

Health and Wellbeing Strategy Action Plan

Goal: C – Better emotional Health and Wellbeing

OBJECTIVE: C3 – Reduce Social Isolation and Loneliness		OBJECTIVE LEAD: Les Billingham			
Action	Outcome	Action lead	Link to outcome framework	Delivery Date	Reference to existing strategy or plan
<p>A. Develop Living Well @ Home Programme</p> <p>Pilot Programme to inform its development prior to rollout across Thurrock Pilot evaluation to include the extent to which the new service provides a more holistic approach to supporting people at home including signposting to key services such as housing, primary care and community support.</p>	<p>Increase in the proportion of the public can remain at home without the need for more <i>intensive</i> care.</p> <p>Living Well @ Home will enable people to establish local neighbourhood connections, enabling continued independence</p>	Michelle Taylor	2	Pilot commences in November 2016	
<p>B. Increase time banking initiative by 10%</p> <p>[Cross referenced with Action Plan B3]</p>	Increasing the number of time-banks will help to stimulate volunteering and reduce isolation experienced by service users	Natalie Warren	2/3	April 2017	
<p>C. Continue to support the Local Area Coordination Programme and review Key Performance Indicators</p>	The LAC programme has been since April 2014 and has produced clear evidence of impact in terms of preventing, avoiding and delaying the need for care. Supporting and developing the programme will enable this positive impact to become embedded within the whole system and expand its coverage.	Les Billingham	1	Ongoing	

D. Retender of Carers advice, support and guidance contact	Reach and greater number of carers across Thurrock and improve outcomes. The new contract will help to ensure that support for carers is available across the borough, providing an equitable service for the residents of Thurrock who assume caring responsibilities	Catherine Wilson	2 / 3	New contract in place for 1 February 2017	
E. Active Choices Framework Development (previously Day Opportunities)	Development of an accredited Framework to provide more choice of activities and support a available across Thurrock.	Kelly Jenkins	2 / 3	Pilot exercise to commence on 1 April 17	
F. Peer to Peer Mentoring Project for people experiencing mental health challenges	Providing people with peer to peer support. Creation of networking opportunities and contributing towards reducing loneliness and isolation.	Thurrock CCG – Kelly Redston	2 / 3	Outcome report setting out early evaluation of the project to be available by November 2016	
G. Social Prescribing Pilot	To enable GPs to prescribe social interventions as appropriate in addition to medical interventions that GPs can currently prescribe	Kristina Jackson	2 / 3	18 months pilot exercise	
H. Introducing screening for depression for people aged 65+	Training to be provided to social workers to enable them to screen people aged 65+ for depression enabling people to be referred to the most appropriate service at the earliest opportunity.		2 / 3	To be confirmed	

Outcome Framework

Objective	C3: Reduce social isolation and loneliness.					
Indicators	2016 Baseline	2017	2018	2019	2020	2021 Target
<p>Outcome Framework indicator 1 Number of people who are supported by a Local Area Coordinator.</p> <p>This is the number of people recorded by Thurrock Council as being in receipt of support from a Local Area Coordinator.</p> <p>Local Area Coordinators are based in their communities and their role is to help people, who may be isolated or excluded due to disability, mental health needs, age/frailty, to re-connect with their communities. They focus on helping to reduce isolation and offering earlier support to those who otherwise may end up requiring statutory support.</p>	558 (Jan - Dec 2015)	576	595	613	632	650
<p>Outcome Framework indicator 2 % of people whose self-reported wellbeing happiness score is low.</p> <p>This indicator quantifies the proportion of adults who rated their happiness as of the preceding day to have a score of 4 or below (maximum = 10) in the Annual Population Survey.</p> <p>Perceived poor wellbeing has been linked to depression and suicide risk. This is also an indicator on the Public Health Outcomes Framework.</p>	10.7% (2014/15)	10.16 %	9.62%	9.08%	8.54%	8.0%
<p>Outcome Framework indicator 3 The directly standardised average health status (EQ-5D) for individuals reporting that they are carers.</p> <p>This indicator quantifies the directly standardised average health status score for those who report that they are carers from their responses to the annual GP Patient Survey. The health status is derived from the responses to question 34 of the GP Patient Survey, which asks respondents to describe their health status using the five dimensions of the EuroQol 5D (EQ-5D™) survey instrument: Mobility, Self-care, Usual activities, Pain/discomfort, Anxiety/depression. People who are carers may have a lower quality of life than those who are not, and those that care for more hours may have a lower quality of life than those who care for fewer hours.</p> <p>This is also an indicator on the CCG Outcomes Framework.</p>	0.798 (2014/15)	0.799	0.8	0.802	0.803	[0.804 was the national average in 2014/15]