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

Health and Wellbeing Board

The meeting will be held at **2.00 pm** on **11 February 2016**

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

Membership:

Councillors Barbara Rice (Chair), John Kent, Brian Little, Bukky Okunade and Joycelyn Redsell

Mandy Ansell, Acting Interim Accountable Officer, Thurrock NHS Clinical Commissioning Group
Dr Anjan Bose, Clinical Representative, Thurrock CCG
Lesley Buckland, Lay Member Thurrock CCG
David Bull, Director of Planning & Transportation
Graham Carey, Independent Chair, Thurrock Safeguarding Adults Partnership Board
Dr Anand Deshpande, Chair of Thurrock NHS CCG Board
Jane Foster-Taylor, Executive Nurse Thurrock NHS CCG
Roger Harris, Director of Adults, Health and Commissioning, Thurrock Council
Kristina Jackson, Chief Executive Thurrock CVS
Kim James, Chief Operating Officer, Healthwatch Thurrock
Clare Panniker, Chief Executive Basildon and Thurrock Hospitals Foundation Trust
David Peplow, Chair of Local Safeguarding Children's Board
Andrew Pike, Director of Commissioning Operations, NHS England - Essex and East Anglia Region
Malcolm McCann, Executive Director of Community Services and Partnerships
Lucy Magill, Head of Resident Services
Ian Wake, Director of Public Health
Tania Sitch, Integrated Care Director Thurrock, North East London Foundation Trust

---

Agenda

Open to Public and Press

		Page
1	**Apologies for Absence**	
2	**Minutes**	**5 - 12**

To approve as a correct record the minutes of the Health and Wellbeing Board meeting held on 7 January 2016.

3	**Urgent Items**	
	To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	
4	**Declaration of Interests**	
5	**Thurrock Health and Wellbeing Strategy 2016 - 2021**	**13 - 46**
6	**Thurrock Transformation Plan: Delivering our Vision**	**47 - 74**
7	**Work Programme**	**75 - 76**

Queries regarding this Agenda or notification of apologies:

Please contact Ceri Armstrong, Directorate Strategy Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **3 February 2016**

Information for members of the public and councillors

Access to Information and Meetings

Members of the public can attend all meetings of the council and its committees and have the right to see the agenda, which will be published no later than 5 working days before the meeting, and minutes once they are published.

Recording of meetings

This meeting may be recorded for transmission and publication on the Council's website. At the start of the meeting the Chair will confirm if all or part of the meeting is to be recorded.

Members of the public not wishing any speech or address to be recorded for publication to the Internet should contact Democratic Services to discuss any concerns.

If you have any queries regarding this, please contact Democratic Services at Direct.Democracy@thurrock.gov.uk

Guidelines on filming, photography, recording and use of social media at council and committee meetings

The council welcomes the filming, photography, recording and use of social media at council and committee meetings as a means of reporting on its proceedings because it helps to make the council more transparent and accountable to its local communities.

If you wish to film or photograph the proceedings of a meeting and have any special requirements or are intending to bring in large equipment please contact the Communications Team at CommunicationsTeam@thurrock.gov.uk before the meeting. The Chair of the meeting will then be consulted and their agreement sought to any specific request made.

Where members of the public use a laptop, tablet device, smart phone or similar devices to use social media, make recordings or take photographs these devices must be set to 'silent' mode to avoid interrupting proceedings of the council or committee.

The use of flash photography or additional lighting may be allowed provided it has been discussed prior to the meeting and agreement reached to ensure that it will not disrupt proceedings.

The Chair of the meeting may terminate or suspend filming, photography, recording and use of social media if any of these activities, in their opinion, are disrupting proceedings at the meeting.

Thurrock Council Wi-Fi

Wi-Fi is available throughout the Civic Offices. You can access Wi-Fi on your device by simply turning on the Wi-Fi on your laptop, Smartphone or tablet.

- You should connect to TBC-CIVIC
- Enter the password **Thurrock** to connect to/join the Wi-Fi network.
- A Terms & Conditions page should appear and you have to accept these before you can begin using Wi-Fi. Some devices require you to access your browser to bring up the Terms & Conditions page, which you must accept.

The ICT department can offer support for council owned devices only.

Evacuation Procedures

In the case of an emergency, you should evacuate the building using the nearest available exit and congregate at the assembly point at Kings Walk.

How to view this agenda on a tablet device

You can view the agenda on your iPad, Android Device or Blackberry Playbook with the free modern.gov app.

Members of the Council should ensure that their device is sufficiently charged, although a limited number of charging points will be available in Members Services.

To view any “exempt” information that may be included on the agenda for this meeting, Councillors should:

- Access the modern.gov app
- Enter your username and password

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.

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

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

1. Create a great place for learning and opportunity

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

2. Encourage and promote job creation and economic prosperity

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

3. Build pride, responsibility and respect

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

4. Improve health and well-being

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

5. Promote and protect our clean and green environment

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

PUBLIC Minutes of the meeting of the Health and Wellbeing Board held 7th January 2016 at 2.00 pm

---

Present: Councillors Barbara Rice (Chair), Brian Little, Bukky Okunade and Joy Redsell

Mandy Ansell, Acting Interim Accountable Officer Thurrock CCG
Lesley Buckland, Lay Member, Thurrock CCG
Graham Carey, Chair of Thurrock Adults Safeguarding Board
Jane Foster- Taylor, Executive Nurse NHS CCG
Roger Harris, Director of Adults, Health and Commissioning
Kristina Jackson, Chief Executive, Thurrock CVS
Kim James, Chief Operating Officer, Thurrock Healthwatch
Carmel Littleton, Director of Children's Services
Malcolm McCann, South Essex Partnership Foundation Trust
David Peplow, Chair of Local Safeguarding Children's Board
Tania Sitch, Integrated Care Director Thurrock, NELFT

Apologies: Councillor John Kent, Leader of the Council
Dr Anjan Bose, Clinical Representative, Thurrock CCG
Chief Superintendent Sean O'Callahan, Chair of Thurrock Community Safety Partnership
Clare Panniker, Chief Executive, Basildon & Thurrock University Hospital
Andrew Pike, Director of Commissioning Operations, NHS England Essex and East Anglia
Ian Wake, Director of Public Health

In attendance:
Ceri Armstrong, Strategy Officer
Louisa Moss, Housing Enforcement Manager (Item 6)
Tim Rignall, Economic Development Manager (Item 5)
Catherine Wilson, Strategic Lead (Item 7)

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

2. Minutes

The minutes of the Health and Wellbeing Board, held on 12th November 2015, were approved as a correct record, with an amendment to Page 9 to add that Kristina Jackson stated that Healthwatch had collated the data about unmet need, which Ian Wake confirmed could be added to the data portal.

3. Declaration of Interests

There were no declarations of interests stated.

4. ITEM IN FOCUS – Health & Wellbeing Strategy 2016- 2019

The Board conducted a workshop on the Health and Wellbeing Strategy and Strategy Outcomes Framework. Members of the Health and Wellbeing Strategy Steering Group were also in attendance.

The results of the workshop would be made available to those who attended and would help to develop further iterations of the Strategy and Outcomes Framework.

5. Economic Development Strategy Refresh

Tim Rignall, Economic Development Manager outlined the rationale for the refresh of the Economic Development Strategy.

Tim stated that in November 2008 Thurrock Council had adopted the Thurrock Economic Development Strategy as the key guidance document for economic growth and jobs-led regeneration in Thurrock which included the creation of 26,000 jobs by 2021. Jobs created would cover a variety of different sectors to broaden the economic base in Thurrock to make the Borough more resilient through downturns in the economy.

Tim stated that much had happened since 2008 – for example London Gateway and Thames Enterprise Park. Now was the right time to take stock and refresh and refocus the Economic Development Strategy. Tim highlighted that in the last 5 years considerable achievements have been made in educational attainment and even through the downturn 5,000 additional jobs were created. The rate of business growth in Thurrock is growing faster than anywhere else in the Country including London.

Tim stated that even though achievements have been made there are still challenges that remain due to investments that have not come to fruition as of yet such as Lakeside. There are still some challenges around skills and education with the adult population who have none or a limited number of qualifications.

The Economic Development Strategy will be presented at the Cabinet Meeting on the 10th February.

The Chair stated that the improvement in Thurrock has been phenomenal with regard to the growth in jobs but on that Thurrock was still at a low base in relation to the living wage and skill base required to access the new jobs. Cllr Rice stated that Government schemes for training and development are available but that people needed to be made aware of their existence.

Cllr Rice congratulated Carmel Littleton on the success of educational attainment in Thurrock with it being the fastest rate of improvement in the Country. Carmel was thanked for her commitment to the Health and Wellbeing Board as this was her last meeting.

Cllr Okunade stated that creating 26,000 jobs was positive, but queried whether we have identified the sectors to prepare our children in schools with the knowledge and skills to be able to have the right qualifications to be able to capitalise on the jobs being created. Tim responded stating that the skills base is a big issue at the moment, especially in the social care sector but generally the biggest issue that businesses are facing is not about skills but about the number of people in Thurrock that take up the jobs being created.

Tim Rignall stated that there are two issues being faced. The first one being the talent pool that we have at our disposal now with people who are under-employed or unemployed and what we can do to train and up-skill those people to capitalise on the opportunities that are being created. The second one is the longer term issue in what we can do with the children and young people coming through the education system today to enable them to have the variety of skills needed for employment in the future.

Malcolm McCann stated that the report makes reference to the significant development of new homes and wondered how that was progressing and asked what percentage of those homes are classed as social housing. The problem facing our locality is recruitment and retention and affordable housing. Tim stated that he will provide the exact percentage of social housing after the meeting to Ceri Armstrong to feedback to the Board.

Cllr Redsell posed the question of whether we are looking at alternative methods for building houses, with new materials and designs. Roger Harris responded stating that initiatives are in place such as HAPPI Homes with designs that are future-proofed for our elderly residents.

It was agreed that the views of the Board would be fed in to the development of the final Economic Growth Strategy and that any further comments on the Strategy should be given to Ceri Armstrong.

RESOLVED:

1.1 The Health & Wellbeing Board note this report

1.2 The views of the Health & Wellbeing Board are taken forward in the Economic Development Strategy.

6. Well Homes Project

Louisa Moss, Housing Enforcement Manager updated the board on the Well Homes Project.

The Well Homes Project is a prevention project that targets homes likely to be vulnerable to identify and reduce hazards in the home and improving access to health services. In December a survey was conducted and 83% of clients who have had a Well Homes assessment stated they feel healthier and safer at home as a result. This project puts Thurrock in a good position as the Care Act states that the suitability of someone's living accommodation is one aspect of the wellbeing duty. Louisa Moss provided the Board with a case study regarding a client of the Well Homes Project to demonstrate the Project's impact. The client stated that he felt secure and safe in his own home and that the Well Homes advisor was very patient and talked through his health problems.

Louisa stated that this project is very small with one Well Homes Advisor who has working relationships with many other partners such as Public Health, Home Improvement Agency, Essex Fire service, Thurrock Lifestyle solutions and local energy providers, contractors, electricians and builders.

To date the Well Homes Project has reached 1739 people and carried out 653 Well Homes assessments. The assessments are targeted to ensure maximum impact – e.g. homes with people who are most likely to be at risk.

The Chair posed a few questions asking where the project sits in relation to Local Area Coordination and whether there is any overlap. Louisa responded stating that there is interaction with the LACs with shared learning and with the Well Homes Advisor attending the regular LAC team meetings where they cross reference with one another. This project has seen an equal spread of referrals to both services.

Graham Carey commented on their only being one advisor carrying out assessments to over 650 homes. The residents that are shown are probably people living on their own and it may be worth picking up issues in relation to isolation and loneliness and whether any referrals have been made to adult safeguarding. Louisa stated that the Well Homes Advisor has been trained in relation to adult safeguarding. Louisa further stated that even though the Well Homes index was refreshed to support the group of the population aged 65 and over, the predominant age of people seen is between 19-59.

Malcolm McCann stated that he feels this project is excellent but given the challenges of funding and the expansion of the project could the visits that are being undertaken be conducted by a trained volunteer or do they require a level of expertise. Louisa stated that it was possible the role could be undertaken by a trained volunteer and will consider this for the future.

Cllr Redsell echoed Malcolm's suggestion and posed the question whether school children could be a part of this process. Louisa stated that there has not been a great deal of involvement with schools to date and with one

advisor this has not been possible, but with future plans this could be looked at.

Roger Harris added that Public Health will be funding the project for a further year (16/17) but we will need to look in future years about how it works with the Local Area Coordinators and other options with volunteers without losing the housing expertise that this post has given a focus to - which has given a different dimension to that of the LAC service.

RESOLVED:

1.1 The Health & Wellbeing Board note the ongoing progress made by the Well Homes Project.

1.2 The Health & Wellbeing Board agree for the Well Homes Project to explore ways of finding ways of sustaining the project beyond the funding period (15-17) and to be an integral part of any new social care 'prevention' delivery programmes and exploring alternative ways of working.

7. Learning Disability Services: Transforming Care Partnerships

Catherine Wilson, Strategic Lead for Commissioning and Procurement updated the Board on the Transforming Care Programme and the partnership that was established.

In February 2015, NHS England alongside the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) committed to a national programme of change for Learning Disability services – for both health and social care. This announcement forms the continued response to the abuse that took place at Winterbourne View.

The latest document published by ADASS and NHSE called Building the Right to Support sets out the expected outcomes and changes to be implemented and delivered nationally and regionally. The overarching outcomes that the transformation is expected to achieve are:

- Reduced reliance on inpatient services (closing hospital services and strengthening support in the community);
- Improved quality of life for people in inpatient and community settings; and
- Improved quality of care for people in inpatient and community settings.

Catherine stated that the document sets out helpful guidance for both CCGs and Local Authorities about how services can be better commissioned and how processes can be better aligned to inpatient and community learning disability services. It also gives insight into not just specialist services but

being able to make reasonable adjustments to mainstream services to deliver health and social care for people with learning disabilities.

Catherine stated that work had already begun across Essex, Thurrock and Southend and the 7 CCGs and 3 Local Authorities have formed a board to work together on how services for people with disabilities might be commissioned differently.

The document itself gives an outline about how to create a Transforming Care Partnership and it describes what those partnerships will be throughout the Country. The partnership was established on the 15th December 2015.

The next strand of work will be to review commissioning and contracting processes within the local authorities and CCGs. The document has set the task of producing an implementation plan about how services might be better commissioned and how we will work together more productively to support people in the community to reduce the need for inpatient assessment and treatment. The plan needs to be in first draft by the 8th February 2016.

Kim James posed questions on behalf of the voluntary sector. Kim stated that as this is an Essex wide piece, it would be important to ensure that Thurrock work already carried out is not lost.

Kim stated that the Disability Partnership Board was disappointed that this piece of work had not been presented to them and queried when they will have sight of it.

Kristina Jackson stated that on page 92 of the report it mentions charity bonds which raised £11m and queried whether this is what is going to be expected for homes in Thurrock. The Government are only offering £15m capital over three years which is not much and wondered how this will work for local residents in Thurrock. Roger Harris stated that the funding will be a challenge at there is a lot of pressure to address the immediate issues of moving people out of the hospital with conversations taking place with the CCG of the best method to that.

Catherine stated that she acknowledges the issue regarding the disability partnership board not having had sight of this piece of work. The plan is to have a number of workshops and to be very inclusive of all people and groups.

RESOLVED:

1.1 The Health & Wellbeing Board note the Transformation Care Programme and the local response.

1.2 The Health & Wellbeing Board is aware that the Transforming Care partnership was established on the 15th December 2015.

1.3 The Health & Wellbeing Board receives back the full implementation plan.

1.4 The Transforming Care Partnership piece to be presented to the Disability Partnership Board.

8. Work Programme

Roger Harris reminded board members about the Special Health and Wellbeing Board scheduled for the 11th February to sign off the Better care Fund Section 75 agreement and to final Health and Wellbeing Board Strategy.

The Chair stated that the March Health and Wellbeing Board will focus on planning for the future year and receive input from Board members on what the Board's forward plan should consist of and how it should operate.

The meeting finished at 4.03 pm.

Approved as a true and correct record

CHAIR

DATE

Any queries regarding these Minutes, please contact Democratic Services at

This page is intentionally left blank

11 February 2016	ITEM: 5
Health and Wellbeing Board	
Thurrock Joint Health and Wellbeing Strategy 2016 - 2021	
Wards and communities affected: All	**Key Decision:** Key
Report of: Ian Wake, Director of Public Health	
Accountable Head of Service: n/a	
Accountable Directors: Ian Wake, Director of Public Health, Roger Harris, Director of Adults, Housing and Health, David Archibold, Director of Children's Services, Mandy Ansell, Acting Interim Accountable Officer NHS Thurrock CCG	
This report is Public	

Executive Summary

The purpose of this report is to seek approval from the Health and Wellbeing Board for Thurrock Joint Health and Wellbeing Strategy 2016 – 2021.

The Strategy focuses on prevention and early intervention to ensure that Thurrock people can **'add years to life and life to years'**.

The goals and outcomes set out within the Strategy focus on the areas that will make most difference to the health and wellbeing of the population. These have been developed through a period of engagement and in response to detailed needs analysis.

Success of the Strategy will be measured through an Outcomes Framework. This will enable the Board, Overview and Scrutiny Committee, and the Public to identify whether the Strategy is being delivered.

Further work will take place to develop co-produced action plans. The action plans will clearly set out action owners and will enable the relevant organisations and individuals to be held to account for their part in delivering the Strategy.

1. Recommendation(s)

1.1 That the Health and Wellbeing Board agree the draft Thurrock Joint Health and Wellbeing Strategy and Outcomes Framework; and

1.2 That the Health and Wellbeing Board delegate authority to approve any further changes to the Strategy and Outcomes Framework to the Board's Chair.

2. Introduction and Background

2.1 The Health and Social Care Act 2012 introduced the requirement for all local areas to have a Health and Wellbeing Strategy that identified priorities for reducing inequalities in health and wellbeing and improving the health and wellbeing of the local population. The Strategies are prepared jointly by the Council and CCG and owned by Health and Wellbeing Boards who are then responsible for the delivery of the Strategies. Previous reports brought to the Board's October and November meetings provide further detail.

2.2 It was agreed at the October meeting that the refreshed Strategy should be:

- Co-created via effective engagement with providers and the community;
- Driven using intelligence from the Joint Strategic Needs Assessment;
- Adding value to strategic plans to reduce health inequalities;
- Address wellbeing and not just health;
- Systematically align partner resources with strategic priorities;
- Clear delivery mechanisms in place;
- Holds partners to account for actions; and
- Outcomes presented in an accessible and compelling way.

2.3 The work to develop the 2016-2021 Strategy has incorporated the points in 2.2 with the aim of producing a goal-based Strategy that drives change and holds partners to account. More importantly, the Strategy identifies the areas of focus (goals and objectives) that will improve the health and wellbeing of the local population.

2.4 The Board are asked to approve the Strategy and Outcomes Framework and to delegate responsibility for signing off any final changes to the Chair.

3. Issues, Options and Analysis of Options

Overview

3.1 The focus of Thurrock's Health and Wellbeing Strategy is prevention and early intervention. For reasons set out in detail in previous reports, a focus on prevention and early intervention across the health and care system will allow resources to be placed where they are most effective and provide Thurrock citizens with the best opportunity to **'add years to life and life to years'**.

3.2 The Strategy recognises the importance of the wider determinants of health on achieving good health and wellbeing for all Thurrock people. The Strategy therefore has a far broader focus than health and social care services. We know that influencing some of the wider determinants of health and wellbeing will have a significant impact on the life chances of the population but will take some time to embed. For this reason, we are recommending that the

Strategy's life span is five rather than three years. This also reflects comments made during the period of engagement.

3.3 To ensure that relevant strategies and plans are aligned with and helping to achieve the vision set out within the Strategy, a number of core principles have been established and reflect the tone of the Strategy and what we wish to achieve. These are:

- **Reducing inequality in health and wellbeing** – we want things to get better for everyone but we are also committed to ensuring that the poorest communities enjoy the same levels of opportunity, health and wellbeing as the most affluent;
- **Prevention is better than cure** – rather than waiting for people to need help, we want Thurrock to be a place where people stay well for as long as possible;
- **Empowering people and communities** – we don't just want to do things to people, but give people the opportunity to find their own solutions and make healthy choices;
- **Seamless services** – good health and care services should be organised around the needs and outcomes people wish to achieve, not around the needs of organisations.

3.4 Through consultation and engagement and detailed analysis of available intelligence, five clear and concise goals have been identified. The goals are set to ensure that Thurrock's Strategy is focused, outcome-based and easy to understand. The five goals are:

- Opportunity for all;
- Healthier environments;
- Better emotional health and wellbeing;
- Quality care centred around the person; and
- Healthier for longer.

Further detail on what success looks like and how success will be monitored is detailed further in the report.

Goals and Objectives

3.5 The Strategy must be able to drive change and success and it must be easy to identify and measure whether success is being achieved. For this reason, the Strategy is underpinned by a clear set of goals. The goals reflect common themes and suggestions made through the engagement process. The goals are supported by a number of clear outcomes-focused objectives which help define what success looks like. These are as follows:

Goal A – Opportunity for all

- All children in Thurrock making good educational progress;
- More Thurrock residents in employment, education or training;
- Fewer teenage pregnancies in Thurrock; and

- Fewer children and adults in poverty.

Goal B – Healthier environments
- Create outdoor places that make it easy to exercise and to be active;
- Develop homes that keep people well and independent; and
- Building strong, well-connected communities.

Goal C – Better mental health and wellbeing
- Give parents the support they need;
- Improve children's emotional health and wellbeing;
- Reduce social isolation and loneliness; and
- Improve the identification and treatment of depression, particularly in high risk groups.

Goal D – Quality care centred around the person
- Create four integrated healthy living centres;
- When services are required, they are organised around the individual;
- Put people in control of their own care; and
- Provide high quality GP and hospital care to Thurrock.

Goal E – Healthier for longer
- Reduce obesity;
- Reduce the proportion of people who smoke;
- Significantly improve the identification and management of long-term conditions; and
- Prevent and treat cancer better.

Measuring success

3.6 The delivery of the Strategy is supported by an Outcomes Framework. The Outcomes Framework contains the goals and outcome-focused objectives as detailed in 3.5 and a number of related performance indicators. The Outcomes Framework will allow the Health and Wellbeing Board to assess whether the Strategy is making a difference. The Outcomes Framework is appended to the report for the Board to agree.

3.7 In addition to the Outcomes Framework, each goal will be supported by a range of actions set out within an action plan. The action plan will detail who is accountable for what action. This will enable the Board, Overview and Scrutiny Committee and the community to hold action owners to account.

3.8 It is important that the actions are well thought out and that action plans are co-produced. This will ensure that they are recognisable by Thurrock people and that Thurrock's communities feel that they jointly own the Strategy. Development of the action plans will commence after the Strategy and Outcomes Framework have been agreed and will be brought back to the Board for agreement at a later date.

Consultation and Engagement

3.9 Consultation and engagement has been carried out on the initial priority areas (now goals) and Outcomes Framework throughout its development. This has included:

- An on-line survey to test initial priority areas and seek the views of the public;
- Face-to-face contact with residents on the survey – primarily through Healthwatch, Ngage, and Thurrock Coalition;
- Attendance at community meetings – e.g. community forums, commissioning reference group; Youth Cabinet;
- Attendance at and discussion by staff groups;
- Discussion with partner organisations and committee meetings – e.g. Children and Young People's Partnership Board, Health and Wellbeing Overview and Scrutiny Committee, Children's Services Overview and Scrutiny Committee, Health and Wellbeing Board, Clinical Engagement Group; Head Teachers' Forum; and
- Development and input via Health and Wellbeing Strategy Steering Group members.

The number of completed surveys during the period 21st November – 22nd January totalled 533. Specific and collated responses were also received from different voluntary sector organisations – namely SERICC and Thurrock Coalition.

3.10 Additionally, the Health and Wellbeing Board held an extended workshop on the draft Outcomes Framework at its January meeting which led to a further iteration of the Framework.

3.11 A full Engagement Report and analysis will be carried out and brought to the next Board meeting, but key themes to come from engagement with the community include:

- Quality of and access to GPs – including time to get an appointment;
- Air Quality – particular mention of traffic congestion;
- Access to quality open space and affordable exercise facilities;
- Number of take away outlets;
- Ability to access good information and support – both about what services are available but also about lifestyle; and
- Loneliness and isolation was also mentioned by a number of people.

3.12 The themes detailed in 3.11 are reflected within the Outcomes Framework, and further detail from the engagement exercise will help to inform the development of the action plans.

3.13 Work is now being carried out to outline plans for ongoing dialogue with communities on health and wellbeing and for community involvement in the

development of action plans. Plans will be brought to the Board for discussion and agreement and will be aligned with the Board's forward plan.

Looking Back – 2013-2016

3.14 Thurrock's first Strategy was agreed in 2013. The Strategy was split in to two parts – the first part focusing on Adult Health and Wellbeing, and the second part focusing on Children's Health and Wellbeing and also acting as the Children and Young People's Plan. With the reorganisation of the NHS having just taken place (Health and Social Care Act 2012), part one of the Strategy (Adult Health and Wellbeing) was very much focused on health and care services – namely the quality of health and social care.

3.15 Key achievements throughout the life of the 2013-2016 Strategy include:

Adult Health and Wellbeing

- Fully developed Local Area Coordination service – with evaluation reports showing the impact of the service;
- Development of a housing scheme designed specifically to keep older people well and independent (Bruyn's Court, Derry Avenue);
- Opening of four GP hubs offering extended opening hours during the weekend and a walk-in service;
- Basildon Hospital out of special measures;
- Development of Thurrock's first Better Care Fund to deliver closer working between health and social care;
- Further development and implementation of strength-based approaches – e.g. Asset Based Community Development;
- Delivery of Elizabeth House Extra Care Housing facility; and
- Maintaining the spotlight on Learning Disability Health Checks

Children and Young People

- Thurrock performing above the national/comparator average for children with good level development (GLD);
- The number of pupils achieving grades A-C GCSEs has improved;
- There is an improved rate of young people achieving at least a level 3 qualification by the age of 19;
- Thurrock has launched a Multi-Agency Safeguarding Hub;
- There has been strong performance on the number of young people not in employment, education or training (NEET); and
- The number of looked after children living in suitable accommodation has improved – whilst there is more to be done.

3.16 The refreshed Strategy will build on and consolidate the successes of 2013-16.

4. Reasons for Recommendation

4.1 To agree Thurrock's Joint Health and Wellbeing Strategy 2016 – 2021 and Outcomes Framework for the reasons set out under 3.

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

5.1 Detailed consultation and engagement has been carried out on the development of the Strategy and Outcomes Framework. This is detailed within 3.9 – 3.13. A detailed engagement report will be written and brought to a future Board meeting.

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

6.1 The Strategy will drive the Council's Health and Wellbeing priorities as set out within the Corporate Plan. It will also act as the Council's 'people' Strategy and make the necessary connections with the 'place' agenda.

7. Implications

7.1 **Financial**

Implications verified by: **Jo Freeman**

Management Accountant Social Care and Commissioning

Whilst the Strategy will need to be delivered within existing budgets, a focus on prevention and early intervention will require partners to review, and if necessary refocus the allocation of resource. This will be essential to the success of the Strategy and to the reduction of inequalities in health and wellbeing across the Borough. A focus on prevention and early intervention is also expected to release resource from the more expensive areas of the system to be reallocated to areas that prevent, reduce and delay the need for care and support.

7.2 **Legal**

Implications verified by: **Dawn Pelle**

Adult Care Lawyer

The Health and Social Care Act 2012 established a responsibility for Councils and CCGs to jointly prepare Health and Wellbeing Strategies for the local area as defined by the Health and Wellbeing Board.

7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**

Community Development and Equalities Manager

The aim of the Strategy is to improve the health and wellbeing of the population of Thurrock. Doing so will mean reducing inequalities in health and wellbeing.

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

None

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

- Previous reports to the Health and Wellbeing Board in October and November 2015.

9. Appendices to the report

- Draft Thurrock Joint Health and Wellbeing Strategy 2016 – 2021
- Draft Thurrock Health and Wellbeing Strategy Outcomes Framework

Report Author:

Ceri Armstrong

Strategy Officer

Adults, Housing and Health

THURROCK JOINT HEALTH AND WELLBEING STRATEGY 2016 - 2021

Adding Years to Life and Life to Years

Foreword

I'm pleased to welcome you to Thurrock's Health and Wellbeing Strategy for 2016 – 2021.

Our Strategy looks at the areas we think can make the most difference to the health and wellbeing of Thurrock people. This means the things that can ensure we are all able to live a good life regardless of who we are or where we live. This can be ensuring our children are able to get good qualifications or that people can get GP appointments when they need them. It can also mean arming people with the information they need to make good choices about their life or simply to ensure that people who feel isolated can meet others and feel more connected where they live. I know 'wellbeing' will mean different things to each and every one of us.

There are huge opportunities in Thurrock and Thurrock people must be able to access them - for example the job opportunities created by the Council's regeneration programme. There are numerous plans and initiatives in train which will generate even more opportunities and possibilities – but we need to ensure those plans and initiatives are joined up.

I am all too aware that many of us live in poor health or do not achieve a good life, and I know that there are many reasons for this – not all of them easy to solve. Whilst the resources available to be spent on Thurrock people have diminished significantly over the years, I am confident that we can make the resource we do have go further by increasing the number of us who stay well and by intervening at the earliest opportunity to stop people reaching crisis point. This means changing the way some of our services operate and how they are focused. It also means recognising the strength of our communities and the individuals living in those communities and building alternatives to the traditional service response

I have been Chair of Thurrock's Health and Wellbeing Board since its establishment in 2013 and it's my strong belief that the Board and Strategy's primary purpose is to reduce health inequalities across our Borough. We know that people living in some parts of the Thurrock will live a number of years fewer than people living in other parts of the Borough. This is not acceptable and something the Strategy must seek to address.

I am pleased therefore that this Strategy focuses on prevention and early intervention. This is the main way we will reduce health inequalities and everyone needs to play their part – including the people of Thurrock.

Finally, it goes without saying that the people of Thurrock and the communities they live in are the backbone of the Borough. It is essential that we recognise the role they play and ensure that they can be as strong as possible. We also need to ensure that they recognise the Strategy and their part in it. I am committed to ensuring that we continue conversations with Thurrock people about how we can reduce inequalities together.

Councillor Barbara Rice
Chair
Thurrock Health and Wellbeing Board

Thurrock's Health and Wellbeing Strategy, 2016 - 2021

Our Vision

Our vision for improving the health and wellbeing of Thurrock people is to:

Add years to life and life to years.

We want Thurrock to be a place where people live long lives which are full of opportunity, allowing everyone to achieve their potential. To achieve this, we have set 5 goals, which we are all committed to achieving. The goals are ambitious and will require a lot of hard work from Thurrock Council, the NHS, voluntary organisations and communities themselves but we think that by working together, we can achieve these goals and make a real difference to the people of Thurrock.

Thurrock Health and Wellbeing Board

Our Principles

Reducing inequality in health and wellbeing
We want things to get better for everyone but we are also committed to ensuring that the poorest communities enjoy the same levels of opportunity, health and wellbeing as the most affluent.

Prevention is better than cure
Rather than waiting for people to need help, we want Thurrock to be a place where people stay well for as long as possible.

Empowering people and communities
We don't just want to do things to people, but give people the opportunity to find their own solutions and make healthy choices.

Connected Services
Good health and care services should be organised around the needs of people, not around the needs of organisations

"It's easy for me to be active where I live"

"Thurrock has great health services and it's easy to get to them"

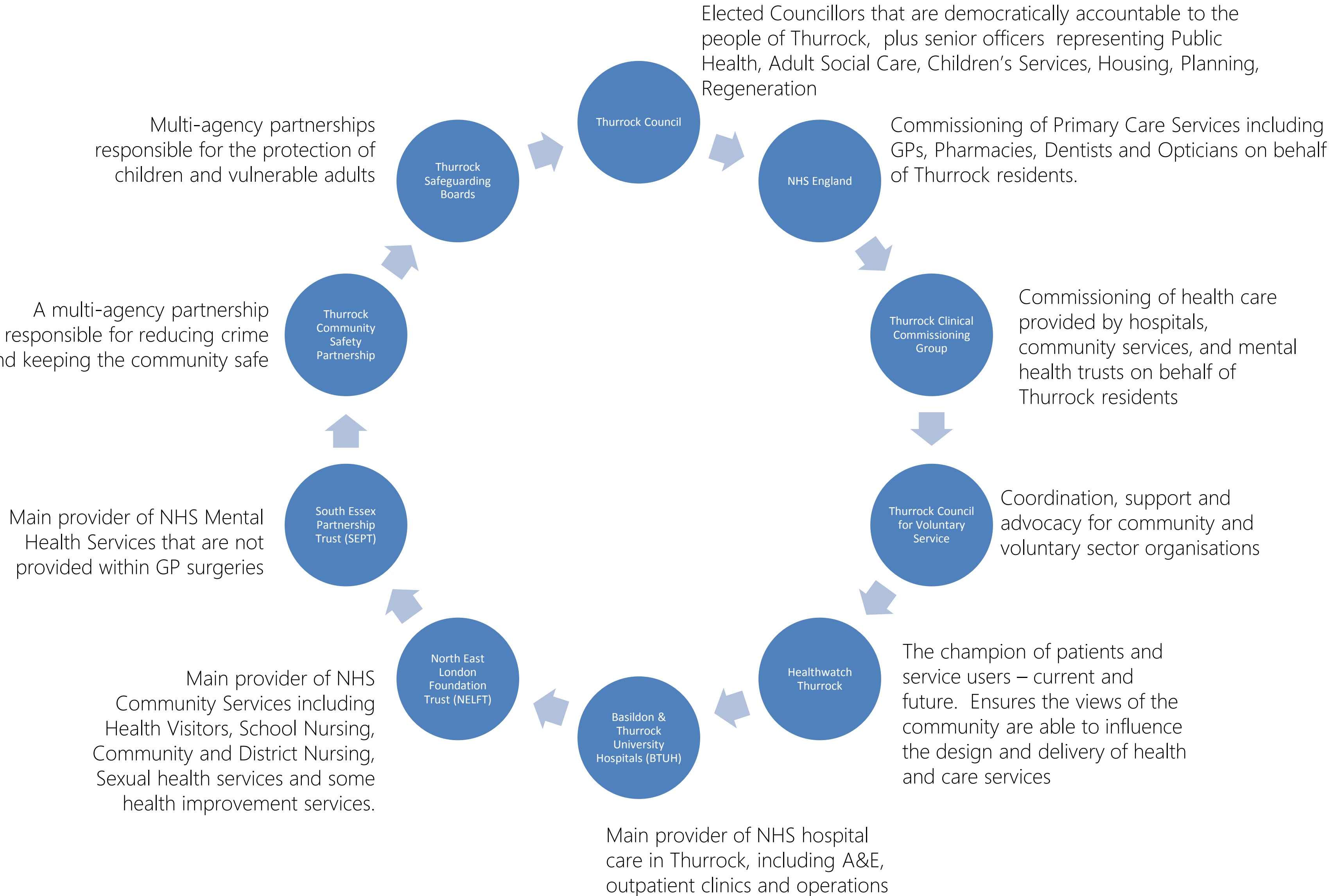
"I was able to get a good job, and I now feel differently about life"

"My children have a great chance of getting good exams results and I'm optimistic about their future"

"There are plenty of activities in my community that I can get involved in"

GOALS	A. OPPORTUNITY FOR ALL	B. HEALTHIER ENVIRONMENTS	C. BETTER EMOTIONAL HEALTH AND WELLBEING	D. QUALITY CARE CENTRED AROUND THE PERSON	E. HEALTHIER FOR LONGER
OBJECTIVES	A1. All children in Thurrock making good educational progress	B1. Create outdoor places that make it easy to exercise and to be active	C1. Give parents the support they need	D1. Create four integrated healthy living centres	E1. Reduce obesity
	A2. More Thurrock residents in employment, education or training.	B2. Develop homes that keep people well and independent	C2. Improve children's emotional health and wellbeing	D2. When services are required, they are organised around the individual	E2. Reduce the proportion of people who smoke.
	A3. Fewer teenage pregnancies in Thurrock.	B3. Building strong, well-connected communities	C3. Reduce social isolation and loneliness	D3. Put people in control of their own care	E3. Significantly improve the identification and management of long term conditions
	A4. Fewer children and adults in poverty	B4. Improve air quality in Thurrock.	C4. Improve the identification and treatment of depression, particularly in high risk groups.	D4. Provide high quality GP and hospital care to Thurrock	E4. Prevent and treat cancer better

Thurrock Health and Wellbeing Board – Who we are and what we do.



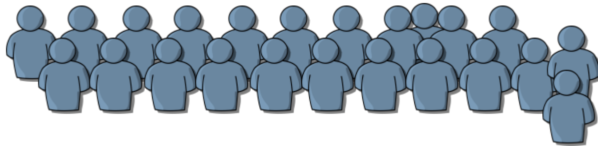
Key facts about health and wellbeing in Thurrock

What our Joint Strategic Needs Assessment (JSNA) and our communities are telling us

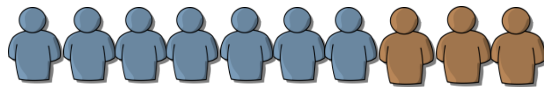
- Many people in Thurrock enjoy good health and wellbeing, but there are large differences in health and wellbeing of different communities. A boy born in Tilbury today is predicted to live for ten years fewer than a boy born in Orsett.
- We have a relatively young population compared to England, but as people live longer, the proportion of our population aged over 65 is predicted to grow faster than the general population
- We have a thriving community and voluntary sector but links with the Council and NHS could be strengthened
- Thurrock is undergoing a major programme of regeneration which includes Tilbury, Purfleet, Grays and our waterfront. This presents huge opportunities for us to create healthy environments.
- Thurrock has gained national recognition for its programmes to strengthen communities. We want to further build on this success by encouraging community and volunteering activities
- Air quality in some parts of the Borough needs to be improved.
- There are too few GPs and GP practice nurses serving too many patients. We need transform our Primary Care to increase the number of front line clinicians and help them deliver quality care.
- Health, housing and social care services are not as joined up as they could be. We need ensure that services are coordinated around the needs of the person, and not the needs of individual organisations.
- Too many people in Thurrock die before they reach their 75th birthday. The biggest killers are cancer, heart attacks, strokes and lung disease.

Key facts about health and wellbeing in Thurrock.
What our Joint Strategic Needs Assessment (JSNA) is telling us.

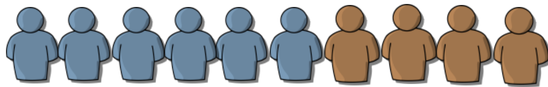
£



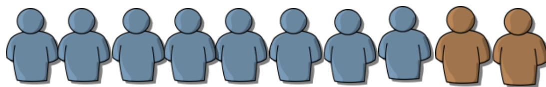
22 out of every 100 children grow up in poverty. This a higher proportion than England's. Poverty and low aspiration is a very strong predictor of poor health and wellbeing.



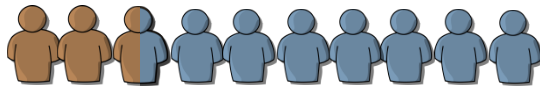
Seven out of 10 children achieve a 'Good Level of Development' after their first year at school, but we need to work with parents and teachers to help the remaining three get the best start in life.



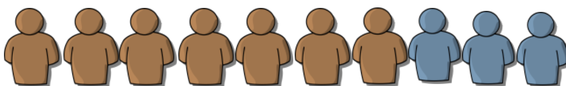
A good education is a very strong predictor of good health in later life. Almost 6 in 10 young people in Thurrock achieve 5 good GCSEs. This is better than the average for England but there is more to do.



Being employed is one of the single biggest factors shown to improve and protect health and wellbeing. Almost 8 out of 10 adults in Thurrock are economically active, but we want to grow our local economy to give more employment opportunities to our residents.



More than 1 in 5 adults smoke and are at increased risk of cancer, lung disease and cardio-vascular disease. We want to reduce our smoking prevalence by helping people quit and discouraging young people from becoming addicted.

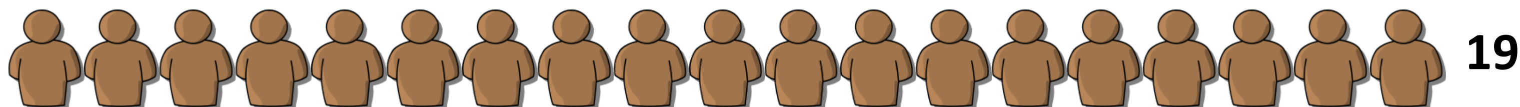


More than 7 out of 10 adults in Thurrock are either overweight or obese and at risk of developing serious health problems as a result. This is significantly higher than the average in England. We need to tackle our local obesity crisis.

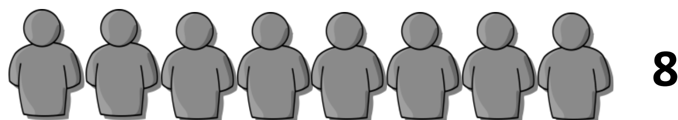
Too many people in Thurrock are living with long term health problems.

We need to get better at preventing, identifying and treating these to help people stay healthier for longer.

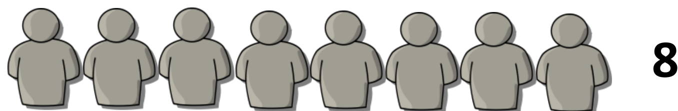
Out of every 100 adults who live in Thurrock, our local GPs will be treating:



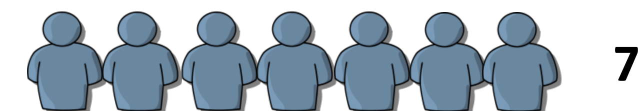
19



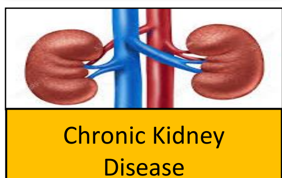
8

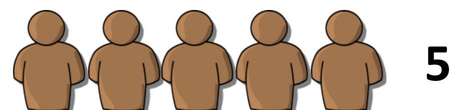


8

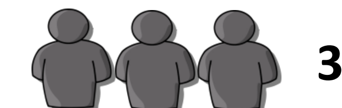


7





5



3

GOAL 1
Opportunity for all

What do we want to achieve?

Better educated children and residents who can access employment opportunities

What will achieving this goal look like?

- Fewer children and adults will live in poverty
- All Thurrock children will be ready for school
- More Thurrock residents will be in employment, education and training
- There will be fewer teenage pregnancies

Why?

'*Disadvantage starts before birth and accumulates throughout life*'

The best way to break the cycle of disadvantage and poor health is to take action early. Ensuring that children have a good start in life can lead to life-long improvements in health and wellbeing.

We know that more than one in five Thurrock children live in poverty. That makes it much harder for them to achieve their full potential in life. Our target is to halve this by 2020.

Thurrock is a place of opportunity. The ambitious programme of regeneration in the Borough means new jobs are being created – for example through the new Port (DP World) in the East of the Borough. Thurrock people must be able to access these jobs . That means people need to leave school with good qualifications and go on to get the skills they need to secure good jobs.

GOAL 2
A healthier environment

What do we want to achieve?

- **Places and communities that keep people well and independent**

What will achieving this goal look like?

- Outdoor spaces will make it easy to exercise and to be active
- More homes will be built that keep people well and independent
- Communities will be stronger and better connected.
- Air quality will be improved

Why?

We want to keep people well for as long as possible. For this to happen, we need communities that are strong and inclusive. We also need the way Thurrock's neighbourhoods are designed and built to make it easy for people to lead active and healthy lives.

If children and adults are to be more active we need to create environments that encourage them to be more active – either at school or where they live. We also need to ensure that public space is attractive and that people feel safe when they use it.

Much has already been done to empower local communities to be strong and inclusive. The Stronger Together partnership is a ground-breaking initiative which promotes community activities that strengthen connections between people. It also encourages people to have a greater say in what happens in their neighbourhood, taking control over the decisions that affect them. We want to build on that work to build strong, well-connected communities.

GOAL 3
Better emotional health and wellbeing

What do we want to achieve?
Strengthen mental health and emotional wellbeing

What will achieving this goal look like?

- Parents will be given the support they need when they need it
- Children will have good emotional health and wellbeing
- Fewer people will feel socially isolated or lonely
- Identification and treatment depression will be improved, particularly for those at greatest risk.

Why?
We know that at least one in four people will experience a mental health problem at some point in their life and that one in six adults will have a mental health problem at any one time. We also know that half of those with lifetime mental health problems first experience symptoms by the age of 14. Depression is the most common mental health problem making it a priority for us.

There are a number of things we can do to lessen the chance of poor mental health from occurring, or to prevent it from worsening. This includes ensuring that parents receive good support when they need it and identifying problems as early as possible. Tackling bullying is also important because it not only affects the mental health of children but can have long-term effects stretching into adulthood.

For people who do require long term medical care, we want to ensure that people are identified before they reach crisis point and that the service they receive is of high quality and tailored to the individual.

People with poor mental health often have poor physical health too, and we must ensure that we consider mental, physical and emotional wellbeing together.

We know that within our communities - particularly with Thurrock’s older population and those with caring duties, many people will be suffering due to social isolation. Social isolation can have a significant impact on physical health as well as mental and emotional wellbeing. We must give people opportunities to connect.

GOAL 4
Quality care, centred around the person

What do we want to achieve?

- **Remodel health and care services so they are more joined up and focus on preventing, reducing and delaying the need for care and support.**

What will achieving this goal look like?

- Four new healthy living centres will be built with GPs, nurses, mental health services, wellbeing programmes, community hubs and outpatient clinics under one roof.
- Care will be organised around the individual
- People will feel in control of their care
- High quality GP and hospital care will be available to Thurrock residents when they need it.

Why?

There will always be times when people need treatment or care from GPs, hospitals, social care or other services. When they do, we want to ensure that services in Thurrock are joined up and organised around people's needs rather than the needs of organisations. When people are passed from one organisation to another to receive different services they often don't get the best package of care and valuable resources are wasted. That's why we have a vision to create four Integrated Healthy Living Centres in Thurrock which will provide a whole range of health and care services under one roof. This is part of providing holistic solutions, which go beyond treating conditions to supporting people.

Hospitals are under huge pressure but much of that could be avoided if we get better at providing support at an early stage, to stop things progressing. So, instead of waiting for people to develop serious illnesses before we treat them, we want services to act at an early stage to prevent, reduce and delay the need for care and support.

When people use health and care services in Thurrock we want to make sure that healthcare is easy to access and that they get the best possible treatment. As far as possible, people should be in control of their own care. That is especially important for people who have long term conditions. We have already begun to develop some of these approaches, but we must work together and with communities to take this further.

GOAL 5
Healthier for longer

What do we want to achieve?

- **Reduce avoidable ill-health and death**

What will achieving this goal look like?

- A greater proportion of our population will be a healthy weight
- Fewer people in Thurrock will smoke
- The identification and early treatment of long term conditions such as diabetes or high blood pressure will be significantly improved
- More cancers will be prevented, identified early and treated better.

Why?

Thousands of us will be ill or die each year from diseases which are preventable. Promoting healthy lifestyle choices is vital. Smoking is still by far the most common cause of preventable ill health and death, and obesity is a growing problem which is particularly acute in Thurrock. These issues affect physical and mental health, they result in shortened lives and poorer quality of life, and they put huge strain on families and health services. Tackling these issues is vital, therefore, if we are to improve health and wellbeing in Thurrock.

To do this, we want to help people make healthy choices. For example, help people maintain a healthy weight we want to make it easy to be active, and have a healthy diet, and provide people with good information on how to live a healthy life.

Cancer is one common reason for ill health and death. Many cancers are avoidable through lifestyle changes but when people do have cancer we want to ensure that it is identified early, through screening programmes, and treated effectively when it does happen.

How did we develop this strategy?

Community engagement

We want Thurrock residents to recognise the priorities in this Strategy and to play their part in delivering them. That's why, as part of developing the strategy we asked people their views on :

- What our priorities should be;
- What they could do personally to contribute;
- One thing that would have the biggest impact on the health and wellbeing of Thurrock people and;
- Three actions the Health and Wellbeing Board should take.

The results are set out in a detailed report accessible here (add link here).

Key themes to emerge from the engagement exercise include:

- Air quality and pollutants created by traffic (including congestion);
- Access to services – particularly in relation to GP appointments;
- Access to open and green space;
- Affordability of exercise facilities;
- Good signposting of what's already available; and
- Mental Health support.

The themes identified above have either been captured within our five goals, Outcomes Framework or related action plans. If they haven't been included, we will be clear about why this is.

Ongoing conversations will take place with Thurrock residents to ensure that action plans and future strategy development are co-produced. It is also important that residents are involved in how the Health and Wellbeing Board measures how successful the Strategy is and whether it is achieving its goals and outcomes.

Building on our strengths

We also know that there are important strengths in Thurrock which we want to build on. These include:

- **Strong neighbourhood associations and networks** - can have a very positive impact on someone's health and wellbeing;
- **Citizen-led** – recognising that things work best when local people are given the chance to be in the driving seat and that citizen action is more durable and sustainable than any short-term programme;
- **Relationship building** – isolation and loneliness is one of the biggest problems facing our society. We thrive when we are connected with our neighbours. We can all help each other to stay connected.
- **Social Justice** – celebrating the contribution that older people and people who have disabilities and health challenges can make to community life. An inclusive approach is at the heart of a strong community
- **Dynamic Regeneration** – Thurrock has been built upon employment-led migration of people in to the Borough. As such, we have a proud history of growth and dynamic change. Using the opportunities created by our ambitious regeneration programme to improve the health and wellbeing of existing and new communities will be a key feature of this Strategy.
- **"Acts of Random Kindness"** – we have found through the development of our Stronger Together programme that Thurrock people care for each other but do not necessarily want to become involved in associations. This Strategy acknowledges that these informal and spontaneous acts of random kindness play a crucial role in supporting people and building safe and supportive communities: as such we will support small neighbourhood level initiatives as well as larger, more formal programmes of community development.

Making it happen

How will we achieve our goals?

The goals we have set out are ambitious. They cannot be achieved by a single organisation or group of people but require the transformation of systems and communities. That means that everyone has a part to play. Shared goals need to be translated into collective action. By agreeing to shared goals the organisations which sit on the Health and Wellbeing Board are making a public commitment to be held accountable for achieving them.

The strategy will lead to a number of action plans which will set out who is responsible for what. Communities and individuals are an essential part of the 'how' so we want our action plans to be co-produced with the people of Thurrock people.

Good work is already taking place so action plans will show how existing initiatives contribute to achieving our goals. It will also be important to influence existing plans and strategies. A list of key strategies and plans that contribute to the Health and Wellbeing Goal are shown in Appendix A. We will also develop five new action plans in partnership with our community that will set out in detail how we will achieve each of our five goals

How will we know if the Strategy is working?

We want to be clear about whether or not our strategy is working and to hold each other to account for achieving our goals. That's why we have developed an Outcomes Framework with measurable targets and trajectories for what we expect to achieve over the next five years. Thurrock Health and Wellbeing Board will be responsible for monitoring progress against the targets in our Outcomes Framework which is available here [link] and we will publish annual updates showing our progress against the targets we have set. Click here to access our Strategy Outcomes Framework

We will also want to ensure that Thurrock residents are noticing a difference and therefore we are committed to having an ongoing conversation with residents to find out what they think about the action we have taken and whether they think it's having an impact.

Looking Back……
Our Strategy 2013-2016…What did we achieve?

Adult Health and Wellbeing	Children's Health and Wellbeing
• Development of Local Area Coordination service • Development of Derry Avenue housing scheme for older people • Four GP hubs with extended opening and walk-in appointments • Basildon Hospital out of special measures • Development of Thurrock's first Better Care Fund Plan between the Council and Clinical Commissioning Group • Further development of strength-based approaches • Delivery of Elizabeth House Extra Care Facility	• Thurrock performing above the national/comparator average for children with good level development (GLD) • Improvement in the number of children achieving grades A-C at GCSE level • Improved rate of young people achieving at least a level 3 qualification by the age of 19 • Launch of Thurrock's Multi-Agency Safeguarding Hub • Strong performance on the number of young people not in employment, education or training • Improved number of looked after children living in suitable accommodation

…and finally

We don't want this Strategy to be a document that gets agreed and then forgotten about. It must drive change and it must do so in partnership with local people.

We want to continue the dialogue with local people about how we make this Strategy a reality. We also want to ensure local people are part of how we measure if this Strategy is making a difference.

This is your Strategy and needs to make a difference to your life.

If you have any questions about the Strategy or would like to be involved in future discussions about how we make it real for Thurrock people, then please contact us:

ASCpolicy@thurrock.gov.uk
Strategy Officer, Adults, Housing and Health, Thurrock Council, New Road, Grays, RM17 6SL

This page is intentionally left blank

Thurrock Health and Wellbeing Strategy 2016 – 19

GOALS	A. OPPORTUNITY FOR ALL	B. HEALTHIER ENVIRONMENTS	C. BETTER EMOTIONAL HEALTH AND WELLBEING	D. QUALITY CARE CENTRED AROUND THE PERSON	E. HEALTHIER FOR LONGER
OBJECTIVES	A1. All children in Thurrock making good educational progress	B1. Create outdoor places that make it easy to exercise and to be active	C1. Give parents the support they need	D1. Create four integrated healthy living centres	E1. Reduce obesity
	A2. More Thurrock residents in employment, education or training.	B2. Develop homes that keep people well and independent	C2. Improve the emotional health and wellbeing of children and young people.	D2. When services are required, they are organised around the individual	E2. Reduce the proportion of people who smoke.
	A3. Fewer teenage pregnancies in Thurrock.	B3. Building strong, well-connected communities	C3. Reduce social isolation and loneliness	D3. Put people in control of their own care	E3. Significantly improve the identification and management of long term conditions
	A4. Fewer children and adults in poverty	B4. Improve air quality in Thurrock.	C4. Improve the identification and treatment of depression, particularly in high risk groups.	D4. Provide high quality GP and hospital care to Thurrock	E4. Prevent and treat cancer better

Goal	Objective	Indicators	Baseline	Target %by 2020	Source
A. OPPORTUNITY FOR ALL	A1. All children in Thurrock making good educational progress	% of children achieving GLD at the end of year R	72.5%	80%	SFR36. www.gov.uk.
		Gap between above indicator and % of children on pupil premium achieving GLD at end of year R			
		% of all children achieving National Standard or greater depth	85%		
		% of young people gaining the higher grades in attainment and progress across the 8 subjects making up the National Curriculum (Attainment 8 and Progress 8)	70%		
		% of children achieving 5 good GCSEs at A – C including English and Maths			
	A2. More Thurrock residents in employment, education or training.	% of working age population who are economically active	77.7%		NOMIS
		% of the population of working age claiming Employment Support Allowance and incapacity benefits	5.0		NOMIS
		% of population claiming JSA	1.4%		NOMIS
		% of 16 – 19 year olds Not in Employment, Education or Training	5.3%		
	A3. Fewer teenage pregnancies in Thurrock.	Under 18 conception crude rate per 1000	36.1		PHOF indicator 2.04

Goal	Objective	Indicators	Baseline	Target %by 2020	Source
	A4. Fewer children and adults in poverty	% of children in poverty (all dependent children)	20.1		PHOF indicator 1.01i
		Number of households at risk of homelessness approaching the Council for assistance	2,400 pa (2015/16)		Corporate scorecard
B. **HEALTHIER ENVIRONMENTS**	B1. Create outdoor places that make it easy to exercise and to be active	% of physically active adults	66.3 (2014)	75%	PHOF indicator
		% of physically active children	-	-	Thurrock YP Survey
		Number of open spaces considered to be good quality/excellent	-	-	-
	B2. Develop homes that keep people well and independent	% of all major housing developments that have an approved HIA.	0	100%	Internal analysis
		% of major* planning applications that have been assessed by the HWB Housing and Planning Advisory Group	0	100%	Internal analysis
	B3. Building strong, well-connected communities	Number of hours of volunteering time	-	-	-
		Number of informal neighbourhood network groups			

Goal	Objective	Indicators	Baseline	Target %by 2020	Source
		Estimated Dementia Diagnosis Rate for people aged 65+ (%)	-	67%	Internal analysis
		Number of "dementia friends" in Thurrock	-	3750	-
	B4. Improve air quality in Thurrock	Annual mean level of NO_2 in the declared AQMAs			
C. BETTER EMOTIONAL HEALTH AND WELLBEING	C1. Give parents the support they need at the right time	% successful outcomes from early intervention prevention parenting programmes	-	95%	-
	C2. Improve the emotional health and wellbeing of children and young people	% of children and young people reporting that they are able to cope with the emotional difficulties they experience.	-	-	Thurrock Young People's Survey
		% of children and young people reporting that they know how to seek help when experiencing difficulties with emotional health and wellbeing	-	-	Thurrock Young People's Survey
		% of children reporting being bullied in the last 12 months	-	-	Thurrock Young People's Survey
	C3. Reduce social isolation and loneliness	Number of people who are supported by a Local Area Coordinator	42.3 (2013/14)		PHOF indicator 1.18i
		% of people whose self-reporting well-being happiness score is low.	11.5%		PHOF indicator 2.23iii

Goal	Objective	Indicators	Baseline	Target %by 2020	Source
	C4. Improve the identification and treatment of depression, particularly in high risk groups.	% of patients on a GP depression QOF register with a record of accessing IAPT	30.7% (2014/15) in year * may need to re-visit these figures.	Min. 40% on every QOF register	QMAS / Local PH Analyses
		% of people who recover after IAPT treatment	-	-	
		% of patients with a CVD or COPD, and without a diagnosis of depression, screened for depression in the last 24 months using a standardised tool.	-	-	QMAS / Local PH Analyses
		% of ASC clients over 65 screened for depression by frontline Thurrock Council SC staff	0	90%	Local analyses
D. QUALITY CARE CENTRED AROUND THE PERSON.	D1. Create four integrated healthy living centres	Number of IHLCs that are operational (with plans agreed for the remaining 2 hubs)	0	2	Local analysis
		Number of IHLCs with plans agreed by all partners.	0	2	Local analysis
		% of A&E attendances that are coded as emergency medicine category 1 investigation with category 1-2 treatment, category 2 investigation with category 1 treatment, and no investigation with no significant treatment			

Page 44

Goal	Objective	Indicators	Baseline	Target %by 2020	Source
	D2. When services are required, the coordinated around the needs of the individual.	2% highest risk frail elderly in Thurrock with a care plan and named accountable professional	-	-	-
		Establish a data system linking records from primary, secondary, community, mental health and adult social care.		System operatio nal	
		% of Early Offer of Help episodes completed within 12 months			
	D3. Put people in control of their own care	% of people who have control over their daily life	74.2% (14/15)	85%	SALT (Short and Long Term) Return
		% of people receiving self-directed support	70.3% (14/15)	-	SALT (Short and Long Term) Return
	D4. Provide high quality GP and hospital care to Thurrock	% of GP practices with CQC rating of at least good			CQC
		% of patients who would recommend their GP practice to someone new in the area			GP patient survey
		% of days in the year when hospital is on Black Alert			Internal analysis
E. HEALTHIER FOR LONGER	E1. Increase the number of people in Thurrock who are a healthy weight	% of children overweight or obese at year 6	38%	< national average	NCMP
		% of adults overweight or obese	70.4%	65%	PHOF indicator 2.12
	E2. Reduce the number of people	Smoking prevalence in those aged 18+	20.7%	<18%	PHOF indicator

Goal	Objective	Indicators	Baseline	Target %by 2020	Source
	smoking in Thurrock	Smoking prevalence in those aged 15-17	NA	3% reductio n	Young People's Survey
	E3. Significantly improve the identification and management of LTCs	Mean score on an agreed GP Practice based LTC management score card	TBA		Local Analyses
		Unplanned care admission rate for conditions amenable to healthcare.			SUS
	E4. Prevent and treat cancer better	Breast cancer screening coverage	71.8%	75%	PHOF indicator 2.20i
		Cervical cancer screening coverage	72.8%	80%	PHOF indicator 2.20ii
		Bowel cancer screening coverage	54.6%	60%	PHOF indicator 2.20iii
		1-year survivorship after cancer (all cancers)	66.4% (2012)	70%	ONS

This page is intentionally left blank

11 February 2016	ITEM: 6
Health and Wellbeing Board	
Thurrock Transformation Plan: Delivering our Vision	
Wards and communities affected: All	**Key Decision:** For information
Report of: Jeanette Hucey, Programme Director, Thurrock CCG	
Accountable Head of Service: Mark Tebbs, Director of Commissioning	
Accountable Director: Mandy Ansell, Interim Acting Accountable Officer	
This report is Public	

Executive Summary

This transformation plan outlines our vision for providing health and care closer to or at home for the population of Thurrock - **For Thurrock in Thurrock**, in line with our strategic direction set out in our 5 year Strategic Plan 2014-19, and acts as a refresh to that plan in terms of building on that vision.

This plan also aligns with the local Health and Wellbeing Strategy and builds on the aims of the Better Care Fund (BCF) as a new model of care emerges from the vision and local ambitions through the course of the transformation programme in line with the NHS England document the “Five Year Forward View”.

1. Recommendation(s)

1.1 The Board is asked to note and comment on the contents of the transformation plan and the CCG’s Vision for Thurrock.

2. Introduction and Background

2.1 Patients often tell us that they find the health and care system overwhelmingly complex and disjointed. While there have been major improvements in health and care services recently, these improvements have not kept pace with changes in society over the years, and if these are not addressed we know the system will struggle to meet future needs.

3. Issues, Options and Analysis of Options

3.1 We know that the system is not currently set up to cope with the rapid growth in demand for health and care service. By developing our vision and the

enhanced neighbourhood based teams, we will be in a better position to meet that demand.

4. Reasons for Recommendation

4.1 We are committed to improving the health and wellbeing of our population and to working together with our system partners to enable them to enjoy a healthy safe and fulfilling life at every stage of their life journey, ensuring that the services we commission support that life journey, are safe, and offer a good patient experience.

4.2 We know our patients find the current system overwhelming complex and disjointed and we aim to address this by bringing care closer to home by developing locality (neighbourhood) based integrated community health and care teams which will be extended and enhanced to increase current staff numbers and to provide a wider skill mix to enable care closer to or at home whenever it is clinically relevant.

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

5.1 We are in the initial engagement phase of the transformation programme and as such this document is share in that spirit.

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

6.1 Not applicable in respect of corporate policies, priorities and performance.

6.2 We will continue to work in partnership with our local stakeholders and partners to develop a more integrated workforce with the skills, experience, capability and capacity to provide care closer to home in a more holistic way as we develop our new care models for the future.

7. Implications

7.1 Financial

Implications verified by: **Mark Tebbs**

Director of Commissioning, Thurrock CCG

The true financial implications and risks will not become be clear until the rebasing has been completed and we have started the dialogue process with providers. This is not likely to be achieved until into February when the contracts are being finalised.

The programme of work will be a key part of delivering financial sustainability going forward and we will work through the detail of each strand of the programme so that they contribute to this overall aim.

7.2 **Legal**

Implications verified by: None Identified

Roger Harris, Director of Adults, Housing, Health

7.3 **Diversity and Equality**

Implications verified by: None Identified

Roger Harris, Director of Adults, Housing, Health

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

The programme of work will be a key part of delivering future financial sustainability and we will work through the detail of each strand of the programme so that they contribute to this overall aim.

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

- None

9. Appendices to the report

Thurrock CCG - Thurrock Transformation Plan: Delivering our Vision

Report Author:

Jeanette Hucey

Programme Director

Thurrock Clinical Commissioning Group

This page is intentionally left blank

NHS
Thurrock
Clinical Commissioning Group

Thurrock Transformation Plan: Delivering our Vision

January 2016

TABLE OF CONTENTS

1. FOREWORD 2

2. ABOUT US 3

2.1 LOCALITY OVERVIEW 3
2.2 OUR AMBITIONS 4
2.3 OUR VISION 4
2.4 OUR CORPORATE COMMITMENT 6
2.5 QUALITY, SAFETY AND PATIENT EXPERIENCE 6

3. WHY DO WE NEED TO CHANGE? 7

3.1 EXPECTED POPULATION GROWTH 7
3.2 CURRENT FINANCIAL POSITION 8
3.3 FUTURE FINANCIAL POSITION 8
3.4 ACHIEVEMENT OF CONSTITUTIONAL TARGETS 8
3.5 WORKFORCE CONSTRAINTS 8
3.6 NATIONAL DRIVERS FOR CHANGE 9
3.6.1 FIVE YEAR FORWARD VIEW 9
3.6.2 SUCCESS REGIME (ESSEX) 10

4 OUR VISION FOR CARE IN THE FUTURE 10

4.1 WHAT THIS WILL MEAN FOR PATIENTS 11
4.2 PATIENT AND SERVICE USER INVOLVEMENT 12

5 NEW MODELS OF CARE 13

5.1 OUR NEW SERVICE MODEL 13
5.2 OBJECTIVES FOR OUR NEW SERVICE MODEL AND GREATER FOCUS ON OUTCOMES 14

6 OUR SERVICE DEVELOPMENT PROCESS 17

6.1 NEW FINANCIAL FLOWS 17
6.2 USER ENGAGEMENT / INVOLVEMENT 18
6.3 ENGAGEMENT WITH OUR PARTNER & PROVIDER ORGANISATIONS 18
6.4 IT AND INFRASTRUCTURE 18
6.5 ESTATES 19

7 TIMESCALE FOR CHANGE 20

8 WHAT DOES THIS MEAN FOR OUR PROVIDERS? 22

1. Foreword

This transformation plan outlines our vision for providing health and care closer to or at home for the population of Thurrock - **For Thurrock in Thurrock**, in line with our strategic direction set out in our 5 year Strategic Plan 2014-19, and acts as a refresh to that plan in terms of building on that vision.

This plan also aligns with the local Health and Wellbeing Strategy and builds on the aims of the Better Care Fund (BCF) as a new model of care emerges from the vision and local ambitions through the course of the transformation programme in line with the NHS England document the “Five Year Forward View”.

Patients often tell us that they find the health and care system overwhelmingly complex and disjointed. While there have been major improvements in health and care services recently, these improvements have not kept pace with changes in society over the years, and if these are not addressed we know the system will struggle to meet future needs.

In recent public engagement events, a recurring theme is the desire for health and care services to be more accessible for Thurrock people.

We also know that the system is not currently set up to cope with the rapid growth in demand for health and care service. By developing our vision and the enhanced neighbourhood based teams, we will be in a better position to meet that demand.

While we are in a more stable financial position than some of our system partners, maintaining that position gets more challenging every year. We recognise that there are still efficiencies that we can make across the system and we are committed to working together to get the most for the Thurrock pound.

We already work closely with our local authority partners and neighbouring CCG in Basildon and Brentwood as well as our provider organisation Basildon and Thurrock University Hospital Foundation Trust (BTUH) our acute provider, North East London Foundation Trust (NELFT) our community provider, and South Essex Partnership Trust (SEPT) our mental health provider. We will continue to work in partnership with each of them to develop a more integrated workforce with the skills, experience, capability and capacity to provide care closer to home in a more holistic way as we develop our new care models for the future.

We are fortunate in that NHS England launched 50 vanguard sites in 2015 to test new models o integrated care and we will learn from their experience as we more forward on our journey towards delivering new models of care.

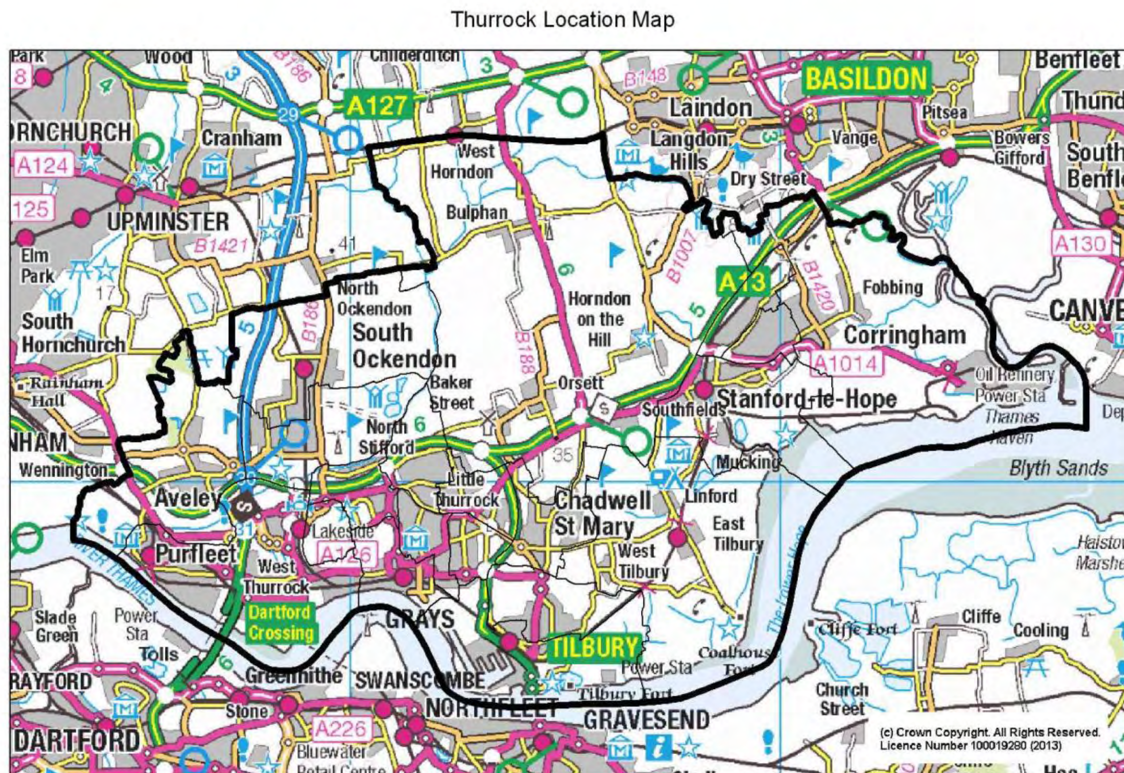
Anand Deshpande, Chairman

Mandy Ansell, Acting Accountable Officer

2. About us

Thurrock Clinical Commissioning Group (CCG) is situated in the south of Essex and lies to the east of London on the north bank of the River Thames. It has a diverse and growing population with a population density of 976 persons per square kilometre.

Figure 1 Map of Thurrock



The CCG is made up of 32 GP practices, clinicians, nurses and NHS managers and staff and is responsible for buying and delivering local health care services for its population.

The services include healthcare from hospitals, community and mental health services and some specialist services however service contracts with GPs, dentists, pharmacists and opticians are managed by NHS England, and Thurrock Council is responsible for all social care services in Thurrock.

2.1 Locality Overview

The CCG is broadly made up of four localities (neighbourhoods), situated in Tilbury, Purfleet, Grays and Corringham and surrounding areas. We serve a population of just over 163,000, which is increasingly ethnically diverse, and there has been substantial movement of people from London to Thurrock, particularly from geographically close boroughs.

2.2 Our Ambitions

Our local Health and Wellbeing Strategy is built on 5 key principles:

Figure 2 Health and Wellbeing Strategy – 5 key principles

Prevention and early intervention: A system wide Primary, Secondary and Tertiary prevention strategy with clear outcomes and key actions for each partner agency, a locality based population health system.

Building strong and sustainable communities: Integrated housing, health, planning and transport policy, building on the "Thurrock revolution", embedding wellbeing into the regeneration agenda

Strengthening the mental and emotional: Wider determinants of mental health, preventing mental ill health, finding and treating the missing thousands, bring services closer to Primary Care.

Health and social care transformation: Improving Primary Care, integrating care around the person (closer to home).

Ensure that all agencies work together to deliver services that collectively improve the lives of all children and young people, ensuring that every child in Thurrock regardless of their circumstances has access to the best services and outcomes.

To achieve these ambitions we need to radically change how our health and care system current works. This plan sets out our journey toward the last of the 4 ambitions (health and social care transformation), which if we are successful will provide the environment for the other 4 ambitions to flourish.

2.3 Our Vision

The Thurrock health and care system is embarking on an ambitious piece of work to align its vision for older people (BCF) with the primary care transformation programme already underway.

The current scope of this programme includes out of hospital adult care, and localising community and mental health (initially organic) in hospital adult care services **"For Thurrock**

in Thurrock". This will be refined as the programme gains pace in order to align with the context of the Essex Success Regime (ESR) to ensure a comprehensive plan for Essex sustainability going forward.

The focus is on improving the quality and accessibility of service for the local population based on need (identified through health need, social need and deprivation analysis provided by Public Health), with a view to providing a more holistic model of locality based care closer to home for the local population.

Primary care underpinned by primary care needs assessment linked with social needs, in order to cross reference social needs and deprivation with health outcomes to allow us to forecast future health needs in line with demographic changes, and local regeneration and development programmes.

We already know that there are areas where we could improve, and by developing our services and estate for the people of Thurrock within Thurrock, and using a joint health and care community team within a care coordination model of delivery, more formally supported by our local voluntary services we will truly be able to do so

The more radical element of our transformation programme centres on the current configuration of beds across southwest Essex, which spans 2 CCG catchments (figure 3).

With an open mind and some radical thinking about how current estate and services could be reconfigures to deliver a place based system of care specific to each CCG's local population, an alternative model has emerged (figure 4).

Figure 3

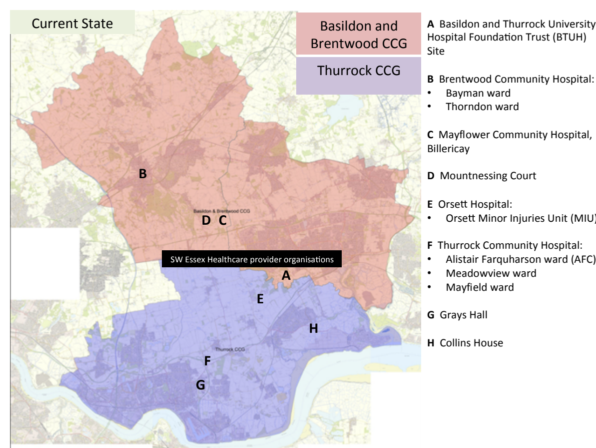
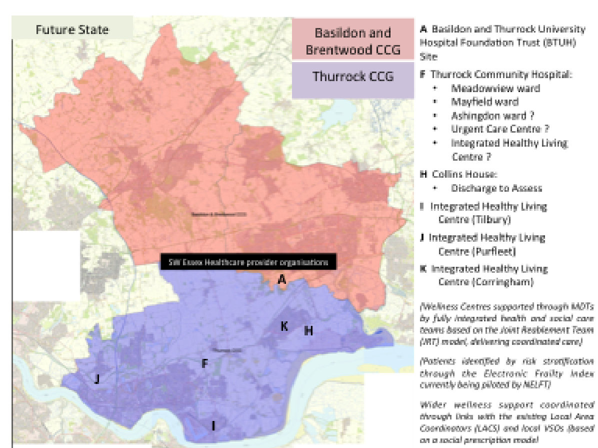


Figure 4



The focus of the alternative model is based on shifting patient flows into appropriate beds (clinically) where a bed is needed, and into an appropriate environment to meet each individual patient's needs (a key factor of good quality care for people with dementia or challenging behaviour). Where a bed is not the best solution in helping to maintain independence and wellness, patients will be supported by the integrated health and care community teams, in other words: right care, right place, right time.

2.4 Our Corporate Commitment

As commissioners, we are responsible for buying and delivering local health care services for our population and in doing that we have a statutory obligation to balance our financial accounts.

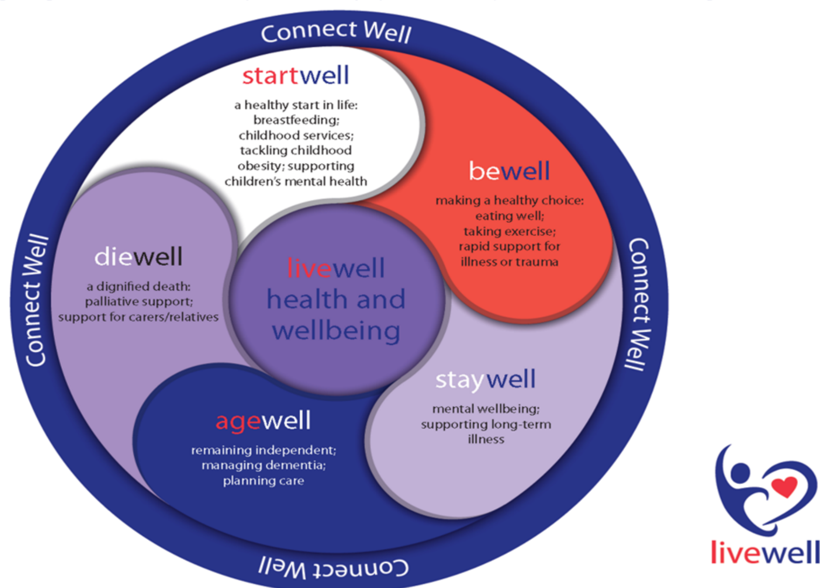
Whilst we are in a more stable financial position than some of our system partners, maintaining that position gets more challenging every year. We recognise that there are still efficiencies that we can make across the system and we are committed to working together to get the most for the Thurrock pound.

2.5 Quality, Safety and Patient Experience

We are committed to improving the health and wellbeing of our population and to working together with our system partners to enable them to enjoy a healthy safe and fulfilling life at every stage of their life journey, ensuring that the services we commission support that life journey (figure 5), are safe, and offer a good patient experience.

We know our patients find the current system overwhelming complex and disjointed and we aim to address this by bringing care closer to home by developing locality (neighbourhood) based integrated community health and care teams which will be extended and enhanced to increase current staff numbers and to provide a wider skill mix to enable care closer to or at home whenever it is clinically relevant. Helping our people to be well, live well and stay well at every stage of their lives as outlined in the "Live well health and wellbeing life cycle" at figure 5 below.

Figure 5 Live well health and wellbeing life cycle



To further support this end we will be working with CCG colleagues and partners to agree a set of whole-system outcomes which apply across organisational boundaries in the form of a multi-agency incentive scheme through the co-alignment of CQUINs / Enhanced Payments. The details of the proposed scheme are outlined in Section 5 below (figures 12, 13 and 14).

3. Why do we need to change?

We know that the system is not currently set up to cope with the rapid growth in demand for health and care service. By developing our vision and the enhanced locality (neighbourhood) based teams, we will be in a better position to meet that demand.

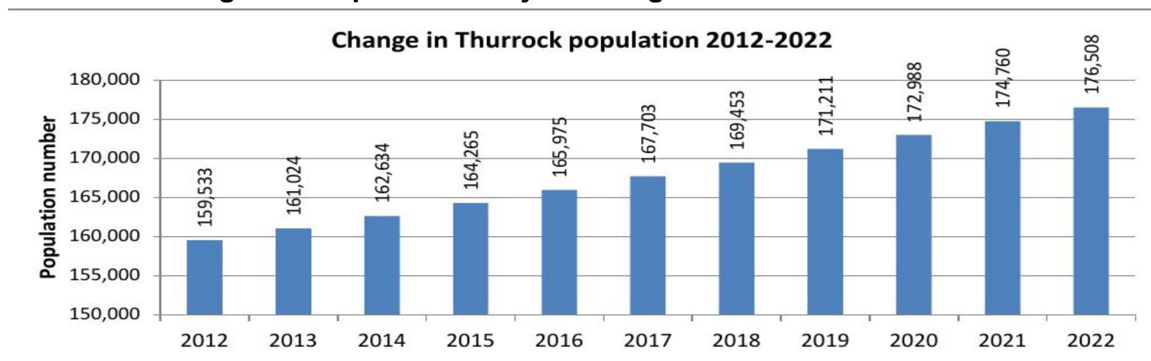
3.1 Expected Population Growth

The CCG has a larger young population aged 0-19 years – particularly 0-4 year olds, and a larger population in their 30s and early to mid-40s than both East of England and England.

There has been a 47.5% increase in the over 85 population between 2001 and 2011, equating to 846 more residents in this age group, and it is estimated that the total population will increase to 176,500 by 2022 and 192,535 by 2032.

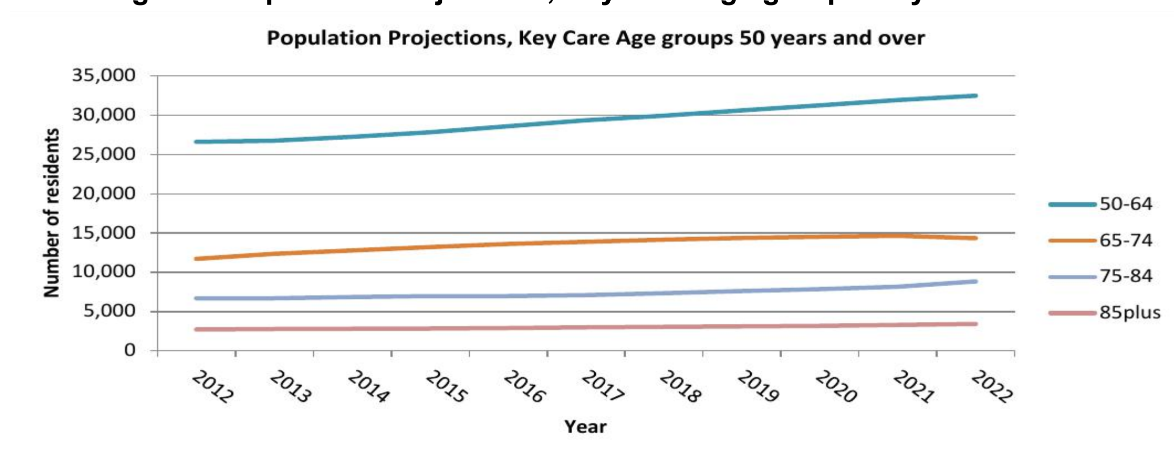
Figure 6 shows the projected change from 2012 to 2022, by five year age group. There is predicted to be a rise in number for almost every age group however the most significant rises occur in age groups clustered in the 0-14, 25-29, 50-59 and 70 plus age groups.

Figure 6 Population Projection Age Structures 2012-2022



The age and sex distribution within our population has an impact on the level of need for health services. Older people and the very young tend to have a greater utilisation of health services. An increase in a younger population indicates opportunities to maximise an early offer of help and prevent future ill health, in line with local authority public health responsibilities. Whilst an increase in the older population has implications for service provision and the levels and ways that care and social services are provided to meet needs.

Figure 7 Population Projections, Key Care Age groups 50 years and over



This plan set out the journey through which we aim to address those needs and should be read in conjunction with our Primary Estates Strategy which set out our plans for developing local primary care services which dovetail into delivering our vision for transformation change.

3.2 Current Financial Position

The true financial implications and risks will not become be clear until the rebasing has been completed and we have a received sign-off by each of the providers to the proposed plan. This is not likely to be achieved until into February when the contracts are being finalised.

3.3 Future Financial Position

The programme of work will be a key part of delivering financial sustainability and we will work through the detail of each strand of the programme so that they contribute to this overall aim.

We are working on transformational change which will lead to a rationalisation of estate, less duplication, better coordination and ultimately better care for the patient in the right place at the right time.

3.4 Achievement of Constitutional Targets

We have a statutory obligation to meet a range of constitutional targets including: A&E transit times, Referral to Treatment Times, Cancer waiting times, mental health access targets and others, in addition to meeting our financial obligations.

- Our system is currently under pressure with a range of targets such as:
- IAPT standard for entering treatment, dementia diagnosis rates
- Cancer 31 and 62 day targets
- A&E four hour waiting times
- Ambulance response rates
- 18 week referral to treatment time target

We are working with system partners to address these immediate pressures and in longer term planning linked to delivery of our vision so that sustainable systems and processes are in place to better manage these pressure in the future.

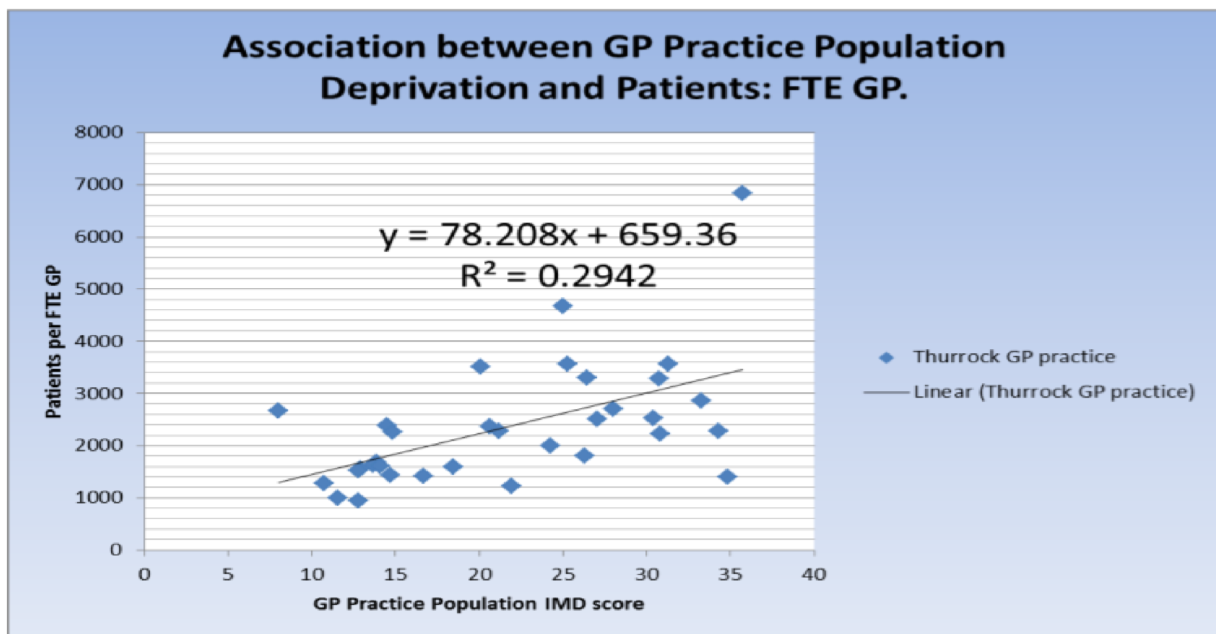
3.5 Workforce Constraints

Thurrock is significantly ‘under doctored’ with an average of 2,032 patients per FTE in 2014/15. All but four GP practices have list sizes per FTE GP that are greater than England’s.

The average number of patients cared for by a FTE GP in England is 1391.

Figure 8 (below), shows the association between GP practice population deprivation and ratio of patients: FTE GP in Thurrock.

Figure 8



We know that under-doctoring and nursing is a huge issue and people are waiting for an unacceptable length of time in order to obtain a GP appointment. We also know that if people cannot get a GP appointment they are more likely to use more expensive parts of the system such as A&E, and that under- doctoring leads to a reduced ability of GP practices to care proactively for patients with long term conditions, increasing the risk of patients experiencing an emergency event such as diabetic coma, stroke or other stroke.

In Thurrock our vision is to provide more integrated health and social care services, and provide a more holistic population health approach to the way in which we commission services.

We are working with Health Education England (HEE) on a range of workforce transformation initiatives, in partnership with other Essex CCGs and healthcare providers to support recruitment, training, workforce development and specific projects to alleviate workforce-related pressures in the short, medium and longer term. Workforce planning will be a key part of our strategy in order to implement our vision, and create a sustainable care system for the future.

3.6 National Drivers for Change

3.6.1 Five Year Forward View

The Five Year Forward View (2014) sets out a clear direction for the NHS and how future services could be configured, including outcomes based commissioning. There is an expectation that when people do need health services, patients will gain far greater control of their own care. In addition the Care Act (2014) has a clear focus on wellbeing, preventing, reducing and delaying people's needs from developing. The Care Act sets out the integration agenda between local authorities and the NHS by making it a default position for the design and delivery of services.

3.6.2 Success Regime (Essex)

On 3 June, the NHS Chief Executive announced that Essex (including Southend and Thurrock) is part of the first ever NHS Success Regime. The aim of the Success Regime is to provide increased support and direction to the most challenged systems in order to secure improvement in three main areas:

I. Short-term improvement against agreed quality, performance or financial metrics;
II. Medium and longer-term transformation, including the application of new care models where applicable;
III. Developing leadership capacity and capability across the health system.

Unlike under previous interventions, this success regime will look at the whole health and care economy: providers, such as hospital trusts, service commissioners, clinical commissioning groups and local authorities will be central to the discussions.

4 Our Vision for Care in the Future

The current system is built on a “reablement” ethos across all health and care services where the emphasis of all providers is to support the service user to gain or maintain their optimal potential level of independence however this is often not achieved.

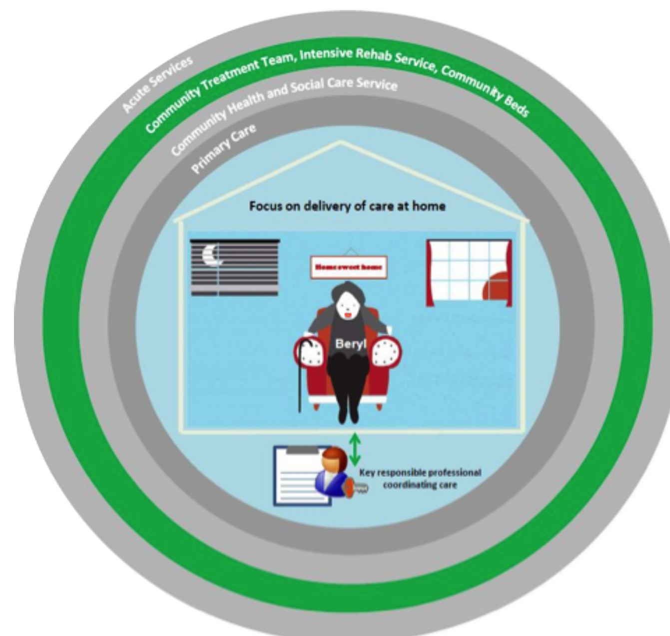
Successful delivery of our vision will require a range of out of hospital services which flex during changes in demand e.g. winter/summer, are based around local patient need as opposed to pre determined service models, and prioritise domiciliary care packages over bed based care but offer bed based care where required.

Our new models of care will be locality (neighbourhood) based and will be delivered through MDTs by fully integrated health and social care teams (based on the Thurrock local authority Joint Reablement Team (JRT) model, delivering coordinated care closer to or at home (see figure 9 below).

The locality (neighbourhood) based teams will align with the existing health hubs taking a virtual ward approach to providing care closer to or at home within each locality (neighbourhood), and with new developments in primary care estate as they emerge, and as outlined in the Primary Care Estate Strategy.

Patients will be identified by risk stratification through the Electronic Frailty Index currently being piloted by NELFT our community provider, and will received wider support to maintain wellness through links coordinated with the existing Local Area Coordinators (LACS) and local voluntary services, based on a social prescription model.

Figure 9 Our vision for Care Closer to home through integration and care coordination



This new model means that district nursing, pharmacy, dentistry, domiciliary care teams will work in partnership to develop care plans that are personalised, holistic, and are delivered by specialists from across the health and care system. Care will be co-ordinated around the patient as opposed to traditional organisational and service structures.

The voluntary sector will also play a key part in helping communities to support and maintain the independence.

4.1 What this will mean for patients

Our patients often tell us that they find the health and care system overwhelmingly complex and disjointed. While there have been major improvements in health and care services recently, these improvements have not kept pace with changes in society over the years, and if these are not addressed we know the system will struggle to meet future needs.

We also know that the system is not currently set up to cope with the rapid growth in demand for health and care service. By developing our vision and enhanced locality (neighbourhood) based teams, we will be in a better position to meet that demand and to offer care closer to or at home for our local population.

4.2 Patient and Service User Involvement

We are committed to providing the best services we can for our population to meet their current and future needs, and recognise that we will only know if we are doing this if we ask.

We are fortunate in that our local Health and Social Care Engagement Group which meets monthly includes members of Thurrock Council, Thurrock Coalition, the CCG, HealthWatch and Thurrock CVS and we have been using this forum as a sounding board during the developing phase of the vision to ensure we continue to get the message right, and communicate it in the best way possible.

With their advice and feedback we produced a Public Facing Document, which will give people the opportunity to tell us whether they think that our vision is right for the Thurrock population.

We will also work with them to engage our local population (tapping into and learning from engagement currently underway to gauge views on the refreshed Health and Wellbeing Strategy), and will be commissioning support from HealthWatch and Thurrock Coalition to help us gain feedback from a widely representative group of at least 1% of our local population over the first quarter of this year.

The results of our engagement will be published on our website.

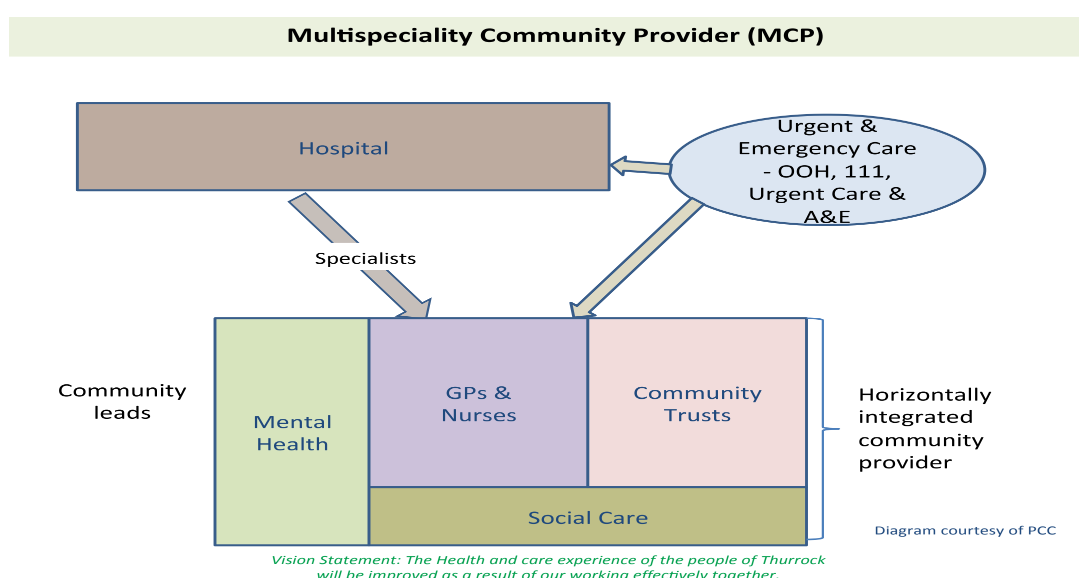
5 New Models of Care

NHS England's Five Year Forward View invites local systems to propose co-creating new models of care and organisation locally.

The document identifies (but does not limit us to) four possible models:

- Multispecialty community providers (MCPs), including a number of variants
- Integrated primary and acute care systems (PACS)
- Additional approaches to creating viable smaller hospitals. This may include implementing new organisational forms such as specialist franchises and management chains
- Models of enhanced health in care homes.

Figure 10 Multispecialty Community Provider (MCP) Model



5.1 Our New Service Model

Our model of care whilst not designed specifically as such does seemingly predominantly match the makeup of a Multi-speciality Community Provider (MCP) and as such organically take us into the realms of the types of models currently being tested through the national vanguard sites (see figure 10 above and what that might look like for Thurrock at figure 11 below).

Under this new care model outlined in the Five-Year Forward View, groups of practices would expand bringing in nurses and community health services, hospital specialists and others to provide integrated out of hospital care. These practices would shift the majority of outpatient consultations and ambulatory care to out of hospital settings.

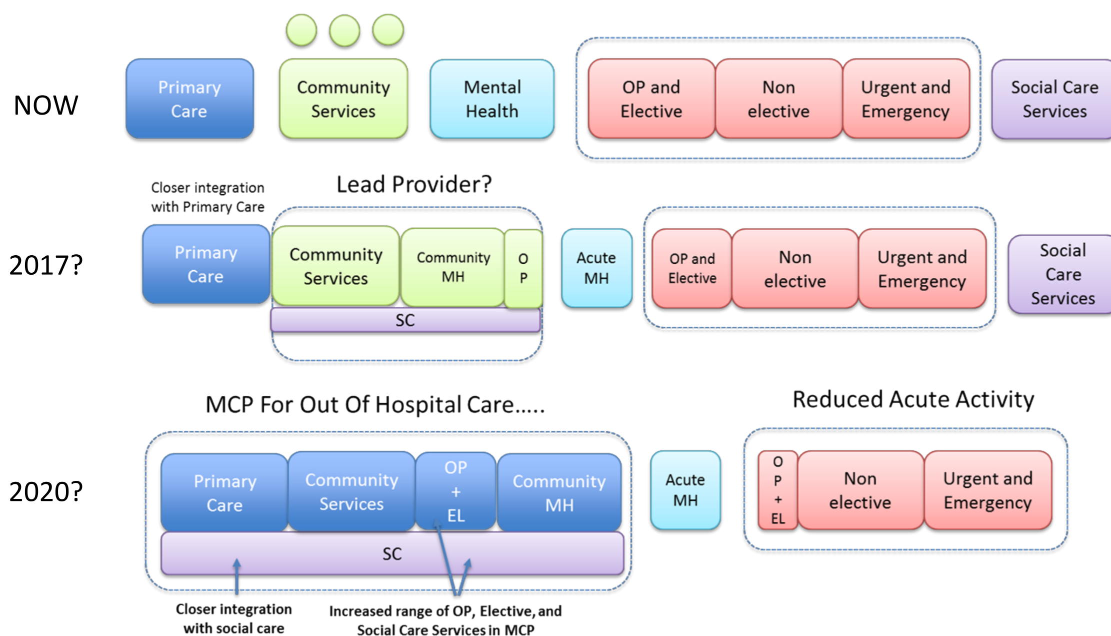
Over time, these providers might take on delegated responsibility for managing capitated NHS budgets (or combined health and social care budgets) using a place based commissioning model to commission outcomes based services for their registered patients.

This model also offers the opportunity to reduce the number of contracts and thereby, the associated administration, monitoring and management costs incurred in keeping them on track.

We have the opportunity to shape and deliver a future model of care, which works for the population of Thurrock (and southwest Essex), rather than subsequently receiving direction in later years on a model of care which we should adopt and there was wholehearted support at the recent Board Seminar for the Thurrock transformation approach.

We also have the opportunity to review and reshape how and where our urgent care is provided and this will form another strand of work within the transformation programme.

Figure 11 What the journey to an MCP Model might look like for Thurrock
(developed by Attain for a Board Seminar Session November 2015)



5.2 Objectives for our New Service Model and greater focus on Outcomes

We have been working with CCG colleagues and partners to agree a set of whole-system outcomes which apply across organisational boundaries in the form of a multi-agency incentive scheme through the co-alignment of CQUINs / Enhanced Payments.

The proposed scheme (outlined in figures 12, 13 and 14 below) is currently being shared with partners and provider colleagues.

Figures 12, 13 and 14: Development of whole-system outcomes in the form of a multi-agency incentive scheme through the co-alignment of CQUINs / Enhanced Payments.
Figure 12 Background and Current Position

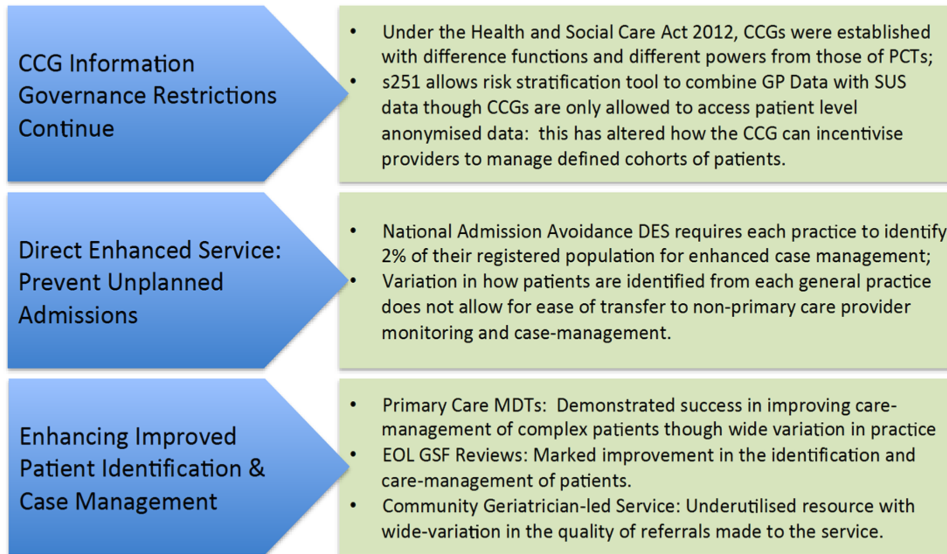


Figure 13 Whole-system Service Improvement

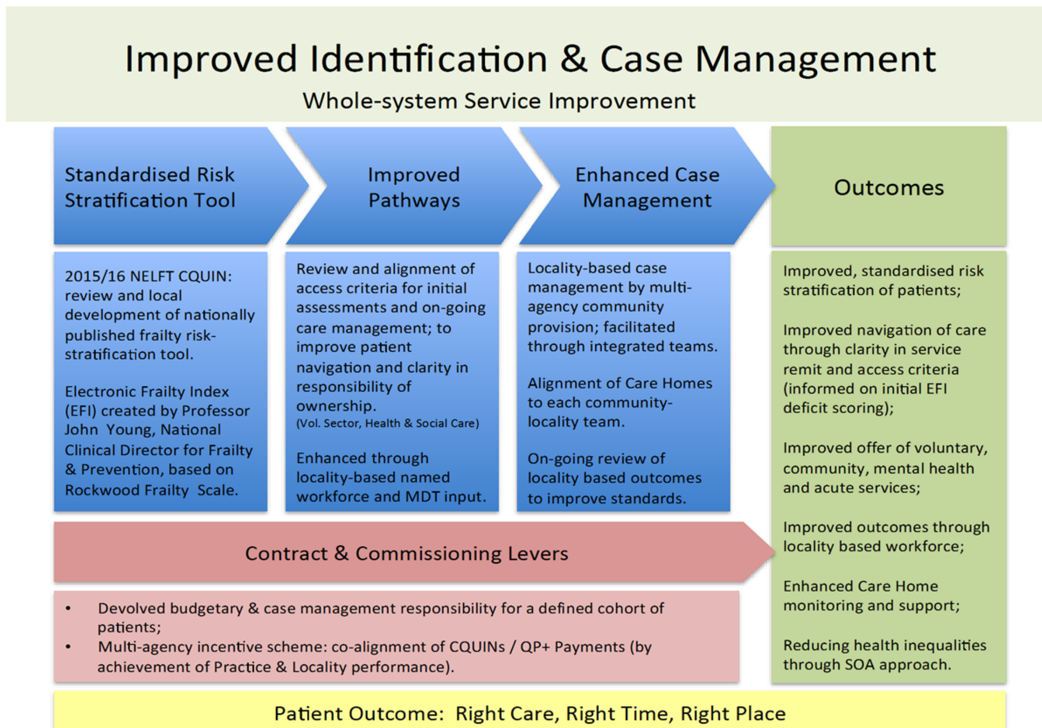


Figure 14 The Framework

Integrated Health Incentive Framework
2016/17

	QP+	CQUIN
Attendance & Support of EOL GSFs & Primary Care MDTs; with routine EFI reporting.	Y	Y
Co-authorship of integrated clinical directory (with clearly defined clinical access criteria and demarcation of responsibilities (tiers); with complimentary VSO services.	N	Y
Assessment, review and enhanced care management of HIUs of non-elective care *(identified though combined frailty scoring & NEL activity (acute, comm, MH)).*	Y	Y
Percentage* reduction of HIUs activity in: Q2,Q3, Q4 *(by Locality to into second component of QP+ payment structures).*	Y	Y
Increased identification of patients in the last year of life *(with focus on cohorts defined in 'Actions on End of Life' published: November 2014)*	N	Y
Q1 publication of integrated DOS / community leads / contact methods & process	N	Y

*Percentage without inclusion of those deceased within each reporting period

6 Our Service Development Process

We have already defined what we thing our new care model should look like, and have been working through the impact of this on our current health and care system with our system partners.

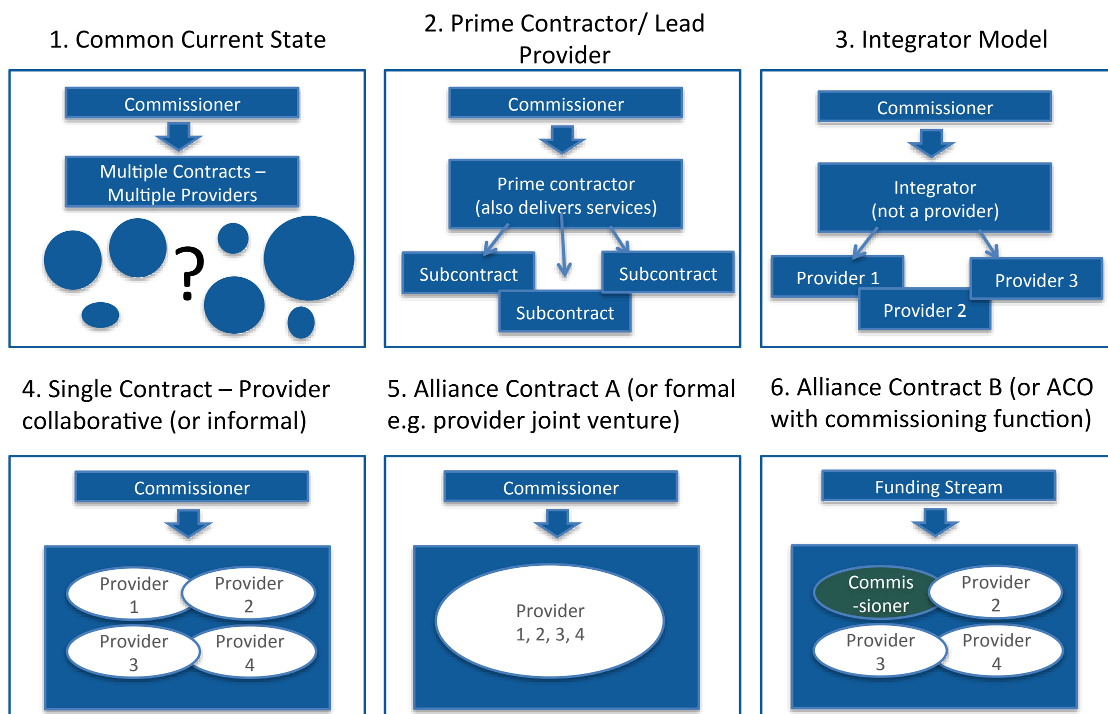
Our future care delivery system will include detailed pathway redesign, activity and financial modelling, workforce planning, and working through the full range of enabling infrastructure such as estates and IT connectivity. We have started the process of developing a plan that sets out the high level timeline required to develop the new care model through 3 phases over the next 3 years, and for phase 1 over the first 9 months.

A more detailed programme plan has also been developed to set out the tasks and actions required to further develop the new care model. This informs our governance for the programme.

6.1 New Financial Flows

We recognise that integrated care delivery models will require radical changes to the way we fund care and we are already exploring how as part or our integrated community teams we deliver co-ordinated care for our frail and elderly population. Our neighbouring CCGs are working on developing capitated models for frail and older people, and in addition pilot "Vanguard" sites are testing a range of different models. All of these will contribute to our work on developing appropriate funding and contracting methods for the integrated, co-ordinated care model might resemble one of the structures outlined in 15 below.

Figure 15 Contractual structures supporting the delivery of new models of care
(developed by Attain for a Board Seminar Session November 2015)



Vision Statement: The Health and care experience of the people of Thurrock will be improved as a result of our working effectively together.

6.2 User Engagement / Involvement

We are committed to providing the best services we can for our population to meet their current and future needs, and recognise that we will only know if we are doing this if we ask.

We are fortunate in that our local Health and Social Care Engagement Group which meets monthly includes members of Thurrock Council, Thurrock Coalition, the CCG, HealthWatch and Thurrock CVS and we have been using this forum as a sounding board during the developing phase of the vision to ensure we continue to get the message right, and communicate it in the best way possible.

We are also fortunate in having the support of a Patient Champion for the programme who

In addition, our Commissioning Reference Group (CRG) is providing supportive challenge as a critical friend to help guide us on our journey. The CRG is an advisory body to the CCG and helps us to fulfil our statutory duty to engage with and involve the public and patients in healthcare decisions. The chair of Thurrock CRG also serves on Thurrock CCG's Governing Body as a Lay Member (Patient and Public Involvement) and also on the Thurrock Health and Wellbeing Board.

6.3 Engagement with our Partner & Provider Organisations

We have already been working closely with our system partners on a range of service developments and are committed to continue to work with them as we embark on our transformational journey.

The first phase of the transformation programme includes out of hospital adult care, and localising community and mental health (initially organic) in hospital adult care services **"For Thurrock in Thurrock"**. To this end are already taking steps to further scope the development of the out of hospital adult care model by working with our local authority and provider colleagues to identify workforce needs with a view to jointly commissioning fully integrated locality based health and care teams.

The locality based health and care teams will need to be mobilised before implementation of the vision can formally commence and we are working closely with our acute, community and mental health providers to map and gap what we currently have and what workforce capacity, skills and capability we will need for the future.

The locality based health and care teams will work through multi disciplinary teams (MDTs) to delivery coordinated care as part of community offer to support the proposed locality (neighbourhood) Integrated Health Living Centres (outlined in 6.5 below), and provide care closer to or at home.

6.4 IT and Infrastructure

Timely, accurate and relevant Information supported by a robust and responsive infrastructure, which is confidential and ensures data security is critical to the commissioning and delivery of good health and social care.

We are currently working with other CCGs and the Local Authorities in Essex on a shared vision that will provide a patient focussed approach to information and technology that:

- Ensures that clinicians can access health records regardless of provider
- Uses technology to help patients manage their own health and wellbeing

- Allows patients to access various services using digital options
- Enables patients to navigate to the right service and book online appointments
- Allows patients to own and see their health records online.

We are also exploring alternative options to support better primary care access through the use of technology.

6.5 Estates

Thurrock is currently developing its Primary Care Estate strategy with local health and social care partners across south west Essex. The strategy includes work already underway to look at new and innovative ways of ensuring the long term sustainability of Thurrock's more deprived localities highlighted in the local Joint Strategic Needs Assessment (JSNA), the localities being Tilbury and Purfleet.

Work to date has included a Tilbury Integrated Healthy Living Centre Needs Assessment from which, based on the needs identified in the report, a 'blue print' of recommended services has been provided for commissioners to consider providing/co-locating within any new facility.

Learning from the development of the Tilbury Integrated Healthy Living Centre will be used to inform future development options in Purfleet, Grays and Corringham over the next 3 years outlined in figure 17 in section 7 below.

We have also been in discussion with our local acute, community and mental health providers to explore the "art of the possible" to see whether we can come up with innovative ideas of how we might be able to use existing estate to support the proposed new care model going forward.

7 Timescale for Change

The High Level Plan below at figure 16 sets out the steps Thurrock CCG and its neighbour in Basildon and Brentwood will be taking in partnership with provider colleagues through the first 3 phases of the transformation programme, over the next 3 years. This includes work currently underway:

- Primary care estate development to support the provision of new models of care.
- Development of the new commissioning model to enable the new models of care.
- A joint outcomes based CQUIN signed up to by all providers to improve quality and standards, and to drive integration.
- A focus on education and workforce development to build capacity and capability to support the new models of care.
- Regeneration of Thurrock Community Hospital, developing the case for change whilst considering our population's urgent care requirements for future.

Figure 16 High Level Timeline for the next 3 years

Timeline	Now	2016-17	2017-18	2018-19
Commissioning Model	- Business Case - Support plan - Engage plan	Dialogue for Thurrock MCP	Appoint MCP for Thurrock - Locality 1	- Locality 2 - Locality 3 - Locality 4
Primary Care Estate	- Develop specification based on JSNA	Planning process based on Blueprint	Finalise plan and build Tilbury	Finalise plan and build Purfleet (tbc)
Locality Teams	- Draft and negotiate CQUIN	Locality CQUIN – Complex care team	Locality based integrated teams – Tilbury	- Locality 2 - Locality 3 - Locality 4
Thurrock Community Hospital Regeneration	- Business case and engagement	Phase 1 and 2 - Intermediate Care Review	Phase 3 – Functional mental health	
Urgent Care Requirements	- NELFT and SEPT negotiations	Joint working protocol (RRAS, DCST, CRHT)	Review and consult on MIU	Develop Urgent care centre (tbc)
Essex Success Regime	- Detail Feb 16	(tbc)	(tbc)	(tbc)
Workforce and Education	- Identify current capacity/gaps			
Governance and Engagement	- Southend and CPR re SW/SE Dementia - Provider Exec Sign-off - Future use of Buildings - MPs/HOSC etc - Public Facing Document			

We have also developed a high level timeline highlighting our priorities over the next 9 months (figure 17 below).

Figure 17 High Level Timeline for the next 9 months

	Governance (Board and H&WB)	Engagement	Commissionin g Model	Primary Care Estate	ICR	Locality teams	Workforce	Thurrock Community Hospital	Success Regime
Dec	Project Mandate and plan	Stakeholder		Tilbury JSNA		Draft CQUIN	Review Baseline Staffing	Shape MIU Review	Shape ESR
Jan	Monthly update/ sign-off engagement Plan	Shape H&WB engagement and public facing document	Exec to Execs		Staff engagement, Community Spec (IC)	CQUIN Workshop		Review TCH estate	
Feb	Transformation strategy	First newsletter	Provider engagement	Thurrock JSNA	Recruit to IC posts	CEG CQUIN follow up	Shape ESR workforce plan		ESR Plan sign off
Mar	H&WB Strategy	Public engagement	Provider engagement	Building Blue Print	Staff engagement	Contract sign off		Orsett Estate Review	
April	Monthly update and sign-off	Public engagement	Outline Business Case		Divert IC patients				
May	Monthly update and sign-off	Public engagement						Consider opportunities	
June	Monthly update and sign-off	Outcome			Possible closure of ward	Risk Strat, DoS, Care co-ord.			STP sign-off
July	HWBB Update								
Aug	Monthly update and sign-off		Dialogue						

A more detailed programme plan has also been developed to set out the tasks and actions required to further develop the new care model. This informs our governance for the programme.

8 What does this mean for our Providers?

We have already been working closely with our system partners on a range of service developments and are committed to continue to work with them as we embark on our transformational journey. We know that to deliver our vision we will need to change the way we commission and deliver care and we are keen to work with our local providers to find new and innovative way of doing this. We need to be able to reduce current pressures on acute services and an enabler for this will our integrated locality (neighbourhood) based teams providing care closer to or at home for our local population.

We also know that delivering an Integrated care delivery model will require radical changes to the way we fund that care and we are already exploring how we can do this by learning from the vanguards and their experiences, whilst at the same time ensuring we follow public sector procurement rules.

We recognise that like the CCG, our providers are also exploring the new models landscape and are considering its implications for their futures, and are committed to continue working with them to find the best solution (new model of care) for our population,

This page is intentionally left blank

Health and Wellbeing Board Forward Plan

Date	Agenda	Lead
11/02/16	• Final HWBS Sign Off • Thurrock CCG Transformation Strategy	Ceri/Ian Mandy Ansell
10/03/16	• Item in Focus – Board Forward Plan 16/17 workshop session • Public Health Grant • HWBB Development Session Report • HWBS Engagement Report • Suicide Prevention (Young People) • Shared Lives • Better Care Fund – Draft and sign-off arrangements • Personal Health Budget • Essex Success Regime	 Ian Wake Ceri Armstrong Ceri Armstrong Malcolm Taylor Allison Hall Ceri/Christopher Mark Tebbs Mandy Ansell

This page is intentionally left blank