

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

Health and Wellbeing Board

The meeting will be held at **10.30 am** on **18 January 2017**

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

Membership:

Councillors James Halden (Chair), Robert Gledhill, Susan Little, Leslie Gamester and Steve Liddiard

Steve Cox, Corporate Director of Environment and Place

Roger Harris, Corporate Director of Adults, Housing and Health

Rory Patterson, Corporate Director of Children's Services

Ian Wake, Director of Public Health

Mandy Ansell, Acting Interim Accountable Officer, Thurrock NHS Clinical Commissioning Group

Dr Anjan Bose, Clinical Representative, Thurrock CCG

Graham Carey, Independent Chair of Thurrock Adults Safeguarding Board

Liv Corbishley, Lay Member for Public and Patient Participation NHS Thurrock CCG

Dr Anand Deshpande, Chair of Thurrock NHS CCG Board

Jane Foster-Taylor, Executive Nurse Thurrock NHS CCG

Kristina Jackson, Chief Executive Thurrock CVS

Kim James, Chief Operating Officer, Healthwatch Thurrock

Malcolm McCann, Executive Director of Community Services and Partnerships South Essex Partnership Foundation Trust

Clare Panniker, Chief Executive Basildon and Thurrock Hospitals Foundation Trust

Andrew Pike, Director of Commissioning Operations, NHS England - Essex and East Anglia Region

David Peplow, Independent Chair of Local Safeguarding Children's Board

Julie Rogers, Chair of Thurrock Community Safety Partnership

Tania Sitch, Integrated Care Director Thurrock, North East London Foundation Trust

Michelle Stapleton, Director of Integrated Care, Basildon and Thurrock University Hospitals Foundation Trust

Agenda

Open to Public and Press

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<p>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.</p>	
4 Declaration of Interests	
5 Essex Success Regime / Sustainability Transformation Plan (ESR/STP) Update	
<p>A paper has not been provided for this item.</p> <p>Item to be presented by Andy Vowles, Programme Director, Essex Success Regime</p>	
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**Health and Wellbeing Board members are asked to note that presentations on action plans 4A and 4D will be presented together and will be followed by presentations on action plans 4B and 4C.*

- | | | |
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| | <p>Item developed by Catherine Wilson (Strategic Lead Commissioning Thurrock Council), Jane Itangata (Senior Commissioning Manager – Mental Health & Learning Disabilities, Thurrock Clinical Commissioning Group) and Mark Tebbs (Director of Commissioning, Thurrock Clinical Commissioning Group).</p> <p>Item to be presented by Catherine Wilson</p> | |
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Queries regarding this Agenda or notification of apologies:

Please contact Darren Kristiansen, Secretariat by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **10 January 2017**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

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

Helpful Reminders for Members

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

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

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



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

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

Disclosable Pecuniary Interests shall include your interests or those of:

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

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

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

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

Pecuniary

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

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

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

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

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

Non- pecuniary

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



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

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

Minutes of the Meeting of the Health and Wellbeing Board held on 17 November 2016 at 1.00 pm

Present: Councillors James Halden (Chairman), Susan Little and Steve Liddiard

Mandy Ansell, Acting Interim Accountable Officer, Thurrock NHS Clinical Commissioning Group
Dr Anjan Bose, Clinical Representative, Thurrock CCG
Graham Carey, Independent Chair of Thurrock Adults Safeguarding Board
Roger Harris, Corporate Director of Adults, Housing and Health
Kristina Jackson, Chief Executive Thurrock CVS
Kim James, Chief Operating Officer, Healthwatch Thurrock
Malcolm McCann, Executive Director of Community Services and Partnerships South Essex Partnership Foundation Trust
Rory Patterson, Corporate Director of Children's Services
David Peplow, Independent Chair of Local Safeguarding Children's Board
Tania Sitch, Integrated Care Director Thurrock, North East London Foundation Trust
Ian Wake, Director of Public Health

Apologies: Councillors Leslie Gamester, Robert Gledhill, Corbishley, Steve Cox, Foster-Taylor and Stapleton

In attendance:

Andy Vowles, Programme Director, Essex Success Regime
Les Billingham, Head of Adult Services
Sue Green, Strategic Leader Early Years, Families & Communities
Malcolm Taylor, Strategic Lead - Learner Support
Helen Farmer, Senior Commissioners for Children, Young People and Maternity Services
Funmi Worrell, Public Health Registrar
Jane Itangata, Head of Mental Health Commissioning, Thurrock NHS Clinical Commissioning Group

1. Minutes

The minutes of the Health and Wellbeing Board held on 15th September were approved as a correct record.

2. Urgent Items

There were no urgent items provided in advance of the meeting.

3. Declaration of Interests

There were no declarations of interest. Councillor Halden reminded members that Thurrock Council's constitution requires Health and Wellbeing Board members to

complete a declaration of interest form as this is a Committee of the Council. Members who have not returned their declaration of interest forms were asked to do so.

4. Annual Public Health Report

Ian Wake, Director for Public Health, provided Board members with an overview of the Annual Public Health Report which included:

- Acknowledging that Thurrock comprises an ageing population and that the proportion of older people in Thurrock is set to increase, placing increased pressure on Adult Social Care services.
- That the annual deficit in hospital and local authority funding is increasing and is made worse by an unsustainable increase in unplanned hospital activity and an over-reliance on agency staff to maintain clinical and operational safety
- A whole system approach is necessary which considers the most cost-effective system wide solutions to reduce demand on the most expensive parts of the system.

During discussions the following points were made:

- It is important to raise awareness of challenges faced across Thurrock through the Annual Public Health Report (APHR)
- Health and Wellbeing Board members were reminded that Domiciliary Care was currently experiencing challenges to recruit enough carers to meet demand, resulting in poor care being provided in some areas.
- It is important to understand patient pathways as part of creating a whole system approach and ensuring that patients are supported by the most appropriate services.
- Patients should be engaged to ensure that they use the health service in the most appropriate way, supporting effectiveness and timely service provision. Practitioners and patients should be deferred from referring and accessing accident and emergency services unless absolutely necessary.

5. Item in Focus: Health and Wellbeing Strategy Goal C, Better Emotional Health and Wellbeing

Roger Harris introduced the item as corporate sponsor for Goal C by explaining that the Health and Wellbeing Strategy contains five Strategic Goals. The Item in Focus for this meeting Goal C (Better Emotional Health and Wellbeing), comprises four objectives:

- C1 Give parents the support they need
- C2 Improve the emotional health and wellbeing of children and young people
- C3 Reduce social isolation and loneliness
- C4 Improve the identification and treatment of depression, particularly in high risk groups.

Action Plan C1 was presented by Sue Green, Strategic Lead Children's Commissioning and Service Transformation. During the presentation the following points were made:

- There are a range of support services available across agencies including evidence based, accredited parenting programmes.

- Demand for commissioned Early Offer of Help services outstrips supply. Parenting support is provided for 180 places and there is currently a waiting list of 60 places.
- 273 families are being worked with as part of the Troubled Families programme, working towards the 2016/17 target of 370 families
- 140 parents per year who have been subjected to domestic abuse and violence are accessing support to improve parenting capacity through awareness, resilience building and safety and support planning

During discussions the following points were made:

- The joined up multi-agency approach being adopted to provide holistic support to families was welcomed and endorsed by Board members.
- Board members acknowledged the benefits of preventative focussed support for families and how the early offer of support through parenting programmes reduced the likelihood of statutory service support being required.
- It was agreed that specifications would be explored for commissioned services to ensure support is available in the community and easily accessible to families in Thurrock

Action Sue Green

Action Plan C2 was presented by Malcolm Taylor Strategic Lead - Learner Support and Helen Farmer, Senior Commissioner for Children, Young People and Maternity Services, Thurrock CCG. During the presentation the following points were made:

- 1 in 10 children will be identified with a mental health disorder during their childhood
- 75% of conditions experienced in childhood continue through a child's life as they become adults.
- Young people that experience mental health challenges achieve lower educational outcomes
- The local Transformation Plan Open Up, Reach Out describes how Thurrock now provides a single integrated service across seven localities, providing increased access to services.
- Schools will be helped to support children at risk of suicide or self-harm by continuing to receive ongoing support provided by Thurrock Council in partnership with NELF and that guidance will be distributed to schools by March 2017

During discussions the following points were made:

- The limited opportunity for young people to access support for bullying was acknowledged and the work being taken forward in partnership with Public Health was welcomed by Board members.
- It is important to effectively manage the transition between children and adult services to ensure that support is sustainable for individuals

Action Plan C3 was presented by Les Billingham, Head of Adult Social Care and Community Development. During the presentation the following points were made:

- Loneliness and social isolation are harmful to our health: research shows that lacking social connections is as damaging to our health as smoking 15 cigarettes a day

- A multi-faceted, coordinated and fresh approach is being adopted across Thurrock to tackle loneliness and social isolation which includes:
 - Local Area Coordinators who identify and connect isolated and vulnerable individuals with their communities.
 - Piloting of Social Prescribing, enabling GPs to prescribe social interventions as an alternative to medical treatment for those who would benefit from a community-solution
 - Introducing screening for depression for people aged 65+ enabling people to be referred to the most appropriate service at the earliest opportunity
 - Establishing Community Hubs across Thurrock, providing a range of services for members of the community, including day activities and clubs

During discussions the following points were made:

- The comprehensive approach comprising a mixture of community based and statutory service provision was welcomed by Board members
- When planning and designing accommodation for older people it is important that it is accessible and supported by effective transport links.

Action Plan C4 was presented by Funmi Worrell, Public Health Registrar. During the presentation the following points were made:

- People entering Improving Access to Physiological Therapy (IAPT) as a % of those estimated to have anxiety / depression – 15.1%, in line with national targets.
- A pilot has commenced to increase the percentage of Adult Social Care clients over 65 screened for depression by frontline Thurrock Council Social Care staff. Early feedback from the pilot reflects stigma challenges attached to mental health conditions.

Board members endorsed the work of the team to support people experiencing mental health problems in Thurrock.

RESOLVED:

Action plans developed to support the achievement Thurrock's Health and Wellbeing Strategy Goal C, Better Emotional Health and Wellbeing were agreed.

The setting up of a review meeting for all of Thurrock Health and Wellbeing Strategy Goals was agreed.

6. Essex Success Regime (ESR) and Sustainability Transformation Plan (STP). Followed by ESR / STP Key Principles

Cllr Halden, informed Board members about the key principles document that has been agreed between himself as Chair of Thurrock Health and Wellbeing Board, and Cllr Salter and Cllr Butland as respective Chairs of Southend and Essex Health and Wellbeing Boards.

Cllr Halden explained that the key principles aimed to ensure that:

- Any Sustainability and Transformation Plan proposals are reported to the appropriate Health and Wellbeing Board(s), particularly those that

directly affect the planning, commissioning and provision of health and social care services

- Solutions and services would be aggregated up where it makes sense not the other way round. Pan-STP working should be against clearly defined principles and certainly not the default position.
- There is a democratic input and voice into the process through Health and Wellbeing Overview and Scrutiny Committee, Cabinet and the Health and Wellbeing Boards.

Andy Vowles, Programme Director, Essex Success Regime provided the Board with an update on the Essex Success Regime (ESR) and the Mid and South Essex Sustainability and Transformation Plan (STP). In summary:

- The key principles agreed by Thurrock, Southend and Essex Health and Wellbeing Board Chairs are welcomed by Dr Donley (Chair of the STP) and will be shared at the next STP Board meeting.
- The timeline has been amended with public consultation on the STP/ESR likely to commence in May 2017.
- There is likely to be some pump priming funding made available to support areas next year. Budgets are currently being determined at a national level and transformation funds will be administered by NHS England.

During discussions the following points were made:

- Members agreed that Ian Wake would work with Roger Harris and his Directorate Management Team and with Mandy Ansell, Jeanette Hucey and Mark Tebbs from Thurrock CCG to develop a business case as part of developing the 'Thurrock Ask' and funding that will be necessary to support the STP/ESR Transformation.

Action Ian Wake

- Concern was raised about NHS England not responding to speculative press articles adversely presenting the ESR/STP. Board members were advised that misplaced speculation will be addressed through the publication of the STP, providing transparency for the public.
- Concern was raised that Adult Social Care did not appear to be featured predominantly enough within the STP

RESOLVED:

The update was noted and the Board agreed to continue participating in discussions within the Mid and South Essex Success Regime and STP engagement and consultation programmes, which include stakeholder meetings and meetings of the Essex, Southend and Thurrock Health and Wellbeing Boards.

Health and Wellbeing Board members endorsed the key principles presented by Cllr Halden.

7. Health and Wellbeing Board Work Programme

The current work programme for the Health and Wellbeing Board was noted.

8. Local Implementation Plan - Five year forward view, mental health

Jane Itangata (Senior Commissioning Manager – Mental Health and Learning Disabilities, Thurrock CCG) provided the Board with an update. In summary:

- Nine out of ten adults with mental health problems are supported in primary care. Whilst there is significant expansion in access to psychological services since the introduction of the national IAPT programme (Improving Access to Psychological Therapies) there is still considerable variation in services with waiting times varying from 6 to 124 days.
- The CCG, Local Authority and Public Health commissioners are working together on developing a Mental Health Joint Strategic Needs Assessment product that will inform the Thurrock Implementation Plan of the Essex, Southend and Thurrock Mental Health Strategy and this will be aligned to Thurrock’s Health and Wellbeing Strategy.
- A psychological therapies’ service for people with Long-Term Conditions has now been commissioned and is embedded in teams in the community. The service has also been skilling up other professionals e.g. District Nurses in screening for depression and anxiety as part of core patient care and ensuring support is provided as flexibly as possible.
- In response to sign up to the Crisis Care Concordat in December 2014, a Pan Essex Crisis Care Concordat multi-agency group (now Urgent Care Mental Health – UCMH) was set up to take forward the mandate of addressing the gaps in service for managing people in a mental health crisis.

RESOLVED:

The Health and Wellbeing Board noted the content of this report that defines Thurrock’s response to the recently published recommendations of the “Five Year Forward View for Mental Health” strategy and subsequent “Implementing the Five Year Forward View for Mental Health” guidance.

The Health and Well Being Board noted the progress of the work on the Mental Health Crisis Care Concordat – development of the approach to a 24/7 Mental Health Crisis Response pathway.

9. ICE and Health and Wellbeing Board Executive Committee Minutes

RESOLVED:

The minutes of the Integrated Commissioning Executive were noted.

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 Direct.Democracy@thurrock.gov.uk

18 January 2017	ITEM: 6
Thurrock Health and Wellbeing Board	
Thurrock Health and Wellbeing Strategy Goal 4, Quality Care Centred Around the Person Summary Report	
Wards and communities affected: All	Key Decision: To note action plans
Report of: Councillor James Halden, Portfolio Holder for Education and Health and Chair of Thurrock Health and Wellbeing Board	
Accountable Head of Service: N/A	
Accountable Director: Roger Harris, Corporate Director of Adult Housing and Health	
This report is Public	

Executive Summary

The Health and Wellbeing Strategy 2016-2021 was approved by the Health and Wellbeing Board in February 2016 and the CCG Board and Council in March 2016. At its meeting in February, the Health and Wellbeing Board agreed that action plans and an outcomes framework should be developed to support the delivery of the Strategy and to measure its impact.

This paper provides action plans that have been developed to support the achievement of Thurrock’s Health and Wellbeing Strategy Goal D, Quality care centred around the person. It follows the previous action plans considered by Health and Wellbeing Board members at their meeting in July for Goal A, Opportunity for all; September for Goal B, A healthier environment; and November for Goal C, Better emotional health and wellbeing.

1. Recommendation(s)

1.1 The Board is asked to agree action plans developed to support the achievement Thurrock’s Health and Wellbeing Strategy Goal D, Quality care centred around the person.

2. Introduction and Background

- 2.1. 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 and ensuring that When people use health and care services in Thurrock that they are easy to access and that they provide the best possible treatment.
- 2.2. Thurrock's Health and Wellbeing Strategy comprises five strategic goals which make the most difference to the health and wellbeing of the people of Thurrock. Goal D, Quality care centred around the person focusses on remodelling health and care services so they are more joined up and focus on preventing, reducing and delaying the need for care and support.
- 2.3. Four key objectives have been established as part of clearly defining and determining what needs to be done to provide care that is centred around the person:
 - i. Four new healthy living centres will be built with GPs, nurses, mental health services, wellbeing programmes, community hubs and outpatient clinics under one roof.
 - ii. Care will be organised around the individual
 - iii. People will feel in control of their care
 - iv. High quality GP and hospital care will be available to Thurrock residents when they need it.
- 2.4. Each of the objectives is supported by an action plan containing the deliverables and associated milestones needed to meet the objective. Health and Wellbeing Board members approved the draft outcome framework, containing a number of related performance indicators at your meeting in July. Individual action plans now contain specific indicators that will help to measure the impact of specific actions and the success of the Health and Wellbeing Strategy.

3. Issues, Options and Analysis of Options

- 3.1. Action plans are being presented to the Health and Wellbeing Board that have been subject to consultation. Health and Wellbeing Board members are asked to note the action plans for Goal D, Quality care centred around the person, and invited to provide feedback on the actions and delivery timescales.

4. Reasons for Recommendation

- 4.1 Health and Wellbeing Board members are responsible for driving forward Thurrock's Health and Wellbeing Strategy. Action plans have been developed for each of the Strategy's five Goals. Health and Wellbeing Board members have agreed to consider action plans for one of the Strategy's Goals at each meeting.

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

- 5.1 Action plans are developed in partnership between Thurrock Council, CCG, VCS and key stakeholders. Community engagement is a key part of the development of action focussed plans to support the achievement of Thurrock's Health and Wellbeing Strategy.

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

- 6.1 'Improve health and wellbeing' is one of the Council's five corporate priorities. The Health and Wellbeing Strategy is the means through which the priorities for improving the health and wellbeing of Thurrock's population are identified.
- 6.3 Actions identified to create four new healthy living centres includes developing the locality integrated service model and implementation plan which will help to join up health and social care delivered in localities, wrapped around extended primary care services. Actions also include agreeing the scope and configuration of service provision within specific HUBS as well as building some of the premises within which HUBs will operate.
- 6.4 Actions identified to organise care around the individual include rolling out the electronic frailty index in Thurrock which will help facilitate the identification of severely and moderately frail people in Thurrock. All patients identified on the frailty index have a comprehensive care plan, named care co-ordinator and escalation plan. Actions also include developing a service specification for a system that is able to integrate data in Thurrock. The solution will incorporate data from different systems at patient level to give a holistic view of a patient's health and social care pathway.
- 6.5 As part of ensuring that people feel in control of their own care actions developed include engaging service users to inform the Advocacy contract and to participate in interviewing potential service providers. This has helped to ensure that the service continues to provide tailored support for members of the community. Actions also include introducing a personal budget programme to ensure that members of the community accessing personal budgets are fully supported to understand the commissioning and payment processes. This will help to ensure that service users can access care that is tailored specifically to support their needs, when they require support, while providing more choice about who will provide services and when.

- 6.6 To ensure that high quality GP and hospital care will be available to Thurrock residents when they need it actions include supporting GP practices across Thurrock to update their policies and practices to improve effectiveness and performance and the development of Primary Care Strategy, which will include workforce planning and development.

7. Implications

7.1 Financial

Implications verified by: Roger Harris – Director Adults Health and Commissioning

There are no financial implications. The priorities of the Health and Wellbeing Strategy will be delivered through the existing resources of Health and Wellbeing Board partners.

7.2 Legal

Implications verified by: Roger Harris – Director Adults Health and Commissioning

There are no legal implications. The Council and Clinical Commissioning Group have a duty to develop a Health and Wellbeing Strategy as part of the Health and Social Care Act 2012.

7.3 Diversity and Equality

Implications verified by: Roger Harris – Director Adults Health and Commissioning

Action will need to be taken to improve the health and wellbeing of Thurrock's population and reduce inequalities in the health and wellbeing of Thurrock's population. Being successful will include identifying sections of the population whose health and wellbeing outcomes are significantly worse, and taking action that helps to ensure the outcomes of those people can improve. This will be supported by information contained within the Joint Strategic Needs Assessment.

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

None identified

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

- Action plans for Goal 4, Quality care centred around the person.
 - Action Plan 4A, Four new healthy living centres will be built with GPs, nurses, mental health services, wellbeing programmes, community hubs and outpatient clinics under one roof.
 - Action Plan 4B, Care will be organised around the individual.
 - Action Plan 4C, People will feel in control of their care
 - Action Plan 4D, High quality GP and hospital care will be available to Thurrock residents when they need it.

Report Author:

Darren Kristiansen, Business Manager, Health and Wellbeing Board and Adult Social Care Commissioning, Housing and Health, Thurrock Council

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Health and Wellbeing Strategy Reporting Template
Goal 4: Quality care centred around the person

Objective 4A: Four new healthy living centres will be built with GPs, nurses, mental health services, wellbeing programmes, community hubs and outpatient clinics under one roof.

Goal Sponsor: Acting Interim Accountable Officer Thurrock CCG (Mandy Ansell)

Objective Lead: Rahul Chaudhari

Action Plan 2016 / 2017

OBJECTIVE: 4A: Create four integrated healthy living centres					OBJECTIVE LEAD: Rahul Chaudhari	
Action Page	Outcome	Action lead	Link to outcome framework	Delivery Date	Progress Report	Reference to existing strategy or plan
To develop the locality integrated service model and implementation plan	Joined up health and social care delivered in localities wrapped around extended primary care services	Jeanette Hucey		2017/18	<p>SEPT, NELFT and LA, have formed a working group to jointly develop an integrated health and social care team – The Integrated Community Older Adults HWB Service. Recruitment is well under way and the new associated services will formally go live from April 2017. Engagement with system partners continues and has prompted further discussion on whether there is an opportunity to take our first step towards developing our proposed new model of care, potentially through an Alliance or Partnership Model.</p> <p>This is being worked up over the next quarter to enable a new model to be delivered in line with the integrated health and social care team from April 2017. The model will be test to provide proof of concept through a Tilbury Pilot.</p>	For Thurrock in Thurrock Transformation Plan

Action	Outcome	Action lead	Link to outcome framework	Delivery Date	Progress Report	Reference to existing strategy or plan
Centre 1 (Thurrock Hospital). To agree scope and configuration of service provision. Page 18	Scoping, configuration and colocation of services to be provided in the HUB completed.	Jeanette Hucey		2017/2018	<p>This aligns with the comments above in that SEPT, NELFT and LA, have formed a working group to jointly develop an integrated health and social care team – The Integrated Community Older Adults HWB Service.</p> <p>Recruitment is well under way and the new associated services will formally go live from April 2017.</p> <p>The team will be co-located at Thurrock Community Hospital.</p> <p>Further work is underway with our local providers and commissioned healthcare planners to identify additional opportunities to bring services into the community (such as some outpatient clinics).</p>	
Centre 2 (Stanford-le-Hope). Building of centre	Building of premises completed	NELFT		2018/19	This is a community provider building project therefore limited CCG control but it fits in with the CCG's strategy to have locality based IHLCs. This IHLC will serve the Stanford-le-hope and Corringham locality.	For Thurrock in Thurrock Transformation Plan and Strategic Estates Plan
Centre 3 (Tilbury)	Building of premises completed	Rahul Chaudhari		Virtual set up 17/18 Collocated 2018/19 or early 2019/20	Essentia group has been jointly appointed by the CCG and LA to undertake health planning review to help inform the design and foot print of the Integrated Healthy living Centre. The CCG and LA have now appointed an external consultancy to provide project management function. The CCG's has been awarded £60k by NHS England for its bid under the Estates and Technology Transformation fund to help resource the project management function	For Thurrock in Thurrock Transformation Plan and Strategic Estates Plan

Action	Outcome	Action lead	Link to outcome framework	Delivery Date	Progress Report	Reference to existing strategy or plan
Centre 4 (Purfleet)	Building of premises completed	Rahul Chaudhari		Virtual set up 17/18 Collocated 2018/19 or early 2019/20	Essentia group has been jointly appointed by the CCG and LA to undertake health planning review to help inform the design and foot print of the Integrated Healthy living Centre. The CCG and LA have now appointed an external consultancy to provide project management function. The CCG's has been awarded £60k by NHS England for its bid under the Estates and Technology Transformation fund to help resource the project management function	For Thurrock in Thurrock Transformation Plan and Strategic Estates Plan

Outcome Framework

Objective	4A: Create four integrated healthy living centres							
Indicators	2016 Baseline	2017	2018	2019	2020	2021 Target	Data Source	Reporting Timescales
<p>Outcome Framework indicator 1</p> <p>Number of IHLCs that are operational</p>	0 (2016)			2(?)		4		
<p>The future vision for Thurrock is that there will be four “integrated healthy living centres”, one in each of the four locality areas. Work to detail the requirements for two of the centres (Tilbury and Purfleet) has already begun, with the other two to follow in the near future. It is the intention that these centres will incorporate a range of different health, social care and wider community services which will enable some of the root causes of ill-health to be addressed alongside treatment of more serious conditions via primary care and some secondary care services.</p>								
<p>Outcome Framework Indicator 2</p> <p>% of A&E attendances that are coded as no investigation with no significant treatment.</p>	40.93% (2014/15)					38.8% [draft target]		
<p>This quantifies the proportion of A&E attendances by Thurrock patients that are given the HRG code of VB11Z – defined as ‘no investigation with no significant treatment’. Attendances with this HRG code are generally considered to be those that could have had their needs met elsewhere. Attending A&E for clinical conditions that are could have been treated in a more local clinical setting are both inconvenient for patients and put additional unsustainable pressure and cost on the Thurrock health economy. It is the intention that establishment of the IHLCs will result in a reduction of these patients attending A&E.</p>								

Health and Wellbeing Strategy Reporting Template
Goal 4: Quality care, centred around the person
Objective 4B: Care will be organised around the individual

Goal Sponsor: Acting Interim Accountable Officer Thurrock CCG (Mandy Ansell)

Objective Lead: Mark Tebbs

Action Plan 2016 / 2017

OBJECTIVE: 4B: When services are required, they are coordinated around the needs of the individual.				OBJECTIVE LEAD: Mark Tebbs		
Action	Outcome	Action lead	Delivery Date	Progress Report	Link to outcome framework	Reference to existing strategy or plan
A. To roll out the electronic frailty index in Thurrock	To identify the severely and moderately frail people in Thurrock	Jeanette Hucey	End of December 2016	To date, the Electronic Frailty Index has been introduced to identify and assess need, and support care planning in one-third of the Thurrock practices.	Outcome Framework Indicator 1. The frailty index will enable us to identify the most vulnerable 2% of people in our community	For Thurrock in Thurrock/ Transformation CQUIN
B. To ensure that all patients identified have a comprehensive care plan, named care co-ordinator and escalation plan	To improve the proactive management of frailty and reduce A&E attendances/admissions	Jeanette Hucey	End of March 2017	Use in one practice highlighted that 25% of the people identified as living with frailty were not already known to the health and social care system and therefore had no care plan. These would be potential A&E attends/admits if left unidentified and unmanaged. Those who are not known to the system are being discussed with the respective GPs/at an MDT	Outcome Framework Indicator 1. Once identified we will ensure that they have an identified responsible person co-ordinating their care plan	For Thurrock in Thurrock/ Transformation CQUIN

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				and a care plan (and escalation plan) will be put in place. This work progresses well and will roll into the NELFT 17/18 CQUIN.		
C. To develop a service specification for a system that is able to integrate data in Thurrock. The solution will incorporate data from different systems at patient level to give a holistic view of a patient's health and social care pathway	We expect the integrated data set to allow us to better identify people who are at risk of events such as falls, and hypertension to allow us to better target our early intervention and <u>prevention</u> Schemes.	Emma Sanford	End of October 2016	The specification was developed via the project steering group by the deadline.	Outcome Framework indicator No 2. The service specification will outline our key requirements for better data integration.	Better Care Fund
D. To procure the new system	To procure a new provider able to integrate health and social care data	Emma Sanford	End of March 2017	The procurement has successfully been completed. A provider has been appointed. There have been no challenges to the process. The team are working through the contract sign off process and mobilisation plan with the aim for the service to begin by the 1 st April 2017	Outcome Framework indicator No 2. We will test the market to enable us to find the best provider.	Better Care Fund

Outcome Framework

Objective	4B: When services are required, they are coordinated around the needs of the individual.							
Indicators	2016 Baseline	2017	2018	2019	2020	2021 Target	Data Source	Reporting Timescales
Outcome Framework Indicator 1								
% of the 2% highest risk frail elderly in Thurrock with a care plan and named accountable professional.								
<p>This quantifies the proportion of people registered with identified GP practices, which have been classified as living with 'moderate' or 'severe' frailty, following screening using the Electronic Frailty Index (eFI), to have a Comprehensive Care Plan (CCP) and a Named Accountable Community Professional identified.</p> <p>We are aiming to identify the most vulnerable frail elderly in Thurrock through a standardised tool (currently the electronic frailty index). This will enable us to ensure that each patient has a CCP, a comprehensive escalation plan to manage worsening conditions and a named accountable community professional. Our aim is that we will be able to reduce non elective attendances by better managing people in the community. This is a new indicator.</p>	Baseline not available as yet					95%		

Indicators	2016 Baseline	2017	2018	2019	2020	2021 Target	Data Source	Reporting Timescales
<p>Outcome Framework Indicator 2</p> <p>Establish a data system linking records from primary, secondary, community, mental health and adult social care</p> <p>Currently, there are a number of different information systems that hold patient-level health and social care data, but there is no easy way to link records, meaning it is difficult and often impossible to see who is accessing multiple services. This means it is difficult to identify residents who are at risk of becoming future users of expensive services, and therefore makes future service planning very complex. Approval has been given for the procurement of a solution that will enable Thurrock to maintain a Population Health solution, enabling population segmentation (i.e. being able to identify sub-populations who share similar characteristics to better target interventions), risk stratification across services, and predictive/scenario modelling to be carried out (enabling forecasting of future service use in line with population projection information to aid future planning).</p>	No system in place	System in place	Future indicators/targets to be set using the outputs from this system					

Indicators	2016 Baseline	2017	2018	2019	2020	2021 Target	Data Source	Reporting Timescales
Outcome Framework indicator 3.								
% of Early Offer of Help episodes completed within 6 months.								
<p>This indicator quantifies the proportion of all Early Offer of Help episodes that were completed within 180 days.</p> <p>Services provided under the Early Offer of Help aim to support families and children at the edge of statutory intervention or, where statutory intervention is already in place, to prevent this escalating to care proceedings.</p> <p>Reducing the risk of poorer outcomes by providing support at an earlier stage prevents more costly later intervention from both a health and social care perspective.</p>	<p>76.5% (2015/16)</p>	<p>95% (2016/17)</p>	<p>Note that indicator might change post 2016/17</p>					

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Health and Wellbeing Strategy Reporting Template
Goal 4: Quality care centred around the person
Objective 4C: People will feel in control of their care

Goal Sponsor: Acting Interim Accountable Officer Thurrock CCG (Mandy Ansell)

Objective Lead: Catherine Wilson

Health and Wellbeing Strategy Action Plan

OBJECTIVE: 4C. Put people in control of their own care		OBJECTIVE LEAD: Catherine Wilson				
Action	Outcome	Action lead	Link to outcome framework	Delivery Date	Progress Report	Reference to existing strategy or plan
A. Living Well at Home Pilot (Stifford Clays and Stanford Le Hope West)	The pilot provides an opportunity to understand an individual's care requirements and learn about their experience of care. The pilot will inform the potential roll out of the Living Well Programme across Thurrock	Michelle Taylor	Outcome framework indicator 1	Pilot to be launched in December 16	Pilot exercise has now been launched	

Action	Outcome	Action lead	Link to outcome framework	Delivery Date	Progress Report	Reference to existing strategy or plan
<p>B. Service users engaged to inform the specification for procuring the Advocacy Service programme</p> <p>C. Continue to provide an effective Advocacy Service.</p>	<p>Engaging service users to inform the Advocacy contract and to participate in interviewing potential service providers helps to ensure that the service continues to provide tailored support for members of the community. This approach demonstrates that Thurrock are committed to ensuring individuals are empowered to inform decision making affecting the commissioning of care services</p> <p>The Advocacy Service helps to support members of the community to understand issues that affect their lives where they have substantial difficulty or lack of capacity to make their views and wishes known. This approach empowers individuals to take control of their own care needs by ensuring that their interests remain paramount and are reflected in the support that they receive. Quarterly performance management arrangements are in place.</p>	Kelly Jenkins	<p>Outcome Framework Indicator 1</p> <p>Outcome Framework Indicators 1 & 2</p>	1 July 16 Contract expires 30 June 19.	<p>Achieved. Tendering exercise for advocacy contract informed by three service user workshops developed in partnership with Thurrock Coalition</p> <p>Achieved. New contract awarded, ensuring Thurrock can continue to meet its statutory duty to provide an advocacy service. Contract expiry date is 30 June 2019</p>	

Action	Outcome	Action lead	Link to outcome framework	Delivery Date	Progress Report	Reference to existing strategy or plan
<p>D. Contract of current provider (EDCP) extended to support the further development of the personal budget programme</p> <p>E. Appointment of project lead for personal budgets programme</p> <p>F. Development of personal budget programme</p>	<p>Personal budgets and direct payments facilitate care needs being addressed and supported by empowering individuals to take decisions on who will provide their support.</p> <p>The personal budget programme will be developed to ensure that members of the community accessing personal budgets are fully supported to understand the commissioning and payment processes.</p> <p>This will help to ensure that service users can access care that is tailored specifically to support their needs, when they require support, while providing more choice about who will provide services and when.</p>	<p>Ian Kennard</p> <p>Catherine Wilson</p> <p>Ian Kennard</p>	<p>Outcome Framework Indicator 2</p>	<p>July 2016</p> <p>October 2017</p>	<p>Contract extended until February 2018</p> <p>Achieved. Project manager now appointed</p> <p>In progress.</p>	
<p>G. Transforming Care for People with Learning Disabilities</p>	<p>The project considers how care may be provided to better support people with learning disabilities.</p>	<p>Catherine Wilson</p>	<p>Outcome Framework Indicator 2</p>	<p>Ongoing. Progress report October 2016</p>		

Action	Outcome	Action lead	Link to outcome framework	Delivery Date	Progress Report	Reference to existing strategy or plan
H. Continue to ensure Governance Structures enable members of the public to participate in decision making processes and inform the development of programmes and policy	The following governance structures provide members of the public with support to influence Thurrock Council's decision making processes Disability Partnership Board Older People's Parliament Mental Health Forum		Outcome Framework Indicator 1 in part.	Ongoing	Ongoing	

Outcome Framework

Objective	4C: Put people in control of their own care.							
Indicators	2016 Baseline	2017	2018	2019	2020	2021 Target	Data Source	Reporting Timescales
<p>Outcome Framework Indicator 1. % of people who have control over their daily life.</p> <p>This indicator shows the proportion of adult social care service users aged 18+ who feel that they have control over their daily life, and is calculated from data collected in the Adult Social Care Survey.</p> <p>Part of the intention of personalised services is to design and deliver services more closely matching the needs and wishes of the individual, putting them in control of their care and support. This measure is one means of determining whether the desired outcome is being achieved.</p> <p>This is also an indicator on the Adult Social Care Outcomes Framework.</p>	<p>74.2% (2014/15)</p>	76.36%	78.52%	80.68%	82.84%	85%		
<p>Outcome Framework Indicator 2. % of people receiving self-directed support.</p> <p>This indicator shows the proportion of adult social care users aged 18+ who are receiving self-directed support. Self-directed support allows people to choose how their support is provided, and gives them control of their individual budget. This measure supports the drive towards personalisation of care, and is also an indicator on the Adult Social Care Outcomes Framework.</p>	<p>70.3% (2014/15)</p>	76.24%	82.18%	88.12%	94.06%	100%		

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Health and Wellbeing Strategy Reporting Template

Goal 4: Quality care centred around the person

Objective 4D: High quality GP and hospital care will be available to Thurrock residents when they need it

Goal Sponsor: Acting Interim Accountable Officer Thurrock CCG (Mandy Ansell)

Objective Lead: Rahul Chaudhari

Health and Wellbeing Strategy Action Plan

***This action plan focusses on primary care and the provision of high quality GP care for the period 2017/18**

OBJECTIVE: 4D: Provide high quality GP and hospital care to Thurrock				OBJECTIVE LEAD: Rahul Chaudhari		
Action	Outcome	Action lead	Link to outcome framework	Delivery Date	Progress Report	Reference to existing strategy or plan
Page 33 A. Support GP practices across Thurrock to update their policies and practices to improve effectiveness and performance			4, 3	Ongoing	Dedicated primary care locality managers have been assigned to practices that are supporting the practices to update their policy and implement them in practice. This is an ongoing piece of work as the progress of each practice is reviewed against milestone	
B. Practices who are subject to a CQC inspection supported by the CCG to help improve CQC inspection rating	No practice to be in special measures or rated as inadequate by 2020. 50% of the practices will be rated good by 2020		4, 3	By 2020, this is an ongoing support to practices	Dedicated primary care locality managers have been assigned to practices that are supporting the practices with their baseline assessment pre CQC visit and implementing measures that required improvement before a CQC inspection. Work is ongoing with practices, NHS England and CQC to help address issues that have been raised post CQC inspection.	

Action	Outcome	Action lead	Link to outcome framework	Delivery Date	Progress Report	Reference to existing strategy or plan
C. Development of Primary Care Strategy which will include workforce planning and development			1, 2, 5	December 2016	This is being developed as part of the GP Forward view implementation requirement. First draft due by 23/12/16	

Action	Outcome	Action lead	Link to outcome framework	Delivery Date	Progress Report	Reference to existing strategy or plan
D. When current contracts with GPs conclude, new contracts will incorporate the need for successful applicants to provide teaching practices or be working towards being a teaching practice			1,2,5	Ongoing	On-going No contract currently being procured on a long-term basis. It is anticipated that there will be a contract that will be procured within the next 6 months.	
E. GP practices will be encouraged by the CCG to consider how to address staffing gaps by employing specific expertise such as (an example might prove useful)			1,2,5	On-going	This is an on-going piece of work where practices are being encouraged to incorporate newer models of care such as e-consult. Practices are being encouraged to make use of wider skill mix such as employing clinical pharmacist and Physiotherapist to free up GP time which can be utilised to look after patients with long terms and complex health needs.	
F. 4 Hubs to be extended over the weekend to support out of hours service provision			1,2,5	On-going	On-going	

Outcome Framework

Objective	4D: Provide high quality GP and hospital care to Thurrock.						
Indicators	2016 Baseline	Reporting Timescales	2017	2018	2019	2020	2021 Target
Outcome Indicator 1 The number of GPs per 1,000 patients. This indicator quantifies the number of full time equivalent GPs including GP Providers, Salaried/Other GPs, Registrars, Retainers and Locums per 1,000 weighted patients. Under-doctoring is a significant factor in provision of high quality care. NHS England is expected to ensure everyone has easier and more convenient access to GP services, including appointments at evenings and weekends where this is more convenient for them, and effective access to urgent care 24 hours a day, seven days a week. This is also an indicator in the CCG Outcomes Framework.	0.47 (2015)		Progress towards this target will partly depend on other system changes happening later – e.g. the IHLCs				[England average was 0.61 in 2015]
Outcome Indicator 2 The number of nurses per 1,000 patients. This indicator quantifies the number of full time equivalent nurses including Practice Nurses, Advanced Nurse Practitioners, Nurse Specialists, Trainee and district Nurses per 1,000 weighted patients. Under-nursing is a significant factor in provision of high quality care. NHS England is expected to ensure everyone has easier and more convenient access to GP services, including appointments at evenings and weekends where this is more convenient for them, and effective access to urgent care 24 hours a day, seven days a week. This is also an indicator in the CCG Outcomes Framework.	0.22 (2015)		Progress towards this target will partly depend on other system changes happening later – e.g. the IHLCs				[England average was 0.27 in 2015]
Outcome Indicator 3 % of GP practices with a CQC rating of at least “requires improvement”. The Care Quality Commission (CQC) inspects and regulates health and social care services under 5 domains: Are they safe?	Baseline expected by the end of November 2016						100%

<p>Are they effective Are they caring? Are they responsive to people's needs? Are they well-led? Providers can receive one of four ratings for each domain: outstanding, good, requires improvement and inadequate.</p> <p>This measure quantifies the proportion of GP practices that achieved an overall CQC rating of "requires improvement" or below across all domains.</p>	40%						
<p>Outcome Indicator 4</p> <p>% of GP practices with a CQC rating of at least "good".</p> <p>This measure quantifies the proportion of GP practices that achieved an overall CQC rating of "good" or above across all domains.</p>	<p>Baseline expected by the end of November 2016 37%</p>						50%
<p>Outcome Indicator 5</p> <p>% of patients who had a good experience of GP services.</p> <p>This indicator quantifies the weighted proportion of patients who reported that their overall experience of GP services was 'fairly good' or 'very good', when asked as part of the GP Patient Survey. A high proportion would indicate high levels of satisfaction with the care being provided by Thurrock GPs, and can be used as one indicator for quality of care.</p>	<p>80% (2015/16)</p>		81%	82%	83%	84%	<p>[England average was 85% in 2015/16]</p>
<p>Outcome Indicator 6</p> <p>% of all A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge.</p> <p>The NHS Constitution sets out that a minimum of 95 per cent of patients attending an A&E department in England must be seen, treated and then admitted or discharged in under four hours. This is commonly known as the four-hour standard. The clock starts from the time that the patient arrives in A&E and stops when the patient leaves the department on admission,</p>	<p>91.11% (2015/16)</p>		91.88%	92.67%	93.44%	94.22%	95%
			Description indicates there is another agreed trajectory?				

transfer from the hospital or discharge. Thurrock has an agreed recovery plan and trajectory for sustained recovery from May 2016.							
Outcome Indicator 7 Overall CQC Rating – BTUH	Good (maternity department rated as “outstanding ”) (May 2016)		Retain “Good” Rating overall	Retain “Good” Rating overall	Retain “Good” Rating overall	Retain “Good” Rating overall	Retain “Good” Rating overall
This measure quantifies the overall CQC rating across all domains for Basildon and Thurrock University Hospital.							
Outcome Indicator 8 Overall CQC Rating - NELFT	Requires Improvement (Thurrock CCG only commissions Community Services (Sept. 2016)		“Good” or to be working towards “Good”	“Good” or to be working towards “Good”	“Good” or to be working towards “Good”	“Good” or to be working towards “Good”	“Good” or to be working towards “Good”
This measure quantifies the overall CQC rating across all domains for North East London Foundation Trust.							
Outcome Indicator 9 Overall CQC Rating - SEPT	Good (November 2015)		Retain “Good” Rating overall	Retain “Good” Rating overall	Retain “Good” Rating overall	Retain “Good” Rating overall	Retain “Good” Rating overall
This measure quantifies the overall CQC rating across all domains for South Essex Partnership Trust.							
Outcome Indicator 10 Overall CQC Rating - East of England Ambulance Service	Requires Improvement (Aug. 2016)		“Good” or to be working towards “Good”	“Good” or to be working towards “Good”	“Good” or to be working towards “Good”	“Good” or to be working towards “Good”	“Good” or to be working towards “Good”
This measure quantifies the overall CQC rating across all domains for the East of England Ambulance Service.							



Working together for
better health and care

NHS

**Thurrock
Clinical Commissioning Group**

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Health and Wellbeing Strategy Action Plan: 4A Four new healthy living centres with co-located services

Rahul Chaudhari

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

For Thurrock in Thurrock Transformation

Public Engagement

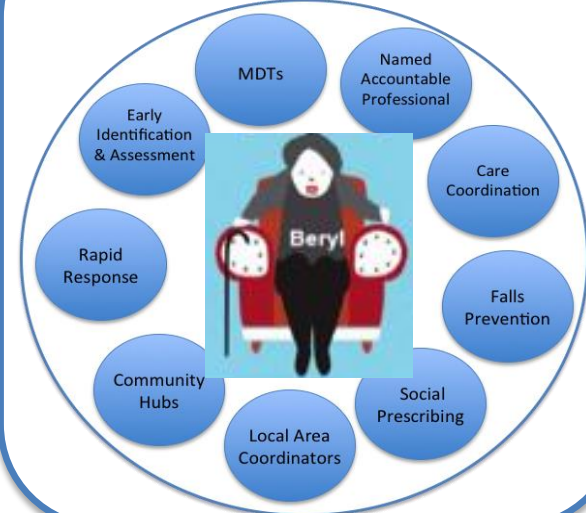


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For Thurrock in Thurrock - 4 localities + TCH Regen.



Enhanced Integrated Care



Primary Care Estate - Health Living Centres - Tilbury + Purfleet

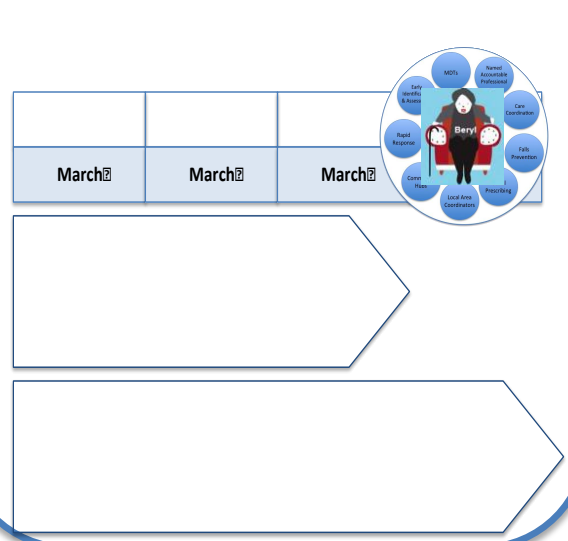


Primary Care Estate - Blueprint for Services

A 21st century healthy living centre, based on your needs that works in partnership with you to...

- Housing Advice
- Employment Support
- Health Advice
- Children's Centre
- Parenting Support
- ...address the root causes of bad health and well-being
- ...improve your social and mental wellbeing
- ...help you stay healthy
- Nurse Practitioner
- Teams of GPs
- Pharmacist
- Physician's Assistant
- Physiotherapist
- Community Engagement Team
- Local Food Care
- Community Diabetes Clinics
- Highly trained staff
- ...deliver a world class GP surgery
- Self help and Patient Education
- ...manage your long term health problems
- Blood tests
- X-rays
- ECG
- ...bring the hospital into the community
- Eye clinic
- Immunisation

Delivering in Partnership



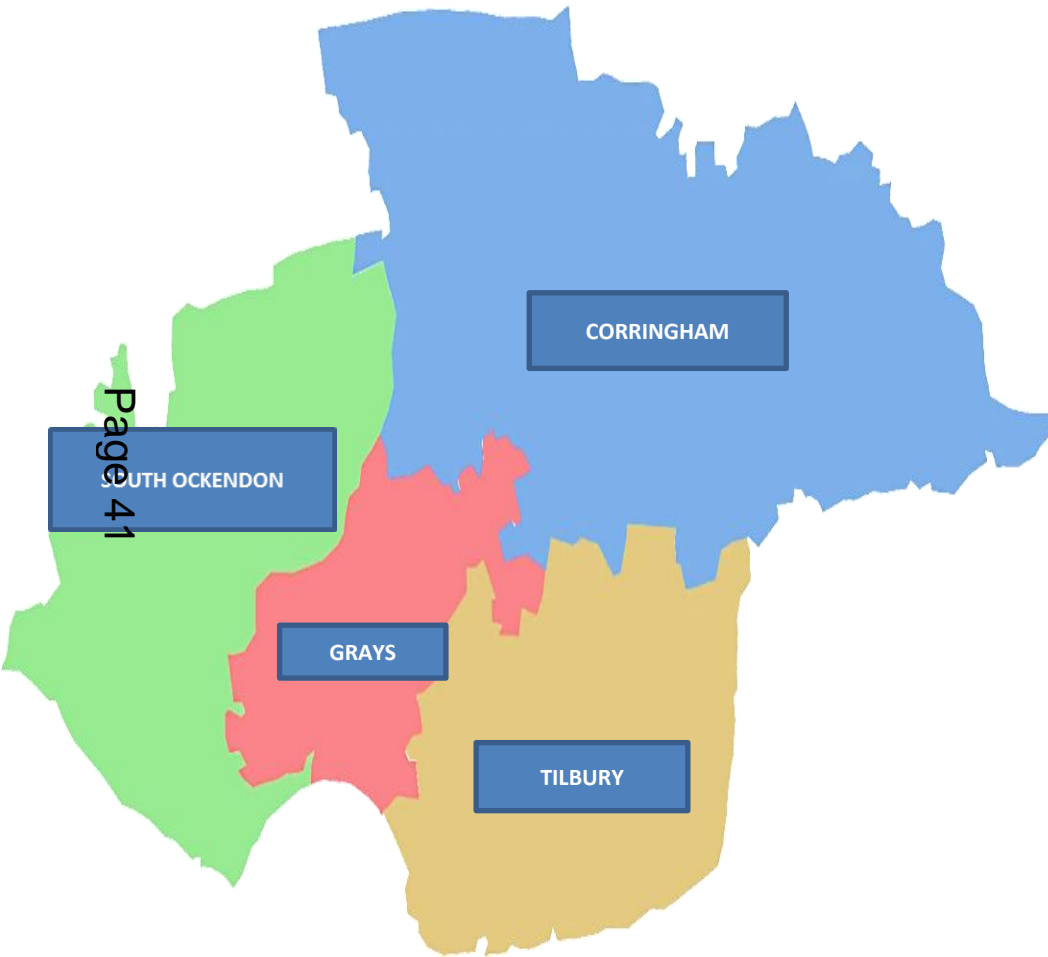


Working together for
better health and care

We have established 4 localities in Thurrock with General Practices aligned to work collaboratively within the locality.

The 4 weekend health hubs deliver services on the locality modelling with identified clinical leads for each of the four localities

Work is underway to pilot test the Collaborative service commissioning and delivery model within Tilbury locality before wider roll out this will be facilitated through the IHLCs



Four localities/neighbourhoods

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



Working together for better health and care



Thurrock Clinical Commissioning Group

Joint Strategic needs assessment has been undertaken by PH and will inform the services that will be delivered through the IHLCs

The health and social care partners are working together to make the best use of the existing estates (e.g. JTC) to help deliver services on a collaborative model.

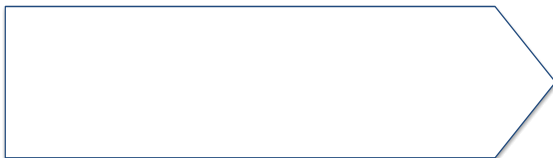
Where possible services will be delivered on a Virtual colocation model, ready to be physically collocated once the IHLCs are up and running.

Practices are being encouraged to work on their locality footprint with assigned locality clinical leads to provide clinical leadership



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March	March	March	March



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



Working together for better health and care



Thurrock Clinical Commissioning Group

A 21st century healthy living centre, based on your needs that works in partnership with you to...

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...address the root causes of poor health and well-being

- Housing Advice
- Employment Support
- Benefits Advice
- Children's Centre
- Parenting Support

...improve your social and mental wellbeing

...help you stay healthy

...deliver a world class GP surgery

- Nurse Practitioner
- Teams of GPs
- Pharmacist
- Physician's Assistant
- Physiotherapist
- Highly trained Image

...manage your long term health problems

- Community Respiratory Team
- Adult Social Care Assessment
- Community Diabetes Clinics
- Self help and Patient Education

...bring the hospital into the community

- Blood tests
- X-rays
- ECG
- Eye clinics
- Synectico

The IHLCs are expected to deliver services which are sensitive to the locality needs and also generic services that is expected to benefit to all Thurrock residents.

As part of our commitment to collaborative working and building IHLCs both the LA and CCG have.

- 1) Jointly funded health planners to undertake health planning review to help inform the design and foot print of the Integrated Healthy living Centre.
- 2) Jointly funded an external consultancy to provide project management function.

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



Thank you



Working together for
better health and care

NHS

**Thurrock
Clinical Commissioning Group**

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Health and Wellbeing Strategy Action Plan:
4D High Quality GP and hospital care will be
available to Thurrock residents when they
need it

Rahul Chaudhari

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



Working together for
better health and care

Where are we now and where we want to be

Where we are now

- Currently the primary care development team offers day to day support and educational sessions to admin and reception staff
- Support is being provided to practices to improve their CQC inspection rating
- The CCG has developed an operational plan/Strategy to address the current and future challenges of primary care and this will include addressing the
 - Work force and Work load issue
 - Care Redesign (Collaborative working)
 - Infrastructure both in terms of Estates and IT

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Where we want to be

- We aim to get all practices to have standardise skills set across the borough
- No practices in special measures and at least 50% practices to achieve GOOD CQC rating
- Increased access to services in the community on 7 day a week service model
- Improved outcomes for patients

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



Working together for better health and care

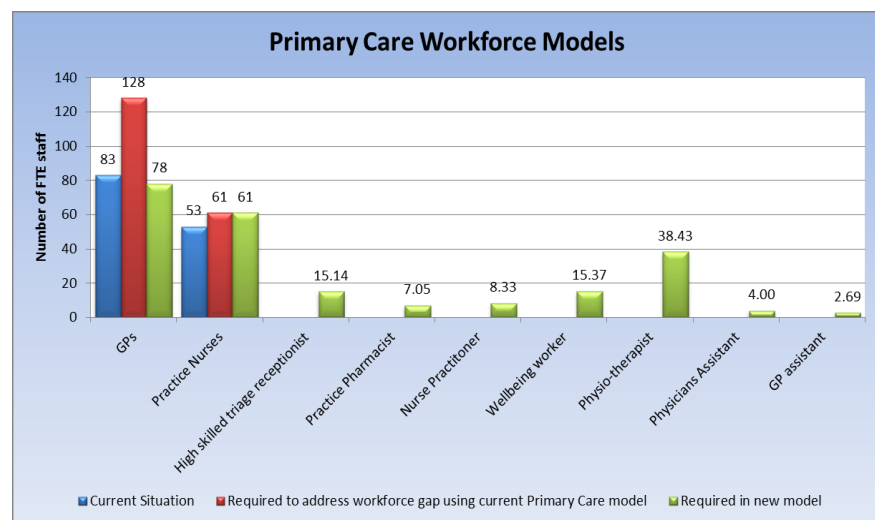
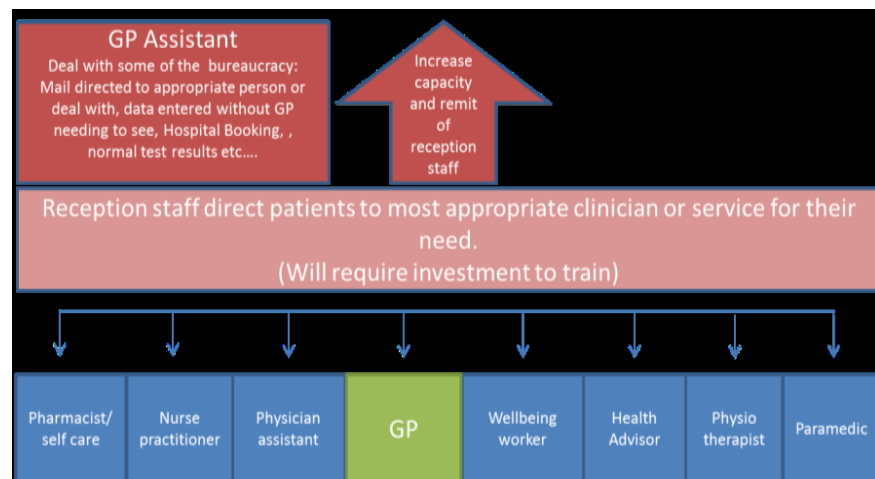
NHS

Thurrock

Clinical Commissioning Group

Our Action Plan – Workforce redesign

- Implement a more diverse skills mix within existing primary care provision to free up GP time
- Up skilling of practice nurses through centrally-funded training programmes to take on more of the routine GP workload
- Utilising the skills of Allied Health Professionals (AHPs) such as physiotherapists, paramedics and clinical pharmacists to free up some of the GP workload
- To utilise centrally held funds to develop the non-clinical practice staff such as practice managers through certified courses and audit clerk training for admin staff which will support practice managers with accurate financial claiming.
- Recruit and retain medical and nursing workforce





Working together for better health and care



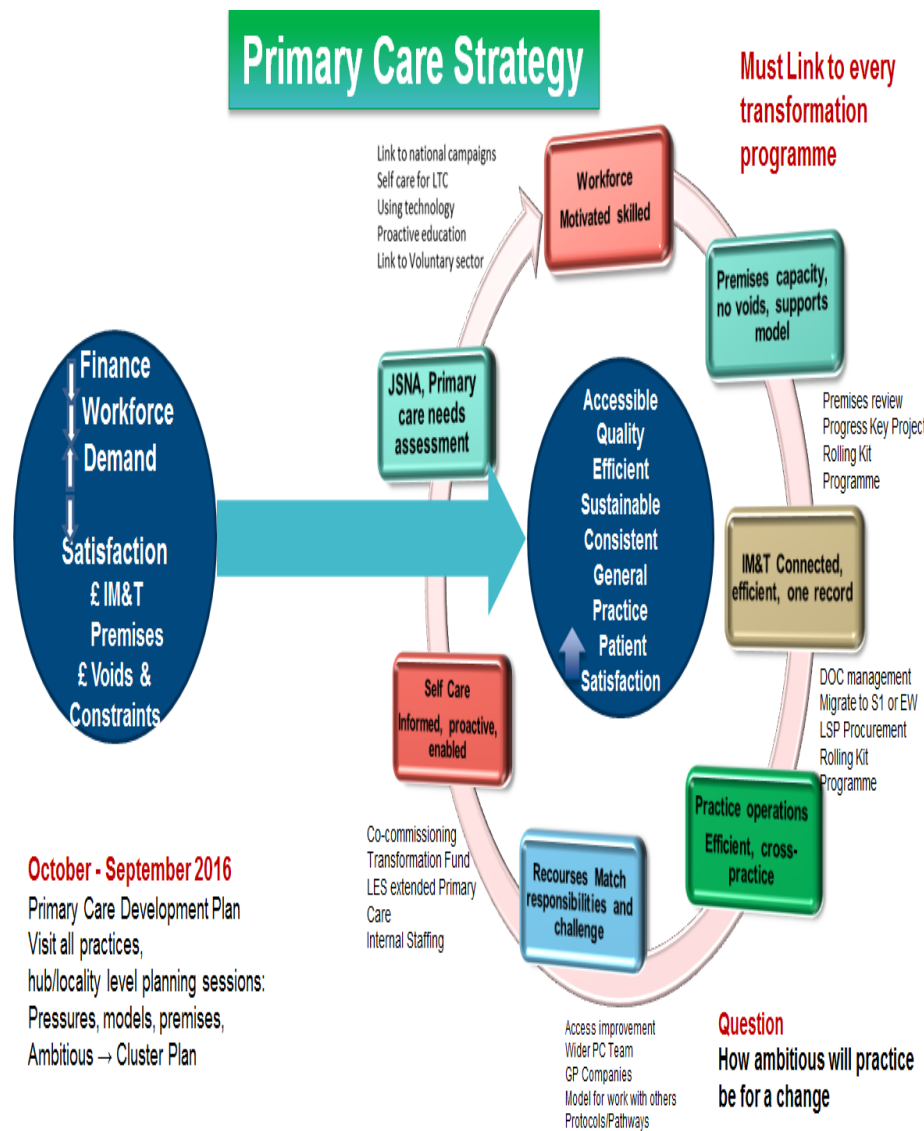
Thurrock

Clinical Commissioning Group

Our Action Plan – Care Redesign

- Working closely with Public Health colleagues promote the prevention agenda to halt the increasing tide of demand over the long-term
- Increasing access to primary care by further developing the health hubs to enable them to take on additional roles
- supporting practices to improve their existing premises through Premises improvement grants, Estates and Technology Transformation Fund (ETTF) and Section 106 monies.
- Piloting a video conference facility and e-consultations to improve access to patients.
- Drive up the pace of implementation of the 10 High Impact action plans produced within 5 yr GP forward view

Primary Care Strategy





Working together for
better health and care

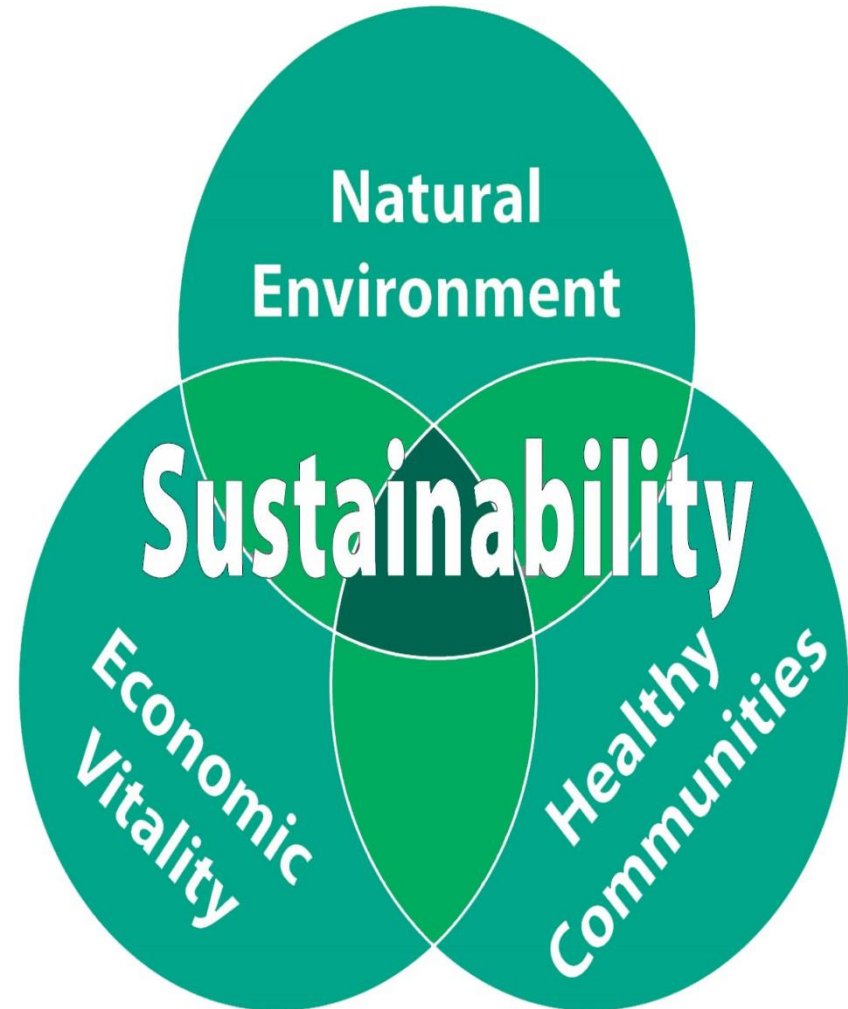
NHS

Thurrock

Clinical Commissioning Group

Our Action Plan – Sustainable Primary care

- Colocation of various services through development of Integrated Healthy living Centres to ensure services are provided out of hospital, closer to homes based on One Stop Clinic model to reduce duplication and waiting times
- Supporting the development of the PC service specifications and embedding newer models of care and service delivery at the heart of primary care service delivery
- Develop succession planning with single handed practices.
- Agreeing a joint strategy on the future of some of the PC contracts coming up for procurements.





Working together for
better health and care

NHS

**Thurrock
Clinical Commissioning Group**

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Thank you

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



Working together for
better health and care

NHS

**Thurrock
Clinical Commissioning Group**

Health and Wellbeing Strategy

Action Plan 4B: Care will be organised around the individual

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

For Thurrock in Thurrock Transformation – Recap

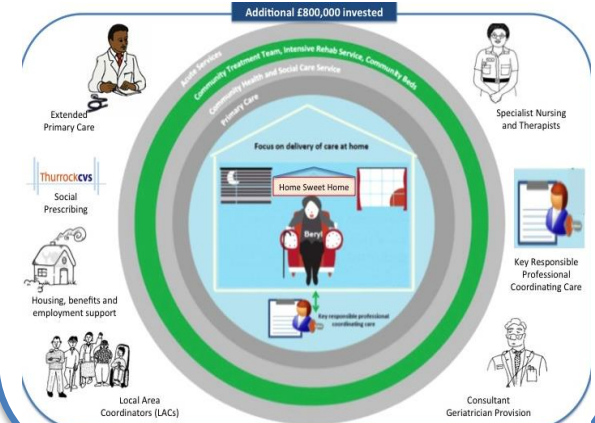
Public Engagement



For Thurrock in Thurrock - 4 localities + TCH Regen.

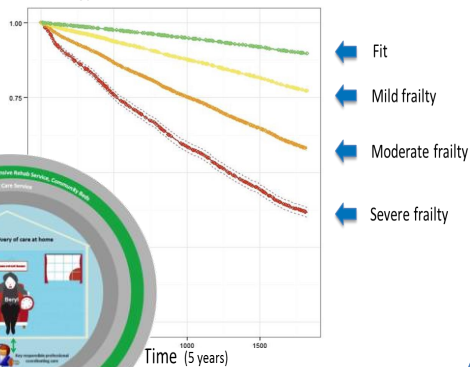


Wrapping services around our localities

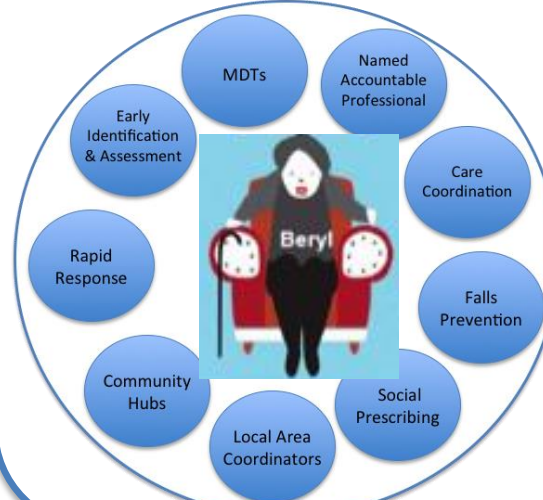


Using Risk Stratification Supporting people like Beryl

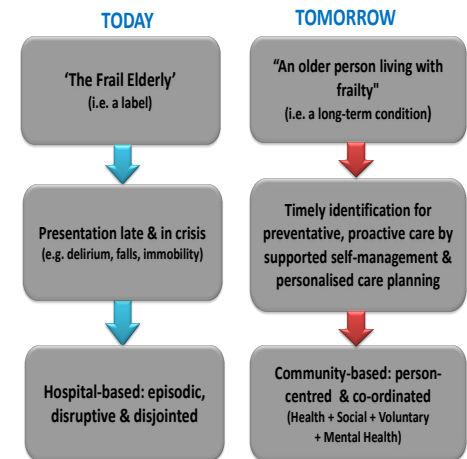
Primary Care Electronic Frailty Index (eFI): Survival Plots ($n=227,648$; $>65y$)



Enhanced Integrated Care



New Care Paradigm



Case Finding and Risk Stratification - NHS England Definitions

- **Case finding** is a systematic or opportunistic process that identifies individuals (e.g. people with COPD) from a larger population for a specific purpose for example, 'Flu vaccination
- **Risk stratification** is a systematic process that can be used for commissioning as it divides a population into different bands of risk for a specified outcome, e.g. unscheduled admission to hospital
- These concepts combine in **risk stratification for case finding**, which is a systematic process to identify sectors of the population that may benefit from additional clinical intervention, as directed by a lead clinician such as the patient's GP.

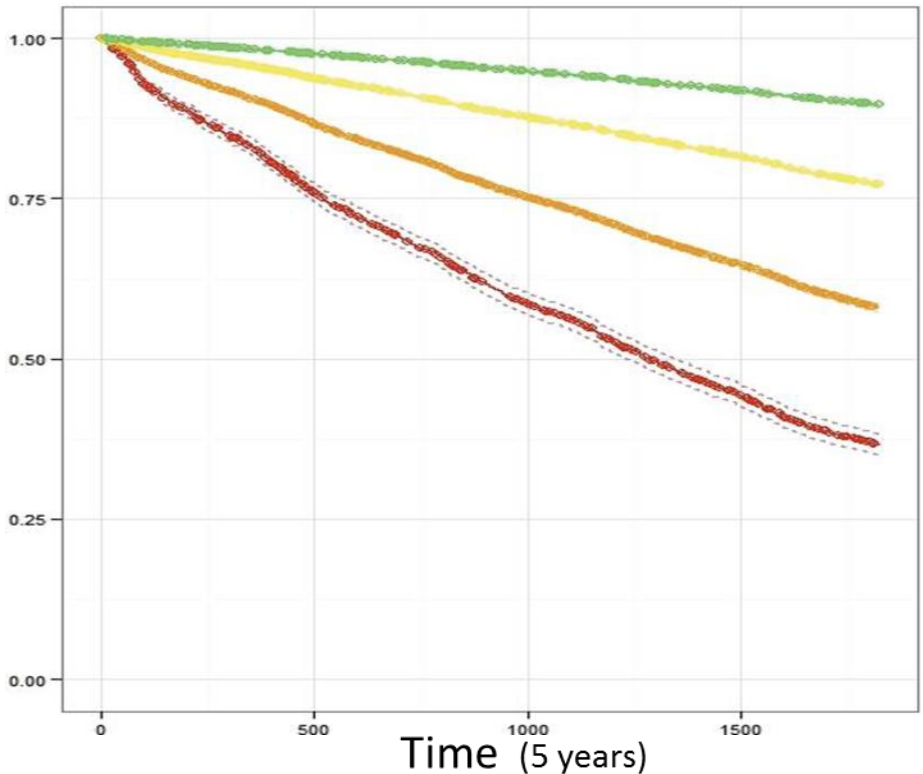
Understanding Risk Stratification

Case finding and risk stratification - *how to understand specific sectors of a population and provide person-centred care to those most in need*

Primary Care Electronic Frailty Index (eFI):
Survival Plots ($n=227,648$; $>65y$)

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Proportion
alive



- ← Fit
- ← Mild frailty
- ← Moderate frailty
- ← Severe frailty



Frailty and EOL Out of Hospital Transformation: For Thurrock in Thurrock

- **Risk Stratification:** use of the Electronic Frailty Index (eFI) promoting early identification and assessment of Severe (EOL), Moderate to Mild Frailty

Page 55

Alignment of Multi Disciplinary Teams: to support the outcome of risk stratification, better coordinated care and escalation planning, and alignment of Named Accountable Professional dependent on need

Care and Support Planning



Frailty and EOL Out of Hospital Transformation: Early indications in Thurrock

Risk Stratification:

- The Electronic Frailty Index is now being used in one-third of Thurrock GP Practices to identify and assess need
- Use of the Electronic Frailty Index to identify and assess need with one Thurrock practice has highlighted that 25% of the people identified as living with frailty were not already known to the health and social care system - potential A&E attends/admits if left unidentified and unmanaged.

New Care Paradigm for older people and frailty

TODAY

'The Frail Elderly'
(i.e. a label)



Presentation late & in crisis
(e.g. delirium, falls, immobility)



**Hospital-based: episodic,
disruptive & disjointed**

TOMORROW

**"An older person living with
frailty"**
(i.e. a long-term condition)



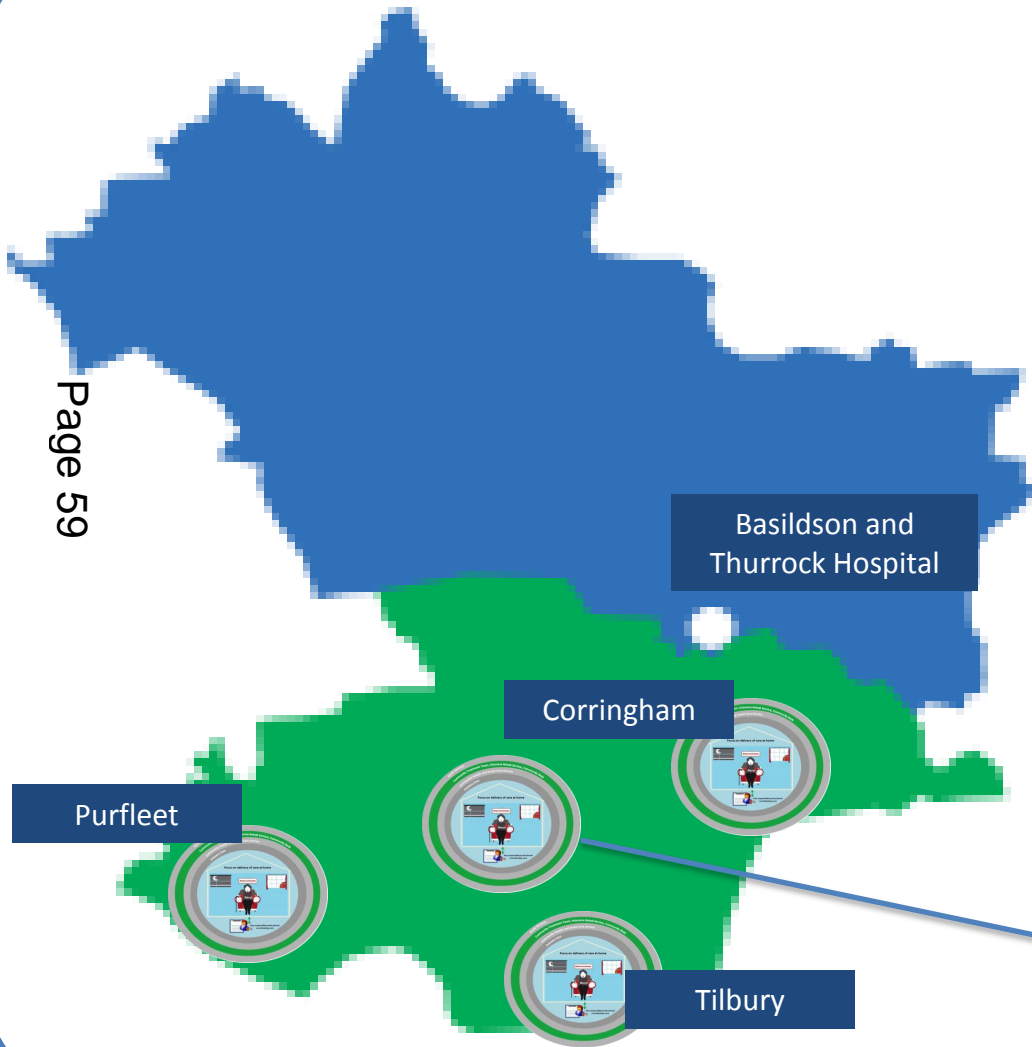
**Timely identification for
preventative, proactive care by
supported self-management &
personalised care planning**



**Community-based: person-
centred & co-ordinated**
(Health + Social + Voluntary
+ Mental Health)

For Thurrock in Thurrock ... Locality based services

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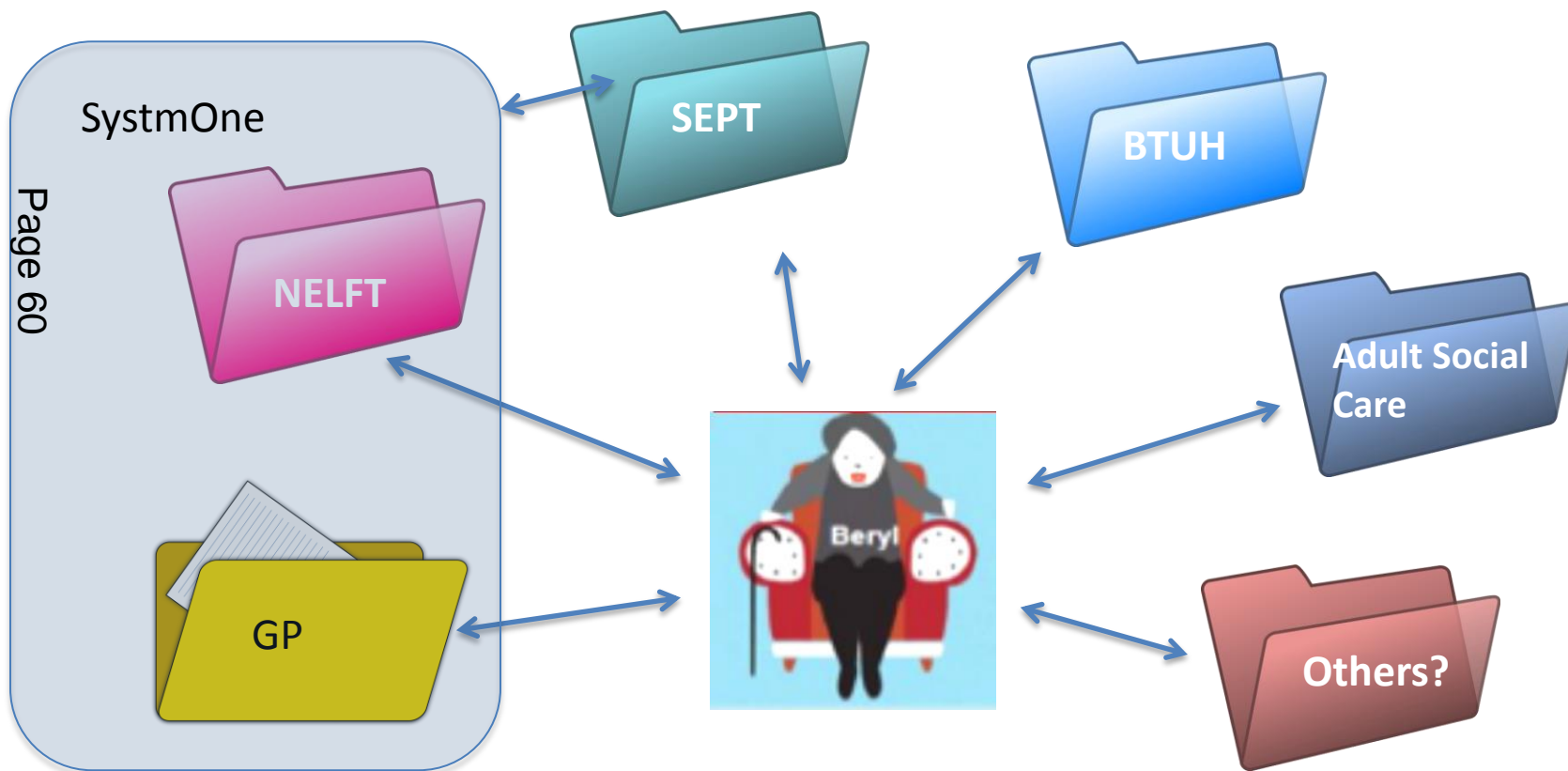


21st Century Healthy Living Centers



Thurrock Community Hospital

Key barrier to this vision: Data Integration



Implications of not integrating health and social care data

Repeatedly gives the same information to different people

Care is reactive not proactive

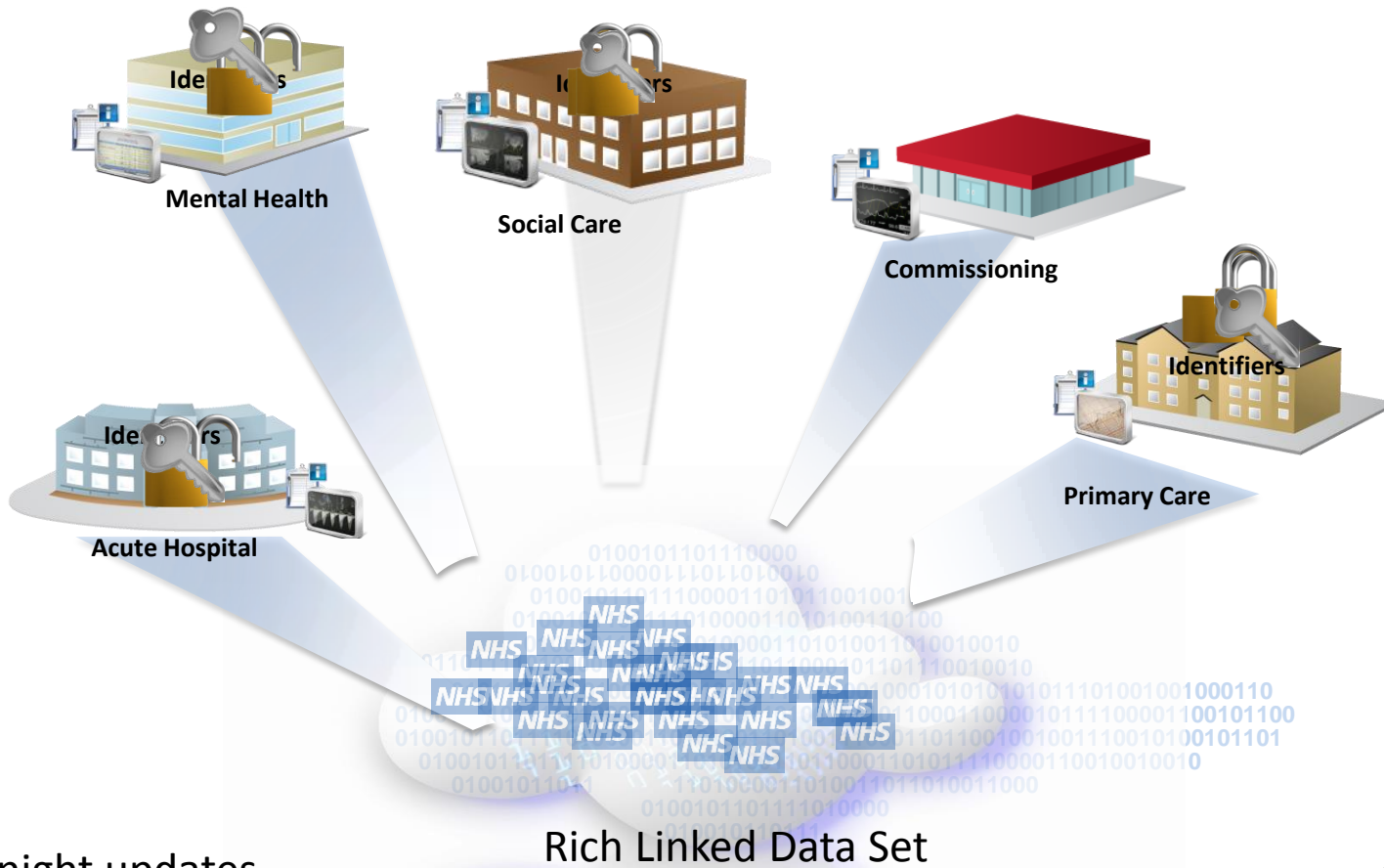


Cared for by different people who don't have all the information they need

Care is not holistic or person-centred

Gets "stuck in the system"

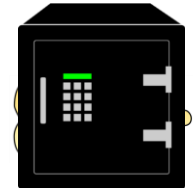
Waits for care



Overnight updates



Pseudo-anonymised



Trusted 3rd Party Key Vault



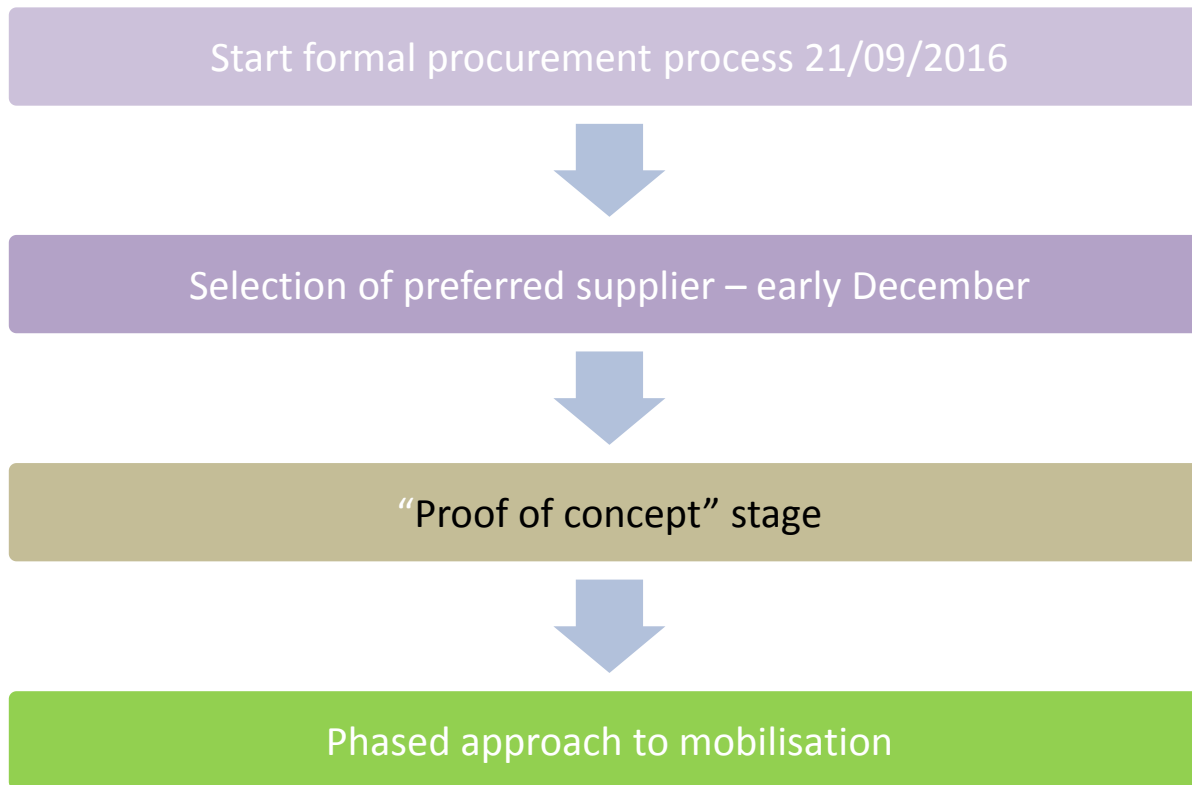
From my perspective the data allows the identification of individuals who have characteristics that mean they might benefit more from specific interventions. Although this can be done with the type of tool within a GP system, by using multiple provider data this can be enhanced e.g social care current and previous input, community care plans, ambulance call outs

From a commissioner point of view it allows creating new ways of aligning data which then allows greater understanding along a care pathway e.g. how often do our diabetic patients access hospital care and community service. That way we can create richer cohort data and understand how costs can be attributed to groups of patients. It allows development of services to meet specific needs. That aim being to focus on cohorts deemed at "rising risk" and wrap services around or provide specific interventions to try and avoid move into a high risk cohort. It than allows tracking by population whether you are achieving changes. **Dr. Jane Moss, West Essex CCG**

Next Steps

Final amendments to service specification

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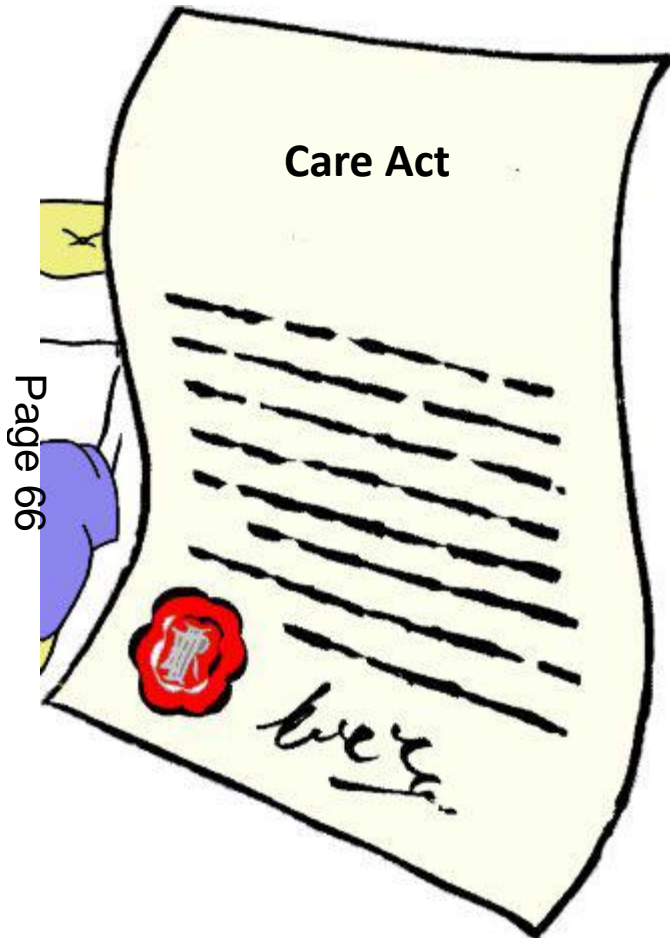


Health and Wellbeing Strategy Action Plan: 4C People will feel in control of their own care

Page 65

Catherine Wilson

Why this is a priority



- Introduced a general duty on local authorities **to promote an individual's 'wellbeing'**. This means that they should always have a person's wellbeing in mind and when making decisions about them or planning services.
- **Increased the emphasis on prevention** - local authorities and other providers of support will encourage and assist people to lead healthy lives which will reduce the chances of them needing more support in the future
- Provides **more focus on Personal Budgets**, giving people with the power to spend allocated money on tailored care that suits their individual needs as part of their support plan.
- Requires Local Authorities to have an **independent advocacy service** for people who find it difficult to have a say in their care and services and do not have someone to help them with this

Where are we now and where we want to be

Where we are now

- Currently the council and partners provide a balance of community based and statutory services across Thurrock
- Balance of preventative and reactionary services currently being provided
- Adult Social Care is provided through:
 - The traditional approach of services that are commissioned directly by the local authority and key partners
 - Spot purchasing arrangements with providers, facilitating additional service provision when necessary
 - Individual budgets and direct payments

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Where we want to be

- Additional community based, preventative services, reducing the need for statutory service provision, providing less reliance on formal services and thereby containing demand
- More choice for individuals on services provided to support improved outcomes
- Increased uptake of Personal Budgets to give more control to individuals about how their outcomes are met

Our Action Plan – Living Well at Home

- Living Well at Home is a new service model for Domiciliary Care
- Living Well at Home, is an integral part of the second phase of Building Positive Futures and incorporated within the vision of the next phase of Transforming Adult Social Care, Living Well in Thurrock
- Living Well at Home's aim is to enable people to achieve a good life by the development of a new approach to domiciliary care and creating neighbourhood based solutions which include a mixture of formal and informal responses to the outcomes an individual wishes to achieve
- A Pilot is currently underway to explore different ways of providing person centred care to individuals



Our Action Plan – Statutory Advocacy Service



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- Thurrock provides statutory IMCA Advocacy service, service has recently been retendered
- Thurrock also provides an Independent Complaints Advocacy Service

Our Action Plan – Personal Budgets and Individual Service Funds



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- **Personal Budgets** are an allocation of funding given to users after an assessment which should be sufficient to meet their assessed needs. Users can either take their personal budget as a direct payment, or – while still choosing how their care needs are met and by whom – leave councils with the responsibility to commission the services
- **Direct Payments** involve cash payments given to service users in lieu of community care services they have been assessed as needing, and are intended to give users greater choice in their care.
- **Individual Service Funds** involves the budget being held by a care provider but the service user can choose how some or all of it is spent, providing a good option for people who do not want to take on the responsibilities of a direct payment.

Our Action Plan – Transforming Care for people with learning disabilities

- Transforming Care is a national programme that seeks to transform the care of people with, or at risk of, demonstrating behaviour deemed to challenge and who have a learning disability and or autism.
- The Transforming Care programme focuses on the five key areas of:
 - empowering individuals
 - right care, right place
 - workforce
 - regulation
 - data.
- The Pan Essex area Transforming Care Partnership Board covers: Southend-on-Sea Borough Council; Essex County Council and Thurrock Council. It also covers the 7 Essex Clinical Commissioning Groups. All of these organisations are represented on that Board.



Action will help achieve improved outcomes

Indicators	2016 Baseline	2017	2018	2019	2020	2021 Target
<p>Outcome Framework Indicator 1. % of people who have control over their daily life.</p> <p>This indicator shows the proportion of adult social care service users aged 18+ who feel that they have control over their daily life, and is calculated from data collected in the Adult Social Care Survey. Part of the intention of personalised services is to design and deliver services more closely matching the needs and wishes of the individual, putting them in control of their care and support. This measure is one means of determining whether the desired outcome is being achieved.</p> <p>This is also an indicator on the Adult Social Care Outcomes Framework.</p>	74.2% (2014/15)	76.36%	78.52%	80.68%	82.84%	85%
<p>Outcome Framework Indicator 2. % of people receiving self-directed support.</p> <p>This indicator shows the proportion of adult social care users aged 18+ who are receiving self-directed support. Self-directed support allows people to choose how their support is provided, and gives them control of their individual budget. This measure supports the drive towards personalisation of care, and is also an indicator on the Adult Social Care Outcomes Framework</p>	70.3% (2014/15)	76.24%	82.18%	88.12%	94.06%	100%

Thank You

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18 January 2017	ITEM: 7
Thurrock Health & Well- Being Board	
Essex, Southend and Thurrock Mental Health and Wellbeing Strategy	
Wards and communities affected: All	Key Decision: Non-key
Joint Report of: Thurrock Council and Thurrock CCG Catherine Wilson Strategic Lead Commissioning Thurrock Council	
Accountable Head of Service: N/A	
Accountable Director: Roger Harris – Director Adults Health and Commissioning / Mandy Ansell – Acting (Interim) Accountable Officer Thurrock CCG	
This report is Public	

Executive Summary

In May 2015 the 7 CCG's across greater Essex, the 3 Local Authorities and the 2 mental health providers, South Essex NHS Foundation Trust (SEPT) and North Essex NHS Foundation Trust (NEP), Commissioned a formal review of mental health services in order to assess the current state of those services and make recommendations for a way forward. The review found that commissioning and service provision was fragmented across Essex, there was no clear focus regarding integration together with significant financial challenges. As the recommendations were delivered from the Greater Essex strategic review the two Mental Health Trusts announced their intention to pursue a merger, offering a positive opportunity for service redesign.

Two of the recommendations were to simplify the Commissioning arrangements which appeared fragmented and to work more jointly across all commissioning organisations. To facilitate this it was agreed that a joint Strategy would be written for the delivery of mental health services across all 10 partner organisations. This approach also supported the principles within the Five Year Forward View for Mental Health published by NHS England in February 2016: for more locally based services with greater levels of integration across physical health, mental health and social needs.

The Southend Essex and Thurrock Mental Health and Wellbeing Strategy 2017-2021 is an overarching vision for the development of high quality and cost effective responses to mental ill health.

Thurrock will have a local implementation plan to deliver the vision which will be a jointly produced document between the CCG, the Council and people who use services.

The whole of this work is being undertaken within a climate of reduced funding and increased demand and as such it is important to ensure that there is a focus on reducing costs through better prevention and improved service models together with reinvesting in crisis and recovery services. The strategy focuses on high quality early intervention and prevention services, ensuring excellent acute and crisis services will be delivered with clear support for recovery.

1. Recommendation(s)

1.1 That the Health and Well-Being Board agrees to the Essex, Southend and Thurrock Mental Health and Wellbeing strategy.

1.2 That the Health and Well Being Board agrees to support the development of a Thurrock action plan which will come back in four months' time for agreement.

2. Introduction and Background

- 2.1 In February 2016 the Independent Mental Health Task Force produced a report for NHS England: The Five Year Forward View for Mental Health, followed by Implementing 'The Five Year Forward View for Mental Health'. The report set out eight principles for the delivery of Mental Health Services:
- Decisions must be locally led.
 - Care must be based on the best available evidence.
 - Services must be designed in partnership with people who have mental health problems.
 - Inequalities must be reduced to ensure all needs are met across all ages.
 - Care must be integrated, spanning physical, mental and social needs.
 - Prevention and early intervention must be prioritised.
 - Care must be safe, effective and delivered in the least restrictive setting.
 - The right data must be collected and used to drive and evaluate progress.
- 2.2 This vision is integral to the Southend, Thurrock and Essex Mental Health and Wellbeing Strategy 2017 - 2012. The vision within the Strategy itself is:
- Putting mental health at the heart of all policies and services, working together with communities to build resilience and emotional wellbeing.
 - Ensuring that everyone needing support in Southend, Essex and Thurrock including families and carers get the right service at the right time from the right people in the right way.

- Continue to remodel our services to ensure people get support at the earliest opportunity, with support for recovery, promoting inclusion and empowerment.
- Enable resilience for our communities, working in partnership with the third sector to transform the mental health and well-being of Greater Essex residents.
- Our services will be based on best evidence and co-produced with people who use them.
- Developing a seamless all-age approach, recognising that mental health is an issue throughout life and there are heightened points of vulnerability.
- Play our part in challenging mental health stigma and promoting social inclusion and social justice for everyone affected by mental illness.
- Have a resolute focus on delivering the outcomes that matter to individuals, families and communities, and will not let bureaucracy or silo-ed thinking get in the way.

2.3 The Southend Essex and Thurrock Mental Health and Wellbeing Strategy 2017-2021 consists of 3 documents which are attached to this report.

- A one page summary
- A shorter version for ease of reference
- The full strategy

2.4 There is a proposal within the Strategy to create a single Mental Health Commissioning Team across Greater Essex however no detail has been discussed regarding this proposal. Key for Thurrock at this stage is that we will be developing a joint local implementation plan between the CCG, Thurrock Council and people who use mental health services.

2.5 It is appreciated that there is a need to work more collaboratively together as a system but also to recognise that our direction of travel in Thurrock will continue to require a locality focused commissioning approach. This means therefore that a structure that requires our commissioning resource to be committed to a centralised team may not necessarily achieve our vision or meet strategic objectives therefore we will ensure that the Thurrock vision direction of travel is reflected in any future proposals.

2.6 Thurrock CCG have been leading on the development of the 24/7 mental health crisis response pathway for Greater Essex and will continue with this initiative in collaboration with partners.

2.7 Our view therefore is that we will collaborate fully with our partners however we must ensure that Thurrock adopts the strategy to support the delivery of responsive mental health services.

3. Issues, Options and Analysis of Options
N/A

4. Reasons for Recommendation

4.1 To ensure that the Health and Well Being Board are informed regarding the Southend, Essex and Thurrock Mental Health and Wellbeing Strategy and the proposal to develop a Thurrock implementation plan for this strategy.

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

5.1 Consultation in Essex has taken place and as the implementation plan moves forward there will be significant consultation which will follow on from the events held when the South Essex Mental Health Strategy was written.

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

6.1 Changes to provision and priorities will influence policies and community impact particularly refocusing provision within the community for people with mental health problems this will be monitored closely.

7. Implications

7.1 Financial

None at present but finance will be fully involved as the programme of work develops through the implementation plan.

Implications verified by: Roger Harris – Director Adults Health and Commissioning

7.2 Legal

None at present but legal will be fully involved as the work develops through the Thurrock implementation plan.

Implications verified by: Roger Harris – Director Adults Health and Commissioning

7.3 Diversity and Equality

Equality impact assessments and consultation will be key to ensure that people are fully included and the extent of any proposed changes are evaluated appropriately

Implications verified by: Roger Harris – Director Adults Health and Commissioning

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

N/A

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

9. Appendices to the report

Southend, Essex and Thurrock Mental Health and Wellbeing Strategy
Executive Summary
Strategy on a page



MH Strategy -
Master Document MEI



Mental Health
Strategy on a Sheet (Strategy V3a SET - E)



Mental Health

Report Author:

Catherine Wilson

Strategic Lead Commissioning and Procurement

Adults, Housing and Health

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OUR VISION

- Mental health at the heart of all policy and service as we work with communities to build their resilience and promote mental well-being for all.
- Everyone needing care and support- including families and carers - gets the right service at the right time from the right people in the right way.
- People get support at the earliest opportunity, with support for recovery, promoting inclusion and empowerment.
- Enabling resilience for our communities, in partnership with the third sector.
- Services will be based on best evidence and co-produced with the people who use them.
- There is a seamless life course approach recognising that mental health can be an issue throughout life.
- People affected by mental health problems do not face stigma or exclusion in Essex.
- A resolute focus on delivering outcomes for people, families and communities.

- A single mental health commissioning team to provide services for all ages and across the whole County.
- Working in partnership and co-producing services with clinicians, experts by experience, families and carers.
- Drawing on best evidence and clinical practice, but not afraid to innovate and try new things.
- Developing models of care that ensure integrated, effective and accessible services for all.
- Focusing on prevention, early intervention and supporting people back into the community.
- Reducing costs through better prevention and service models, and reinvesting that money in further service improvements.
- Being a voice for mental health on the national stage and providing leadership.

HOW

What we will deliver to 2020-21

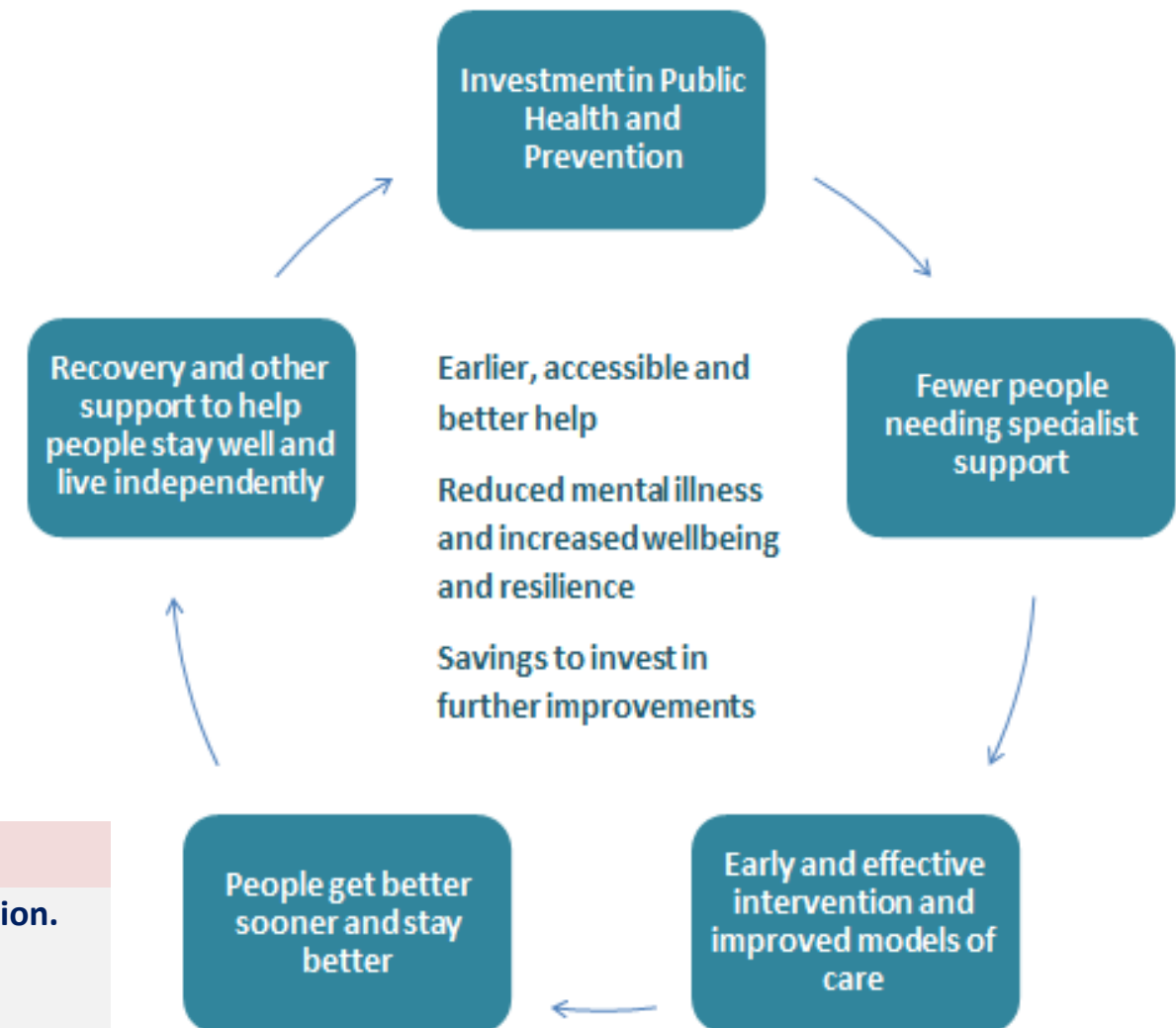
- ✓ Year on year reduction in premature mortality among people with severe and prolonged mental health issues.
- ✓ A focus on mental health and well-being in everything we do, from healthy eating and physical activity to local planning.
- ✓ New and expectant mothers can access specialist support.
- ✓ Transformation of services for children and young people.
- ✓ Better access to psychological therapies.
- ✓ A continued focus on older people and the links with dementia.
- ✓ More support with first episode of psychosis.
- ✓ All hospitals have mental health liaison teams, with at least half working 24/7.
- ✓ Home treatment and crisis support in the community, with more people treated in their homes and less having to stay in hospital.
- ✓ Reduction in suicide with the ambition of zero suicide.
- ✓ No-one in crisis held in a police cell for assessment.
- ✓ Offenders with mental health issues directed into treatment and out of trouble at the earliest opportunity.
- ✓ A year on year reduction in the employment gap between people in mental health services and others.
- ✓ More people supported out of mental health services and to live independently in appropriate accommodation.

Your voice, your views

We commissioned an independent review of Essex's mental services and have engaged with service users, carers and clinicians. This is what they said.

- 'Simplify things – getting help in Essex can be too complicated and confusing'
- 'Work together, share information and break down silos'
- 'Communicate better, with us and each other – using clear and consistent language'
- 'Improve access to services – people are not getting timely access to the care they need'
- 'Families and carers need better support – and want their insight and contribution recognised'
- 'Provide help earlier – rebalancing things in favour of prevention and early intervention, and embed mental health support better in GP surgeries and other familiar settings'
- 'Recovery is not just about treatment, its help with housing, employment and relationships'
- 'Address staff shortages, support workforce development and involve "experts by experience"'
- 'Make Essex a national leader on mental health tackling stigma and achieving "parity of esteem"'

The Essex Model: Better care drives system change



Immediate priorities

- Reviewing mental health funding to ensure value for public money, focusing on early intervention.
- A new single, all age commissioning focus for all services across Southend, Essex and Thurrock.
- Linking payments to providers to real improvements in mental health and wellbeing.
- Improved use of co-production, data and information to drive service improvements.

Prevention & Early intervention

- Ensuring 50% of people with first episode of psychosis get the right treatment within 2 weeks.
- Increasing access to psychological therapies from 2017/18 to ensure at least 25% of people with depression/anxiety have access by 2020-21.
- Continue to increase peri-natal support.
- Ensuring that at least 40% of patients now ending up in specialist services are getting the right help in a primary care setting by 2020-21.
- Publishing a new Suicide Prevention Strategy.
- Improved diagnosis of Asperger's and ADHD.

Acute and Crisis Services

- Co-ordinating an integrated approach across Essex informed by the Crisis Care Concordat.
- Redesigning the Approved Mental Health Professional Service to provide a 24/7 response.
- Developing liaison services in all our acute hospitals and working towards 24/7 standards.
- Eliminating out of area hospital placements.
- Agreeing an implementation plan to ensure that anyone assessed under the Mental Health Act is managed in a suitable local facility.
- Expanding street triage for people in crisis.

Supporting recovery

- Improving access to psychological therapies for people with long-term physical conditions.
- Developing local initiatives to integrate recovery-focused mentoring, support and advice.
- Developing a new accommodation pathway to support people into independent living.
- Increasing employment, e.g., through Support and Recovery Workers in therapeutic services.
- Creating a service for Offenders with Complex Needs and developing innovative services for those with multiple need and personality disorder.



Southend, Essex and Thurrock Mental Health and Wellbeing Strategy 2017-21 – Executive Summary

Everybody in Southend, Essex and Thurrock is affected by mental health issues either directly or indirectly. One in four of us will experience a mental health problem each year, and we all have a stake in our own and others emotional wellbeing and resilience. Mental health is linked to every aspect of our lives, including physical health, the quality of our relationships, social inclusion and community safety. Failure to address mental health problems is not only bad for people, it is expensive for society too. The economic and social cost has been estimated at £105 billion annually in England, with the cost of dedicated mental health support estimated at £34 billion.

In 2015, we commissioned an independent review of Greater Essex's adult mental health services from Boston Consulting Group. The key recommendation was that all partners across Southend, Essex and Thurrock come together to articulate a common vision and ambition for mental health and wellbeing, develop a shared language, agree shared outcomes and share data and information.

This new strategy has been developed collaboratively by the three local authorities (Southend, Essex and Thurrock) and seven clinical commissioning groups across Greater Essex. We believe there is a unique opportunity to further promote good emotional wellbeing and mental health in our county, address challenges, improve experience of mental health services and drive change. We are building on our experience of transforming our children and young people's services, and the platform provided by a national focus on mental health transformation, particularly with the publication of NHS England's *Five Year Forward View for Mental Health*.

Our Vision for Mental Health

We have a clear vision for mental health and well-being in Southend, Essex and Thurrock:

- We will put mental health at the heart of all policy and services in Southend, Essex and Thurrock as we work with communities to build their resilience and promote mental well-being for all.
- We will ensure that everyone needing support in Southend, Essex and Thurrock – including families and carers – get the right service at the right time from the right people in the right way.
- We will continue to remodel our services to ensure people get support at the earliest opportunity, with support for recovery, promoting inclusion and empowerment.
- We will enable resilience for our communities, working in partnership with the third sector to transform the mental health and well-being of Greater Essex residents.
- Our services will be based on best evidence and co-produced with people who use them.
- We will develop a seamless all-age approach, recognising that mental health is an issue throughout life and there are heightened points of vulnerability.
- We will play our part in challenging mental health stigma and promoting social inclusion and social justice for everyone affected by mental illness.
- We will have a resolute focus on delivering the outcomes that matter to individuals, families and communities, and will not let bureaucracy or silo-ed thinking get in the way.

Our principles

In delivering our Vision for Mental Health we will be guided by the eight principles set out in NHS England's *Five Year Forward View for Mental Health*:

1. Decisions must be locally led.
2. Care must be based on the best available evidence.
3. Services must be designed in partnership with people who have mental health problems and with carers.

4. Inequalities must be reduced to ensure all needs are met across all ages.
5. Care must be integrated, spanning physical, mental and social needs.
6. Prevention and early intervention must be prioritised.
7. Care must be safe, effective and delivered in the least restrictive setting.
8. The right data must be collected and used to drive and evaluate progress.

Facing facts

This strategy is informed by an assessment of mental health need in Essex which found:

- About 1 in 6 of our residents (150,000) are known to be living with mental illness, and there will be others we don't know about yet.
- As many as 1 in 5 new and expectant mothers will experience mental health problems in pregnancy or in the first 12 months after birth.
- We estimate that 22,500 children and young people in Essex have a mental health problem requiring specialist help.
- Around a third of people suffering from long-term physical health conditions have a mental health problem.
- 25,000 older people in Essex have depression, and a further 8,000 experience severe depression.
- We can expect around sixty thousand working age adults in Essex to experience two or more psychotic disorders.
- The suicide rate in Essex increased between 2007 and 2014, despite a small reduction in the national rate.
- It is estimated that between 15% and 25% of all police time in Essex is spent on incidents when mental health is a factor.
- Complexity is common among individuals with mental illness in Essex, including links with learning difficulties, substance misuse, offending and social exclusion.
- Only half of adults in contact with specialist mental health services are in stable and appropriate accommodation.
- The difference in the employment rate between people in contact with specialist mental health services and the general population was nearly 70% in Essex in 2013-14.

How will we do it?

We will have a strong focus on prevention, early intervention, resilience and recovery, as we believe a fundamental shift in focus is key to improving mental health and well-being in Southend, Essex and Thurrock while delivering a responsive, effective and sustainable mental health system (see figure 1). In particular, we will realise our vision for mental health and well-being in Essex by:

- creating a single mental health commissioning focus to provide services for all ages and across the whole county;

- Working in partnership and co-producing services with clinicians, experts by experience, families and carers;
- Drawing on up-to-date evidence and best clinical practice, but not being afraid to innovate and try new things;
- Developing models of care that ensure integrated, effective and accessible services for all;
- Focusing on prevention, early intervention and supporting people back into the community;
- Reducing costs through better prevention and improved service models, and reinvesting that money in further service improvements; and
- Being a voice for mental health on the national stage and providing leadership.

We will recognise the contribution made by families and carers, and the need – highlighted in the Care Act 2014 – to provide support for carers and families in their own right as well as to enable them to better support their loved ones.

Figure 1: Rebalancing the system in favour of prevention, early intervention, empowerment and recovery



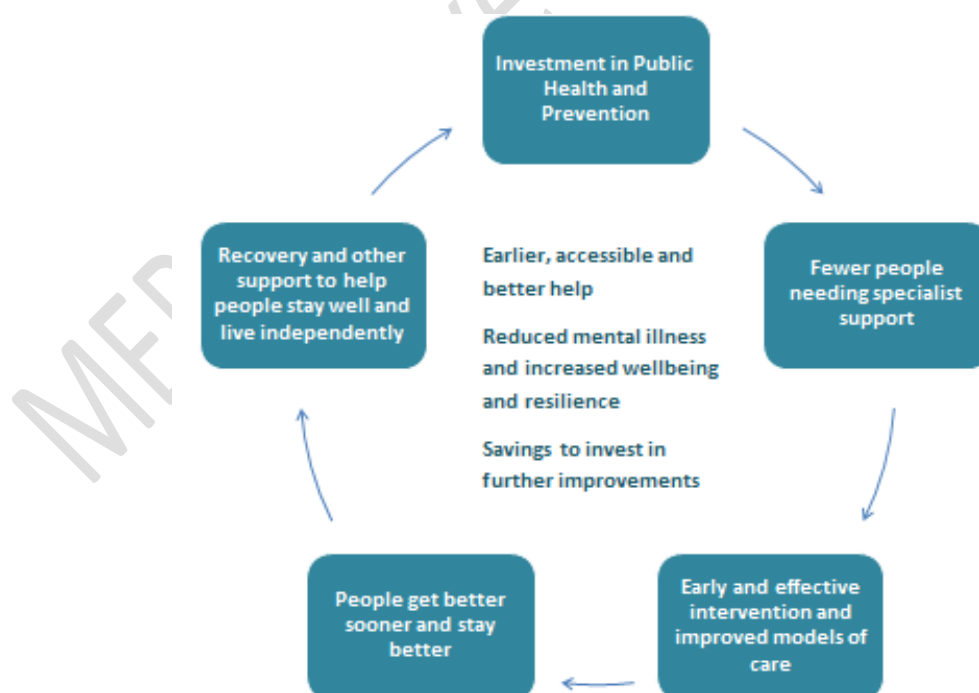
How will we pay for it?

Southend, Essex and Thurrock are experiencing increased demand for mental health services at a time when the NHS and local authorities have to make savings.

We have less money than we used to, and are likely to face further reductions in our budgets in the future. So, how will we pay for service transformation? We will 'hold a mirror' up to central government where necessary, and engage with Westminster and Whitehall to secure the support and resources that we need to deliver our vision and ambitions. But we believe that we can improve services and outcomes in Essex while saving money too ... and then invest savings in further improvements, creating a virtuous circle.

This approach follows NHS England's *Five Year Forward View for Mental Health*, which concludes that an additional £1 billion will be needed in England by 2020-21, but that over time the national strategy can pay for itself, as improved service models and early intervention reduce the costs of providing acute and crisis support later on (figure 2). Taking this approach will require us to think imaginatively about how we use the resources that we have, and to work collaboratively to use them in the best way. It will also mean fully mobilising the strengths and assets of people with mental health needs, families and communities.

Figure 2: The Southend, Essex and Thurrock Model: Better care drives system change and sustainability



We will particularly target areas where there is unmet need and the potential for savings through early and effective intervention is significant. These include: improving peri-natal mental health services for new and expectant mothers; targeting links between physical and mental health (for example by developing mental health liaison services to work in hospital emergency departments and smoking cessation interventions for people with mental health problems); and improving support for recovery and social reintegration (including peer support, access to accommodation and employment).

Themes from stakeholder engagement

To inform this strategy, we commissioned an independent review of our adult services, and have consulted with 'experts by experience', doctors, nurses and other clinicians working in mental health. There has been a striking congruence in their key messages for us.

Improving the system

- **Simplify things** - getting help for a mental health problem in Southend, Essex and Thurrock can be complicated and confusing, including for people experiencing crisis. There is a need for much better and clearer signposting.
- **Use the same language** – currently different organisations are using different words for the same things and the same words for different things.
- **Better information** - collect, share and provide information better, and use data effectively to shape and develop better services.
- **A caring and supported workforce** – address staff shortages and develop and implement a comprehensive workforce strategy with a key role for 'experts by experience'.

'I feel that there is no preventative work... only reactive and crisis support. The process of referral ... takes too long ... I can understand and relate to the limited resource that may be available, however what about a simple phone call ... so you do not feel that you are forgotten about?'

MH Ambassador

Prevention and early intervention

- **Increase the spend** - invest more in prevention and early intervention.

- **Rebalance the system** – early access to help and support will reduce demand on acute and crisis services. There is also a need to focus on suicide prevention.
- **Improve services for children and young people** – intervene earlier and address mental health and wellbeing issues in schools and communities.
- **Choice and control** – empower and support people to manage their own conditions and take control of their lives.

Access to care and support

- **Accelerated access to talking treatments** – people are still waiting too long to access psychological therapies.
- **Address other service gaps and bottlenecks**
 - these include limited services to support people with complex needs and personality disorders.
- **Close the gaps** – people continue to get ‘lost’ at points of transition, particularly when moving from children and young people’s to adult services.
- **More support in familiar settings** - Mental health support should be better embedded in GP surgeries and other primary care settings.
- **Eliminate out of area places** – people in crisis should not have to access services that may be many miles from where they – and friends and family - live.
- **Invest in recovery and reintegration** – there is an urgent need to improve continuity of care and to provide better support for people discharged from acute services, including with issues like debt, housing, jobs and relationships.

‘A few weeks went by and things got worse for me I tried to call the crisis line but they put me on hold and told me there was no room for me.’

MH Ambassador

Sustainability

- **Rebalance the system** - in favour of prevention, early intervention, recovery and social reintegration.
- **Commission more effectively and efficiently.**
- **Integrate health and social care** – with agreed outcomes and NHS and local authorities acting as one to give clarity of purpose for providers.

- **A national voice** – provide representation and voice in the national discussion on mental health to secure support and investment for local transformation.

Starting with the foundations

The messages from stakeholder engagement have challenged us to rethink our mental health provision from the foundations upwards. Public health activity will be developed to provide a firm foundation for well-being, resilience and good mental health. Support for children and young people will remain the bedrock for improved mental health and wellbeing across the life course. We have set out plans for the emotional wellbeing and mental health of children and young people in our *Open up, Reach Out* plan.

To ensure we get the foundations right, we will be guided by the principles of good commissioning practice set out in NHS England's *Five Year Forward View for Mental Health*.

1. We will work in partnership with local stakeholders, including voluntary organisations.
2. We will 'co-produce' with clinicians, experts-by-experience and carers.
3. We will consider mental and physical health needs together.
4. We will plan for effective transitions between services, including between children and young people's and adult services.
5. We will enable and support integration.
6. We will draw on the best evidence, quality standards and clinical guidance.
7. We will make use of financial incentives to drive improvements in service quality.
8. We will emphasise early intervention, choice, personalisation and recovery.
9. We will ensure all services are provided with humanity, dignity and respect.

We will work with criminal justice partners to support offenders with mental health problems to get well and recover, and reduce crime, recognising the high prevalence of mental health problems and the need to improve the co-ordination of custodial and community services. We will also engage with innovative approaches to the challenge of 'multiple need'.

We recognise that we have some challenges in recruiting the professionals we need to deliver our vision, including specialist CAMHS commissioners, mental health nurses and social workers (including Approved Mental Health Professionals). NHS England's Five Year Forward View for Mental Health includes a commitment to produce a national workforce strategy, and we will be engaging with government to make this happen, and developing a strategic approach to recruiting, training and supporting the mental health workforce in our county.

Doing things differently

We will invest in interventions and services that have been proven to work, while also exploring innovative new models of care, working collaboratively and creatively with people who use and provide services, and being prepared to learn from positive experiences in other localities. We will be guided by the three priority areas for innovation in NHS England's *Five Year Forward View for Mental Health*:

- New models of care to deliver integrated and accessible services for all.
- Expanding access to digital services, building in Essex on existing initiatives such as the Lifestyle Essex App, online Therapy for You service and on-line resources available through Mind and other voluntary sector services.
- A system-wide focus on quality improvements. In particular, in Essex we will be working together to integrate services across the NHS and local authorities, and to improve links between young peoples and adults services, older peoples and mental health services, primary and specialist mental health services, physical and mental health support and NHS and voluntary and community sector organisations.

We have picked out three further areas to support innovation in Essex:

- Service providers should work with people who use services to 'co-produce' care pathways.
- Service providers should make more use of their data to review and improve service delivery.
- Service providers should work together to find ways of further supporting and developing our specialist mental health workforce, enabling them to deliver evidence-based interventions and making the very best use of existing resources.

We are also committed to making as much information about our mental health system as possible available to the public, and will be assessing and measuring our performance by comparing outcomes with national averages and our statistical neighbours.

What difference will we make? Our outcomes for 2020-21

1. Matters of principle

- 1.1 There will be a single mental health commissioning focus for Southend, Essex and Thurrock bringing together local authorities, NHS and other partners around a common plan and shared priorities.
- 1.2 Parity of esteem will be fully established for all policy, strategy and practice in Southend, Essex and Thurrock.
- 1.3 Experts by experience will be involved in shaping and designing strategy, policy and services, always and everywhere.
- 1.4 A year on year reduction in premature mortality among people with severe mental health problems through public health initiatives and integration with physical health.
- 1.5 Southend, Essex and Thurrock will build on its Zero Suicide work guided by a suicide prevention strategy from 2017.

2. Children and young people

- 2.1 Further transformation of emotional wellbeing and mental health services for children and young people across Greater Essex with the implementation of our *Open up, Reach Out* prospectus.
- 2.2 The development of a single transition protocol between children and young people's and adult services across Essex, Southend and Thurrock.

3. Older people

- 3.1 A renewed focus on mental health support for older people, recognising the need to support carers, and the impact of social isolation and loneliness.
- 3.2 The Greater Essex mental health and dementia strategies will be 'joined up' with better support for people with dementia who get depressed or anxious.

4. Common mental health problems

- 4.1 Improved access to psychological therapies for people with common mental health problems, with services integrated with physical health care and available in settings that are familiar to people and where they feel comfortable, such as GP surgeries.
- 4.2 People will access psychological therapies more quickly and at least half will recover.

5. Peri-natal mental health

- 5.1 All new and expectant mothers in Southend, Essex and Thurrock will have access to specialist mental health support.
- 5.2 Health visitors in Greater Essex will help to identify mothers who may be experiencing mental health problems and signpost them to support.

6. Acute and crisis support

- 6.1 At least 60 per cent of people in Southend, Essex and Thurrock experiencing a first episode of psychosis will start treatment with a specialist early intervention in psychosis service within two weeks.
- 6.2 All acute hospitals in Greater Essex will have all-age mental health liaison teams in place, with at least half meeting the NHS 'Core 24' standard.
- 6.3 Expansion of home treatment and crisis support in the community, with more people treated in their homes and less having to stay in hospital.
- 6.4 No one in Southend, Essex and Thurrock who needs inpatient care will be placed in a hospital outside of Greater Essex.
- 6.5 There will be more Approved Mental Health Professionals in Essex to make assessments under the Mental Health Act, with a new centralised services from 2017 operating 24/7.

7. Supporting people with complex needs

- 7.1 Liaison and diversion will be available in custodial settings across Greater Essex, with street triage to divert individuals to treatment and away from trouble at the first opportunity.

7.2 Offenders with Complex and Additional Needs service and other services for 'multiple needs' and personality disorder will be developed guided by emerging evidence and practice.

7.3 Elimination of the use of police cells as 'places of safety' for assessing people in crisis.

8. Life support for recovery

8.1 Everyone with a serious mental health and/or substance misuse problem will have the opportunity to work with a peer mentor and to be trained to provide support for others.

8.2 More adults in contact with mental health services will access appropriate accommodation with a reduction of people living in mental health residential care, and intensive support with issues like debt, financial advice and independent living.

8.3 More people will be supported into work through evidence based approaches with a year on year reduction in the gap in employment rates between working age adults in contact with mental health services and the general population.

8.4 Year on year reductions in offending and reoffending by offenders with mental health and related problems, such as personality disorder and drug and alcohol misuse.

Wednesday 18 January 2017	ITEM: 8
Health and Well-being Board	
Local Plan Update	
Wards and communities affected: All	Key Decision: Not applicable
Report of: Kirsty Paul – Principal Planning Officer, Growth and Strategy Team	
Accountable Head of Service: Andy Millard – Head of Planning and Growth	
Accountable Director: Steve Cox – Director of Environment and Place	
This report is public	

Executive Summary

Thurrock Council is preparing a new Local Plan. This plan will be used to guide decisions on planning applications for development as well as set out the strategic direction of the area on social, economic and environmental matters. All Local Planning Authorities must prepare a Local Plan setting out planning policies for their area.

Preparation of the Local Plan must follow a number of stages to ensure that local people and other stakeholders are fully engaged in the process and that its contents are based on robust evidence, testing of alternatives and then external examination by an Inspector. This report details the consultation/engagement undertaken thus far in the preparation of the Local Plan and explores some of the options that may be explored through the second formal consultation stage on the emerging plan in April 2017.

1. Recommendation(s)

- 1.1 Note the progress on the preparation of the Thurrock Local Plan
- 1.2 Endorse the approach being taken in the production of the Local Plan Issues and Options (Stage 2)

2. Introduction and Background

- 2.1 The Council has an adopted Local Plan in the shape of the Core Strategy and Policies for Management of Development DPD (Core Strategy). Following changes to the national planning system this document was subject to a

focussed review in 2014 and an amended version of the document was adopted in 2015.

2.2 However, there were several policies that the Council were not able to update in this review. As such, Cabinet resolved to undertake a full update of the Core Strategy and commence work on a new Local Plan. The justification for undertaking a more comprehensive review was triggered by:

- The need to produce a more responsive statutory planning framework to coordinate the delivery of the Council's ambitious growth strategy for Thurrock
- The need to respond to legislative changes that fundamentally affect the form, content and process for preparing a Local Plan. Including, a requirement to undertake a fresh assessment of their future development needs in response to the revocation of the East of England Plan
- The requirement for the Council to identify a deliverable five year housing land supply and bring forward more sites for development to support long term economic growth;
- A need to plan for a decision by Government on the route and location of the proposed Lower Thames Crossing and its potential economic, transport, and environmental impact on the Borough.

2.3 Government policy requires that in drawing up Local Plans, Council's should set out a clear economic vision and strategy for their area which positively and proactively encourages sustainable economic growth. Although the adopted Core Strategy both reflects and responds to many of these requirements in a positive way, it does not wholly reflect the significant progress that is being achieved by the Council in driving forward an ambitious growth agenda and long term vision for the Borough. The new Local Plan will have a key role to play in accelerating the development of new town centres at Purfleet and Lakeside, the regeneration of Grays Town Centre and the wider Tilbury area, together with implementation and delivery of strategic employment opportunities at London Gateway and the adjoining Thames Enterprise Park. Crucially, the Local Plan will also need to identify and bring forward land to meet the Boroughs future housing needs and to ensure the delivery of over 20,000 new homes and supporting community and transport infrastructure over the plan period to 2036.

Local Plan Issues and Options (Stage 1)

- 2.4 On 24th February 2016 Full Council authorised a 6 week public consultation on the Thurrock Local Plan Issues and Options (Stage 1) Document, the Thurrock Local Plan Sustainability Appraisal Scoping Report and the Draft Thurrock Design Strategy.
- 2.5 The purpose of the consultation was to obtain the views of stakeholders, local businesses and the community on the key issues that the Local Plan will need to address and the potential range of options for meeting Thurrock's future development needs while at the same time protecting and enhancing the built and natural environment of the Borough. In order to stimulate discussion the Consultation Document set out 40 questions covering a wide range of thematic issues related to the key challenges and opportunities facing the Borough. A full list of the questions set out in the Consultation Document is provided as Appendix 1 to this Report.
- 2.6 All the consultation documents were made available to view at **thurrock.gov.uk/localplan** with comments being encouraged through the Council's consultation portal or on Comment Forms which were available on request at the Civic Offices and in libraries across the Borough.
- 2.7 In addition to attending Community Forum meetings the Council also organised a series of drop-in 'Road Show' events across Thurrock designed to allow people to learn more about the Local Plan and to provide them with an opportunity to highlight local issues of particular importance to their neighbourhood or community.
- 2.8 In order to establish effective cross-boundary working relationships with neighbouring local authorities and other prescribed bodies (as required under the Duty to Co-operate), the Council organised a Local Plan Issues and Options (Stage 1) Workshop on 21st March 2016. The purpose of the workshop was to advise representatives from local authorities drawn from across Essex, London and North Kent together with statutory consultees such as Natural England on the programme and timescales for preparing the Local Plan and to ascertain their initial views on the scope and nature of the cross-boundary issues which will need to be addressed as part of the plan-making process.
- 2.9 As part of the public consultation process the Council also launched a further formal 'Call for Sites' whereby landowners, stakeholders and the local community are invited to identify sites or broad areas of land for development and/or for protection. Any sites or broad locations identified through this

exercise will then be assessed and considered further for allocation within the Local Plan.

- 2.10 By the close of the consultation period on 11th April, a total of 70 organisations and individuals had responded with 548 separate comments having been received in response to the questions set out in the Consultation Document and a further 25 sites put forward by landowners and developers for consideration and allocation for development in the Local Plan in response to the 'Call for Sites' process.
- 2.11 A summary of the responses received is set out in Appendix 2. A full record of the comments received and the Officers response to these representations is set out in the Thurrock Local Plan Issues and Options (Stage 1) Report of Public Consultation which is available through the Council's Local Plan webpage www.thurrock.gov.uk/localplan.

Local Plan Evidence Base Update

- 2.12 Local Plans must be based on robust evidence about the economic, social and environmental characteristics and prospects of the area. A summary of the key pieces of evidence underpinning the emerging Local Plan to date is set out in Appendix 3.

Links between Health and Planning

- 2.13 The environments in which we live, work and spend leisure time – both the physical nature of places and the social environment of communities – have a large impact on our health and wellbeing.
- 2.14 Planning in the broadest sense – from development management and infrastructure to the location of health and community services – can play a central role in creating environments that enhance people's health and wellbeing. We need to develop more integrated strategies for healthy placemaking, gather greater intelligence on the social and economic determinants of health to guide decisions and investments, reform and strengthen institutions to develop systems of governance that better serve communities and promote the creation of healthy places.
- 2.15 The National Planning Policy Framework (NPPF) and National Planning Practice Guidance (PPG) set out a role for planners to consider health and wellbeing in plan-making and decision-taking.

- 2.16 Other organisations and agencies have published a range of supporting guides, and these set out practical ways that Council departments can work with each other, and with outside organisations, sectors and communities, to embed an integrated approach to promoting public health and wellbeing through planning.
- 2.17 The PPG defines a healthy community as a place that ‘supports healthy behaviours and supports reductions in health inequalities’. This includes:
- Helping to make active healthy lifestyles easy through the pattern of development, good urban design, good access to local services and facilities
 - Enabling the creation of healthy living environments for people of all ages which supports social interaction.
- 2.18 The health and wellbeing section of the PPG instructs planners to consider health and wellbeing through both the plan-making and decision-making processes. The Local Plan should:
- Promote health, social and cultural wellbeing and support the reduction of health inequalities.
 - Consider the local health and wellbeing strategy and other relevant health improvement strategies in the area.
 - Enable an environment that supports people of all ages to make healthy choices by promoting active travel and physical activity, access to healthier food, high quality open spaces and opportunities for play, sport and recreation.
 - Promote access to the whole community by all sections of the community, whether able-bodied or disabled.

3. Issues, Options and Analysis of Options

- 3.1 The Council is currently in the process of preparing the Local Plan Issues and Options (Stage 2) consultation document. This document will present a series of options relating to strategic policy areas like housing needs, employment targets and safeguarding the environment. The document will also consider the future role of the borough’s growth hubs and look into the potential to

create new opportunity areas with the potential to support large scale infrastructure and significantly boost the borough's housing supply.

- 3.2 The Issues and Options Stage 2 consultation will detail several options relating to potential targets for housing, employment and retail and locations for future development. The document will also seek to explore the need for a strong development vision that places effective placemaking to be at the heart of the plan and will look at how overarching issues relating to environment, health and infrastructure needs should be reflected in the emerging plan.

4. Reasons for Recommendation

- 4.1 To comply with the requirements set out in the Planning and Compulsory Purchase Act 2004, the Town and Country Planning (Local Development) (England) (Amendment) Regulations 2008 the Localism Act 2012 and the Town and Country Planning (Local Planning) (England) Regulations 2012 (as amended).
- 4.2 The preparation and adoption of a new Local Plan is required to ensure that the significant progress being made in securing the future growth and regeneration of the Borough is not stalled by the lack of an up-to-date development plan. This is particularly important given that national planning policy guidance states that where the development plan is out-of-date, permission for development should be granted unless any adverse impacts would outweigh the benefits of doing so. The implications of this point are clear: if an authority fails to plan properly for its own area, then the opportunity to do so will be lost through planning appeals determined by Planning Inspectors or by the Secretary of State.

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

- 5.1 The Thurrock Local Plan will be the subject of extensive public consultation at each stage of the plan-making process in accordance with the approach set out in the Statement of Community Involvement (SCI) adopted by the Council in November 2015 and the Local Plan Engagement Strategy (Phase 1) approved by Cabinet on 9th December 2015.
- 5.2 Since 2014 the emerging Local Plan has also been considered and discussed at various Council meetings including Overview and Scrutiny, Cabinet and Full Council.

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

- 6.1 The Local Plan is overarching planning strategy documents that will shape and influence all future development in the borough. As such, production of a sound Local Plan is likely to have a positive impact on all of the Council's corporate priorities.

7. Implications

7.1 Financial

Implications verified by: **Carl Tomlinson**
Finance Manager

The cost of producing the local plan will be incurred primarily between 2016/17 and 2019/20 and will be contained within existing budgets. There is risk that cost may increase depending on the outcome of a decision on the Lower Thames Crossing and the potential introduction of enhanced strategic planning measures via the forthcoming Housing White Paper. However, any resulting financial impact would need to be considered when there is further clarity on these decisions.

7.2 Legal

Implications verified by: **Vivien Williams**
Planning & Regeneration Solicitor

The preparation of a new Local Plan will be carried out in accordance with the Planning and Compulsory Purchase Act 2004 and the Town and Country (Local Planning) (England) Regulations 2012.

A failure to undertake the preparation of a new Local Plan would be contrary to the requirement set out in the NPPF that plans should be kept up-to-date and proactively drive and support sustainable economic development.

Section 110 of the Localism Act introduces the duty to co-operate, and the NPPF provides further policy guidance. The duty means that local planning authorities (LPAs) and other bodies need to show evidence that they have worked with each other when preparing their local plan. The duty applies where there is likely to be a significant impact across local authority boundaries – for example when providing health, security, community and cultural infrastructure.

Under the duty to co-operate and in accordance with the 2013 Health and Social Care Act Local Planning Authorities must co-operate with clinical commissioning groups and or health and wellbeing boards in the production of

the Local Plan. Failure to do so may result in the plan being found unsound at examination.

7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**
Community Development and Equalities
Manager

The Council has a statutory duty under the Equality Act 2010 to promote equality of opportunity in the provision of services and employment opportunities. An Equality Impact Analysis (EqIA) will be conducted as part of the process of preparing the Local Plan as an integral element of the Local Plan Sustainability Appraisal. This is a statutory requirement and obligation placed on the Council. The approach to public consultation set out in the Statement of Community Involvement (November 2015) will ensure that the consultation process provides an opportunity for all sections of the community, including harder to reach groups, to become fully involved in helping to shape the future planning and development of Thurrock.

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

There are no other significant implications associated with this report.

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):

- Local Plan Report of Consultation

9. **Appendices to the report**

- Appendix 1 – List of questions used in the Local Plan Issues and Options (Stage 1) consultation document.
- Appendix 2 – Summary of key consultation responses received during the Local Plan Issues and Options (Stage 1) consultation.

Report Author:

Kirsty Paul

Principal Planning Officer - Planning and Growth

APPENDIX 1 - List of questions used in the Local Plan Issues and Options (Stage 1) consultation document.

Appendix 1

Q 1	What other evidence documents do you think the Council will need to commission or produce to ensure that the Plan is sound?
Q2	Do you feel that all the key cross boundary issues have been identified? If not, then please state any other issues that we should be working with our partners to address.
Q3	What would you like Thurrock to be like in the future and what do you think should be the key economic, housing, environmental, social, community and health outcomes that the Local Plan should help to deliver?
Q4	Do you believe that the vision and approach set out in the Core Strategy of focusing development within Thurrock's urban area and major growth hubs remains the most appropriate option for meeting the Borough's future development needs?
Q5	Do you think that the plan period of 2015-2035 is appropriate? If not please suggest a more suitable plan period.
Q6	What would you change in your local neighbourhood to make it a better place to live?
Q7	How would you make the best use of the River Thames and its foreshore?
Q8	Have you ever experienced any difficulty in trying to find a suitable property in the Borough? If yes what were your biggest challenge?
Q9	What should the Council look to do if it cannot find enough suitable brownfield sites to meet its housing need?
Q10	What types of housing do you think will be most needed in the Borough over the coming years?
Q11	Should the Council explore the potential for variable affordable housing targets and approaches so that difficult higher risk sites can be developed?
Q12	What should the Council look to do if it cannot find enough suitable brownfield sites for new pitches?
Q13	What are the main barriers to growth that need to be addressed in the Local Plan to ensure that all sections of the community have access to the benefits of future employment creation in Thurrock?
Q14	Do you think there is a need to identify additional land for employment and what other employment uses outside of the port, logistics and retail sectors should the Local Plan support and promote?
Q15	What do you think are the key challenges facing Thurrock's retail centres and how can the Local Plan maintain and enhance their role?
Q16	What improvements would you like to see in those centres that you visit regularly and what would make you visit them more often? Please state the name of the centre in your response.
Q17	What are the best locations for new retail and leisure development in the

	Borough and how can future development be harnessed to support the delivery of wider regeneration and economic growth needs and objectives?
Q18	Is there a need for the development of retail, leisure and other town centres uses in locations outside the existing established retail centres and if so where?
Q19	What new sport and leisure facilities do think are needed in the Borough to support existing and new communities?
Q20	Are there any open spaces that are special to your local community which should be designated? If yes, please provide details of the open space, its location and the reason why it is special to you and your community.
Q21	What new educational facilities do think are needed in the Borough to support existing and new communities?
Q22	What new health and community facilities do you think are needed in the Borough to support both new and existing communities?
Q23	What kind of things could the Local Plan do to protect these valuable community assets?
Q24	What approach could the Local Plan take to ensure that issues relating to pollution and air quality are minimised?
Q25	What kind of things could the Plan do to help you make more sustainable transport choices?
Q26	Are there any specific sustainable transport projects that the Council should be promoting in the Local Plan? If yes, please provide some detail about the project.
Q27	Are there any specific road transportation projects that the Council should be promoting in the Local Plan? If yes, please provide some detail on the project, its location and the reason why you believe it is necessary.
Q28	What kind of things can the plan do to reduce the adverse impacts of freight movements?
Q29	What things could the plan do to protect and enhance the Borough's listed building and conservation areas?
Q30	Are there any buildings of significance in your local community which should be included on a local heritage list? If yes, please provide details including its location and the reason why it is special to your community.
Q31	What approach should the Local Plan take to ensure that Borough's landscape, seascape and its key features are protected and where possible enhanced?
Q32	How should the Local Plan use the information from the landscape and seascape capacity and sensitivity study?
Q33	What approach should the Local Plan take to ensure that Borough's natural

	assets are protected and where possible enhanced?
Q34	In planning for new development, how much weight should the Local Plan give to flood risk relative to other objectives (including sustainability, regeneration, local need and the local economy)?
Q35	Should the Plan seek to promote higher water efficiency standards by adopting the Government's Optional Technical Housing Standards?
Q36	How should the Local Plan take account of and encourage community owned renewable energy schemes?
Q37	Which renewable technologies do you think are most suitable for large scale proposals in the Borough? Please provide additional information as to why you deem these to be suitable.
Q38	How can the Plan ensure that enough minerals are available for development and also protect resources for the future?
Q39	What should the Local Plan do to ensure that waste management facilities are located, designed and operated to minimise impacts on climate change, local amenity for residents, and the natural and built environment?
Q40	Are there any matters you think also need to be considered at this stage and why?

APPENDIX 2 – Local Plan Issues and Options (Stage 1) Summary of Consultation Responses

A summary of the key consultation responses on the main issues, opportunities and challenges which the Council will need to consider in preparing the Local Plan is set out in the following sections of this report.

The key issues raised by landowners, developers and the business community related to the need for the Local Plan process to:

- Recognise that a failure to identify additional land for housing and employment development would threaten the future economic prosperity and growth of the Borough.
- Consider the development of a new spatial strategy which goes beyond the current approach of focusing investment and development within the existing urban area and the established Economic Growth Hubs in order to meet Thurrock's future development needs.
- Undertake a full review of the Green Belt to identify additional land to meet Thurrock's future housing and employment needs consistent with the approach set out in the National Planning Policy Framework (NPPF).
- Consider the allocation of land to meet the future housing needs of London and neighbouring South Essex local authorities in addition to meeting Thurrock's own Objectively Assessed Housing Needs (OAHN) in full.
- Ensure that the Council actively engages with the neighbouring South Essex Local Authorities through the Duty to Cooperate process to meet London's future housing needs.
- Consider reviewing the Borough's retail hierarchy and the relative roles of Lakeside and Grays Town Centre in accommodating future strategic retail needs over the plan period.
- Establish a 'town centres first' policy approach to the location of town centre uses with a policy to resist further significant out of centre retail development in order to support the retail led regeneration of Grays Town Centre.
- Plan positively for growth by supporting the transformation of the Lakeside Basin into a new regional town centre with Intu Lakeside providing the best location for

new retail and leisure development in the Borough for comparison retailing and leisure development.

- Ensure that existing centres including Grays and Intu Lakeside can provide for the future shopping needs of Thurrock. Further development outside these centres is not required and identified needs should be focused on maintaining and enhancing existing centres.
- Plan positively to maximise the economic benefits that will arise following the development of the proposed Lower Thames Crossing.
- Support the future commercial viability and expansion of the Ports through continued investment in new infrastructure, housing, education and skills development.
- Identify additional sites for dedicated truck parks in order to meet future demand and reduce the environmental and transport impact of logistics related traffic growth on the Borough.
- Recognise the importance of protecting the role played by the River Thames in supporting economic growth.
- Allocate land for the development of new waste and renewable energy facilities which recognises Thurrock's strategic location and the current availability of sites for new development.
- Recognise the importance and value of Thurrock's green infrastructure and heritage assets in supporting the delivery of wider economic, environmental, health, and community and transport objectives should be recognised.

In addition to the consultation responses received from landowners, developers and the business community, further representations were also submitted by Community Organisations and neighbouring Local Authorities. These included the South Essex authorities, Chelmsford City Council, Essex County Council, the Greater London Authority, North London Waste Plan Authorities, Barking and Dagenham LB, Dartford BC, Gravesham BC and Medway BC. The key issues raised by these bodies related to the need for the Local Plan to:

- Consider through the Duty To Cooperate process the need for Thurrock to contribute towards meeting any unmet future housing needs from adjoining authorities including London and Southend in particular.

- Ensure that future residential developments should be supported by health facilities, in order to combat the existing health inequalities experienced at a local level.
- Consider the requirement for Thurrock to make additional provision to meet Basildon's unmet Gypsy and Traveller needs.
- Support the delivery of the Thames Vision which promotes the retention of riverside industry and employment locations, and the protection and enhancement of the distinctive riverscape in terms of its water quality, wildlife and attractiveness as an open space.
- Consider the impacts of any planned expansion or change to port facilities along the Thames within Thurrock on Medway's port infrastructure.
- Safeguard wharfs in Thurrock for the importation of marine dredged and other minerals resources into the region.
- Consider the future role of Lakeside and the need to manage the scale and nature of its future development in order to safeguard the viability and vitality of other strategic centres in South Essex, North Kent and East London.
- Recognise Thurrock's future role in meeting London and the wider South East's waste needs.
- Consider the future implications of strategic transport improvements including the Lower Thames Crossing and Cross Rail 2.
- Support the delivery of an enhanced public rights of way network accessible to all users – walkers, cyclist, equestrians and the disabled, including increased access to the Borough's open spaces.

Representations were also received from Heritage England, Natural England, the Environment Agency and Highways England. In the main the responses submitted by these organisations were general in nature and welcoming of the opportunity to work with the Council in preparing the Local Plan. A series of follow up meetings are now being arranged with each of these statutory consultees to further strengthen and develop the working relationship between the parties as progress on the plan moves forward.

Local Plan Roadshow Consultation Responses

To ensure that everybody attending the Local Plan Road Show events had an opportunity to have their say on the big issues facing the Borough the Council set up a 'Burning Issues' board at each of Roadshow Events. With over 500 comments received the most frequently voiced concerns related to the issues set out below.

- The lack of affordable housing available to local people.
- The need for new homes to be built near transport hubs and existing community facilities and services like schools and doctors.
- The need for new homes to be built in areas where they can support the delivery of better community facilities and services.
- The preferred location for new homes should be on brownfield sites.
- Better health, education and community facilities are required to meet local needs.
- More activities should be provided for young people.
- The adverse impact of lorry movements in residential areas should be addressed.
- Industrial and residential areas should be segregated in order to minimise the impact of bad neighbour uses on local communities.
- There is a need for better parking provision in town and local centres.
- There is a need to tackle the poor quality of the environment and poorly maintained public open spaces.
- There is a need to provide new public open spaces and sports and leisure facilities.
- The provision of improved walking and cycling facilities should be promoted.
- The health impacts of poor air quality on local residents should be considered and addressed.
- There is a need for improved standards of design.

APPENDIX 3 – Local Plan Evidence Base

Local Plan Technical Work Completed or Underway

Study	Comments
Conservation Area Character Appraisal and Management Plan Review	In progress
Grays Town Centre Development Framework	Completed
Lakeside Development Framework	Completed
Lakeside Transport Strategy	Completed
Local Plan and CIL Viability Study	In progress
Local Wildlife Site Review	In progress
Port of Tilbury Development Options Study	Completed
South Essex Economic Development Needs Assessment	In progress
South Essex Strategic Housing Market Assessment	Completed (Further update underway)
South Essex Strategic Retail Study	In progress
Thurrock (Essex) Gypsy and Travellers AA Update	In progress
Thurrock Accessibility Mapping Study	Completed
Thurrock Active Place Strategy	In progress
Thurrock Design Guide	Completed
Thurrock Development Capacity Study	In progress
Thurrock Employment Land Availability Assessment Update	In progress
Thurrock Green Belt Assessment	Draft Stage 1 Report Completed
Thurrock Housing Land Availability Assessment	In progress
Thurrock Landscape & Seascape Character, Sensitivity and Capacity Study	In progress

Thurrock Pilot Brownfield Register	Completed
Thurrock Strategic Flood Risk Assessment Update(s) Level 1/2	In progress
Thurrock Town Centres Health Check Study/Regeneration Study	In progress
Thurrock Urban Extensions Concept Planning	In progress
Thurrock Villages and Settlement Study	Stage 1 Completed
Thurrock Water Cycle Study Update	In progress
Thurrock Local Plan Integrated Sustainability Assessment	Commissioned in Nov 2016

Local Plan Technical Work to Be Commissioned in 2017

Study
Housing Land Availability Assessment Transport Site Assessments
Minerals Capacity and Safeguarding Study
Strategic/Local Transport Modelling
Thurrock Local Plan Infrastructure Study
Thurrock Transport Baseline Report
Thurrock Transport Vision for Movement
Thurrock Waste Arisings Study

ADDITIONAL INFORMATION ON KEY STUDIES

South Essex Economic Development Needs Assessment: The South Essex authorities commissioned GVA to produce an up to date EDNA to inform the preparation of Local Plans across the South Essex area. This study is ongoing and is anticipated to be finalised in January 2017. GVA have also been commissioned to undertake Thurrock's **Employment Land Availability Assessment**. Sites identified in the ELAA as no longer being suitable for employment uses will be included in a future update of the HLAA. It should be noted that some sites will be assessed in both the ELAA and HLAA and there is a need to make sure that baseline information for these sites is consistent.

South Essex Strategic Housing Market Assessment: The South Essex authorities commissioned Turley Associates and Edge Analytics to undertake a further review of the Strategic Housing Market Assessment (SHMA) to inform the

preparation of Local Plans across the South Essex area. The Consultants final report published May 2016 sets out a range of Objectively Assessed Housing Need (OAHN) figures based on a range of different scenarios for each of the constituent local authority areas. Thurrock has an identified objectively assessed need for between **3,275 to 3,750 dwellings per annum**. This study is currently subject to a focussed update and is anticipated to be made available in January 2017.

Thurrock Accessibility Mapping: A study of journey distances and travel times in and around Thurrock was made in April 2016 to find which parts of the borough have greatest access to services and facilities, and where there might be gaps in access. The study included the whole of Thurrock, and 5 kilometres further out to the west, north and east. The area to the south was not included, where the River Thames borders the borough.

<https://www.thurrock.gov.uk/study-of-travel-access-in-and-around-thurrock/overview>

Thurrock Green Belt Assessment: The council has commissioned PBA Bristol to undertake a full and comprehensive assessment of the boroughs green belt. Initial findings have been made available to the Council but we have haven't had the opportunity to feedback on the findings. However, it is likely that this work will need to be partially reviewed if proposals for the Lower Thames Crossing impact on the green belt.

Gypsy and Travellers Accommodation Assessment: An Essex wide Gypsy and Traveller Accommodation Assessment (GTAA) was published in June 2014 with a focussed update in September 2014. This document was intended to form a key part of the evidence needed to support the preparation of the new Local Plan. At the time of production the 2014 Essex GTAA was prepared in full conformity with the government guidance on travellers. However, recent planning policy changes redefined the definition of "travellers" and as such the Council has undertaken a further update to the GTAA.

Thurrock Local Plan and Community Infrastructure Viability Work: AECOM and HDH Planning are currently in the process of finalising a viability baseline report and model for the Council. This report/model utilises a set of development typologies (based on HLAA sites) and tests them against the different price areas in the borough. The model and baseline report is anticipated to be completed by January 2017.

Thurrock Urban Extensions Scoping Study: Although the Council is still the process of pulling together its evidence regarding housing need and the supply of housing land, there is a working assumption that the Council will need to look at alternate delivery models and undertake a comprehensive Green Belt Assessment to

identify additional sites and/or assess the appropriateness of sites put forward in the Green Belt.

The purpose of the Sustainable Urban Extension Work is to undertake a range of desktop survey activities looking into development constraints, infrastructure provision and viability with a view to identifying areas which may be appropriate locations for urban extensions. This work is classified as confidential because of its sensitive nature and the fact that we are still pulling together other pieces of evidence which would sit alongside it. Once potential locations have been defined these will be consulted on as part of the Local Plan consultation process. This piece of work is being undertaken by David Lock Associates.

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18 January 2017	ITEM: 9
Health and Wellbeing Board	
Air Quality and Health Strategy	
Wards and communities affected: All	Key Decision: Key
Report of: Adrian Barritt, Transport Development Manager	
Accountable Head of Service: Ann Osola, Head of Transportation and Highways	
Accountable Director: Steve Cox, Corporate Director Environment and Place Ian Wake, Director of Public Health	
This report is Public	

Executive Summary

In 2015, a decision was taken by Thurrock Council to develop an integrated Health and Air Quality Strategy through which to tackle the health problems associated with and exacerbated by air pollution within the borough.

Thurrock's Air Quality & Health Strategy has framed the authority's approach to improving air quality and to reduce air pollution exposure to safe levels for human health across the borough. The Strategy provides the context for the council to manage air quality through a suite of borough-wide policies to prevent new Air Quality Management Areas (AQMA) from arising as well as outlining a number of actions and measures to improve air quality in each AQMA with a view to moving towards advisory limits and future revocation.

The overall strategic aim of this Thurrock Air Quality & Health Strategy is to improve air quality in the borough to reduce the health impacts of air pollution.

The Strategy will be delivered through three main approaches:

- a) By implementing measures for managing air quality throughout the borough to prevent new AQMAs from arising;
- b) By implementing measures contained within the action plans for existing AQMAs; and
- c) By working with external bodies to reduce background pollution from inside and outside the borough.

Alongside the production of the Strategy the opportunity was taken to refresh the Air Quality Action Plans for the existing AQMAs as well as produce action plans for the recently declared AQMAs for Tilbury, Aveley and Purfleet Bypass.

1. Recommendation(s)

1.1 The Board approves the Air Quality & Health Strategy and the associated delivery approaches (Appendix 1)

2. Introduction and Background

2.1 In 2013 the council declared an Air Quality Management Area (AQMA 24) for NO₂ in Tilbury, along part of Dock Road, Calcutta Road, and St Chad's Road, followed earlier this year with further declarations for Aveley (High Street and Ship Lane, AQMA 25) and Purfleet Bypass (AQMA 26) bringing the total number of AQMAs in Thurrock to 18.

2.2 In early 2015 a report was presented to the Health and Wellbeing Overview and Scrutiny committee underlining areas of poor air quality in Thurrock and the associated acute and chronic health effects from exposure. The committee supported the establishment of a cross-directorate Air Quality Officer Task Group to develop an integrated Health and Air Quality Strategy (hereafter referred to as 'the Strategy', see Appendix 1) to identify ways to reduce air pollution and public health exposure.

2.3 The impacts and management of poor air quality is an issue many UK local authorities are committing resources to improve and although there is not a universal solution, developing a cross-directorate strategy which seeks to improve air quality and health is seen as good practice.

2.4 Several AQMAs have extremely high regional and/or local background concentrations of NO₂. This means that in some AQMAs, the majority of NO₂ concentrations are not arising from local sources and that local actions carried out on the ground by the local authority may be unlikely to significantly affect the regional background concentrations. This means that in certain circumstances, there may be little, if anything, within the council's remit that would effectively reduce NO₂ concentrations to below the limit value.

2.5 Nonetheless source apportionment work has also identified road traffic as a major contributory factor to poor air quality and therefore mitigating its negative effects was identified as a focus of the Strategy.

3. Issues, Options and Analysis of Options

- 3.1 The Thurrock Air Quality and Health Evidence Base was considered to identify the issues that the Strategy will need to resolve. The overall strategic aim of the Thurrock Air Quality & Health Strategy is:
- To improve air quality in the borough to reduce the health impacts of air pollution.

3.2 This aim can be given further dimension by considering the core goals of the Thurrock Health and Wellbeing Strategy, that:

- Every child has the best possible start in life;
- People stay healthy longer, adding years to life and life to years;
- Inequalities in health and well-being are reduced; and
- Communities are empowered to take responsibility for their own health and well-being.

3.3 In accordance with the above, this Strategy has therefore considered ways to:

- a) Implement measures for managing air quality throughout the borough to prevent new AQMAs from arising;
- b) Implement measures contained within the action plans for existing AQMAs; and
- c) Work with external bodies to reduce background pollution from inside and outside of the borough.

3.4 In order to meet the above aims and objectives, a suite of policies for effectively managing air quality throughout the borough have been developed which will facilitate decision making on air quality issues and work to prevent new AQMAs from arising wherever possible. Figure 1 summarises these policies.

	Policy	Summary
AQS 1	Tackling Transport Emissions	<p>The Council will deliver transport interventions aimed at:</p> <ol style="list-style-type: none"> I. Reducing vehicle trips and promoting a modal shift where possible to active modes of travel to future proof Thurrock's transport network for sustainable growth. II. The business community and transport service providers to discourage the use of polluting vehicles travelling within Thurrock. III. Rerouting vehicles, particularly HGVs, to avoid residential dwellings IV. Reducing its own emissions and to influence emission reductions through its own procurement and operations.
AQS 2	Tackling health inequalities	<ol style="list-style-type: none"> I. The areas of highest need, highest deprivation and poorest health outcomes in relation to air quality will be prioritised for action on initiatives to mitigate the impact of poor quality on health. II. Work with health partners to improve long-term condition management in primary care through the implementation of the GP balance scorecard and the development of integrated healthy living centres in areas of highest need (Tilbury and Purfleet).

	Policy	Summary
AQS 3	Thurrock Clean Air Zones/ Low Emissions Zones	The Council will undertake a detailed review of the merits of the wider use Clean Air Zones or Low Emission Zones within Thurrock. A range of options for implementing a Clean Air Zone or Low Emission Zone in Thurrock to tackle poor air quality will be appraised. A firm proposal for a Clean Air Zone or Low Emission Zone will be developed provided that detailed consideration suggests that it is: <ul style="list-style-type: none"> • Feasible and practicable; • Represents value for money; and • Likely to have local support and improves public health.
AQS 4	Future Developments and Planning	Air quality policies will be incorporated into the preparation of the new Local Plan. This is to provide the planning framework to safeguard existing areas and to ensure that the type or location of proposed development will not adversely impact air quality and where possible bring about improvements, through either relocation of polluting activities or negotiation of appropriate mitigation

Figure 1. Air Quality and Health Strategy policy summaries

- 3.5 A prioritisation exercise was undertaken to enable the Council to focus its resources on those areas where the issues are most pronounced. Borough wide interventions have been identified to contribute to improving air quality across the borough including within the 18 existing AQMAs. Figure 2 outlines the AQMAs prioritised for interim transport actions, the dominant pollution sources and the magnitude level of action required.

AQMA	Notes	Level of Action Required
10	Highest NO ₂ concentration, predominantly from HGVs	High
3 (Elizabeth Road only)	Focussed on HGVs and cars	High
5 (B186 to Clockhouse Lane only)	Focussed on HGVs	High
24	Focussed on cars	Medium
25	Focussed on HGVs and cars	Medium
2	Assuming that most of AQMA 1 will be revoked, all that remains is the London Road element of this AQMA.	Low
23		Low
1 (London Road only)		Low

Figure 2 AQMAs prioritised for Action Planning

- 3.6 Investing in improving air quality in the borough is going to have multiple benefits to the health and well-being strategy, contributing to a number of objectives in addition serving to also tackle congestion and help manage traffic better. The Health & Wellbeing board will be mechanism to determine how other partners can improve air quality beyond the identified actions.
- 3.7 Officers will continue to monitor and assess progress on air quality throughout the borough, including the implementation, delivery and success of the AQAPs for improving air quality within AQMAs.

3.8 If air quality across the borough improves, particularly within AQMAs, the Strategy will be regarded as being effective. By implementing the measures contained in the Strategy, we also anticipate noticing improvements in the fraction of mortality attributable to particulate air pollution in Thurrock. Additionally, as air quality across the borough improves through implementation of the Strategy, it is intended that a number of AQMAs will be revoked, pending DEFRA approval.

3.9 The Strategy will be kept as a live document as its success will be dependent upon the on-going assessment and reporting of progress in the implementation of measures and the evidence acquired from on-going evaluation of the impacts of measures that are reported through the ASR to Defra.

4. Reasons for Recommendation

4.1 Historic poor air quality in Thurrock is well known, but increasingly its negative impacts on the health of residents are being recognised. The Strategy has prioritised interventions within the council's sphere of influence to focus resource and attention in tackling both emissions of and exposure to pollutants, to improve Thurrock's environment and health. The Strategy demonstrates the council's commitment to tackling the borough's air quality problems.

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

5.1 Inception of the Health and Air Quality Officers' Task Group was a direct result of consultation with both the health and wellbeing overview and scrutiny committee and a presentation to the Health and Wellbeing Board. Further updates on progress with development of the Strategy have been given at their meetings and consultation has taken place with the older people's Parliament and Health Watch Advisory Group. The Cleaner, Greener Overview and Scrutiny committee have also been consulted on the declaration of new AQMAs for Thurrock.

5.2 Sections 83 and 84 of the Environment Act 1995 require consultation with the Secretary of State, the Environment Agency, the Mayor of London, surrounding local authorities and those residents situated within these AQMAs notifying of the air quality review and recommendation for declaration.

5.3 Public consultation on the Draft Strategy and new Air Quality Action Plans was undertaken in May and June 2016 with information available through the Council's 'Have My Say' page. The consultation was publicised through social media and in the local press as a result of a press release.

5.4 Whilst the level of public participation was low with only 8 respondents, the level of understanding and competency shown by the comments (30) highlighted the importance of this subject locally.

5.5 This Strategy was discussed at the Planning, Transport and Regeneration Overview & Scrutiny committee on 8 November 2016. The committee agreed the strategy could be taken forward to Cabinet for approval with minor amendments (inclusion of enforcement of weight restrictions and routing on Thurrock's road network and prioritisation to undertake a detailed review of Clean Air Zones or Low Emissions Zones).

5.6 On 14 December 2016 the Air Quality and Health strategy and associated delivery approaches was approved by Cabinet. The strategy and delivery approaches will be reviewed periodically and be revised as necessary.

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

6.1 Better management of Air Quality in Thurrock plays a very important part in meeting the Council's priorities; particularly to improve health and well-being and protect and promote our clean and green environment.

7. Implications

7.1 Financial

Implications verified by: **Laura Last**
Senior Finance Officer – Management Accounts

Costs associated with the Strategy and Action Plans are identified for funding through either existing revenue budgets for Transportation and Public Health or to be negotiated through s106 funding from relevant related developments (as identified on the Infrastructure Requirements List).

7.2 Legal

Implications verified by: **Vivienne Williams**
Planning and Regeneration Solicitor

The declaration of AQMAs, the formulation of action plans and assessment of air quality are statutory duties of the council under the provisions of Part IV of the Environment Act 1995.

The council is obliged to undertake regular monitoring of air quality and to make an Air Quality Management Area Order (AQMAO) when thresholds are breached and are unlikely to be met within a reasonable timescale.

Following the implementation of an AQMA the Council has a duty to implement an Air Quality Action Plan which makes recommendations for improving air quality within the AQMA.

By pursuing this course of action the council will seek to update and amend the current AQMAO 2005 and subsequent amendment in 2013 to reflect the proposed revisions within the Detailed Assessment Report 2014.

7.3 **Diversity and Equality**

Implications verified by: **Rebecca Price**
Community Development Officer

Adoption and subsequent implementation of the measures identified in the Strategy and Action Plans will support the wellbeing of some vulnerable members of the local community including those suffering from health conditions affecting the upper-respiratory system. Associated AQAPs will tackle existing air quality problems and help to bring down levels of nitrogen dioxide which may reduce the number of health impacts for people living and working in and around these AQMAs.

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

Under the Health and Social Care Act 2012, local authorities have a statutory duty to improve and protect the health of their population.

It is recognised that exposure to consistently high levels of air pollution can have an adverse impact on health, particularly in those with heart or lung problems, especially if they are elderly.

In adopting this Strategy and Action Plans the appropriate officers in Thurrock Council will be better informed to provide advice for preventing or mitigating against any new developments that could worsen air quality, or introduce additional exposure in this area.

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 Air Quality and Health Strategy

Report Author:

Adrian Barritt – Transport Development Manager
Helen Horrocks – Strategic Lead for Public Health

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MINUTES

Integrated Commissioning Executive 22nd December 2016

Attendees
Roger Harris (RH) – Corporate Director of Adults, Housing and Health, Thurrock Council (Joint Chair)
Mandy Ansell (MA) – Acting Interim Accountable Officer, NHS Thurrock CCG (Joint Chair*)
Ian Wake (IW) – Director of Public Health, Thurrock Council
Ade Olarinde (AO) – Chief Finance Officer, NHS Thurrock CCG
Allison Hall (AH) – Commissioning Officer, Thurrock Council
Mike Jones (MJ) – Strategic Resources Accountant, Thurrock Council
Jo Freeman (JF) – Management Accountant, Thurrock Council
Ceri Armstrong (CA) – Senior Health and Social Care Development Manager , Thurrock Council
Iqbal Vaza (IV) – Strategic Lead for Performance, Quality and Information
Catherine Wilson (CW) – Strategic Lead for Commissioning and Procurement, Thurrock Council
Jeanette Hucey (JH) – Director of Transformation, NHS Thurrock CCG

Apologies
Sean Clark (SC) – Director of Finance and IT, Thurrock Council
Mark Tebbs (MT) – Director of Commissioning, NHS Thurrock CCG
Christopher Smith (CS) – Programme Manager Health and Social Care Transformation, Thurrock Council
Les Billingham (LB) – Head of Adult Social Care and Community Development, Thurrock Council

Item No.	Subject	Action Owner and Deadlines
1.	<p>Notes of the last meeting 24th November 2016</p> <p>Notes from the last meeting were agreed.</p> <p>Matters arising:</p> <p>Integrated Data Set – IW clarified that the £50k contribution from the Local Authority to the Integrated Data Set had previously been agreed by the Digital Board and was kept in a Corporate pot. £25k had been secured from a successful bid for funding.</p> <p>It was confirmed that Medeanalytics would be attending the January meeting to give a presentation.</p>	<p>MJ to identify £50k contribution</p>

2.	<p>Health and Social Care Transformation – Prospectus and Communication and Engagement Plan</p>	
	<p>At the last meeting, ICE members had discussed the future Direction of Travel for health and social care and how this should be reflected within the next iteration of the Better Care Fund.</p> <p>As part of the discussion, it was agreed that the Adult Social Care transformation programme ‘Living Well in Thurrock’ and the CCG’s transformation programme ‘For Thurrock in Thurrock’ should be amalgamated to reflect an integrated approach.</p> <p>CA, JH and Richard Stone (CCG Head of Communications) had met to discuss the development of a document setting out an integrated vision for health and social care – incorporating preventing, reducing and delaying the need for care and support.</p> <p>As a result of the meeting, CA had developed a revised prospectus and a communication and engagement plan.</p> <p>ICE members discussed that the Tilbury Integration Project would help to develop and bring the vision to life.</p> <p>CA asked ICE members to consider the prospectus and provide comments.</p>	<p>All to consider and provide comment to CA</p>
3.	<p>Tilbury Integration Pilot</p> <p>ICE members discussed the Tilbury Integration Pilot.</p> <p>A business case would be prepared for the end of March with the specification for the pilot being outlined before the end of January.</p> <p>Key challenges included governance arrangements and the ability to quantify the financial envelope for Tilbury across health and social care.</p> <p>The Pilot would help to influence the development of the Tilbury Integrated Healthy Living Centre.</p> <p>IW commented that the work would look at influencing the whole system – so there would be consideration to other elements being included such as Housing.</p> <p>CA commented that a paper was currently being developed outlining options for future housing for people as they grew older.</p> <p>JH stated that she was writing a paper for the Executive to Executive meeting on the 24th January that described outline governance arrangements for the Pilot.</p>	<p>AO to provide information</p> <p>IW to link with Matthew Brown</p>
4.	<p>Better Care Fund 2016-17</p>	

	<p>Finance</p> <p>MJ stated that there were current pressures on Joint Reablement Team and external placement lines, but these would be met via Adult Social Care budgets and not through the BCF.</p> <p>The Exercise Referral Scheme was being funded via the underspend on the SEPT psychiatrist post.</p> <p>The total underspend was £126,399, with £95,000 of this currently unallocated. The underspend was from the one-off payment for performance award (total £664k).</p> <p>AH commented that the contract amounts for NELFT and SEPT were not correct.</p> <p>AO added that contract rebasing had been completed and the contract values were higher. The CCG would place the additional funding required in to the BCF so any shortfall could be paid.</p> <p>AO wanted clarification requiring profiling for different funding lines – e.g. some were in 12ths and others were profiled differently.</p> <p>With regard to the ‘payment for performance’ amount now incorporated within the BCF (£722k), AO said it was important to understand if there were any underspends. Projects had been funded based on 9 months of the year which would mean an overspend in future years unless additional funding could be found.</p> <p>AO commented that there was a discrepancy between the amount requested for the Falls Service and the amount the provider was asking for to run the service. The funding gap amounted to £82k over 22 months.</p> <p>Reports for all one-off projects were required for the next meeting.</p> <p>It was agreed that a separate meeting on finance would be held with reporting to the next ICE.</p> <p>Performance</p> <p>IV summarised the latest BCF performance information and stated that it reflected current pressures in the system.</p> <p>It was noted that whilst the Hospital was consistently on black alert and had also been at critical incident status, admissions were decreasing. There was some discussion about why this might be.</p> <p>Whilst the target for indicator ‘Proportion of Older People (65 and over) who were still at home 90 days and over after</p>	<p>MJ and AO to review underspend and bring to Jan ICE</p> <p>AO to confirm contract values.</p> <p>Report to next ICE (Emma Sanford/Irene Lewsey)</p> <p>CA to inform project leads of requirement to report to January ICE</p> <p>AO/MJ to organise finance meeting</p>
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	discharge from hospital into reablement/rehabilitation' was not being met, IV stated that Thurrock was performing well comparatively and suggested the target be reviewed.	
5.	Better Care Fund 2017-19	
	<p>CA provided an update about what was known for 2017-19. This was in lieu of the guidance which was now expected at some point in January.</p> <p>Key points included:</p> <ul style="list-style-type: none"> •Plans will span 2 years; •The BCF Plan will also act as the Health and Social Care Integration Plan; •National conditions will be reduced from 8 to 3; and •There will be two submission dates. <p>CA further commented that the BCF should reflect the joint direction of travel that was being set out within the Living Well in Thurrock/For Thurrock in Thurrock transformation programme.</p> <p>Additional meetings might be required in the new year to help with the development of the 17/18 – 18/19 BCF.</p> <p>MJ commented that in relation to the recent Financial Settlement for Local Government, the BCF Improvement Fund had been confirmed (estimated to be £170k for Thurrock). A further grant for Adult Social Care had been announced (Adult Social Care Support Grant) but this was for one year only.</p> <p>AO stated that the minimum CCG contribution to the BCF had been announced and that the 2017/18 amount incorporated a 1.79% uplift. The total amount for 17/18 was £10.048m. The uplift for 18/19 was 1.9%.</p> <p>Clarification was required on whether the uplift applied to the total CCG contribution to the BCF as opposed to just the minimum amount.</p> <p>AO stated that savings from the Intermediate Care review were expected to contribute towards QIPP savings.</p> <p>Further discussion needed to take place as to whether the BCF would expand during 17/18 – 18/19 and if so by how much. There was some discussion as to the benefits of having a far greater BCF that reflected the system in its entirety – both through an expanded pooled fund, but also aligned budgets – e.g. primary care and acute budgets. An expanded BCF could include the Public Health budget (minus the children's element).</p>	AO to circulate confirmed contributions.
6.	Living Well in Thurrock and For Thurrock in Thurrock Updates	
	Key updates had already been provided as part of agenda item 2.	

7.	Accountable Care Organisation/Multi-Speciality Community Provider	
	Updates were provided as part of agenda item 3.	
8.	System Pressures	
	RH updated that the pressure on domiciliary care in particular was still significant. The temporary embargo placed on Thurrock Care at Home was gradually being released as improvements were being made.	
9.	Local Digital Roadmap	
	IV stated that there was a reduced amount of funding available for key projects supporting the Local Digital Roadmap. This included the project to enable interoperability between patient and care records. Approximately £18m was available for the South and Mid Essex Sustainability and Transformation Plan footprint. A bidding process was being set up and business cases were required between January and March.	

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FINAL MINUTES

Health and Wellbeing Board Executive Committee

13 October 2016, 3.00 - 4.30pm

Attendees Present

Roger Harris (Chair), Ian Wake, Rory Patterson, Malcolm Taylor, Les Billingham, Kim James, Jane Foster-Taylor, Ceri Armstrong, and Darren Kristiansen.

Apologies

Mandy Ansell, Steve Cox, Maria Payne, Ade Olarinde.

Item No.	Subject	Action
1.	Welcome and apologies	
	The Chair noted apologies, as recorded.	
2.	Notes from the last meeting	
	Notes of meeting on 25 July were agreed. The Chair noted completed actions. Actions that are in progress and have been carried forward are: <ul style="list-style-type: none"> • Arrange for Cllr Halden to meet with Dr Mallik (College Health). 	Action DK
3.	Reflections on September Health and Wellbeing Board meeting	
	Executive Committee members agreed that the results of engagement activity should continue to be provided to Health and Wellbeing Board members directly after each individual action plan presentations.	
4.	Agenda for Health and Wellbeing Board meeting on 17 November	
	Executive Committee members agreed timing necessary for each agenda item, which will be reflected on the agenda and included within the Chair's Brief.	
	It was agreed that the Annual Public Health Report will be presented to the Board by Ian Wake using a Microsoft PowerPoint presentation.	Action Ian Wake
	It was agreed that the STP/ESR update should also be provided to the Health and Wellbeing Board via powerpoint presentation	Action Secretariat
	The Chair advised Executive Committee members that Cllr Halden has been working with Essex and Southend Health and Wellbeing Board Chairs to develop a set of key principles for the STP/ESR. The key principles have now been sent to	Action Secretariat

	<p>national statistics indicate that 1 in 4 people are victims of bullying. Committee members were advised that there is no direct funding available to support anti-bullying initiatives. However, consideration is being provided to how data can be collected to establish the type of bullying that is taking place across Thurrock including homophobic and race related bullying.</p> <ul style="list-style-type: none"> Committee members were informed about Healthwatch’s engagement with young people about emotional health and wellbeing. It was agreed that feedback received about young people not feeling safe in Thurrock should be provided to Thurrock’s Community Safety Partnership <p>Action Plan C3, Reduce isolation and loneliness</p> <ul style="list-style-type: none"> Members agreed that amendments should be made to the action plan to better reflect owners and delivery dates. <p>Action Plan C4, Improve the identification and treatment of depression, particularly in high risk groups</p> <ul style="list-style-type: none"> Members agreed that amendments should be made to the action plan to better reflect owners and delivery dates. <p>It was agreed that all amendments to action plans and PowerPoint presentations will be provided to Secretariat by no later than Thursday 20 October.</p>	<p>Action Kim James</p> <p>Action Secretariat</p> <p>Action Secretariat</p> <p>Action – owners of action plans</p>
6.	<p>Progress report on engagement feedback activity for Goal C</p> <p>It was agreed that engagement feedback will be aligned to the relevant action plan.</p> <p>DK would meet with action plan owners as appropriate to ensure that engagement feedback was informing the development of action plans and that feedback can be provided to members of the public about how their views have influenced and informed action plan development.</p> <p>It was agreed that an engagement report will be provided to Executive Committee members at the next meeting concerning action plan owner responses to feedback on goals A and B.</p>	<p>Action Kim James</p> <p>Action Secretariat</p> <p>Action Secretariat/Action Plan Owners</p>
7.	<p>Strengthening Financial Performance and Accountability within Thurrock CCG</p> <p>Committee members noted the paper in Ade’s absence</p>	
8.	<p>Health and Wellbeing Board and Executive Committee Forward planner</p>	

	<p>It was agreed that the Health and Wellbeing Board Executive Committee meeting scheduled for 7 November will be cancelled</p> <p>It was agreed that, subject to Cllr Halden's approval, the Health and Wellbeing Board meeting scheduled for 5 January will be rearranged for the middle of January.</p>	<p>Action Secretariat</p> <p>Action Secretariat</p>
<p>9.</p>	<p>AOB</p> <p>Executive Committee members were updated on progress being made with addressing challenges being experienced by the potential closure of one of East Tilbury's GP surgeries. Work was being carried out by the Council and CCG to find a possible solution. KJ reported that the public meeting held during the week had been very well attended and that local people were extremely concerned. There was concern about why people had been informed so late about the surgery's closure.</p> <p>JFT raised concerns about there being no interpreter service for Unaccompanied Asylum Seekers.</p> <p>Executive Committee members agreed that the Care Quality Commission's State of Care report published in October should be circulated to Health and Wellbeing Board members. The report described Adult Social Care being at a 'tipping point'. LB recommended that a summary of the report should be presented at a future Board meeting.</p> <p>RP made the Board aware of a National Audit Office report on children's services. The report identified the increased number of children in need. The report sets out the characteristics of a 'good' and 'outstanding' authority.</p>	<p>Action DK</p>

**Health and Wellbeing Board and Health and Wellbeing Board Executive Committee
Meeting Planner**

Meeting	Date	Agenda
Health and Wellbeing Board	18 Jan 10:30 – 1:00pm Council Chamber Email sent to members with diary appointment on Friday 2 December	<ul style="list-style-type: none"> • ESR / STP • Item in Focus, Health and Wellbeing Strategy Goal 4, Quality care, centred around the person <ul style="list-style-type: none"> ○ Presentation and Action Plan 4A (Rahul Chaudhari) ○ Presentation and Action Plan 4B (Mark Tebbs) ○ Presentation and Action Plan 4C (Catherine Wilson) ○ Presentation and Action Plan 4D (Rahul Chaudhari) • Essex, Southend and Thurrock MH Strategy Catherine Wilson / with Jane Itangata / Mark Tebbs • Air Quality Strategy Anne Osola/Adrian Barritt • Local Plan Update. • HWB Executive Committee and ICE Minutes • Work Programme

Meeting	Date	Agenda	Key Deadlines
Health and Wellbeing Board	Wed 15 March 1:30 – 4:00pm Council Chamber	<ul style="list-style-type: none"> • Better Care Fund Ceri Armstrong • ESR • Item in Focus: Goal 5 <ul style="list-style-type: none"> ○ Presentation and Action Plan 5A ○ Presentation and Action Plan 5B ○ Presentation and Action Plan 5C ○ Presentation and Action Plan 5D • Health and Wellbeing Board Executive Committee and ICE Minutes • For Thurrock In Thurrock • Work Programme 	<p>Implications and papers ready to brief Cllr Halden: Mon 27 Feb</p> <p>Publishing date and sending papers to members: Tues 7 March 2017</p>

Meeting	Date	Agenda	Key Deadlines
Health and Wellbeing Board	Wed 10 May 1 – 3:30pm Committee Room 1	<ul style="list-style-type: none"> • Considering all Goals (As per Cllr Halden recommendation for paper in November 2016 on Goal C) • Agreeing year two action plans • Essex Southend and Thurrock Mental Health and Wellbeing Strategy – Thurrock Action Plan (Catherine Wilson, as recommended in her paper to the Board in January) 	Implications and papers ready to brief Cllr Halden: Monday 24 April 2017 Publishing date and sending papers to members: Tuesday 2 May 2017
Health and Wellbeing Board	Wed 19 July 2017 1 – 3:30pm Committee Room 1	<ul style="list-style-type: none"> • Annual Health and Wellbeing Strategy Reports 	Implications and papers ready to brief Cllr Halden: Friday 30 June Publishing date and sending papers to members: Tuesday 11 July 2016

Meeting	Date	Agenda	Key Deadlines
Health and Wellbeing Board	Wed 20 Sept 2017 1 – 3:30pm Committee Room 1		Implications and papers ready to brief Cllr Halden: Thursday 31 August 2017 Publishing date and sending papers to members: Tuesday 12 September 2017
Health and Wellbeing Board	Wed 22 Nov 2017 1 – 3:30pm Committee Room 1		Implications and papers ready to brief Cllr Halden: Thursday 2 Nov Publishing date and sending papers to members: Tuesday 14 Nov
Health and Wellbeing Board	Wed 24 Jan 2018 1 – 3:30pm Committee Room 1		Implications and papers ready to brief Cllr Halden: Friday 5 January 2018 Publishing date and sending papers to members: Tuesday 16 January 2018