

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 **7 March 2024**

Committee Room 2, Civic Offices, New Road, Grays, Essex, RM17 6SL.

Membership:

Councillors Mark Hooper (Chair), Georgette Polley (Vice-Chair), Tony Fish, Terry Piccolo, Neil Speight and James Thandi

Georgina Bonsu (Thurrock Lifestyle Solutions) and Kim James (Healthwatch Thurrock Representative)

Substitutes:

Councillors John Cecil, James Halden, Mark Hurrell, Augustine Ononaji and Joycelyn Redsell

Agenda

Open to Public and Press

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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 11 January 2024.	
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. To agree any relevant briefing notes submitted to the Committee.	
4. Declarations of Interests	

5.	HealthWatch	
6.	Update on NHS Dental Services	13 - 16
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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 February 2024**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

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

Helpful Reminders for Members

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

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

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



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

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

Disclosable Pecuniary Interests shall include your interests or those of:

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

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

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

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

Pecuniary

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

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

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

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

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

Non- pecuniary

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

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

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 11 January 2024 at 6.30 pm

Present: Councillors Mark Hooper (Chair), Georgette Polley (Vice-Chair), Tony Fish, Terry Piccolo, Neil Speight and James Thandi

Kim James, Healthwatch Thurrock Representative

In attendance: Ian Wake, Corporate Director of Adults, Housing and Health
Nicki Abbott, Mid and South Essex NHS Foundation Trust
Jamie Andrews
Ceri Armstrong, Senior Health and Social Care Development Manager
Matt Auckburally
Andrea Clement, Assistant Director and Consultant in Public Health
James Currell, Mid and South Essex NHS Foundation Trust
Mark Graver, Essex Partnership, University NHS Foundation Trust
Alexandra Green, EPUT
William Guy
Aleksandra Mecan, NHS, Mid and South Essex NHS Foundation Trust
Lynsey Rowe, Essex Partnership, University NHS Foundation Trust
Fiona Ryan, Mid and South Essex NHS Foundation Trust
Paul Scott, EPUT
Rita Thakaria, Assistant Director Adult Community Health Services
Claire Dixon, Scrutiny Officer
Jenny Shade, Principal Democratic Services Officer

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

30. Minutes

The minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 2 November 2023 were approved as a correct record.

31. Urgent Items

There were no urgent items of business.

32. Declarations of Interests

There were no declarations of interest made.

33. HealthWatch

Kim James stated that a specific service had been commissioned for those patients trying to access gender realignment medications. Those patients would still receive their primary care service at their own general practitioners surgery but would go to this specific service for their medication.

34. Updates from Mid and South Essex Trust

An update report was provided to members on operational data from Mid and South Essex NHS Foundation Trust.

Members received an update on phlebotomy service, estate and capital works and an update on the maternity improvement plan following the CQC inspection.

The following points were raised:

Phlebotomy

- The chair stated he was pleased that the waiting times had been reduced from 6 to 8 weeks to 2 to 3 weeks but stated this still seemed a long time for a resident to have to wait. The chair questioned what the plans were to move to this to 1 day or next day appointment.
- The chair questioned why more general practitioners were not carrying out blood testing in local surgeries.
- The chair also questioned how much a general practitioner would be paid to carry out blood tests compared to private contractor.
- The chair questioned why general practitioners were not attracted to undertaking this service.
- Member questioned whether any progress had been made on community and volunteer blood testing service. Member also questioned who had been contacted so far as part of this initiative.
- Member stated with the increase in the borough's population the increased demand for blood testing should not have come as a surprise. The Trust should have been aware and preparation in regard to the planning of additional staff and facilities should have been ongoing.
- Member asked what qualifications were required for someone to be permitted to take blood.
- The chair stated he was pleased with the improvement in waiting times but there was still some way to go.
- The chair asked for this item to remain on the work programme with an update at the March meeting.

Estates and Capital Works

- The chair questioned why there was a maintenance backlog at Orsett Hospital.

- The chair raised his concerns with Basildon and Orsett Hospitals where people in Thurrock mostly attended and questioned what the time was to get those buildings up to a good standard.
- The chair questioned whether the Trust was applying for more government funding to address issues.
- The chair raised his concern on whether this was a lack of government funding or a bad management issue in terms of the local trust managing their estates.
- Member questioned what the Trust had applied for in the last five years, whether this had been successful or not and if not, why had it been refused.
- Member stated he wanted to see local politicians putting the pressure on and getting the results the residents of Thurrock deserved.
- Member referred to the critical repairs at Orsett Hospital and questioned whether the strategy was for Orsett Hospital to fall down before anything was undertaken.
- The chair asked for reassurance that Orsett Hospital building would not get in such a state that it would have to close.
- The chair agreed to keep this item on the work programme with an update to be provided at the March committee.
- The chair stated the council would work together with the Trust, apply political pressure to ensure the Trust received fundings.

Maternity

- The chair questioned when the next CQC inspection would take place.
- The chair commented that it was good to hear improvements were being made and moving in the right direction.
- Member also commented on the good progress being made and members had acknowledged that.
- Healthwatch stated that a piece of work was being undertaken with service users that had used the maternity unit to gauge experiences and thoughts, this piece of work also included Dads. A report would be shared with members.
- Member referred to a safeguarding matter and the chair agreed a report could have been brought to committee for discussion but was keen that lessons had been learnt, actions had been undertaken and to ensure that this did not happen again.
- The chair referred to “cancer care” and questioned what actions had been taken to improve those waiting times and for an update on the current situation.
- Member asked for some clarification on the topics to be discussed at next week’s Public Board meeting.

Action

Action 9 - Update on backlog maintenance, phlebotomy services and community care beds to be provided at the next meeting. The update to include:

- a. Costing information of phlebotomy services provided by GP practices and external providers;
- b. Funding the Trust has applied for in the last five years (with a focus on backlog maintenance), how much funding has been successfully received and the reasons for any funding refusals.
- c. Options / locations of community care beds.

35. EPUT Update - Powerpoint Presentation

A presentation was provided on EPUT to members, this presentation be viewed from the following link:

[\(Public Pack\)Item 7 - EPUT Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 11/01/2024 18:30 \(thurrock.gov.uk\)](#)

The following points were raised:

- Members thanked officers for the very informative and well-presented presentation.
- Member stated the report had not mentioned finances and questioned whether there were any significant pressures being faced.
- Member stated there were a lot of good will in Thurrock who would support good causes and urged that members are contacted to help in any way that they could.
- Member referred to self-harming and questioned whether the main focus had been around ligature.
- Member referred to the unbelievable facility of the walk-in centre at Basildon mental health crisis unit.
- Member noted that the joint response ambulance may not be staffed completely as intended and questioned the figures on usage.
- Member questioned whether the joint response ambulance replaced the Police street cars following the change in the Police criteria around responding to mental health calls.
- Member noted that sharing of information was not working well and could be very frustrating for users. Member questioned whether there were any plans for a new system.
- Member asked for reassurance that every practicality had been looked into.
- Member referred to “access to services” and questioned what the details were in regard to the different ways of undertaking this.
- Member also questioned whether the increasing demand was being met.
- Member questioned what challenges would be faced in developing the data for the framework for that period of time, from 2000 to 2023.
- The Chair thanked officers for the presentation and stated he would email EPUT colleagues directly regarding specific questions as these were not covered due to meeting time constraints. **Action 10**

At 8.31pm the Chair paused the meeting to allow guest presenters to leave.

At 8.31pm, Jamie Andrews, Matt Auckburally, James Currell, Paul Scott, Nicki Abbot, Lynsey Rowe and Alex Green left the meeting.

At 8.37pm the meeting reconvened.

Action

Action 10 - Councillor Hooper to email EPUT colleagues directly regarding specific questions as these were not covered due to meeting time constraints.

36. Integrated Health and Wellbeing Centres (IMWCs) and co-location opportunities across Thurrock

A report was provided to members with an update on the Integrated Health and Wellbeing Centres (IMWCs) Programme and the opportunities for co-location in Thurrock. A correction was made to the paper that Corringham IMWC had 97% of the premises utilised with the space being used well.

The following points were raised:

- The chair stated his disappointment of the report and questioned why seven years since the start of the project NHS England had only now confirmed that this was not a workable plan.
- The chair asked for some clarification on the Gray's site as to why the works were not going ahead and questioned whether this was reliant on the sale of other assets.
- The chair was bewildered that there was this plan but no money in place to deliver it.
- The chair assumed and questioned that as there would now not be any centres, Orsett Hospital would remain open to a high standard which had been part of the original plan.
- The chair asked for assurances that Orsett Hospital would remain maintained.
- Member raised her concern that the ICB were being under challenged and that a further closer investigation needed to be undertaken.
- Member raised her concerns that she had no confidence that Orsett Hospital would remain open.
- Member referred to the void primary care space in the section of the report and stated that buildings referred to in Stifford Clays and Ockenden were not fit for purpose.
- Member raised his anger and frustrations but had confidence that Ian Wake's team would succeed in their plans to provide a decent service. The team would have members support and discussed how this would be communicated to communities.
- Member stated the situation now required a public inquiry to take place, to identify what, why and how this had happened and demand answers.
- Member questioned why the Corringham IMWC did not offer evening appointments.

- Member stated his disappointment but had not been surprised and questioned why the portfolio holder was not working to get results.
- Member stated there was no public confidence that these services would be there in the future.
- Member stated the committee should hear from those that had been involved and accountable.
- Member stated that with no money to maintain Orsett Hospital would this close and asked for reassurances that this should not be the case, that Orsett Hospital would maintain in a safe manner until it closed.
- Member stated in hindsight, details and the financial viability should have been carried out before the project started.
- Kim James stated that feedback received was that promises to residents had not been kept, a lot of money had been spent but nothing to show for it, it was clear residents need those services. Also that the blame was being put on the council rather than the NHS. The expectation from residents was that Thurrock residents never got anything.

At 9.20pm, the chair extended standing orders to 10pm.

At 9.21pm, Fiona Ryan left the meeting.

- Member referred to capital funding and questioned how much was received in previous years.
- Member stated that Orsett Hospital was a centre piece of health care in Thurrock and residents did not deserve to be put in a high-risk situation.
- Member stated an apology was due and consideration of NHS England paying compensation.
- Member thanked officers for the work that had been undertaken and appreciated those efforts.
- Member questioned whether the committee had powers to call in witnesses, those NHS staff who had signed off on business cases who needed to be responsive to the committee's questions. It was agreed that the Chair and Vice Chair would liaise with the portfolio holder. **Action 12**
- Member raised her concern that those parcels of land set aside for the centres could be lost.
- Member questioned what monies had been ringfenced.
- Member stated all the uncertainties were unfair for staff delivering services at Orsett Hospital.
- Member stated this could have an impact on the fellowship program.
- Member stated this required the help and support from the portfolio holder.

At 9.33pm, Mark Graver left the meeting.

- The chair made a statement to which members commented on.

Actions

Action 11 - Update on the alternative provisions for the Integrated Health and Wellbeing Centres (IMWCs), Orsett Hospital risk stratification and the

occupancy and opening hours of the Corringham IMWC to be provided at the next meeting.

Action 12 – The chair and vice chair to liaise with the Cabinet Member for Health, Adults Health and Community regarding holding NHS England to account for its decisions on the IMWC programme (potential call for witnesses at the next meeting, in line with the scrutiny procedures).

37. The Mid and South Essex Primary Care Access Recovery Plan

An update report was provided to members with an overview of the Mid and South Essex ICB Primary Care Access Recovery Plan and specific developments that were being progressed within Thurrock.

The following points were raised:

- The Chair thanked officer for the report.
- Member referred to the proposed Modern General Practice Model and questioned whether the use of the on-line tool would be seen as being problematic and specifically problematic in Thurrock.
- Member raised concerns on communication, how messages were handled and stated it appeared to make it harder for residents to get appointments.
- Member questioned how the new tool would change those previous experiences that residents had encountered in the past.
- Member questioned who decided on what type of appointments should each practice offer.

At 10.00pm, the chair extended standing orders to 10.30pm.

38. Commissioning Report - Domiciliary Care

The report presented outlined the current contracting arrangements for domiciliary care which was due to come to an end on 31 March 2025, the report sought the view of the Health and Wellbeing Overview and Scrutiny Committee and then subsequently Cabinet, on the proposed recommendation that the procurement of these services commenced in February 2024 for a contract start date of 1 April 2025.

The following points were raised:

- Members agreed this was a good report and thanked officers.
- Member questioned the funding in relation to the “Transfer of Care Hub” which was currently being developed.

RESOLVED

- 1. That HOSC supported the tender of domiciliary care services to meet our statutory requirements under the Care Act (2014). This includes both the core domiciliary care service, reablement and the Out of Hours service.**

2. That HOSC supported the recommendation to delegate the award of the contract to the Executive Director for Adults, Housing and Health in consultation with the Portfolio Holder for Health, Adult's Health, Community and Public Protection.

39. Work Programme

Members agreed to discuss the work programme outside of the meeting

The full recording of this meeting can be viewed from the following link:

[Health and Wellbeing Overview and Scrutiny Committee - Thursday 11 January 2024, 6:30pm - Thurrock Council committee meeting webcasts \(public-i.tv\)](#)

The meeting finished at 10.13 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

Health and Wellbeing Overview and Scrutiny Committee

Briefing Note: Update on NHS Dental Services

Purpose of the briefing note: To update the Health and Wellbeing Overview and Scrutiny Committee (HOSC) on NHS Dental services including National contractual amendments and Mid and South Essex Integrated Care Board (M&SE ICB) initiatives.

- 1.1 This briefing seeks to update HOSC on NHS Dental services outlining current provision, updating on the National Contract amendments, and informing HOSC of the progress of pilot initiatives by M&SE ICB.
- 1.2 There are a total of 17 practices in Thurrock (postcodes RM15 -20 and SS17)

<u>Contract Address</u>	<u>Post Code</u>	<u>Currently Accepting Patients</u>
Dental Surgery 87 Orsett Road GRAYS Essex	RM17 5HH	Children
Patient First Dental Practice 28 London Road GRAYS Essex	RM17 5XY	Yes
19 HIGH STREET STANFORD-LE-HOPE	SS17 0HD	Yes
Dental Surgery Purfleet Care Centre Tank Hill Road Purfleet Essex	RM19 1SX	No
St Clements Health Centre Dental Suite London Road West Thurrock, Grays, Essex	RM20 4AR	No
Dental Surgery 65 - 67 High Street GRAYS Essex	RM17 6NX	Yes
Dental Surgery 103 The Sorrells STANFORD LE HOPE Essex	SS17 7ER	Not stated
126 Orsett Road GRAYS Essex	RM17 5ET	Not stated
Dental Surgery 83 Lampits Hill Corringham STANFORD LE HOPE Essex	SS17 9AB	Children
Dental Surgery 273 Southend Road STANFORD LE HOPE Essex	SS17 8HD	Not stated
Dental Surgery 279 Rectory Road GRAYS Essex	RM17 5SW	Not stated
Dental Surgery 116 High Street Aveley SOUTH OCKENDON Essex	RM15 4BX	No
Dental Surgery 154 Dock Road TILBURY Essex	RM18 7BS	Yes
73 GARRON LANE SOUTH OCKENDON	RM15 5JQ	No
Elite Dental Studio 13/14 Civic Square TILBURY Essex	RM18 8AD	Yes
Dental Surgery 154 Dock Road TILBURY Essex	RM18 7BS	Yes
Riverview Dental Practice 30 River View Chadwell St Mary GRAYS Essex	RM16 4BJ	Yes

Of these, 7 practices are currently taking on new NHS Patients and a further 2 practices are only taking on children 17 or under. *This information is correct as of 26/02/2024, please note practices can open and close their availability to take patients dependant on clinical workload. Patients seeking NHS dental services should contact NHS111.*

- 1.3 It should be noted that there is no formal patient registration with NHS dental practices, this ceased in 2006 with the inception of the current contract, patients can attend any practice delivering NHS dentistry.
- 1.4 Nationally, On 7 February 2024 NHS England published a joint NHS and Department of Health and Social Care (DHSC) plan to recover and reform NHS dentistry.
- 1.5 One of the changes announced acknowledged 'While there is no formal system of registration with a practice for dentistry, as there is in General Practice, patients with no existing relationship with a dental practice are more likely to struggle to access care. The latest Patient Survey (based on January to March 2023 data) suggested that patients with no relationship with a practice had a 30% success rate in accessing care, compared to an 83% success rate for those patients already known to a practice.'
- 1.6 NHS dentists will be given a 'new patient' payment of between £15 - £50 (depending on treatment need) to treat patients who have not seen an NHS dentist in two years or more. This will begin from March 2024 and is time limited to end of financial year 2024/2025 (13 months). We expect this will increase access for patients who have not accessed NHS dental services within the last two years.
- 1.7 For the 2023/24 contractual year M&SE ICB have allowed high performing practices to deliver up to 110% of their contract (an additional 10%), within the Thurrock area we expect 12 of the 17 practices to deliver over 100%.
- 1.8 M&SE ICB have commissioned recurrent Units of Dental Activity (UDAs) for 2024/25 and onwards. 14,000 UDAs have been commissioned across 7 practices (This equates to 2 full time NHS dentists).
- 1.9 M&SE ICB has commissioned a Dental Access Pilot, of the 10 practices participating in the 18-month pilot September 2023 – March 2025 (18 months) 2 practices in Thurrock are taking part.
- 1.10 This pilot commissions additional sessional activity outside normal working hours; 3.5 hours mornings and weekday evenings and 5 hours on Saturdays, 5 hours Sundays, and 5 hours on Bank Holidays.
- 1.11 In total 7,706 patients have been seen as of 23/02/2024, of which 806 were from postcodes RM15 -20 and SS17.

- 1.12 M&SE ICB has commissioned a Care Home Pilot, of the 10 practices participating in the 17-month pilot November 2023 – March 2025 2 practices in Thurrock are taking part.
- 1.13 The pilot links NHS dental practices with Care Homes, with the dental practice undertaking visits to the Care Home to assess residents' oral health. This includes developing an oral health plan for each resident as required by the CQC.
- 1.14 Dental treatment will be provided by a dentist within the care home where clinically appropriate.
- 1.15 Out of 8,417 care home beds in M&SE ICB, there are 656 in Thurrock (after specialist homes covered by Community Dental Services are removed). All these beds are covered by the 2 practices in Thurrock taking part in this pilot.
- 1.16 Specialist homes and other domiciliary care are covered by Community Dental Services (CDS) our Special Care dental provider.

Alliance	Care home beds	Specialised	Total Care home beds in Pilot	Total Covered	%	Number of Practices
Thurrock	738	82	656	656	100.0	2

- 1.17 As dental practices are seeing residents in care homes, CDS have seen a reduction to their waiting list of around 50% for domiciliary services.

For any questions regarding this briefing note, please contact:

Name: David Barter Deputy Director of Commissioning
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Health and Wellbeing Overview and Scrutiny Committee

Briefing Note: An update from Mid and South Essex NHS Foundation Trust

Purpose of the briefing note: To answer previous questions from members and provide updates on operational data from Mid and South Essex NHS Foundation Trust

1. This briefing provides an update on topics from the meeting on 11 January 2024 and the Trust's operational update.

2. Operational update from the Trust

2.1 Industrial action

- Staff continue to work hard to provide patients with the best possible care during the ongoing industrial action
- Wherever possible, elective activity (both outpatients and inpatient) continues – especially in high-priority services for example, cancer treatments. Where cancellations happen, most patients are given another appointment close to their original date, although the impact continues to be felt after industrial action has finished, as people delay coming to receive help and the Trust seeks to recover lost activity.

Cancelled activity

- The Trust has faced over a year of industrial action and has cancelled or postponed over 34,601 outpatient appointments since industrial action began in April, including new and follow-up outpatient appointments, as well as 4,677 inpatient and day case surgeries.
- The Trust has worked to put on catch-up clinics in those areas where there is a lot of demand.
- As a result of the latest strike running from 24-28 February, 74 inpatient and day case surgeries and 790 outpatient appointments were rescheduled. This has a negative effect on the Trust's ability to reduce waiting times for treatment, particularly in general surgery, ear, nose and throat, urology, gynaecology, and trauma and orthopaedics.

Impact on cancer care

- Sadly, cancer-related appointments made up 10% of all cancelled appointments. These appointments and surgeries are prioritised for rebooking at the earliest opportunity. These decisions are not made lightly,

and clinicians review the patient's level of clinical need before making any decision to postpone.

2.2 Urgent and emergency care

- Across the Trust's emergency departments (EDs), performance against the four-hour standard in January was 67.3%, up from 65.2% in December. Performance has improved in all sites
- The Trust has undertaken a number of initiatives and schemes to improve urgent and emergency care delivery during February and March. This includes:
 - Initiatives at Basildon Hospital to direct trauma and orthopaedics cases to the fracture clinic, provide early access for stable early pregnancy, make the referral process to surgery smoother, and rearrange wards to reduce children's admissions.
 - There are ongoing efforts at Southend and Basildon hospitals to improve the use of clinical decisions units, especially overnight
 - The Trust is also adjusting medical staffing in its EDs to support capacity and flow, including the recruitment of 101 additional doctors
 - Work is underway across the Integrated Care System to reduce ambulance arrivals through unplanned care coordination hubs, which can reduce admissions by 30% when operational.

2.3 Ambulance handovers

- The Trust continues to receive a very high number of patients at all three EDs.
- The time to hand over patients has improved in January. 77% of the ambulances were handed over in under 30 minutes, up from 72.1% in December; and 38.2% handed over in under 15 minutes, up from 35.6% in December.
- Work has started to standardise rapid assessment, treatment and ambulance handovers processes.
- The Trust's continuous focus on length of stay reduction, while improving streaming and triage, will ease pressure on the EDs and improve flow out, which will in turn allow for more effective handover times.

2.4 Discharges from hospital

Timely discharge is important for better outcomes and recovery. People often recover more quickly with the right support at home, as soon as they are medically well enough to leave. It's also important in preventing deconditioning and mobility loss from being in hospital for longer periods.

- The Trust remains in a good position both regionally and nationally for the numbers of patients waiting to be discharged from its hospitals. 46.1% of patients are in hospital for at least seven days, compared to 46.3% for the region, and 25.2% stay for over 14 days, compared to 25.7% in the region.

- There are ongoing efforts to improve discharge rates, with senior staff in each site conducting weekly patient reviews. However, challenges remain in community and social care.

2.5 Cancer performance

- The Trust continues to work on improving cancer performance, and is having limited successes in reducing its waiting lists during the busy winter period.
- The Trust has a target that 75% of people are given their cancer diagnosis within 28 days by March 2024 – the faster diagnosis standard (FDS). Performance was 62.2% in December, up from 59.9% in November.
- The Trust plans to have no more than 475 patients waiting over 62 days to start to receive treatment by the end of March 2024. At the end of January there were 747 patients waiting more than 62 days, down from 826 in December, which is 229 above the original 2023/24 plan.
- The cancers contributing most to the backlogs are colorectal, urology, skin, gynaecology, and breast. The Trust is putting on extra weekend clinics, a new process to triage patients, and bringing in additional capacity to the Trust. Specific measures include:
 - Urology: a rapid access clinic for outpatient services will be offered in Basildon Hospital, mirroring the service in Southend. Clinical Nurse Specialists can now carry out triage of patients in Basildon and Southend hospitals, with this due to be cascaded into Broomfield as well.
 - Skin: tele-dermatology continues to reduce referrals coming into the Trust, additional clinics are being put on in Broomfield and Basildon hospitals so that more patients can be seen, and new administrative staff have been appointed.
 - Gynaecology: additional clinics are being put on, a one-stop clinic has been introduced at Broomfield Hospital, where women can be seen and have scans during one session. Women are benefitting from new clinical triage processes.
 - Breast: capacity has been brought to Basildon Hospital from elsewhere in the Trust as it is the most challenged site. This is bringing in 75 additional clinic slots per month. Across all three hospitals, additional capacity from outside the Trust has been brought in, providing 325 additional slots that will help to reduce the backlog of patients.
 - Head and neck: a specialist consultant has been appointed at Basildon Hospital.

2.6 Elective care and referral to treatment

- The Trust is working hard to reduce the number of patients waiting for their routine elective treatments. The national total waiting list has grown since the pandemic, but through a combination of validation and improvement programmes the Trust's total waiting list fell in January to reach 158,000, having been 191,000 in September.
- Across the NHS there is a focus to reduce waits of more than 65 weeks for elective care. In January there were 5,000 patients waiting for this time, down from almost 90,000 in April 2023. Following industrial action that

took place around the Christmas period in December 2023 and January 2024, the Trust forecasts there will be 1,033 patients in this group at the end of March 2024.

- Risks to performance include further industrial action, the referral of patients back to the Trust from community ear, nose and throat (ENT) providers, and the complexities involved in providing plastic surgery.
- The Trust continues its programme to improve outpatient services, which involves developing new models of care in a range of specialties. One example is patient-initiated follow up, which is offered in services where it is clinically appropriate and involves patients seeking care should they need it, instead of automatically scheduling in appointments. This reduces appointments that are not needed and gives patients greater control. The Trust achieved this for 5.9% of patients in October, which was above the national 5% target and the highest level in the region.
- Other plans include increasing the efficiency and use of theatres across the Trust's hospitals, including in the trauma and orthopaedic hub at Braintree which has carried out more than 1,500 day-case and inpatient elective procedures since April 2023.
- The Trust continues to recruit more staff, including healthcare support workers, nursing staff, and estates roles which means that patients can be treated more quickly and improves their experience. Both vacancies and staff turnover have fallen to their lowest since the pandemic.
- Extra diagnostic hubs are being set up for areas where there are the most people waiting. This includes an ophthalmology diagnostic hub in Orsett Hospital, to support faster diagnosis of common eye conditions, including glaucoma and retina conditions. A further diagnostic hub is planned for the mid Essex area later in the year.

2.7 Diagnostics

- Providing fast diagnostics is crucial for reducing wait times for cancer or routine care. The Trust is working to ensure patients receive tests within six weeks and achieved this for 69.5% of patients in January, up by 0.2% in December.
- There has been considerable improvement in obstetric ultrasound and urodynamics in December, while services including audiology and cystoscopy faced challenges due to increased demand and vacancies.
- The demand for MRI scans continues to be higher than expected, increasing the backlog. Additional mobile capacity has been added which can be used until March 2024. Additional CT, MRI and ultrasound capacity has also been sourced, with support for gynaecology, prostate and colorectal patients.
- Interventional radiology waiting times have been higher due to demand, vacancies and industrial action, although recruitment has been successful.
- Community diagnostic centres will increase capacity for tests in mid and south Essex in 2024/25 and will be based in community locations. Until they are built, temporary mobile facilities are being installed at Orsett and Braintree hospitals, which will additionally provide 1,700 CT and 1,100 MRI scans per month. These will support more procedures to be carried

out for cancer and routine care.

- The newly installed mobile endoscopy unit at Orsett Hospital in February has seen 465 patients, providing vital testing capacity to the local population.

2.8 Mid and South Essex NHS Foundation Trust Strategy

- The Trust is undertaking a ten-year (2025-35) strategy development programme with an aim for its new strategy to be published in early 2025. It is starting engagement with partners to help feed their and views from local communities into this work over the rest of 2024. Please contribute when the team reaches out over the next two-three months.

2.9 News and developments

- The team at the world-renowned Essex Cardiothoracic Centre (CTC) have been shortlisted for a Global Cardiovascular Award in the Digital Innovation category for helping improve the lives of over 340 patients through an app called Fibrichk. Using this app, the team helps with early detection of irregular heart rhythms in patients, meaning they can get help and expert advice much sooner.
- Across Mid and South Essex NHS Foundation Trust 430 staff have advanced their careers through apprenticeships. National Apprenticeship Week in February was the perfect showcase for their achievements and the opportunities they have found through their qualification.
- The local NHS is seeking views and ideas on proposals for future arrangements for inpatient services at our community hospitals, freestanding midwife-led birthing unit, and other patient services provided at St Peter's Hospital, Maldon. The consultation will run from 25 January to 21 March 2024. People can visit the dedicated engagement platform MSE Virtual Views (<https://virtualviews.midandsouthessex.ics.nhs.uk/changes-to-services>) to find out more.

For any questions regarding this briefing note, please contact:

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7 March 2024	ITEM: 8
Health and Wellbeing Overview and Scrutiny	
Report of the Cabinet Member for Health, Adults' Health and Community	
Report of: Councillor George Coxshall	
This report is public.	

1. Executive Summary

- 1.1. This is the first report of the Cabinet Member for Health, Adults', Health and Community. The portfolio holder is also the Chair of Thurrock's statutory Health and Wellbeing Board.
- 1.2. This report outlines the key areas of the portfolio and highlights the achievements across the last year including: the continued transformation work across Adult Social Care, the integrated person-centred approach being taken by the council and the progress of the refreshed Health and Wellbeing Strategy. The report also identifies key challenges the council faces such as the Social Care Charging Reform, the Fair Cost of Care and social care market fragility.
- 1.3. The report is split into three sections: Adults, Public Health, and Arts, Culture and Heritage. For Adults, the following subject areas have been considered:
 - Health and Social Care Transformation – Better Care Together Thurrock;
 - Front line Social Work Teams;
 - Mental Health Service Transformation;
 - Hospital Discharge (Previously Delayed Discharges of Care - DToC);
 - Safeguarding;
 - Preparing for Adulthood Strategy;
 - Social Care Charging Reform;
 - Fair Cost of Care;
 - Care Quality Commission (CQC) Assessments of Adult Social Care;
 - Carers;
 - Micro Enterprises;
 - Community Development and Equalities;
 - Libraries;
 - Finance.

- 1.4. The Public Health section (from page 18) covers the following topics:
- Overview;
 - Wider determinants of Health:
 - Health and Wellbeing Strategy 2022-2026;
 - Public Health Action on Wider Determinants of Health:
 - Economic Growth, Housing, Place Making and Youth Violence and Vulnerability.
 - Health and Care Public Health:
 - Population Health Management (PHM);
 - Tackling Health Inequalities through NHS Services;
 - Health Protection;
 - Health Improvement:
 - Thurrock Healthy Lifestyle Service, Tobacco, Alcohol and Drugs, Sexual Health, Whole System Obesity and Weight Management and Mental Health Improvement - Suicide Prevention and Postvention Support, Community Health Champions.
 - Children and Young People's Public Health;
 - Finance.
- 1.5. The Arts, Culture and Heritage section is from page 31.

Part 1 - Adults

2. Health and Social Care Transformation – Better Care Together Thurrock (BCTT)

- 2.1. As previously reported in the 2022 Adults and Health Cabinet member report, Thurrock had developed a new Integrated Care Strategy aiming to establish a new operating model for health and care. The strategy, called 'Better Care Together Thurrock: The Case for Further Change', is divided into several chapters that describe how the strategy will be achieved and what the new operating system will look like. Several boards are in place to drive forward implementation, and reporting is to Thurrock's Integrated Care Alliance (which is a committee of the Mid and South Essex Integrated Care Board). The strategy spans five years but has an implementation plan which will be reviewed and refreshed on an annual basis.
- 2.2. A number of actions and initiatives key to implementation of the strategy have advanced since the previous report. These include:
- Implementation of a Complex Cases Team – with key partners working together to find better solutions for people at risk of eviction who have a number of complexities that individual services have failed to resolve. A psychologist has been appointed to lead the team which consists of Substance Misuse, Mental Health, Adult Social Care, Local Area Coordination and Housing;
 - The establishment of a Housing First Plus initiative (which links to the Complex Cases Team) – which looks at how to support people with mental health conditions in the community, with an objective of achieving a permanent tenancy. The Housing department is identifying up to five properties that can be used for this purpose and a Community Psychiatric Nurse is being appointed to provide the support required by those identified for the scheme;
 - Integrated Neighbourhood Teams – an integrated network has been tested in the Stanford and Corringham area. This includes a range of front-line staff operating in the area who work together to identify how to improve solutions available to local people. This includes people whose requirements may span several services, frequently attend certain services without a good resolution or who find it difficult to access or engage with services. A second network is to be launched imminently in Grays;
 - Integrated Social Work – locality-based social work teams have been expanded in all four localities to incorporate Mental Health and Complex Care. The teams also work alongside locality-based Housing teams (for example, Estate Services), Community Health teams (Integrated Community Teams) and Local Area Coordinators amongst others. This is leading to greater creativity in finding solutions for people that are integrated or better informed by the knowledge of others;
 - Open Dialogue – an approach from Finland to improving outcomes for people with psychosis by working with their families and social networks – involving all in ongoing dialogue. Several members of staff

are carrying out the intensive training required before testing the approach;

- Numerous other initiatives continue to develop and deploy – including a new approach to delivering community engagement and empowerment, being supported initially with Health Inequalities Funding that have enabled communities to apply for local grants to support community-led and based initiatives.

3. Front Line Social Work Teams

- 3.1. Social Work Teams are the council's professional leads in Adult Social Care (ASC). They support and protect some of the most complex and vulnerable adults in Thurrock. Thurrock has one of the lowest turnover rates of social workers in England allowing long term care relationships between staff and residents to be maintained. This is achieved through recruiting through social work apprenticeships and then offering staff career progression opportunities and the opportunity to work in a strengths-based, holistic way embedded within the borough's communities.
- 3.2. There is now Thurrock-wide coverage for the local authority's place-based social work teams (known as Community-Led Support (CLS) Teams). Each of the teams is aligned to one of four NHS Primary Care Network geographical footprints, supporting the provision of integrated health and care services.
- 3.3. The social work teams are easily accessible – offering regular drop-in sessions known as 'Talking Shops' at key locations within the community. During the pandemic, the teams offered 'virtual' talking shops but have returned to facilitating face-to-face sessions. The council has also continued with a virtual offer of support for people that prefer this way of making contact. There have been lots of benefits from the CLS way of working. For example, reduced hand-offs, cases are allocated quicker, and residents are not having to re-tell their story. The CLS principles and approaches are being fully evaluated by the transformation leads and the full evaluation report is pending.
- 3.4. The CLS Teams undertake the council's statutory duties of care and support needs assessments, as well as safeguarding of individuals with eligible needs and carers needs. In addition to approaching ASC, people continue to want to connect and do the things that have made their lives enjoyable.

For example, ASC has often been able to link people with some gardening help so that they can continue to enjoy their garden or help to ensure they can get to clubs and organisations that reflect their interests. The teams introduce and connect people to other members of the community and community led groups. For example, residents may seek support from a range of services provided by the council and other community organisations. This is achieved through effective engagement with community builders and Local Area Coordination.

- 3.5. Following the successful implementation of Local Area Coordination and the continued emphasis on community and place, with emerging social prescribers and community builders, Thurrock Council is further developing the principles of CLS. This includes a focus on enabling current staffing capacity to work differently therefore delaying and preventing the need for longer term social work and ASC support. As part of the integrated placed based approach, the council has continued to integrate specialist teams into the CLS Teams to enhance strengths-based support. The Integrated Social Work Team approach was piloted over a one-year period to take the CLS approach one step further by incorporating a placed based approach to social work practice. This was done by moving staff from the Reviews Team, Adult Social Work Mental Health, and Complex Care Fieldwork Teams into one of the locality teams and this was implemented across the remaining three localities across Thurrock in February 2023.
- 3.6. Initial feedback indicates that residents are receiving the right support at the right time by the right support services. The CLS principles and approaches were fully evaluated by the transformation leads and the full evaluation report has been provided. This report has highlighted some positive outcomes of the pilot, lessons to be learned and areas where further work is required.
- 3.7. The Hospital Social Work Team was also part of the test and learn and this team will be embedded into the CLS as part of the Integrated Social Work Team. Consultation has taken place with relevant staff and a project implementation plan is being developed with the Team to support the implementation which is proposed to take effect from April 2024.
- 3.8. Over the past year, joint working has improved, including a collaborative approach with better holistic views of Thurrock's residents being understood and captured, and subsequently informing and directing the right support options. Historically, while staff across different teams and directorates communicated, feedback from residents and staff indicated service areas were perceived to work in silo. With the adoption of Human Learning System principles also, there is better collaborative work between ASC and Housing, and this is being extended to other departments within and outside the council, especially Health colleagues. Members of CLS and Housing now work in single integrated locality teams from the same community hubs and engage in conversations as opposed to referrals, and this avoids people being bounced around the system and for Teams to improve the individual experience.
- 3.9. A very early example highlighted a member of ASC had made three enquiries to Housing services regarding support options available, but within the first day of moving into the hubs along-side Housing colleagues, support options were able to be identified and resolved for all three residents on that day.
- 3.10. Within recent months, a series of place-based network workshops have been run with Housing, ASC, Rents and Health Services and it was found that conversations between all staff, inside and outside the council have improved.

With the principles of CLS being adopted by all parties, there has been a reduction in formal referrals being progressed but support via joint visits and joint working improved with reduced delay being experienced for the resident. ASC is also seeing a reduction in duplication, for example, rather than a member of CLS progressing a formal referral to Occupational Therapy (OT) Services, the OT service has walked along-side the CLS member of the Team and progressed the support options needed for the resident. This circumvented the need for a referral or another assessment, thus avoiding the resident telling their story again.

4. Mental Health Service Transformation

- 4.1. As previously reported in the 2022 Adults and Health Cabinet member report, a home with the right levels of support is fundamental to someone's wellbeing. The Mental Health Transformation plan in Thurrock recognised this by focusing on two projects that would support people with mental health challenges to have the best possible quality of life.
- 4.2. The first initiative was the Complex Cases Team (section 2.2, page 3 of this report). The Complex Cases Team is now in place and follows the principles of Human Learning Systems. The purpose of the team and of the approach is to look at those people who are at the point of eviction (initially from council stock) where all other attempts to resolve the issues leading to their eviction have failed to be successful. For example, many of the cases that the team will consider will involve enduring mental ill health and/or substance misuse. Success will often mean an integrated solution tailored to the individual that covers different teams and organisations. This means no hand-offs or onward referrals and ensures professionals think differently. The team consists of a psychiatrist (who leads the initiative), Substance Misuse Worker, Mental Health, Adult Social Care, Housing, and a dedicated Local Area Coordinator. This is a 'learning' initiative, and the results (positive or negative) will help to develop how services operate and develop in the future. The key objective will be maintaining people in their own homes and avoiding both eviction and crisis.
- 4.3. The second initiative to be launched is a model for people with mental ill-health who are currently in inappropriate placements for them or who are struggling to find or maintain a tenancy. Similar to the council's existing Housing First Scheme, this initiative will identify up to five properties that will be used to house people in the circumstances described. A Community Psychiatric Nurse has been recruited for the year to support the people on the scheme.

This will mean the development of outreach support that is tailored to the individual and that can be intensive to start with and then reduced over time – hopefully to stabilise individuals enough to enable them to gain a secure tenancy. If the individual remains in the property beyond six months, they will be offered a secure tenancy so that they can remain should they wish to do so. The initiative will be piloted for a year and its continuation will be

dependent upon outcomes achieved. One individual has already been identified for the scheme.

- 4.4. The Southend, Essex and Thurrock (SET) Mental Health Strategy has now been signed off by Thurrock Health and Wellbeing Board. Thurrock's Mental Health Transformation Board will have oversight of its local delivery – with a local implementation plan being developed. A SET Strategy Implementation Group is in place to ensure that the Strategy is being delivered and outcomes achieved.
- 4.5. To improve the efficacy of the mental health offer for people with serious mental illness and their families, the council is working to implement *Open Dialogue* (section 2.2, page 3 of this report). Training has now begun with individuals identified to use the approach. Testing will begin once the training has been completed. *Open Dialogue* is a Finnish model which has resulted in a significant improvement of outcomes for those with psychosis.
- 4.6. Thurrock partners are working together to improve the mental health support available to parents of 0-2 year olds as part of the Family Hubs Transformation Programme. This programme involves both recruitment of new posts and services, and pathway development work using the new Family Hubs as additional access points for early intervention. This is detailed further in section 22.5, page 30.

5. Hospital Discharge (Previously Delayed Discharges of Care - DToC)

- 5.1. Delayed Transfers of Care (DToCs) were national metrics that were monitored under the Better Care Fund. A DToC is said to occur when someone is medically fit to leave hospital but are delayed due to waiting for appropriate care and support to be put into place. This could be where the individual needs to move to specialist accommodation with support, or where they need support in their home.
- 5.2. As a result of the COVID-19 pandemic, DToC recording was suspended nationally since 20-21. However, the council monitors the situation locally via the Hospital Team and weekly operational meetings. Although the metrics are no longer reported upon, Thurrock continues to perform very well with very few delays being experienced compared to other areas. The pressure in the system on discharge, and the rise in demand caused by the switch in criterion for discharge from medically fit to medically optimised, has meant that the ability for Thurrock to maintain its performance is challenging. Rises in demand for homecare remains high but the availability of carers has improved, assisted significantly by the discharge funding.

6. Safeguarding

- 6.1. Safeguarding adults who may be at risk of abuse or harm has long been an absolute priority for ASC with the Safeguarding Team providing skilled and person-centred interventions. The statutory Board led by Thurrock Council,

the Integrated Care Board and Essex Police is now a well-established Board and is compliant with statutory duties.

- 6.2. In 2022-23, a total of 1245 safeguarding alerts were received, which is an approximately 14% increase on alerts received in the previous year (1097). The increase is in line with national data and will be closely monitored by the Safeguarding Team and the statutory Safeguarding Adults Board (SAB). A new PowerBI tool is being developed to assist with data monitoring and sharing data across partners and will allow an enhanced level of intelligence to be considered by the SAB, in turn driving the board's strategic action. The council and partners continue to work closely with individuals, local communities, and other agencies to ensure that those at risk have the support they need to live their lives free from harm or abuse.
- 6.3. The SAB has commissioned Healthwatch to work towards the production of an independent report based on if people felt their involvement with Thurrock's Safeguarding Team was personalised to their own individual needs and requested outcomes. By commissioning Healthwatch Thurrock as the independent voice of residents in Thurrock, it will enable those who have been involved with the safeguarding service in Thurrock to speak openly and frankly about their lived experience of the service and if they felt involved and able to discuss their personal preferences including the expected outcomes.
- 6.4. The Safeguarding Board has attended the Thurrock Council Talking Shops which are an opportunity to talk with someone from ASC. An engagement officer is in post who has been visiting various community venues including cafes, garden centres and CLS talking shops to raise awareness about safeguarding and distribute leaflets, posters, pens, trolley coins etc. Safeguarding information is also shared with partners for other events such as Community Safety engagement activities.
- 6.5. The Safeguarding Team is responsible for managing the Deprivation of Liberty Safeguard Service (DoLS). The new Liberty Protection Safeguards scheme, which was due to replace the Deprivation of Liberty Safeguard Service some time in 2023-24, has now been delayed and will not be considered by this Government. Some changes may be made to the current scheme, but this is yet to be confirmed.
- 6.6. Thurrock Council has always been proactive in ensuring that the necessary procedural safeguards are in place for those at risk of being deprived of their liberty; and remain confident that this strong Human Rights based practice will continue under Liberty Protection Safeguards. There has been an increase of 9.1% in DoLS applications received in 2022-23 compared to 2021-22. The total number of completed applications has increased by 11%.

7. Preparing for Adulthood (PfA) Strategy

- 7.1. The Thurrock Preparing for Adulthood Strategy is a three-year plan that is relevant for all agencies and staff who work with disabled young people between the ages of 14-25 years in Thurrock. Throughout its three-year life

cycle, all accountable parties joined in updating the action plan to include progress and evidence every year. The PfA Strategy was refreshed for the period of 2022-2025 and this was presented to the SEND Development Board and Safeguarding Operational Group in December 2022.

- 7.2. There is focus on four main areas and through working with partners including young people, the council has identified these four main areas as key priorities. These four key areas as outlined by National Development Team for Inclusion (NDTI) as they move into adulthood and are as follows:
 - Preparing for independent living;
 - Health and wellbeing;
 - Friends relationship and community;
 - Further/Higher Education and Moving towards Employment.
- 7.3. To implement this Strategy, Thurrock Council has set up a PfA Strategy group, with agreed terms of reference, to monitor the overall progress of the Strategy and to ensure that each provider fulfils their part. The Local Authority Quality Assurance Peer Review Group was suggested to amalgamate with the PfA Strategy Group as the same colleagues were involved and to avoid duplication.
- 7.4. The purpose of the PfA Strategy group is to also that the local offer is clearly understood and defined, and gives young people the widest possible choice across the borough.
- 7.5. The council's vision is that "All children and young people in Thurrock with special educational needs and/or disabilities (SEND) aged 14-25 have good social relationships, stay healthy and are supported in their aspirations. Partners across Education, Health and Social Care will work together to ensure that these young people reach their full potential and are given every opportunity to live independent lives."
- 7.6. Thurrock Council acknowledges its responsibility to young people with SEND who are preparing for adulthood and recognises that positive outcomes will only be achieved with commitment from the council, with partners, young people and their families, and carers.
- 7.7. With the right support at transition, young people with SEND can build the confidence and independence they need to have choice and control over their own lives. For some young people with the most complex needs, it is about celebrating each small step towards greater independence.
- 7.8. Thurrock's PfA Strategy is about the aspirations and opportunities for the young person.
- 7.9. It is recognised that as young people with SEND move towards adulthood, they experience many changes which can be challenging and the council is committed to supporting young people during this transition to be at the centre of planning and decision-making, to ensure a good transition into adulthood.

8. Social Care Charging Reform

- 8.1. Charging reforms have been delayed until at least 2025.
- 8.2. As identified in last year's report, workforce and resource have been identified to be one of the biggest risks to meet the increase demands faced by the council and it is predicted that this will still be the case when the new proposed date is identified in 2025. Data modelling will continue to be undertaken to ensure mapping of resources is as accurate as possible, and some works will continue in the background to ensure the organisation's readiness.

9. Fair Cost of Care

- 9.1. Section 5 of The Care Act 2014 sets out a local authority's duty to promote the efficient and effective operation of a market and to promote diversity and quality in provision of services.
- 9.2. In December 2021, the Government published a white paper, People at the Heart of Care, that outlined a 10-year vision that puts personalised care and support at the heart of adult social care. As part of these reforms, the Market Sustainability and Fair Cost of Care Fund was announced.
- 9.3. The primary purpose of the fund was to support local authorities to prepare their markets for reform, including the further commencement of Section 18(3) of the Care Act 2014, and to support local authorities to move towards paying providers a fair cost of care, this was due to be implemented in October 2023. However, in its November 2022 Autumn Statement, the government announced that the cap and means test reforms would be postponed until October 2025. With a general election to be held no later than January 2025, there is therefore a significant risk that these reforms will not be implemented.

10. Care Quality Commission (CQC) Assessments of Adult Social Care

- 10.1. The Health and Care Act 2022 provides a duty for the Care Quality Commission (CQC) to carry out independent assessments of Adult Social Care (ASC). The purpose of the assessment is for CQC to be reassured that services are safe, effective, caring, responsive and well-led.
- 10.2. Assessments are due to start taking place from January 2024, with the first 20 local authorities receiving the notification call in early December 2023.
- 10.3. In preparation, Thurrock ASC is using the recommended Self-Assessment Tool template to help establish areas of strength and areas that require improvement.
- 10.4. The tool is enabling the service to ensure Thurrock has sufficient evidence to support statements made around strengths. Furthermore, it has allowed Thurrock to produce an action plan for those areas identified as requiring improvement.

- 10.5. Thurrock ASC is taking all the appropriate steps to ensure it has the best chance of receiving a CQC rating of at least 'Good'. Some of these include:
- Developing a comprehensive CQC Inspection project plan including a communications strategy and governance structure to oversee CQC preparation activity;
 - Commissioning independent external support to undertake a social care practice audit, and developing new ASC practice standards;
 - Introducing a Quality Assurance Framework based on the CQC Inspection domains and quality statements and Quality Assurance Board and appointing a dedicated Quality Assurance Service Manager to implement and oversee the QA regime;
 - Working with Thurrock's Children's colleagues to learn from their experience of Ofsted inspections;
 - Participation in the Association of Directors of Adult Social Services (ADASS) sector led improvement programme and peer to peer challenge events;
 - Working with regional and national colleagues to action feedback other local authorities have received as part of the pilot inspections undertaken; and
 - Introducing a formal ASC induction for all practitioners to ensure consistency is maintained across the service.

11. Carers

- 11.1. A carer is a child, young person or adult who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.
- 11.2. Carers UK estimate that 10.6 million, or one in five people are carers in the UK. The value of this unpaid care is £193 billion per year, exceeding the budget of the NHS.
- 11.3. The role that unpaid carers carry out are invaluable. It is accepted that ASC and Health could not meet the needs of service users/patients (physically or financially) in the community if carers did not continue in their role.
- 11.4. Caring responsibilities may have an adverse impact on carers physical and mental health, employment, and education opportunities. The impact of caring on employment, with many carers having to give up paid work is a key driver for increased levels of poverty amongst carers compared to the general population. It is therefore important to identify and support carers early to help improve their wellbeing/outcomes.
- 11.5. Although Thurrock has not yet received local level 2021 census analysis for carers, there are some national trends that should be noted.
- 11.6. Nationally, there has been a reduction in the number of people identifying as a carer however the census took place during the pandemic at a period of

restriction on social contact (i.e., social bubbles). Thurrock's local data suggests that the borough has experienced a significant increase in the number of people caring during and post pandemic. Other local authorities in the region have reported similar findings.

- 11.7. Nationally, there has been a rise in the number of carers providing a large amount of care (50+ hours per week). This may be of significance locally as the 2011 census data evidenced that Thurrock already has a higher than regional and national average number of carers providing this level of support.
- 11.8. The number of young adults aged 18 to 24 carrying out 20 to 49 hours per week has also risen significantly.
- 11.9. In Thurrock, the importance of identifying young carers who will be transitioning to adult services has been recognised and it has been identified it as an area of improvement.
- 11.10. To ensure a seamless transition for young carers, Thurrock has agreed for the first time to produce an All-Age Carers Strategy. The local authority has carried out extensive engagement with carers both young and old(er) and has held an action planning event. The actions are currently being finalised with partners before commencing on a formal consultation.
- 11.11. Although the action plan has not been finalised, during its development, in response to the desire to improve the experience of young carers transitioning to adult services, the council and its partners have:
 - Developed a peer support group for transitioning carers (run jointly by the young carer and adult carer support services);
 - Reviewed existing arrangements and agreed a process for transitioning carers between Children's and ASC departments. This process and how both the Care Act and Children's Act work together is the focus of a joint event for frontline children and adults' staff on 23 November 2023 - Carers Rights Day;
 - Carried out briefing sessions for ASC staff on unpaid carers and the policy and legal context that guides the council's support/practice;
 - Worked with carers to develop new assessment documentation that is more meaningful;
 - An integrated commissioning 'all age' role rather than separate adult and children commissioners overseeing this agenda.
- 11.12. There has been improved working between Adult and Children's Services to support carers in the last twelve months and the organisation plans to continue to build on this in the year ahead.

12. Micro Enterprises

- 12.1. Micro Enterprises are small services delivering local services to local people, providing personal and flexible support to give people more choice and control over the support they receive.

- 12.2. Thurrock's award-winning Micro Enterprise scheme, now in its seventh year has been featured as a case study in the Association for Public Service Excellence news. Micro enterprises are key to changing the ASC provider market and providing more choice so that people can still achieve what matters to them regardless of their health and care situation.
- 12.3. More than 150 services are now available for residents. There is a very diverse range on offer from personal care to lunch clubs, gardeners and handymen to leisure and fitness activities. All are community focussed and provide a wide choice of services. Many services are run by volunteers and not dependent on an individual's ability to pay providing wider inclusivity for Thurrock residents.
- 12.4. There is ongoing interest in the scheme. As Thurrock Council looks to change its operating model, moving towards a Community Leadership approach, Micro enterprises are seen as a key method of involving the borough's local communities in the delivery of what were traditionally seen as council run services.
- 12.5. The scheme has already provided opportunities for people who have been made redundant and work alongside the Department for Work and Pensions and as other local business re-start initiatives to offer the scheme as a potential for employment continues. Many other local authorities have sought Thurrock's expertise and are also now implementing similar schemes to the Micro-Enterprises that have been created in Thurrock.
- 12.6. Thurrock's Micro-Enterprises are part of a tangible and successful, innovative, and collaborative approach to health and care transformation that delivers on all aspects, whether they be a vehicle for people realising a passion or a way of obtaining care and support that is personalised to the individual.
- 12.7. Local residents interested in setting up an enterprise can find more information about the scheme and an application form on the following link on the council's website: [Small independent local services | Community enterprises for care and support | Thurrock Council](#)
- 12.8. A full list of available services can be found on the Stronger Together website - <https://strongertogetherthurrock.org.uk/thurrock-micro-enterprise/>

13. Community Development and Equalities

- 13.1. The Community Development and Equalities Team empowers and enables residents to come together to take positive action on what is important to them.
This work is often in partnership with other groups and organisations from the voluntary community and faith sector, health, and the extended public and private sector.
- 13.2. The team helps to facilitate connections across all services and communities to break down barriers and create opportunities for collaboration and

engagement using a range of methods that underpin the pillars of the council's new operating model. The team help to ensure that services connect with and within communities helping to maximise the use of council's existing assets including libraries and community hubs, and key points of community led activity across the borough.

- 13.3. Since December 2022, the team has led the delivery of the council's Improvement and Recovery Plan objective to embed Community Equality Impact Assessment (CEIA) across all council policy and strategy. This helps to ensure decisions and processes are both informed by duties as a public body under the Equality Act 2010 and representative of local issues. In recent months, the council has published more than thirty CEIAs relating to savings and income proposals. A formal register of CEIAs will be published to the council's website in 2024/25 helping to support commitments to transparent decision-making processes that demonstrate accountability.
- 13.4. The team has led on the creation of a cross-directorate Improving Equality Outcomes Board that brings together all services to drive forward cultural change across the council, build resilient communities that enable integration and cohesion in a growing borough and helps to level the playing field. This builds on commitments set out in the council's Health and Wellbeing Strategy, the BCTT – Case for Further Case and the emerging Economic Growth Strategy. A pan-council sub-group of the Board has recently been established for the purpose of quality assuring the council's CEIAs to inform decision making.
- 13.5. The strength of the organisation's relationships with the voluntary, community and faith continues to extend. These partnerships with the sector are integral to the successful implementation of the council's new operating model and help to enable the delivery of the best outcomes for residents.
- 13.6. Two grants were received from Mid and South Essex Integrated Care System in October 2022 and June 2023 for the purpose of tackling health inequalities. These enabled the delivery of a grant programme to encourage community led approaches to tackling health inequalities whilst testing an approach to Community Investment Boards in the Tilbury and Chadwell Primary Care Network area. In addition, the funding has encouraged community led approaches to tackling health inequalities across Thurrock. 35 small grants with a total of almost £30,000 have been made to support a range of outcomes including healthy eating, physical activity and local connections and socialising at place.
- 13.7. A new single model of engagement was developed in summer 2023 to ensure a consolidated approach to influencing decisions and shaping the future direction of services through a 'one council' narrative.
- 13.8. Recognising that people live within communities and not through the lens of singular council departments, future engagement will be coordinated under the 'Your Place, Your Voice' brand recognised within the Local Plan consultation. This will be underpinned by a consistent communications and

engagement plan in development with the Communications Team. The new approach includes engagement on the council budget and financial strategy to help explain proposals and to understand impact. Feedback will inform decision making including final Community Equality Impact Assessments.

- 13.9. Following the successful Cost of Living conference held in December 2022, the Team is supporting a follow up event on 4 December 2023. This event is designed to provide residents with a wide range of information including that related to housing, utilities and energy, finance and debt and employment and training. A dedicated web page continues to promote local provisions.
- 13.10. The council has continued to provide a volunteer programme with over 200 volunteers active throughout this year in a variety of roles including community hubs, libraries, and family hubs. The Team oversees policy, training, advice, and guidance to services on involving and supporting volunteers.
- 13.11. Further to its launch in August 2022, Aveley Community Hub continues to develop and now includes a broad range of facilities including a library with study space and access to PCs and Wi-Fi, nursery, community hall, rooms to hire and a café that provides affordable meals to visitors. Since reopening in March 2022, Purfleet Hub has grown significantly with the launch of a community shop on the Garrison Estate expected to take place in 2024.
- 13.12. In recent months, the Team has been approached by private sector organisations for guidance on where to direct social value commitments in the form of time, materials, and other investments. The Team has worked with other services and communities to help to ensure resources are directed appropriately and will co-ordinate a review of council's Social Value Framework in 2024/25 building on the council's new operating model.

14. Libraries

- 14.1. Thurrock Libraries develop activities and service provision opportunities under the framework of both local strategic priorities and the Universal Offers as defined by Libraries Connected, incorporating Information and Digital, Health and Wellbeing, Reading, Culture and Creativity, and the Children's Promise.
- 14.2. The Thurrock Library Service continues to underwrite public access to books (for education and leisure purposes), authoritative information and PC facilities, including internet and printing. During April 22 – March 23, loans and renewals of physical items were at nearly 267k, and annual footfall across the borough for in-library services was almost 434k.
- 14.3. Thurrock is a member of The Libraries Consortium (TLC). TLC is a business partnership of 23 library authorities, including 19 London boroughs and others across the South East region. That partnership provides value for money, joint contracts, and shared access to over 7.3m items.

- 14.4. Physical stock is supplemented by a popular digital library, consisting of thousands of e-books, e-audiobooks, and a selection of magazines. During April 22 – March 23, approximately 12k loans were registered for e-books and almost 17k for e-audiobooks for Thurrock.
- 14.5. Grays Library maintains a comprehensive Local Studies archive, containing items of unique historical interest, whilst East Tilbury hosts the Bata Heritage Collection.
- 14.6. Libraries are continually adapting and look for opportunities for good community engagement and income streams. Barclays have renewed their contract and continue to operate a cashless service 2 days a week at Corringham Library, generating an income of approximately £15k per annum.
- 14.7. Since launching the Libraries Facebook page in October 2022, there have been 194k account impressions and 34k post impressions for X (formerly Twitter).
- 14.8. A successful Summer Reading Challenge with over 1,500 children reading six or more books to complete the challenge who all received a medal and a certificate. There was an increase on last year's joining figure and have reached pre-pandemic levels of participation.
- 14.9. A record number of 79 Summer Reading Challenge volunteers were recruited, aged between 13 - 18 years old, who supported the children with the Summer Reading Challenge. A fantastic celebration event was held at the Civic Hall with the presence of Madam Mayor Sue Little who presented them with a certificate for their commitment.
- 14.10. Libraries and Hubs responded to the cost of living crisis again this year by offering residents free, safe, and supportive Warm Spaces with two hour sessions on selected days at certain libraries during the colder winter months which have been supported by local organisations and supermarkets. During this time, residents have access to free hot drinks and trusted information. Libraries also continue to deliver the National Databank offer via Good Things Foundation which provides free mobile data, texts, and calls to people in need. SIM cards are also distributed from the partnership with Good Things Foundation via libraries to adults who meet the criteria.
- 14.11. The Library offer has been extended with the support of Citizens Advice Braintree and South Essex (CABSE) who under a Self Service Partnership Agreement open Corringham Library and Purfleet Hub on days which they are usually closed. CABSE operate their own service, whilst enabling residents to access library facilities such as PCs, Wi-Fi, and printing and to browse, borrow, renew, and return items using the self-service kiosks.
- 14.12. A successful £10k joint health literacy bid with Public Health enabled the upskilling of staff with training delivered by the Knowledge Staff from Basildon and Broomfield Mid and South Essex Hospitals, funded tablets for training residents, contributed to purchasing more national Reading Well resources

and supported the creation of Internet Clubs. This funding aims to support residents to improve their local health literacy and digital skills and navigate local NHS and council services, and access trusted health resources. Staff also received Hate Crime Awareness training.

15. Finance

- 15.1. The total net budget for ASC in 2022/23 was £48.839m. As the population lives longer but not necessarily healthier lives, there is a demographic trend in both volume and acuity of people requiring ASC and health interventions that makes managing demand a continued challenge. This is why Thurrock's health and care transformation programme aims to intervene more effectively and earlier in the lives of those at risk of developing complex issues requiring highly intensive and costly support.
- 15.2. For 2022-23, ASC received £1.296m through the Social Care Support grant, and £0.723m via the ASC Council Tax precept. This funding was used in the base budget to support the increase in demand and costs within ASC residential, homecare and supported living placements. In addition, the council was able to increase the rates which external providers are paid for supporting service users, this was essential to support the fragile care market.
- 15.3. In addition, the department received £0.442m through the Market Sustainability and Fair cost of care fund. The grant was distributed to councils to work with providers in the care market. The current financial year 2023/24, the department is set to delivery savings of at least £1.100m and deliver a balanced budget position.
- 15.4. The Adult Social Care Leadership Team has put in place a programme of measures to avoid and reduce unnecessary placement spend that have contributed to the current budget position. These have included continuing to implement and expand strengths-based integrated care models that prevent and delay demand, a targeted programme of more frequent care package reviews that allows more timely reduction in the acuity of care packages where care is no-longer needed, and the PowerBI ASC placement dashboard that allows front line social care staff oversight of volume, acuity, and cost placement data of different client groups, settings, and teams including trend data over time. The system increases accountability and ability of front line staff to use resources more effectively and acts as a starting point for positive challenge about strengths based practice at both team meetings and a placement spending control panel.

Better care Fund (BCF)

- 15.5. Thurrock's initial Better Care Fund Plan, and Better Care Fund Section 75 Agreement between the council and NHS, was approved in 2015. The arrangement has allowed the creation of a pooled fund, to be operated in line with the terms of the Plan and the Agreement, to promote the integration of care and support services.

- 15.6. The focus of the Better Care Fund to date has been on adults aged 65 and over who are most at risk of admission to hospital or to a residential care home.
- 15.7. Once again, and despite 2022/23 being a year of unprecedented challenges to ensure a timely discharge for those deemed fit to leave hospital, the targets in the BCF Plan Scorecard were met by year-end.
- 15.8. The Better Care Fund Plan for 2023/24 has been approved by NHS England following a national assurance process, and a new Section 75 agreement has been put in place.
- 15.9. In late 2022, Thurrock asked the LGA to undertake an independent appraisal of its BCF Plan as part of the programme of support jointly commissioned by the DHSC and the Department for Levelling Up, Housing and Communities (DLUHC). The appraisal was completed in September 2023 and concluded: 'It is clear that the health and care system in Thurrock has appetite to review and refresh the Better Care Fund, the schemes within it and to re-assess whether the funding is currently directed to the most effective services to support positive outcomes for Thurrock residents in line with the new Strategy for Adults: Better Care Together Thurrock – The Case for Further Change 2022-26.' An implementation programme informed by this appraisal has been drawn up to review each BCF scheme against the High Impact Change Model for managing transfers of care and Better Care Together Thurrock. The outcome of this review will provide the evidence base for future commissioning decisions for the BCF.
- 15.10. The next section of the report provides an overview of the Public Health portfolio.

Part 2 - Public Health

16. Overview

- 16.1. Public health is the science and art of preventing disease, prolonging life and promoting health through organised efforts and informed choices. It is thought of as three inter-related areas of work:
- Health and Care Public Health focuses on service quality improvement, which incorporates healthcare systems, service quality, evidence-based practice, clinical effectiveness and health economics;
 - Health Protection, which incorporates communicable disease control; environmental, chemical, radiation and nuclear threats; and occupational health;
 - Health Improvement, which draws heavily on the local government roots of the profession, socio-economic influences and health promotion, tackling the underlying determinants of health.
- 16.2. Public Health is funded via a grant arrangement with the Department of Health and Social Care (DHSC). Certain Public Health services, such as sexual health services, are mandated in legislation; other services, such as

substance misuse treatment, are stipulated as a condition of the grant; and other services are discretionary.

17. Wider determinants of health

- 17.1. The council can improve the health and wellbeing of Thurrock residents and reduce inequalities (between Thurrock and other places and within Thurrock itself) and through bringing together the concerted efforts of all its services and partners including the NHS and the third sector. Embedding systematic prevention and early intervention in the work of all benefits residents and services users directly and contributes to the financial sustainability of public sector services in Thurrock.
- 17.2. The Health and Wellbeing Strategy recognises the importance of the wider determinants of health on preventing ill health and promoting an individual's health and wellbeing: economic growth, housing, place, violence, vulnerability and sexual abuse are explored further below.

Health and Wellbeing Strategy 2022-2026

- 17.3. The Health and Wellbeing Board (HWBB) has a collective statutory duty to produce a Health and Wellbeing Strategy (HWBS). The HWBS is one of two highest level strategic documents driving place making for the local authority and system partners (the other being the Local Plan). The HWBS is a whole system plan for health and wellbeing and should engage all partners in the wellbeing agenda, coordinating strategic thinking of all elements of the council and all system partners to deliver quantifiable gains in health and wellbeing of residents.
- 17.4. The refreshed HWBS was agreed by the HWBB and Full Council in June 2022. It can be accessed here: <https://www.thurrock.gov.uk/health-and-well-being-strategy/health-and-well-being-strategy-2022-2026>. The HWBB is reviewing plans for and progress against the goals set out in the strategy on a rotating basis at its meetings to ensure delivery.
- 17.5. The strategy has a vision of *Levelling the Playing Field* and tackling inequalities is reflected throughout the document. To support delivery of the council's vision, the six domains of the strategy each relate to one of the council's key priorities of People, Place and Prosperity as set out in Table Two. The domains ensure a broad focus on the wider determinants of health that underpin the persistent inequities within Thurrock.

PEOPLE	PEOPLE	PEOPLE	PROSPERITY	PLACE	PEOPLE
Domain 1 <i>Health Improvement</i>	Domain 2 <i>Wider Determinants of Health</i>	Domain 3 <i>Health and Care Services</i>	Domain 4 <i>Wider Determinants of Health</i>	Domain 5 <i>Wider Determinants of Health</i> Housing and	Domain 6 <i>Wider Determinants of Health</i>

Staying Healthier for Longer	Building Strong and Cohesive Communities	Quality Care Centred Around the Person	Opportunity for All	the Environment	Community Safety
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Table 1: Alignment of Domains of HWBS to the Thurrock Vision

17.6. A thorough consultation exercise was undertaken to inform the strategy and a full consultation report has been produced. Proposals for the refreshed HWBS were refined to reflect consultation outcomes, and the changes made in response to community feedback are detailed in the full Consultation Report.

17.7. Over 750 comments were received through a short ‘user friendly’ questionnaire developed in conjunction with the CVS and Healthwatch, which sought the public’s views on the six domains that were proposed for the refreshed Strategy. More than 300 residents or professionals who are involved in the planning, commissioning or delivery of health and care services provided feedback on the strategy consultation proposals through community and professional forums and meetings.

18. Public Health Action on Wider Determinants of Health

HWBS Domain 2 – Building Strong and Cohesive Communities

- 18.1. Funded by the Mid and South Essex Integrated Care System, and led by the Community Development Team, the Public Health Team is supporting the delivery of health inequalities microgrants and U-Choose grants to the community and third sector. This is an investment programme to support projects or initiatives which address health inequalities and the wider determinants of health in a local area or community.
- 18.2. The Public Health Team worked with Thurrock CVS to facilitate a workshop on health information aimed at supporting the voluntary sector in their bids for external funding.

HWBS Domain 4 - Opportunity for All Economic Growth

- 18.3. A joint strategic needs assessment (JSNA) on Work and Health was published in 2020 and the current Healthier Communities JSNA will inform the development of the Local Plan. The Public Health Team is represented on the Backing Thurrock implementation group and is contributing to the development of the revised Thurrock-wide economic strategy.
- 18.4. The Backing Thurrock implementation group is engaged with the Association of South Essex Local Authorities (ASELA) Anchor and Digital Programmes. It is currently focused on the development of a signposting resource to support small and medium-sized enterprises in improving the health and wellbeing of their employees, the training of health and wellbeing workplace champions in

large employers and establishing community-based groups to promote digital inclusion.

HWBS Domain 5 Housing and the Environment

- 18.5. The Housing and Public Health Teams are now jointly working to address Fuel Poverty, and this topic will be the focus of the 2023 Annual Public Health Report. Delivering effectively on this will support the levelling up agenda through improving mental health, and reducing ill health associated with poor housing such as respiratory illnesses. This continued close working across teams makes efficient use of combined resources. A population health management approach has been proposed to fuel poverty to identify people at the greatest risk of being in fuel poverty and of adverse health outcomes from a cold home who have not yet come forward.
- 18.6. Public Health is also working with officers in Housing and Planning to deliver domain five of the HWBS (Housing and the Environment).

Place Making

- 18.7. Public Health continues to have a strong influence on place making in the borough, engaging with Planning, Regeneration, Transport and Sustainability to positively influence the environment in Thurrock to be health promoting.
- 18.8. The Public Health Team has completed a guidance document titled A Health in All Policies (HiAP) approach to place shaping, which sets out the evidence base for good practice about what works to support healthy places in Thurrock. The guidance document is focused on place-shaping and supports a variety of council programmes including the Local Plan and Regeneration. It is centred on a framework for change, which covers five key topics: neighbourhood design, housing, food systems, natural environments and transportation networks with climate and sustainability as golden threads throughout.
- 18.9. The HiAP Place shaping guidance has been approved for publication by the Health and Wellbeing Board and will become an evidence document as part of the Local Plan. The Public Health Team continue to ensure the work is embedded within the council and are coordinating a workshop with the Place Directorate to take it forward.
- 18.10. The Public Health Team has been working with the Strategic Planning Team in the Place Directorate to ensure that the Thurrock Design Charter has taken reference from the HiAP Place-shaping guidance. The Thurrock Design Charter sets out four principles against which the design of places in Thurrock should deliver good outcomes and Healthy Places for All is one of those four key principles.

This principle intends to achieve some key outcomes from good design in Thurrock, which include enabling and encouraging daily physical activity;

access to safe, high-quality green spaces and public realm; homes for all ages and needs; growing communities; and infrastructure and facilities first.

- 18.11. The Public Health Team continues to make responses to relevant planning applications, requesting Health Impact Assessments where appropriate, and contributing to and coordinating with the Housing and Planning Advisory group.
- 18.12. The Public Health Team is refreshing its approach to responding to planning applications and looking to secure a requirement for Health Impact Assessment through relevant Local Plan policy.

HWBS Domain 6 – Community Safety Youth Violence and Vulnerability

- 18.13. The local response to serious youth violence in Thurrock (16–24-year-olds) has been structured around the 2019 Annual Public Health Report (APHR) written by the then Director of Public Health (DPH) on youth violence and vulnerability. The report took a public health approach to addressing youth violence and vulnerability and made 32 recommendations within the following four categories: surveillance; primary prevention; secondary prevention; and tertiary prevention.
- 18.14. The Thurrock Violence and Vulnerability Board was established under the leadership of the DPH to provide oversight and assurance of the activity of the four work streams in implementing the APHR's recommendations, to ensure the work of the Essex wide Violence and Vulnerability unit is being delivered locally and to ensure that the voice of communities is part of tackling serious youth violence. Most of the recommendations in the 2019 report have been delivered and the action plan has been reviewed in line with the new serious violence duty. It was felt that it would be appropriate to review the governance for this work to reduce duplication, and it is now being merged with work ongoing through the Community Safety Partnership. Public Health will continue to lead on data-driven surveillance.

19. Health and Care Public Health

- 19.1. The council's broader priorities in relation to the health and care of adults are described above. Public Health-led health and care quality improvement is described below.

Population Health Management (PHM)

- 19.2. Thurrock Council hosts a dedicated PHM Team on behalf of the Mid and South Essex Integrated Care System (MSE ICS). PHM is a process of using data to identify population cohorts for whom the ICS (including the council) can provide early intervention and prevention programmes, tailored to their specific needs, to improve their health outcomes. By design, it will directly contribute to the health inequalities agenda.

- 19.3. This year the PHM Team has updated Health Inequalities Data Packs that help each of the four Alliances in the ICS and their respective Primary Care Networks (PCNs) to make decisions on how to spend their allocated Health Inequalities resource. They are also supporting several service improvement projects such as the further roll out of the Thurrock designed Cardiovascular (CVD) Local Enhanced Service (LES), as well as working with the six ICS stewardship groups.
- 19.4. The Team has also helped to drive infrastructure developments including the production of the PHM segmentation model and integrated data set including pseudonymised data for 1.2m MSE ICS residents. They are working on ensuring that all appropriate system partners can gain access to this.
- 19.5. Thurrock specific PHM projects that are being driven by the Public Health Team include a new Cardiovascular disease Locally Enhanced Service for Primary Care Networks that replaces the previous stretched QOF model and provides enhanced funding for GP practices to work together to find and treat CVD at the earliest possible opportunity. This has now run for almost a year and positive results are indicated.
- 19.6. The LES looks to fund multi-morbidity clinics for patients with multiple CVD conditions and who are considered “medium risk” with a view to prevent/delay them from escalating to “higher risk” (see also Annual Public Health Report – section 20.9, page 27).
- 19.7. The impact of the programme has been recognised nationally and Thurrock has the best national performance on six of the 12 key cardio-vascular disease QOF indicators in England.

Tackling Health Inequalities through NHS Services

- 19.8. The Mid and South Essex Integrated Care System (ICS) has allocated £443,000 to address Health Inequalities in Thurrock in line with the NHS Core20Plus5 inequalities framework.
- 19.9. Following the implementation of an EOI process across Thurrock, Public Health supported Thurrock Integrated Care Alliance (TICA) to agree priorities and review bids received from across the borough. It was recommended that the following ten Health Inequalities schemes should be supported for delivery in 22/23 and 23/24:

ASOP & SLH PCN Obesity Transformation Project	Improving health outcomes, by reaching out to seldom heard groups with cancer information
Improving lifestyle risk management through Motivational Interview – training	Community-Generated Inequalities Solutions - Reference & Investment Board Pilot

for Primary Care and frontline health and care professionals	
Workplace Health Champions to provide smoking cessation to employees and referral to NHS health checks	Improving access to health services for Thurrock's Gypsy, Roma, Traveller and Showman communities
Enhancing safeguarding, health, and mental wellbeing for vulnerable young people and young parents	Improving access to health services for Thurrock's homeless communities
Health & Digital Literacy	Open Dialogue training to support people with SMI

Table 2: Health inequality bids for delivery in 22/23 and 23/24.

19.10. Many of the above grant-funded projects have already resulted in positive outcomes for our populations. For example, the health outreach programme to Gypsy, Roma, Traveller and Showmen communities supported over 200 residents between January – June 2023, and the work has been showcased as a national example of good practice on the NHS [Inclusion Health Framework](#).

20. Health Protection

- 20.1. Pre-pandemic, health protection activities were largely undertaken by specialist public health professionals at regional and national level. However, the COVID-19 pandemic highlighted the need to maintain expertise at the local level that can mobilise additional capacity as required.
- 20.2. The local function has and will continue to cover the breadth of Health Protection incidents as and when required which may include public health responses to all infectious diseases, non-communicable threats to health (such as flooding), Emergency Planning and Response, plus preventative activity such as infection prevention and control, and immunisations.
- 20.3. The local authority continues to work closely with health colleagues to ensure that outbreaks in care homes are managed effectively and efficiently.
- 20.4. The Clinical Hub that was set up at the start of the pandemic continues to ensure care homes and health settings are supported with managing communicable diseases and whilst the meetings have reduced, they remain a focal point for decision making and discussion. Guidance remains in place focusing on enhanced action should homes enter outbreak status. This includes:
- A requirement for all patients discharged from hospital back to care homes to have been tested for COVID-19 and the care home to be informed of the result;

- Immediate rapid COVID-19 testing for one or more cases in care homes for the first five symptomatic cases eligible for treatment;
- Specialist Public Health advice from the UK Health Security Agency (UKHSA) for all care homes, domiciliary care and extra care settings with further support as required at local level;
- Once weekly contact by ASC to all care homes, extra care, and domiciliary care workers;
- Once weekly meetings with ASC and Public Health to discuss system pressures;
- Monthly meetings with Mid and South Essex Integrated Care Board (ICB) and Integrated Care Partnership (ICP) colleagues;
- Monthly meetings with providers throughout ICB;
- Enhanced restrictions if required to maintain safety of care home;
- Multi-agency Care Home Hub continues to meet monthly to / to discuss system pressures and emerging threats.

20.5. Since the start of the pandemic, the council has worked closely with external care homes, domiciliary home care and supported accommodation providers. Regular virtual meetings have continued with providers to maintain relationships and work collaboratively for the benefit of service users.

21. Health Improvement

Thurrock Healthy Lifestyle Service

- 21.1. Thurrock Healthy Lifestyle Service (THLS), in partnership with Primary Care, continues to provide cardiovascular disease (CVD) risk assessments for the eligible 40–74 year-old population. Uptake and provision are now back to pre-pandemic levels with good collaborative working with GP practices to ensure eligible residents have access to what remains a valuable tool in identifying people at risk of CVD and improving outcomes.
- 21.2. THLS continues to provide a stop smoking service to the residents of Thurrock, offering up to 12 weeks of free behavioural support and nicotine replacement therapy. This year, there is also a free vape starter kit for smokers who would like to use this method to quit.
- 21.3. Although smoking prevalence is decreasing in Thurrock it is still high amongst deprived communities, pregnant smokers, routine and manual workers and those experiencing mental health issues. Public Health is working closely with GP practices, community health services, mental health services, and local workplaces with closely monitored referral pathways that are revisited where activity is low, to drive uptake into the service.
- 21.4. Training is ongoing and available to all public-facing health and non-health professionals to provide very brief advice on smoking and referral into the stop smoking service. Teams recently trained have included the Community Health Champions, Housing Officers, Family Hub staff, Tenancy Management Officers, Sheltered Housing Officers and Financial Inclusion Officers.

Tobacco

- 21.5. Public Health continues its partnership work with Trading Standards and support them in their enforcement activities. Along with tackling illicit tobacco in the borough, Trading Standards has also been proactive in addressing the sale of illicit vapes. This culminated in the first closure notice issued to a vape shop in Tilbury who were found selling illicit product. Trading Standards has also been focussing on the sale of age restricted products to children with multiple operations undertaken over the last year.
- 21.6. A refreshed whole system Tobacco Control Strategy has now been produced and published on the council website. Alongside this strategy, the Southend, Essex and Thurrock (SET) Tobacco Control Alliance was launched. This has encouraged all relevant stakeholders to come together to shape the delivery of the future approaches to reducing tobacco-related harm.
- 21.7. To support the delivery of the Tobacco Control Strategy, a delivery plan is in development detailing actions that will contribute to achieving each ambition. Delivery of these actions has started, for example, targeting of the eight most deprived wards to tackle place-based inequality. Co-location days for THLS in

Family Hubs, the Basildon Mental Health Unit, and Inclusion Visions are being piloted as ways of accessing some of the higher risk groups identified in the strategy.

Alcohol and Drugs

- 21.8. The young people's substance misuse treatment service continues to provide both a face-to-face and virtual offer for Thurrock. The complexity of need seen by the service remains high with an ongoing need for partnership working with colleagues in mental health, social care, and youth justice. Alongside treatment and recovery, education, prevention and working with hidden harm remain key focuses for the service.
- 21.9. The adult Substance Misuse Treatment Service continues to provide both a face-to-face and virtual offer. The complexity of cases seen by the service is high, with a greater need for multi-disciplinary support, particularly around partnership work with mental health colleagues. Additional funding from the Office for Health Improvement and Disparities has been used to supplement existing treatment and recovery options. The service now has a Buvidal (a medicine used to treat dependence on opioid drugs such as heroin or morphine) offer and Naloxone (a medicine that rapidly reverses an opioid overdose) has been made available more widely. Furthermore, additional staff have been recruited in the form of a specialist recovery worker and a transition worker tasked with aiding movement between the young persons' service and the adult service for those aged 18-25.
- 21.10. Both substance misuse contracts are due to expire in March 2024 and a re-commissioning exercise is currently underway. A new single all-age service is expected to be in place by April 2024 that Public Health expects will increase the numbers of people in treatment, improve transition arrangements, increase outreach and undertake prevention and education work across the borough.
- 21.11. Alongside the front-line work of our two local providers, Thurrock Council is now an active member of the Southend, Essex and Thurrock Drug and Alcohol Partnership (SETDAP). The board was established in 2023 as a multi-agency forum with accountability and responsibility for delivering the national drug strategy "From Harm to Hope" at a local level. SETDAP's remit is to work to:
- Break drug supply chains;
 - Deliver a world-class treatment and recovery system;
 - Achieve a shift in the demand for drugs.
- 21.12. The board will therefore co-ordinate activity in relation to the above, develop and agree a local strategy and, through the partnership structures identified deliver against an agreed set of outcomes (national and local).

Sexual Health

- 21.13. The Thurrock Integrated Sexual Health Service, delivered by Provide Community Interest Company (CIC) continues to provide sexual health and contraception services to Thurrock residents. The service provides both a face-to face and a virtual offer.
- 21.14. Personal Health Records have been introduced allowing residents to access appropriate services and testing online.
- 21.15. Increased HIV testing, early diagnosis and increasing access to condom distribution sites will be priorities over the next 12 months.
- 21.16. A sexual health needs assessment has been completed and a service specification designed to inform the commissioning of a new service that will commence in April 2024. The bids for the new service have been received and the service contract will be awarded in December 2023.

Whole System Obesity and Weight Management

- 21.17. An evaluation of the 2018-2021 strategy was undertaken to reflect critically on the whole systems approach of the previous strategy and consider opportunities for addressing gaps and strengthening activities. A 'strategic discussion' about obesity was held in July 2023 with key stakeholders including commissioners of healthy weight services across the tiers. This has now evolved into the 'Thurrock Strategic All Age Healthy Weight Steering Group'. The steering group focuses on five core areas: system strengthening, service delivery, health intelligence, communications and workforce development. The group also has oversight of the Children's Weight Management Taskforce and the Better Health Communications group.

The steering group is overseeing an approach to transforming healthy weight services in Thurrock which will take a more systems-based approach to improving outcomes, aligned to the key focus areas. Additional funding (£75k) has been secured from the Health Inequalities Innovation Fund, a menu of options on how to best use this funding will be presented at the steering group in November 2023.

- 21.18. The Public Health Team has recently launched a new work programme dedicated to improving uptake of the Healthy Start Scheme. Healthy Start is a UK-wide scheme providing a nutritional safety net to those who are 10+ weeks pregnant and children under 4 in low-income families in receipt of qualifying income-related benefits. Recent data indicates an increase from 59% of eligible residents in Thurrock are using the scheme to 62%. Ward level data has recently been released for Healthy Start, which clearly shows increased uptake linked to activity to promote the scheme locally. The challenge remains as to embed and sustain this over time with limited resources. The intention is to embed Healthy Start in the new 0-19 contract next year.
- 21.19. Public Health and the council's Communications Team have been working together to remove the advertising of high fat, sugar and salt (HFSS) products

within the council's advertising space. Food and the environment will be an important feature within the new Strategy. The aim is for healthy food choices to be a simpler and easier task, particularly considering the current cost-of-living crisis. It is likely that HFSS advertising will be an integral part of this and therefore the council is keen to lead by example and not promote advertising of such products.

21.20. A tier two weight management service for children launched in March 2022 as part of recovery from the impacts of the COVID-19 pandemic, for one year. This programme was reviewed to understand its shortcomings and opportunities for improving. Taking on the key learning, in September, Public Health commissioned BeeZee Bodies, again for one year. The focus of this programme differs from the last one, in that the team is approaching this further one year contract as a time to lay the ground for future commissioning, which will happen through the new 0-19 contract next year. This year, an asset-based community development approach is being taken which involves delivery partner working very closely with local communities to gain extensive insights, whilst also delivering a broader range of services across the 0-18 age group.

21.21. The year, through the contract, training the trainer in HENRY will be provided to Family Hubs staff with the intention of embedding this programme going forward. The HENRY programme takes a holistic approach to a healthy early start, including nutrition and physical activity aimed at families with children aged 0-4 years old. BeeZee Bodies has also been recommissioned to provide a progressive engagement model for child weight management that consists of three interventions to families with children age between 5-12 years old. The three-tiered approach includes; a self-led online tool, one-to-one extended brief intervention and tier two digital weight management support. This service aims to put in place a programme that works holistically with families to help them make positive changes to their nutrition and physical activity.

Finally, there is also a pilot programme for 12–17 year-olds, which will be developed in partnership with young people. Longer-term solutions for the provision of children's weight management services are currently being explored with the expectation that commissioning of these services will be integrated into the new 0-19 contract next year.

Mental Health Improvement - Suicide Prevention and Postvention Support

21.22. The local authority continues to play a vital role in coordinating and delivering programmes of work which aim to prevent deaths by suicide. Whilst the dedicated NHS (wave three) funding ended in March 2023 across Mid and South Essex, Thurrock residents have continued to benefit from several programmes including:

- Further dissemination of grant funding towards more organisations addressing risk factors for suicide;

- The self-harm prevention and management toolkit for professionals, which is available here: [Adult Self-harm Management Toolkit NHSE - Mid and South Essex Integrated Care System \(ics.nhs.uk\)](#);
- Continued development of the Wellbeing Calls pathway for patients newly diagnosed with depression or newly prescribed anti-depressants which sees Thurrock patients offered a series of weekly phone calls from Thurrock and Brentwood MIND for a period of approximately six weeks. During 2022/23, 113 Thurrock patients were supported by this service, with some positive outcomes recorded. The service has been regionally and nationally recognised as an example of good practice;
- Continued roll out of suicide prevention training via the bespoke website launched two years ago: [Suicide Prevention - Homepage - #TalkSuicide Essex \(letstalkaboutsucideessex.co.uk\)](#).

21.23. The Public Health Team receives near-real time suicide surveillance data each month from Essex Police that captures information on suspected suicides in Southend, Essex and Thurrock. This is enabling a much quicker response to emerging local trends than historically relying on coroner-reported information and is now being shared with relevant professionals on a regular basis to inform planning. Work is underway with partners to better coordinate and supplement the intelligence gathered and used in this way.

21.24. Over the last year, Thurrock Public Health has coordinated the work of the Southend, Essex and Thurrock Suicide Prevention Steering Board, which is chaired by the Deputy Police, Fire and Crime Commissioner for Essex. This Board is responsible for developing a new joint Strategy in 2024 following publication of the national strategy in September 2023.

21.25. There is a separate programme of work underway to improve the support available to those impacted by a death by suicide (postvention support). This is being funded by dedicated NHS (wave four) funding across the Mid and South Essex footprint and is a collaboration between existing and newly commissioned agencies. The service launched in April 2023 and is run by Essex Wellbeing Service and Listening Ear.

Community Health Champions

21.26. Following on from the Community Vaccine Champions programme, Community Health Champions (CHCs), hosted by Thurrock Community and Voluntary Services (CVS), have a role in continuing to improve vaccine uptake in the community. In addition, the CHC remit has expanded to also improve the promotion and uptake of health improvement programmes and services, with a focus on targeting those areas or groups who might be underrepresented in accessing services. The CHCs develop a network of community health volunteers and community connectors to increase the reach. The CHC project also takes a Human Learning Systems (HLS) approach to learning and feedback to develop and enhance its responsiveness. Key areas of focus include promoting vaccination uptake, stop smoking services, NHS Health Checks, weight management services,

mental health and wellbeing services, sexual health and substance misuse services and cost of living.

22. Children and Young People's Public Health

- 22.1. The Public Health Team continues to work closely with the council, NHS and wider partners to implement the Brighter Futures Strategy, supporting delivery of all four strategic priorities and with particular focus on Strategic Priority Two – Children are able to access the services they need and be healthy, focusing on prevention and early intervention.
- 22.2. In Thurrock, the Healthy Child Programme continues to be delivered through the Healthy Families Service (HFS) following negotiation of a one-year extension to the contract with the current provider. The service comprises of two teams; Health Visiting and School Nursing, and other targeted support and a range of health interventions for children and young people as part of Thurrock's Brighter Futures offer.
- 22.3. Plans are currently being developed to re-commission this service following its current contract term ending in August 2024. This presents an opportunity for a fresh look at the service ensuring coherent, effective, life course services for children and young people aged 0-19 across Thurrock which are also value for money.
- 22.4. The CYP (Children and Young People) JSNA is currently underway and is the first step in this re-procurement process. It is anticipated that this JSNA will be published in spring 2024.
- 22.5. The Public Health Team continues to support the Family Hubs transformation programme, leading specifically on the infant feeding and peri-natal mental health elements of the programme.
- 22.6. The Family Hubs and Start for Life programme was launched in April 2022 and aims to improve a range of physical and mental health, emotional wellbeing and education outcomes for children aged 0-19, young adults to age 25 with SEND, and parents/carers.

Services and support will be delivered through a family hub network designed to meet local need. The programme is aligned with existing government programmes that are already delivered in Thurrock and builds on the delivery of the Healthy Child Programme 0-19 public health services.

- 22.7. The Family Hub transformation funding has enabled the provision of enhanced support available to families across Thurrock. The Peri-natal Mental Health and Parent Infant Relationship Working Group meets fortnightly to drive forward a delivery plan. This has included the appointment of a Specialist Health Visitor for Perinatal Mental Health and a Parent Infant Therapist, alongside a Perinatal Mental Health Peer Support Service. Three workshops have been held to co-produce the service offer which has included partners, parents' voices and lived experience. Further co-production

workshops are due to be held in the New Year. A suite of training programmes for staff has been offered through this programme and all spaces have been taken up.

- 22.8. The Infant Feeding element has also been progressed with the addition of an enhanced breastfeeding peer support service, due to begin in the New Year. The Health Visiting Team at North Essex London Foundation Trust (NELFT) and the Family Hub staff will be provided with up-to-date resources to support the initiation and continuation of breastfeeding in Thurrock and a breast pump loan scheme is being developed. The development of a Breastfeeding Delivery Framework will drive forward actions including the development of a Breastfeeding Friendly Scheme in Thurrock, delivering Breastfeeding Champion training, promotion of the Healthy Start Scheme and the delivery of a seven day a week breastfeeding response service. The Family Hubs are also applying for Baby Friendly Initiative (BFI) Stage 1 accreditation.

23. Finance

- 23.1. Table 3, below, indicates the income streams for 2023/24 for the ringfenced Public Health Grant:

Income source	Amount (£s)
Public Health Grant 2023/23	-12,270,758
PHG Carry Forward from 2022/23	-586,937
OPCC Grant Income	-48,907
HRA Recharge (contribution to Well Homes Project)	-45,000
SSMTRG D&A funding 2023/24	-53,559
SSMTRG D&A Carry forward from 2022/23	-103,757
MSE partnership contribution	-218,211
Health Inequalities funding	-350,665
PrEP allocation	-23,812
Total Income sources:	-13,701,606

Table 3: income streams for 2023/24 for the ringfenced Public Health Grant

- 23.2. The next section of the report provides an overview of the Arts, Culture and Heritage portfolio.

Part 3 – Arts, Culture and Heritage

24. Arts, Culture and Heritage

- 24.1. Arts, Culture and Heritage have an important role in driving opportunity and supporting economic growth and regeneration across Thurrock. Through culture and creativity, the organisation will create a more vibrant, enriched, healthier and inclusive Thurrock for everyone supporting education, health, social care, physical environment and economic development where culture and creativity improves the well-being of individuals and tackles inequalities. Thurrock Council manages the Thameside Theatre, Thurrock Museum and supports development of the arts across the borough.

- 24.2. The Thurrock Museum is supported by an enthusiastic and dedicated team of volunteers who, over the past 12 months, have helped to design and curate several temporary exhibitions that celebrate and commemorate significant local, national and international anniversaries and events, including WWII Thurrock at Sea, Armistice Day and Windrush 75.
- 24.3. A major project for the Museum this year has been to identify, record and digitise the items within its collections, which is estimated to be around 30,000 objects. This project will enable the Museum to redesign its service to increase accessibility to its collections for residents and communities across Thurrock and beyond. It is expected that this work will be completed by March 2024.
- 24.4. The Museum education offer continues to be delivered creating opportunities in local schools to experience 'A day in the life of a museum curator' and to learn about the Battle of Britain, through the Royal Opera House Thurrock Trailblazer programme.
- 24.5. The Thameside Theatre delivers a diverse programme of creative and cultural activities to engage with and entertain local communities, including amateur and professional shows, and community activities both within the Theatre as well as participating in external events across Thurrock.
- 24.6. The Theatre works closely with the LGBTQ+ Network in Thurrock to deliver monthly events for the LGBTQIA+ community and their allies, enabling them to connect through a variety of activities including cinema, quiz nights, comedy, and cabaret nights. The aim is to create a safe, welcoming and inclusive space for people to be entertained and make friends.
- 24.7. Through a broad range of consultation and engagement activities, the council has worked collaboratively with communities, partners and creative and cultural organisations to develop a cultural strategy which will become Thurrock's Plan for Culture. This plan will define the shared vision and mission and set out key priorities for nurturing, enabling, facilitating and delivering locally designed and driven cultural engagement and activities across Thurrock.
- 24.8. The council will further engage with creative and cultural stakeholders to establish a forum that will drive the strategic vision for culture in Thurrock. This forum will be instrumental in the development, delivery and monitoring of an implementation plan which embeds culture services and creative outcomes across Thurrock, championed by a broad range of stakeholders, to underpin the approach to cultural regeneration and better support the council's place ambitions.
- 24.9. The organisation will continue to work with partners to deliver community driven arts and heritage activity across the borough in ways that help improve the quality of life for the borough's residents, reimagine high streets and open spaces, support a new dimension to the local economy, one that creates new

jobs and opportunities for people to develop new skills as well as contributes to key messages, conveying Thurrock's success and opportunities and helping build external relationships for future prosperity.

25. Conclusions

- 25.1. This report highlights the comprehensive and high-quality work undertaken across the diverse portfolio of services that are the responsibility of the Cabinet Portfolio Holder for Health, Adults' Health and Community.

7 March 2024	ITEM: 9
Health and Wellbeing Overview and Scrutiny Committee	
Review and development of co-production and co-design	
Wards and communities affected: All	Key Decision: Non-key
Report of: Ceri Armstrong, Head of Adult Social Care Transformation and Commissioning	
Accountable Assistant Director: Les Billingham, Assistant Director of Adult Social Care and Community Development	
Accountable Director: Ian Wake, Executive Director of Adults, Housing and Health	
This report is Public	
Version: Final	

Executive Summary

The report describes how co-production and co-design in Adult Social Care and the local Health and Care system is being reviewed and developed.

Commissioner Comment:

N/A

1. Recommendation

1.1 That Committee members note and comment on the contents of the report.

2. Introduction and Background

2.1 Think Local Act Personal describe co-production as ‘a way of working, whereby everybody works together on an equal basis to create a service or come to a decision which works for them all’.

2.2 Co-production is contained within the Care Act 2014’s statutory guidance:

‘Local authorities should, where possible, actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community.

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“Co-production” is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioning and delivered’.

- 2.3 Adult Social Care regulator, the Care Quality Commission (CQC), has recently re-introduced an assessment framework and is in the process of carrying out assessments of all councils with adult social care responsibility. Co-production and capturing ‘the voice of the user’ is a key part of that assessment.
- 2.4 This paper provides an overview of work that has taken place and is taking place to ensure that co-production is embedded in all that we do.

3. Issues, Options and Analysis of Options

Better Care Together Thurrock – Adult Integrated Care Strategy ‘The Case for Further Change’

- 3.1 Thurrock’s Integrated Care Strategy, The Case for Further Change, sets out a new blueprint for Adult Social Care and Health. The Strategy has the principles of Human Learning Systems at its heart. Human Learning Systems is an approach that focuses on ensuring that organisations provide support solutions to people that recognise the complexity of their lives and that recognises that each person is unique.
- 3.2 The traditional approach to providing services has been, on the whole, the commissioning and provision of services that are ‘one size fits all’ and tend to be limited in flexibility. Whilst those services do meet particular needs, they often fail to respond to complexity. For example, people who have a housing requirement, mental health requirement and substance misuse are likely to end up with a number of different services and a number of different assessments and support plans. Due to the way that services are planned and delivered, the outcomes individuals wish to achieve can be found to be lacking or only partially met.
- 3.3 Many years ago, Adult Social Care introduced strengths-based practice. This meant identifying what was ‘strong’ rather than only identifying only what was ‘wrong’. This approach also led to identifying and utilising non-service options as part of the solution – e.g. community assets, friends and family. The approach also looked at what people could offer and contribute towards rather than them being just a recipient of services.
- 3.4 This has been built on over the years with social work teams now based in four localities in Thurrock. The benefits of the teams being based in localities has meant a greater understanding of what is available in the community to those requiring support, and also greater opportunities to find out what people in the community require. The approach has introduced ‘Talking Shops’ which are drop-in sessions for people wanting support or information and advice. The approach has been extremely successful, with teams preventing the need for assessments or service options on numerous occasions.
- 3.5 Following on from social work teams working in localities, networks have been built with an array of front-line staff and community groups and organisations also operating in the local area. This has helped to make significant strides forward in developing responses for people

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that are integrated and meet their individual requirements. A greater understanding of what people want and need has led to a shift in what we provide and how we provide it.

- 3.6 Chapter Four of The Case for Further Change is focused on 'Community Engagement and Empowerment'. It builds on the work already started in localities and shows the power of involving communities in solutions.

Case Study One: John

John is 70 years old and lives alone in Grays. He fell down the stairs at home and was discovered on the floor by a delivery driver who called an ambulance. John was admitted to hospital where he was found to have unmanaged health conditions and an addiction to alcohol.

On discharge planning, Thurrock's Adult Social Care Hospital Team referred John to *By Your Side*, the borough's voluntary sector community support service. *By Your Side* worked alongside John's social worker and Local Area Coordinator to enable a smooth discharge from the acute hospital by sorting out practical problems that would otherwise have delayed his discharge home. John's property and possessions were found unsuitable for him to return straight home to, and so the service organised a cleaning team to get the property ready.

Over a six week period, *By Your Side* supported John with volunteers and through community connections by:

- Collecting equipment from Thurrock Hospital prior to John's discharge.
- Sourcing donated bedding and clothing from local projects, to replace items after the clear up of his home.
- Shopping for new clothing on John's behalf.
- Making welfare calls to John every other day, to check in on him and ensure he felt safe and was not anxious.
- Undertaking John's food shopping.

By facilitating a smooth discharge, and providing six weeks' support to John, *By Your Side* used knowledge of community assets and networks to help John regain his independence and confidence whilst he settled back into his home. They encouraged him to look for ways to support himself going forward by signposting to the *Thurrock Micro Enterprises Scheme*. They also connected John to other residents in the community with shared interests to improve his mental and social wellbeing and provide an alternative to drinking alone in the house.

- 3.7 Chapter four sets out how methods used to engage with communities in the past have retained power within organisations and neither shared or transferred it to individuals or communities themselves. For example, many examples of 'engagement' have taken place via set consultations, with the agenda very much set by organisations themselves. As a result, the voice of the community has not been heard or is muted. As expected, communities have become disillusioned and less likely to contribute towards engagement activity. Even when those using services and their carers are engaged, there is a tendency to utilise the same groups of people or individuals and think that those views reflect the views of all.

- 3.8 The approach being taken forward aims to shift power to individuals and communities through posing three clear questions:

- What can communities do for themselves if professional services get out of the way?
- What can communities do with some support from organisations?
- What is left that is appropriate for organisations to deliver?

- 3.9 Work has started, taken forward by the Community Development Team, to test this approach. Communities in Tilbury, Chadwell, East Tilbury, Linford and West Tilbury were asked to put forward proposals for how they could utilise up to £5,000 per 'bid' on community-led initiatives that would help to improve health and wellbeing in their local area. An event was then held

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where residents were asked to vote on each proposal. The learning gained will help to develop a Thurrock-wide approach – with departments identifying budgets that could be used for community priorities and potentially for communities to directly commission or deliver. This is a significant piece of work that will be developed and tested over future months and beyond.

- 3.10 In addition, it is recognised that we gather intelligence from communities on a daily basis – e.g. through front line staff undertaking their roles. We can also gather intelligence from a raft of consultation and engagement events that take place across the Council and beyond. We also know that the Voluntary and Community Sector are an important source of information – particularly for communities who we do not successfully engage with (sometimes known as ‘hard to reach’). We also know that social media is used significantly by communities as a way of sharing their concerns and priorities. Part of the work taking place is to identify how we can gather than numerous conversations taking place and that themes that arise from them. This would provide those providing service solutions with ‘of the moment’ intelligence and also help to identify emerging issues at the earliest opportunity.

Co-production within Adult Social Care

- 3.11 In addition to what has already been described, further work is taking place as part of the development of a new Strategic Commissioning Strategy. This includes designing an approach that adopts the four elements of co-production (each of which will be used as appropriate and relevant) as described by SCIE:

- **co-design**, including planning of services
- **co-decision making** in the allocation of resources
- **co-delivery of services**, including the role of volunteers in providing the service
- **co-evaluation** of the service.

- 3.12 Adult Social Care commissions a user-led commission – Thurrock Coalition. The Coalition’s role is to ensure that it carries out a range of engagement activities with users of services, carers and representative organisations. This has traditionally been carried out through a range of partnership boards. The Coalition is now working on a plan to establish an engagement framework that takes account of the four Thurrock localities – including attracting a broader range of voices and identifying local variations.

- 3.13 The Commissioning Team itself has already linked in with the four locality areas – both in terms of getting feedback from social workers and also linking with the broader integrated locality network teams. This can provide a vital source of intelligence that helps to influence what is commissioned and how it is commissioned. The Commissioning Team also attend the weekly Use of Resources Panel which is where social work practitioners bring support solutions to be reviewed and agreed. This too has been an extremely useful source of information about what is and is not available within the community and again helps to shape commissioning needs analyses.

- 3.14 Whilst there is always more to do, a significant amount of co-production is carried out within Adult Social Care. Examples include:

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- Adult Social Care Carers' Strategy – co-produced by carers themselves through work undertaken by HealthWatch and the Adult Social Care Commissioning Team;
- Co-produced Carers' Assessment – working in conjunction with Thurrock Carers' Service and the Adult Social Care Commissioning Team;
- Direct Payments Policy – co-produced through the Direct Payment user group and held as a model of best practice;
- Contract procurement exercises – with those using services involved in deciding who contracts are awarded to and able to question potential providers as part of the decision-making process.

3.15 As already stated, care and support assessments are strength based and co-produced with individuals and carers, and information gained directly from conversations held with people in localities is helping to shape ongoing strategy and policy.

4. Reasons for Recommendation

4.1 To enable Committee members to understand how co-production is used within Adult Social Care, areas for development, and future plans to strengthen across the health and care system.

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

5.1 N/A

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

6.1 Co-production ensures that resource is used to best effect. Co-production is key to the development of and assessment of all Council priorities.

7. Implications

7.1 Financial

Implications verified by: **Bradley Herbert**
Finance Manager

26/02/2024

Co-production activity is carried out within existing budgets. Co-production ensures that resources are used to best effect and have the greatest opportunity of delivering on the priorities that are important to communities and on the outcomes important to individuals.

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7.2 Legal

Implications verified by: Daniel Lounge
Principle Solicitor on behalf of Thurrock
27/02/2024

Co-production is enshrined within legislative guidance (Care Act 2014) 'Local authorities should, where possible, actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community'. It is a key theme throughout statutory guidance – including Market Shaping and Development.

Co-production is a key element of the regulatory framework for Adult Social Care – which will be assessed through the Care Quality Commission's assessment framework and associated key lines of enquiry.

It is an important aspect of ensuring inclusion and active participation in the service provision for service users including vulnerable adults and their friends and relatives.

The report is for the Committee to note. There are no legal implications that require addressing.

7.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**
Community Engagement and Project Monitoring Officer
20/02/24

Co-production ensures that how resources are used are aligned to community and individual priorities. This means developing strategy that is reflected of Thurrock's diverse communities and that is sufficiently flexible to deliver to different requirements.

Plans to develop shift greater power to local communities as explained within the body of this report will enable the way that resources are used and prioritised to be further nuanced – reflecting differences between geographical areas as well as enabling communities themselves to take responsibility for decision-making and service delivery.

7.4 Risks

Co-production is key to the ability to utilise resources to best effect and achieve the best outcomes for individuals. The risk of not taking forward improvements in co-production is that resources are not spent as effectively or efficiently as they could be, demand is higher than it needs to be and therefore costs are not as controlled as they could be.

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

Co-production can help to reduce health inequalities by ensuring that resource is tailored to the priorities of communities and individuals in a way that is equitable to all. Understanding what matters to communities and individuals ensures that resource is used to target the right areas and deliver the right outcomes.

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):

- Better Care Together Thurrock Integrated Care Strategy – [Case for further change, 2022-2026 | Health and well-being strategy | Thurrock Council](#)

9. **Appendices to the report**

- None

Report Author:

Ceri Armstrong

Head of ASC Transformation and Commissioning

Adult Social Care and Community Development

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**Health and Wellbeing Overview & Scrutiny Committee
Work Programme
2023/2024**

Dates of Meetings: 19 July 2023, 31 August 2023, 2 November 2023, 11 January 2024, 7 March 2024

Topic	Lead Officer	Requested by Officer/Member
19 July 2023		
Integrated Medical Centres Update (PowerPoint)	Aleksandra Mecan	Members
Terms of Reference	Democratic Services	Officers
ICB Community MSK and Pain Service	Tina Starling (NHS Report)	Officers
Direct Payment Support Services	Ian Kennard	Officers
Verbal CQC report on Basildon Hospital	NHS	Members
Work Programme	Democratic Services	Officers
31 August 2023		
2022/23 Annual Complaints and Representations Report – Adult Social Care	Lee Henley	Officers
Safeguarding Adult Board – Three Year Strategic Plan	Jim Nicolson	Officers
Tobacco Control Strategy	Jo Broadbent	Officers
Agree Working Group Terms of Reference	Democratic Services	Members
Updates from Mid and South Essex Trust	Fiona Ryan	Members
Healthwatch	Kim James	Members
Work Programme	Democratic Services	Officers

2 November 2023

Thurrock Safeguarding Adults Board Annual Report 2022/23	Jim Nicolson	Officers
General Practice Patient Survey 2023	Jo Broadbent	Members
HealthWatch	Kim James	Members
Updates from Mid and South Essex NHS Foundation Trust	NHS Report	Members
Phlebotomy Update	NHS Report	Officers
Work Programme	Democratic Services	Officers

11 January 2024

Integrated Medical Centres Update Report	Aleksandra Mecan (NHS Report)	Members
The Mid and South Essex Primary Care Access Recovery Plan	NHS Report	Officers
EPUT Update	Paul Scott and Alex Green (NHS Report)	Members
Commissioning Report - Domiciliary Care	Sarah Turner	Officers
Updates from Mid and South Essex Trust	Fiona Ryan (NHS Report)	Members
HealthWatch	Kim James	Members
Work Programme	Democratic Services	Officers

7 March 2024

Report of the Cabinet Member for Health, Adult Social Care, Community and Public Protection	Cllr Coxshall	Members
Updates from Mid and South Essex Trust	Fiona Ryan	Members
Dentistry	Tbc	Members

Advocacy to include Healthwatch	Tbc	Members
Review and development of co-production and co-design'	Ceri Armstrong	Members
Work Programme	Democratic Services	Officers
Briefing Notes		

Working Groups

1. Mental Health Services
2. Healthy Living

Items to be included or plans for 2024/25 Work Programme:

1. Community Musculoskeletal (MSK) and Pain service Community Musculoskeletal (MSK)

Clerk: Jenny Shade

Last Updated: August 2023

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