

Improve the Quality of Health and Social Care				
Objective	Where do we want to be (3 year ambition)	Action 14/15	Lead	Deadline
Improve the Quality of Primary Care	<ul style="list-style-type: none"> • Primary Care services that are sustainable in to the future; • Providing consistent, accessible and good quality information and advice; • Good intelligence gathering systems; • Provision of consistent primary care delivery and quality; • Increased numbers of integrated care pathways and joint areas of work; • Individuals better able to manage their health conditions – in particular long-term conditions; • Adequate numbers of GPs in all areas of the Borough; • All GP practices score on or above the EoE average for patient satisfaction – including access; • Consistency of clinical quality – disease registers, diagnoses, immunisation, screening; • Increased focus on early intervention; 	Finalise Primary Care Strategy	Sara Lingard	TBC
		Develop Primary Care Strategy Implementation Plans	Sara Lingard	TBC
		Develop role of Accountable Professional (over 75s)	Phillip Clark	Commence May 2014
		Development of Primary Care Federation Model	Phillip Clark	Commence May 2014
		Develop 7-day access to services – including dental and pharmacy	Sara Lingard/ Mandy Ansell	Proposals to be developed by July 2014
		Identify Thurrock priorities for the Essex Primary Care Strategy	Mandy Ansell	July 2014
		Undertake re-commissioning of Thurrock Health Centre and Walk-In Service	Mandy Ansell/ Sara Lingard	April – December 2014
		Implementation of QA framework for Primary Care – including local quality mark for general practice	Ian Stidston	TBC

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	<ul style="list-style-type: none"> • Reduction in unplanned admissions; • GPs provided with greater options; • Access to good quality health care equitable – e.g. ‘hard to reach’ 			
Improve the Quality of Secondary Care	<ul style="list-style-type: none"> • Greater provision of secondary care services in a community setting; • Consistently meeting CQC standards of care; • Improving particular areas of concern related to the quality of care: <ul style="list-style-type: none"> • Paediatric Service; • Medicine Management; • Accident and Emergency; and • Mortality Data. • Innovative solutions to delivering savings whilst maintaining quality of care; • Improvements embedded and sustained; • BTUH enjoys a good reputation from professionals and patients; and 	BTUH were rated ‘good’ by regulator CQC and taken out of ‘special measures’. The action is to maintain focus on improvement – including review findings of CQC/Keogh Report, with further monitoring of any actions being taken through the Clinical Quality Review Group (attended by Executive Nurse)	Jane Foster-Taylor via Clinical Quality Review Group	On-going
		Special focus on cancer pathways (due to breach of 18 week target) – review pathways and develop action plan	Mandy Ansell	March 2015
		Identify how A&E 4 hour wait can be maintained	Mandy Ansell	On-going
		Full compliance of referral to treatment target (18 weeks) by end quarter 2	Mandy Ansell	October 2014

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	<ul style="list-style-type: none"> Improved early warning systems. 			
Improve the Quality of Residential and Community Care	<ul style="list-style-type: none"> Provision of a diverse selection of residential and community care services available to residents; Preventative services that are accessed in local communities and enable the individual to remain independent and manage their own care; People remaining independent for longer and accessing public funded services much later – if at all. As part of this, supporting residents to take control of their care and support needs and assisting them to make informed decisions; Less demand for high-level public funded/commissioned services and those that do exist re-modelled to meet the needs of people with very high and complex levels of need; No contractual default action being taken against providers as performance is of consistent 	Continue to develop integrated approaches between health and social care – e.g. undertake joint monitoring visits as appropriate	Louise Brosnan Jane Foster-Taylor	On-going
		Work in partnership with providers to maintain the quality of care delivered	Louise Brosnan	On-going
		Further development of skills-based work academy to encourage more people in to the care profession	Louise Brosnan	Roll out with all domiciliary care providers by March 15
		Implementation of Workforce Plan for Commissioned Services	Louise Brosnan	Consultation to be carried out July 14

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	<p>satisfactory performance levels;</p> <ul style="list-style-type: none"> • Well-trained residential and community care workforce meeting the needs of the Thurrock community; • Full use of support available to recruit, develop and retain the workforce – including National Minimum Data Set (NMDS-SC); • The recently published Winterbourne report will act as a prompt to ensure our contract compliance processes are rigorous and fully implemented; • Vulnerable people, particularly those with Learning Disabilities and Autism, receive safe, appropriate high quality care; and <p>Service are local and people remain in their communities.</p>			
Improve the Quality of Care across the whole system pathway	<ul style="list-style-type: none"> • Effective monitoring of quality and strengthening of data sharing to ensure appropriate action taken – including across partners (e.g. via Quality Surveillance Group); • Rapid Response and Assessment Service with 	Continued attendance at regional Quality Surveillance Group and information sharing meetings	Jane Foster-Taylor Louise Brosnan	On-going
		Implementation of new Adult Safeguarding Board requirements (Care Act 2014)	Fran Leddra	March 15
		Development of frailty pathway	Phillip Clark	September

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	<p>extended hours of provision to meet demand – this will be a priority for the joint reablement funding;</p> <ul style="list-style-type: none"> • Stronger focus on telecare and telehealth solutions across health and social care, across children's and adults that manages conditions, keeps people safe, offers choice and control, and keeps more people in their own homes – this will be a priority for the joint reablement funding; • Skilled, effective and trained workforce able to respond to meet reablement needs of the community; and • All residents receive equitable and accessible care services across health and social care, including those residents who are most vulnerable or at most risk of being excluded – e.g. learning disabled, transient communities. 			14
		Implementation of Accountable Professional	Phillip Clark	TBC
		Development of Primary Care Federation Model	Phillip Clark	TBC
		Improve the number of people recorded as 'end of life' and achieving place of death – including extending end of life pathway in to social care	Jane Foster-Taylor	March 15
		Delivery of 7-day access to services across health and social care	Mandy Ansell/Tania Sitch/ Sara Lingard	TBC
		Implementation of Rapid Response and Assessment Service review recommendations – including expanding RRAS to provide care for 72 hours	Tania Sitch	Throughout 14/15
		Increase interim bed capacity (via Collins House)	Tania Sitch	Bid for additional funding to support growth in capacity
		The Health and Social Care	Roger Harris/	Throughout

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		Transformation Programme will in part focus on improving the quality of care across the whole system pathway. This work will be taken forward through the Programme's Whole System Redesign Project Group. The Group's focus during 14/15 will be to identify what will be reviewed, the review process, and commence reviews. It is unlikely that reviews will have been completed or implemented prior to March 15.	Mandy Ansell	14/15

Strengthen the mental health and emotional wellbeing of people in Thurrock				
Objective	Where do we want to be (3 year ambition)	Action 14/15	Lead	Deadline
People have good mental health	New model of service developed that ensures the following outcomes: <ul style="list-style-type: none"> • People have good mental health 	Work with the provider SEPT to embed the new model of working through the revised section 75 agreement	Catherine	Model to be implemented from 15 th August
People with mental health problems recover	<ul style="list-style-type: none"> • People with mental health problems recover • People with mental health problems have good physical 	Explore the option of commissioning a recovery college for Thurrock jointly between the CCG and Council	Catherine	Options explored by October 14

<p>People with mental health problems achieve the best quality of life</p>	<p>health and people with physical health problems have good mental health; and</p> <ul style="list-style-type: none"> • People with mental health problems achieve the best quality of life 	<p>Support the implementation of personal health budgets to enable people to have much more choice and control.</p>	<p>Catherine/ Jane Foster-Taylor</p>	<p>April 2015</p>
	<p>A model of service that incorporates the following principles of integrated working:</p> <ul style="list-style-type: none"> • Local Area Coordination will facilitate easier access and appropriate support for vulnerable people. • Mental Health Commissioning will be for a whole-system approach not just specialist mental health services; • Strategic leadership of a jointly agreed outcomes framework; • Informed by service user-needs at population and locality level; • Commissioning of service through best-value principles including integrating commissioning support resources and shared information; • Driving up performance and delivering improved mental health outcomes; 	<p>Begin the redesign of commissioning to support an integrated health and social care whole system approach</p>	<p>Catherine</p>	<p>New model of commissioning by April 15</p>
		<p>Mental health forum and partnership groups to be consulted and inform developments in whole system commissioning – including strength-based approaches</p>	<p>Catherine</p>	<p>Embed process of engagement in service development and commissioning decisions by April 15</p>
		<p>Training and updating of commissioners' skill based to take place through 14/15 through a programme of events to support integration, reduce fragmentation, and increase market development skills. We will also focus this year on increasing the more locally-based individual skills to support service users to commission a local community-based response to need.</p>	<p>Catherine</p>	<p>Throughout the year – April 15</p>

	<p>addresses the specific issues of age transition and LD/CAMHS/Substance Misuse</p> <ul style="list-style-type: none"> • Commissioning which reduces fragmentation by age and allows for services to be delivered effectively to children and adults with complex needs; • Commissioning with workforce skills fit for the future – including enhanced business and market analysis skills, provider negotiating skills; and • Integrated commissioning for individuals through a jointly contracted assessment service or strengthened management of commissioning for individual care. • Improve our ability to provide alternatives that keep people from requiring acute-sector interventions – e.g. management of condition prior to an individual reaching crisis. This includes the increased ability to provide supported-living options and early intervention. • Dual Diagnosis services exist for those with sever and 	<p>Work to begin on the mental health pathway for individuals with a range of mental health issues – to be supported by personal health budgets and the recovery college proposals</p>	Catherine	Throughout the year – April 15
		<p>Examine how information, advice and guidance are made available locally for people.</p>	Catherine	April 15
		<p>Implementation of the CAMHS Strategy through the procurement of a new model of service to support the emotional wellbeing of children and young people.</p>	Paula McCullough	November 2015

	<p>enduring mental health issues but a more comprehensive pathway is needed to include those with less intensive mental health needs</p> <ul style="list-style-type: none">• All referrals including children and young people and families know where they can get support with whatever level of emotional wellbeing need they may have and understand the basic nature of the services on offer in the area (including specialist support).• Children, young people and families make positive health choices to support their emotional well being;• The delivery of these services contributes to the mental health and wellbeing of children and young people in schools and as a result supports their educational attainment and attendance.• Children and young people with both a learning disability and a mental health disorder have access to appropriate child and adolescent emotional wellbeing and mental health services.• All relevant professionals are			
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	fully trained in early identification of mental health issues and low emotional wellbeing, so that situations can be prevented from deterioration.			
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Improve our response to the frail elderly and people with dementia				
Objective	Where do we want to be (3 year ambition)	Action 14/15	Lead	Deadline
Early diagnosis and support for people living with dementia	Encourage help-seeking and create a dementia-friendly community that knows how to help Increase diagnosis rates through memory clinics (SEPT) Development of an effective, trained and skilled workforce	Increase early recognition and onward referral for dementia – with achievement of national target	Irene Lewsey	Action plan in place by June 14 Achievement of target by September 14
		Development of Dementia Action Alliance	Sarah Turner	Alzheimers Society worker in place July 14 Action Alliance developed by December 14
		Improve end of life awareness for social work staff, in particular with regard to dementia – staff to be given training to encourage people to plan early for end of life.	Bill Clayton / Sarah Turner	On-going throughout 14/15

<p>Make Thurrock a great place in which to grow older</p>	Continued delivery of Building Positive Futures Programme – as detailed below:			
	<p>In response to these challenges, Thurrock Council has developed a vision for promoting the independence, health and well-being of older adults.</p> <p>Building Positive Futures comprises three major elements which, combined will make Thurrock a great place in which to grow older:</p> <ul style="list-style-type: none"> ▪ Creating the communities that support health and well-being ▪ Creating the homes and neighbourhoods that support independence (Les/Barbara Brownlee) ▪ Creating the social care and health infrastructure to manage demand (Les, Tania, Michelle Stapleton) 	<p>Implementation of new service model for sheltered housing – to ensure consistency across the service offer.</p>	<p>Dermot Moloney</p>	<p>Proposals to be considered by Overview and Scrutiny July 14 – then further milestones to be confirmed dependent upon O&S comments</p>
	<p>Thurrock in the future will consist of communities that support health and well-being – achieved through an Asset Based Community Development approach. The achievement of this approach will result in:</p> <ul style="list-style-type: none"> • More people live longer, healthy, independent lives – 	<p>Continued influence of developments to HAPPI standard An initial approach has already been made by a developer who is keen to incorporate the HAPPI standard in his proposed development design.</p>	<p>Les Billingham</p>	<p>Case by case basis and via Planning and Housing Advisory Group Meetings</p>
		<p>Establishment and development of Housing and Planning Advisory Group to provide advice on health and wellbeing issues relating to proposed new major development applications that are submitted to the Council.</p>	<p>Les Billingham</p>	<p>Applications to be influenced via monthly meetings of the Housing and Planning Advisory Group</p>
		<p>Completion of Derry Avenue Scheme</p>	<p>Barbara Brownlee</p>	<p>Start date September 14</p>

	only requiring limited periods of intensive support (hospital/nursing/residential care) as a result of;			Completion date 61 weeks +/- 5 weeks
Creating communities that support health and wellbeing	a medical emergency such as a heart attack or stroke; end of life care;	Local Area Coordination initiative to be expanded to ensure borough-wide coverage – four LACs already in place. Funding secured for recruitment of 5 more co-ordinators and a LAC manager.	Tania Sitch	September 14
	<ul style="list-style-type: none"> • More people live with compressed morbidity rates (i.e. living longer, free from disease/infirmity for a longer period); • More people with dementia feel supported and secure in their own communities; • Fewer people prematurely move into residential care or languish in acute medical settings as a result of common and avoidable/treatable conditions such as falls, or incontinence; • Fewer people in old age report depression and loneliness; • Fewer people with dementia withdraw from everyday activities and outside contacts because they no longer feel confident. 	Delivery of more Community Hubs (as part of Stronger Together Programme): Chadwell (opened May 14) Aveley and Tilbury Hubs in progress Along with recruitment of 2 community builders	Natalie Warren	On-going
	Significantly changing the experience of residential care to one that supports service users to	Ongoing training with social work team on how to apply a strength-based approaches – training already help for the commissioning team using Community Catalyst in order to deliver the Market Position Statement	Les Billingham	Training sessions throughout 14/15
		Development of micro enterprises – small scale initiatives to help foster community connections by	Catherine Wilson and Sue Williams	Throughout 14/15

	remain in control and encourages independence	offering locally run services and activities for older and vulnerable people.		
Creating the social care and health infrastructure to manage demand		<p>This objective will be achieved through the development and delivery of the Health and Social Care Transformation Programme. The work of the Programme includes the following specific work streams:</p> <ul style="list-style-type: none"> • Care Act Implementation; • Pooled Fund Arrangements (Section 75 Agreement); • Whole System Redesign; and • Realising Short-Term Efficiencies. <p>The Board will receive regular updates in relation to progress and decisions to be made as part of the Programme's governance arrangements.</p> <p>The key deliverables for 14/15 are as follows:</p> <ul style="list-style-type: none"> • Delivery of Care Act requirements that come in to force from April 2015; • Identify size of pooled fund for 15/16 and programme of 	Roger Harris/ Mandy Ansell	Through the development of the Health and Social Care Transformation Programme

		redesign work to be carried out during 15/16; <ul style="list-style-type: none"> • Establish Section 75 pooled fund agreement; • Identification of schemes for 15/16 as part of BCF; • Implement the results of service/provider reviews during 14/15 to release necessary efficiencies/savings for 15/16 		
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Improve the physical health and well-being of people in Thurrock				
Objective	Where do we want to be (3 year ambition)	Action 14/15	Lead	Deadline
Reduce the prevalence of smoking in Thurrock	<p>Preventing young people from starting smoking</p> <p>A range of options to motivate and encourage current smokers to stop – particularly in areas where smoking is most prevalent</p> <p>Protect families and communities from the harm caused by smoking</p> <p>http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_111789.pdf</p>	Expand the development of preventative programmes within the 14/15 service specification. Work with the provider to deliver a Peer-Led prevention programme (e.g. ASSIST) as described in NICE guidance.	Kevin Malone	August 14

	compliant with legislation around 'point of sale' ban and working with partners to eradicate counterfeit and illicit tobacco sales	Review E-cigarettes in terms of Harm Reduction for smokers, summarising Thurrock's position following pilot scheme in partnership with ASH to develop a policy.	Kevin Malone	September 14
		Develop an engagement and communications plan for 14/15 to include all stakeholders – internal and external, GPs, Schools etc.	Kevin Malone	September 14
		Expand the development of preventative programmes within the 14/15 service specification. Work with the provider to deliver a Peer-Led prevention programme (e.g. ASSIST) as described in NICE guidance.	Kevin Malone	March 2015
Reduce the prevalence of obesity in Thurrock	<p>Halt the rise in adult and childhood obesity and promote a downward trend in obese adults and children by:</p> <ul style="list-style-type: none"> • Empowering individuals to make healthy affordable choices • Delivering a 'whole systems approach' which is integrated across partnerships and departments – • Development of good practice – based on evidence of what works • Commissioning a variety of 	Develop a greater understanding of community needs across our local areas, offering more localised provisions at a community level by the development of pilot projects to inform the commissioning of a revised service model for children's and adult obesity in response to engagement with Healthy weight workshop of 2013.	Beth Capps	June – September 14

	<p>interventions to support individuals and communities to make better lifestyle choices and to achieve a healthy weight</p> <ul style="list-style-type: none"> • Develop and promote a better sporting and leisure infrastructure which encourages and increase in physical activity 			Dec 2014
		Drive the strategic delivery plan from the healthy weight strategy including developing a pathway across tiers 1-4 linking in with partners (CCG etc)	Beth Capps	March 15
		Engage with volunteers to deliver healthy cooking courses in childrens centres to expand on Eat Better Start Better (EBSB)	Beth Capps	August 2014
		Deliver the 'Beat the Street' project to activate the community in thurrock with a particular focus on children and the most inactive adults. Full evaluation and sustainability plan in place.	Beth Capps	Nov 2014