Thurrock - An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

Thurrock Health and Wellbeing Board

The meeting will be held at **10:30am – 12.30pm on Friday 29 October**

Venue to be confirmed at the point of publishing papers on 21 October.

Membership:

Councillor Halden (Chair)
Councillor Huelin
Councillor Liddiard
Councillor Johnson
Councillor Kent
Kristina Jackson, Chief Executive, Thurrock CVS
Kim James, Chief Operating Officer, Healthwatch Thurrock
Michelle Stapleton, Interim Director of Operations, Basildon and Thurrock University Hospitals Foundation Trust
Ian Wake, Corporate Director for Adults, Housing and Health
Sheila Murphy, Corporate Director for Children's Services
Jo Broadbent, Director of Public Health
Mark Tebbs, NHS Thurrock Alliance Director, Thurrock Clinical Commissioning Group
Anthony McKeever, Interim Joint Accountable Officer for Mid and South Essex CCGs
Preeti Sud, Executive Member of Basildon and Thurrock Hospitals University Foundation Trust
Carmel Micheals, North East London Foundation Trust (NELFT)
Dr Anil Kallil, Chair of Thurrock CCG
Alex Green, Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT)
Stephen Mayo, Deputy Chief Nurse, Thurrock Clinical Commissioning Group
Julie Rogers, Chair Thurrock Community Safety Partnership Board/Director of Environment and Highways
Karen Grinney, HM Prison and Probation Service
Andy Millard, Director for Place
Andrew Pike, Executive Member, Basildon and Thurrock Hospitals University Trust

Agenda

Open to Public and Press

Queries regarding this Agenda or notification of apologies:

Please contact Darren Kristiansen, Business Manager - Commissioning by sending an email to DKristiansen@thurrock.gov.uk

Agenda published on: **21 October 2021**

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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

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

Our Vision and Priorities for Thurrock

An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.

1. **People** – a borough where people of all ages are proud to work and play, live and stay

    - High quality, consistent and accessible public services which are right first time
    - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
    - Communities are empowered to make choices and be safer and stronger together

2. **Place** – a heritage-rich borough which is ambitious for its future

    - Roads, houses and public spaces that connect people and places
    - Clean environments that everyone has reason to take pride in
    - Fewer public buildings with better services

3. **Prosperity** – a borough which enables everyone to achieve their aspirations

    - Attractive opportunities for businesses and investors to enhance the local economy
    - Vocational and academic education, skills and job opportunities for all
    - Commercial, entrepreneurial and connected public services

PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 23 July 2021 10.30am-12.30pm

Present:	Councillor Halden (Chair) Councillor Huelin Ian Wake, Corporate Director for Adults, Housing and Health Sheila Murphy, Corporate Director for Children's Services Jo Broadbent, Director of Public Health Mark Tebbs, NHS Thurrock Alliance Director, Thurrock Clinical Commissioning Group Anthony McKeever, Interim Joint Accountable Officer for Mid and South Essex CCGs Preeti Sud, Executive Member of Basildon and Thurrock Hospitals University Foundation Trust Carmel Micheals, North East London Foundation Trust (NELFT) Dr Anil Kallil, Chair of Thurrock CCG Alex Green, Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT) Stephen Mayo, Deputy Chief Nurse, Thurrock Clinical Commissioning Group Julie Rogers, Chair Thurrock Community Safety Partnership Board/Director of Environment and Highways Karen Grinney, HM Prison and Probation Service
Apologies:	Councillor Liddiard Councillor Johnson Councillor Kent Kristina Jackson, Chief Executive, Thurrock CVS Kim James, Chief Operating Officer, Healthwatch Thurrock Andy Millard, Director for Place Andrew Pike, Executive Member, Basildon and Thurrock Hospitals University Trust Michelle Stapleton, Interim Director of Operations, Basildon and Thurrock University Hospitals Foundation Trust
Guests:	Michele Lucas, Thurrock Council Catherine Wilson, Thurrock Council Helen Farmer, Thurrock CCG

1. Welcome, Introduction and Apologies

Colleagues were welcomed and apologies were noted.

The Chair noted that some colleagues had joined the meeting virtually and advised that going forward all members will be required to attend meetings in person to reflect current legal requirements.

2. Minutes

The minutes of the Health and Wellbeing Board meeting held on 28 January 2021 were approved as a correct record.

3. Urgent Items

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

4. Declaration of Interests

There were no declarations of interest.

5. Integrated Care Systems – update

This item was presented by Ian Wake. Key points included:

- A decision has been received from the SOS that the ICS Boundary will remain at Mid and South Essex, which was widely welcomed by members.
- The Bill has now had second reading. The ICS design guidance has been published. Further guidance is expected in due course. A workshop is taking place this afternoon (23 July) to consider the structure of the ICS, roles and responsibilities.
- The Chair thanked colleagues across the ICS including Professor Mike Thorne, Anthony McKeever, BTUH, CCG colleagues and Thurrock's MP.
- The decision on Boundaries has been welcomed. There were previously 113 meetings held to consider boundaries and this decision provides the opportunity to focus on the health and wellbeing of the people of Thurrock.

RESOLVED: Members noted the verbal update.

6. Children and young people's emotional wellbeing and mental health services in Thurrock

This item was introduced by Michele Lucas (Thurrock Council) and Catherine Wilson (Thurrock Council). Key points included:

- Thurrock's plans for the mental health and wellbeing of children and young people in Thurrock are ambitious.
- The current contract has been in place since 2015 delivered through a Collaborative Commissioning Approach between the seven Clinical Commissioning Groups and three Local Authorities across the Greater Essex footprint. The current contract ends on the 31st January 2022. The re-procurement of the service commenced on 4th May 2021 in order to deliver the new contract from the 1st February 2022.
- The specification for the new service provides for local focus and priorities.
- Governance will be provided through the Brighter Futures Board.

- The core elements of the Thurrock specific delivery model include:
    - Strong integration of the workers from CAMH's into Brighter Future's to ensure greater integration and accountability.
    - Local governance through Brighter Futures, inclusive of local schools, to ensure Thurrock assets are integral to the CAMH's decision making process.
- The new wellbeing model brings together our universal responses to ensure that children and young people can access and be directed to

support whenever it is needed.

- Funding for the SWS remains a risk – Funding for a further two years has been secured. However, this is something that we will continue to review going forward.

During discussions the following points were made:

- Members supported the piece of work and recognised that the contract is one element of this work and the collaborative approach adopted across the system on this work was particularly acknowledged.
- It was recognised that the more that can be done at the local level will vital in supporting Thurrock's children and young people.
- The specification required that the new provider is in place consideration will be provided to how to ensure there are staff are seconded into Thurrock and providing services at the local level and not centrally focussed. Staff from the successful bidder should set out how they will second staff to the places within which they will be delivering services. The Board wholeheartedly agreed with the expectation of services being provided that is place focussed and not centralised.
- One outcome for the new contract is to ensure that all children and young people who meet referral criteria within 31 days. This should be demonstrated as part of successfully securing the contract.

RESOLVED: Board were made aware of the progress regarding the procurement of Child and Adolescent mental Health Services together with plans for the Thurrock model of delivery and the sustainability of that model.

7. HWB Strategy Refresh Update

This item was introduced by Jo Broadbent (Thurrock Council). Key points included:

- Statutory document which the new ICS must have regard for as part of NHS infrastructure changes at system, place and locality levels.
- The Strategy is high level and innovative. Members were provided with the proposed structure for the refreshed Strategy and an overview of the six high level domains incorporating the wider determinants of health with the vision of levelling the playing field.
- The Strategy's Strategic fit with the Local Plan, wider governance structures at system, place and locality levels as well as other key documents impacting residents of Thurrock.
- Members were provided with a summary of health outcomes for the population of Thurrock, including life expectancy and wider outcome disparities for residents living in different parts of Thurrock, and influences on people's health and wellbeing outcomes and review the outcomes framework is currently being updated.

- Overview of Domain leads and their roles, including engaging partners across the council and beyond. The aim it to identify up to five high level priorities to underpin each of the domains.
- An oversight of Governance arrangements including different groups established to drive forward the Strategy refresh, including the TICP

Strategy Group; a Council AD group, Chaired by Cllr Halden; a task and finish group and a communication and engagement group.

- The Engagement Group has recommended considering previous responses to Council consultations and engagement undertaken by CVS via Air Table approaches. The consultation will focus on high level priorities which includes the challenges for each domain and the priorities identified to date with a view to securing the public's views on their priorities.
- The current timeline provides for a Strategy launch in January. Board were asked to approve an extension of launching the Strategy until March 2022.

During discussions the following points were made:

- Members wholeheartedly welcomed the Health and Wellbeing Strategy.
- Members acknowledged the importance of the HWB Strategy and how it aligns with other key strategies including the Brighter Futures Strategy and the TICP Adult Place Based Strategy.
- The Health and Social Care Bill makes clear that the ICS must have regard for local Health and Wellbeing Strategies.
- The focus on levelling the playing field was supported by members and it was agreed that the Strategy should remain high level and strategic, identifying the key priorities under each domain.
- Members approved the proposal for the timescale extension to March 2022.

Decision

- Members were reassured that the domains will not be developed in silos and that a joined up, coordinated approach has been part of the design of the refresh.
- Members welcomed the breadth of focus of the Strategy and how priorities are being determined. Members were reassured that levelling the playing field will be reflected across the whole Strategy.
- Draft questions will be sent to the Strategy Group comprising Council Assistant Directors to help identify inequalities across the Strategy. The collective approach being adopted will support the identification of the causes of an uneven playing field. It was agreed that the questions would be circulated to Board for consideration and input prior to being sent to the AD Group. It was agreed that members would be invited to attend up to three meetings with the AD Group as part of informing the refreshed Strategy, particularly around the 'levelling up' aspect of the Strategy.

Action Secretariat

- The increased focus on anti-social behaviour and crime, creating an environment that is safe and welcoming was welcomed by members. Members recognised the importance of providing focus in the refreshed Strategy on the impact of the wider environment on health and wellbeing. Members noted that the Health and Wellbeing Strategy aligns closely with the PCC strategic priorities.
- Members welcomed the Strategy being informed by previous consultations and feedback already provided by the public through Council and wider consultation exercises.

- Consideration should be given to including implications on health and wellbeing within all Council reports going forward as part of reinforcing the importance of considering health and wellbeing across the Council's work.

Action Dem Services / Secretariat

RESOLVED: Board members

- **Commented on and approved the project scope and the arrangements for completing the strategy refresh.**
- **Approved the vision for the refresh of ''Levelling the Playing Field", with each chapter identifying ambitious actions required to do that.**
- **Approved the six domains**
    1. **Quality Care Centred Around the Person**
    2. **Staying Healthier for Longer**
    3. **Building Strong & Cohesive Communities**
    4. **Opportunity for All**
    5. **Housing & the Environment**
    6. **Community Safety**

- **Noted that operational oversight of the refresh process will be via: HWB Strategy / TICP Strategy Group, chaired by Ian Wake, AD Oversight Group, chaired by Cllr James Halden, and HWBS Engagement Group chaired by Dr Jo Broadbent.**
- **Agreed that final approval from Board could be extended from January 2022 to March 2022.**
- **That separate meeting would be set up to facilitate Board discussions with the AD Group in more detail.**

7. Brighter Futures Strategy

This item was introduced by Sheila Murphy, Thurrock Council. Key points included:

- Over the last two years the Brighter Futures Children's Partnership Board has undergone a journey of considerable significance, characterised by change and transformation, demonstrated by a desire to refresh its vision and gain clarity on the roadmap for delivery over the next five years.
- A refresh process therefore commenced in October 2020 led by the Assistant Director for Public Health, supported by a task and finish group chaired by the Executive Corporate Director for Children's Services.
- A process of need identification, narrative explanation and priority synthesis was adopted. Need was understood through the analysis of high level epidemiological data, stakeholder views and young people's voices.
- A five year strategy has now been drafted and is currently going through an agreed governance process.
- The Brighter Futures Partnership Board agreed the strategy in principal in June 2021.
- A public consultation is also being held on the strategy for an eight

week period. Consultation commenced 22nd June 2021. It is anticipated the strategy will be published by September 2021 and feed into the Health and Wellbeing Strategy.
- The work of PH Assistant Director Teresa Salami-Oru was acknowledged

During discussions the following points were made:

- Members welcomed the comprehensive strategy and the collaborative and engagement that had taken place to inform its development.
- Members considered the merits of a specific priority focussed on transitions and were reassured that transitions in young people's lives is integrated across all four priorities within the Brighter Futures Strategy. This approach ensures transitions are embedded across the Brighter Futures Strategy priorities.
- Members acknowledged the importance of supporting children and ensuring that they can catch up on issues that have impacted their development through the COVID-19 Pandemic.

RESOLVED: Board approved the Brighter Futures Strategy in principle and delegated authority to the Brighter Futures Children's Partnership Board for strategy approval and endorsement.

8. Primary Care Strategy refresh

This item was introduced by Mark Tebbs, Thurrock Clinical Commissioning Group. Key points included:

- The strategy refresh builds on the existing 2018 strategy – it does not propose an alternative strategic direction but focuses heavily on the element of collaborative working.

- The refreshed strategy takes account of local and national policy changes that have occurred since the original strategy was approved. Explicitly it takes account of:

    - The NHS Long Term Plan (2019),
    - Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan (2019),
    - The Mid and South Essex Health and Care Partnership Five Year Delivery Plan (2019)
    - The Mid and South Essex Memorandum of Understanding and H&CP Outcomes Framework
    - The impact of the on-going pandemic, and
    - Recent publication of the DH&SC White Paper

During discussions the following points were made:

- Members were supportive of the Strategy refresh and the robust use of population health data to inform the priorities within PCN areas.
- The Primary Care Strategy reflects the importance of place, complimenting and supporting the work in Thurrock.
- Primary Care Networks are the future of the NHS and it is vital to ensure that PCNs are not considered as GPs but wider primary care, focussed on the whole population that a GP serves.

- The GP survey shows that satisfaction of GPs requires some additional focus. In response to the survey investment has been provided to PCNs for a project manager support to facilitate an integrated telephone system. It was acknowledged that GP practices are independent and are increasingly working as a collective across PCN geographical footprints, which was welcomed by members.
- It was recognised that the GP Satisfaction Survey should be addressed. It was agreed that consideration will be provided to how to further address the outcome of the GP Satisfaction Survey and a report will be provided at October's meeting.

  Action Thurrock CCG / Board secretariat
- Members recognised the positive progress that has been made in Thurrock over recent years and were reassured by the work across Thurrock that continues to support challenges within Primary Care.

RESOLVED: Members noted and commented upon the Primary Care Strategy refresh

9. MSE HCP Report on Learning from COVID

It was agreed that would be deferred until the next Board meeting.

Action Board secretariat

10. HWB Terms of Reference annual review

The TOR were approved by members.

The meeting finished at 12:25pm.

CHAIR……..

DATE……

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29 October 2021	**ITEM: 5**
Health & Wellbeing Board	
Mid and South Essex Health and Care Partnership Report on Learning from COVID	
Wards and communities affected: All	**Key Decision:** N/A
Report of: Mark Tebbs, NHS Thurrock Alliance Director, Thurrock Clinical Commissioning Group	
Accountable Head of Service: N/A External partner report	
Accountable Director: N/A External partner report	
This report is public	

Executive Summary

The 'Learning From COVID-19 in Mid and South Essex Report: Understanding Drivers of Collaboration and Seeking New Ways to Tackle Inequalities' (March 21) report was produced by Kaleidoscope Health and Care. The report was the output from a number of place based stakeholder engagement events culminating in a Mid and South Essex learning event in November 2020. The stakeholder and learning events, therefore, gathered the learning from Spring and Summer 2020 when the system experienced the first waves of the pandemic.

It is therefore important to remember that these stakeholder and learning events took place during the pandemic. The systems were still adapting and managing the operational demands upon them. Many staff were exhausted. Nationally and locally awareness was growing regarding the disproportionate impact of the pandemic on our most vulnerable members of our society. The lessons were very live to the situation and therefore contain many important messages which must be recorded and help shape our approach to future service transformation. it is a credit to the system that it took time out to hold such events and record these lessons.

1. Recommendation(s)

1.1 That members of the Board note and comment on the contents of this report and accompanying documentation

2. Introduction and Background

2.1 The report summarised the learning under a number of headings:

1. When you prioritise, you can deliver significant change at pace
2. Shared purpose helped create a culture of enablement
3. Local people help local people if they are given the tools to do so
4. Strong relationships grow out of trust and connection to place
5. COVID-19 and health inequalities

2.1 The report provides a number of actions and commitments following the pandemic:

1. Work with the CVS to ensure all partners are united around the purpose and vision for reducing inequalities and teams see a connection between their work and the impact on the community.
    - Alliance leaders should work together to understand what reducing inequalities means locally
    - CVS should be central to the co-development process to ensure solutions are routed in the community
2. Embed a community focus into how services are delivered so that social value is integral part of how organisations work
    - Share learning from other anchor institutions
    - Establish measure for monitoring progress
    - Adopt the anchor institution charter
    - Set out a learning and development process to embed and maintain anchor practices
    - Provide guidance and training on how to maximise value to the local community
    - Share learnings from other anchor institutions
    - Develop a baseline and metrics for evaluating success

3. Drive the development of PCNs and neighbourhood level delivery to work differently with communities
    - Embed the engagement framework and ensure people are trained on what it means for them
    - Work closely with PCNs to support shared learning and progression
    - See opportunities for the CVS to lead programmes of work
    - Work together in place to tackle digital exclusion

4. Support staff so they can deliver their best work by role modelling the behaviours that deliver strong culture and excellent decision-making.
    - Establish flexible integrated teams
    - Look at the career development to fill gaps
    - Role model the behaviours that make for a positive culture
    - Be prepared to make difficult decisions about priorities
    - Ensure partnership staff have access to NHS staff wellbeing programme
    - Socialise new ways of working through education and preparation
    - Establish knowledge sharing and best practice fora

2.2 Thurrock Integrated Care Partnership (TICP) can already demonstrates progress against many of the place based actions and commitments outlined in the report. It is proposed that the TICP develop a task and finish group to review the actions and co-produce a response to this report to ensure that the learning is embedded locally within our local partnership arrangements.

3. Issues, Options and Analysis of Options

3.1 This report provides an update on MSE learning from COVID

4. Reasons for Recommendation

4.1 This report shares information about MSE learning from COVID with key partners in Thurrock through the Health and Wellbeing Board

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

5.1 MSE System partners to inform the contents of the report

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

6.1 N/A External report

7. Implications

7.1 **Financial**

Implications verified by: **N/A External report**

7.2 **Legal**

Implications verified by: **N/A External report**

7.3 **Diversity and Equality**

Implications verified by: **N/A External report**

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

None

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

9. Appendices to the report

- Appendix A. Learning for MSE document

Report Author: Mark Tebbs, NHS Thurrock Alliance Director, Thurrock Clinical Commissioning Group

MARCH 2021

LEARNING FROM COVID-19 IN MID AND SOUTH ESSEX

UNDERSTANDING DRIVERS OF COLLABORATION AND SEEKING NEW WAYS TO TACKLE INEQUALITIES

Prepared by Kaleidoscope Health and Care

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APPENDICIES

PREFACE

A NOTE ON THE TIMING OF THIS REPORT

Learning is an ongoing and iterative process. What we learn today should shape our actions tomorrow, building on what we learned yesterday and the day before.

In this spirit, this report reflects the time between the first and the second waves of the Covid-19 pandemic. During this particular phase, Mid and South Essex Health and Care Partnership took the opportunity to reflect on what had happened to colleagues and those whom they work to support in the spring and summer of 2020. There was a desire to learn both from the challenges and the successes, and so enable the Partnership to prepare for what was about to happen subsequently, as well as influencing longer term plans for collaboration.

It is now clear that even greater challenges were in the near future and many of those involved in developing this report were put under further, enormous strain. Whilst their response was guided by what they had learned and was supported by networks developed during the first wave, it was perhaps inevitably undermined by exhaustion and the scale of the emergency.

It will be important to ensure that any learnings from what happened during the second wave of the pandemic are also gathered and shared. These further insights will build on the foundations of this report, and ensure that the conclusions and recommendations that follow in this report evolve, thereby ensuring the Partnership is in the best possible position to reset our approach to how we work together with our communities taking more account of the wider determinants of health.

FOREWORD

PROFESSOR MICHAEL THORNE CBE
CHAIR, MID AND SOUTH ESSEX HEALTH AND CARE PARTNERSHIP

When people talk about the 'unprecedented' nature of 2020, it's often in a negative sense. But in Mid and South Essex, alongside the many challenging aspects of the pandemic, we've seen something special and powerful emerge. Out of the chaos, we have seen our health and care teams come together quickly to make changes that we thought would take years. New services set up in days; pathways revised to keep people out of hospital and treat them where they are safest. And we've seen our communities stand up to protect neighbours and strangers who were in need.

The Covid-19 pandemic has seen us working better together than ever before and has shown us the potential that we can achieve if we focus our efforts in one direction. The experience has given us the tools we need to make a real difference to the health of our communities, even as the scale of our challenge is increasing. Research shows us that health is largely determined by broad social and economic factors.[1] As the pandemic has continued to impact people's livelihoods, we now need to look at new ways to support our communities if we want people to have better health and better lives.

[1] The Health Foundation, What makes us healthy? An introduction to the social determinants of health, March 2018. Accessed on 21.12.20 at: https://www.health.org.uk/sites/default/files/What-makes-us-healthy-quick-guide.pdf

As we move towards becoming an integrated care system (ICS), we have a strong plan to steer our programmes and services. Alongside this, we continue to learn about how we can collaborate better and that our joint reach is so much greater than the sum of our parts. To that end, we want to do more than just deliver our services – we want the way that we work together to actively contribute to better lives for our residents. As a partnership we will look after our staff and seek out ways to reduce bureaucracy and unnecessary policy so that they can work more effectively and quickly. We will also look for opportunities to deliver social value through the people we employ, the goods we buy and the land we use.

This autumn we took the time to ensure we really understood the drivers of better collaboration, what our staff and volunteers need us to do to support them, and what actions are needed to empower change in our communities.

This report reflects on what we've learned from the achievements of the past year and where challenges remain, and connects this with the path we are taking forward to become a truly integrated and caring system.

REFLECTION

> System wide events with key partners who are leading the Health and Care agenda are essential - for awareness, understanding as well as contributing to a collaborative approach.

During the first wave of Covid-19, a number of changes in working practices and policies occurred that meant it was significantly easier for people in Mid and South Essex to work together and to re-organise services. These changes made it possible for teams to be more responsive and flexible, and to deliver on priorities at pace. This ensured that hospitals had enough beds to treat Covid-19 patients, that people were looked after in the community and the public was kept as safe as possible.

In a bid to ensure that any positive developments were not lost, the partnership decided to undertake a learning process to understand what had enabled the changes in behaviour and policy that supported collaborative efforts during the pandemic. This learning would then inform action to tackle the inequalities that were deepening as a result of Covid-19. More detail about the learning process can be found in appendix 1.

LEARNINGS

WHEN YOU PRIORITISE, YOU CAN DELIVER SIGNIFICANT CHANGE AT PACE

> “During the first wave of Covid-19 it was clear that there was support for PCNs and delivery through communities, so we came together and agreed what we could accelerate and what was needed to do things differently.”

Although the health and care sectors have been moving towards greater integration for many years, the process has been slow for a multitude of reasons. Covid-19 saw a shift-change in how a range of organisations collaborated, including clinical commissioning groups (CCGs), hospitals, local authorities and community and voluntary sector (CVS) providers. New teams were created that brought together staff across organisations and worked in a responsive, reactive, client-focused, innovative and digitally-enabled way. Changes were made at pace in a way that would not have been possible previously. This was because regulatory and bureaucratic challenges were overcome but also because priorities were incredibly clear.

At the outset of the pandemic, in South East Essex, for example, the local authorities, NHS, CVS and healthwatch spoke to commissioners about what could be accelerated and what could be done differently. They created a family of professionals to implement changes to benefit local populations through Primary Care Networks (PCNs). In Basildon and Brentwood, a seven-day adult social care rota was achieved in weeks. Across all of the partnership, clinical appointments were delivered virtually.

These changes happened because the pandemic allowed staff to challenge existing rules and regulations where they conflicted with priorities. At

the time, priorities were all related to Covid-19 and ensuring that the health service was able to cope with the patients that needed treatment. Support for collaboration came from partnership-level work streams including the setting up of care home hubs, technical solutions for care homes, initiatives on homelessness and urgent care pathway reorganisation.

SHARED PURPOSE HELPED TO CREATE A CULTURE OF ENABLEMENT

Having this absolute clarity of purpose was key. This meant that everyone knew what they were supposed to be doing and how they were contributing to that goal. The challenging situation gave leaders an opportunity to create a culture that was about enablement and people felt empowered to go out and make change happen. Alongside this both staff and services users were encouraged to self-manage to a greater degree. This enabled local authorities to work with the CVS to set up food banks overnight and mobilise armies of local residents, who came out to support their neighbours (see below).

The partnership was critical in creating the infrastructure to show people how they could work together, through the Memorandum of Understanding (MoU) and guidance that showed how to marry national and regional policies with local assets to deliver a hyper-local response to need. There is now a real sense of excitement and enthusiasm for the partnership and alliances, and the role they can play in supporting a culture of empowerment, knowledge-sharing and blending resources going forward.

> “When we put our collective efforts and focus on trying to achieve a common outcome we’ve demonstrated we can do it, we just need to make it front and centre of what we do.”

> We changed from a traditional way of working to something that enabled people to make the real difference. That couldn't have happened without our willingness to release the reins and let people get on and do things.

LOCAL PEOPLE HELP LOCAL PEOPLE IF THEY ARE GIVEN THE TOOLS TO DO SO

The CVS, already expert in recruiting supporters, rose to the occasion of Covid-19 and recruited thousands of supporters to deliver food and prescriptions, work in call centres and support those in need. In addition to creating a community of volunteers, the CVS organisations reached those groups who had self-mobilised to ensure they operated safely providing skills development, guidance and insurance where needed.

Although local communities played a phenomenal part in protecting people during the pandemic, the CVS believes there is still much more it could be doing to shape services so that the right care is delivered to the right person and at the right time, especially with a shift towards prevention and a more holistic approach to health and care. For example, while there is funding to develop the social prescribing offers this does not always extend to the partners in the voluntary or third sector delivering services. Social prescribers played a significant part in pandemic but will struggle if the charity offer cannot survive.

STRONG RELATIONSHIPS GROW OUT OF TRUST AND CONNECTION TO PLACE

The pandemic saw a new paradigm for organisations working together in place and within the partnership. Local authorities came together with the CVS and PCNs to reach groups and areas not previously reached through the shielding list and utilising relationships at ward level. Technology enhanced connection between

those working together (though it also created a new disparity for those who do not have access to it).

Going forward, these relationships have consolidated in areas where they were new and strengthened in existing places. In South East Essex, for example, it has led to genuinely collaborative efforts to improve health provision for rough sleepers. Different partners are working together to share learning which in turn is helping to inform further investment/service change.

All of this was underpinned by a feeling of trust that everyone was working for the same goals and a new or renewed sense of place.

> “Communities pull together when there is a clear reason to do so.”

COVID-19 AND HEALTH INEQUALITIES

Covid-19 did not affect all equally. As the pandemic progressed, it became clear that people from poorer backgrounds and from minority ethnic groups, among others, were considerably worse affected by the disease. Considering what is well established about the factors that make people healthy (or not), this is unsurprising. People’s homes, jobs, schools, habits and communities deeply affect the likelihood of them becoming ill and the outcome when they do so.

The NHS alone cannot keep people well, in the same way it could not fight Covid-19 by itself. The central purpose of Mid and South Essex Health and Care Partnership is to unite the organisations who together can have the greatest impact on people’s wellbeing. As the pandemic continues to have a devastating effect on businesses, the partnership needs to consider what it can do beyond the services it delivers to address economic inequalities that drive poor health.

> “Inequalities will only increase with the impact of lockdown on society and the economy. Strong action needed to protect those from disadvantaged backgrounds.”

ACTIONS

With everything that has been lost in 2020, it is more important than ever that positive change is maintained and built upon. However, the challenges that the partnership now faces are significant, among them the ongoing pandemic, widening inequalities, financial constraints, an economic downturn, and an exhausted workforce.

For the learnings captured in this report to lead to tangible change, organisations across the system must be prepared to work differently and make difficult decisions.

The following chapter sets out four areas where leaders in place will need to take action to avoid lapsing back into old ways of working.

1. Work with the CVS to **ensure all partners are united around the purpose and vision for reducing inequalities** and teams see a connection between their work and the impact on the community.

2. **Embed a community focus into how services are delivered** so that social value is integral part of how organisations work

3. Drive the development of PCNs and neighbourhood level delivery to **work differently with communities**

4. **Support staff so they can deliver their best work** by role modelling the behaviours that deliver strong culture and excellent decision-making.

> “We are collaborating better than ever. **Now we need to turn that into action** starting by properly supporting the community and voluntary sector that has been so critical during the pandemic and will be so into the future.”

> “One organisation or individual can’t achieve real change in isolation. We have to have a common vision and a multi-faceted approach, statutory and nonstatutory together.”

1. ENSURE ALL PARTNERS ARE UNITED AROUND THE PURPOSE AND VISION FOR REDUCING INEQUALITIES

The pandemic gave everyone a clear goal and broke down ways of thinking that distinguished ‘us’ from ‘them’. This shared purpose and vision, more than anything else, created the basis for a decision-making framework and gave people the permission to challenge the way things had been done before. To replicate the strength of collaboration during this time, reduce barriers with governance and further improve links with the community, staff and volunteers must be 100% clear about what they are driving towards and why.

Across all of the discussions, there was a strong sense that a majority of people saw tackling inequalities as central to their work. This is not a surprise given the disproportionate impact the pandemic had on already disadvantaged groups, and the evidence highlighted by Covid-19 about the impact of economic and social circumstances on wellbeing. However, it was also clear from discussions that participants felt that to truly tackle inequalities a new approach was needed.

Leaders in each place should work together to understand what reducing inequalities means for their alliance. Co-creating understanding around purpose and vision will help to ensure that teams can see a direct link from their work all the way through to the system-wide goal of people living better lives. This will strengthen focus on activities which contribute towards reducing inequalities, and empower people to make the difficult decisions and prioritisations that will be needed in the coming weeks and months.

The vision for reducing inequalities in each place should emphasise the role in communities supporting themselves, and the **CVS should be central to the co-development process to ensure solutions are routed in the community**.

Commitments for partners:

- **Alliance leaders should work together to understand what reducing inequalities means locally.**
- **CVS should be central to the co-development process to ensure solutions are routed in the community.**

2. EMBED A COMMUNITY FOCUS INTO HOW SERVICES ARE DELIVERED

The partners within Mid and South Essex have an opportunity to support local communities beyond the services they offer. As large employers and purchasers of goods and services, and through the use of the land they own, they can create powerful positive investments in people, businesses and the environment. Creating ways of operating that aim to increase the value to local people and communities is sometimes called an 'anchor institution' approach, because it relates to organisations that are deeply embedded in a fixed place.

The partnership's vision to reduce inequalities will be strengthened if the organisations that make it up commit to working together in this way. The first step towards this will be **signing up to an anchor institution charter** that sets out the vision and key areas that organisations will focus on.

> "Every year we all commit to addressing inequalities and every year inequalities grow...we need to have a drastically different approach."

Setting the vision is the first step of this process, but ongoing work will be needed to make value for communities an integral part of how organisations work. Leaders in place will need to set out a learning and development process to embed and maintain practices that have a long term view. This must be reflected in organisations' overarching aims and objectives, and translated through to all teams. Good employment practices engender a happy (and healthier) workforce who are key to consolidating this approach. Furthermore, positive experiences of an organisation lead to recommendations and new talent being drawn in (also part of an anchor approach).

WHY ARE WE TALKING ABOUT 'ANCHOR INSTITUTIONS'?

When we say 'anchor institution', we're talking about large organisations, generally in the public sector, like hospitals, local authorities or universities. These institutions employ a high number of local people and provide services in the same area. As a result of this, there is a lot these organisations can do to impact the wellbeing of local people. This is because the things that most determine our health is not healthcare, but economic and social factors.

> “Developing career paths and training plans for young people will encourage more local applications.”

> “If we tell local businesses what we need, they may be able to adapt to create a sustainable, local supply.”

Each organisation will also have to **provide guidance and training on how to maximise value to the local community** in a variety of work practices (the draft charter identifies three potential domains; employment, procurement and working as an environmentally responsible organisation). The partnership should aim to **share learnings from other 'anchors'** within and without Mid and South Essex, about how to take action in these areas. This could include highlighting frameworks that incorporate measures for social value and examples of how recruitment can be made to deliver greater local benefit. Appendix 2 sets out some examples and further resources are listed in Appendix 3.

Key to understanding the value of any approach is to establish what the gaps are, what the anticipated change will be and how to measure the progress towards this. **Developing a baseline and metrics** should be done at partnership level to monitor progress, and in place to set targets and link to need.

It is critical that the communities whom this approach is aimed at supporting are central to shaping the desired outcomes.

Commitments for Mid and South Essex HCP:

- **Share learnings from other ‘anchor institutions’.**
- **Establish measures for monitoring progress.**

Commitments for partners

- **Adopt the anchor institution charter.**
- **Set out a learning and development process to embed and maintain 'anchor' practices.**
- **Provide guidance and training on how to maximise value to the local community.**
- **Share learnings from other 'anchor institutions'**
- **Develop a baseline and metrics for evaluating success**

3. WORK DIFFERENTLY WITH COMMUNITIES

The relationship between local populations and public services is changing, and the balance of power is slowly shifting. It is important to keep hold of what has been learned in terms of co-design and outreach with local communities, although there is still progress to be made. There is a continued effort to build from the bottom up and reach out to groups who are seldom asked or heard.

Reducing inequalities will only be possible with a further shift in how organisations understand and partner with communities. Across the partnership, organisations and alliances have made great strides in how they co-design and deliver action with residents and service users.

Embedding the engagement framework in place, and ensuring everyone is aware of the approach will help to consolidate this good practice and spread it further.

> "The opportunity to restructure and review the estates is now, particularly for CCGs."

> "Communities themselves often have a greater understanding of their needs and how to help each other than local services."

> “We need to encourage PCNs to engage more with their communities and local services and partners in both health and social care. For too long we have told people what they can have and have not asked what's important to them.”

PCNs provide a strong mechanism to bring operations closer to communities, residents and seldom reached groups. **Alliances should be working closely with clinical directors and other community leaders to support PCNs** to share learning and progress in maturity.

A challenge going forward remains an imbalance of power in the relationship between statutory and community organisations. During the pandemic, and despite stronger than previous relationships, the CVS reported being engaged belatedly in many cases and considered themselves to be a lesser partner in alliances. It is welcome that in many areas, the CVS is leading work around Theory of Change for place and that the partnership has established an engagement steering group. Alliances should continue to **seek opportunities for the CVS to lead programmes of work**.

While alliances and individual organisations are achieving impressive results in engaging with people virtually through existing social media channels, **work is still in place needed to tackle digital exclusion**, and that should be a priority going forward.

Commitments for partners:

- **Embed the engagement framework and ensure people are trained on what it means for them.**
- **Work closely with PCNs to support shared learning and progression.**
- **Seek opportunities for the CVS to lead programmes of work.**
- **Work together in place to tackle digital exclusion.**

4. SUPPORT STAFF SO THEY CAN DELIVER THEIR BEST WORK

For organisations to truly cement a community focus in their operations, all staff must understand the concept and how their roles contribute to delivering the overarching objective of reducing inequalities. From finance teams to facilities, to IT, to catering, everyone can do something with their role to improve the standing of the local community. This might be buying locally, employing locally, choosing a environmentally friendlier option or supporting communities in another way. As such, it is vital that staff not only understand this, but are supported to do their jobs to the best of their ability.

In 2020, staff have gone above and beyond to ensure that vulnerable residents and communities could shield and stay safe during the pandemic. Now as services try to rebuild while experiencing another wave, organisations must address staff wellbeing needs and resilience if they want to move forward and not back.

The partnership's Integrated Health and Care Workforce Strategy published in the summer offers good guidance for alliances for shaping action going forward, including advice on **establishing flexible integrated teams** and **looking at career development to fill gaps** (this is also part of an anchor institution approach).

> "To retain staff we need to deal with the 'what are we not going to do?' question to ensure a manageable workload for our staff."

> "As senior managers need to be very, very conscious of... comments made about staff exhaustion and feeling very stretched."

> “Digital has been a real driver for better collaboration by bringing people together more regularly and more easily to make decisions.”

> “Digital technology has made so many things possible, but the discipline about how to use it wisely is not always there.”

Digital communications enabled faster decision making and information sharing, which was positive during the pandemic. However, staff resilience is now being tested by new ways of working and concerning new work patterns. ‘Crisis mode’ has become the norm. In addition to wellbeing concerns, this means that there is a lack of headspace for strategic thinking and leadership.

The workforce strategy also includes approaches that are relevant for addressing burnout and a slide into tactical, short-termism. **Leaders must role model the behaviours that make for a positive culture**, such as expectations around work/life balance. They should also **be prepared to make difficult decisions about priorities**, and explain the reasoning behind them, to ensure that there is enough resource to do the work that is highest priority. Other approaches includes **ensuring staff working for the partnership have access to the NHS staff wellbeing programmes** that are funded already.

Despite the work that has been done to reduce and simplify governance arrangements, some confusion remains about the respective roles of the partnership, the alliances and the different organisations that are involved with each. It can be expected that not everyone needs to understand these arrangements in detail, but where it hinders collaboration, it is a problem that should be addressed. The MoU has proved to be valuable during the pandemic, in giving structure to statutory organisations wanting to work with the CVS and private sectors. However, alliances may want to do more to understand where confusion continues and provide **education and preparation to socialise new ways of working**.

Another challenge to collaboration in a number of places, was a sense that there were strong relationships at a strategic level but not among operational teams, and that this is where a culture shift was needed. Leaders in place should seek opportunities to **develop connections through knowledge sharing and best practice fora** especially in relation to business models, delivering pathways across multiple providers and decision making.

Commitments for partners:

- **Establish flexible integrated teams.**
- **Look at career development to fill gaps Role model the behaviours that make for a positive culture.**
- **Be prepared to make difficult decisions about priorities.**
- **Ensure partnership staff have access to the NHS staff wellbeing programme.**
- **Socialise new ways of working through education and preparation.**
- **Establish knowledge sharing and best practice fora.**

NEXT STEPS

Learning from experience and translating into action is a key component of quality improvement, and this process has given partners within Mid and South Essex a strong opportunity to reflect and set a new course. Above all else, people involved in this process wanted the positive changes that happened during the pandemic to sustain and deepen, so that 2020 becomes a turning point in how people work together and how equal their communities are.

The recommendations above set out what is needed to achieve this goal. Going forward, the leadership in each place and each organisation must now decide which commitments to prioritise, how to deliver them and the timescales for action. With plans in place, the potential is huge and exciting for what can be achieved to transform the lives of people in Mid and South Essex.

APPENDIX 1: LEARNING APPROACH

During November, virtual learning events for each place unpicked the successes, ongoing challenges and priorities emerging from the pandemic. The themes arising from the discussions highlighted the importance of shared purpose and vision, the role of communities in supporting themselves, the importance of clarity around governance and, more than ever, the need to prioritise staff wellbeing.

These sessions fed into a system-wide event that explored the implications of these themes for the partnership, and what they would mean in practice. The participants of the system event also discussed the opportunities that could be realised by adopting an approach to operating that would maximise social value, and so target the upstream determinants of ill health.

This report represents the stated intentions of the members of the partnership to take forward the learnings, and recommended actions that would be necessary for this to happen.

For more information about the learning approach, please contact zoe@kscopehealth.org.uk.

APPENDIX 2: ESSEX COUNTY COUNCIL ANCHOR INSTITUTION CASE STUDY

In 2019, Essex County Council (ECC) examined system opportunities to tackle deprivation through addressing the broader determinants of health. Following acknowledgment that the greatest influencer of good health has consistently been shown to derive from socio-economic factors, with the key driver of health being material wealth which is associated with higher levels of educational attainment and 'good' employment opportunities, the board agreed to explore a range of interventions to tackle these issues.

These included:

- Targeting employment positions for local people to optimise opportunities for people from disadvantaged backgrounds, or with particular health needs, or protected characteristics.
- Creating pre-employment programmes, work placements and volunteer work experience to help encourage people to consider different career paths.
- Engaging young people and supporting career development to tackle low levels of aspiration and encourage young people to consider different career paths.
- New career opportunities to review and reshape posts that do not have good progression or opportunities.

- Supporting health and wellbeing of staff, concentrating on mental health and musculoskeletal conditions, to support people to enter and remain in the workforce.
- Shifting more spend locally to boost local business and supply chains.
- Embedding social value into purchasing decisions to acknowledge businesses that contribute to creating local jobs and training opportunities, paying a living wage etc
- Recognising workforce as part of the community and seeking opportunities for staff to be ambassadors through the other roles they hold
- Encouraging public sector opportunities to drive investment in areas in need of regeneration.
- Use of estate and infrastructure development to connect services with local areas of need.

ECC has now integrated many of these approaches and is working with other anchors locally to help them also embed social value in their work practices.

It is also working with the private sector, encouraging major employers with 500+ staff to adopt an anchor approach and has secured significant investment from Innovate UK to help the development of the Horizon 120 business and innovation park in Braintree.

For more information, please contact: Laura.Taylor-Green@essex.gov.uk.

APPENDIX 3: FURTHER RESOURCES

Factors affecting wellbeing and health outcomes

1. Health Foundation, What makes us healthy? An introduction to the social determinants of health, March 2018.
https://www.health.org.uk/sites/default/files/What-makes-us-healthy-quick-guide.pdf

2. Institute of Health Equity, Health Equity in England: The Marmot Review 10 Years On, February 2020
https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on

3.Improvement and Development Agency, The social determinants of health and the role of local government, 2010.
https://www.local.gov.uk/sites/default/files/documents/social-determinants-healt-25f.pdf

Embedding a community focus in delivering services

Centre for Local Economic Strategies (CLES)
Website: https://cles.org.uk/

Health Foundation
Website: https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution

Report: https://www.health.org.uk/publications/reports/building-healthier-communities-role-of-nhs-as-anchor-institution

Local Government Association
Website: https://www.local.gov.uk/topics/devolution/devolution-online-hub/local-growth/leading-places

NHS Long Term Plan
Website: https://www.longtermplan.nhs.uk/online-version/appendix/the-nhs-as-an-anchor-institution/

29th October 2021	ITEM: 6
Thurrock Health and Wellbeing Board	
GP Item Part One – Primary Care Access	
Wards and communities affected: All	**Key Decision:** N/A
Report of: Rahul Chaudhari, Deputy NHS Alliance Director, Thurrock CCG	
Accountable Head of Service: Mark Tebbs, NHS Alliance Director, Thurrock CCG	
Accountable Director: Mark Tebbs, NHS Alliance Director, Thurrock CCG	
This report is public	

Executive Summary

As we emerge out of the pandemic, access to primary care continues to be an area of great interest both nationally and regionally. The paper aims to do a deep dive on primary care access, challenges, mitigations, support and improvement initiatives being implemented to address these challenges in Thurrock. Looking at newer models of care and setting out a roadmap to embed newer models of care.

The Health and Wellbeing Board is asked to take note of the contents of this paper and advise how primary care services can be improved further.

1. Recommendation(s)

Members are requested to take note of the contents of this paper

2. Introduction and Background

MSE Strategy

In 2018 the five CCGs approved a Primary Care Strategy that sought to, address a demand and capacity gap that both existed, and was projected to increase, over the following three years. Improve the sustainability of general practice and increase its attractiveness as a place to work in Essex. Build on a relatively new locality structure in order to improve standards and mutual support across primary care.

The Health and Care Partnership agreed that a refresh of the Primary Care Strategy was required. This strategy was reviewed in 2021 and refreshed considering the pandemic to ensure the strategy is responsive to the current needs.

The strategy refresh built on the existing 2018 strategy – it does not propose an alternative strategic direction but focuses heavily on the element of collaborative

working - and takes account of local and national policy changes that have occurred since the original strategy was approved. Explicitly it takes account of

- The NHS Long Term Plan (2019),
- Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan (2019),
- The Mid and South Essex Health and Care Partnership Five Year Delivery Plan (2019)
- The Mid and South Essex Memorandum of Understanding and H&CP Outcomes Framework
- The impact of the on-going pandemic, and
- Recent publication of the DH&SC White Paper

In summary the MSE strategy refresh says Primary Care Networks are about

- collaboration and will be the vehicle for collaborative working at the local level, and
- improving population health and as a system we will support them grow.

Local Context

The impact of the Mid and South Essex Primary Care Refresh document within Thurrock is that it has supported

- collaborative working through the delivery of COVID-19 vaccine programme where all 4 Thurrock PCNs came together and worked under a collaborative agreement to deliver the COVID-19 vaccine to all Thurrock residents from 2 Local Vaccination Sites (LVS) within Thurrock. This was a unique way of working as across MSE all other PCNs had their individual LVS.
- Collaborative working has also started with clinical leaders across the system coming together in making a success of the Clinical Professional Forum and the Networking meetings to consider pathway design changes and address troubleshooting to improve patient access to services.
- 2 Thurrock PCNs have taken up a role in Population Health Management through the Obesity pilot PCN Accelerator Programme and 1 more PCN in Thurrock is undertaking detailed work in the Population Health Management work through an NHS England/Improvement project.
- Even though the above work is ongoing in Thurrock there is still further work that needs to be done to show the true impact on the MSE Primary Care Strategy Refresh within Thurrock including further work to confirm the clinical model within Integrated Medical Centres.

3. Issues, Options and Analysis of Options

Issues

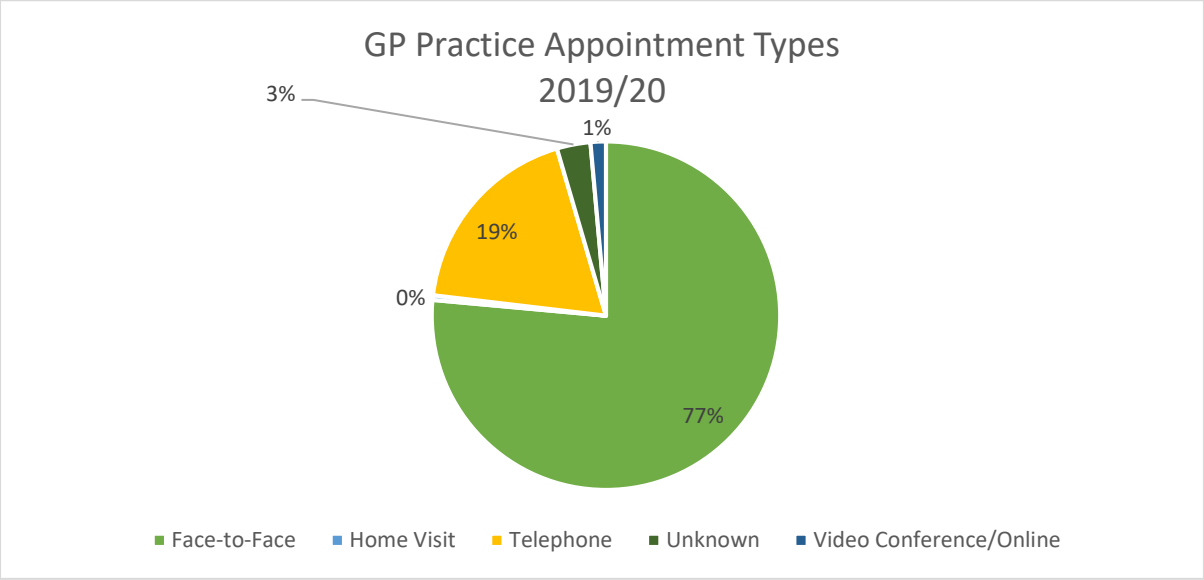
Primary Care Access

Primary Care Access across the country has been impacted by COVID-19 over the last 19 months. From March 2020, Primary Care was expected to deliver services in a new way and in response to the pandemic. Evolving from in person services, to total virtual triage with increased reliance on IT and digital technology. This has meant most appointments are undertaken remotely, either through video, online and telephone consultations and face to face appointments reserved for urgent and where clinically indicated, to ensure compliance with the national Infection & Protection Control (IPC) guidelines.

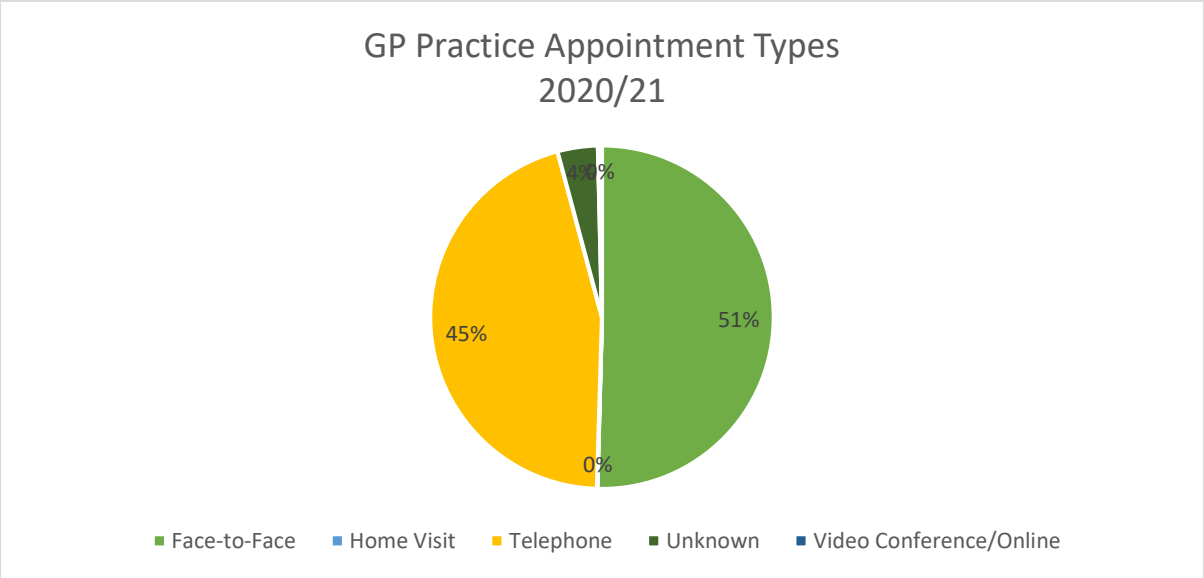
Since the publication of the new Standard Operating Procedure and IPC guidelines in April 2021, Primary Care services have been in recovery and reset, working towards business as usual whilst ensuring continued safety measures. Incrementally the Standard Operating Procedures have been relaxed by NHS England in July 2021 to ensure Primary Care returns to pre-pandemic activity levels.

The CCG is leading this workstream through Business Informatics analysis to ascertain the activity levels and the activity types where the evidence shows that:

- During 2019-2020, 924,412 appointments were provided by GP practices in Thurrock. Appointments mainly comprised of face to face appointments, 77% of all appointments being face to face. Telephone appointments made up 19% of all appointments and were mainly used for triaging, communicating patient diagnostic results or following review by care navigators.

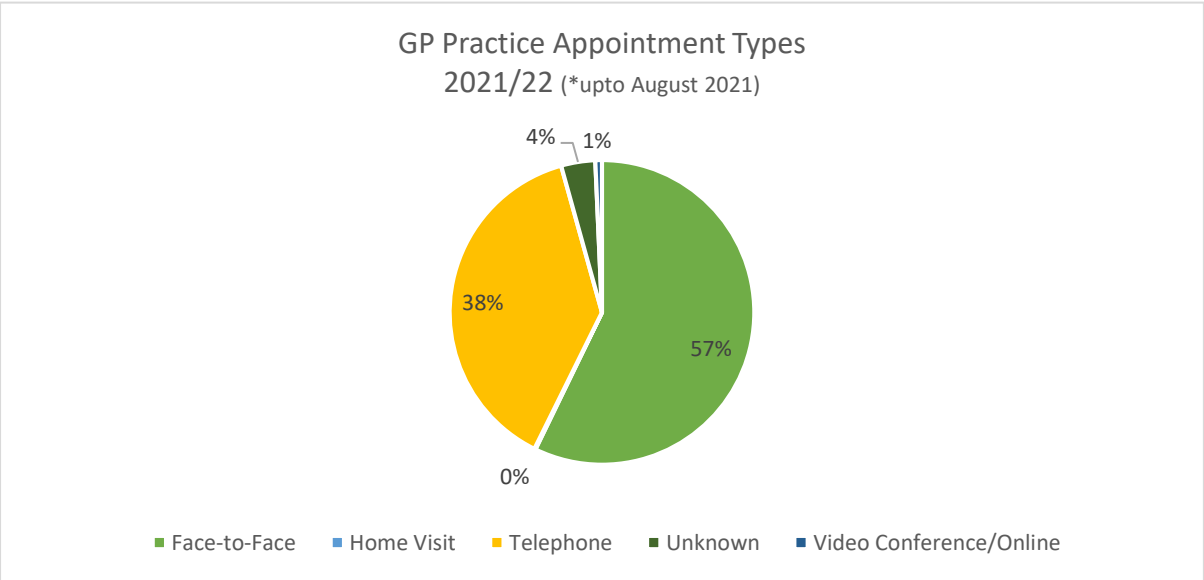


- During 2020-2021, Primary Care developed new ways of working to respond to the COVID-19 pandemic. During this period, GP practices in Thurrock offered 824,318 appointments. New ways of working saw an increase in telephone and virtual appointments to 45% with a drop in face to face appointments to 51%.



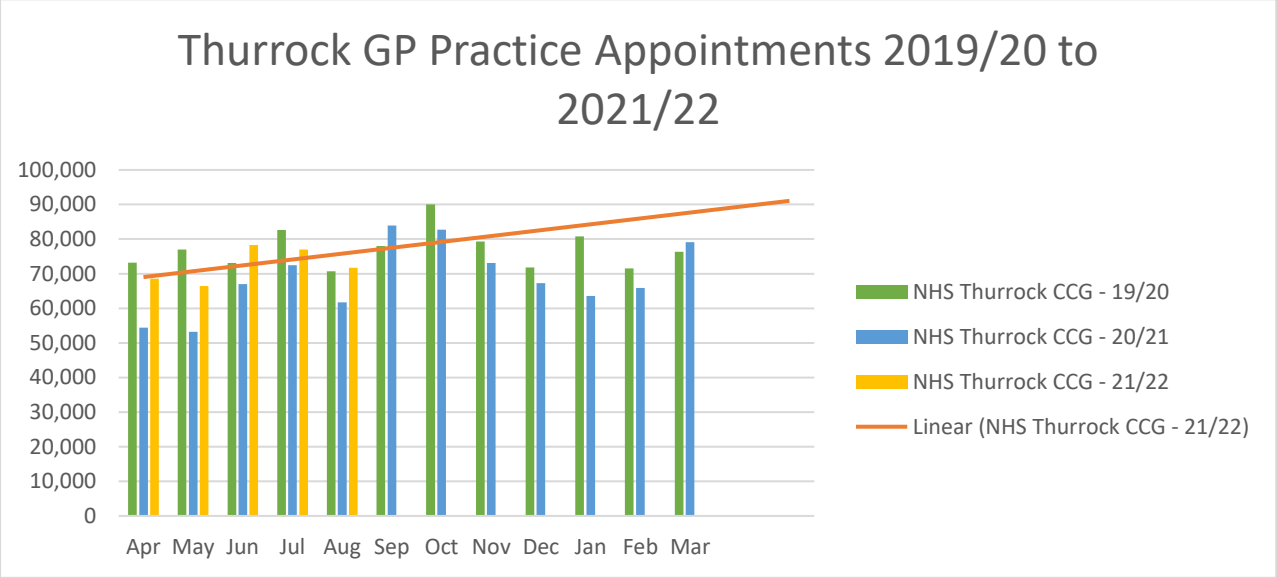
- Between April 2021 and July 2021, 290,346 appointments were provided my GP practices within Thurrock. This was 5% lower than the same period in 2019. Working with practices, GP practice appointments for August 2021 increased to 71,730, an increase of 1.5% compared to August 2019. This increase will be closely monitored and reviewed with a view of increasing face to face appointments.

**These appointments do not include COVID Vaccination appointments that have been delivered mostly by Primary Care whilst delivering primary care services.



- Evidence also details that there are limitations with the data captured. Working with practices to understand the limitations of poor read coding by Primary Care is ongoing. Poor read coding has been noted for online platform consultations such as eConsult and Dr Link. As a result of these read coding issues, this activity cannot be analysed.

Table below shows GP Practice Appointments monthly from April 2019 until August 2021, pre, during and post pandemic.



GP Patient survey

The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The results show how people feel about their GP practice through a range of questions.

The survey is sent out to over two million people across the UK. In Thurrock, a total of just over 10,000 questionnaires were sent to Thurrock residents. Table below shows how many questionnaires were sent out over the last 3 years and the uptake of returned questionnaires.

Year	2019	2020	2021
No. of Questionnaires sent out	10,478	10,294	10,956
No. of Returns Completed	3,070	2,916	3,461
% Complete	29%	28%	32%
GP Registered Population	178,916	181,196	182,673
% Population questionnaires sent to	5.9%	5.7%	6.0%
% Population questionnaires completed	1.7%	1.6%	1.9%

The response rate relates to the number of GP Patient Survey questionnaires being completed and returned, this also has a variation with the highest response rate being from Stanford-Le-Hope (SLH) PCN, although they had least number of

questionnaires distributed out. Aveley South Ockendon and Purfleet (ASOP) PCN had the lowest response rate despite having the second highest number of questionnaires distributed. Results show ASOP PCN has consistently achieved lower percentage scores then other PCNs which may be due to the low response rate. Grays PCN and Tilbury & Chadwell PCN are ranked second and third in terms of response rate.

PCN	Stanford-Le-Hope PCN	Grays PCN	Tilbury & Chadwell PCN	ASOP PCN	TCCG	National
No. of Questionnaires sent out	1,971	4,175	2,295	2,515	N/A	N/A
No. of Returns Completed	767	1,311	675	708	N/A	N/A
Response rate (%)	39%	31%	29%	28%	32%	35%

The main issues that have been identified from the GP Patient Survey have been analysed, to look for trends and the table below compares the results in certain key areas from 2019 to 2020 and the trends are shown in the up and down arrows.

		POSITIVE SATISFACTION		CHANGE SINCE 2019	
No.	Question	CCG result (%)	National result (%)	CCG result (%)	National result (%)
31	Overall experience of GP practice (likely IAF indicator)	72 ↓	82 ↓	-5	-1
1	Ease of access to practice via phone	55 ↓	65 ↓	-10	-3
2	Helpfulness of practice receptionist	83 ↓	89 →	-4	0
6	Ease of use of online services	68 ↓	76 ↓	-3	-1
8	Satisfaction with appointment times available	55 ↓	63 ↓	-4	-2
16	Choice of appointment when last booked	53 ↓	60 ↓	-2	-1
17	Satisfaction with type of appointment offered	64 ↓	73 ↓	-4	-1
22	Overall experience of making an appointment	56 ↓	65 ↓	-6	-2
27	Mental health needs recognised and understood	81 →	85 ↓	0	-1

The table below does a similar analysis for trends in 2020 and 2021 and it is evident that some improvements are seen though it is recognised that there is a way to go.

		POSITIVE SATISFACTION		CHANGE SINCE 2020	
No.	Question	CCG result (%)	National result (%)	CCG result (%)	National result (%)
30	Overall experience of GP practice (likely IAF indicator)	72 →	83 ↑	0	+1
1	Ease of access to practice via phone	55 →	68 ↑	0	+3
2	Helpfulness of practice receptionist	84 ↑	89 →	+1	0
4	Ease of use of online services	66 ↓	75 ↓	-2	-1
6	Satisfaction with appointment times available	60 ↑	67 ↑	+5	+4
14	Choice of appointment when last booked	61 ↑	69 ↑	+8	+9
15	Satisfaction with type of appointment offered	75 ↑	82 ↑	+11	+9
20	Overall experience of making an appointment	60 ↑	71 ↑	+4	+6
26	Mental health needs recognised and understood	80 ↓	86 ↑	-1	+1

The key point to note is the overall experience is a key question within the survey, as to an extent it incorporates all other domains/questions in to one. The %'s measure a response of 'Very Good' or 'Fairly Good' from recipients.

The graphs below show aggregated results for Thurrock PCNs and how the results compare to national and CCG averages.

CCG is working with specific practices and PCNs to carry out a deep dive of the GP Patient Survey results and identify where improvements need to be made.

Quality and Patient Safety

CCG Quality Team is supporting improvements in the quality of Primary Care delivered to Thurrock residents by aspiring to have no CQC challenged practices in Thurrock. The dedicated input into specific practices has improved CQC rating of a specific practice from CQC Special Measures to CQC Requires Improvement and continuous ongoing support is being provided to ensure a Good CQC rating is achieved for this practice and this is sustainable in the foreseeable future.

This detailed work will help to improve the care provided to patient and the patient experience of the service. This workstream is linked into MSE, NHS England, CQC and Healthwatch Thurrock so that learning can be shared from system partners. Similar improvement measures are also being discussed to support the only remaining CQC Special Measures practice in Thurrock.

Primary Care Estates

The poor quality of Primary Care estates in some parts of Thurrock is making service delivery in certain practices more challenging as Infection Protection and Control (IPC) guidelines still need to be followed in all healthcare premises. This has impacted on the patient perception of their practice's ability to deliver services.

An MSE wide workstream is looking at primary care estates per PCN and assessing how primary care estates need to be made future proof especially with the new PCN workforce that is being recruited to.

Thurrock is renowned for its innovative approach to transformation. The Integrated Medical Centres (IMCs) are part of this exciting transformative approach under the umbrella of Better Care Together Thurrock (BCTT), it is the latest iteration of a long-standing transformation programme to bring care and the community together with a shared vision and track record of successful implementation. The programme is truly "whole system" covering the delivery of primary care, community healthcare, social care and the role that the community and every individual needs to contribute to achieve a holistic, strengths based and person centric well-being model in Thurrock.

The recommended blueprint for each IMC encompasses a wide range of community health, wellbeing and social care services working together in a single building as integrated place-based teams.

The IMCs will offer integrated health and social care services that also address some of the Estate issues, wider causes of ill health, a place for community assets and voluntary groups to offer a wide range of local support including, Local Area Coordination, Community Led Solutions, Health and Wellbeing Teams, Employment, Education and Training advice, Housing and benefit advice, and where possible cafes and community hub and library facilities. In addition, the IMCs will offer an opportunity for a new and expanded Primary Care Offer, diagnostic facilities, secondary care outpatient clinics for the most common conditions, health and wellbeing improvement and healthy lifestyle programmes, community and mental health treatment, Social Care and third sector services.

Primary Care Workforce

Thurrock is one of the lowest under doctored areas in Primary Care. Workforce data shows a decrease in GP Partners alongside an increase in Salaried GPs with an overall small decrease in GP workforce from March 2019 to March 2021. Thurrock also has a decrease in nursing capacity in Primary Care. However, Direct Patient Care Roles and admin/non-clinical staff numbers have increased slightly from March 2019 to March 2021.

Evidence also shows that the clinical workforce in Thurrock has a significant higher proportion of older (over 55) staff compared to England and MSE average. This has had an impact during the pandemic as there have been staff who have taken early retirement and moved onto pastures new due to burnout. A proportion of practice clinical staff have also been categorised as shielding and Clinically Extremely Vulnerable (CEV) so not able to provide their services like pre-COVID times.

Identified Solutions & Next Steps

The NHS is gearing up to a very challenging winter, with access to general practice an essential part of winter plans. A number of further actions have decided to be taken to support general practice and improve access including face-to-face appointments with GPs. They include steps to

(a) increase and optimise capacity;

(b) address variation and encourage good practice; and

(c) improve communication with the public, including tackling abuse and violence against NHS staff.

For the five months November 2021 to March 2022, a new national £250m Winter Access Fund will help patients with urgent care needs to get seen when they need to, on the same day, taking account of their preferences, instead of going to hospital.

The following are the locally identified solutions to the access issue and what next steps are being taken to address this.

Cloud based Practice Telephony System

During the emergency response to the pandemic and subsequent recovery, practices have continued to face an unprecedented increase in demand across all digital and communication channels, including telephony. With increasing volumes of telephone contacts there has been a significant strain on older analogue technology. For patients and reception staff alike, this can be a source of huge frustration.

2 PCNs in Thurrock, ASOP and SLH, are currently scoping requirements of Patient Access Centres which will combine cloud telephony with expert care navigation. Cloud telephony provides infrastructure for future services across the PCN's. The Patient Access Centres could prove a valuable collaborative solution to chronic issues of unsatisfactory patient access.

The Cloud telephony solution must ideally be a well-tested, off-the-shelf product from a renowned supplier, who preferably, has existing customers in the Health/Medical sector. Once the current proposal fully developed and approved a high-level Project Plan is being developed detailing the critical path, milestones and low-level activities.

GP practices have seen a significant pressure on their telephone lines due to:

- The number of appointments provided have increased in June 2021 compared to June 2020 and June 2019.
- Added to this, the reduced walk in capacity in primary care has put additional pressure on telephone lines.
- Alongside, all the COVID vaccination queries from patients are coming into the existing and already busy GP practice telephone lines.
- Practices have been affected by COVID-19 staff outbreaks and have no access to NHS bank staff to back up the workforce with interims if required.
- The backlog created by the pandemic is significant and this is evident in the number of patients contacting the GP practice seeking treatment, advice and guidance whilst waiting for hospital care.

<u>PCN Recruitment Support</u>

CCG are working with Primary Care Network (PCN) leads to support the recruitment to the PCN Additional Roles Reimbursement Scheme (ARRS) which supports recruitment of holistic and innovative roles such as Care Coordinators, Health and Well-being Coaches, Paramedics, Clinical Pharmacists, Physicians Associates and First Contact Physiotherapists. The low uptake of LD and SMI Health Checks in primary care are being supported by recruitment of PCN Level Mental Health Practitioners who are supporting Primary Care to deliver these much-needed checks.

PCNs are recruiting to these roles, as of September 2021, Thurrock PCNs have recruited 51% of the aspired ARRS roles. An action plan to increase recruitment can be found in appendix 2:

PCN	**Recruitment %**
Aveley, South Ockendon & Purfleet (ASOP) PCN	54%
Stanford-le-Hope PCN	100%
Tilbury & Chadwell PCN	58%
Grays PCN	60%

Thurrock Council Public Health are supporting this work by analysing health need in relation to workforce capacity, to help ensure additional capacity is directed where it will have most impact.

Development of Stretched QOF

Following a review of pre-pandemic schemes, Stretched QoF has been restarted in Thurrock. Seeking to incentivise general practice to improve population health and reduce inequalities through, improved quality of long-term condition management in primary care.

PCN Clinical Directors, Public Health and CCG's primary care staff have been working to developing stretched QoF thresholds.

Practice profile/score cards linked to stretched QoF are being developed by the public health team, this is expected to provide practices with a snapshot on missed income and potential for improvements in the management of long-term conditions.

Stakeholder Engagement

CCG is supporting the stakeholder engagement element by linking in with Healthwatch Thurrock and supporting the hosting of a Facebook Live session which took place on 1 September 2021 where patients could ask direct question to the panel comprising of local GPs, Practice Manager and Patient Liaison Manager. This session will be assessed and if deemed helpful for patients will be repeated.

CCG has engaged through the Commissioning Reference Group Forum and will continue to do so alongside GP practice-based Patient Participation Groups (PPGs) and Patient Participation Network Groups (PPNG). Links are being made with Thurrock CVS to request patient engagement through the community builders and other staff groups to ensure there are ties to the local communities. CCG is working with Communication colleagues to ensure queries regarding covid vaccination programme are channelled appropriately and all key messages are out on social media platforms and CCG/practice websites.

Engagement is also taking place through multiple forums and targeted discussion groups including

- CCG Monthly Clinical Engagement Group
- Bi-weekly Practice/CCG Call
- PCN CD Strategic Meeting
- Healthwatch Thurrock supporting patient engagement with Facebook Live session to start with followed by other sessions
- Practice Level Patient Participation Groups
- Healthwatch CVS to support with community engagement
- PCN level financial support via PCN Accelerator funding to improve access
- CCG providing specific support to CCG challenged practices with the support of Primary Care and Quality Teams
- Encouraging sharing best practice at local forums

Practice communications

Following GPPS results in July 2021, a CCG analysis of the results have been presented on the bi-weekly CCG/Practice call and this generated rich discussions with practices on how to improve primary care access to patients.

In addition, a primary care access questionnaire has been developed by CCG and shared with practices. 90% of practices have returned this questionnaire and the results are being analysed and 10% of practices are being contacted to remind them to submit the access questionnaire to CCG. The results of this access questionnaire will be shared with all practices at November Clinical Engagement Group (CEG) and then all practices will attend a PCN breakout session and finally come back to the original CEG group to discuss themes identified, outcomes wanted and the next steps.

Practices have also been sent a issues and challenges questionnaire which allows them to be transparent with commissioners about the issues they are facing. These will be collated by the CCG and the results shared back to the practices at November CEG.

Practices have received some communications resources to support local GP practice staff in relation to the ongoing frustrations, criticisms and worrying rise of physical and verbal abuse. This has been led by insight – following a series of focus groups that have been held with patient representatives, practice managers and engagement with a behaviour change specialist.

Facebook Live

CCG, with the support of Healthwatch, have started patient engagement by hosting a Facebook Live session with members of the public and the panel consisting of a Local GP, Practice Manager and Patient Services Manager. This session allowed the public to understand the pressures in general practice and what is currently being done and how we can work with Thurrock residents to improve service delivery.

Feedback on the Facebook Live session is as follows and conversations are on-going with Healthwatch to assess if further Facebook Live sessions would be useful for members of the public.

- 69 people signed up to the event page prior to the event.
- 137 people liked or commented on the session
- 198 post clicks were noted
- 1394 people were reached by this Facebook Live session

MSE Workstreams

CCG working with MSE colleagues to look at innovative ways in managing the long hospital waiting list such as training and education packages for both healthcare professionals and public.

Essex Public Health teams are also working with MSE to establish referral processes for wellbeing advice for those on priority waiting lists where such support is likely to have a beneficial impact, such as orthopaedics.

The MSE Population Health Management work programme includes reviewing how preventative activity can impact on system demand and inequalities in need. It will identify the patients that need the most support so that they can receive this proactively before issues arise. This will improve patient outcomes and reduce practice workload.

It is anticipated that supporting the above workstreams will not just help to improve the access to Primary Care services within Thurrock but also improve the health and wellbeing of Thurrock residents.

Recovery Plan

Below details the recovery plan, timelines and next steps to support the improvement of Primary Care Access within Thurrock. This will not only to improve access but also improve the health & wellbeing of Thurrock residents.

Action	Deadline	Status	Update
Identify access issues with primary care stakeholders – GP practices, PCNs and patient groups to work collectively to implement new ways of working	September to November 2021	In Progress	September 2021 – Access baseline questionnaires distributed to all GP practices October 2021 – CCG analysing access baseline questionnaires. PCN Programme Managers working with individual practise to identify good practice and areas of improvement. CCG facilitating the sharing of good practice between GP practices, PCNs and stakeholders and working collectively to implement to improve health outcomes. November 2021 – working with practices to implement outcomes of good practice identified from the analysis of the questionnaire and reviewing areas of improvement.
Targeted patient education communications	September to April 2022	In Progress	September 2021 - Facebook live event held 1st September 2021 to obtain feedback and update the population on future plans. Outcomes from this event have been reviewed and

			next steps are being planned during October & November 2021. October 2021 – Primary care communications toolkit will be shared with practices to address, patient concerns with access and verbal/physical abuse of practice staff. Practices, along with CCG, will engage and work with these patient groups to explain the new ways of working, including telephone triage, care navigation, use of online platforms and virtual appointment types, such as video calls. Within this engagement, with patient groups, PPGs, PPNG & CRG to inform of new was of working, including care navigation, care navigators are trained to ask certain questions when a patient calls to book an appointment, this is to ensure that the patient is directed to the most appropriate clinician to effectively address their problem. November 2021 – Social media training for GP practices. National incentives to deliver improvements in patient experience is being developed. A new real-time measure of

			patient reported satisfaction with general practice access is to be rolled out nationally and incentivised Patients will automatically receive a message following their appointment and asked a series of questions about how they rate their access to care. Patient communications is being delivered in numerous formats to ensure patients are aware of the range of skills and expertise available through primary care, alongside GP appointments. Following analysis of baseline GP practice access questionnaires, themes and trends will be shared with PPG's and CRG to gain patient feedback.
Reviewing quarterly primary care appointment data	September 2021 – April 2022	In progress	October 2021 - Data for quarters 1 & 2 complete, awaiting September 2021 data from NHS Digital to complete quarter 3. Review of current data sets have taken place and feedback provided to practices and stakeholders. November 2021 – working with practices who have less than 20% face to face appointments identified in comparison to 2019/20 data. November 2021 – triangulating Primary Care appointment data with A&E attendances and NHS111 calls during core

			hours. Following review of this data, identified practices will be worked with to improve access for these patient cohorts.
Each PCN to review and discuss the GP Patient survey (GPPS) with member practices. PCNs will also work with Thurrock CCG on next steps.	October 2021 - November 2021	In Progress	October 2021 - PCN Programme Managers working with PCN's to analyse GPPS results and reporting themes back. Each PCN to provide action plans and evidence on how to address the GP patient survey feedback Meeting planned for 19th October to discuss outcomes of this review and plan next steps. November 2021 – PCN CDs holding internal conversation to present findings with member practices and providing feedback to the CCG with action plans for those practices that require improvements to their GPPS.
Action plans to be created with each PCN regarding reducing the recruitment gap of ARRS roles	October to November 2021	In Progress	Initial action plans in place, continued work between CCGs and PCNs ongoing. Regular reviews are undertaken on progress against target. October 2021 – working with practices to communicate the ARRS model that is becoming the new norm in general practice is that the GP is supported by a much wider array of clinical professionals via the ARRS roles and patients can increasingly expect to be able to see different types of healthcare professionals in general practice, who are more

			expert or appropriate in dealing with their particular needs and conditions, including clinical pharmacists already in place, alongside paramedics and advanced nurse practitioners. This workforce is essential in expanding general practice capacity and bringing a wider range of skills to the primary care team, enabling GPs to focus on what only GPs can do. In addition, innovative rotational roles are also being seconded alongside other services, for example Thurrock PCNs have employed Mental Health Practitioners in collaboration with EPUT, our mental health provider.
Implementation of National & systemwide initiatives, including the Winter access fund	October 2021 – April 2022	Ongoing	From October 2021 - There is national work on-going in developing the evidence on the hybrid access model which advises on the optimal blend of remote and face to face triage and care. This is due to be released by end of November and will include advice on how practices can ensure they are providing the appropriate proportion of in-person GP appointments for their registered population, that is both clinically warranted and takes account of patient preferences. An additional QOF improvement module, focused on optimal models of access including triage and appointment type has been commissioned on a national basis. A deep-dive analysis of the impacts of remote versus face-to-face consultations is to be undertaken and understanding the role of continuity of care at the core of the GP-patient relationship is being explored.

4. Recommendation

Members are asked to note paper and feedback on improvements on Primary Care access

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

N/A

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

N/A

7. Implications

7.1 **Financial**

N/A

7.2 **Legal**

N/A

7.3 **Diversity and Equality**

N/A

7.4 **Other implications**

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):

- https://gp-patient.co.uk/
- Appointments in General Practice - NHS Digital
- https://www.facebook.com/HealtheatchThrk

9. Appendices to the report

- Appendix 1 - Thurrock CCG Cancer Dashboard Update
- Appendix 2 – ARRS Action Plan 202122
- Appendix 3 – Mid & South Essex Communications Toolkit

Report Author:

Rahul Chaudhari

Deputy NHS Alliance Director,

Thurrock CCG

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Thurrock CCG
Cancer Dashboard Update
October 2021

Actions	Milestone	Update	Quarter	Status
Fit Pathway	Fit pathway now in place and being utilised.	Continue to feedback to GPs the importance of using the correct forms, ensuring sample bottles are in date, secured and in correct containers and labelled correctly. Slot pending at Thurrock CEG in October to give brief update and reminder.	Q3	**Ongoing**
Frailty Pathway	Cancer Pathway Training Package in development, new MSE team to receive training. Aim to tailor and support frail patients when referred onto a two week wait.	Thurrock Clinicians will need to be trained and referring clinicians ensure they include Rockwood v2 information.	Q4	**Ongoing**
Cervical Screening	Cervical Screening Programme initiative driven by Karen Hull resulted in an increased attendance to screening.	Continue to promote cervical screening amongst colleagues and patients. Continue to develop aids for practices and patients, ensuring focus on all groups including Mental health patients, patients with learning disabilities and transgender individuals. Letter and text template issued in October for Thurrock GP practices to use for cervical screening.	Q4	**Ongoing**
Breast Screening	Data obtained showing that we need to increase uptake of breast screening in order to reach the National Standard.	Highlight data to primary care colleges, develop and promote aids for patients and practices to increase uptake. Data has shown that Thurrock practices are not reaching the 80% target, but with additional support we strive to surpass this level.	Q4	**Ongoing**

Bowel Screening	Data obtained highlighting that In order to reach the National Standard for bowel screening across MSE we need to increase uptake.	Highlight data to Thurrock primary care colleges, develop and promote aids for patients and practices to increase uptake.	Q4	**Ongoing**
Virtual CCR	Developing group cancer care review patients Thurrock.	Training being arranged for clinicians including Macmillan GPs so this can be rolled out for Thurrock patients.	Q4	**To start**
Self Referral Breast Pathway	Develop a self referral pathway where by patients who request GP appointment for breast symptoms are redirected to a triage phoneline.	Using pilots in other areas create a pathway for Thurrock patients.	Q4	**To Start**
Enhancing links with hospice	Regular meetings and communication between Macmillan GPs and St Lukes Hospice.	Hospice team are attending Thurrock TTL session on the 14th December to educate on end of life protocols and prescribing.	Q3	**Ongoing**
Enhancing communication with secondary care	Secondary care contact list created for practices.	Thurrock primary care bypass and email list in development.	Q3	**Ongoing**
ABCD Campaign	Seven videos created and shared across social media, also interest in showing videos in other regions.	Bursary sent to Macmillan to support further development of the campaign. Awaiting outcome. Plan will then be to send posters to practices and also provide digital version for practice websites.	Q4	**Ongoing**

Skin Analytics	Now being used by 22 practices in Thurrock.	Encourage practices who have not signed up to enrol.	Q3	**Ongoing**
Abtrace	Three grants submitted for Thurrock Practices.	Continue to engage practices and monitor outcomes.	Q3	**Ongoing**
PCN updates	Karen Hull creates Monthly updates to share with PCNs.	Mac GP to regularly share data with PCNs and GP practices.	Q4	**Ongoing**
Thurrock Monthly Cancer Leads Meetings	Monthly meetings chaired by Dr Raj, guest speakers also invited.	Continue to promote monthly meeting, encourage secondary care to attend.	Q4	**Ongoing**
Cancer Webinars	These are now run monthly and are in good attendance.	Next webinar 21st October on breast, continue to promote webinars and be driven by GP need for topics and presentations.	Q4	**Ongoing**
Virtual Desktop Cancer Folder	In development, resources being collated from other regions and CRUK and Macmillan.	Continue to develop and include resources, aim to share by end of the year with practices.	Q3	**Ongoing**
Target Ovarian Pilot	Work with Target Ovarian cancer to enhance early diagnosis ongoing.	Work with practices who would like to be involved with project, implement changes to enhance early detection and review results.	Q4	**Ongoing**
System One Reports	Multiple cancer clinicians now have access to reporting.	Continue to utilise this tool to highlight practices or PCNs whom may need more support.	Q4	**Ongoing**
Cytosponge	Thurrock expressed interest to be involved in the cytosponge screening pilots.	To introduce cytosponge as a screening tool in Thurrock CCG.	Q4	**Ongoing**

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ARRS Recovery Action Plan

Date Updated: 5th October 2021

Reccomendation Category (from final report pages)	Reccomendation	Action	Responsible/Owner	Priority	Start Date	End Date	Target Date	Status	Update
General	PCN Roles	Facilitated sessions on PCN roles and how these can be utilised; to be targetted at all Core Network Practices	Tom Peppiatt Primary Care Leads	Medium			31/12/21		15/09/2021 - Links with several actions below, including embedding knowledge and understanding, directory of success, and induction programme. Update to be provided in coming weeks, once other interdependent actions developed.
General	PCN Roles	Rolling programme of work to develop and embed knowledge and understanding of the new role types - to include non ARRS PCN staff	Tom/Jan/ TH Ambassadors	Medium	19/07/21		31/12/21	Ongoing	27/09/2021 - Meeting with comms took place last week, development of a directory of success to be implemented alongside Training Hub Sharepoint system. Task and finish group to be formed 15/09/2021 - Action links with directory of success. Meeting with comms scheduled 22/09/2021, update to follow on interdepencies.
General	Time Management/	Time management and delegation training - procure training provider to run a series of sessions.	Vicky Turner	Medium	12/07/21		30/09/21	Open	27/09/2021 - JSw has chased EQUIP for dates to run sessions. Update to be provided shortly. Realistically Sessions will be run end of November/December awaiting firm dates 15/09/2021 - Quote from EQUIP and Revolution Learning. EQUIP is more cost effective and tailored to health and social care staff. Quotes sent to KP for approval as per SFIs. Aim to close action by 30th September Training dates have been booked and confirmed 3 half days November, December and January
General	Wellbeing	Continue to promote wellbeing initiatives - up	Vicky Turner	Medium				Ongoing	27/09/2021 - TP to review current initiatives in place and promote best practice. PMSS to start go live in November, Supporting Mentors Scheme to go live in November, RCGP coaching good uptake and TPC Health wider workforce coaching has low uptake. Update to follow.
General	Wellbeing	Implement plan aligned to wellbeing bid - funding not awarded alterantive options being explored	Jenni Speller/ Kathryn Perry	Medium				Ongoing	Funding not awared for wellbeing bid - KP and JS to look at alternative system options for wellbeing support aligned with above action. Work ongoing and Here For You Sessions being arranged at TTL and PMs meetings
General	Wellbeing	Encourage uptake of coaching and mentoring support, including testimonials and and experiences	Vicky Turner Babajide Odutola	Medium	12/07/21		29/10/21	Open	27/09/2021 - as per above, Mentoring scheme to go live in November. Uptake of TPC Health and RCGP coaching to be evaluated and best practice to be shared by TP 15/09/2021 - Testimonials recieved and marketed for the RCGP coaching offer. Uptake is low on non-clinical coaching via TPC Health, we need to meet with provider to discuss them attending PM Meetings. Promotion of Supporting Mentors Scheme end of September. All offers live and promoted by end of October
PCN Infrastructure	Training and Q&A o	Training and Q&A session on HR/finance related matters for PCNs/Core Network Practices - Training Hub to work with Capsticks on training sessions	Tom Peppiatt	Medium	26/07/21		30/10/21	Open	05/10/2021 - Meeting with Capsticks moved to 12th October, JSw to articulate what we want them to deliver 27/09/2021 - Meeting originally scheduled with Capsticks was delayed. New meeting booked for October. Updates to follow. 15/09/2021 - JSw to approach capsticks and develop sessions with TP support. Aim to get a quote by end of September, with training dates provisionally confirmed. 12/10/2021 Meeting with Capsticks awaiting a quote for providing 2 x 1 hour sessions
PCN Infrastructure	Training and Q&A o	Workshop on best use of PCN funding	Ashley King	**High**				Open	12/10/21 - Meeting arranged with AK to discuss 25.10.21
Recruitment	Budget	Flexibility of ARRS roles and further information on ARRS allocations (and flexibility)	Ashley King	Low				Open	12/10/21 - Meeting arranged with AK to discuss 25.10.21
Recruitment	Budget	Local review of whether the national funding formula creates challenges and how to overcome/whether to present concerns to national team	Ashley King	Medium				Open	Ashley aware of actions, no update yet. Rebecca/Jenni to chase w/c 13th Sept. Discussions underway with Grays PCN about possibility of using them to work up issues/options further. 12/10/21Meeting arranged with AK to discuss 25.10.21
Recruitment	Directory of Succes	Directory of Success - development of a directory of best practice examples for the new roles and PCN Leadership Team models - to include benefit to patients and impact on workload	Training Hub Team	Low	13/09/21		29/10/21	Open	27/09/2021 - Meeting with comms took place last week, development of a directory of success to be implemented alongside Training Hub Sharepoint system. Task and finish group to be formed 15/09/2021 - Kaltrina Bajrami will support with collating best practice and publishing a directory of success, with spotlights on roles etc. Meeting arranged for 22nd September to discuss approach
Recruitment	Estates - dedicated	Dedicated estates support for PCNs to get PCN Premises Plans in place for short and longer term for all 27 PCNs	Kerry Harding/Jenni Speller	**High**	31/08/21		22/09/21	Ongoing	28/09/21 - Simple guide to process with embedded request form to be sent out within the week. 28/09/2021 - Discussion held with William Guy, Kerry Harding and Ashley King about approach to PCN Estates work. Billericay PCN proposed as possible example PCN to work through and Kerry Harding to be attend weekly project meetings. 27/09/2021 - Requested accelerator sites from AK in order for Jan to provide Edward with a list of suitable PCNs to approach first. Edward has been sent a lot of reading, including summary of current situation and education re ARRS 15/09/2021 - Edward Stezycki joined CCGs on 13th September in dedicated role. Induction and role out plan underway. UPDATE - meeting with Ed on 22nd September (JS, JSw, and TP attending) ES has started to contact the practices to discuss premises issues 12/10/2021 - Billericay PCN to be used as example to test model. Kelly Burke to support.
Recruitment	Training on innovati	Innovative recruitment - link with HCP MSE Team to develop targeted innovative recruitment solutions for PCNs and the wider system workforce	Jan Sweeney TH Ambassadors	Medium	26/07/21		31/12/21	Open	15/09/2021 - Discussion to be arranged between MSE Workforce Transformation Team and Training Hub regarding rotational posts and other recruitment methods - this will link with the MSE Retention Initiative.

Recruitment	Training on innovati	Adaption of the Consultant Exchange Scheme to enable practice staff to spend time shadowing colleagues	Kathryn Perry	Low			31/12/21	Open	05/10/2021 - This may link with the Retention Group Medical Workforce workstream. Will discuss with JS and KP 27/09/2021 - JSw to get details of the outcomes of the Consultant Exchange Scheme and send to JS 15/09/2021 - TP sent details of Programme to JS - discussions with Ronan Fenton to be arranged
Retention	Development Oppo	Peer support and supervision support implemented for newly appointed staff	Jan Sweeney TH Ambassadors	Low	19/07/21		31/12/21	Open	05/10/2021 - All Ambassadors recruited, awaiting sign off from HR and finance, start dates tbc. 27/09/2021 - FCP Ambassador and ECP Ambassador, final interviews on 29th September. Once appointed, all recruited. 15/09/2021 - Once Ambassadors appointed, they will work closely on this action. Pharmacy Ambassador and PA Ambassador confirmed, EPC & FCP interviews w/c 20th September
Retention	Development Oppo	Appraisal and 1-1 resources shared and implemented with PCN's	Training Hub Team	Low	15/09/21		29/10/21	Open	27/09/2021 - JSw has spoken to KP and plan being formulated re systems approach to appraisals across primary care 15/09/2021 - JSw to speak with KP regarding webinars and templates for PCNs to use for appraisals and 1:1s. May need to procure formal training (tbc.).11/10/2021 Contact made with several providers awaitng quites from EQUIP, H.R.Advisory Service (subsidu=iary Captsicks) and Practicec Managers Association
Retention	Development Oppo	Appraisal training developed for PCNs	Training Hub Team	Low	15/09/21		29/10/21	Open	27/09/2021 - as per E24 update 15/09/2021 - Links to action above (E24) - Jsw to discuss further with KP. Capsticks may be able to provide training and support.
Retention	Development Oppo	Staff development and supervision offer communicated across and linked to appraisals and initial objective setting with new staff	Training Hub Team	Low	15/09/21		31/12/21		15/09/2021 - Ambassadors being interviewed. Will support with action when appointed.
Retention	Development Oppo	Ensuring PCN Meetings take place and operate in a way to support Team Building and individual development	to discuss						
Retention	Development Oppo	Easy to use intranet service to enable the communication of up-to-date information and services	Vicky Turner Training Hub	Medium	15/09/21		31/12/21	Open	27/09/2021 - Comms meeting took place on 22nd September, task and finish group formed to ensure delivery (as per other comms actions) 15/09/2021 - meeting taking place with comms to discuss (22nd September)
Retention	Induction	Sign off and implementation of the Ready, Set, Grow Programme - PCN induction of ARRS staff	Tom Peppiatt	**High**	28/06/21		31/12/21	Open	27/09/2021 - RSG programme now delayed due to infrastructure and capacity issues with BLMK (host organisation). Likely we will develop a similar offer at a local level. Update to follow. 15/09/2021 - Project group formed and signed off by PCL (sub-group of Programme Board). Risk = project lead leaving from BLMK. TP to ensure doesn't impact project. Meeting scheduled 17/09/2021
Retention	Induction	Development of full induction programme for primary care	Training Hub Team	**High**	28/06/21		01/03/22	Open	05/10/2021 - JSw to take the lead on pulling together an induction programme for new starters August - Discussion with South West London Training Hub has taken place, presentation to be designed for MSE and additional arrangements in place to ensure delivery of first session in October 2021
Retention	Network Agreemen	Review of Network Contract Agreements	Rebecca Warren	Medium	01/07/21		30/09/21	Open	A number of agreements have been reviewed with recommendations made. The majority of agreements cannot be located by NHSE. PCNs have been written to requesting copies of Agreements
Retention	Practice Meetings	approach to be reviewed with Place Leads a	to discuss						
Support	Meetings	Mapping of PCN and Practice meetings - can meetings be rationalised?	Rebecca / Place PCN Leads	Low	10/09/21		24/09/21	Open	Meetings with CCG involvement have been mapped and added to Teams channel
Support	Practice Level	EQUIP to undertake Phase 2 discussions wit	Jenni/EQUIP	**High**			30/11/21	Open	6.10.21 - EJ to pick 30 proposed practices - completed. JS to verify. Meeting with place leads to be set up to agree purpose and Qs for the practices. Proposal recieved from EQUIP and under review. Work has commenced in line with draft proposal. Discussions underway to link with other initiatives. 22.09.21- Meeting arranged for 29 Sep JS/EJ

CLOSED ITEMS									
Recruitment	Training	Targetted discussions with PCNs who have not progressed with recruitment, ensure they are aware and engaged with EPCC and supported by TH	Tom Peppiatt Babajide Odutola	**High**	05/07/21	31/08/21	31/08/21	Closed	15/09/2021 - All PCNs who had not previously utilised EPCC have been contacted. EPCC have been invited to place based Practice Manager forums. Targeted discussions with PCNs during workforce planning. JSw to continue to work with PCNs and ensure all roles are being advertised and PCNs supported with recruitment challenges
Retention	Development Oppo	Workforce Planning - embed retention and population health into workforce planning process	Tom Peppiatt Primary Care Leads	**High**	16/06/21	09/09/21	31/08/21	Closed	15/09/2021 - Workforce planning for 2021/22 completed - all plans returned, going through sign off process
Retention	Quick reference gui	Development of PCN support guide, including services and training provided by the CCG, EQUIP, and other agencies for quick reference	Tom Peppiatt Training Hub Team	**High**	28/06/21	02/08/21	06/08/21	Closed	Support guide approved by PCL Group and sent to all PCNs before workforce planning process.
Programme Management		Development and process for ARRS working dashboard, updated on a fortnightly basis with recruitment and claim portal intelligence	Tom Peppiatt Babajide Odutola	**High**	28/06/21	02/07/21	02/07/21	Closed	Report sent on a monthly basis (usually 20th of each month) to align with extraction of ARRS claims. Dashboard in place.

Programme Management		Fortnightly highlight reports to include key improvements, issues and concerns	Tom Peppiatt Babajide Odutola	**High**	05/07/21	09/07/21	09/07/21	Closed	Report sent on a monthly basis (usually 20th of each month) to align with extraction of ARRS claims. Dashboard in place.
Programme Management		Recovery Action Plan - structured process for review of entire RAP to be established with support from EQUIP - weekly oversight of progress to be established	Jenni/Emma James (EQUIP)	**High**	25/08/21	13/09/21	13/09/21	Closed	Process agreed - work underway to implement and test. Weekly meetings in place for review for RAP.
Retention	Development Oppo	Workforce plans need to support practices and PCNs in identifying time to dedicate to recruitment and train . Leadership Model needs to be discussed and agreed.	Tom Peppiatt	Medium	26/07/21	31/08/21	31/08/21	Closed	15/09/2021 - Workforce planning process completed. Discussions with key stakeholders across the system completed prior. Links to PHM and service delivery made. Focus of plans has been on creating resource to support extended service delivery across PCNs

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Why are GP Practices Working Differently: General Practice Communications Toolkit

October 2021

Due to the pandemic, practices have had to adapt the way they work and how services are provided in order to keep both patients and staff safe.

To support local GP practice staff and help stem the ongoing criticisms and the worrying rise of physical and verbal abuse, we have developed this communications toolkit that contains a number of resources that we hope you will find useful.

Firstly, we want to make it clear that the NHS in mid and south Essex takes a zero-tolerance approach to abuse and aggression towards our staff and our patients. All staff have a right to work in a safe environment.

Last night, the Government and NHS England announced a plan to work with the trade unions and the Academy of Medical Royal Colleges to launch a zero-tolerance campaign on abuse of NHS staff. We will be keeping an eye out and sharing any resulting communications and hope these materials will prove to be a useful resource in the interim.

Important: Please ensure that you report all incidents of abuse that threaten staff safety and wellbeing to: meccg.msejc.si@nhs.net.

Links to existing zero tolerance resources

Please visit this website to locate existing resources that can be used to support your practices' zero tolerance policies.

Please note: new national materials are also expected.

Staff health and wellbeing support and training

All health and care staff in Essex can receive support by calling **Here For You**. You can call them 24/7 to confidentially talk through any problems you're facing, whatever they may be on 0344 257 3960.

Here For You also has a range of additional support options. Visit https://www.hereforyou.info to find out more.

We are currently looking to set up some training specifically for practices in mid and south Essex to support practice staff in de-escalation techniques to support and empower those involved having to deal with people who are angry or frustrated.

Communications resources

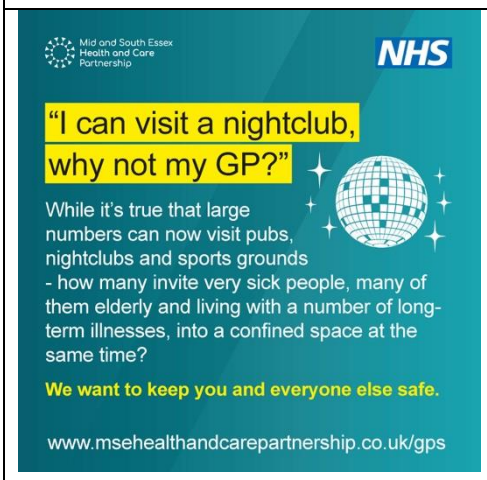
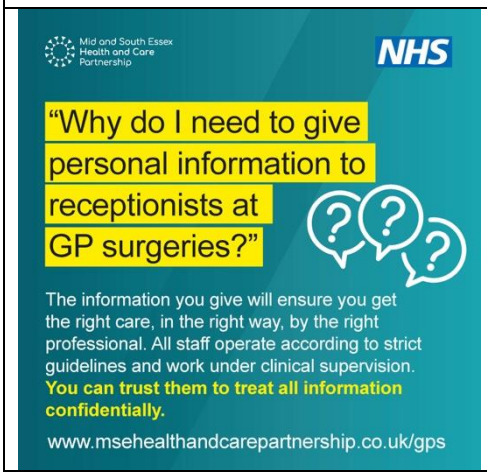
To support the understanding of primary care currently, the Mid and South Essex Partnership has produced a suite of materials to help explain and address why GP practices are continuing to work differently. This is in response to ongoing patient need and public perceptions about the ways in which primary care continues to operate. The aim is to explain why practices are working differently and what is being done to support patients, to help stem some of the frustrations that people have.

We encourage practices to use these as appropriate on their websites and across other channels such as social media. The mid and south Essex communications team will also be sharing these through social media and exploring paid for adverts in local newspapers, in line with local resident feedback. These have been developed based on insight from local people and a behavioural specialist.

We have launched a new webpage for this campaign to give residents information about additional ways to access support, explain why access to services has changed, and answer some of the common questions they may have. Please signpost people to this page when using the below campaign materials. You may also wish to use this information on your own GP practice website.

Social media graphics and copy:

Graphic	Suggested copy for social media
	Our practice is very busy delivering more appointments than ever before. We're sorry if you have had trouble getting through to speak with us on the phone. If you need to see one of our team in person, you still can. www.msehealthandcarepartnership.co.uk/gps

	If you need to see someone in person, you still can. An initial phone assessment keeps you and others safe. This helps give you the type of appointment you need: seen in person phone consultation video consultation help from a local pharmacy **Error! Hyperlink reference not valid.**
	We want to keep you and everyone else safe. Whilst large numbers can now visit pubs, nightclubs and sports grounds - how many invite very sick people, many of them elderly and living with long-term illnesses, into a confined space? www.msehealthandcarepartnership.co.uk/gps
	Our receptionists play an important role in helping to ensure you get the right care, in the right way, by the right professional. All staff operate according to strict guidelines, and you can trust them to treat all information confidentially. www.msehealthandcarepartnership.co.uk/gps

	We now have more staff working in our practice to help care for you. These include **[INSERT NEW ROLES AVAILABLE IN YOUR PRACTICE / PCN]**, who can diagnose and treat a range of health conditions. This means you can get the support you need more quickly. www.msehealthandcarepartnership.co.uk/gps
	Did you know... you don't need to call us to order repeat prescriptions. You can do this safely and securely using the NHS APP. Find out more about the NHS App and download it today at www.nhs.uk/app
	Did you know... you don't need to call us to get information about the COVID-19 vaccination programme. You can find out information about the rollout and booster vaccinations, details on local walk-in clinics and reassurances on vaccine safety at https://www.essexcovidvaccine.nhs.uk

	Did you know…you don't need to call us to get advice about lots of common ailments. Your local pharmacist can give FREE confidential advice. You can find more information about your nearest pharmacy on the NHS website here: https://www.nhs.uk/service-search/pharmacy/

Reminder: a new IPC communications toolkit has also recently been developed to reiterate the ongoing need for masks and infection prevention measures in GP practices.

We hope that you find these resources helpful and thank you for your tireless efforts to meet the unrelenting demands being placed on GP services.

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Friday 29th October 2021	ITEM: 7
Thurrock Health and Wellbeing Board	
GP Item Part Two. Improvements in primary care Long Term Condition management	
Wards and communities affected: All	**Key Decision:** None
Report of: Vikki Ray – Senior Programme Manager (Healthcare Public Health)	
Accountable Head of Service: Emma Sanford – Strategic Lead (Public Health and Social Care)	
Accountable Director: Jo Broadbent – Director of Public Health	
This report is Public	

Executive Summary

The report provides an outline of the Stretch QOF contract for 2021-22 which seeks to incentivise general practice to make improvements in both case finding and management of selected long term conditions and an update on the LTC profile card with relation to its content and proposed implementation steps.

1. Recommendation(s)

1.1 That the Health and Wellbeing Board note and comment upon the proposed developments in delivering improvements in long term condition management and a renewed LTC profile card.

2. Introduction and Background

2.1 The main objective of this programme is to improve population health and reduce inequalities through improved quality of LTC management in Primary Care. In this paper we detail the plans for the programme this 2021-22 and current thinking for major revisions for 2022-23 financial years.

3. Issues, Options and Analysis of Options

3.1 The Global Burden of Disease (GBD) study shows that the top five causes of early death for the people of England are: heart disease and stroke, cancer, respiratory conditions, dementias, and self-harm. It also reveals that the slower improvement since 2010 in years-of-life-lost is “mainly driven by distinct condition-specific trends, predominantly in cardiovascular diseases and some cancers”. Furthermore, it quantifies and ranks the contribution of various risk factors that cause premature deaths in England. The top five are:

smoking, poor diet, high blood pressure, obesity, and alcohol and drug use. These priorities have guided the NHS prevention programme as part of the NHS Long Term Plan.

3.2 The role of the NHS includes secondary prevention, by detecting disease early, preventing deterioration of health and reducing symptoms to improve quality of life.

3.3 Within Public Health we continue to develop programmes of work and support the NHS to move from reactive care towards a model embodying active population health management, and together with local authority colleagues and voluntary sector partners on the broader agenda of prevention and health inequalities.

3.4 The Annual Public Health Report (2016) quantified the effect that low levels of long term condition management were having on emergency care for specific indicators in Thurrock. Whilst the NHS GP contract 'QOF' (Quality Outcomes Framework) currently pays Practices based on the percentage of patients who receive specific, evidence based interventions and/or treatments, this is capped. The value at which it is capped is dependent upon the indicator. Mostly incentivisation happens for around 70-85% of patients receiving the intervention. Practices generally score around the level that they require for maximum payment. This either suggests that this is an "achievable" level or that Practices do not have the resources to obtain higher with no potential of funding, but has the effect of excluding 15-30% of the population and this excluded group can often include vulnerable groups and those experiencing multiple inequalities who have the greatest potential to benefit from improved quality of care.

3.5 As a result of this a Stretch QOF contract was launched in 2018 and has been reviewed/renewed annually since, incentivising practices to aspire to achieve above the maximum Quality and Outcomes Framework threshold for a subset of indicators. Diseases incentivised for management were informed by a number of long term conditions multiple regression analysis models developed by the Health Intelligence/Healthcare Public Health Team that identified and quantified the impact that significant QOF indicators had on the incidence of serious health events with a view to reducing emergency admissions to secondary care and preventing patients from having major health events, such as a Stroke. These have included Asthma, Hypertension, Atrial Fibrillation, Coronary Heart Disease, Stroke, Depression, COPD, Smoking and Diabetes. The indicators for 2021 – 22 are outlined below.

3.6 Stretch QOF 2021/22 Indicator Set

The indicators have been selected on the basis of the following:

- Public Health multiple regression analysis models indicated these indicators impacted on unplanned care admissions in Thurrock
- The indicator rationale has been nationally recognised as high impact (NICE guidance)
- Stretch QOF appears to be positively influencing general practice to complete the intervention at a rate greater than previously achieved without incentivisation
- Indicators that require a focused effort to address backlog/drop in performance attributable to the Covid pandemic
-

3.7 Blood Pressure Management - Blood pressure is a comorbidity in over 70% of the Thurrock population with a long term condition and a significant risk factor for other cardiovascular diseases if undiagnosed or poorly managed. Due to capacity and the required operational running of general practice during COVID there was a reduction in those with a recorded or well managed blood pressure in the previous QOF year, making this a high priority area for focus.

This priority is complimented by the CCG's workstream 'BP at Home' which has supplied 243 BP machines to Primary Care to loan to the most clinically vulnerable/at risk patients to monitor their blood pressures at home.

Indicator	Description
CHD008	The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (NICE 2013 menu ID: NM68)
CHD009	The percentage of patients aged 80 years and over with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (NICE 2019 menu ID: NM191)
HYP003	The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (NICE 2012 menu ID: NM53)
HYP007	The percentage of patients aged 80 years and over with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (NICE 2012 menu ID: NM54)
STIA010	The percentage of patients aged 79 years or less with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or Less (NICE 2013 menu ID: NM69)
STIA011	The percentage of patients aged 80 years and over with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or Less (based on NM93)

3.8 Smoking - Smoking is noted as in the top five risk factors contributing to the burden of disease and continues to be the leading cause of premature and preventable death in England. It is also the largest single contributor to health inequalities, accounting for half the difference in life expectancy between those living in the most and least deprived communities. Case finding of smokers particularly in those with cardiovascular disease, respiratory disease and mental ill health is therefore a high priority. It also supports improving recording of smoking status for other programmes in the Thurrock system such as the Targeted Lung Health Check which would benefit from ensuring its full eligible cohort is identified given it invites both smokers and those who have ever smoked for a check.

Indicator	Description
SMOK002	The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (NICE 2011 menu ID: NM38)
SMOK005	The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 Months (NICE 2011 menu ID: NM39)

3.9 Case Finding/ Surveillance - Case finding remains crucial in identifying those requiring onward interventions to support good management of their condition. In 2021-22 we continue to incentivise blood pressure checks in those aged 45 and over to case find for hypertension. We also continue to support review of those with identified risk of developing a long term condition or those that are potentially developing greater risks as part of their existing conditions via non-diabetic hyperglycaemia blood testing and atrial fibrillation stroke risk assessments respectively.

Indicator	Description
BP002	The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years (based on NM61)
NDH001	The percentage of patients with non-diabetic hyperglycaemia who have had an HbA1c or fasting blood glucose performed in the preceding 12 months (NICE 2017 menu ID: NM150)
AF006	The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more) (NICE 2014 menu ID: NM81)

3.10 Quality Management

Ensuring patients newly-diagnosed with depression receive a timely review is crucial for supporting them with the most appropriate treatment regime.

Continuing to incentivise this indicator will also help the performance of other programmes of work to improve mental health in primary care, such as the new Depression Diagnosis Pathway which aims to ensure newly-diagnosed depression patients receive wellbeing calls and has a point of contact whilst waiting for this GP review to take place.

Indicator	Description
AF007	In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (NICE 2014 menu ID: NM82)
DEP003	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis (Based on NM50)

3.11 New Models of LTC care for the future and how stretched QOF will need to adapt

Thurrock's transformation programme includes looking at models of care for the future, this includes a new model for LTC care in the future (at least in advance of our Integrated Medical Centres becoming operational. Work to date suggests that the main problems we need to solve in designing a new model are:

1. Early detection – we still have many patients presenting in the acute setting due to Long Term Conditions that were not pre-diagnosed in Primary Care.
2. Joined up approaches – we have many patients who receive emergency care for a LTC, are not previously known to Primary Care, and data suggests that following the emergency care a large number do not get appropriately coded on a disease register in Primary Care. This means that we are losing the ability to identify and contact these individuals for any services or interventions we may need to offer to them to reduce their risks of further urgent care or even death. For example offering flu vaccinations or annual reviews. Furthermore, following a major health event individuals are often at their most motivated to make changes to their lifestyle, we could be missing windows of opportunity with these patients.
3. Improved management – There are still far too many individuals on Primary Care Long Term Condition registers whose Long Term conditions are not well managed e.g. Clinical biomarkers are not within recommended thresholds, annual reviews are not being done, patients identified as "at risk" are not being referred to appropriate evidence based interventions.

4. Holistic care – the data shows us that of all individuals who are on registers for Long Term Conditions, in excess of 40% of them have multi-morbidities. We still review these patients in terms of each condition rather than as a whole individual.
5. Lack of a pathway – currently there is no specific LTC pathway, individuals get referred to services in a non-co-ordinated and variable way.

3.12 A new model should aim to resolve these issues. We should look to have multi-disciplinary Long Term Condition specialists who support individuals in a holistic way to manage their condition. A pathway should take a patient through stages of removing barriers before working with them to make lifestyle changes that will better support their best possible health outcomes along with clinical interventions. Existing fragmented care needs to be more accessible, co-ordinated and joined up. Individuals / patients support package should be personalised to what works for them with sustainable self-care at the heart.

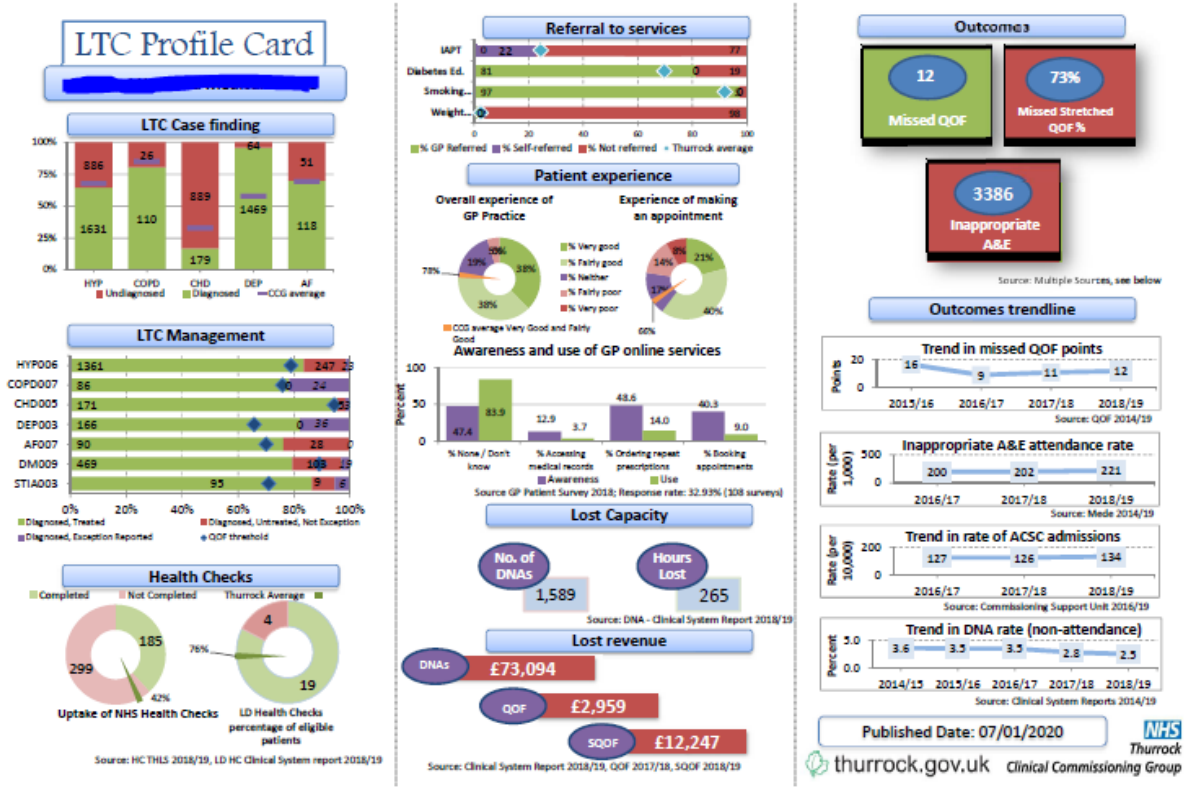
3.13 Alongside this our Stretched QOF programme will need to change, and we have started to think about these changes ready for the 2022/23 financial year. We will no longer top up individual condition indicators and look to move to incentivising a more holistic care approach which looks at individuals as a whole. We will look to bring Healthy Lifestyle contracts and the current stretched QOF contract together to do this. We will also move away from sole reliance on existing QOF indicators in favour of indicators that support this way of working (even if that means we have to generate/calculate our own). A name change will be inevitable.

3.14 The recent investment in Mental Health Primary Care practitioners has brought workers from EPUT into the PCNs so they can work closely with wider health professionals and Peer Workers from Thurrock & Brentwood MIND to improve the way mental health needs are identified and supported. The depression screening work previously described in former Health and Wellbeing Board papers will be re-invigorated in line with some work previously completed on identification of local population groups at most risk of unidentified mental ill-health, meaning it is more likely to find and treat individuals before they otherwise need more urgent care.

3.15 Long Term Condition Profile Card - The Long Term Condition (LTC) profile card was initially created by the Healthcare Public Health Improvement team in 2017 to respond to the high levels of variation within primary care across Thurrock in regards to the individual needs, available resources and overall quality of services.

3.16 Similar to a dashboard, the LTC profile card is a visual overview of each practice, focusing on the LTC case finding and management but also looks at the possible reasons why, such as lack of capacity, increased workload or lack of engagement from the practice population. Furthermore it makes links to secondary care outcomes.

Fig 1. Example LTC Profile card 2019/20

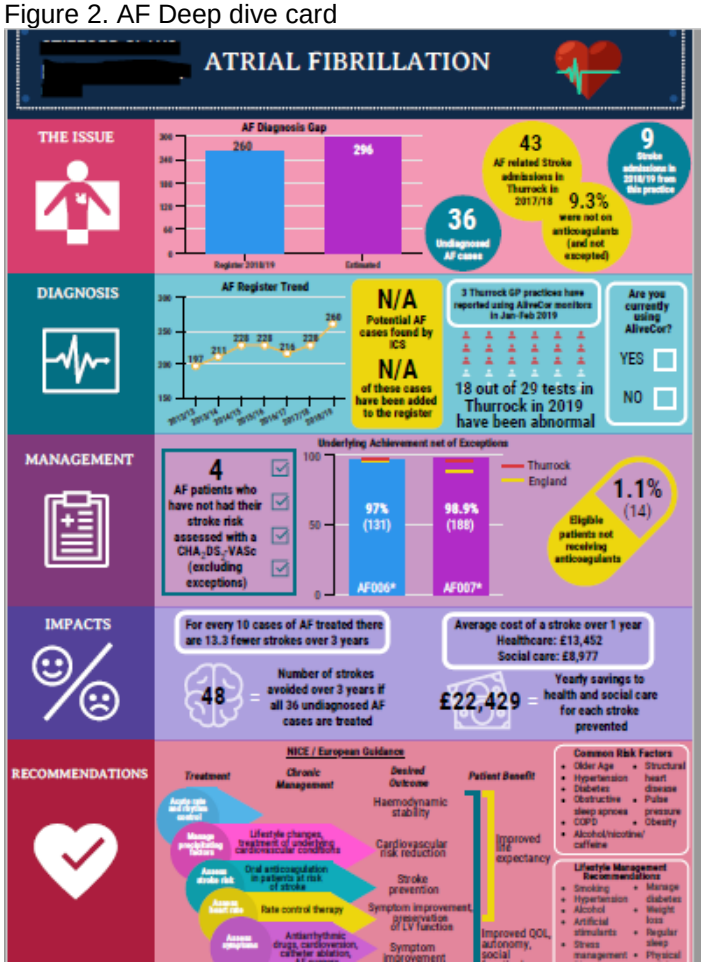


3.17 Development of the profile card for 2021 is underway and proposes the following amendments:

Section	Changes to note
LTC Case Finding	Addition of Obesity (BMI 30+)
LTC Management	Update to reflect Stretch QOF indicators for 2021-22 Visual aid of work to do (patient numbers spanning multiple indicators e.g. number of patients with 8 or more indicators still outstanding)
Outcomes Trendline	Addition of attendance rate for high users (frequent flyers)

3.18 In addition to the LTC Profile card, from 2019 the Healthcare Public Health and Intelligence Teams have been developing some ‘deep dive’ profile cards into particular areas of focus such as Atrial Fibrillation and Mental Health.

Figure 2. AF Deep dive card



3.19 For 2021 Healthcare Public Health are working with Macmillan and wider Cancer stakeholders to develop a deep dive into Cancer care which will support practices and more collectively the Primary Care Networks (PCNs) to work on improvements in early detection and diagnosis as part of their PCN directly enhanced service with NHS England.

3.20 Delivery of the LTC profile card work is not only through sharing the profile card with each practice, but includes visits to the practice, discussions with the practice managers, the GP leads and wider clinical team. It aids identification of agreed priorities and development of individualised action plans for each practice.

3.21 For 2021-22 visits with the refreshed profile cards will be scheduled for late October/early November to discuss progress to date, areas of focus and required support up to March 2022. Some of these will be done via PCN meetings as appropriate, however individual practice visits will still happen if any of the following is true:

1. There is something specific to the practice that needs to be discussed
2. A practice specifically requests

3. A PCN requests that we visit all or some individual practices
4. The CCGs primary care team identifies a practice as being poor in terms of patient satisfaction or quality of care (including CQC reports)

3.22 For the 2022/23 financial year the profile card will need to change in line with the Stretched QOF programme.

4. Reasons for Recommendation

4.1 The Thurrock transformation piece, Stretch QOF and the Long Term Condition profile card form are key programmes of work in improving standards in Primary Care across Thurrock; one of the key public health priorities.

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

5.1 Public Health Leadership team, Thurrock CCG and clinical leads from Primary Care Networks have been consulted on proposals.

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

6.1 This work dovetails with Thurrock Councils corporate priority under people and the proposed Domains 1 and 2 ‘Quality Care centred around the person’ and ‘Healthier for longer’ under the Joint Health and Wellbeing Strategy. The work seeks to address unmet physical and mental health needs and the development of an integrated health and care system that prevents and/or reduces need for health and care services.

7. Implications

7.1 Financial

Implications verified by: Not provided

This will be met within existing agreed budgets across the Public Health Grant and the Better Care Fund.

7.2 Legal

Implications verified by: Not provided

The Stretch QOF contract is commissioned to and delivered by GP practices as it is an enhancement of their existing NHS Quality and Outcomes Framework contract.

7.3 **Diversity and Equality**

Implications verified by: Not provided

This programme of work seeks to improve quality in management of long term conditions and reduce variation in management across patients within GP practices but also to reduce the gap in variation across all practices in Thurrock and therefore supports tackling inequalities.

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

Not Applicable

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):
Not Applicable

Report Author:
Vikki Ray
Senior Programme Manager – Healthcare Public Health
Adults, Housing and Health

29 October 2021	
Health and Wellbeing Board	**ITEM: 8**
Ofsted Focused Visit on children at risk from extra-familial harm; 30th June – 1st July	
Wards and communities affected: All	**Key Decision:** N/A
Report of: Janet Simon, Interim Assistant Director Children's Social Care and Early Help	
Accountable Director: Sheila Murphy, Corporate Director of Children's Services	

Executive Summary

Ofsted introduced the Inspection of Local Authority Children's Services (ILACS) inspection framework in January 2018, which replaced the previous Single Inspection Framework (SIF) of children's services. Thurrock children's services' SIF inspection was held between 22nd February and 17th March 2016 and the service was graded 'Requires Improvement' across all judgement categories. Thurrock children's services received a full ILAC inspection between 4th and 22nd November 2019 and was rated Good across the four domains of the inspection. This report is to update the Committee on Thurrock's recent Ofsted ILACS Focused Visit undertaken between 30th June and 1st July 2021, on the local authority's arrangements for the protection of vulnerable children from extra-familial risk.

The ILACS inspection is a very detailed and robust review of all areas of practice in children's social care, early help services and education services for children educated at home as well as for children missing education. All local authorities receive a form of inspection from Ofsted once a year under the ILACS framework. The Focused visit is an opportunity for Ofsted to come into the authority and focus on one area of practice to see if practice is secure and to check the local authority is safeguarding children.

The Focused visit was announced on the 16 June 2021, two weeks before the Focused Visit began. During those two weeks the inspectors were provided with over 100 documents, copy of audits undertaken relating to the topic area in the last six months, performance data and they undertook inspection meetings with the Children's Portfolio Holder, the Chief Executive and partners working with children affected by extra familial harm. The focused visit was very thorough and inspectors examined the experience of children through the lens of social work interventions, by talking directly to social workers and examining their case work files in detail. They also met with children and young people and met with partners. The inspectors were focused on evidence of outcomes for children subject to extra familial harm and the impact social work intervention is having for children and their families. The two days of 'on-site' inspection was very intense, it thoroughly tested the practice of the service and the

corporate support and commitment from the Council as a whole for our most vulnerable young people.

The focused visit is not a judgement inspection; Ofsted as an outcome of the focused visit publishes a letter. The focused visit letter is attached as Appendix 1 and was published on the 9 August 2021. The letter states; 'Thurrock Council continues to provide effective, responsive services for vulnerable children. Children have remained a key focus for elected members and they continue to be a corporate priority.' The focussed visit letter reflects the hard work and commitment of all those striving to ensure children and their families receive good services within the Council and from partners. Ofsted commented, 'They (the local authority) have strengthened their oversight of services in response to feedback given at the last inspection, to better identify and engage with vulnerable children exposed to the risk of extra familial harm, and improved their offer of support to them and their families.' As with any inspection of services, Ofsted noted some areas for continued improvement. There are three recommendations for improvement and the partnership will be incorporating these recommendations into action plans.

The outcome of the inspection evidences that Thurrock Council and its partners, continues to provide a good service to vulnerable young people.

1. Recommendation(s)

1.1 That the Health and Well Being Board consider the Ofsted Focus Visit letter and provide comment or challenge in respect of the outcomes

1.2 That the three areas for improvement identified by Ofsted are considered by the Health and Well Being Partnership and support offered to deliver against these recommendations

2. Introduction and Background

2.1 In January 2018, a new universal inspection framework came into force for Children's services. The Inspection of Local Authority Children's Services (ILACS) focuses on the local authority (LA) functions regarding the help, care and protection of children and young people. The ILACS is a 'whole system' approach to inspection. The aim of the ILACS is to drive up improvement and catching LAs before they fall over as the underpinning principles of the framework, which is described as a system rather than a programme of inspection. ILACS attempts to take a proportionate, whole system approach to inspecting a service and this inevitably involves greater contact between Ofsted and LA's. In addition to on-site inspection activity (full inspection and focused visit inspections), the ILACS is supported and informed by an annual self-evaluation, the annual conversation and Ofsted's LA intelligence system.

The Focused Visit is part of the whole system Ofsted approach to inspection of local authority children's services. The focused visit was on the local authority's arrangements for the protection of vulnerable children from extra-familial harm.

This focus includes, children missing from home or care, children involved in criminal exploitation and by gangs, child sexual exploitation and radicalisation. The inspection included partnership working, as young people subject to extra-familial harm, require the support from police, schools and health colleagues. In the two weeks lead up to the 'on-site' inspection (the inspectors conducted the inspection virtually) documents, as requested, were sent to the inspectors, audit documentation was also provided. The inspectors conducted some interviews with key partners, the Children's Portfolio Holder and the Chief Executive. The two days 'on-site' activity included interviews with social workers, front line social work managers, reviewing case files, meetings with children and young people subject to extra-familial harm.

Whilst the focused visit is overall very positive (please see letter attached as Appendix 1), there are three recommendations to further improve practice for children subject to extra-familial harm. These are:

✓ Earlier transition planning for children in care and care leavers who are exposed to risk of child exploitation, gangs and extra-familial harm.

✓ The involvement of children in the take-up of return home interviews and the information the authority relies on to capture activity and the impact of these interviews.

✓ The arrangements for support and engagement with children at risk of extra familial harm; in particular, the agility of services to meet the diverse and complex needs of these children and their families.

These recommendations are being taken forward within partnership and service plans. The Health and Well Being Board are an important partner to assist with moving forward these recommendations.

3. Issues, Options and Analysis of Options

3.1 The Focused Visit Letter is attached as Appendix One

4. Reasons for Recommendation

4.1 Members of the Board are aware of the Ofsted Focused Visit and the recommendations to further improve practice. For the Board to have oversight of the plans against the recommendations, to support and challenge progress as appropriate.

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

5.1 The Ofsted Focus Visit letter is an agenda item on the Children's Overview and Scrutiny Committee on the 12 October 2021.

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

6.1 None

7. Implications

7.1 Financial

Implications verified by: **David May**

Strategic Lead Finance

None

7.2 Legal

Implications verified by: **Judith Knight**

Interim Deputy Head of Legal (Social care and Education)

None

7.3 Diversity and Equality

Implications verified by: **Becky Lee**

Team Manager - Community Development and Equalities

The focused visit assessed the local authority's arrangements for the protection of vulnerable children from extra-familial harm involving children missing from home or care, children involved in criminal exploitation and by gangs, child sexual exploitation and radicalisation. Whilst feedback from the focused visit is overall, very positive three recommendations to further improve practice for children subject to extra-familial harm are set out in section 2.1 for delivery in partnership and as part of wider service plans.

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

None

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

- None

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raising standards
improving lives

9 August 2021

Sheila Murphy
Corporate Director of Children's Services
Thurrock Council
Civic Offices
New Road
Grays
RM17 6SL

Dear Sheila

Focused visit to Thurrock children's services

Her Majesty's Chief Inspector of Education, Children's Services and Skills is leading Ofsted's work into how England's social care system has delivered child-centred practice and care within the context of the restrictions placed on society during the COVID-19 pandemic.

This letter summarises the findings of a focused visit to Thurrock children's services on 30 June and 1 July 2021. Her Majesty's Inspectors for this visit were Margaret Burke and Anna Gravelle.

Inspectors looked at the local authority's arrangements for the protection of vulnerable children from extra-familial risk.

This visit was carried out in line with the inspection of local authority children's services (ILACS) framework. However, the delivery model was adapted to reflect the COVID-19 context. The lead inspector and the director of children's services agreed arrangements to deliver this visit effectively while working within national and local guidelines for responding to COVID-19. This visit was carried out fully by remote means. Inspectors used video calls for discussions with local authority staff, managers and leaders, and for conversations with children.

Headline findings

Thurrock Council continues to provide effective, responsive services for vulnerable children. Children have remained a key focus for elected members and they continue to be a corporate priority. Leaders have worked with strategic partners to develop a shared 'public health' multi-agency approach to confront risk to children, families and the wider community from child exploitation, gangs and other forms of extra-familial harm. They have strengthened their oversight of services in response to the feedback given at the last inspection, to better identify and engage with vulnerable

children exposed to risk of extra-familial harm, and improved their offer of support to them and their families.

What needs to improve in this area of social work practice?

- Earlier transition planning for children in care and care leavers who are exposed to risk of child exploitation, gangs and extra-familial harm.
- The involvement of children in the take-up of return home interviews and the information the authority relies on to capture activity and the impact of these interviews.
- The arrangements for support and engagement with children at risk of extra-familial harm; in particular, the agility of services to meet the diverse and complex needs of these children and their families.

Main findings

The local authority has been creative and adaptive throughout the COVID-19 pandemic, ensuring the continuity of responsive services for vulnerable children. Leaders have issued guidance and put structures and support in place to ensure the ongoing safety and protection of children and their families, and of their staff. Staff have been consulted and actively involved in shaping future services in preparation for the ending of COVID-19 restrictions.

The numbers of contacts to children's social care during the pandemic have reduced. However, leaders report that children being referred have more complex needs than normal, resulting in a greater proportion of contacts converting to referrals. Effective communication and joint working with schools and partners have ensured that children at risk of extra-familial harm continue to be identified. Multi-agency safeguarding hub thresholds are well understood, and they are applied appropriately for these children.

Children are promptly directed to the most appropriate team for ongoing support. Good multi-agency engagement and cooperation to support children at risk of harm are evident across all service tiers. Whole-family working, supported by the Prevention and Support Service (PASS), is used effectively to address the needs of children and their parents, resulting in improvements in family functioning. Most children receive support at the right time to help reduce the damaging impact of extra-familial harm and to prevent further criminal or sexual harm escalating.

Safeguarding risks are proportionately balanced and sensitively managed, when parents' responses to discovering their child's involvement in harmful situations can be viewed as inappropriate. Child exploitation risk assessments and plans are mostly used well to identify, analyse, manage and disrupt risks. Plans are reviewed in social workers' supervision and overseen by senior managers, to ensure that actions are followed through and any concerns escalated where necessary.

Successful engagement with some children and their parents results in effective direct work. This helps families to act to better manage and reduce risk and harm to their children. Not all families are convinced of the benefits of working together with professionals to safeguard their children. Where families are resistant to help, professional involvement is not always coordinated well enough to engage the family proactively and effectively in the delivery of services, to meet their diverse needs. As a result, some children remain gripped in these harmful situations, beyond their own and their parents' control.

Oversight, tracking and support continue post-18 for care leavers with complex needs who have been harmed and/or are at risk of further extra-familial harm. Transition planning is not started early enough for some young people with complex needs. Post-18 placements are particularly hard to identify when they are needed, and planning and activity begin too late for some young people. As a result, some care leavers, who have already had much to contend with, have had to move home several times within a short period of time.

Senior managers maintain good oversight of all children who are not in full-time education. Effective systems ensure tracking of children's progress and monitoring of their tuition hours. Each child has a plan which considers their return to full-time education, with actions tailored to their individual needs.

Careful attention is paid to referrals about children who are reported missing from home or care, even when risks and vulnerability are deemed to be low. The response to missing children, identified at the last inspection as an area for further development, is now more consistent. Consent is appropriately obtained, and parents and carers are consulted. Routine partner agency checks are carried out and all children are offered a return home interview (RHI). Cases involving children who are repeatedly reported missing are escalated appropriately to strategy discussions for further consideration of risk and protection needs. Risk management meetings maintain oversight of missing children, ensure the timely follow-through of actions and ensure that professionals appropriately share intelligence to reduce incidents of going missing. All children are now offered RHIs. However, while the take-up of these interviews has improved and is currently at 58%, it is still too low. Some children who are reluctant to take up the RHI offer benefit from direct engagement with their social workers after each episode of going missing. However, this activity is not formally monitored; neither is it evident for all children.

When unaccompanied young people go missing for prolonged periods, they are kept under review. In line with good practice, staff continue to make efforts to trace their whereabouts and follow up on any sighting leads. Checks are carried out with the National Referral Mechanism, the Home Office and other local authority areas, and new intelligence considered until their whereabouts are known.

The challenges faced by children involved in child exploitation and gangs are well understood by the local authority and its partners, both strategically and

operationally. Professionals undertake extensive mapping of the most vulnerable children involved in gang-related activities, so these children and their networks are well known. Staff work actively with partners to disrupt gang activity. Specialist workers are tenacious in their efforts to build the trust and confidence of children and their parents. The skilful balancing of needs and risks is producing windows of opportunities which are used to change the trajectory of life for some of these children.

Social workers comply with the requirements of statutory guidance, but this does not always translate into successful interventions and/or outcomes for gang-affiliated children and their families. Standard visiting timescales may not always be frequent enough to build the strong and trusting relationships needed to support and help these children and their families. The throughput of work does not always fit with the need for the long-term engagement so often required to see evidence of sustainable change for them.

Staff quickly identify and respond to risks to children from radicalisation through timely early intervention.

Leaders ensure that children in Thurrock continue to access a good range of emotional well-being support. Services have adapted well to increasing demand throughout the pandemic, with a focus on early support and developing their digital offer. Despite these investments, children are having to wait for specialist emotional well-being mental health services (EWMHS). These services actively maintain oversight of children on their waiting lists, providing advice and support to professionals who are supporting them. For many children waiting for specialist EWMHS services, time-limited interventions are provided through the PASS, youth services and/or the Youth Offending Service. This flexible approach successfully addresses their presenting needs and ensures support for them until longer-term services are engaged.

Senior leaders in Thurrock are visible and are noted by staff to be very personable. There is a culture of openness and learning. Managers maintain good oversight of children's journeys, monitoring risk and the progress of work with vulnerable children through various panels and meetings. Decision-making is clearly evidenced on case records. Supervision is used well as a productive tool to support staff, provide guidance and to develop social care practice with children and families.

Audit is a well-used and embedded quality assurance tool that is fully integrated into the service. Children's life experiences and risks are well considered, as auditors explore what has been done well and what more could be done to help the child or others in similar situations. Information gained from audits informs key performance documents and is effectively triangulated with data. This provides assurance about progress and performance for leaders and managers. Between 10% and 20% of audits are moderated. The information contained in the audits is accurate, but it is not always appropriately reflected in eventual quality gradings. Leaders acknowledge

the need to increase the numbers of audits that are moderated, to help them further develop and embed a coherent and consistent understanding of social work practice and its impact on children.

Staff enjoy working in Thurrock and they feel valued. Good access to relevant training and development opportunities help them gain the skills, knowledge and tools they need to work successfully with children who are at risk of extra-familial harm. Staff are encouraged to progress and develop their careers in Thurrock.

Most social workers have manageable caseloads that allow time to build relationships with children and their families. Many are proactive and persistent in doing so, working to overcome any barriers to engagement.

Ofsted will take the findings from this focused visit into account when planning your next inspection or visit.

Your sincerely

Margaret Burke
Her Majesty's Inspector

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29 October 2021	**ITEM: 9**
Health and Well-Being Board	
The Better Care Fund	
Wards and communities affected: All	**Key Decision:** Not Applicable
Report of: Ian Wake, Corporate Director of Adults, Housing and Health and Mark Tebbs, NHS Alliance Director for Thurrock	
Accountable Head of Service: Les Billingham, Assistance Director, Adult Social Care and Community Development	
Accountable Director: Ian Wake, Corporate Director of Adults, Housing and Health	
This report is Public	

Executive Summary

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

The focus of the Better Care Fund to date has been on adults aged 65 and over who are most at risk of admission to hospital or to a residential care home. Despite 2020/21 being a year of unprecedented challenge following the onset of the coronavirus pandemic, the targets in the BCF Scorecard were met by year-end.

This report sets out the arrangements for the Better Care Fund Section 75 Agreement between the Council and NHS Thurrock Clinical Commissioning Group for 2021/22 and subsequent years. The Annual Governance Statement is also appended to the report.

The planning requirements for 2021/22 were published by NHS England on 30 September 2021. It is proposed that the draft plan will be circulated and, subject to comments received, the Chair will be asked to approve the Plan on behalf of the Board by Monday 15 November to allow submission on 16 November.

1. Recommendation(s)

1.1 The Board is asked to note this report.

1.2 The Board is asked to agree the arrangements for the approval of the Better Care Fund Plan for 2021/22.

2. Introduction and Background

2.1 Thurrock's initial Better Care Fund Plan, and Section 75 Agreement between the Council and NHS Thurrock Clinical Commissioning Group, was approved in 2015. The Agreement allowed the creation of a pooled fund, to be operated in line with the terms of the Agreement, to promote the integration of care and support services.

2.2 The Council is the 'host' organisation for the pooled fund, which means that once the Section 75 Agreement is agreed it allows the funding of community health care services provided in line with the Better Care Fund Plan.

2.3 The pooled fund is overseen by the Integrated Care Partnership (previously the Integrated Commissioning Executive) made up of officers from the Council and CCG. The Partnership receives regular reports on expenditure, quality and activity. The Partnership reports on the performance of the Fund to the Health and Wellbeing Board, as well as Cabinet and the Board of the Clinical Commissioning Group.

2.4 The focus of the Better Care Fund to date has been on adults aged 65 and over who are most at risk of admission to hospital or to a residential care home. Despite 2020/21 being a year of unprecedented challenge following the onset of the coronavirus pandemic, the targets in the BCF Scorecard were met by year-end.

2.5 This report sets out the arrangements for the Better Care Fund Section 75 Agreement between the Council and NHS Thurrock Clinical Commissioning Group for 2021/22 and subsequent years. The Annual Governance Statement for the last year, 2020/21, is also appended to the report.

2.6 The planning requirements for The Better Care Fund Plan for 2021/22 were published by NHS England on 30 September 2021. The Plan is currently being drafted and the approved Plan is to be submitted to NHS England no later than Tuesday 16 November. In the view the short timescale, and the Board's schedule of meetings, it is proposed that the draft plan will be circulated to the Board members for comment on 1 November. It is further proposed that, subject to comments received, the Chair will be asked to approve the Plan on behalf of the Board by Monday 15 November. This is to allow submission of the Plan by the deadline set by NHS England: Tuesday 16 November 2021.

3. Issues, Options and Analysis of Options

Changes to Guidance

3.1 Thurrock has had a Better Care Fund Plan and associated Section 75 Agreement in place since 2015-16. To date, the requirement has been to produce a yearly plan but this has been set aside during the COVID

emergency. The Cabinet of Thurrock Council has agreed to enter into the Better Care Fund Section 75 Agreement for the current year 2021/22 in line guidance received from NHS England. The Agreement which will also be required in subsequent years will be subject to the Council's annual budget setting arrangements, and any changes to the Section 75 can be made with agreement of both parties – Thurrock Council and NHS Thurrock CCG.

Value of the Better Care Fund

3.2 The value of Thurrock's Better Care Fund for 2021/22 has been increased to £50.804m from £50.198m. This amount is made up of a £17.021m contribution from NHS Thurrock CCG, £5.046m from the Improved Better Care Fund grant and £28.377m contribution from the Council. The Fund consists of a mandatory minimum amount, and an additional contribution agreed locally by the Council and CCG. The mandated amount for Thurrock CCG in 2020/21 was £11.436m and this has been uplifted by 5.3% to £12.042m.

3.3 In future years, as part of preparations for the Better Care Fund, the Council and CCG will need to agree how much they are adding to the Fund over and above the mandated amount.

Focus of the Fund

3.4 The focus of the Better Care Fund to date has been on adults aged 65 and over who are most at risk of hospital admission or residential home admission. The schemes chosen for the Fund reflect this focus. The future plans are likely to continue this focus, and will include elements that are population wide including initiatives linked to preventing, reducing and delaying the need for health and social care intervention.

3.5 Despite 2020/21 being a year of unprecedented challenge following the onset of the coronavirus pandemic, the targets in the BCF Scorecard were met by year-end:

- In particular, the percentage of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement services was 86.4% at year-end (Q4 snapshot), which is 0.1% above target and is significantly higher than the current national average of 82.0%.
- There was also a reduction in the number of older people (aged 65 and over) being permanently admitted to residential and nursing care homes in the year, with 149 admissions in the year compared to 178 in 2019/20. This equates to a rate of 619.2 per 100,000 population[1] compared to 739.7 last year, and is a reduction of 29 admissions. This is also 29 admissions under target.
- 2020/21 also saw a significant reduction in the number of long stay patients in hospital beds. In the year there has been a 38% reduction in the number of patients staying in hospital for 21 days or longer.

[1] Please note that a new population figure is due to be published in June 2021 that will be used to calculate the official 2020/21 outturn for this indicator. As such the rate of 619.2 is provisional and is subject to amendment.

- Delayed transfers of care measures were suspended by NHS England throughout 2020/21 and for this reason it is not possible to report on the measures.

3.6 The year saw a reduction in non-elective activity (reduction of 14%) and A&E attendances for people aged 65+ (reduction of 26%) compared to last year. This has almost certainly been due to the impact of COVID-19 and lockdown restrictions imposed by Government which has reduced non-COVID-19 related admissions where many patients would have been advised to stay at home and self-isolate, as well as many people being reluctant to attend NHS services due to the risk of exposure to the virus.

Overspends and Underspends in the Better Care Fund

3.7 The Section 75 Agreement sets out arrangements for overspends and underspends to the Fund. The arrangements will continue and mean that any expenditure over and above the value of the Fund will be the responsibility of either the Council or CCG depending on whether the expenditure is incurred on social care functions or health functions. Arrangements for monitoring expenditure and managing any overspend in an individual scheme are set out in detail within the Section 75 Agreement. Underspends will stay within the Pooled Fund unless otherwise agreed by both parties.

Governance

3.8 The Council continues to be the host for the pooled Fund. The management of the pooled Fund includes regular oversight by both the Council and CCG through the Integrated Care Partnership (previously the Integrated Commissioning Executive). The Partnership reports to the Health and Wellbeing Board who receive the meeting minutes at each Board meeting. A Pooled Fund Manager exists to provide regular reports covering performance, finance and risk.

Contracting arrangements

3.9 The Council, as host of the Fund, enters into contracts with third party providers – largely NHS providers. The standard NHS contract is used for these services with the Council becoming an equal commissioning partner.

The Annual Governance Statement

3.10 This Statement sets out how the Council and NHS Thurrock CCG (the CCG) are, through effective governance arrangements, complying with the responsibilities set out within the Better Care Fund Section 75 Agreement for Thurrock, and the extant Better Care Fund Operating Guidance[2]. The Statement is appended to this report.

Policy and Planning for 2021/22

3.11 The Department of Health and Social Care published the 2021-22 Better Care Fund Policy Framework on 19 August 2021. The framework sets out the

[2] https://www.england.nhs.uk/wp-content/uploads/2018/07/better-care-fund-operating-guidance-v1.pdf

national conditions, metrics and funding arrangements for the Better Care Fund (BCF) in 2021 to 2022.

3.12 The Policy Framework states that "Given the ongoing pressures in systems, there will be minimal change to the BCF in 2021 to 2022. The 2021 to 2022 Better Care Fund policy framework aims to build on progress during the COVID-19 pandemic, strengthening the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic.

3.13 The continued focus on improving how and when people are discharged from hospital is described below.

3.14 The non-elective admissions metric is being replaced by a metric on avoidable admissions. This reflects better the focus of joint health and social care work to support people to live independently in their own home and prevent avoidable stays in hospital. Wider work on the metrics for the BCF programme will continue in 2021 to 2022 to take into account improvements to data collection and to allow better alignment to national initiatives such as the Ageing Well programme."

3.15 The Policy Framework also advised of the intention to undertake a full planning round in 2021 to 2022, with areas required to formally agree BCF plans and fulfil national accountability requirements. NHS England published the BCF Planning Requirements for 2021-22 on 30 September 2021, including details of the national planning and assurance processes.

3.16 The Planning Requirements from NHS England stipulate that for 2021-22, BCF plans will consist of:

- a narrative plan
- a completed BCF planning template, including:
  - planned expenditure from BCF sources
  - confirmation that national conditions of the fund are met, as well as specific conditions attached to individual funding streams
  - ambitions and plans for performance against BCF national metrics
  - any additional contributions to BCF section 75 agreements.

3.17 Allocations of the CCG minimum have been published alongside the planning document on the NHS England website. This document sets out contributions from CCGs to the BCF overall and also the ringfenced sums for each CCG that must be spent on CCG commissioned out-of-hospital services under National condition 3.

3.18 In view of the timescales, the Better care Fund Plan for Thurrock and associated template are currently being drafted and will be circulated to the Board for comment and then approval no later than 1 November 2021.

4. Reasons for Recommendation

4.1 The Section 75 Agreement must be agreed for the Council to be able to pay providers of services contained within the Better Care Fund. In the absence of guidance for 2021/22, Cabinet have agreed to the Council entering into the Agreement based on the terms set out in the previous Agreement.

4.2 As Thurrock's Better Care Fund Plan will be developed and finalised when Guidance has been received, Cabinet agreed that any final changes are delegated to the Corporate Director of Adults, Health and Housing and the Portfolio Holder for Children and Adult Social Care.

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

5.1 A specific consultation on the establishment of the pooled fund to drive through the integration of health and social care services, as required under the terms of the Health and Social Care Act 2012, was held in September and October 2014.

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

6.1 A key aim of the Better Care Fund is to reduce emergency admissions, which brings within it the potential to invest in services closer to home to prevent, reduce or delay the need for health and social care services or from the deterioration of health conditions requiring intensive health and care services. This will contribute to the priority of 'Improve Health and Wellbeing' and the vision set out within the refreshed Health and Wellbeing Strategy 2016-2021.

6.2 Achieving closer integration and improved outcomes for patients, services users and carers is also seen to be a significant way of managing demand for health and social care services, and so manage financial pressures on both the CCG and the Council.

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**

Finance Manager

The Better Care Fund consists of contributions from the Council and Thurrock CCG and are included in the body of this report. The mandated amount consists of £11.436m from NHS Thurrock CCG. Additional contributions have been confirmed and the value of the pool is £50.804m

The nature of the expenditure is an agreed ring-fenced fund. Financial risk is therefore minimised and governed by the terms set out in the Agreement. Paragraph 3.6 refers.

The Fund will be accounted for in accordance with the relevant legislation and regulations, and the agreement between the Local Authority and CCG.

Financial monitoring arrangements are in place, ensuring that auditing requirements are met, as well as disclosure in the financial statements.

7.2 **Legal**

Implications verified by: **Courage Emovon**

Principal Lawyer / Manager- Contracts & Procurement Team

This report outlines the arrangements for a Better Care Fund Section 75 Agreement between the Council and NHS Thurrock Clinical Commissioning Group. The Council and the NHS Thurrock Clinical Commissioning Group can pursuant to regulations made by the Secretary of State as provided by Sec 75 of the National Health Service Act 2006 enter into prescribed arrangements in relation to the exercise of prescribed functions of NHS bodies and prescribed health related functions of local authorities. This arrangement can include establishment and maintenance of a pooled fund made up of contributions by one or more NHS bodies and one or more local authorities out of which payments may be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body and prescribed health related functions of the local authority. Legal Services is available to provide advice on any specific issues arising from this report.

7.3 **Diversity and Equality**

Implications verified by: **Becky Lee**

Team Manager - Community Development and Equalities

The vision of the Better Care Fund is improved outcomes for patients, service users and carers through the provision of better co-ordinated health and social care services. The commissioning plans developed to realise this vision will be developed with due regard to the equality and diversity considerations.

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

None

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

2021 to 2022 Better Care Fund policy framework, Published 19 August 2021

- Available via the following link: https://www.gov.uk/government/publications/better-care-fund-policy-framework-2021-to-2022/2021-to-2022-better-care-fund-policy-framework

Better Care Fund planning requirements 2021-22, Published 30 September 2021

- Available via the following link: Better Care Fund policy framework: 2021 to 2022 - GOV.UK (www.gov.uk)

9. Appendices to the report

- draft Thurrock s 75 Agreement BCF and HDI 2021
- BCF Annual Governance Statement 2020 21
- Better Care Fund Planning template 2021

Report Author:

Christopher Smith
Programme Manager
Adults, Housing and Health

29 October 2021	**ITEM: 10**
Thurrock Health and Wellbeing Board	
Thurrock Health and Wellbeing Strategy refresh	
Wards and communities affected: All	**Key Decision:** None
Report of: Jo Broadbent, Director of Public Health	
Accountable Director: Ian Wake, Director Adults, Housing & Health	
This report is Public	

Executive Summary

This paper provides an update on progress in refreshing the Health & Wellbeing Strategy (HWBS) for 2021-26. An 8 weeks consultation exercise commenced, as planned, on Wednesday 13 October. The consultation closes on Friday 3 December.

There are a variety of ways that people can get involved and provide their views on proposals for the refreshed Health and Wellbeing Strategy:

Have your say online

- Residents and partners can read our proposals and send us your comments online by going to Have My Say: Thurrock Health & Wellbeing Strategy @ https://consult.thurrock.gov.uk/thurrock-hwb-strategy-refresh

Have your say face-to-face

- The consultation is being supported by Healthwatch Thurrock and Thurrock CVS (Community & Voluntary Services). People from these independent organisations will attend events across the borough and run community sessions to ask what residents what they think about our proposals.

Have your say at a workshop

- If you residents would like to discuss ideas by attending a workshop, we will arrange workshops, subject to demand. Residents can let us know if they would like to attend a workshop with details being provided on the Council's website.

Invitations to community meetings

- If a community forum or community group would like us to attend one of their meetings to discuss the proposals they can express an interest, with details being provided on the Council's website on how to do so.

Materials have been developed to provide a consistent, recognisable approach for raising awareness of the consultation exercise. Branding and a copy of the poster that is being displayed in partner premises are provided at **Annex A.**

A live communication activity grid helps to ensure we capture opportunities to consult with members of the public and partners, while providing a record of communication activity undertaken as part of the consultation exercise. The current communication activity grid is provided at **Annex B.**

Standard text has been created to provide to partners to support a consistent approach to raising awareness of the consultation exercise, provided at **Annex C.**

User focussed questionnaires have been created to facilitate members of the public providing feedback on specific domains and priorities that have been proposed for the refreshed Strategy.

1. Recommendation(s)

1.1 That members note the consultation exercise, consider and propose opportunities to engage the public and interested parties during the consultation period.

2. Introduction and Background

2.1 The HWBS is a whole system plan for health & wellbeing and a means to engage all partners in the wellbeing agenda, co-ordinating strategic thinking of all elements of the council and all system partners to deliver quantifiable gains in health and wellbeing of residents.

2.2 Thurrock agreed its first HWBS in 2013. The second and current HWBS was launched in July 2016 and can be accessed here: https://www.thurrock.gov.uk/strategies/health-and-well-being-strategy

2.3 The Health and Wellbeing Board considered proposals that had been developed and were being refined at its meeting in July, including plans to consult with the wider public.

3. Issues, Options and Analysis of Options

3.1. Preparatory work with system partners and HWBB Chair to date has identified the 6 key influences and suggested that the HWBS needs to:

- Be high level and strategic

- Be highly ambitious and set out genuinely new plans rather than just describe what has already been done
- Provide a clear narrative that drives the work of all aspects of the local authority, NHS and third sector
- Address resident priorities and be co-designed with residents
- Be place and locality based and take a strengths and assets approach, not focused only on deficits or services

3.2. Proposals have been developed based around six areas of people's lives, which we refer to as domains, that impact on people's health and wellbeing.

3.3. An eight week consultation process commenced on Wednesday 13 October and concludes on Friday 3 December 2021.

4. Reasons for Recommendation

4.1. The Health & Wellbeing Board (HWBB) has a collective statutory duty to produce a HWBS. It is one of two highest level strategic documents for the Local Authority and system partners, the other being the Local Plan. The statutory status of the document means that the new Integrated Care System (ICS) must have regard to it when planning their own strategy.

4.1. To alert Health and Wellbeing members to the live consultation exercise on the Health and Wellbeing Strategy refresh and request support to raise awareness of the opportunity for people to get involved.

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

5.1 The consultation material and approach has been considered and informed by a number of key council and partner strategic boards and governance structures.

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

6.1 The HWBS is one of two highest level strategic documents for the Local Authority and system partners, the other being the Local Plan. It is a whole system plan for health & wellbeing and a means to engage all partners in the wellbeing agenda, co-ordinating strategic thinking of all elements of the council and all system partners to deliver quantifiable gains in health and wellbeing of residents.

6.2 In order to support delivery of the Council's Vision, the 6 Domains of the HWBS Strategy each relate to one of the Council's key priorities of People, Place and Prosperity, as outlined in the attached slide set.

7. Implications

7.1 **Financial**

Implications verified by: Implications remain unchanged from previous update

The cost associated with the strategy refresh will be delivered within existing budgets or agreed through existing Council and partner agencies governance finance arrangements.

7.2 **Legal**

Implications verified by: **Implications remain unchanged from those approved in previous update**

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

7.3 **Diversity and Equality**

Implications verified by: **Implications remain unchanged from those approved in previous update**

The aim of the strategy is to improve the health and wellbeing of the population of Thurrock and reduce health and wellbeing inequalities. A community equality impact assessment (CEIA) will underpin the strategy and mitigate the risk of disproportionate negative impact for protected groups. This approach will ensure the strategy itself and implementation supports delivery of the council's equality objectives while maintaining compliance with the Equality Act 2010 and Public Sector Equality Duty.

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

The refreshed Health and Wellbeing Strategy will facilitate crime and disorder priorities that relate specifically to health and wellbeing, further strengthening the relationship between the Health and Wellbeing Board and Community Safety Partnership.

Report Author: Dr Jo Broadbent, Director for Public Health

HEALTH AND WELLBEING STRATEGY 2022 TO 2026

Levelling the playing field in Thurrock

We want to hear your views on
proposals to address health inequality

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HEALTH AND WELLBEING STRATEGY 2022 TO 2026

Levelling the playing field In Thurrock

We want to hear your views on proposals to address health inequality

Take part in our consultation which focuses on six key areas:

- Healthier for Longer (including Mental Health)
- Building Strong and Cohesive Communities
- Person-Led Health and Care
- Opportunity for All
- Housing and the Environment
- Community Safety

thurrock.gov.uk/health-and-well-being-strategy

thurrock.gov.uk/say

thurrock.gov.uk

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Timing					
Day	Date	Time	Aim	Location	Organisation / Body
TBD			Raise awareness		School Infrastructure Group
TBD			Raise awareness		Early Years Group
TBD			Raise awareness		Economic Development & Skills Partnership
TBD					
TBD		Weekly	consultation or complete if time	Front line staff via CLS Talking Shops	Thurrock Council
Monday	11-Oct-21	7pm	Raise Awareness	Virtual	Council Conservative Group
Tuesday	12-Oct-21				
Wednesday	13-Oct-21				
Thursday	14-Oct-21				
Friday	15-Oct-21				
Saturday	16-Oct-21				

Sunday	17-Oct-21				
Monday	18-Oct-21				
Tuesday	19-Oct-21	1pm	Awareness Raising	Online	CCG primary care meeting
Wednesday	20-Oct-21	4.30pm	Awareness Raising	Online/Corringham	Thurrock Diversity Network
			Awareness Raising	Online	Mental Health Transformation Network
Thursday	21-Oct-21				
Friday	22-Oct-21				
Saturday	23-Oct-21				
Sunday	24-Oct-21				
Monday	25-Oct-21		Raise Awareness	Virtual	Council Labour Group
Tuesday	26-Oct-21				
Wednesday	27-Oct-21				
Thursday	28-Oct-21				
Friday	29-Oct-21		Raise awareness	In person	Health and Wellbeing Board
Saturday	30-Oct-21				
Sunday	31-Oct-21				
Monday	01-Nov-21				
Tuesday	02-Nov-21				
Wednesday	03-Nov-21				
Thursday	04-Nov-21		Awaneness Raising	Civic Offices (possibly virtually)	Health and Wellbeing Overview and Scrutiny Committee
Friday	05-Nov-21				
Saturday	06-Nov-21				
Sunday	07-Nov-21				
Monday	08-Nov-21	11-12:30	Feedback	MS Teams	Brighter Futures Children's Partnership - Child Health Group
			Feedback	Online	Clinical Engagement Group
Tuesday	09-Nov-21	2-3:30pm	Engagement	TBD	Development and Skills Partnership
Wednesday	10-Nov-21				
Thursday	11-Nov-21	3-8pm	Engagement	Avely Event	Organised by Place Directorate as part of local plan consultation
Friday	12-Nov-21				
Saturday	13-Nov-21				
Sunday	14-Nov-21				
Monday	15-Nov-21				
Tuesday	16-Nov-21		Awareness Raising	Beehive	Commissioning Reference Grup

Wednesday	17-Nov-21	2-3:30pm	Feedback	MS Teams	Brighter Futures Children's Partnership Board
Thursday	18-Nov-21				
Friday	19-Nov-21				
Saturday	20-Nov-21				
Sunday	21-Nov-21				
Monday	22-Nov-21				
Tuesday	23-Nov-21				
			Awareness Raising	Civic Offices	Full Council
Wednesday	24-Nov-21	2-4pm	Awareness Raising	TBD	Thurrock Business Board
Thursday	25-Nov-21				
Friday	26-Nov-21				
Saturday	27-Nov-21				
Sunday	28-Nov-21				
Monday	29-Nov-21				
Tuesday	30-Nov-21				
Wednesday	01-Dec-21		Awareness Raising	Civic Officers	Children's Overview and Scrutiny Committee
Thursday	02-Dec-21				
Friday	03-Dec-21				
	04-Dec-21				

Face to Face Engagement				
Target Audience	Strategy Refresh Lead	Person attending the event / engagement	Attendees	Public Event? Can people register
	Jo Broadbent			No
	Jo Broadbent			No
	Jo Broadbent			No
Public - with interest in ASC	Ceri		Public	Shop Sessions - open events
Elected members from Conservative Group	Jo Broadbent	Jo Broadbent	Private	No

Practice Managers/GPs	Louise Banks / Darren Kristiansen	Darren Kristiansen	PMs/GPs	No
Diverse groups			Thurrock Coalition	No
Mental Health Practitioners	Maria Payne	Maria Payne	Professionals	No
Elected members from Labour Group	Jo Broadbent		Private	No
Strategic Partners	Jo Broadbent	Jo Broadbent	Elected members and professionals	Yes
Elected members	Jo Broadbent		N/A	People can attend but cannot contribute
Council and Health staff (partners)	? Beth (as in I will be at the meeting)		Brighter Futures Children's partnership responsible for delivery of SP2 (Access to health care)	No
GP/Practice staff	?		GP's in Thurrock	No
Training and Skills providers				No
Aveley residents	Darren Kristiansen	Darren Kristiansen		Yes
Public and PPG leads			Members of the CRG	People can request to attend if not a member

Council, Health and Education Partners	?Jo Broadbent		Brighter Futures Children's partnership Board	No
Elected members	Jo Broadbent		N/A	People can attend but cannot contribute
Business Leaders across Thurrock				No
Elected members	Jo Broadbent		N/A	People can attend but not contribute

Consultation closes

Workshop engagement style or presentation	Progress / Notes
Presentation	Michele Lucas to provide dates
Presentation	Michele Lucas to provide dates
Presentation	Jacqueline Bradley from Thurrock Adult Community College to provide dates
Presentation	**Completed.**

	Completed. Agreed to send GPs copies of posters and documents to complete. Louise Banks also sending GPs information for use on social media
Tammy is the lead	
	Organised via Levi Sinden
Presentation	
Presentation	
Either	Suggested by Beth Capps. The meeting will be chaired by the new AD of Public Health and interim either Beth C or Clare Moore
Presentation	Suggested by Louise Banks
TBD	Suggested by Stephen Taylor. Chair is Neil Woodbridge (TLS)
Market Stall type event	Contact in Place Directorate Paul Sallin. Darren taking forward
Presentation	Suggested by Louise Banks

Either	Suggested by Beth Capps, meeting chaired by Sheila Murphy, attendees will include the new AD Public Health currently out to advert.
	Sugggested by Stephen Taylor, Emma McCulloch organises meetings. Attendance would need to be agreed with the Chair

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HEALTH AND WELLBEING STRATEGY 2022 TO 2026

Levelling the playing field in Thurrock

We want to hear your views on proposals to address health inequality

Thurrock Health and Wellbeing Strategy
The consultation exercise is now live – your opportunity to get involved

Health and Wellbeing affects everyone. Thurrock's Health and Wellbeing Strategy is being refreshed and proposals have been developed which reflect six areas of people's lives that impact on their health and wellbeing.

By taking part in our consultation exercise, you can have your say on Thurrock's health priorities for the next 5 years. There are several ways you can get involved:

- **Have your say online** through the Council's online consultation portal
- **Face to face through engagement opportunities** being provided by the independent Healthwatch Thurrock and Thurrock CVS who will be attending events across the borough during the consultation period.
- **Have your say workshops** which will be organised and provide opportunities for the public and partners to discuss and provide feedback on the proposals. These will be set up subject to demand
- **Inviting us to your existing meetings**. People who are members of existing forums or groups can express an interest in attendance at your event to discuss provide feedback on the proposals

Further information is available on the Council's website at www.thurrock.gov.uk/health-and-well-being-strategy

The consultation closes at **midnight, Friday 3 December 2021**.

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