suggested timelines for the actions we have set out are as follows:

Whole Systems Obesity
Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight
Goal B: Increasing positive community influences
Goal C: Improving the food environment and making healthy food choices
Goal D: Improving the physical activity environment and getting the inactive active
Goal E: Improving identification and management of obesity

- Short term: April 2019 - November 2019
- Medium term: April 2019 - April 2020
- Long Term: April 2019- March 2021

The Foresight Map below demonstrates the key drivers of obesity within a system. Throughout the delivery framework the indicators have been aligned to parts of the foresight map that as a system we have the possibility to influence in order to promote heathier weights.



Source: Government Office for Science. Foresight Obesity Project, 'Tackling Obesities: Future Choices'. 2007. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/295154/07-1179-obesity-building-system-map.pdf

Goal A - Enabling settings, schools and services to contribute to children and young people achieving a healthy weight

Goal Sponsor: Michele Lucas, Assistant Director, Education and Skills | **Goal Lead:** Andrea Winstone, Strategic Lead for School Effectiveness and SEND | **Public Health Support:** Beth Capps, Senior Public Health Programme Manager

Principal Outcome:

- reducing overweight and obesity in children in Year 6 (age 11) by at least 0.5% a year to be statistically similar or below than the national average

(Baseline: overweight and obesity in year 6: National average 34.2% (2016/17) Thurrock 36.9% (2016/17))

Objectives:

- preventing obesity in pre-school age children as well as adolescents aged 11 plus
- increased physical activity in Primary school aged children
- ensuring more children have access a healthy diet

Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight								
Indicator no.	**Corresponding action**	**Outcomes**	**Activities**	**Measure**	**Baseline**	**Responsible Officer**	**Delivery Time**	**RAG**
A1		Increased access to healthy weight initiatives for CYP through the provision of a diverse range of options that appeal to the community.	Co -produce with partners applications for funding, in consultation with the community.	N= no. of bids submitted. N=number of families	Not available, to be compiled in year 1.	Senior Public Health programme Manager Strategic lead School Effectiveness and SEND	Ongoing	

Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight								
Indicator no.	**Corresponding action**	**Outcomes**	**Activities**	**Measure**	**Baseline**	**Responsible Officer**	**Delivery Time**	**RAG**
A2	E8	Improve the system's management of obesity and overweight by increasing the range of services and access to those services.	Map the pathway of existing commissioned and community opportunities for children and young people in relation to obesity/healthy weight. A pathway document to be produced and shared with schools, settings, primary care and digitally with all partners. A gap analysis to be completed using a life course approach in collaboration with Goal E action. Services are commissioned where gaps exist.	Proportion of children with Excess weight (identified through the NCMP at year R and year 6) that receive support when offered from the Healthy Families School Health Service.	Baseline tbc September 2019	Senior Public Health programme Manager Commissioning Manager – Thurrock CCG	Short term	

Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight								
Indicator no.	**Corresponding action**	**Outcomes**	**Activities**	**Measure**	**Baseline**	**Responsible Officer**	**Delivery Time**	**RAG**
A3		Increased knowledge and behaviour of staff within settings such as day nurseries, schools and out of school clubs contributing to an increase in the nutritional quality of food supplied within children's environments.	Sharing information and best practice to inform partners (day nurseries, schools and out of school time clubs) regarding the benefits of the take up of a Gold Standard Mark (Soil Association), and healthy lunchbox schemes through items at management meetings, quarterly bulletins, SLA online platform. Social media. A review will be carried out with schools and settings to inform the baseline and subsequent improvements.	75% of preschools and primary schools have soil association or equivalent accreditation for the provider of meals 100% of schools adhere to the school food standards.	TBC Sept 19	Early years/Pre-schools partner Primary Headteacher partner Public Health Graduate Trainee Strategic lead School Effectiveness and SEND	Medium term	
A4		Contribute to a reduction in health inequalities through the development of the Healthy Start programme as part of the 0-5 wellbeing offer, targeting families in more deprived areas (Target hub areas = Central Thurrock including Tilbury tbc.). (The Healthy Start programme is a voucher scheme for families on certain benefits and teenage mums to receive a voucher towards, fruit, vegetables and milk from local retailers.)	Implement contract variation with 0-19 provider to record the number application forms for vouchers signed. Monitor and map uptake of healthy start vouchers in the target areas (tbc). Increase the take up of the Healthy Start scheme through such avenues as the Food Banks, schools, Children's centres, social prescriber in the target area.	Increase of Healthy start vouchers being distributed from the baseline (tbc) Percentage increase in Healthy Start Vouchers signed by HVs in CC areas. To be measured from April 2020 onwards	Baseline to be established (by 2020). Number of vouchers signed by HVs in targeted Children's Centre areas for 2019/20 (Healthy Families new target)	Operational Lead Healthy Families Service- NELFT Senior Public Health programme Manager Commissioning Manager – Thurrock CCG Children's Centres Service Manager	Long term	

Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight								
Indicator no.	**Corresponding action**	**Outcomes**	**Activities**	**Measure**	**Baseline**	**Responsible Officer**	**Delivery Time**	**RAG**
A5		Increased healthy weight in 2.5 year olds	Commission an under 5's wellbeing programme incorporating digital and face to face methods in an agreed Children's Centre. Commission a pre-school wellbeing survey. Compare survey results of the intervention areas with other areas in Thurrock as part of evaluation.	A reduction of 0.5% in overweight and obesity in 2.5 year olds in the target area for the intervention and a year on year improved trend. Using a questionnaire at the start and end of the programme measure impact: An increase in Knowledge Attitudes and Behaviour of parents relating to healthy lifestyle choices (measures to be confirmed)	Percentage of overweight and obesity in 2.5 year olds (To be established, anticipated available by September) Anticipated available 2020 onwards	Senior Public Health programme Manager Strategic lead School Effectiveness and SEND Operational Lead Healthy Families Service- NELFT Children's Centres Service Manager	Medium Term	

Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight								
Indicator no.	**Corresponding action**	**Outcomes**	**Activities**	**Measure**	**Baseline**	**Responsible Officer**	**Delivery Time**	**RAG**
A6		Increased physical activity/active play in pre-school settings. Physical Activity guidelines for under 5's 'Start Active, Stay Active'- CMO guidelines 2011. (Babies- should be encouraged to be active throughout the day, every day. Before crawling, encouraged by reaching and grasping, pulling and pushing, moving their head, body and limbs during daily routines, and during supervised floor play, including tummy time. Toddlers-Children who can walk on their own should be physically active every day for at least 180 minutes (3 hours). This should be spread throughout the day, indoors or outside.	Survey all early years' settings to establish baseline of activity being carried out in settings (as well as food provision). Increase knowledge of early years activity guidelines and share best practice through: management meetings, briefings and bulletins. Use a targeted approach based on survey baseline of knowledge. Enhance the Education Team's Early Years code of practice with the requirement to ensure children are physically active.	Percentage of settings maintaining a green RAG status from the Early years visit (incorporating increased physical activity recommendations for 2019/20 onwards). N=100% Percentage of EY settings offering recommended amount of indoor and outdoor physically active play increases from baseline. Target = 100%	100% TBA (Dec 2019)	Strategic lead School Effectiveness and SEND Public Health Graduate Trainee Early years/Pre-schools partner	Medium Term	
A7		Increased number of early years settings delivering Forest Schools. (Forest Schools is an approach to increase active outdoor learning in green spaces)	Engagement of Early Years settings with the Forest Schools approach by dedicated worker in Children's services, promoted by school improvement team and early years partners.	Number of Early Years settings delivering Forest schools increases. Target n= 6 settings by March 2021	1 setting	Strategic lead School Effectiveness and SEND Forest Schools Worker	Long term	

Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight								
Indicator no.	**Corresponding action**	**Outcomes**	**Activities**	**Measure**	**Baseline**	**Responsible Officer**	**Delivery Time**	**RAG**
A8		Increase in babies being breastfed at 6-8 weeks.* 2016/17 has been taken as a baseline due to data quality issues with 2017/18 data resulting in non-publication. This has been addressed for 2018/19 year. There is an indicative value for 2017/18 of 46.5% (based on first half of the year)	Implement findings from the social marketing research and Breastfeeding Needs Assessment: System wide change as part of an agreed LMS approach to breastfeeding. Develop a digital offer as part of the 0-5 wellbeing programme being piloted to make info more accessible, particularly including sharing around the science behind breastfeeding. Training offer- consistency between professional groups. Support offer consistency of information provided. Involvement of partners and family member in supporting feeding choices. Working to normalise breastfeeding through social media and marketing approach in society through development of a place based approach.	Target= 50% by 2021	47.7% (2016/17) East of England average 49.2% (2016/17) England average 44.4% (2016.17)	Senior Public Health programme Manager	Long term	

* Research has shown a consistent link with Breastfeeding and later childhood obesity with. Specifically that children that have been breastfed for 4 months or longer are less likely to be obese when they enter school and leading into adolescence. Yan,J., Liu, L., Zhu, Y., Huang, G., & Wang, P.P. (2014) The association between breastfeeding and childhood obesity: a meta-analysis. BMC Public Health, 14 (1), 1267.

Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight								
Indicator no.	**Corresponding action**	**Outcomes**	**Activities**	**Measure**	**Baseline**	**Responsible Officer**	**Delivery Time**	**RAG**
A9		Schools are able to demonstrate an improvement in the physical and emotional wellbeing offer for pupils evidenced through sign up to the Healthy Schools rating scheme and engagement with the Thurrock School Wellbeing Service. (The Healthy Schools rating scheme is a voluntary scheme for schools that recognises and encourages their contribution to supporting pupils' health and wellbeing. Schools will be able to determine how well they are promoting healthy eating and physical activity by completing a self-assessment and receiving a rating based on their answers. They will receive an award for their performance, and information on how they might improve their healthy living policies.)	Schools are enabled through the Healthy Families service, School Wellbeing Service and Public Health WSO support to engage with the voluntary Healthy Schools rating scheme. -Self assessments are completed by schools -Awards are received -Schools continue to develop to improve the level of award each year.	30 % of schools sign up to the Healthy Schools rating scheme in year 1 with a year on year increase to 75% 2022 Increase year on year in the number of awards at each level 50% of primary schools take up the School wellbeing programme and work with the team to develop a whole school action plan.(19/20)	NA To be established in year 1 once full details of the scheme are released) NA	Senior Public Health programme Manager School Wellbeing Service manager, Operational Lead Healthy Families Service- NELFT Primary Head Teacher partner	Long term	

Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight								
Indicator no.	**Corresponding action**	**Outcomes**	**Activities**	**Measure**	**Baseline**	**Responsible Officer**	**Delivery Time**	**RAG**
A10		Influence the commissioned offer for 16-18 year olds (transition age to adult services) achieving a healthy weight through the creation of a multi-agency action plan.	Conduct an evidence review and user engagement exercise to ascertain need around weight and best practice for the transitional age group (16-18 years). Pilot a service offer with a secondary school through the commissioned provider for school health. Coproduce a service offer for 16-18 year olds with school health provider and adults PH colleagues. Work collaboratively with health improvement colleagues from adult's team to implement any changes around transition recommended as a result of the literature search and user engagement. Ensure learning from the digital project commissioned by adult health improvement is built into the action plan.	An increased proportion of young people are of a Healthy weight in the transition age group through delivery of an Action plan (to be produced 2020/21) Specific outcome measures to be established as part of the action plan process.	NA	Senior Public Health programme Manager Operational Lead Healthy Families Service- NELFT Commissioning Manager Thurrock CCG Public Health Programme Manager –	long Term	

Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight								
Indicator no.	**Corresponding action**	**Outcomes**	**Activities**	**Measure**	**Baseline**	**Responsible Officer**	**Delivery Time**	**RAG**
A11		Increased Active travel to school.	Collaborate with transport colleagues to promote Modeshift stars to schools and increase schools taking part. (Modeshift stars is a national sustainable travel accreditation and recognition for schools that have demonstrated excellence in supporting cycling, walking and other forms of sustainable travel)	80 % of Primary schools taking part in Modeshift stars Active travel scheme.	21 Active 20 lapsed 10- no plans Baseline = 41%	Strategic lead School Effectiveness and SEND Primary Head Teacher partner	Medium term	
A12		Increased physical activity in the school day (outside of PE lessons).	Schools enabled to implement a daily activity initiative such as the Daily Mile by the following teams and individuals through promotion via face to face conversations and troubleshooting issues, articles in the Head Teachers briefing and on SLA online. Active Essex Daily Mile coordinator Public Health Team School Wellbeing Service Commissioned Provider for school health team (Healthy Families)	Number of schools taking part in Daily Mile (or equivalent) 50% by March 2020 75% by March 2021	37% (Feb – March 2018)	Operational Lead Healthy Families Service- NELFT Senior Public Health programme Manager School Wellbeing Service manager, Primary Head Teacher partner	Short term	

Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight								
Indicator no.	**Corresponding action**	**Outcomes**	**Activities**	**Measure**	**Baseline**	**Responsible Officer**	**Delivery Time**	**RAG**
A13		Improved nutrition for children from lower income families demonstrated by an increase in the uptake of Free School Meals in those eligible.†	Identify an up to date figure of children eligible (based on family receipt of certain benefits/low income) for free school meals (FSMs)to compare with the number taking up free school meals. Develop and understanding of why eligible families in Thurrock chose not to take up free school meals and create an action plan to influence this (working collaboratively with the school wellbeing service).	The percentage of children who have FSM from those that are eligible increases from the baseline (tbc).	Currently, being explored, TBC Oct 19.	Senior Public Health programme Manager Strategic lead School Effectiveness and SEND Catering and traded services Manager	Medium term	
A14	A3	Improved school lunchtime nutrition of all children through increasing the ratio of school meals to packed lunches and improving the quality of packed lunches. (Evidence base shows that on average school meals are healthier and have an increased nutritional content than most packed lunches‡).	Action to shift the culture of packed lunches to school meals and to encourage more nutritionally balanced packed lunch contents. Increase the uptake of school meals through the Healthy Families 'missions' as part of the school health service revised offer for healthy weight. A joint project between the school health service and the catering services to increase children's uptake of school meals	The Brighter Futures Survey shows an increase in children choosing school meals to an average of 40% across the 3 school year age groups surveyed.	Baseline = 35 % as an average 2017/18 school year data Breakdown: Yr 5 -30% Yr 8- 32% Yr 10-42% (2017/18 school year)	Catering and traded services Manager Operational Lead Healthy Families Service- NELFT Primary Head Teacher partner Senior Public Health programme Manager	Medium term	

† It is estimated that nationally 14% of children that are eligible for FSMs do not take them up and this is estimated at as much as 23% locally. A. Iniesta-Martinez and H. Evans, "Pupils not claiming free school meals," Department for Education, 2012.

‡ Recommendation 5 in section 5.6 in the Thurrock Whole Systems Obesity JSNA product 2017.

Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight								
Indicator no.	**Corresponding action**	**Outcomes**	**Activities**	**Measure**	**Baseline**	**Responsible Officer**	**Delivery Time**	**RAG**
A15		Increased knowledge and skills to empower children to be able to cook and make healthy choices.	Best practice shared between schools to build healthy meal preparation into the day to day School curriculum. Consistent messages on food and diet provided to pupils using available and reputable resources e.g. British Nutrition Foundation, The Eatwell Guide and PHE Change For Life. School wellbeing audit tool will measure school activity around healthy eating.	No of schools providing evidence of delivering healthy eating messages as part of curriculum N=50% of schools year 1.	Not available, to be established in 19/20 school year.	**Primary Headteacher partner** School Wellbeing Service manager, Senior Public Health Programme Manager	Medium term	

Goal B - Increasing the opportunity for positive community influences

Goal Sponsor: Kristina Jackson, Chief Executive Officer, Thurrock CVS | **Goal Lead:** Bali Nahal, Quality and Resident Engagement Manager, Adults, Housing and Health | **Public Health Support:** Helen Forster, Strategic Lead for Public Health - Place Environment and Communities (PEC)

Principle outcome:

- coordinated action of a wide range of partners to deliver improvements to nutritional health and physical activity in the Thurrock population

Objectives:

- the development of community driven health initiatives particularly focusing in areas of deprivation
- a wider range of departments and sectors such as Housing, the Voluntary Sector and local businesses contributing to reducing obesity and improving health

Goal B: Increasing the opportunity for positive Community Influences								
Indicator no	**Corresponding action**	**Outcome**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
B1		Engaging with communities to leverage their ideas on how health initiatives can have a greater impact on a local level and reduce health inequalities.	Development of a citizen's panel to guide and create ideas and initiatives that promote health in local communities across Thurrock. Funding for initiatives sought through Active Thurrock, Sport England, Public Health England, Local Government Association, supermarket grants, charitable grants etc.	NA	NA	CVS Lead Jacqui Payne Public Health Strategic Lead for PEC Helen Forster	Short term Ongoing	

B2		Increase physical activity levels, access to services for health improvement and knowledge of the whole systems obesity campaign.	Development of a new communications plan that promotes the whole systems obesity agenda including: the hashtag of the whole systems obesity approach/campaign name to be #GetThurrockMoving Use of #GetThurrockMoving across all communications Use already established channels to deliver public facing and professional communications messages. Use national campaigns to highlight local solutions to help #GetThurrockMoving – self-care week, walking month, bike week, one you, NHS health checks etc. Reinvigorate existing campaigns – Health Walks, Shift the Timber, park runs, check your own blood pressure etc. Promote the Stronger Together asset map to encourage participation in local activities. Create a #GetThurrockMoving booklet detailing opportunities across the borough, free programmes, what paid for, healthy eating, recipes, simple exercises with illustrations, where to cycle, healthy walks etc. Securing funding to print new materials and use for paid for sponsored media (targeted Facebook posts)	Quarterly comms on WSO strategic work Measures of social media reach	NA	Council and CCG Comms Team with CVS Housing Engagement	Medium term	

Goal B: Increasing the opportunity for positive Community Influences								
Indicator no	**Corresponding action**	**Outcome**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
B3	B2	Increase physical activity levels through improving knowledge around where and how people can access facilities and activities near to them through the Asset Map.	Develop a revised community driven Asset Map for Thurrock residents and providers to share local resources communicated through the action B2. The updated Asset Map launched on the 5th August. This is part of the Stronger Together (ST) partnership and assessable by the ST website. Information around the WSO and the CVS role to be given at the Managed Network meetings.	Views of the revised asset map over a 6 month period	NA	CVS Lead Jacqui Payne	Medium term	
B4	B1	Community voices are represented and drives a place based and asset driven approach to tackling obesity and improving health and wellbeing.	Recruit 5 volunteer WSO community champions from different areas of Thurrock. The WSO Community Champion's role is to represent the community voice in the development of the WSO strategy and linked with the WSO Alliance steering group. The WSO Community Volunteers will help with leafletting, spreading info, sharing on social media channels linking to the communications plan.	Number of volunteers Target is 5 volunteer Community WSO Champions by March 2020.	0 volunteers	CVS Lead Jacqui Payne	Medium term	

Goal B: Increasing the opportunity for positive Community Influences								
Indicator no	**Corresponding action**	**Outcome**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
B5		Improve population skills and knowledge about how to access services and advice that supports healthy weight. Links to above outcome	Community Hub core training programme for Hub Volunteers to include accessing and providing digital advice around health improvement for example using eConsult, and online weight management programmes, etc.	Number of volunteers trained with digital health advice	0 volunteers	CVS Lead Jacqui Payne	Long Term	
B6	E2		THLS to provide Making Every Contact Count (MECC) training sessions to Community Hub volunteers. Training up a minimum of 12 digital advisors. MECC uses brief and very brief interventions, delivered whenever the opportunity arises in routine appointments and contacts in order to promote healthy living.	Number of MECC trained Target is for 12 volunteers trained in MECC per year	0 volunteers trained in brief advice in 2018/19	CVS Lead Jacqui Payne	Medium term	
B7	B1 B2	Reduced health inequalities in the groups where evidence shows that obesity has a greater negative impact: older adults, people with long terms conditions and people with learning or physical disabilities.	Co-develop an annual roadshow of health and wellbeing targeted for people with learning disabilities promoted through the work in action B2.	An annual event	NA	Tina Lincoln, Thurrock Healthy Lifestyle Lead Adult Social Care Lead College Health	Long Term	

Goal B: Increasing the opportunity for positive Community Influences								
Indicator no	**Corresponding action**	**Outcome**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
B8		A model of sheltered housing which promotes greater health and wellbeing and is demonstrated by activity programmes being delivered at 100% of sheltered housing complexes, and an improvement in self-reported health and quality of life in sheltered housing residents.	Implementation of a new model of sheltered housing to include an activity and social programme that supports independence, social integration and health and wellbeing. Evaluation of the above model to include the impact on health and wellbeing. Roll out of the programme to include residents of the wider community.	Measures outlined in evaluation framework	As per evaluation framework	Sheltered Housing Lead Housing Engagement	Short Term	
B9	D5	Increase physical activity levels in areas of deprivation and contribute to a reduction in the e the inactive population.	Identify and develop activities that provide opportunity for physical activities delivered in open spaces near social housing developments and mixed tenures housing. Deliver a minimum of 4 activity sessions per year targeting children and 16-18 year olds delivered by Active Parks Team.	No of opportunities identified and running Number of participants attending sessions over 1 year	1 activity in 2018/19.	Housing Engagement Assistant Director Housing Management Environment and Leisure Lead	Medium Term	

Goal B: Increasing the opportunity for positive Community Influences								
Indicator no	**Corresponding action**	**Outcome**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
B10		Identify people with a high BMI within workplaces to access services that can support them to improve health.	Development of a brochure for employers outlining a comprehensive workplace health based offer, and emphasising the potential benefits to both themselves and their employees. Conduct a mapping exercise of prospective employers in Thurrock with whom to attempt engagement with particular focus on high risk occupational groups. Development of a systematic process for contacting and following up employers to offer support in the way of workplace clinics. Delivery of health check and smoking cessation clinics within workplaces, along with weight management referrals as appropriate.	Number of employers engaged broken down by size and type of employer Number of referrals to weight management services as a result of a workplace health clinic Number of health checks delivered through workplaces	N/A	Adults Health Improvement Lead / Tina Lincoln, Thurrock Healthy Lifestyle Lead	Medium Term	

Goal C - Improving the food environment and food choices

Goal Sponsor: Andrew Millard, Interim Director of Place | **Goal Lead:** Leigh Nicholson, Strategic Lead for Planning - Development Services | **Public Health Support:** Helen Forster, Strategic Lead for Public Health - Place Environment and Communities (PEC) & PEC Graduate

Principle outcome:

- improved nutritional quality of the diets of the Thurrock population supported through the environment

Objectives:

- a healthier food environment in Thurrock
- improved opportunities for access to healthy food

Goal C: Improving the food environment and nutrition choices								
Indicator no	**Corresponding action**	**Outcomes**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
C1	**B1**	Improved nutrition in Thurrock residents through community schemes which promotes healthy food or the sharing of food locally, including the sharing of resources and ideas.	Develop a healthy food sharing network within community forums. Identify healthy food/food sharing schemes or networks that Thurrock stakeholders and/or community groups can join or develop at a local level.	1 healthy food sharing network is set up within the Thurrock community.	0	Public Health Strategic Lead for PEC Helen Forster	Long Term	
C2		Prevent new fast food takeaways arising.	Prepare Thurrock's Local Plan and a Supplementary Planning Document with statutory requirements around the local food environment, incorporating policy options which act as a lever to: • limit the numbers of hot food takeaways in areas of highest proliferation • enable access to affordable nutritious food purchase via	A policy is in place to address the food environment. The number of planning applications for Hot Food Takeaways (A5 use) has declined year on year, with the first year being used as the baseline.	TBC	Strategic Lead for Planning Planning and Transport Lead Morgan Slade	Long Term +	

Goal C: Improving the food environment and nutrition choices								
Indicator no	**Corresponding action**	**Outcomes**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
			active travel e.g. provision of local food shops within walking distance of residential developments • protect and provide local allotments and land for the community to grow food independently and communally			Public Health Strategic Lead for PEC		
C3		New built environments created through regeneration activity that are designed proactively to shape healthier food environments or ability to be physically active.	Use Health Impact Assessments from Public Health and developers to inform planning decisions which promote access to healthy food and opportunities for growing food e.g. provision of nearby supermarkets/food shops and cooking and growing space.	100% of developments eligible for a HIA have received an assessment and recommendations for improving the food environment where applicable and this has been recorded on the PEC HIA log.	0	Strategic Lead for Planning Planning and Transport Lead Morgan Slade	Long Term +	
C4		Thriving local town markets which offer fresh and nutritious food. Local businesses which are engaged with and taking part in the healthy eating and obesity reduction agenda in Thurrock.	Economic Development will liaise with and support local market operators to identify ways of increasing the offer of nutritious food at town centre markets. Promote healthy food environments to local businesses and start-ups; including food standards and schemes which address issues such as healthy eating, food poverty and food waste distribution.	Year on year growth of town market selling fresh and nutritious food (by number of market stalls) until saturation point. Year on year growth of businesses engaged with healthy eating, food poverty and food waste distribution (by number of businesses and start-ups).	TBC 0	Economic Development Officer Economic Development Officer Billy Masters	Long term	

Goal C: Improving the food environment and nutrition choices								
Indicator no	**Corresponding action**	**Outcomes**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
C5		Food and consumer standards that promote healthy food options and eating habits to consumers in Thurrock.	Trading Standards to consider proposal options for regional trading standards projects around food standards and/or nutrition labelling.	1 options and analysis exercise carried out and where identified, an option put towards the regional trading standards group.	0	Trading Standards Lead Trading Standards Manager	Long term	
C6		A self-sustaining community allotment providing fresh local produce whilst also improving social cohesion and physical activity levels.	Work with community groups to develop a community growing scheme at Grangewaters.	Getting a scheme established	NA	CVS Lead Jacqui Payne	Medium Term	
C7		A reduction in food poverty and healthy eating inequalities in private housing (Food poverty is not just about cost but relates to food storage and preparation),	Well Homes project to continue to reduce barriers to preparing healthy and balanced meals at home by providing kitchen appliances in private sector housing (where needed) and signposting to family cooking lessons.	Number of homes supported through Well Homes per year	0	Private Sector Housing Lead Principal Environmental Health Officer, Private Housing	Short term	
C8		Resident's access to fresh food and knowledge of how to prepare fresh food is increased contributing to a reduction in food poverty and healthy eating inequalities.	Work with Local Area Coordinators (LACs), Parks Engagement Team, and community forums to identify ways of sharing food and healthy eating/preparation ideas amongst the community, particularly within economically deprived communities.	NA	NA	Public Health Strategic Lead for PEC Public Health Graduate Trainee for PEC	Medium term	

Goal C: Improving the food environment and nutrition choices								
Indicator no	**Corresponding action**	**Outcomes**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
C9	**A3** **B14**	Increase availability for healthier food choices for in workplaces, schools and colleges.	Review what is in place now in schools, colleges and workplaces, starting with Thurrock Council, in terms of food provision and relevant policies in place. Develop workplace/educational setting policies that facilitate the consumption of healthy food e.g. healthy vending machines, facilities for heating and consuming meals made at home, smart working, wider health and wellbeing and mental health support than can influence eating habits and workplace culture.	NA	NA	Strategic Lead for HR Mykela Pratt, Resourcing and Improvement Public Health Graduate Trainee for PEC Public Health Strategic Lead for PEC	Medium Term	

Goal D - Improving the physical activity environment and getting the inactive active

Goal Sponsor: Julie Rogers, Environment and Highways Director | **Goal Lead:** Jahur Ali, Environment and Leisure Lead | **Public Health Support:** Sue Bradish, Senior Public Health programme Manager in Place, Environment and Communities

Principle outcome:

- increase in the proportion of physically active adults and children in Thurrock

Objectives:

- improvements to the physical environment in the Borough that promote physical activity and wellbeing
- active travel prioritised in transport and planning policies
- reduction in the inactive population

Goal D - Improving the physical activity environment and getting the inactive active								
Indicator no	**Corresponding action**	**Outcomes**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
D1	B3	Built environments that can promote health either through physical activity or access to healthier food choices Developers to have an understanding of Health Impact Assessment requirements and are able to demonstrate this in development applications. Contributes to Goal 2 Objective 2A (Health and Wellbeing Plan) Create spaces that make it easy to exercise and be active	To produce an updated Thurrock Design Guide which identifies health and wellbeing as an integral part of planning.	Quality Assurance of planning applications that identify Design Guide principles	An updated Design Guide	Planning Lead Morgan Slade Place, Environment and Communities Lead Tracey Finn	Short term	

Goal D - Improving the physical activity environment and getting the inactive active								
Indicator no	**Corresponding action**	**Outcomes**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
D2		Increased physical activity levels through improvements in perceived safety and satisfaction within outdoor and green spaces, with a focus on areas of greater deprivation or greater crime to encourage people to use their local spaces.	Crime prevention initiatives to include (but not limited to): Park rangers based within parks across Thurrock Preventative and enforcement action to address littering in relation to Nitrous Oxide canisters 'Report' campaign in areas where antisocial behaviour is of concern Town Centre Teams will provide increased visibility and deterrents in Grays, Ockendon and Stanford Le Hope.	Utilisation of outdoor space for exercise/health reasons Measures of crime in parks	Utilisation of outdoor space for exercise/health reasons 36.9% (CI 15.5% to 58.3%)§	Sports & Leisure Policy Manager Grant Greatrex Recreation and Leisure Lead Jahur Ali Community Safety Lead Michelle Cunningham	Medium term	
D3		Increased physical activity levels through increases and improvements to the quality of local sports facilities, green spaces and pitch and play provision. Target for four new 3G football pitches in Thurrock by 2022.	Fund and implement four new 3G football pitches in Thurrock. Ensure current provision is fit for purpose and make improvements	Number of new 3G pitches in line with the Recreation and Leisure strategic plan.	Three 3G pitches as of July 2019	Sports & Leisure Policy Manager Grant Greatrex Recreation and Leisure Lead Jahur Ali	Long Term	
D4		Increased and improved sports and leisure facility infrastructure in Thurrock.	Thurrock Council's Regeneration, Environment and Planning departments seeking opportunities within large scale projects (such as Schools) to include sports and leisure infrastructure that can be used by the local community.	Integrated facilities highlighted in planned developments	NA	Sports and Leisure Policy Manager Grant Greatrex Planning Lead Morgan Slade	Long Term	

§ Source: Natural England: Monitor of Engagement with the Natural Environment (MENE) survey

Goal D - Improving the physical activity environment and getting the inactive active								
Indicator no	**Corresponding action**	**Outcomes**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
D5	B2	Increased proportion of the population active travelling (cycling and walking) through policies/ strategies and range of activities that facilitate active travel in Thurrock.	Needs assessment of active travel (walking and cycling in the borough) Infrastructure study in Thurrock of the active travel facilities Development of a new Transport Strategy that will maximise opportunities for active travel with appropriate infrastructure (e.g. cycle lanes, cycle parking) and ensure these are prioritised over car transport as part of designing safe and attractive neighbourhoods. Link promotion of findings of Needs Assessment and new Transport strategy to the #GetThurrockMoving campaign through coms South Essex Active Travel (SEAT) Cycle Hub Improved infrastructure around travelling Cycle Hub opened in June 19 and promoted using WSO coms Way marking that signposts active travellers to various points in the area, provided in Tilbury and Stanford.	Proportion of the population who walk or cycle as a means of active travel Target is increase by 0.5% per year	1.1% of adults cycling 3 times or more each week (2016/17) 21.6% of adults walking 3 times or more per week (2016/17)	Planning and Transport Lead Morgan Slade Principal Transport planner/ Active Travel Navtej Tung Place, Environment and Communities Tracey Finn	Long term	

Goal D - Improving the physical activity environment and getting the inactive active								
Indicator no	**Corresponding action**	**Outcomes**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
D6		Reduced inactive population by 2000 people per year through the Active Thurrock strategic work. The inactive population aged 19+ is 26.7% or 33,921 people (based on the population of 19 – 90+ year olds in 2018 ONS Sub-national projections).	Active Thurrock to provide grants to local programmes/ sports that encourage the local population to get active Sports and Leisure to provide the Active Parks programme and other local interventions.	Active Lives survey Target 2000 people per year (equivalent to 5% improvement)	No of inactive people in Thurrock	Sports & Leisure Policy Manager Grant Greatrex Recreation and Leisure Lead Jahur Ali Active Thurrock Grant Greatrex	Long term	
D7		Address health inequalities caused by obesity through seeking and awarding new funding that will increase opportunities for physical activity in residents specifically in areas of higher levels of inactivity or deprivation.	To secure new funding and resources from sources such as Sport England, CLLD and Big Lottery to deliver WSO and wider Recreation and Leisure objectives and get people active, engaged and improve their physical and mental wellbeing specifically in the areas of Thurrock with lower activity levels or greater deprivation.	Additional funding opportunities applied for.	Initial funding received through Active Essex for small targeted projects.	Sports & Leisure Policy Manager Grant Greatrex Recreation and Leisure Lead Jahur Ali CVS Lead Jacqui Payne Public Health Lead Sue Bradish	Long Term	

Goal E - Improving identification and management of obesity

Goal Sponsor: Ian Stidston, Director Thurrock Clinical Commissioning Group | **Goal Lead:** Stevie Attree, Commissioner, Thurrock CCG | **Public Health Support:** Faith Stow, Public Health Programme Manager

Principle outcome:

- identify in order to support more adults in Thurrock who are overweight or obese

Objectives:

- improve identification and management of obesity including awareness and signposting resulting in increased referrals into services that can support a healthy weight
- improved join up and signposting between all services to maximise potential outcomes for the population of Thurrock
- improve education in the prevention of obesity
- local weight management services that are equitable

Goal E: Improving identification and management of obesity								
Indicator no	**Corresponding action**	**Outcomes**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
E1		Improved recording of obesity (in adults above 18+ in Thurrock) to enable conversations with patients in achieving a healthy weight. Overall recording of obesity increased to at least 10.8% from 9.8% to bring closer to the expected prevalence of 29% of obesity by March 2020.	Carry out analysis population BMI distribution of adults above 18 years using GP practice records. Show BMI distribution by age, GP practice and locality in order to understand the recording variation. Develop a template in SystmOne (GP systems) to will prompt recording of weight and BMI. Carry out an audit on how BMI is recorded within GP Practices to understand recording methods and develop a best practice protocol. Include identification of obesity on the GP Profile Card through BMI associated QOF indicators to encourage primary care to record BMI. Cleanse and improve prevalence data of obesity in partnership with Primary Care to improve BMI, height and weight measurements and recording practices.	QOF records of BMI Practice data from SystmOne Recording of BMI >25	Baseline BMI distribution to be established	Health Intelligence Officer Vikki Ray, Healthcare Public Health Lead Kareema Olaleye, Healthcare Public Health Lead Stevie Attree, Commissioner, Thurrock CCG	Medium term	

Goal E: Improving identification and management of obesity								
Indicator no	**Corresponding action**	**Outcomes**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
E2		Primary and Secondary Care easily refer patients into healthy lifestyle programmes. A 5% increase in referrals who start a Tier 2 weight management programme by March 2020.	Review Making Every Contact Count (MECC) training package and include new resources e.g. Digital Weight Management and Self-care resources (when available). (MECC supports professionals and practitioners to have meaningful conversations with their patient about having a healthy weight.) Provide MECC training to Primary and Secondary Care staff. Through practice visits, THLS will support use of resources/training, and good practice in the recording of BMI (part of Best Practice NHS Health Checks). NHS Health Checks to generate automated referrals into healthy lifestyle programmes. Develop electronic referrals from BTUH into healthy lifestyle services across the mid and south STP footprint.	Delivery of 5 MECC sessions in 2019/20 Development of electronic referral systems	1 MECC training session in 2018/19	Tina Lincoln, Thurrock Healthy Lifestyle Lead Ian Wake, Population Health Lead (STP)	Medium term	

Goal E: Improving identification and management of obesity								
Indicator no	**Corresponding action**	**Outcomes**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
E3		Improved join up and signposting between all services to improve population health.	Development of a reporting template and consistent codes for SMI Physical Health Checks to include BMI recording and onward referral to weight management support where required. Public Health and NHS Commissioners to address referral pathways between weight management and healthy lifestyle services and the following services: Mental Health Services Diabetes Prevention Programme (NDPP) Community Health services (NELFT)	Reporting templates live on Mobius and SystmOne which incorporate all required elements.	NA	Stevie Attree, Commissioner, Thurrock CCG Maria Payne, Strategic Lead, Public Health	Medium term	
E4		Reduce BMI in identified individuals and reduce health inequalities in the borough associated with obesity.	Tier 2 Weight Management Programmes for adults to provide a varied range of options including physical activity programmes and a new digital healthy lifestyle intervention. Marketing of programmes to target different groups across Thurrock including males and those in more deprived areas. Carry out service evaluation at mid-term.	A 5% increase males accessing tier 2 programmes A 5% increase in the proportion of adults accessing tier 2 programmes from most deprived areas. Maintain proportion of participants from ethnic minorities being at least 13%.	27% males in 2018/19 Adults from most deprived areas 22.5% in 2018/19. 15% BME ethnicities accessing in 2018/19	Faith Stow, Public Health Programme Manager	Short term	

Goal E: Improving identification and management of obesity								
Indicator no	**Corresponding action**	**Outcomes**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
E5		Reduce obesity prevalence through the development of a sustainable prevention and treatment model for healthy weight for Thurrock adults based on population needs.	1. Analysis of population need in Thurrock – model the met and unmet need 2. Outcomes analysis of the Tier 3 weight management service 3. Undertake a wider review of Weight Management provision and the interdependencies with tier 1 to 3 provision to ensure services are effective, cost effective and serving all groups in the borough. 4. Create a governance structure to support delivery of goal E actions 5. Based on the above address any gaps and implement solutions to deliver a sustainable prevention and treatment model in accordance with local need for now and the future.	New service model developed and implemented	NA	Stevie Attree, Commissioner, Thurrock CCG Faith Stow, Public Health Programme Manager	Long term	

Goal E: Improving identification and management of obesity								
Indicator no	**Corresponding action**	**Outcomes**	**Activity**	**Measure**	**Baseline**	**Responsible Officer (RO)**	**Delivery Time**	**RAG**
E6		Improved confidence in managing personal health leading better health outcomes and self-care ability such as sustained weight loss or maintenance. *Evidence shows that healthcare services contribute towards only 10% of health whilst behaviour contributes 40%.*	1. Completion of a self-care JSNA at STP Level. 2. Development of a protocol with commissioned services (e.g. Slimming World, Exercise on Referral) taking on an agreement approach between service provider and service user that sets out the expectations of the individual and the support the service is able to provide with the understanding of an end date or point. 3. The protocol will include improved exit support such as signposting or referrals into universal services. 4. Exit protocol included within contract service specifications.	Protocol developed and services signed up	NA	Stevie Attree, Commissioner, Thurrock CCG Faith Stow, Public Health Programme Manager	Long term	

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5 September 2019	ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee	
24-7 Mental Health Emergency Response and Crisis Care Service	
Wards and communities affected: All	**Key Decision:** N/A
Report of: Mandy Ansell – Accountable Officer NHS Thurrock Clinical Commissioning Group	
Accountable Associate Director: Jane Itangata – Associate Director Mental Health Commissioning, Mid & South Essex Sustainability and Transformation Plan	
Accountable Director: Mark Tebbs – Director Mental Health Commissioning, Mid & South Essex Sustainability and Transformation Plan	
This report is a progress update of the 3rd phase of the Mid and South Essex STP Urgent and Emergency Care Mental Health (UECMH) programme – 24-7 Mental Health Emergency Response and Crisis Care Service implementation.	

Executive Summary

People facing a mental health crisis should have access to care 7 days a week and 24 hours a day in the same way that they are able to get access to urgent physical health care. Getting the right care in the right place at the right time is vital. Failure to provide care early on means that the acute end of mental health care and Accident and Emergency (A&E) Departments will routinely be under immense pressure.

National expectation is that Clinical Commissioning Groups (CCGs) will demonstrate commitment to additional investment at pace for the full delivery of all aspects 24/7 Crisis Resolution and Home Treatment Teams (CRHTT) services by 2020/21. Thurrock CCG as the Sustainability and Transformation Plans (STP) mental health lead developed an ambitious Urgent and Emergency Care Mental Health Programme (UECMH) that has been implemented at pace over the last 18 months in the following phases:

Phase 1 – the system response to the legislative amendments of the Mental Health Act (1983) by the Policing and Crime Act (2017) which saw the mainstreaming of Street Triage as part of the Integrated Health and Justice Service to support the police with mental health expertise and divert detentions.

Phase 2 – enhancing the mental health liaison services at the 3 acute hospitals in the STP so that everyone attending the general hospitals have their mental health

considered at par with their physical health, ensuring a quality of care, respect and dignity.

Phase 3 – development of a 24-7 Mental Health Crisis Response and Care service. This last phase is the focus of this update to the committee.

Locally the current CRHT service offer only covers 12 hours a day, 7 days and does not support access for self-referrals, access is purely through health professionals and the home treatment function operates only to 8pm.

To deliver the national mandate and provide a fit for purpose, 24-7 responsive and high standard service, the Thurrock CCG led STP mental health commissioning team developed a business case for additional investment to resource a new service model that will more appropriately meet the needs of people in a mental health crisis. The team also successfully bid for national transformation funds to establish 3 crisis cafes within the STP that will be located in the following areas:

- Thurrock – covering Thurrock, Basildon and Brentwood.
- Southend – covering Southend, Castlepoint and Rochford
- Chelmsford – covering Chelmsford, Braintree and Maldon

The cafes will be operated by the voluntary sector and will provide more suitable, preferable alternatives to A&E for many people in a mental health crisis who do not have medical needs. The service specification of the new Mental Health Emergency Response and Crisis Care service is being co-produced with all stakeholders in the system ensuring users, carers and families play a key role in shaping the model of delivery.

The ambition is the new service will be fully operational by April 2020.

Implementation of this new service will respond to the recommendations of the Thurrock Joint Strategic Needs Assessment for Common Mental Health Disorders in Adults, Local Government Association Peer Review into Mental Health and the Healthwatch survey undertaken in 2018 which highlighted that, ‘Out of Hours **Crisis support** needs to be reviewed to ensure a service is available to prevent people attending/being sent to A&E as their only option’.

1. Recommendation(s)

1.1 The Health and Wellbeing Overview and Scrutiny Committee asked to note the progress made in the development of a responsive 24-7 Mental Health Emergency Response and Crisis Care service that will be available via 111 to anyone in a mental health crisis.

2. Introduction and Background

2.1 A mental health crisis is a situation that the person or anyone else believes requires immediate support, assistance and care from an urgent and emergency mental health service. All crises will be different in their cause,

presentation and progression. It is important to identify the trigger (for example, abuse, trauma or relapse of the current mental health condition), associated risks and options for ongoing care, and respond to the crisis according to the individual's need and circumstances.

In 2000, the Department of Health for England recommended the creation of Crisis Resolution and Home Treatment Teams (CRHTTs). The aim was to reduce the number and length of hospital admissions through provision of intensive home support for people experiencing acute mental health crises who would otherwise be admitted to hospital. CRHTTs were given the task of assessing all potential hospital admissions and deciding whether or not admission was required. Gate-keeping was seen as pivotal to their success and the teams were likely to achieve their potential if the interface with acute and Community services was maximised.

The ambition for Implementing the MH5YFV is that 'by 2020/21':
'All areas will provide crisis resolution and home treatment teams (CRHTTs) that are resourced to operate in line with recognised best practice – delivering 24/7 community-based crisis response and intensive home treatment as an alternative to acute in-patient admissions.'

The 'Preparing for 2019/20 Operational Planning and Contracting Guidance' expects CCGs to commit investment to providing high quality specialised mental health services that are integrated with local health systems and are delivered as close to home as possible, driving further reductions in inappropriate out-of-area placements.

The recently published 'The NHS Long Term Plan' emphasises the expectation for mental health crisis care services to be accessed via 111:
'The Clinical Review of Standards will make recommendations for embedding urgent and emergency mental health in waiting time standards. This means that everyone who needs it can expect to receive timely care in the most appropriate setting, whether that is through NHS 111, accessing a liaison mental health service in A&E, or a community-based crisis service.'

Locally the CRHTTs work with working age and older adults with severe mental illness (e.g. Schizophrenia, manic depressive disorders, sever depressive disorder) with an acute psychiatric crisis of such severity that, without the involvement of a crisis resolution home treatment team, hospitalisation would be necessary. Such patient should be willing to receive home treatment which can be safely provided in their home environment. The CRHTTs also provide a Direct GP crisis line access for Primary Care in South Essex to enable a smooth referrals' pathway for those patients in mental health crisis, undertakes 7 day follow ups for patients requiring this from mental health assessment unit (MHAU) and also attends to mental health act assessments.

Current service aims to provide a 4 hours target response to referrals and assessments including face to face within 24 hours for referrals depending on

capacity. The south service accepts referrals for any one aged 18 or older assessed by a mental health professional as ordinarily requiring admission to an acute mental health ward. Telephone referrals are accepted from a GP or a mental health professional that has seen the person within the last 24 hours. The service is unable to accept self-referrals.

The CRHT Team is multi-disciplinary with the following staff: Consultant Psychiatrist, Staff Grade Doctor, Nurses, Occupational Therapists, Social Workers, Support Workers and Psychologist. Treatment interventions, procedures and protocols are evidence-based and where appropriate compliant with the CRHT procedural implementation guidelines, NICE guidelines and Home Treatment Accreditation Scheme (HTAS) standards. The two south teams have a quality award of peer review accreditation from the Royal College of Psychiatrists quality improvement HTAS.

3. Issues, Options and Analysis of Options

3.1 The current service offer is not resourced with adequate capacity therefore does not support:

- 24-7 access and a comprehensive out of hours service
- Self-referrals option
- Intensive home treatment
- Routine response within the stipulated target time
- Non-clinical crisis resolution environments

A business case was developed and approved in March this year to secure CCGs' investment to enhance the service and enable it to offer a more responsive and accessible service via 111. Additional transformation funds were secured later in July to enable the set-up of voluntary sector led crisis cafes as part of the Mental Health Emergency Response Service.

Appendix 1 below shows a diagrammatic representation of the new service and the process of co-producing the delivery plan as well as the governance framework within which the work is being undertaken. The work is overseen by the Urgent & Emergency Care Mental Health (UECMH) Steering Group with a number of key sub-groups to deliver key work-streams that link in with wider system services e.g. Housing, Employment, Social Inclusion, Social Care and Integrated Primary and Community Care Mental Health.

The groups have representation from health, social care, emergency services, mental health trust, Healthwatch and the integrated health and justice service. We are in the process of further developing the STP's co-production approach so that user, care and family voice significantly shapes delivery of the transformation programme. All the groups have signed off their Terms of Reference and meetings are progressing. A programme plan is currently under development and will be shared with the system to communicate the work plan and milestones.

3.2 The Mental Health Emergency Response Service (MHERS):

The proposed MHERS will operate 24-7, 365 days and will create the ability to provide emergency and urgent response within the STP and will interface existing mental health services and with Thurrock First in the locality to ensure seamless pathways with other teams and services. The emergency response service will operate screening and triage to the appropriate care option, namely:

- **Emergency care** – An immediate response to time critical healthcare need. If identified as part of screening then to offer a face to face assessment in 4 hours.

- **Urgent care** – The response before the next in hours or routine (primary care) service is available; as appropriate to offer a face to face assessment in 24 hours.

- **Routine care** – Identified individual would be transferred to appropriate services after telephone triage.

The service will be accessed through 111 as the Single Point of Access (SPA) and will be open to self-referrals, referrals from professionals in primary care, secondary care, social services, community care and the Acute hospitals as well as the emergency services – Police, Ambulance, Fire and Street Triage. Home treatment will:

- Be available 7 days a week; 08:00 to midnight;

- Focus on home assessment, treatment, interventions as an alternative to hospital admission.

Crisis cafes will provide flexible, practical and emotional support providing a calm and safe place for people in a mental health crisis and may be used as an alternative to admission to statutory services where appropriate. They will also provide onward support that initiates and is provided in a coordinated way with other partners once the crisis has resolved. The service would be accessed via the MH Triage.

3.3 Next steps:

- Co-producing the service specification and implementation plan for the new service offer;

- Defining a comprehensive workforce plan that will meet needs holistically to ensure the best possible outcomes for people in a mental health crisis, carers and families;

- Development and implementation of the crisis café delivery model through co-production.

4. Reasons for Recommendation

4.1 The implementation of the 24-7 Mental Health Emergency Response and Crisis Care will address the unmet needs identified in the Thurrock Joint Strategic Needs Assessment for Common Mental Health Disorders in Adults and the Local Government Association Peer Review into Mental Health as well as respond to the concerns raised by people in Thurrock through the Healthwatch survey undertaken in 2018 which highlighted that, 'Out of Hours **Crisis support** needs to be reviewed to ensure a service is available to prevent people attending/being sent to A&E as their only option'.

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

5.1 N/A

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

6.1 N/A

7. Implications

7.1 **Financial**

N/A

7.2 **Legal**

N/A

7.3 **Diversity and Equality**

Quality and Equality & Health Inequalities Analysis & Privacy Impact Assessments will be undertaken as part of developing the implementation plan.

7.4 **Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder** or Impact on Looked After Children**)**

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):

N/A

9. Appendices to the report

Appendix 1 – 24-7 Mental Health Emergency Response and Crisis Care

Report Author:

Jane Itangata
Associate Director Mental Health Commissioning, Mid and South Essex STP

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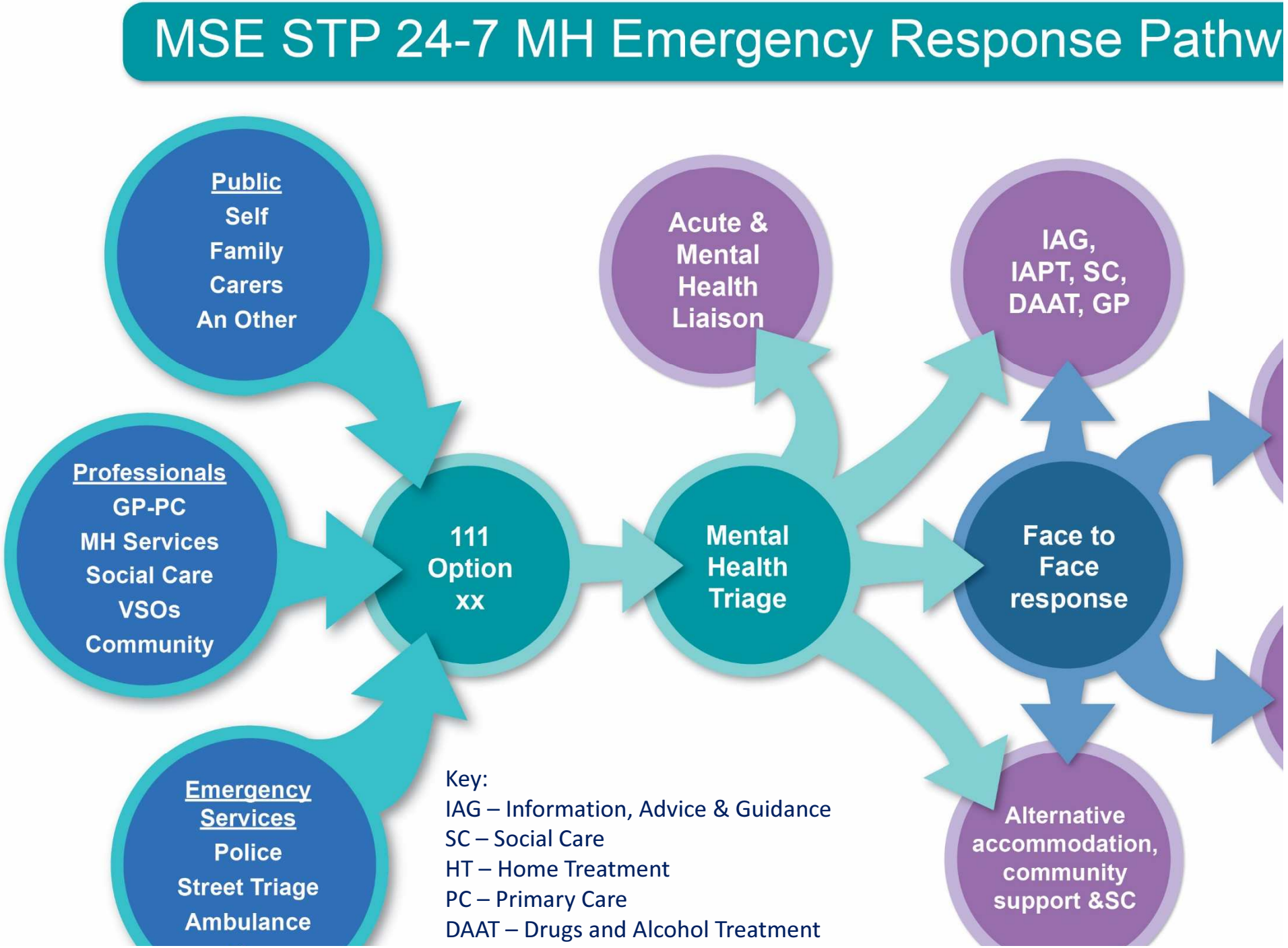
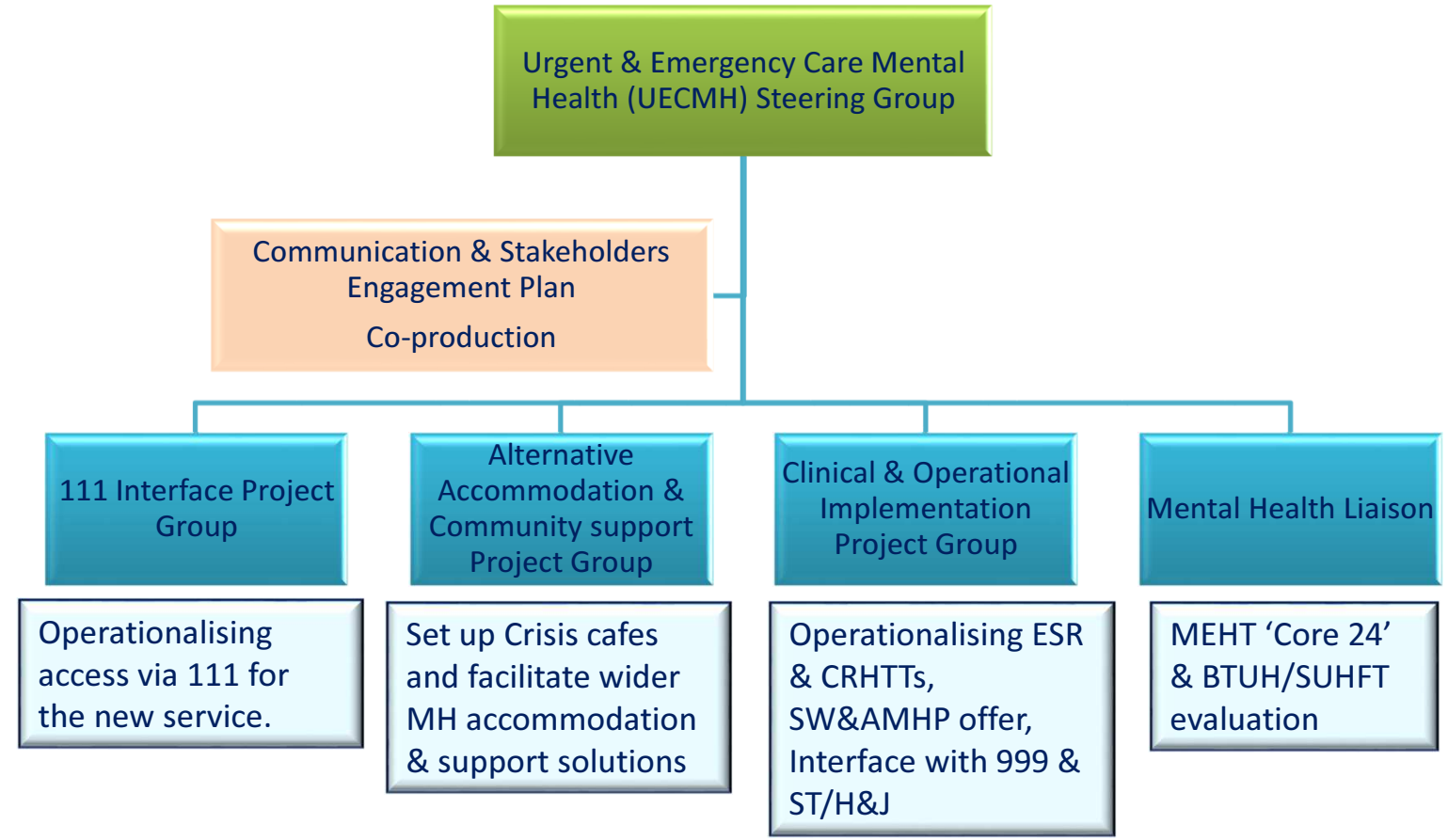
Mid and South Essex Sustainability and Transformation Partnership (STP)

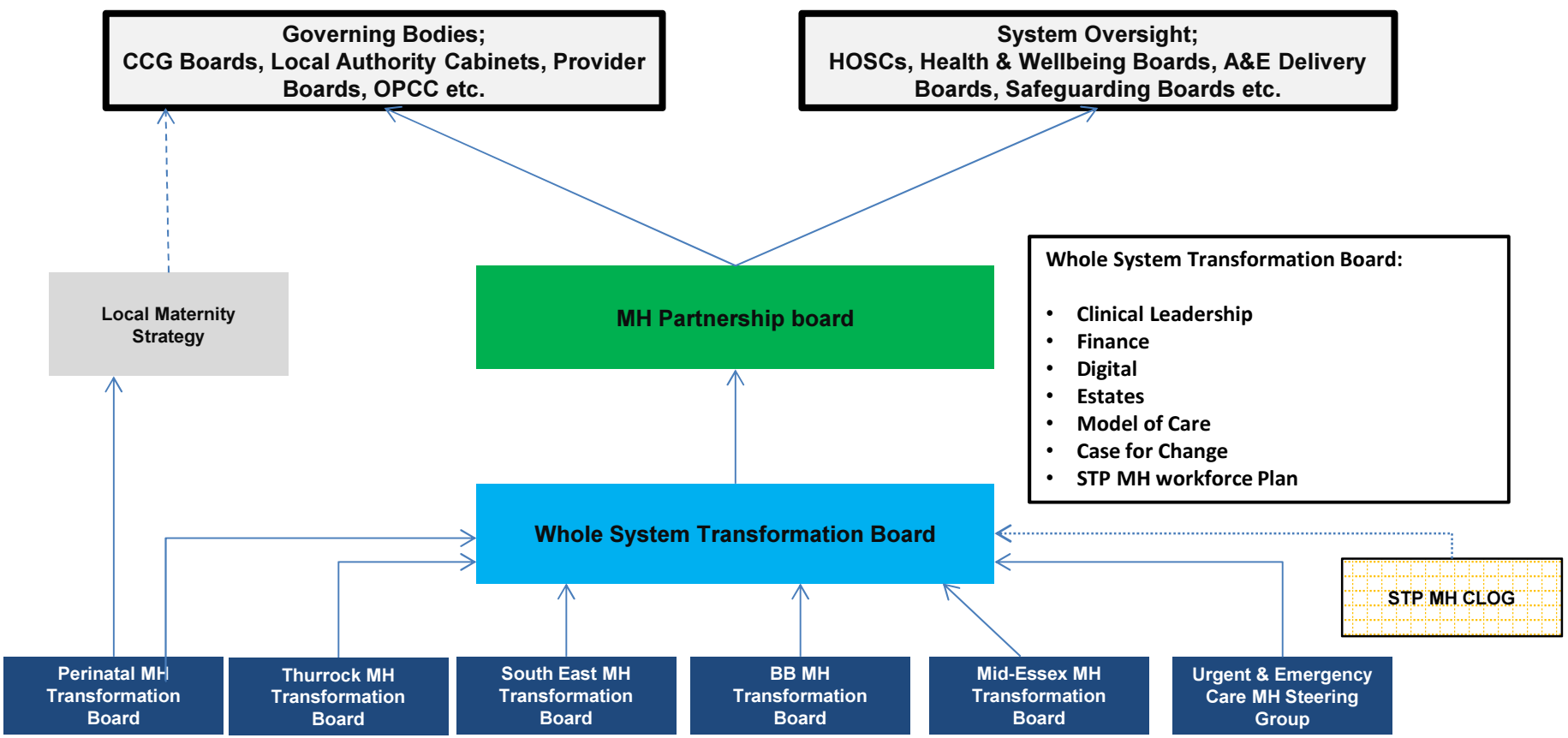
Mid & South Essex STP
UECMH – 24/7 MH Emergency Response and Crisis Care


MSE STP 24-7 MH Emergency Response Pathw
Public
Self
Family
Carers
An Other
Professionals
GP-PC
MH Services
Social Care
VSOs
Community
Emergency Services
Police
Street Triage
Ambulance
111 Option xx
Acute & Mental Health Liaison
Mental Health Triage
IAG, IAPT, SC, DAAT, GP
Face to Face response
Alternative accommodation, community support &SC
Key:
IAG – Information, Advice & Guidance
SC – Social Care
HT – Home Treatment
PC – Primary Care
DAAT – Drugs and Alcohol Treatment

Project implementation structure



Mid & South Essex STP Mental Health Transformation Governance



Locality MH Transformation Boards:

- IAPT expansion (IAPT/LTC)
- IAPT standards
- Community / primary care mental health
- Early Intervention in Psychosis
- Physical Health and SMI
- Dementia Diagnosis
- Mental Health Investment Standard

Each CCG is responsible for ensuring transformation moves into BAU and is reported into SDOG

Urgent & Emergency Care:

- Mental Health Liaison Services (RAID)
- Out of Area Placements
- 24/7 Crisis Resolution Home Treatment
- Suicide Reduction (Public Health)

STP is Responsible for Urgent & Emergency Care Transformations moving into BAU and is reported into SDOG

Key milestones

Objective	Action/task	Milestone
24/7 MH Emergency Response and Crisis Care business case	• Development of the model of care, workforce plan, investment plan and benefits realisation plan	31.03.2019
Long Term Plan action	• Transformation funds bids	31.07.2019
Implementation development plan	• Service specification • Stakeholder engagement • Project plan • Communication plan	31.10.2019*
Governance	• STP MH Partnership Board • Respective Partners' sign off	01.11.2019*
Mobilisation	• Recruitment & staff development • Set up of ERS • Set up of Crisis cafes • Reconfiguration of south CRHTTs • Phased implementation	01.12.2019*
Service launch	• Go live of the new service	01.04.2020

* Indicative – likely to be revised

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5 September 2019	ITEM: 9
Health and Wellbeing Overview and Scrutiny Committee	
Primary Care Networks (PCNs)	
Wards and communities affected: All	**Key Decision:** Not applicable
Report of: Rahul Chaudhari, Director of Primary Care, Clinical Commissioning Group	
Accountable Assistant Director: Not applicable	
Accountable Director: Mandy Ansell, Accountable Officer, Clinical Commissioning Group	
This report is public	

Executive Summary

This paper provides the members with an update on the Primary Care Networks and how it impacts Thurrock.

The update includes how the networks will help address workforce shortages in general practices and focus on improving primary and community services, getting people to be healthy, proposals on the range of clinical priorities.

Members will be provided with details on the number of Primary Care Networks in Thurrock and their named Accountable Clinical Directors. The additional roles under the Primary Care Networks and the financial entitlements will be explained including how these will support in achieving the anticipated outcomes and how designated funding will be allocated to support the employment of additional staff.

Members will be advised on key national requirements expected off the PCNs in 2019/20 and how each of our networks performs against these requirements. The paper also provides information on the help and support that would be offered to the networks both nationally and locally.

1. Recommendation

Health and Wellbeing Overview and Scrutiny Committee members are asked to note the update.

2. Introduction

Following discussions in January 2019 between NHS England (NHSE) and the British Medical Association (BMA) General Practitioners Committee about

reforming the general practice contract, a five-year contract framework was agreed to support the deliverable aims of the NHS Long Term Plan. The introduction of the new Network Contract Directed Enhanced Service (DES) is to focus on a new way of working enabling health and other services to work together to provide better access for patients – under the umbrella of an Integrated Care System (ICS).

ICSs in some larger areas are led by groups of NHS and local government leaders and are based on voluntary collaboration. Their principal functions are planning for the future, building on the work that went into Sustainability and Transformation Partnerships (STP); aligning commissioning behind their plans, incorporating the regulatory functions of NHSE and NHS Improvement (NHSI), managing performance in their areas and providing leadership across the system covered by the ICS. Responsibility for service delivery rests with the organisations that provide care within ICSs and many of these organisations are collaborating to put in place Integrated Care Partnerships (ICP).

Resources for primary medical and community services increase by over £4.5 billion by 2023/24, and rise as a share of the overall NHS national budget with £1.799 billion made available to GP practices in PCNs via the Network Contract DES by 2023/24.

The Network Contract DES will support practice/partnership to achieve collaborative working under the creation of Primary Care Networks (PCN); and the Network Agreement will set out how they will do this. By 2023/24, with £1.47 million investment per typical PCN covering 50,000 patients, this includes recurrent £1.50 per patient and guaranteed funding to recruit healthcare professionals such as Clinical Pharmacists and social prescribers in 2019/2020, and from 2020/21 Physiotherapists and Physician Associates; then from 2021/22 paramedics – increasing workforce to 20,000 plus. The funding for these additional roles will be based on capitation as opposed to allocation from 2020/21. Apart from the social prescriber, PCNs will be reimbursed at 70% for all the other roles.

It is believed by creating these additional healthcare professionals, working alongside their GP colleagues, as part of the multi-disciplinary team will take the pressure off GPs. A brief overview of each role is listed below.

Clinical Pharmacists: working as part of the general practice team, they are highly qualified experts in medicines and can help people in a range of ways e.g. carrying out structured medication reviews for patients with ongoing health problems and improving patient safety, outcomes and value through a person-centred approach.

Social Prescriber: helps patients to improve their health, wellbeing and social welfare by connecting them to community services which might be run by the council or a local charity e.g. signposting people who have been diagnosed with dementia to local dementia support groups.

Physiotherapists: help people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice. They maintain health for people of all ages, helping patients to manage pain and prevent disease.

Physician Associates: can diagnose and make referrals; and provide patients, especially those with long-term conditions, the continuity of care they need.

Paramedics: can be the first point of contact for the house bound patient; help people manage people in their own homes through home visits and wellbeing home visits and prevent disease and illness through immunizations/ vaccinations and screenings. They can provide information about ways to care for themselves and their families.

The aim of the PCN is to build on the core current primary care services and enable greater provision of integrated health and social care. Network memberships are formed by local agreement and consist of groups of general practices working together with a range of local providers across primary care including community pharmacy, optometrists, dental providers, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care. Each PCN will have an appointed named accountable Clinical Director (CD) typically serving their local population of at least 30,000 up to around 50,000 within the boundaries of its member practices. PCN Clinical Directors will provide leadership for PCN's strategic plans through working with member practices and the wider PCN to improve the quality and effectiveness of network services. Together, CDs will represent their PCNs and will play a critical role in shaping and supporting their ICSs.

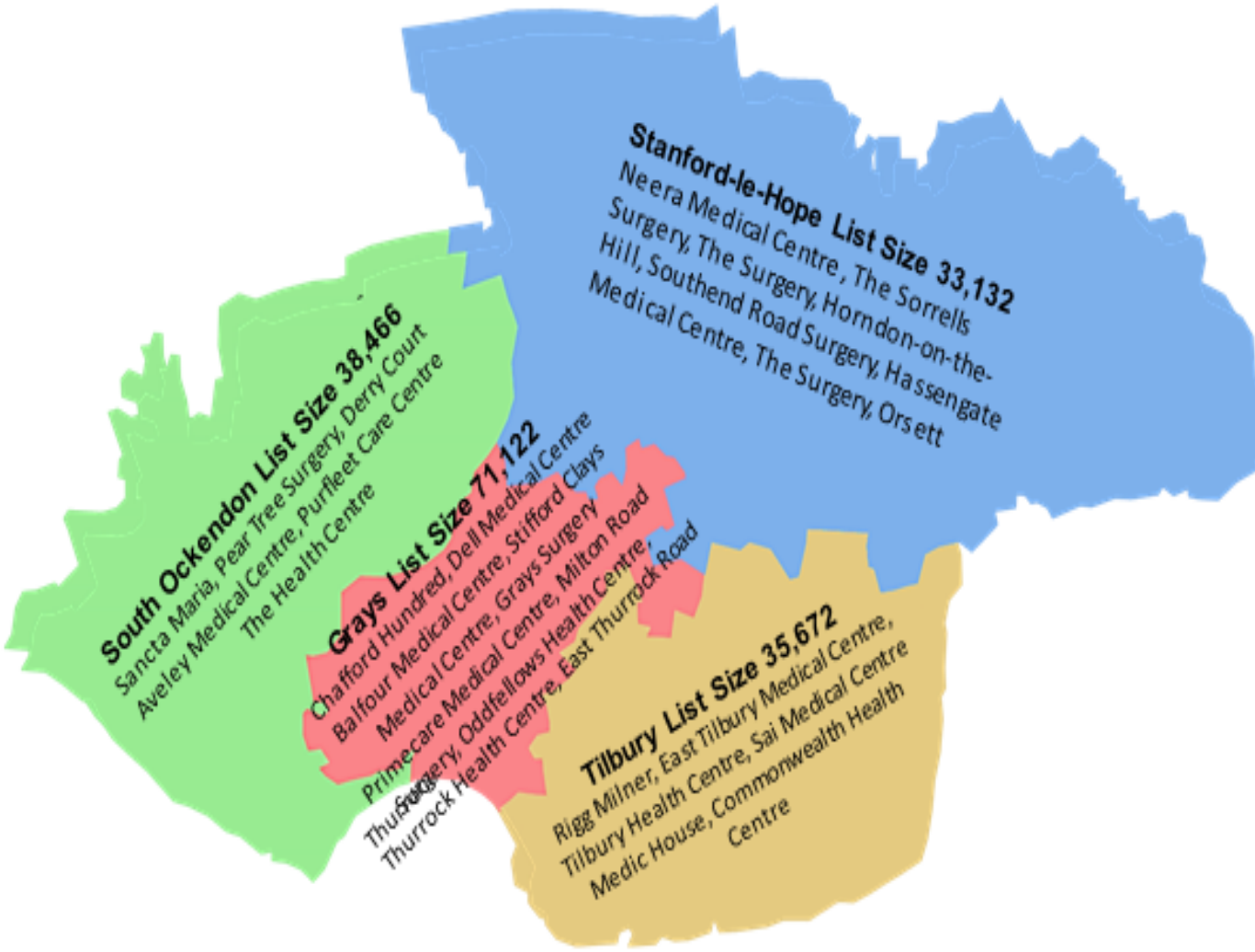
The aim is to have PCNs that are small enough to maintain the traditional strengths of general practice, but at the same time large enough to provide resilience and support the development of the integrated teams.

PCNs will eventually be required to deliver a set of seven national service specifications. Five will start by April 2020: structured medication reviews, enhanced health in care homes, anticipatory care (with community services), personalised care and supporting early cancer diagnosis. The remaining two will start by 2021 - cardiovascular disease case-finding and locally agreed action to tackle inequalities.

PCNs had to submit their registration to their respective Clinical Commissioning Group (CCG) for approval by 15 May 2019 with 100% network contract go-live from 1 July 2019. Whilst it is not mandatory for a practice to join a network, said practice will lose out of significant funding to neighbouring practices that provide primary care services to said patients. One of the key requirements for PCNs was member practices needed to be geographically aligned with a named single practice or a provider that will receive funds on behalf of the PCN.

Thurrock CCG has given the approval of four PCNs covering the practices' localities within its area. These are:

- Stanford-le-Hope & Corringham
- Tilbury & Chadwell
- Grays
- Aveley, South Ockendon and Purfleet (ASOP)



Thurrock CCG has always been working with practices on a locality foot print and one of our successful case study has been the Tilbury and Chadwell model which not only helped inform the Mid and South Essex STP primary care strategy but also attracted additional funds from NHS England's national team to roll out the model in our Grays locality. The developed model was evidenced-based estimating the likely case mix of attendances in primary care and then securing an estimation of alternative staff needed to deliver against that need.

The above model aims to free up GP time and allows them to concentrate on the most complex patients. There is an evidence base around the positive impact of this on demand on other parts of the system. For example, continuity of care relationship with a GP for patients with multi-morbidity has shown to reduce unplanned hospital admissions. Similarly a direct access to physiotherapy costs £56 vs circa £600 for a traditional model where a patient sees a GP first before being referred into the physio service, and showed better outcomes in patient care and satisfaction.

Although this model still needs evaluating for our local health economy initial responses have been positive and staff have seen an improvement in the care they are able to give to their patients.

A full list of the PCN practices and contact details, including branch sites, are provided in Appendix 1.

Stanford Le Hope & Corringham PCN

This PCN incorporates 6 practices and has a patient population of 32,551. The appointed Clinical Director is Dr Sharma, and the lead PCN practice is Hassengate Medical Centre. To date, the PCN has formed and the partnership has been approved by the CCG. The PCN has commenced reviewing its enhanced skill-mix of healthcare professionals which will be part funded by the PCN workforce funding.

Grays PCN

This PCN incorporates 10 practices and has a patient population of 71,122. The appointed Clinical Director is Dr Wendorff, and the lead PCN practice is Oddfellows Hall Health Centre. To date, the PCN has formed and the partnership has been approved by the CCG. The PCN has commenced reviewing its enhanced skill-mix of healthcare professionals which will be part funded by the PCN workforce funding.

Aveley, South Ockendon and Purfleet PCN

This PCN incorporates 6 practices and has a patient population of 38,466. The appointed Clinical Director is Dr Munshi and is based at the PCNs lead

practice of Purfleet Care Centre. To date, the PCN has formed and the partnership has been approved by the CCG.

Tilbury & Chadwell PCN

This PCN incorporates 6 practices and has a patient population of 35,537. The appointed Clinical Directors are Dr Chris Olukanni and Dr Reg Rehal and based at the PCNs lead practice of Commonwealth Health Centre. To date, the PCN has formed and the partnership has been approved by the CCG. The PCN has commenced reviewing its enhanced skill-mix of healthcare professionals which will be part funded by the PCN workforce funding.

Thurrock PCN profile against the requirements

In 2019/20 every PCN Needs to have signed network agreement DES, a named CD, 100% extended hours provision, social prescriber and a clinical pharmacist. The table below describes the PCN profiles against the requirements.

National PCN requirements for 19/20	Stanford le hope and Corringham	Tilbury and Chadwell	Grays	Aveley, south Ockendon and Purfleet
100% practices within a PCN	√	√	√	√
Signed Network DES agreement	√	√	√	√
A named clinical director	√	√	√	√
100% extended hours provision	√	√	√	√
1 social prescriber	√	√	√	√
1 clinical pharmacist	Will be going out for recruitment	√	√	Will be going out for recruitment

Two out of the 4 CCG's PCNs have been resourced with the additional skill mix staff in year 1 that is nationally promised over the next 3 years. The aim is to undertake an impact evaluation of this approach in 2019/20 to make a case for additional investment to resource the remaining 2 PCNs.

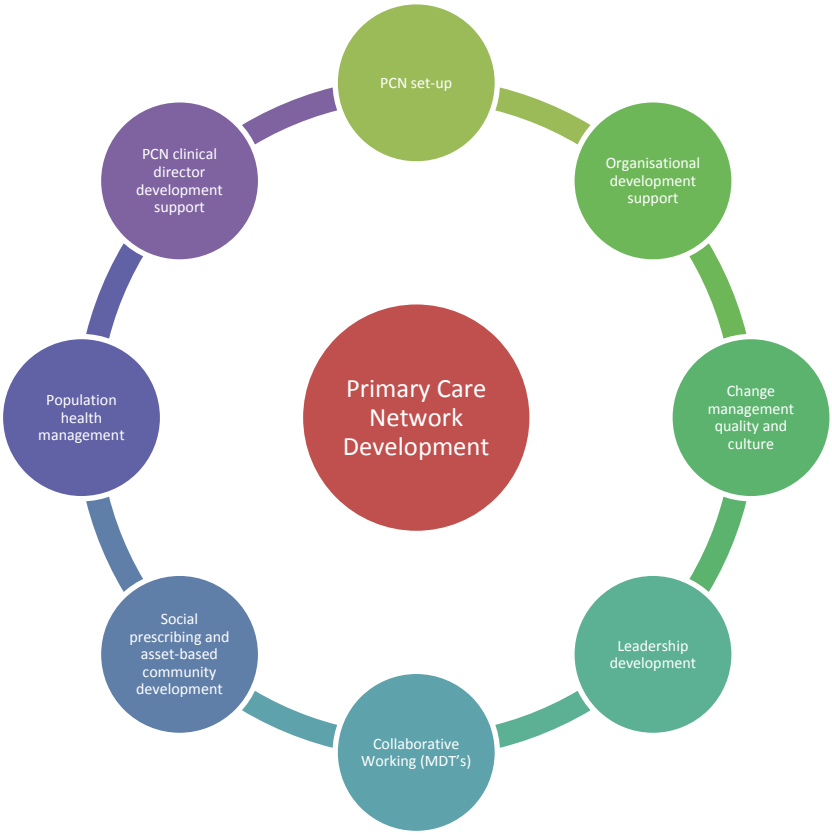
PCN 5 year long term plans

Every PCN will be expected to begin service delivery in an incremental way as they develop and mature. A nascent PCN will have to establish structure and governance arrangements before it can move towards setting up services and acquiring the necessary workforce. Funds will be allocated to the STP to be able to support their developments depending on where the various PCNs are in their maturity. A self-assessment maturity matrix has been developed

that defines the end state for the PCNs and allows them to assess where they are on that journey to be able to provide a bespoke support offer to every PCN.

The maturity assessment matrix will assess the PCNs against 6 key themes:

- Leadership, planning and partnerships
- Use of data and population health management
- Integrating care
- Managing resources
- Patient and public partnerships
- A summary of key requirements for PCNs set out in Investment and evolution (these will be expanded upon in future iterations of the matrix as the specifications are agreed and confirmed)



Over the course of this year all PCNs will be asked to complete a self-assessment to identify their state of readiness and will be offered start up support provided by the Time for Care team.

Nationally Primary Care Network Development support prospectus includes eight (domains) modules of support, including a specific specification for PCN clinical director development support.

From our assessment of Thurrock PCNs we understand all of them are at Foundation stage, where the practices are developing relationships with their member practices and neighbouring PCNs and putting together their structure and governances arrangements. The CCG will work with the STP and the Regional Office to identify priority areas that require early support and prioritise access to the nationally provided and supported services.

3. Summary

Recognising that the NHS is required by Parliament to keep within its spending limit, and that this is ever challenging, these developments are primarily about improving health and care and in doing so, seeking opportunities to deliver its financial objectives. Integrated care and population health should not be expected to save money but have the potential to enable resources to be used more effectively. Therefore, health and care systems need to work more collaboratively with PCNs in developing new ways of working that goes beyond organisational boundaries to address local challenges of inequalities and rising demand with constrained budgets; as well as working to sustain and transform healthcare in the 21st Century for the local population.

PCNs provide local clinical leaders more control over the use of the collective resources at their disposal, thereby enabling them to influence the local partners, stakeholders, STP, ICSs with flexibility to move money around into a more effective part of the systems in line with the population needs. Providers and commissioners are generally working together to establish ICAs/ICSs and PCNs have a key role in shaping the services delivered to their local population.

Report of:

Rahul Chaudhari

Director of Primary Care

NHS Thurrock CCG

Appendix 1

Thurrock PCNs

PCN	Clinical Director	Lead Practice	Surgery Name	Address
Corringham & Stanford PCN	Dr M Sharma	Hassengate Medical Centre	Neera Medical Centre	Neera Medical Centre, 2 Wharf Road, Stanford-le-Hope, Essex, SS17 0BY
			The Sorrells Surgery	The Sorrells Surgery, 7 The Sorrells, Stanford-le-Hope, Essex, SS17 7DZ
			The Surgery, Horndon-on-the-Hill	The Sorrells Surgery, 7 The Sorrells, Stanford-le-Hope, Essex, SS17 7DZ
			Southend Road Surgery	Southend Road Surgery, 271A Southend Road, Stanford-le-Hope, Essex, SS17 8HD
			Hassengate Medical Centre	Hassengate Medical Centre, Southend Road, Stanford-le-Hope, Essex, SS17 0PH
			The Surgery, Orsett	The Surgery, 63 Rowley Road, Orsett, Essex, RM16 3ET
				1 King Edward Drive, Grays, Essex, RM16 2GG
Grays PCN	Dr Wendorff	Oddfellows Hall Health Centre	Chafford Hundred Medical Centre	Chafford Hundred Medical Centre, Drake Road, Chafford Hundred, Essex, RM16 6RS
			The Dell Medical Centre	1 Dell Road, Grays, Essex RM17 5JU
				19 Wharf Road, Stanford-le-Hope, Essex, SS17 0BZ
			Balfour Medical Centre	Balfour Medical Centre, 2 Balfour Road, Grays, Essex, RM17 5NS
			Stifford Clays Medical Practice	The Health Centre, Crammavill Street, Stifford Clays, Grays, Essex, RM16 2AP
			The Grays Surgery	The Grays Surgery, 78 High Street, Grays, RM17 6HU
			Primecare Medical Centre	Kadim Primecare Medical Centre, 167 Bridge Road, Grays, Essex, RM17 6DB
			The Milton Road Surgery	The Milton Road Surgery, 12 Milton Road, Grays, Essex, RM17 5EZ

			Oddfellows Hall Health Centre	Oddfellows Hall Health Centre, Odd Fellows Hall, Dell Road, Grays, Essex, RM17 5JY
				St Clements Health Centre, London Road, West Thurrock, Essex, RM20 4AR
			Thurrock Health Centre	55-57 High Street, Grays, Essex, RM17 6NB
			East Thurrock Road Medical Centre	East Thurrock Road Medical Centre, 34 East Thurrock Road, Grays, Essex, RM17 6SP
South Ockendon, Aveley & Purfleet PCN	Dr Munshi	Aveley Medical Centre	The Sancta Maria Centre	Sancta Maria Centre, Daiglen Drive, South Ockendon, Essex, RM15 5SZ
			Pear Tree Surgery	Pear Tree Surgery, Pear Tree Close, South Ockendon, Essex, RM15 6PR
				129 Station Road,West Horndon CM13 3NB
			Derry Court Medical Centre	Derry Court Medical Practice, Derry Court, Derry Ave, South Ockendon, Essex, RM15 5GN
			Aveley Medical Centre	Aveley Medical Centre, 22 High Street, Aveley, Essex, RM15 4AD
				Bluebell Surgery, South Ockendon Health Centre, Darenth Lane, South Ockendon, Essex, RM15 5LP
			Purfleet Care Centre	Purfleet Care Centre, Tank Hill Road, Pufleet, Essex, RM19 1SX
			The Health Centre	The Health Centre, Darenth Lane, South Ockendon, Essex, RM15 5LP
Tilbury & Chadwell PCN	Dr Olukanni & Dr Rehal	Commonwealth Health Centre	The Rigg Milner Medical Centre	The Rigg Milner Medical Centre, 2 Bata Aveune, East Tilbury, Essex, RM18 8SD
				The Health Centre Giffords Cross Road, Corringham, Essex, SS17 7QQ

			East Tilbury Medical Centre	East Tilbury Medical Centre, 85 Coronation Aveune, East Tilbury, Essex, RM18 8SW
				The Health Centre, Giffords Cross Road, Corringham, Essex, SS17 7QQ
			Tilbury Health Centre	Tilbury Health Centre, London Road, Tilbury, Essex RM18 8EB
				The Dilip Sabnis Medical Centre, Linford Road, Chadwell St Mary, Essex, RM16 4JW
				Chadwell Medical Centre, 1 Brentwood Road, Chadwell St Mary, Essex, RM16 4JD
			Sai Medical Centre	Sai Medical Centre, 105 Calcutta Road, Tilbury, Essex, RM18 7QA
			Medic House	Medic House, Ottawa Road Tilbury, Essex, RM18 7RJ
				Appledore Medical Centre, 8 Coronation Aveune, East Tilbury, Essex, RM18 8SJ
			Commonwealth Health Centre	Commonwealth Health Centre, Quebec Road, Tilbury, Essex, RM18 7RB

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5 September 2019	ITEM: 10
Health and Wellbeing Overview and Scrutiny Committee	
Mid & South Essex Health & Care Partnership Update	
Wards and communities affected: All	**Key Decision:** For information.
Report of: Jo Cripps, Interim Programme Director, Mid & South Essex STP	
Accountable Assistant Director: N/A	
Accountable Director: Mandy Ansell, AO, Thurrock Clinical Commissioning Group, Roger Harris, Director of Adults, Housing & Health, Thurrock Council	
This report is public	

Executive Summary

This paper provides an update on the work of the Mid and South Essex STP (the Partnership) and is presented for information. The paper provides an update on:

- The outcome of the referrals to the Secretary of State (SoS) for Health and Social Care.
- Outlines plans for implementing phase I of the acute reconfiguration.
- Notes that the work of the Thurrock People's Panel and the HOSC task and finish group on Orsett plans will now recommence.
- Outlines the work of partners across the STP to develop a 5 year strategy.
- The appointment of a new independent chair.

1. Recommendation(s)

1.1 The paper is provided for information and the Health and Wellbeing Overview and Scrutiny Committee is asked to note the report.

2. Introduction and Background

2.1 The Mid and South Essex STP is a partnership of key organisations and groups within the mid and south Essex footprint:

- Five Clinical Commissioning Groups (Thurrock, Basildon & Brentwood, Mid-Essex, Southend and Castle Point and Rochford).
- Three Local Authorities (Thurrock Council, Southend-on-Sea Borough Council and Essex County Council).
- Three acute hospitals (Basildon & Thurrock, Southend and Broomfield).

- Three community and mental health providers (NELFT, Provide and EPUT).
- Three Healthwatch organisations (Healthwatch Thurrock, Healthwatch Essex and Healthwatch Southend).
- Chairs of the STP Service User Advisory Group and Clinical Cabinet.

There are 42 such partnerships across England.

The STP is not an organisation, it is a collection of partners working together.

2.2 As a partnership, our collective aims are to support the delivery of health and wellbeing priorities to:

- Support people to live well and to be independent for as long as possible.
- Focus on prevention and self-care using an asset-based approach, and ensure people have the right information and tools to support them.
- Ensure services are in place and available to support people when in need.

3. Issues, Options and Analysis of Options

Acute Hospital Reconfiguration & Referrals to the Secretary of State (SoS) for Health Social Care.

3.1 The history of the STP stems from 2015, when mid and south Essex was identified as one of three "Success Regimes", in recognition of the long-standing challenges faced in relation to service quality and configuration, finance and workforce. Following a diagnostic exercise, the Success Regime focussed in on acute hospital services. This led to the development of a consolidated clinical strategy across our three acute hospitals, culminating, after a wide-ranging public consultation and clinical assurance processes, in July 2018, with commissioner agreement (via the CCG Joint Committee) to a range of service improvements to hospital services.

3.2 Both Thurrock Council and Southend Council referred the decisions of the CCG Joint Committee to the Secretary of State of Health and Social Care for independent review. Thurrock Council's concerns related specifically to the closure of Orsett Hospital and the movement of services to planned Integrated Medical Centres. The concerns raised by both Councils have now been reviewed by the Independent Reconfiguration Panel (IRP) and advice provided to the SoS.

3.3 The SoS accepted the IRPs advice that:

- Overall, the consultation with the Joint HOSC and the public consultation were satisfactory; and
- The decisions taken were in the interests of health services locally.

In his letter to the Thurrock HOSC Chair, the SoS noted that:

"*After careful consideration, the IRP has concluded that, with some further action locally, especially in relation to services at Orsett Hospital until new services are in place, the proposals should proceed.*

To that end, I would be grateful if you would report back to me in three months on the progress of this case".

3.4 Now that the referrals have been reviewed, the hospital group will commence with the implementation of phase I improvements. These are:

- Vascular emergency patients in mid Essex and south east Essex will be transferred to a fixed vascular hub at Basildon Hospital replacing the current rotating hub service.
- Patients requiring inpatient elective spinal surgery in south west Essex will be treated at Southend Hospital.
- Low risk patients requiring an inpatient elective hip or knee operation in south Essex will be offered to choose treatment at Braintree Community Hospital.
- A new interventional radiology hub will be created at Basildon Hospital which will offer out of hours emergency care for patients across mid and south Essex replacing the need for them to be transferred out of the area for treatment at these times.

There are a number of enabling changes to support the movement of clinical services above, including family and carer transport. The hospitals have continued to work with and implement the recommendations made by the service user led transport working group to ensure current access to our hospitals is improved. This has included:

- The development of a new policy to support the family and loved ones of patients who are receiving care at a more distant hospital as a result of these changes who may not be able to afford the cost of transport.
- Working with the voluntary sector in south west Essex to improve access for people who live there.
- Expanding the already successful care cars scheme in south east Essex to be able to support more patients and their families to get to a more distant hospital.
- Launch of a new partnership with Chelmsford Community Transport providing access to our three hospitals for anyone who lives in mid Essex.
- Improving the information available to visitors and patients to our three hospitals about how to access our hospitals including improved information about public transport options.

The plans also required a clinical transfer service to enable patients who require urgent treatment to move between sites. In phase I changes, this relates only to out-of-hours emergency vascular services, which already rotate across four hospitals in Essex (Basildon, Broomfield, Southend and Princes Alexandra). The East of England Ambulance Trust will continue to manage these transfers as now, bringing all patients requiring emergency vascular services to Basildon.

The hospital are currently running a pilot with St John's Ambulance to transfer patients from other hospitals requiring out-of-hours emergency interventional radiology.

3.5 In relation to the changes to Orsett Hospital, Committee members will recall that the hospitals committed to working with the Thurrock People's Panel to define the precise relocation of services from Orsett Hospital into the new Integrated Medical Centres as they are developed. This work has been held in abeyance while the referrals were considered and can now re-commence with the People's Panel being reconvened on the 28th August 2019.

3.6 The Committee also decided that it would establish a "task and finish" group to oversee the changes to Orsett services, and colleagues from the STP are ready to commence this work.

The work of both these groups will enable us to report back to the SoS on progress as requested in his letter.

<u>Development of the Mid & South Essex Health & Care Partnership 5 year Strategy</u>

3.7 In January 2019, the NHS published a ten year plan (*NHS Long Term Plan*). Through this, the expectation has been set that STPs across the country will develop a 5-year strategy by the autumn.

3.8 While the strategy will need to include information on how the STP will deliver the commitments made in the Long Term Plan, relating to:

- cancer
- urgent care
- referral to treatment
- mental health
- prevention
- digital transformation (including primary care access, outpatient redesign),
- new care models (including development of Primary Care Networks, social prescribing)

Importantly it will also identify how we, as partners, seek to work together to address the broader determinants of health and wellbeing,

3.9 The NHS Long Term Plan has also set the expectation that STPs will move towards becoming Integrated Care Systems by 2021.

3.10 Healthwatch Thurrock have led engagement across the STP on the NHS Long Term Plan on behalf of Healthwatch England, and a report has been published. The engagement sought to identify "what matters" to residents. The report findings were consistent with feedback from Thurrock residents around support for providing care closer to home and the emerging IMC new models of care.

3.11 As a partnership, the STP recognises that the vast majority of interactions with residents happen at the local level, and that the work of the Health and Wellbeing Boards are sovereign in this regard.

It would not be appropriate, nor is it the intention, for organisations within the STP to seek to dictate how these local plans should be delivered.

STP partners recognise that Thurrock has well developed place-based plans aimed at supporting residents, which have been endorsed by the Thurrock Health and Wellbeing Board. This includes the development of localities and primary care networks, and work under the auspices of the *Better Care Together*.

3.12 The development of a 5-year strategy for the STP provides us with an opportunity to focus on these local plans and to identify how, by working at different levels within the system, we can best support delivery of plans through collective action.

3.13 A small "design group" has been established to support development of the STP strategy, which includes input from Roger Harris and Ian Wake. The strategy will:

- Reflect what we have learnt from engagement with residents.
- Recognise that partners within the system operate at different levels – locally at GP practice/Primary Care Network; at "place" level to integrate services; in partnership across areas where relevant (eg. when looking at flows through the three hospitals) and system level for the 1.2m population of mid and south Essex, where this makes sense.
- Have the principle of subsidiarity at its heart – recognising that local relationships and interactions have the greatest impact on the health and wellbeing of our population and that these relationships and interactions cannot be replicated at a wider system level.
- Recognise that "place based" plans are the building blocks of the strategy.
- Identify an overarching outcomes framework which incorporates key aspects of the three Health and Wellbeing Board strategies and supports their delivery.

- Set the principles of working together at STP level (all organisations together, across the 1.2m population). Work at this level should occur where:
    - There are “thorny issues” that can only be addressed by partners working together (eg estates, workforce)
    - There are economies of scale in doing things once across the system (eg. digital transformation – the shared care record)
    - There is unwarranted variation in standards of care or inequity in access to services that could be addressed by working together (eg standards across our hospitals)
- Recognise that, increasingly, the STP is used within the NHS as the unit of planning and delivery, and it is through working together on a STP footprint that opportunities for investment can be exploited – recent examples include the funding provided for mental health support teams working across schools and colleges.

- The public health teams across three local authorities are working on a draft STP profile to help to guide the work.

3.14 The draft strategy will be shared with the Health and Wellbeing Board in the coming months and will be approved by the STP Board.

Changes to Leadership

3.15 Dr Anita Donley OBE, who has been the independent chair of the STP for the past three years, has announced her intention to stand down from this role.

3.16 The Partnership has recruited a new Independent Chair and an announcement will be made shortly.

4. Reasons for Recommendation

4.1 The Committee is asked to note this update.

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

5.1 NA

6. Implications

6.1 **Financial**

N/A

6.2 **Legal**

N/A

6.3 **Diversity and Equality**

N/A

6.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder, or Impact on Looked After Children)

N/A

7. 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):

- N/A

8. Appendices to the report

- N/A

Report Author:

Jo Cripps

STP Programme Director (interim)

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Health and Wellbeing Overview and Scrutiny Committee

Briefing Note: Reduction of Thurrock Clinical Commissioning Group Budget 2019-20 and wider NHS England proposals to merge five Clinical Commissioning Groups across the Mid and South Essex STP geographical footprint.

Purpose of the briefing note: List of correspondence between Councillor Holloway, Chair of the Health and Wellbeing Overview and Scrutiny Committee (HOSC) and Ann Radmore, East of England Regional Director, NHS England.

Letter 1 Dated 20 June 2019	From: Councillor Holloway	To: Ann Radmore	Initial request for NHS England to attend HOSC on 5 September 2019 to discuss reduction of Thurrock Clinical Commissioning Group Budget 2019/20
Letter 2 Dated 17 July 2019	From: Ann Radmore	To: Councillor Holloway	Response that the person best placed to attend HOSC on the 5 September 2019 would be the Accountable Officer of Thurrock Clinical Commissioning Group
Letter 3 Dated 19 July 2019	From: Councillor Holloway	To: Ann Radmore	Response stating that under Regulation 27 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013, HOSC requires Ann Radmore or another suitably senior representative from NHS England (East of England) to attend HOSC on 5 September 2019
Letter 4 Dated 9 August 2019	From: Ann Radmore	To: Councillor Holloway	Proposal from NHS England that two Executive Director colleagues should meet with Councillor Holloway and fellow Members in a closed session in the early Autumn
Letter 5 Dated 16 August 2019	From: Councillor Holloway	To: Ann Radmore	Response requesting that NHS England reconsider their decision not to attend or send suitable senior NHS England representatives to HOSC on 5 September 2019

For any questions regarding this briefing note, please contact:

Name: Roger Harris, Corporate Director of Adults, Housing and Health/Interim Director of Children's Services
E-mail: rharris@thurrock.gov.uk

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Thurrock Council, Civic Offices, New Road,
Grays Thurrock, Essex RM17 6SL

Ms Ann Radmore
East of England Regional Director
NHS England
East Wing
Victoria House
Capital Park
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Cambridge
CB21 5XB
Letter sent by email to: Annradmore@nhs.net

Thursday 20 June 2019

Dear Ms Radmore

RE: Meeting request - reduction of Thurrock Clinical Commissioning Group budget 2019/20.

I am writing to you as Chair of Thurrock Health Overview and Scrutiny Committee (HOSC) to request your attendance at the next meeting of Thurrock Council's Health and Wellbeing Overview and Scrutiny following concerns raised by the committee regarding the proposed reduction of funds from Thurrock's Clinical Commissioning Group (CCG).

Members of HOSC were concerned to learn about the proposed reduction of over £480,000 in Thurrock CCG's available budget for 2019/20 as part of plans to assist Cambridge and Peterborough CCG's budget deficit. We would appreciate your attendance to speak to Councillors so that we can fully understand the circumstances of this decision.

You will be aware that Thurrock CCG has effectively managed their control totals and budgets each year, enabling them to commit resources to planned projects with local partners.

We are extremely concerned that a reduction of £480,000 will have an adverse impact on Thurrock CCG's ability to honour commitments that they have made and has resulted in delays to:

- The implementation of a new pathway that supports the therapeutic needs of people presenting with personality disorders across the primary care and secondary care interface
- The implementation of the 24-hour crisis team which will delay the improvement of care for an extremely vulnerable group of patients and a key scheme to address health inequalities within our CCG.

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- Other key areas, including 52 weeks wait time targets, RTT 18 weeks and cancer waiting times.

While I appreciate NHS England's commitment to a joined-up NHS across the East of England region and that high-quality care for patients is provided within its financial allocation, I do not believe it is fair or reasonable to effectively penalise CCGs that have managed their budgets, including Thurrock CCG, by reducing their budgets to support other areas.

I suggest that a balance needs to be struck between ensuring areas meet financial targets and areas being able to meet constitutional standards. While Cambridge and Peterborough STP has not achieved its financial targets it is important to recognise that it is achieving constitutional standards that Thurrock is not. For example, the Cambridgeshire and Peterborough system is currently meeting all constitutional standards, is rated outstanding for cancer and has implemented a 24 hour crisis team.

It appears that little consideration has been provided by NHS England on the impact that a reduction of funding might have on Thurrock's ability to achieve constitutional standards or honour commitments made to partners as part of improving health and wellbeing outcomes for the population of Thurrock. As such, I strongly urge you consider the implications and not to withdraw these funds.

I hope you agree that the seriousness of this matter requires further discussion and that you will attend the next meeting of HOSC on Thursday 5 September 2019 from 7:00-9:00pm, held at Thurrock Council. I would be grateful if you could contact HOSC Secretariat to confirm whether you can attend as soon as possible by email at JShade@thurrock.gov.uk or on 01375 652031.

Yours sincerely

Councillor Victoria Holloway
Chair Health and Wellbeing Overview and Scrutiny

Email: vholloway@thurrock.gov.uk
Tel: 01375 366322

Sent via e-mail

NHS England and NHS Improvement
East of England

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Councillor V Holloway
Chair Health and Wellbeing Overview and Scrutiny
Thurrock Council

17 July 2019

Dear Councillor Holloway

Meeting Request – Reduction of Thurrock Clinical Commissioning Group Budget 2019/20

Thank you for your letter dated 20 June regarding the Thurrock Clinical Commissioning Group 2019/20 budget. I would like to apologise for the delay in responding to you.

In responding to be points you have raised, I thought it may be helpful to provide some context to the 2019/20 financial planning process and the approach taken in the East of England.

As you will be aware, all NHS organisations, both as a Region and individual organisational level, are set a financial control total each year which represents their target for financial performance. At all times, managing within the funds provided and improving quality for patients is the over-riding concern. The new regional footprints provide an opportunity and requirement for control totals to be viewed not only at organisational and system level, but also at regional level.

In the East of England there is a current commissioner gap to control total within the Cambridgeshire and Peterborough STP system with the CCG. The East of England Regional Executive Team is working actively with this financially challenged system to explore options to close the gap.

The Cambridgeshire and Peterborough STP includes five providers and has a single CCG which serves a population of 900k people. As an area it has had a long history of financial issues both within individual organisations and within the area as a whole. There have been attempts to resolve the issues and recover financial stability, but they have not been wholly successful. There is therefore an urgent need, which the system leadership and the regional team recognise and accept, to try to address the financial issues within this system and enable it to progress.

The challenge is how to do this within the context of ever-increasing demand for health and care services and the clear requirement that we must balance the 2019/20 Regional budget. To address this, we must look at this at each level, locally as CCG's, system wide as an STP, and as an East of England Region. As a region there are rightly expectations upon us to come together to work much more effectively as an NHS community working with social care partners across the region and that includes tackling problems together; sustaining improved performance and generating mutual support.

At an STP level, options for how the region responds to the financial difficulties facing Cambridgeshire and Peterborough have been discussed and how other systems can support them financially have been explored. The other five STP areas have been asked to contribute circa. £5m to the Cambridgeshire and Peterborough STP position. This is a repayable contribution to be repaid within three years. In our discussions with STPs regarding this, we left the allocation of this reduction for local determination as we recognise that this is where local understanding of priorities best sits. The local CCG is therefore best placed to articulate how they have identified the necessary reduction in the available budget and I have copied Mandy Ansell (Accountable Officer for Thurrock CCG) into this response as she will be able to assist in providing that information.

The regional approach to managing deficits mirrors how NHS England and NHS Improvement have previously managed budgets nationally, where individual overspends were managed at a national level to ensure the overall NHS lives within its means. Working across systems to deliver the Control Total has the benefit of bringing to the Region the Financial Recovery Funding relating to Cambridgeshire and Peterborough which would otherwise have been allocated to another region.

I recognise that this places further pressures on other STPs within the region and my team is actively working with those systems to identify how this can be best managed. We are committed to working to find best value for money, doing this as a region-wide community rather than individual systems or organisations. This will involve working across the region to find ways of improving the effectiveness and efficiency of services to get the best value for the NHS pound. We will build upon the work systems are exploring to deliver greater efficiency including embracing technology across organisations to realise productivity benefits that digitisation brings; delivering new models of care and understanding the clinical and financial benefits improved performance brings; and benchmarking performance against the ‘best in class’ service delivery. These principles are not only for the more financially challenged systems but for the region to focus on as implementation of the NHS Long Term Plan becomes the focus for delivery.

Thank you for the invitation to attend the Thurrock HOSC in September but as I have explained above the decisions about how to allocate the contributions within the Mid and South Essex STP were taken at a local level. Therefore, the person best placed to attend the HOSC meeting on 5 September and answer any questions you may have is Mandy Ansell.

Yours sincerely

Ann Radmore
Regional Director (East of England)

cc: Mandy Ansell, Accountable Officer, Thurrock Clinical Commissioning Group

Thurrock Council, Civic Offices, New Road,
Grays Thurrock, Essex RM17 6SL

Ms Ann Radmore
East of England Regional Director
NHS England
East Wing
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Letter sent by email to: Annradmore@nhs.net

Friday 19 July 2019

Dear Ms Radmore

RE: HOSC Attendance – Reduction of Thurrock Clinical Commissioning Group Budget 2019/20

Thank you for your letter of 17 July 2019 regarding the above.

Health Overview and Scrutiny Committees (HOSC) have a statutory legal duty to scrutinise decisions made by the NHS that affect health services provided to residents within their jurisdiction. It is clear to me that the decision to move revenue from Thurrock CCG's 2019/20 budget to Cambridgeshire and Peterborough has been taken by NHS England at a regional level and not Thurrock CCG or Mid and South Essex STP as suggested in your letter. I therefore do not believe that it is appropriate for the Accountable Officer of Thurrock CCG to attend HOSC to discuss and explain this decision.

Under Regulation 27 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013, HOSC requires you or another suitably senior representative from NHS England (East of England) to attend our meeting of 5 September 2019 in order to explain your decision to alter the financial control total of NHS Thurrock CCG in 2019/20 and allow us to fulfil our statutory responsibility of providing local scrutiny on the potential impact of this decision on our residents' health. I would therefore be grateful if you would re-consider your decision not to attend, or alternatively arrange for another senior representative from NHS England to be present for this item.

As set out in the joint letter from the Cabinet Portfolio Holder for Education and Health, the Cabinet Portfolio Holder for Adults' and Children's Social Care and myself, HOSC also wishes to scrutinise the recent decision by NHS England

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to write to Thurrock CCG's Accountable Officer requesting that the CCG set out a timetable for merger with the four other CCGs in Mid and South Essex by September 2019.

I would be grateful if you would email Jenny Shade in our Democratic Services Team (JShade@thurrock.gov.uk) to confirm who from NHS England will be attending HOSC on 5 September 2019 to provide further information on both of the above decisions.

With best wishes

Yours sincerely

Cllr V Holloway
Chair of Thurrock Health and Wellbeing Overview and Scrutiny Committee

cc. Mandy Ansell, Accountable Officer, Thurrock Clinical Commissioning Group

Jenny Shade, Senior Democratic Services Officer, Thurrock Council

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Sent via e-mail

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Councillor V Holloway
Chair Health and Wellbeing Overview and Scrutiny
Thurrock Council

9 August 2019

Dear Councillor Holloway

Thank you for your letter dated 19 July in which you reiterated your request for myself or a senior representative from NHS England to attend the Thurrock Health Overview and Scrutiny Committee on 5 September to 'explain the decision to alter the financial control total of NHS Thurrock CCG in 2019/20'.

I wish to be clear that no decisions have been taken by NHS England to alter the financial control total of NHS Thurrock CCG in 2019/20.

The letter which I wrote to STP/ICS leaders on 24 April 2019 included the following:

> 'I need to ask each of the other STP areas to carry a contribution to the Cambridgeshire and Peterborough position. This will be a repayable contribution and I have indicated to the STP that this will have to be repaid within three years and I do recognise that this will be a significant pressure for all other systems'.

As I outlined in my earlier letter of 17 July 2019, we left the allocation of this reduction within STP/ICS footprints for local determination as we recognised that this is where local understanding of priorities best sits.

I therefore reiterate that the local CCG is therefore best placed to articulate how they have identified the necessary reduction in the available budget and I have copied Mandy Ansell (Accountable Officer for Thurrock CCG) into this response as she will be able to assist in providing that information.

I am keen however, that NHS East of England engages with and listens to issues raised by local councillors in order to help us understand more about the joint work which is already underway locally and the key issues and concerns which local systems face.

Therefore, having reflected on the several letters I have received from you and your fellow Councillors outlining concerns about the merging of CCGs and associated implications for the Place based work that is already underway in Thurrock and being aware of the recent decision by the Secretary of State to uphold the outcomes of the

consultation for the Mid and South Essex re-configuration I think it would be helpful if we had a broader dialogue between yourselves and the leadership of the East of England. I would therefore propose that 2 of my Executive Director colleagues should meet with you and your fellow councillors in a closed session in the early Autumn.

I would see the purpose of this session as being to:

- listen to the concerns of yourself and your fellow councillors
- have a shared discussion about the aspirations of the NHS Long Term Plan and how they could benefit the citizens of Thurrock
- discuss future plans for the NHS in Thurrock and hear how you and your fellow councillors might wish to be involved in shaping and leading those.

On the assumption that you think it would be helpful for the meeting I describe above to take place, please let me know who my team should liaise with to put the necessary arrangements in place.

Yours sincerely

Ann Radmore
Regional Director (East of England)

cc: Mandy Ansell, Accountable Officer, Thurrock Clinical Commissioning Group
Simon Wood, Regional Director of Strategy & Transformation

Thurrock Council, Civic Offices, New Road,
Grays Thurrock, Essex RM17 6SL

Ms Ann Radmore
East of England Regional Director
NHS England
East Wing
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Letter sent by email to: Annradmore@nhs.net

Friday 16 August 2019

Dear Ms Radmore

RE: HOSC Attendance – Reduction of Thurrock Clinical Commissioning Group Budget 2019/20 and wider NHS England proposals to merge 5 CCG's across the Mid and South Essex STP geographical footprint.

Thank you for your letter of 9 August 2019 regarding the above.

It is disappointing to learn that you are not minded to agree to attend or secure the attendance of another suitably senior representative from NHS England (East of England) for our Health Overview and Scrutiny Committee meeting on 5 September 2019.

I note your letter proposes that 2 of your Executive Director colleagues meet with me and my fellow councillors in a closed session during early autumn. While I welcome a briefing session with NHS England colleagues in the future I should make clear that Health Overview and Scrutiny Committees (HOSC) have a statutory legal duty to scrutinise decisions made by the NHS that affect health services provided to residents within their jurisdiction. Thurrock HOSC is the Committee to which the Thurrock Council has delegated overview and scrutiny functions.

As I explained in my previous correspondence HOSC wishes to provide scrutiny to the decision to reduce Thurrock CCG's 2019/20 budget and the recent decision by NHS England to write to Thurrock CCG's Accountable Officer requesting that the CCG set out a timetable for merger with the four other CCGs in Mid and South Essex by September 2019.

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The scope of the issues we wish to scrutinise at HOSC do not relate to information which might be exempt (for the purposes of Schedule 12A of the Local Government Act 1972) and which could be held in closed session, and your letter does not set out reasons why a closed session should be held in this case. Therefore it would not be appropriate for the authority to exercise its statutory functions and scrutinise these issues in a closed session.

We welcome the statement that you have made about the importance of place and joint working with the Local Authority. Part of the purpose of the HOSC session will be to discuss with NHS England how we deliver that within Thurrock.

I reiterate my request that either you or a suitably senior NHS England representative agrees to attend the Health and Overview Scrutiny Committee on 5 September and ask that NHS England honours the regulatory requirements[1] set out in my previous letter which enable Local authorities to require any member or employee of a NHS body to attend before them to answer such questions as appear to the authority to be necessary for discharging its relevant functions.

I feel that we have provided reasonable notice of the intended date of attendance as required by regulation 27 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013) due to my first request for NHS England representation at Thurrock HOSC on 5 September was initially made in my letter of 20 June 2019.

I would therefore be grateful if you would re-consider your decision not to attend, or alternatively arrange for another senior representative from NHS England to be present for this item. I would be grateful if you would email Jenny Shade in our Democratic Services Team (JShade@thurrock.gov.uk) to confirm who from NHS England will be attending.

With best wishes

Yours sincerely

V Holloway

Cllr V Holloway
Chair of Thurrock Health and Wellbeing Overview and Scrutiny Committee

cc. Mandy Ansell, Accountable Officer, Thurrock Clinical Commissioning Group; Jenny Shade, Senior Democratic Services Officer, Thurrock Council

[1] Regulation 27 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013

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Health Overview & Scrutiny Committee
Work Programme
2019/2020

Dates of Meetings: 13 June 2019, 5 September 2019, 7 November 2019, 16 January 2020, 5 March 2020

Topic	Lead Officer	Requested by Officer/Member
13 June 2019		
HealthWatch	Kim James	Officers
Mid & South Essex Sustainability and Transformation Partnership (STP)	Roger Harris / Mandy Ansell	Officers
Targeted Lung Health Checks Programme	Mandy Ansell / Sam Brown	Officers
Primary Care Networks – Presentation Only	Mandy Ansell / Rahul Chaudhari	Officers
5 September 2019		
HealthWatch	Kim James	Officers
24-7 Mental Health Emergency Response and Crisis Care Service	Mark Tebbs	Members
Mid & South Essex Health & Care Partnership Update	Mandy Ansell / Roger Harris	Officers
Whole Systems Obesity Strategy Delivery and Outcomes Framework	Faith Stow	Officers
Reduction of Thurrock Clinical Commissioning Group 2019-20	Roger Harris / Ian Wake	Officers
Primary Care Networks	Mandy Ansell / Rahul Chaudhari	Members
2018/19 Annual Complaints and Representations Report – Adult Social Care	Lee Henley	Officers
7 November 2019		

HealthWatch	Kim James	Officers
Flash Glucose Monitoring Report	Mandy Ansell	Members
Adult Social Care - Fees & Charges Pricing Strategy 2019/20	Roger Harris	Officers
Update on Cancer Waiting Times	Tom Abell / Andrew Pike	Members
Case for Change 2	All	Officers
Sexual Assault and Abuse Mental Health Pathway / Joint Strategic Needs Assessment on Sexual Assault	Mark Tebbs / Ian Wake	Members
Targeted Lung Health Checks Programme	Mandy Ansell / Sam Brown	Officers
16 January 2020		
HealthWatch	Kim James	Officers
Developments on Primary Care	Ian Wake	Members
Budgets	Roger Harris	Members
5 March 2020		
HealthWatch	Kim James	Officers

Further reports (date to be agreed):

- Integrated Medical Centres

Reports for 2020/21:

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Clerk: Jenny Shade
Last Updated: August 2019

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