

<b>Priority</b>	<b>Improve the Quality of Health and Social Care</b>
<b>Objective</b>	<b>Improve the Quality of Primary Care</b>

<b>Deliverable/Activity</b>	<b>Deadline</b>	<b>Lead</b>	<b>Update/Progress</b>	<b>Rating (RAG)</b>
Development of Essex Primary Care Strategy	July 2013 October 2013	Carolyn Larsen	Timescales regarding the development of the Primary Care Strategy have been revised. A draft Strategy is now expected in October. November Health and Wellbeing Board.	G
Development of quality mark for general practice	March 2014	Ian Stidston	NHS England has developed a GP high level report across 38 indicators for each practice. This was launched internally this month and will be used in conjunction with patient experience surveys to assess practices over the next five months and agree which practices are eligible for a 'quality mark'. This mark is still on track for development by March 2014.	G
Joint Integrated Reablement Service 'meeting moderate needs' scoping paper	September 2013	Allison Hall	Scoping paper complete but work underway to identify the impact of applying moderate needs to the reablement service. A Joint Reablement Team action plan has been put in place to ensure that the team are achieving anticipated objectives. Work on the impact of meeting moderate needs will be part of phase 2.	A
<i>Identify impact of meeting moderate needs for reablement service</i>	<i>January 2014</i>	<i>Allison Hall</i>	<i>New action</i>	<i>N/A</i>
Service review of Joint	March 2014	Allison Hall	Review taking place as part of developing a	G

<b>Deliverable/Activity</b>	<b>Deadline</b>	<b>Lead</b>	<b>Update/Progress</b>	<b>Rating (RAG)</b>
Integrated Reablement Service			business case for both the JRS and RRAS team. Part of this work will include reviewing and evaluating all intermediate care services. This is expected to be available by September.	
Development of Joint Commissioning Intentions	April 2013	Mandy Ansell/ Roger Harris	Developed as part of the CCG Integrated Plan.	G
Implementation of Joint Commissioning Intentions	March 2014	Mandy Ansell/ Roger Harris	Being implemented as part of the Integrated Plan.	
<del>South Essex Health Improvement Implementation Plan (improve access to services for people with LD)</del> Improve access to services for people with Learning Disabilities.	June 2013	Catherine Wilson/ Jane Foster-Taylor	This action relates to ensuring the infrastructure is in place for learning disabled people to be able to access mainstream services and achieve equality of opportunity. Initially, this will be achieved through the application of the LD health check. To date, the number of LD health checks carried out has been low, and actions to improve the number of LD people who have a health check are being put in place. A review of community nurse capacity will also be carried out during 2014/15.	R

### Supporting Indicators/Measures

<b>Indicator/Measure</b>	<b>Performance Update</b>	<b>Rating (RAG)</b>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
Number of practices identified through the NHS England Primary Medical Services	6 practices across Essex – includes one Thurrock practice		Targeted visits to take place and action plan developed with the respective practice and monitored by NHS England	Carolyn Larsen	Visits to each of 6 practices taking

Indicator/Measure	Performance Update	Rating (RAG)	Action	Lead	Deadline
Assurance Framework as being an outlier on 5 or more outcome measures			Essex Area Team.		place during Q3 by AT Executive team
Practices in bottom 10% of the country for access to services	Latest national survey data came out in June 2013 but not yet provided in format to identify bottom 10%		Access is one of a number of KPIs by which primary medical service providers performance is measured in line with national NHS England assurance framework	Locality Contract Managers	31.3.14
Overall patient experience	See above comments		As above	As above	As above
Increase in number of practices signed up to LD health checks	2012/13 – 65% of practices signed up to undertake the health checks  2013/14 – 59% of practices are currently signed up to undertake the health checks	<b>R</b>	Alternative being developed for those practices who have not signed up to delivering health checks to ensure that everyone who is entitled to have a health check is able to have one.	Carolyn Larsen	
Increase in % of total number of LD health checks completed as a total each year	2012/13 – 167 health checks were delivered	<b>R</b>	As above. Continued focus through the CCG and Health and Wellbeing Board.	Carolyn Larsen	

<b>Priority</b>	<b>Improve the Quality of Health and Social Care</b>
<b>Objective</b>	<b>Improve the Quality of Secondary Care</b>

<b>Deliverable/Activity</b>	<b>Deadline</b>	<b>Lead</b>	<b>Update/Progress</b>	<b>Rating (RAG)</b>
Completion of Internal Governance Review of Hospital and implementation of recommendations	End of August	Clare Panniker	<p>Governance review complete. Internal Quality Assurance team have carried out inspections using the CQC outcome framework.</p> <p>The trust has also commenced its Quality Governance review which the final report will be going to the October Board of Directors and will be sent to Monitor by the end of October</p>	
Implement CQC recommendations (21 <sup>st</sup> January visit)	August 13th	Clare Panniker	<p>Compliance with Outcome 10. Warning notice in place against Outcome 16 – Assessing and monitoring the quality of service provision. Completion date is 13<sup>th</sup> August. Two minor concerns remain against: Outcome 4 – Care and welfare of people who use the service; and Outcome 8 – Infection prevention and control.</p> <p>A significant amount of work has been undertaken with all outstanding areas of non compliance. An external review has been</p>	

Deliverable/Activity	Deadline	Lead	Update/Progress	Rating (RAG)
			carried out as per the Keogh action plan, for Infection Control, in particular to review the actions we are currently taking	
<p>Completion of external reviews against areas of concern and development and implementation of related action plans:</p> <ul style="list-style-type: none"> <li>• Medicines Management</li> <li>• Paediatrics</li> <li>• Accident and Emergency</li> <li>• Mortality</li> </ul>	?	Clare Panniker	<p>All reviews complete. Action plans in place related to improvements highlighted within reviews.</p> <p>BTUH has a number (21) of action plans in place relating to various improvement plans. A group has been established to monitor progress against all action plans. Thurrock CCG's Executive Nurse will be part of the group.</p> <p>Keogh Review implementation group has been established. The action plan was presented to the BTUH July Board of Directors meeting and incorporates improvement activity identified by the Keogh Review. Delivery of actions and measurement of improvements will be monitored by the BTUH Board of Directors.</p>	
<p>Agree and implement CCG involvement and oversight of reviews through clinical leads</p> <ul style="list-style-type: none"> <li>• Mortality – Jane Foster-Taylor</li> <li>• Paediatric – Henry Okoi</li> <li>• A&amp;E – Anil Kalil</li> <li>• Medicines Management –</li> </ul>		Mandy Ansell	<p>Clinical leads in place. Executive Nurse to sit on the Hospital's Keogh Review Implementation Group.</p>	G

<b>Deliverable/Activity</b>	<b>Deadline</b>	<b>Lead</b>	<b>Update/Progress</b>	<b>Rating (RAG)</b>
Raymond Arhem				
Undertake scrutiny activity to ensure improvements are delivered and sustained at the Hospital	On-going	Health and Wellbeing Board/ Overview and Scrutiny Committee	Regular attendance of BTUH Chief Executive and Board members at HWBB and Health and Wellbeing Overview and Scrutiny Committees. HealthWatch about to commence enter and view visits at the Hospital to gauge patient opinion.	G

### Supporting Indicators/Measures

<b>Indicator/Measure</b>	<b>Performance Update (by exception)</b>	<b>Rating (RAG)</b>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
Patient Safety Thermometer	Four high volume patient safety issues: pressure ulcers (above national average), falls in care (above national average), urinary infections (in patients with catheters) above national average, and treatment for venous embolism (below national average). The data is currently at odds with internal data – which is considered more robust.	N/A	Trust need to understand why the data in-house is different, and validation of the data continues. As part of the Keogh Review, prioritised quality and safety action plan – including reducing falls. A new falls nurse is due to start and anti-fall initiatives are being put in place.	BTUH Clinical Quality Review Group	Monthly Meetings
Infection Control	C-Diff. cases are within trajectory. MRSA bacteraemia – awaiting the findings of the post-infection review.		CQC Outcome 8 (Infection Control) pending.	BTUH Clinical Quality Review Group	Monthly Meetings

Indicator/Measure	Performance Update (by exception)	Rating (RAG)	Action	Lead	Deadline
Never Events	We are aware of clinical scrutiny concerning clinical 'never events' at BTUH.		Trust action plans are in place for all serious incidents including 'never' events.	BTUH Clinical Quality Review Group	Monthly Meetings
Patient Experience: <ul style="list-style-type: none"> <li>• Complaints</li> <li>• Patient surveys</li> </ul>	Patient satisfaction has been 'red rated' for April, May and June. (BTUH Board Report) Complaints rated 'green' for the first time in six months.		Real-time patient experience system (Hospedia) installed. Trust-wide patient experience lead started in July. Patient stories to be actively used – e.g. as part of Quality and Patient Safety Committee HealthWatch to conduct enter and view visit to gauge patient experience. PALS department is moving to the front of the Hospital to improve access.	Monitored via BTUH Clinical Quality Review Group	Monthly Meetings
Organisation <ul style="list-style-type: none"> <li>• Governance</li> <li>• Workforce</li> </ul>	BTUH Board paper: Monitor issued licence conditions in April 2013 in relation to: Mortality, Urgent Care, Paediatrics, and Governance and Turnaround. The plan for mortality was submitted in line with agreed timescales. The Plan for governance was due to be submitted at the end of July.		BTUH Board paper states that some projects lack clear milestones, but that this will be rectified. Thurrock CCG Executive Nurse will attend the new action plan monitoring group – bringing the monitoring for the Hospital's numerous action plans in one place.	Keogh Review Work Stream – Action Monitoring Group	TBC

Indicator/Measure	Performance Update (by exception)	Rating (RAG)	Action	Lead	Deadline
	Staff vacancies for May and June have risen above the vacancy ceiling.				

### Emerging issues and/or concerns

- Maternity capacity in secondary care – currently work being carried out to assess future maternity capacity based on projected births.
- Sickle Cell – a local acute solution has now been established at Basildon Hospital. This means that those with sickle cell who have to use London hospitals can now be repatriated back to BTUH. A community solution is not yet in place and is not seen as a universal provision. Cost benefit analysis is being carried out on the possibility of providing a paediatric nurse – which will reduce the number of emergency admissions.
- Post-Keogh – Professor Mike Richards will be carrying out a number of inspections at those hospitals deemed ‘high risk’. Queen’s Hospital in Romford is one of the hospitals to be inspected next. Barts and also Dartford and Gravesham hospitals are to be inspected.

<b>Priority</b>	<b>Improve the Quality of Health and Social Care</b>
<b>Objective</b>	<b>Improve the Quality of Residential and Community Care</b>

Deliverable/Activity	Deadline	Lead	Update/Progress	Rating (RAG)
Development of a Market Position Statement	June 2013 October 2013	Josephine Winstone Christopher Smith	The milestone has been reviewed and this piece of work will now be in final draft in October 2013.	G
Review of findings of Winterbourne View Report in	December 2013	Catherine Wilson	South Essex Winterbourne Strategy Group has been meeting since December 2012. Thurrock	G



<b>Deliverable/Activity</b>	<b>Deadline</b>	<b>Lead</b>	<b>Update/Progress</b>	<b>Rating (RAG)</b>
partnership with CCG and providers and development of action plan			has two people identified for review and this has been carried out jointly between the Council and CCG. Concerns have been raised about the costs associated with five individuals who currently have their care covered by the Specialist Commissioning Group – but will transfer across to the CCG and Council.	
Comprehensive list of people with LD, Autism, and Challenging Behaviour in assessment or treatment, or living in secure settings	April 2013	Catherine Wilson	Complete	G
All those identified (as per above action) reviewed	June 2013	Catherine Wilson	Complete 7 people identified. 2 of the 7 are to have reablement plans. The remaining 5 are currently in care placements commissioned by the specialist commissioning team. Commissioning responsibilities are likely to be passed to the Council and CCG.	G
Review and ensure, as commissioners, the development and implementation of a clear plan to support the training and development of staff external to the Council (including Personal Assistants)	September 2013	Josephine Winstone Louise Brosnan	Event held on the 26 <sup>th</sup> July with all private, voluntary and independent sector providers to identify training needs. A training programme is being developed in response to this event and will be circulated to providers for comment in October. Programme will be rolled out from April 2014.	G
Establish joint monitoring group across Health and Social Care	April 2013	Jane Foster-Taylor/	Complete – local meetings have been established with joint monitoring visits taking	G

<b>Deliverable/Activity</b>	<b>Deadline</b>	<b>Lead</b>	<b>Update/Progress</b>	<b>Rating (RAG)</b>
to share early concerns		Josephine Winstone Louise Brosnan	place between social care and the CCG when there are concerns.	

### Supporting Indicators/Measures

<b>Indicator/Measure</b>	<b>Performance Update</b>	<b>Rating (RAG)</b>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
% of safeguarding alerts substantiated for residential or home care setting	This indicator is being developed and will be reported on a twice yearly basis.	N/A	One setting identified as a concern as a result of safeguarding alerts. Contracts Team have worked closely with the safeguarding team to identify and take necessary action. Joint reviews between CCG and Council are being carried out.	Louise Brosnan	N/A
% of complaints received upheld/partially upheld (Care Provider)	50% (3 out of 6) of complaints received for May and June were upheld or partially upheld.	R	Learning logs are identified for providers who have received substantiated complaints. The logs detail actions for the provider which are then monitored by the contract monitoring team. Complaints are also a standing item on the quarterly provider meetings.	Louise Brosnan	N/A

Indicator/Measure	Performance Update	Rating (RAG)	Action	Lead	Deadline
% overall satisfaction rate (those that stated they thought the service was 'very good' or 'good' – Home Care	90.3% of those surveyed in quarter 1.	G	N/A	Louise Brosnan	N/A
Exception reporting from Executive Nurse Quality Report for Community Services – e.g. falls, safeguarding, ulcers etc.	No current issues.	G	Announced and unannounced visits are being carried out at community settings. Issues are raised via the Quality Surveillance Group and local quality monitoring group. Many of the visits are joint.	Jane Foster-Taylor	N/A

<b>Priority</b>	<b>Improve the Quality of Health and Social Care</b>
<b>Objective</b>	<b>Improve the Quality of Care across the whole system pathway</b>

Deliverable/Activity	Deadline	Lead	Update/Progress	Rating (RAG)
Shift use of community beds to 'step up' to support avoidable admissions, and the work of the RRAS and unplanned care work stream for the frail elderly and long-term conditions	On-going	Mandy Ansell	This has proved successful to date. Multi-Disciplinary Teams are to work with homes and in the community to support admission avoidance.	G
GP Clinical Leads assigned – including quality and patient safety	April 2013	Mandy Ansell	All GP clinical leads have been assigned.	G
Joint Integrated Reablement	September 2013	Allison Hall	Scoping paper complete but work underway to	A

<b>Deliverable/Activity</b>	<b>Deadline</b>	<b>Lead</b>	<b>Update/Progress</b>	<b>Rating (RAG)</b>
Service 'meeting moderate needs' scoping paper			identify the impact of applying moderate needs to the reablement service. A Joint Reablement Team action plan has been put in place to ensure that the team are achieving anticipated objectives. Work on the impact of meeting moderate needs will be part of phase 2.	
Service Review of Joint Integrated Reablement Service	March 2014	Allison Hall	Review taking place as part of developing a business case for both the JRS and RRAS team. Part of this work will include reviewing and evaluating all intermediate care services. This is expected to be available by September.	G
<i>Identify impact of meeting moderate needs for reablement service</i>	<i>January 2014</i>	<i>Allison Hall</i>	<i>New action</i>	<i>N/A</i>
In response to service review, jointly develop Rapid Response and Assessment Service – including deciding how the model will be financed and commissioned	March 2014	Allison Hall/ Phillip Clarke	This will take place as part of the business case being developed for RRAS and JRT. The business case will be available in September.	G
Align telecare and telehealth to RRAS and Joint Reablement	March 2014	Allison Hall/ Phillip Clarke	Staff are being trained to consider telecare options as part of service user assessments.	

### Supporting Indicators/Measures

<b>Indicator/Measure</b>	<b>Performance Update</b>	<b>Rating (RAG)</b>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
Proportion of older	84.95% for q1 against target of	G	Hospital Social Work Team,	Tania Sitch	N/A

Health and Wellbeing Board Performance Report

Indicator/Measure	Performance Update	Rating (RAG)	Action	Lead	Deadline
people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	90% Our performance resulted in us being one of the top performers in the NASCIS reporting against our comparator group. Pressure on this indicator's good performance may occur the more successful we are at discharging people in to reablement, which may result in capacity issues.		Rapid Response and Assessment Team, and Joint Reablement Team in place and driving this agenda.		
% of individuals who were admitted to hospital within 28 days of completion of RRAS involvement	In development	N/A	As above.	Tania Sitch	N/A

<b>Priority</b>	<b>Strengthen the mental health and emotional wellbeing of people in Thurrock</b>
<b>Objective(s)</b>	<b>People have good mental health</b> <b>People with mental health recover</b> <b>People with mental health problems have good physical health and people with physical health problems have good mental health</b> <b>People with mental health problems achieve the best quality of life</b>

<b>Deliverable/Activity</b>	<b>Deadline</b>	<b>Lead</b>	<b>Update/Progress</b>	<b>Rating (RAG)</b>
Pilot Step 1 – increased support to GPs and primary health care	April-September 2013	Catherine Wilson	Working group to develop the Gateway to Mental Health Services has been established. Pathway to have been developed by September.	A
Design pilot for the Gateway	September – March 2014	Catherine Wilson	Pathway to have been designed by September.	A
Redesign of Section 75 agreement with SEPT	April September 2013	Catherine Wilson	Section 75 is being redesigned now. The agreement has already been drafted and will need legal sign off.	G
Mental Health Strategy Thurrock Implementation Plan in place	April September 2013	Catherine Wilson	Comprehensive action plan with South Essex focus to be established by end September. Elements of the current contract are being re-negotiated to improve quality and access in the	A

<b>Deliverable/Activity</b>	<b>Deadline</b>	<b>Lead</b>	<b>Update/Progress</b>	<b>Rating (RAG)</b>
			interim. The Strategy was re-written as a result of consultation which has resulted in the delay.	
Establishment of care pathway for CAMHS (inc. vulnerable groups)	March 2014	Catherine Wilson	Work being carried out with Essex County Council – with a bespoke specification for Thurrock.	A
Comprehensive Tier-Two and Tier-Three CAMHS service contract in place	<del>March 2014</del> April 2015	Catherine Wilson	To be commissioned jointly with Essex CC, but with bespoke Thurrock specification.	A
Local Area Co-ordination Pilot sites established and evaluated	April 2013 – March 2014	Les Billingham	All but one LAC co-ordinator (Purfleet and West Thurrock) has been appointed with pilots being rolled out. Evaluation to take place at end of pilot period and as the pilots progress. Community of Practice has been established. Meeting with University of Essex has taken place to develop approach to evaluation.	G

### Supporting Indicators/Measures

<b>Indicator/Measure</b>	<b>Performance Update</b>	<b>Rating (RAG)</b>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
KPIs linked to implementation of MH Strategy to be developed by October/November by each working group.	Performance measures linked to MH Strategy outcomes not yet developed.	N/A	Develop KPIs that measure whether outcomes set out within MH Strategy are being achieved.	Catherine Wilson	November 2013
% of adults in contact with secondary mental health services who live	13/14 target is 93%. At May 2013, performance was 91.1%. June performance not	A	Performance targets and in year position will be in focus at the next Thurrock Mental	Mental Health Operational	

independently with or without support.	yet available.		Health Operational Group – with an action plan to address any performance issues.	Group	
% of adults in contract with secondary mental health services in paid employment	13/14 target is 14%. At May 2013, performance was 8.8%. June performance not yet available.	R	As above	Mental Health Operational Group	

<b>Priority</b>	<b>Strengthen the mental health and emotional wellbeing of people in Thurrock</b>
<b>Objective</b>	<b>Strengthen Emotional Wellbeing</b>

<b>Deliverable/Activity</b>	<b>Deadline</b>	<b>Lead</b>	<b>Update/Progress</b>	<b>Rating (RAG)</b>
Evaluate current initiatives (traditional befriending, active lives 12 week turnaround, and use of Assistive Technology)	November 2013	Sarah Turner	Recognised system being used to measure effectiveness of befriending – launched June 2013.	G
Establish method of measuring emotional wellbeing	March 2014	Sarah Turner	Essex University have reviewed and agreed the measure established to measure emotional wellbeing. Complete.	G
Emotional Health and Wellbeing Plan developed	March 2014 March 2015	Sarah Turner	Revised date for development of plan, although several initiatives are taking place linked to improving emotional health and wellbeing. These include Local Area Coordination; Digital Inclusion; Strength Based Community Development. Once evaluation has taken place as to effectiveness of some of the initiatives being trailed, the Emotional Health and Wellbeing	N/A



			Plan will be developed. – Transfer to next year's Delivery Plan.	
Implementation and evaluation of strength-based community development pilots – LAC, ABCD	April 2012 – March 2013	Les Billingham	As before – LAC co-ordinators (within exception of Purfleet and West Thurrock) are in place. ABCD training sessions and workshops held and 'Small Sparks' fund about to be launched	G

### Supporting Indicators/Measures

Indicator/Measure	Performance Update	Rating (RAG)	Action	Lead	Deadline
KPIs will be developed during the year as part of the initiatives being piloted.	N/A	N/A	Develop KPIs linked to Emotional Wellbeing	Sarah Turner Les Billingham	March 2014

<b>Priority</b>	<b>Improve our response to the frail elderly and people with dementia</b>
<b>Objective</b>	<b>Early diagnosis and support for people living with dementia</b>

Deliverable/Activity	Deadline	Lead	Update/Progress	Rating (RAG)
Increase uptake in direct payments to people with Dementia and their carers	March 2014	Sarah Turner	Social workers have been provided with advanced risk training to help the promotion of direct payments to people with Dementia. 3 days of training have been completed so far. There is an issue with how figures are currently captured on the system, so it is difficult to ascertain the exact number of people with	A

<b>Deliverable/Activity</b>	<b>Deadline</b>	<b>Lead</b>	<b>Update/Progress</b>	<b>Rating (RAG)</b>
			dementia who have a direct payment.	
All staff undertaking advanced risk training	October 2013	Sarah Turner	Managers attended a workshop in June. One day sessions have been organised for front-line staff.	G
Define approach for service users and carers receiving Direct Payments	October 2013	Sarah Turner	Retendering DP contract so that more options will be available – including for dementia sufferers. Also looking to refresh the policy.	G
Evaluation of effectiveness of Mounnessing 'step down' service	March 2014	Sarah Turner	Being carried out and will be reported via reablement work.	G
Establish Thurrock Dementia Alliance	<del>September 2013</del> March 2014	Sarah Turner	Slight delay due to capacity. Information days have taken place.	A

### Supporting Indicators/Measures

<b>Indicator/Measure</b>	<b>Performance Update</b>	<b>Rating (RAG)</b>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
% of people with dementia and their carers in receipt of care receiving a personal budget	<p>2013-14 YTD: 146 users with dementia recorded as a condition 23 with a personal budget or direct payment (15.8%)</p> <p>2012-13: 163 users with dementia recorded as a condition 34 with a personal budget or direct payment (20.9%).</p>	A	<p>Social workers have been provided with advanced risk training to help the promotion of direct payments to people with Dementia. 3 days of training have been completed so far.</p> <p>There is an issue with how figures are currently captured on the system, so it is difficult to ascertain the exact number of people with dementia who</p>	Sarah Turner	N/A

Indicator/Measure	Performance Update	Rating (RAG)	Action	Lead	Deadline
	We would expect an increase on 2012-13 level.		have a direct payment.		
Estimated diagnosis rate for people with dementia	The March 2014 target is 853. The ambition for 2016 is that 75% of people with dementia will have a diagnosis. The IT system is currently being upgraded and current performance is not available. On target to have 300 people diagnosed this year.	A	Investigate possibility of expanding capacity at memory clinics.	Irene Lewsey	

<b>Priority</b>	<b>Improve our response to the frail elderly and people with dementia</b>
<b>Objective(s)</b>	<b>Make Thurrock a great place in which to grow older Creating communities that support health and wellbeing Creating the social care and health infrastructure to manage demand</b>

<b>Deliverable/Activity</b>	<b>Deadline</b>	<b>Lead</b>	<b>Update/Progress</b>	<b>Rating (RAG)</b>
Implementation and evaluation of Local Area Coordination	April 2013 – March 2014	Les Billingham	All bar one of the LAC coordinators are in place. Pilots will be evaluated as they develop. Meeting with University of Essex has taken place to develop the approach to evaluation.	G
Introduce ABCD approach beginning with Council-wide training sessions	April 2013	Les Billingham	2 day workshops took place in April. Complete.	G
Produce programme implementation plan for development of affordable housing for older and vulnerable people in Thurrock	April 2013 – September 2013	Les Billingham	Thurrock has successfully received a grant for the first phase of the development of affordable housing – Derry Avenue. Work is now taking place on the next phase, and the location is to be confirmed. In the process of agreeing resource to complete the Housing Strategy for Older People.	G
Bid submission for specialist housing fund and if successful, development of Derry Avenue site for older people	October 2013	Les Billingham	Announced in July that Thurrock bid successful. As above.	G
Submission of final inter-reg bid for European Union funding to	Bid January 2013 – if	Les Billingham	Completed – bid submitted but not successful.	N/A

<b>Deliverable/Activity</b>	<b>Deadline</b>	<b>Lead</b>	<b>Update/Progress</b>	<b>Rating (RAG)</b>
support community involvement in housing programme	successful, roll-out of involvement programme alongside affordable housing implementation April 2013			
Delivery of Elizabeth Gardens	May 2013	Roger Harris	Elizabeth Gardens formally opened in June 2013. Completed.	G
Embed new outsourced Carers' Support, Information and Advice Service	March 2014	Alison Nicholls	Contract for Support, Information and Advice service awarded to Cariads and new service formally launched in June. Discussions have taken place about the establishment of the Carers' Executive Group, including representation of Carers on that group. The group will be part of the HWBB's governance structure.	G
Loneliness actions as per Emotional Health and Wellbeing	As before	Sarah Turner	Refer to Emotional Health and Wellbeing priority. Thurrock awarded with the 'gold' standard by the Campaign to end Loneliness. Thurrock one of a small number of areas to have included Loneliness in its Health and Wellbeing Strategy. A number of initiatives are taking place related to befriending – including use of Skype.	G
Joint Integrated Reablement	September 2013	Allison Hall	Refer to Improving Health and Social Care –	

<b>Deliverable/Activity</b>	<b>Deadline</b>	<b>Lead</b>	<b>Update/Progress</b>	<b>Rating (RAG)</b>
Services 'meeting moderate needs' scoping paper			Primary Care priority and outcome.	
Service review of Joint Integrated Reablement Service	March 2014	Allison Hall	As above.	
In response to the service review, jointly develop Rapid Response and Assessment Service including deciding how the model will be financed and commissioned	March 2014	Allison Hall/ Phillip Clarke	As above.	
Align telecare and telehealth to RRAS and Joint Reablement	March 2014	Allison Hall/ Phillip Clarke		
Implement Early Intervention Service with Housing and Health	September 2013	Les Billingham	Proposals for a Timely Intervention and Prevention Pilot (TIP) have been submitted as part of Thurrock's bid to become an Integration Pioneer. The outcome of the bid will be known in October. Regardless of the bid, work will continue on developing and implementing TIP.	G
Produce service efficiency plans for in-house services, assessment and care management, and to extend interim bed numbers in Collins House and implement where favourable	<del>May 2013</del> Started June 2013	Les Billingham	Some slippage with work commencing in June 2013. There are early indicators of potential efficiencies through the plans undertaken. A full report will be available at the end of September.	A

**Supporting Indicators/Measures**

<b>Indicator/Measure</b>	<b>Performance Update</b>	<b>Rating (RAG)</b>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
Permanent admissions to residential care 65+	Target for 2013/14 is 734. As at quarter 1, 39 people had been admitted permanently.	A	Work relating to the RRAS/JRT.	Tania Sitch	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Target for 2013/14 is 90%. 1 <sup>st</sup> quarter performance is 84.9% This has resulted in us being one of the top performers in the NASCIS reporting against our comparator group.	G	None.	Tania Sitch	
% of individuals who were admitted to hospital within 28 days of completion of RRAS involvement	Target for 2013/14 is under development.	N/A	To develop baseline and measure.	Tania Sitch	
% of carers (of all service users) receiving a service and/or info and advice following an assessment/review	Target for 2013/14 is 50. 1 <sup>st</sup> quarter performance is 13.	G	CARIADs carer advice and information service now in place. Part of their	Alison Nicholls	
KPIs to measure impact of LAC/ABCD	To be developed as part of work on LAC and ABCD	N/A	Develop KPIs to measure impact of LAC and ABCD	Les Billingham	March 2014

<b>Priority</b>	<b>Improve the physical health and wellbeing of people in Thurrock</b>
-----------------	--

<b>Objective</b>	<b>Reduce the prevalence of smoking in Thurrock</b>
------------------	---

<b>Deliverable/Activity</b>	<b>Deadline</b>	<b>Lead</b>	<b>Update/Progress</b>	<b>Rating (RAG)</b>
<del>Commission and contract manage Review the current Smoking Cessation Service</del>		Beth Capps		
<del>Develop new effective management system for GPs and Community Pharmacists offering smoking cessation programmes</del>	June 2013	Debbie Maynard	Already commissioned through the Health Improvement Contract.	
<del>To monitor services in the acute trust including smoking in pregnancy programme too operational?</del>				
<del>To lead effective marketing campaigns across providers working with stakeholders</del>	<del>June 2013 Complete by October</del>	Kev Malone	Use of Stoptober – roadshows using local businesses	
<del>To develop and adopt Thurrock Tobacco Control Strategy</del>	December 2013	Kev Malone	Workshop to be held by November 2013. Strategy to be developed by December.	
<del>To work with Essex Alliance and regional smoke-free campaigns</del>	January 2014	Kev Malone	Start September to January. Currently looking at what should be funded on a regional basis – e.g. illicit tobacco – counterfeit etc.	

**Supporting Indicators/Measures**



Indicator/Measure	Performance Update	Rating (RAG)	Action	Lead	Deadline
Number of 4 week quitters	Target for 2013/14 is 1335. At 1 <sup>st</sup> quarter, performance is 188.*	R	Greater focus on prevention – for example focused activity on children and young people. The existing provider has been asked to provide a prevention programme in schools. The Public Health team are also linking to national programmes – e.g. Stoptober. This year, specific targets have been given for specific groups to better measure outcomes – e.g. deprived quintile, routine and manual workers etc.	Beth Capps	
Number of 4 week quitters from the most deprived quintile	Target for 2013/14 is 467. At 1 <sup>st</sup> quarter, performance is 60.*	A		Beth Capps	
Number of 4 week quitters from routine and manual workers	Target for 2013/14 is 441. At 1 <sup>st</sup> quarter, performance is 69.*	R		Beth Capps	

\*There is a data lag of several months with regards to all smoking figures. The number of 4 week quitters is counted in the month that an individual set a quit date rather than the month that they became a 4 week quitter so that a comparison can be made between the number that set a quit date and of those, the number that actually quit. As there is a turnaround time of over 4 weeks (4 weeks to become a 4 week quitter plus any additional time between setting a quit date and the actual quit date), there is a data lag that can go over several months. As such, data will be refreshed every month.

Regionally, commissioners and services are reporting low figures for the start of Q1. South West Essex were one of the few areas in the region to meet the 2012/13 four week quitter target.

<b>Priority</b>	<b>Improve physical health and wellbeing of people in Thurrock</b>
-----------------	--

<b>Objective</b>	<b>Reduce the prevalence of obesity in Thurrock</b>
------------------	---

<b>Deliverable/Activity</b>	<b>Deadline</b>	<b>Lead</b>	<b>Update/Progress</b>	<b>Rating (RAG)</b>
Refresh sports and leisure action plan	June 2013	Grant Greatrex		
Develop Thurrock Healthy Weight Action Plan	March 2014	Debbie Maynard/ Beth Capps	As per Tobacco Control. Public Health Strategy Group established who will oversee the development of this work. Obesity working group established and stakeholder workshop will take place in the Autumn. Existing services will be reviewed as part of this work in terms of effectiveness.	G
Commission NCMP for academic year 2013/14 and develop plans for active follow-up	April 2013	Beth Capps		
New service model from April 2013 for Child Weight Management Programme linking to the NCMP	June 2013	Beth Capps		
Develop options for a sustainable weight management service	March 2014	Debbie Maynard		
Develop and implement a multi-agency physical activity pathway for Thurrock	January 2014	Debbie Maynard/ Beth Capps		
Review opportunities for local exercise referral schemes	September 2013 – March 2014	Debbie Maynard		
Work with London Borough of Barking and Dagenham for Get	April 2013 – 2016	Debbie Maynard/ Beth		

<del>Healthy, Get Into Sport pilot programme</del>		Capps		
Develop a healthy weight strategy with partners	November 2013	Beth Capps	Workshop to be held October 2013 – including mapping of physical activity across the area. Strategy to be developed by end November.	
Explore options for measuring and tracking children’s weight	TBC	Beth Capps	Part of commissioning child weight services	
Develop and implement a multi-agency physical activity pathway	January 2014	Beth Capps/ Grant Greatrex	Work has started to map physical activity across the area	
Review opportunity for local exercise referral schemes	November 2013	Beth Capps	Work has commenced to review existing schemes.	

**Supporting Indicators/Measures**

<b>Indicator/Measure</b>	<b>Performance Update</b>	<b>Rating (RAG)</b>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
Excess weight in 4-5 year olds	Not a performance measure – provides an annual snapshot. Data available December.	R	N/A	Beth Capps	
Excess weight in 10-11 year olds	Not a performance measure – provides an annual snapshot. Data available December.	R	N/A	Beth Capps	
% of attendees of weight management course with a BMI 30+ at start of course that lost 5% of original weight following completion of course.	2013-14 target is 50%. Performance at quarter 1 is 47%.	A	Public Health will be carrying out a service review. The provider has also commissioned an independent review of their service. This will enable an evaluation of the service. The current service suffers from poor uptake and poor retention of individuals	Beth Capps	

Indicator/Measure	Performance Update	Rating (RAG)	Action	Lead	Deadline
			taking part in the programme.		

<b>Priority</b>	<b>Effective Health and Wellbeing Board</b>
<b>Objective</b>	

This priority will be developed as a result of the survey/questionnaire being sent out to Board members in advance of the Board’s away-day. Results will be examined at the away-day and actions where improvement is required will be discussed and agreed – then monitored via this framework.

**Children and Young People’s Performance Report – Attached.**