

Thurrock Health and Wellbeing Strategy

2016 - 2021

Annual Report 2017 - 2018

Adding years to life and life to years

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Foreword



Cllr James Halden
Chair of Thurrock Health and Wellbeing Board

I am pleased to welcome you to Thurrock Health and Wellbeing Board's 2017-18 annual report. The five year Health and Wellbeing Strategy was launched in July 2016 and is the result of a genuine partnership approach, driven forward by the Health and Wellbeing Board.

I have been Chair of Thurrock's Health and Wellbeing Board since 2016 and it's my strong belief that the Board and Health and Wellbeing Strategy's primary purpose is to improve health and wellbeing outcomes for the people of Thurrock.

The Health and Wellbeing Strategy is informed by evidence and ensures action is taken on the wider determinants of health and wellbeing including housing, employment and the local environment. That is why our Strategy identifies five strategic goals that focus on the areas within which we can make the most difference to the health and wellbeing of Thurrock's people.

We remain committed to striving towards our goal of making sure that people remain healthier for longer, can remain in their own homes and in their own communities for as long as possible.

The Health and Wellbeing Strategy demonstrates that our joined up, coordinated approach for designing and delivering services is making a difference to people's lives, as shown throughout this report, which:

- Summarises some of the wider work of the Health and Wellbeing Board, holding partners to account and overseeing the development of new ways of working;
- Describes the range of strategic partners who are members of the Health and Wellbeing Board;
- Sets out our jointly agreed vision and key principles for improving health and wellbeing;
- Provides a snapshot of the Strategy's five strategic goals and explains why they have been prioritised;
- Explains some of the key strategies and programmes that support the Strategy
- Outlines key achievements for the second year of the Strategy; and
- Demonstrates performance against our targets.



Cllr James Halden
Portfolio Holder Education and Health
Health and Wellbeing Board Chair



Health and Social
Care Act 2012

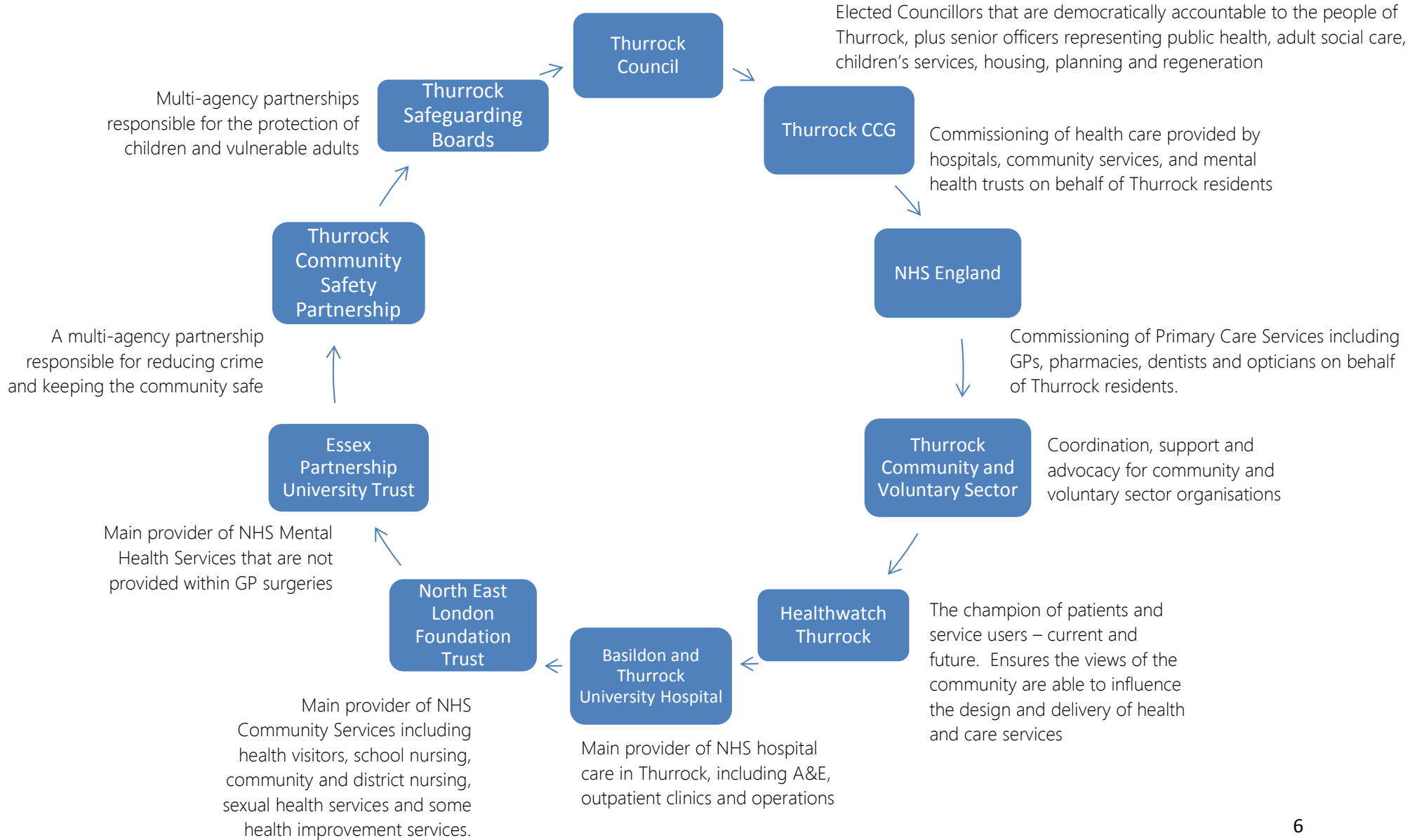
Thurrock Health and Wellbeing Board

Who we are and what we do

Background and why Thurrock established its Health and Wellbeing Board

1. Section 194 of the Health and Social Care Act 2012 requires Thurrock Council to establish a Health and Wellbeing Board. The Health and Wellbeing Board is the primary partnership body in Thurrock responsible for informing policies and programmes established to improve health and wellbeing outcomes for the people of Thurrock. The Board's membership comprises Elected Councillors and key strategic partners, as described on page 6.
2. The Health and Wellbeing Board identifies and joins up areas of commissioning across the NHS, Social Care, Public Health and other services directly related to health and wellbeing; signs off key commissioning plans, strategy and policy related to health and wellbeing; and oversees the ongoing development and refresh of the Joint Strategic Needs Assessment.
3. Thurrock's Health and Wellbeing Board are also responsible for developing and overseeing the implementation of Thurrock Health and Wellbeing Strategy, upon which this annual report is focussed.
4. The Health and Wellbeing Board is supported by a **Health and Wellbeing Board Executive Committee** comprising senior officers representing the council and key partners. The Health and Wellbeing Board has four sub-groups:
 - **The Housing and Planning Advisory Group (HPAG)**. As a sub-group of the Board HPAG influences plans for the built environment and the potential impact of those plans on health and wellbeing of the population of Thurrock. It does this by looking at significant development plans (major) at the earliest possible stage to enable full consideration to be provided to the potential impact of new developments on people's health and wellbeing.
 - The **Integrated Commissioning Executive (ICE)** is a decision making body responsible overseeing the delivery of the Better Care Fund Plan, and the wider health and wellbeing transformation agenda in Thurrock. The ICE meets monthly and minutes are a standing item at Health and Wellbeing Board meetings.
 - **Thurrock Integrated Care Alliance** comprises different organisations from the health and care system who work together to improve the health of their local population by integrating services and tackling the causes of ill health.
 - The **Health and Wellbeing Engagement Advisory Group**. Aims to ensure that the health and care system is responsive to meeting the needs of Thurrock's population and that that residents have the opportunity to engage with, influence and shape that system.

Thurrock Health and Wellbeing Board – Our members



Thurrock's Health and Wellbeing Board

Vision and Principles

Thurrock Health and Wellbeing Board Vision

Add years to life and life to years

5. The Health and Wellbeing Board's vision and the work of the Board is guided by a set of key principles:

Reducing inequality in health and wellbeing

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

Prevention is better than cure

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

Empowering people and communities

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

Connected services

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

Our commitments will be delivered

We will ensure that commitments are delivered and all partners are accountable.

Continually improving service delivery

We will not settle for poor levels of service, continually striving to improve the planning and delivery of local services, ensuring that they meet the needs of the people of Thurrock.

Continuing to establish clear links between health and education services, improving accessibility for all

We will make sure that clear links continue to be established between health and education services, improving accessibility.



Thurrock Health and Wellbeing Board Work over the year

6. The Board meets bi-monthly. The Health and Wellbeing Board has considered more than 37 separate agenda items between the periods of July 2017 and June 2018. This has involved members of the Board reading over 1000 sheets of paper.
7. In addition to considering specific Health and Wellbeing Strategy programmes and policies over the last year the Health and Wellbeing Board has also informed, approved or noted:

Thurrock’s Better Care Fund for 2017-19 which comprises almost £40million of pooled resources from Thurrock Council and Clinical Commissioning Group. The Better Care Fund is overseen by the Integrated Commissioning Executive, a sub group of the Health and Wellbeing Board.

Annual Public Health Report which is a report by the Director of Public Health on people’s health in Thurrock.

Mid and South Essex Sustainability and Transformation Partnership (STP) which has developed plans setting out practical ways to improve NHS services and health outcomes. This is a standing item on the Health and Wellbeing Board’s agenda, which has enabled the Board to help ensure that the STP consultation exercise was meaningful and accessible, providing Thurrock residents with opportunities to engage and provide their views on STP proposals.

The **Creation of the Thurrock Integrated Care Alliance** which comprises different organisations from the health and care system work together to improve the health of their local population by integrating services and tackling the causes of ill health. It marks a shift away from policies that have encouraged competition towards an approach that relies on collaboration between the different organisations delivering care – such as hospitals, GPs, community services, mental health services and social care – and the organisations paying for it.

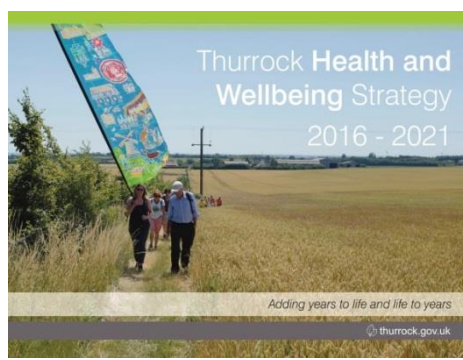
Transforming Care Programme which sets out how the national service model for people with learning disabilities and/or autism that display challenging behaviours will be implemented locally.

Joint Strategic Needs Assessments (JSNA) on

- **Whole systems obesity** which included recommendations to shift from treating the individual to promoting small lifestyle changes at population level; considering options around restricting the proliferation of fast food outlets in Thurrock; ensuring the nutritional quality of food in early years settings and schools remains high; improving the quality and quantity of local transport and leisure, green spaces and pitch and play provision and; giving greater strategic focus to physical activity.
- **Adult mental health and children's mental health** which provide evidence based studies of common mental health disorders in adults and children

Pharmaceutical Needs Assessment which provides a comprehensive report on the needs for and provision of pharmaceutical services (as defined by legislation) in Thurrock. It will be used by NHS England to decide upon applications to open new pharmacies, change hours, relocate existing pharmacies or merge pharmacies, and will inform commissioners regarding the commissioning of pharmaceutical services. As part of ensuring that the Health and Wellbeing Board adheres to legislative requirements it will now make representations to NHS England when an application to consolidate local pharmacies is received.

Southend, Essex and Thurrock Dementia Strategy 2017 – 2021 which identifies nine priorities that are focused on improving the lived experience of those with dementia and their families and carers by addressing the fragmentation of response and the lack of understanding of dementia. Health and Wellbeing Board members agreed to the development of a local Thurrock implementation plan to deliver the Dementia Strategy in Thurrock which was presented to the Board and approved in June.



Thurrock Health and Wellbeing Strategy Summary

8. We want Thurrock to be a place where people live long lives which are full of opportunity, allowing everyone to achieve their potential. To achieve this, we have developed a Health and Wellbeing Strategy, which we launched in July 2016.
9. The Strategy comprises five strategic goals, which we are all committed to achieving. The goals are ambitious and require a lot of hard work from Thurrock Council, the NHS, voluntary organisations and communities themselves. We believe that by working together we can achieve these goals and make a real difference with and for the people of Thurrock.
10. To clearly define each of the Health and Wellbeing strategic goals and to ensure that action taken by the Council and partners focusses on the right areas, each of them are supported by four key objectives as set out on page 12.
11. The Strategy is a live document that is organic and regularly refreshed, ensuring it focusses on the areas that matter most. This is the second annual report that sets out progress made against delivering Strategy's Goals.

Delivering the Strategy

12. We previously reported that lead officials had been identified across partner organisations to drive forward the development of action plans for all of the Strategy's objectives. Following a review of the way in which we monitor progress of actions required to support the achievement of Strategy outcomes we recognised that much of the information contained in action plans was recorded elsewhere.
13. The new review processes aim to capture key strategies, programmes and actions being taken to improve health and wellbeing outcomes for the population of Thurrock, avoiding unnecessary duplication. Links to further information about strategies and programmes highlighted throughout this report are provided at **Appendix B**.

How we will know if the Health and Wellbeing Strategy is working

14. We want to be clear about whether or not our Strategy is working and to hold each other to account for achieving its goals. That's why we have developed an Outcomes Framework which comprises a suite of Key Performance Indicators (KPIs), providing measurable, stretching but achievable targets and trajectories for what we expect to achieve over the next three years. When considering the KPIs it is helpful to note that

some have a time lag due to different data collection arrangements. This means that on some occasions reporting against the target for a specific year will be using data from previous years – i.e. 2017 targets may utilise data from earlier years such as 2015. This is because action taken today will not always deliver immediate outcomes. For example, if gym equipment is provided in a community environment it will be some time before health improvements for the local population can be seen or measured.

15. Over the course of the Strategy some of the KPI's have been amended to reflect national policy changes and amendments made to the Health and Wellbeing Strategy Objectives. In some cases KPIs did not measure improved outcomes, so they have been abolished. The full list of KPIs is provided at **Appendix A**. How we have delivered against them is reported throughout this document.

Thurrock Health and Wellbeing Strategy – Goals and Objectives

GOALS →	1 OPPORTUNITY FOR ALL	2 HEALTHIER FOR LONGER	3 BETTER EMOTIONAL HEALTH AND WELLBEING	4 QUALITY CARE CENTRED AROUND THE PERSON	5 HEALTHIER FOR LONGER
Objectives	1A All children in Thurrock making good educational progress	2A. Create Spaces that make it easy to exercise and be active. Amended from: Create outdoor places that make it easy to exercise and to be active	3A. Give parents the support they need	4A. Create four integrated healthy living centres	5A. Reduce obesity
	1B More Thurrock residents in employment, education or training	2B. Develop homes that keep people well and independent	3B. Improve children’s emotional health and wellbeing	4B. When services are required, they are organised around the individual	5B. Reduce the proportion of people who smoke
	1C Fewer teenage pregnancies	2C. Build strong, well-connected communities	3C. Reduce social isolation and loneliness	4C. Put people in control of their own care	5C. Significantly improve the identification and management of long term conditions
	1D Fewer children and adults in poverty	2D. Improve air quality in Thurrock	3D: Improve the Identification and treatment of mental ill-health, particularly in high risk groups. Amended from: Improve the identification and treatment of depression, particularly in high risk groups	4D. Provide high quality GP and hospital care to Thurrock	5D. Prevent and treat cancer better

The Health and Wellbeing Strategy

Goals in Focus

16. The remainder of this document describes each of the Health and Wellbeing Strategy Goals, sets out some of the key policies and actions that help to achieve them and demonstrates progress we have made with improving health and wellbeing outcomes for the population of Thurrock.

GOAL ONE – OPPORTUNITY FOR ALL



We want to achieve better educated children and residents who can access employment opportunities

The following four objectives have been identified as part of defining this goal and describing what achieving it will look like:

- Objective 1A. All children in Thurrock making good educational progress
- Objective 1B. More Thurrock residents in employment, education and training
- Objective 1C. There will be fewer teenage pregnancies
- Objective 1D. Fewer children and adults will live in poverty

Why this goal is a key element of the Health and Wellbeing Strategy

'Disadvantage starts before birth and accumulates throughout life'

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

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

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



Objective1A - All Children in Thurrock making good educational progress

Key Strategies and actions for achieving this objective

17. To make sure there are enough school places available in the borough the council uses school admissions information to make pupil forecasts, and align pupil places with demand. Where more capacity is needed, it is provided by either adding places to existing schools or opening new schools. Further information is available in our **Pupil Place Plan 2017-2021**.
18. Another key strategic document for ensuring that children in Thurrock are making good educational progress is the **Plan on a Page**, which has 5 main priorities:
- I. **Improve pupil attainment and progress** so that all Thurrock educational provision is good to outstanding. Differences between disadvantaged pupils and all other pupils nationally are diminished. Ensure that every child, including the most able, receive the support they need to reach their full potential.
 - II. As part of the **Recruitment & Retention Strategy**, ensure high quality leadership, teaching and learning in all schools, colleges and settings, including the six planned new free schools and new Alternative Provision (AP) for primary pupils across the borough.
 - III. As part of the Health & Wellbeing Strategy **ensure Safeguarding, Personal Development, Health & Wellbeing, including mental health services, are improved** in order to better meet the needs of all children and young people in Thurrock.
 - IV. Produce a meaningful **SEND strategy and action plan**; ensuring value for money and improved outcomes for some of our most vulnerable and disadvantaged pupils. Developing appropriate alternative provision, where possible, in the borough.
 - V. Working with a range of partners, continue to develop our **cultural entitlement** within a high quality curriculum - to include culture, music, sport and work experience
19. To achieve the plan on a page priorities all schools and the council will:
- Increase the pace of improvement and accelerate progress especially in English, mathematics and science whilst maximising the unique benefits of working in partnership with the Royal Opera House and other outstanding external cultural partners to ensure our pupils have a rich and varied curriculum that meets the needs of all pupils
 - Reduce exclusions; improve attendance; reduce differences in progress and attainment in pupils with the same starting points
 - Develop the primary hub and Alternative Provision with the hub at East Tilbury Primary and satellite centres across the borough, and implement the new primary Fair Access procedures

- Work with the three teaching schools to develop more effective use of best practice within the borough, promoting school to school support and building on the good practice.
- Develop a range of high quality employment, apprenticeships and training opportunities supported by settings, schools, academies, higher educational establishments and local business to ensure no one is NEET.
- Recruit high quality teaching staff through the 'Teaching in Thurrock' website, attend university recruitment fairs, develop a key worker scheme, seek to reduce workforce workload with clear focus on CYP and staff being at the heart of all that we do.
- In partnership with colleagues from health, deliver the new Health & Wellbeing Strategy with a specific focus on CYP mental health.

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

20. The Plan on a Page was developed with Head Teachers, Principals and Governors to ensure all schools and stakeholders were working towards the same vision and outcomes. All schools are committed to ensuring children achieve the best outcomes and the **majority of our schools (94%) are judged by Ofsted to be good or outstanding.**
21. For the second year in a row, **94% of primary children in Thurrock have been offered a place at their preferred primary school.** This evidences that our Pupil Place Planning strategy is delivering school places where they are most wanted and needed.
22. Recruitment of teaching staff is a national challenge. Thurrock's proximity to London increases the difficulties we have in the recruitment of teaching staff. To address the council has worked with the Teaching School Alliance and established a **website to support teacher recruitment.** *Teaching in Thurrock* recruits and trains excellent teachers at all levels to continue our ambitious education plans and ensure future success for our schools and children. It sets out why Thurrock is an exciting place to build a teaching career and contains details of all current teaching jobs and vacancies. The aim of the website is to recruit and develop high quality teachers to ensure our schools continue to improve and to ensure the best possible outcomes for the children in our care.
23. In May 2016, the Careers and Enterprise Company was introduced to Thurrock secondary schools. An Enterprise Advisor Network comprising local business leaders has been recruited, trained and maintained to **support schools to develop a whole school enterprise strategy (year 7-13), share their network of business contacts to improve students' readiness for employment** and support schools to select careers activities that provide significant, positive impact. To date, **10 of 13 schools have joined the network** and are actively working with their business leader to implement improvements.
24. A **children's mental health summit took place in May 2018.** Stakeholders began mapping dynamic services and preparing a vision for residents. School staff were pleased to be able to meet a range of professionals and to discover what other services are available locally to support children and young people's mental health and wellbeing, as well as discovering more about what they could do in school.

Progress against our targets

25. 2017 validated data shows that;

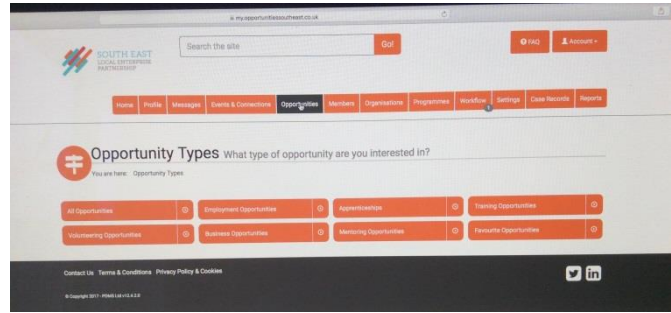
- **76% of children achieved a good level of development at the end of the Early Years Foundation Stage**, exceeding the trajectory target of 73% and the national average of 71%.
- **62% of children are achieved the national standard in Reading, Writing and Maths at the end of Key Stage 2**, exceeding the trajectory target of 57%, consistent with the national average of 61%.
- **Progress in reading, writing and maths was broadly in line or better than the national average** for children at the end of Key Stage 2.
- There is a **17 percentage point gap between pupil premium children achieving a Good Level of Development and others at end of Early Years Foundation Stage**. While we did not meet our target of 11.76% for 2017. However, our performance is in line with the national average of 18%.

26. The Health and Wellbeing Board agreed two new KPI's in November 2017:

- **Latest results show that 38% of Thurrock pupils at KS4 achieved combined level 5 in English and Maths** – combined level 4 was not reported on nationally or locally in 2017. This compares to 43% of pupils achieving the combined level 4 nationally. The target should therefore be set for pupils in Thurrock to achieve in line with national percentages.
- **The average Progress 8 score in 2017 was +0.03, compared to -0.03 nationally**. Targets need to be set that are challenging and aspirational and based on prior attainment.



Jobs@Opportunity Thurrock Facebook page



Opportunities South East website

Objective 1B – More Thurrock residents in employment education or training

Key Strategies and actions for achieving this objective

27. Inspire is working alongside an extensive range of partners and agencies to collaboratively and coherently reduce unemployment. The Council's **local skills strategy** is aligned with other relevant local, regional and national strategies to enable residents to develop the right skills for the rapidly changing world of work.
 - The Council has introduced **Jobs@OpportunityThurrock** to raise the visibility of live vacancies within local communities. Members of the Economic Development and Skills Partnership are developing plans to increase take up.
 - The **Youth Employment Initiative, OnTrack Thurrock**, provides targeted support to young people and adults on how to access employment opportunities.
28. Local community, voluntary and faith sector organisations are currently in receipt of grant funding that is jointly provided by Thurrock Council and Thurrock Clinical Commissioning Group to give **education, volunteering and training opportunities for people with a learning disability**.

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

29. **Opportunities South East** has been introduced providing a platform designed to de-clutter the vast range of offers and services available to residents in Thurrock. Jobs that are advertised on Jobs@OpportunityThurrock are automatically shared to this website too.
30. The council's **joint housing pilot, created to reduce unstable accommodation for young people already in employment or education, has benefited 9 people so far**. The programme is working towards the modification of 2-4 further properties 2018-2019. This will provide accommodation for up to 12 more young people.
31. The council has **increased the wages, paid to our apprentices**, to National Minimum Wage from day one of employment, making the council an employer of choice whilst improving the income of new staff working in public services.

Progress against our targets

32. Validated data for March 2018 shows:

- **2.1% of 16/17 year olds are not in employment, education or training, achieving the trajectory target of 5%.** This data is based on 16/17 year olds and therefore considerably exceeds the trajectory target that was set for 16-19 year olds.
- **The number of residents claiming Universal Credit is 2185 (2.1%), which is identical to UK percentage.** Under Universal Credit a broader span of claimants are required to look for work than under Jobseeker's Allowance. As Universal Credit Full Service is rolled out in particular areas, the number of people recorded as being on the Claimant Count is therefore likely to rise.

More Thurrock residents in employment education or training

People Stories - Thurrock OnTrack

When Ed joined OnTrack he was unemployed and living at home. He found his situation very hard, he wanted a regular income and to move out from home and poverty. He realized he needed help. "I was at a point in my life when I didn't know how to move forward – I had no plan. My confidence was low and this really does prevent you from achieving what you want to do. It's a massive barrier."

He started the OnTrack programme to get the support he needed. He had an idea of what he wanted to do as he had previously worked with young carers and loved it. "I wanted to get a full-time job doing something I loved which is working with families and young people. I needed more experience."

The programme offered him lots of advice and guidance and he was offered a volunteering role supporting other learners at the Inspire Hub. "I helped to support unemployed young people in lessons to ensure they understood the information on the programme. OnTrack really helped him as it gave him experience; he developed his communication skills which was essential to his career goals. He worked with learners and improved his skills at supporting them. He has since gone on to support OnTrack clients with their own employability skills and he is starting his own career as an Employability Tutor.

"I am working with families with low incomes in Grays where I started, so I have come full circle. I have a new group and I'm delivering the support to young people helping them to achieve their work goals and to get on in life." Ed has ambition and he wants to continue to develop himself and teach other subjects and gain more qualifications. "The programme has given me the tools to achieve some of my dreams. It has inspired me to continue to develop and never give up. Because if it I have my own place and a job I love



Awards at Thurrock Next Top Boss

Objective 1C – There will be fewer teenage pregnancies

Key Strategies and actions for achieving this objective

33. There is a comprehensive Teenage Pregnancy Strategy in place and includes a variety of actions which aim to support the reduction of teenage pregnancies:
- Public Health commission a Sexual Health Service provider (Provide, formerly NELFT) who **support the delivery of Relationships and Sex Education (RSE) in schools**. They do this by offering a comprehensive training programme for school staff. Provide also deliver a variety of assemblies, drop-ins and outreach sessions for students in schools and colleges.
 - Public Health has **increased accessibility of sexual health and contraception clinics through a dedicated young person's clinic** with options for both booked appointments and drop-in sessions.
 - Teenage pregnancy reduction cannot be achieved by the sexual health service alone and requires partnership working. A **sexual health stakeholder group meets quarterly to discuss sexual health in Thurrock**, of which teenage pregnancy plays a key part.
 - Thurrock Careers **deliver individualised and targeted career support to increase participation in employment, education and training** in partnership with the Family Information Service (FIS), WISHES, School Nurses, Children's Centres and youth hostels. They also **deliver the Inspirational Agenda programme to secondary school students, which aim to raise aspirations of girls to progress into a rewarding career**. There is a particular focus on harder to reach areas with generation issues of teenage pregnancies.

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)







34. Public Health participated in the **Thurrock's Next Top Boss programme** and set Gable Hall students the challenge of designing and producing a video that aims to raise awareness of sexual health services in Thurrock, reduce associated stigma and raise awareness of issues such as pornography, sexting and consent. The entry was awarded runner up in the programme, as demonstrated in the photograph. The video was rolled out and launched at an event held at Gable Hall School in May. An evaluation plan for the video is currently being developed.
35. A successful procurement process was undertaken with **a new provider, Provide Community Interest Company, which started on 1st April 2018**. There are key requirements for Provide to deliver RSE in schools and/or train up the workforce who will be delivering RSE. The new service will also provide greater accessibility to contraception e.g. running the C-Card condom distribution scheme and clinics that

are accessible to young people. The website can be viewed at <https://www.thurrocksexualhealthservice.org.uk/>. Provide will also be working with their specialist sexual health charitable partner Brook in order to integrate their expertise in delivering targeted services to under 25 year olds. The service will implement Brook's RSE training and support professionals to deliver this. RSE will be integrated into the service to support reduction in teenage pregnancy, STI rates and increase resilience in response to Child Sexual Exploitation (CSE) for those in and out of mainstream education. This offer will be rolled out to schools in autumn 2018.

36. Public Health attended the Headteachers Forum in September 2017 to communicate and discuss the upcoming changes to the RSE legislation. The responses were positive and **schools are keen to receive support from the Sexual Health Service in order to deliver high quality RSE to students**. Schools agreed in principle and were keen to receive sexual health training from Provide.
37. Public Health also delivered against a previous commitment and **established a sexual health stakeholder group**. Over the past 12 months three stakeholder meetings have been held. The meetings bring together key stakeholders that work together to improve sexual health and wellbeing outcomes in Thurrock. The group meets quarterly and shares best practice, knowledge and intelligence.
38. In November 2017 Public Health wrote to all Thurrock secondary schools in conjunction with Children's Services with an offer of a **programme developed specifically for teenage boys aimed at reducing teenage pregnancies**. This programme was developed as a result of engagement with young people where they identified difficulties relating to sexual health information as they felt it was tailored more to females. Unfortunately no schools accepted this offer, mainly due to lack of time and competing priorities. It is hoped that schools will take up the offer of support from the sexual health service in 2018/19 with the upcoming legislation whereby RSE will be mandatory in all secondary schools from September 2019.

Progress against our targets

- Conception data is provided by the Office of National Statistics (ONS). The Thurrock Council Teenage Pregnancy Strategy set an ambition to reduce the number of under 18 conceptions year on year with the aim to achieve fewer than 20 conceptions per 1,000 females by 2021.
- **The under 18 conception rate in Thurrock continues to decline year on year and 2018 target for 2016 conceptions (23.2 per 1,000) was achieved.** The 2016 under 18 conception rate in Thurrock was 18.4 per 1,000 females aged 15-17 years, lower than the 2016 England rate of 18.8. **This rate is equivalent to 54 conceptions locally, of which 64.8% resulted in abortions.** This is **higher than the England abortion rate** of 51.8%, indicating there is **more work to be done** in preventing unwanted conceptions. It is to be noted that the significant reduction in conception rates between 2015 and 2016 was also partially attributable to the recent publication of ONS revised population statistics. This will be reviewed further in the upcoming refresh of the Teenage Pregnancy Strategy.

 <p>6.8% of Thurrock households experienced fuel poverty in 2015, which is below the national average.</p>	 <p>879 category 1 and 2 housing hazards were removed from 470 homes through the Well Homes programme in 2016/17.</p>
 <p>7.0 per 1,000 households in Thurrock had a decision made on their homelessness application in 2015/16, which is significantly above the national average of 5.0 per 1,000 households.</p>	 <p>1,947 Thurrock residents received support from Citizens Advice Thurrock in 2016/17.</p>
 <p>In Thurrock, the median house price is 9.32 times more than the gross annual salary, which makes housing less affordable than the national average (7.91 times the gross annual salary).</p>	 <p>Thurrock Council teams issued 28% of Food Bank vouchers in 2016 and 29% of Food Bank vouchers in 2017.</p>

Objective 1D – Fewer children and adults will live in poverty

Key Strategies and actions for achieving this objective

39. Tackling poverty across the Borough requires multi-faced action that impacts on different elements of people's lives. Some of the action being taken to reduce poverty within Thurrock is set out within Objective 1B, more Thurrock residents in employment, education or training, at page 17 of this report
40. Children Centres are **creating opportunities for families and expectant parents** to ensure they have the skills to increase household income and move out of poverty.
41. **Pathways into employment** provides retired skilled workers acting as volunteers for development clubs and as mentors.
42. Use of **Pupil Premium** to provide family learning and other home-based support for children's learning. The pupil premium is additional funding given to schools so that they can support their disadvantaged pupils and close the attainment gap between them and their peers.
43. **OnTrack** is a programme to help young people in Thurrock who are unemployed and not in education or training. You can benefit from OnTrack if you are:
 - aged 16 to 29 years-old
 - living in Thurrock
 - unemployed
44. Since 2012, the council has worked with local communities and Thurrock CVS to develop **six community hubs** in South Ockendon, Purfleet, Aveley, Tilbury, Chadwell St Mary and Stifford Clays. Hubs provide a local community anchor to residents on a wide range of issues. They are friendly and informal places where residents can access free Wi-Fi and access to PCs, information on local activities and support, and link with a wide range of partners from across many services that arrange local promotion or appointments as necessary. Hubs host the Department of Work and Pensions (DWP) at South Ockendon and Tilbury hub for a targeted cohort of clients. One hub hosts a self-serve library and four hubs are co-located in libraries where a number of services and events seek to engage families and young children in learning and reading through baby rhyme time, Treasure packs for 0 – 3 years and the annual Reading Challenge over the summer period. The sixth hub has supported a youth club to be explored in the area with support from youth services.

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

45. OnTrack has **engaged more than 750 young people to receive personalised training and skills**. Of these, more than half have received accredited training and a large proportion have secured employment (sustained for more than 6 months).
46. A **new Brighter Futures service has been commissioned** (<https://www.nelft.nhs.uk/brighterfutures>) which unites services for families in need of help and support. Within this structure there will be key strands of service delivery; primarily 'Healthy Families' (0-19 public health services), Children's Centres and a newly formed team within Children's Services that is known as the 'Prevention and Support Service'. This team brings together the existing Early Offer of Help Team and the Troubled Families Team and incorporates key partners across services to support families at an earlier point through a model of direct work, supported by commissioned services. One of their key outcomes is to support a reduction in the gap between the most and least deprived groups by supporting child development and school readiness.
47. In 2017/18, **over 7,000 DWP appointments were provided at community hubs**, saving clients time and money, by not travelling into Grays. Of these appointments **163 individuals were signed off back into work**. Hubs play a vital role in helping to support all families but especially those who may be experiencing child poverty. <https://www.thurrock.gov.uk/community-hubs-and-community-centres/supporting-local-people>
48. The Well Homes programme has been targeted towards older people with long term conditions who are in receipt of low incomes. Last year the **Well Homes programme completed over 400 assessments in Thurrock, supporting these residents to access relevant grants** to further improve their homes.
49. In March 2016, **Children's Services and Housing developed a strategic partnership to pilot a council owned House of Multiple Occupation**. The purpose of the pilot was to address some of the key barriers young people face in finding suitable accommodation, at an affordable rate, whilst receiving support to enable sustainable employment and independent living. At full occupancy, from day one, the first HMO generated income to Thurrock Council that was reinvested in another property to create a second HMO for the pilot. **To date, nine people all employed or in full time education who had had unstable living arrangements have benefitted from the accommodation**. We are working on Headstart Housing to identify/modify four additional properties to provide HMO accommodation for a further 12-16 young people. In doing so, we anticipate generating further income to Thurrock Council and making significant savings on accommodation costs. We will seek to increase LA HMO stock by a further 2 properties per annum, providing accommodation for a further 6-12 tenants per annum, providing accommodation for between 18-36 tenants, by 2021.
50. The Fairness Commission made a number of recommendations following consultation and engagement with local residents, businesses and public agencies. Some of these have since developed, for example, the introduction of **Give it For Thurrock** – a local giving initiative to support groups and projects across Thurrock to improve the health and wellbeing of residents and communities. The Residents Survey was also introduced with the results used to inform the key performance indicators (KPIs) for the council helping to ensure we reflect the issues of most concern to residents as well as providing evidence to help with policy direction and decision making. Priorities identified by the Fairness Commission further inform the

objectives of the council's current draft Single Equality Scheme and Corporate Equality Framework (2018-2022).

Progress against our targets

- In 2015, **17.4 % of children are living in poverty (0-19 years) - exceeding our target of 19.28%**. This has decreased since 2006 from 20.1% however this is above both the East of England average (13.6%) and England (16.6%).
- 2016 saw a **reduction of 1200 households, with dependent children in workless homes**, compared to 2015.

GOAL TWO – A HEALTHIER ENVIRONMENT



We want to achieve places and communities that keep people well and independent

The following four objectives have been identified as part of defining this goal and describing what achieving it will look like:

- Objective 2A. Create spaces that make it easy to exercise and be active
- Amended from Create outdoor spaces that make it easy to exercise and to be active
- Objective 2B. More homes will be built that keep people well and independent
- Objective 2C. Communities will be stronger and better connected
- Objective 2D. Air quality will be improved

- **Why this goal is a key part of the Health and Wellbeing Strategy**

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

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

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



Objective 2A – Create spaces that make it easier to exercise and be active

Key Strategies and actions for achieving this objective

51. It should be noted that action being taken to create spaces that make it easier to exercise and be active is also included as part of reducing obesity and increasing the number of people in Thurrock who are a healthy weight, objective 5A of the Health and Wellbeing Strategy, set out in more detail at page 45.
52. The following strategies and supporting action plans have been developed to ensure that the physical infrastructure, aligned to the growth of the borough, is planned and in place to create the spaces that make it easier for residents to exercise and be active:
 - **Active Places Strategy** (Indoor Sports and Leisure Facilities / Playing Pitches / Open Spaces and Play Facilities / Active Travel Routes)
 - **Parks and Play Improvement Programme**
 - **Local consultation on Local Green Spaces** as part of Local Plan

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

53. Strong **relationships have been developed with Sport England** and other key partners with regard to supporting and resourcing elements of strategy implementation.
54. The **Active Travel strategy** has been finalised. All Active Place Strategy components are ready for formal approval linked to the Local Plan.
55. The **assessment of open space and play has been used to develop a prioritised parks improvement programming** which factors in: supply; demand; and health and deprivation indicators.

Progress against our targets

56. Increasing local population physical activity levels over relatively short time period is incredibly difficult as this is affected by a whole range of interrelated lifestyle, cultural and societal factors that take many years to change. These indicators therefore are unlikely to show significant increases year on year. However, a baseline has been established for both adult and children's participation for 2017/18 which will show a general direction of travel. The children's indicator is comes from the percentage of children in Years 6, 8 and 10 who state they take part in 1 hour of physical activity 6-7 times per week and it's self-reported on an annual bases

57. Improvements to the physical infrastructure are more easily measured however these will take some time to completion.
58. The resident survey has been used to set a baseline for establishing how easy residents think that the Council make it to exercise in parks and open spaces. The timing of the next survey has yet to be decided and therefore future reporting will occur as this information becomes available.
59. A parks improvement programme has been implemented with progress being made with three parks during 2017/18.
- There were **3 Parks and Play sites improvement projects** to encourage greater use during 2017/18.
 - **52 % of adults aged 19+ are physical active** achieving our target of 52%.
 - Latest information shows that **39% of residents are fairly or very happy with council owned sports and leisure facilities**, as reported in the Thurrock Residents Survey in 2016.
 - The residents survey also showed that **69% of residents think that the Council make it easy to exercise in parks and open spaces** , achieving our trajectory target
 - **20.2% of children reported that they take part in 1 hour physical activity, 6-7 times per week** in response to the Brighter Futures Survey. This is a new indicator approved by the Health and Wellbeing Board in November 2017



Objective 2B – More homes will be built that keep people well and independent

Key Strategies and actions for achieving this objective

60. There is a well evidenced link between the quality of housing and the occupant's health. The location, design, tenure mix and requirement for supporting infrastructure are key elements in achieving well balanced communities that support health communities, and provide the opportunity for the development of specialist accommodation to meet the defined health and social care needs of some of the most vulnerable in our community. The following actions are our response to meeting that agenda.

- Development of Thurrock's Local Plan
- **HAPPI Scheme Tilbury** providing greater choice of council owned accommodation for people aged 65+
- Development of **Specialist Housing Schemes**
- Development of a **21st Century Residential Care Facility**
- Development of a **Right Size scheme** enabling older occupiers to downsize into sheltered accommodation while leasing their property to the Council
- Expansion of the **Housing Support Scheme** to support a total of 9 people at any one time
- Ensure **all Major Planning Applications are considered by the Housing and Planning Advisory Group** and feedback is provided on the Planning Consultation Portal

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

61. Use of **grant money to refurbish and re-let 8 ex-sheltered housing flats** as supported housing accommodation for learning disabled adults.
62. Plans to develop Approval by Cabinet to **develop a 21st Century residential care facility** were approved by Cabinet
63. Development of and consultation on Thurrock's Local Plan.

Progress against our targets

- One person has expressed an interest in joining the Right Size scheme and they will be assessed for suitability. This is a new KPI, agreed by the Health and Wellbeing Board in November 2017
- The number of people who are **supported by the Housing First Scheme for the period of 2017-18 is 6**. This is a new KPI, agreed by the Health and Wellbeing Board in November 2017.



Stronger Together logo

Objective 2C – Build strong, well connected communities

Key Strategies and actions for achieving this objective

64. Thurrock's **Stronger Together Partnership** promotes local, community activities that strengthen the connections between people. The Partnership also encourages local people to have a greater say in what happens in their neighbourhood and to take control over where they live and the decisions that affect them. Strong and resilient communities are key to achieving wellbeing.
65. Continued **development and implementation of initiatives that strengthen communities** including: Timebanking, supporting volunteering, community hubs. Support the Partnership's Small Sparks Grant enabling local communities to undertake small projects of no more than £250 monetary value. To date £15,362 has been awarded through the grant programme.
66. Expansion of the **Social Prescribing** initiative for members of the public who do not require medical support and can be signposted to other activities to support them. The Service is open to all patients aged 18+ who present to their GP with issues that have a non-clinical underlying cause.

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

67. Successful bid for the National Lottery and DCMS Place-Based Social Action Funding Programme
68. Expansion of the Social Prescribing initiative to **21** practices in Thurrock
69. In 2017/18 27,242 Timebanking hours were banked, with over 4,679 hours donated.
70. Community **Hubs expanded with a new sixth Hub** developing in Aveley
71. **Local Area Coordination service expanded to 14 LACs**
72. The **number of micro enterprises established has increased** and the confirmation of a post to continue the ongoing development and establishment of micro enterprises

Progress against our targets

- The number of **micro enterprises operating in Thurrock is 55**, exceeding the trajectory target of 25.
- The **quarterly target of volunteering hours** banked through the time bank was set at 3,000 hours; this has been vastly exceeded with an average of 6,000 hours per quarter.



Objective 2D – Improve Air Quality in Thurrock

Key Strategies and actions for achieving this objective

73. Thurrock Council **developed and published its Air Quality and Health Strategy** in December 2017 following approval by Council. The Strategy builds on a range of preparatory work to identify actions and measures which can be undertaken to improve air quality either across the Borough or within specific Air Quality Management Areas. Thurrock has declared 18 AQMA's, which have been declared on annual average exceedance of Nitrogen Dioxide, and four which have been declared for exceedance of the Daily Mean Objective for Particulate Matter, specifically PM10. Each AQMA is tightly defined, based on existing data, and detailed modelling and simulation. While a significant proportion of the contributing source of poor air quality within AQMA's is due to external sources, approximately 50% is in many cases attributed to Transport emissions.
74. The Air Quality and Health Strategy sets out four key policies in addressing poor air quality, including the **reduction in transport emissions, tackling health inequalities, the opportunity to develop a clean air zone, and influencing future development and planning to reduce emissions**. The strategy also sets out an action plan to prioritise the revocation of the AQMA's most easily influenced by the measures. Each measure is attributed a target level with which to reduce the source emissions.

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

75. Increased **awareness of the impact of idling vehicles on the health of children outside of schools** – Woodside Academy and Purfleet Primary;
76. Establishment of an **Air Quality Officers Group** to help implement actions;
77. Installation of **additional air quality monitoring stations**, by use of passive NO₂ diffusion tubes across the Borough to review baseline AQ levels along and in the vicinity of the proposed Lower Thames Crossing route

Progress against our targets

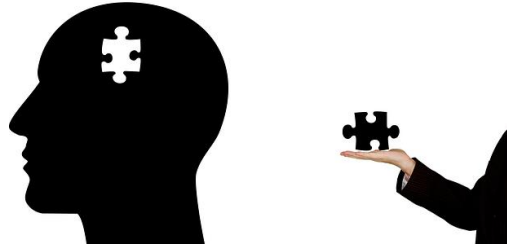
78. Thurrock Council is continually monitoring and reviewing our 18 Air Quality Management Areas to identify improvements and opportunities for revocations. Overall, **there is a continuing trend that air quality in Thurrock is improving**, however in order to declare the revocation of an AQMA, there is a need to ensure the data across multiple years shows levels significantly below the recognised UK and EU threshold levels. This is especially true where new and additional monitoring diffusion tubes have been added at existing AQMA's.

79. Thurrock Council will continue to monitor AQMA's and deliver actions to reduce poor air quality in defined areas, and implement revocations where possible. Where AQMA's are close to or just below threshold levels, Thurrock Council may choose to not revoke an AQMA, despite it being in compliance, in order to maintain actions to improve air quality further. However the Council will consider reducing the size of the AQMA, enabling challenging actions to be undertaken in a targeted approach.
80. The revocation of an AQMA is not necessarily a simple process, and requires a large evidence base and agreement from DEFRA, and therefore the Council will seek to make its application closer to the 2021 deadline. This will likely see a significant reduction in AQMA's at one time, rather than a gradual reduction. However, the Council submits annually to Defra the level of air quality within its AQMA's against threshold levels, which can be found in the Thurrock 2017 Air Quality Annual Status Report¹.
81. There **were 18 Air Quality Management Areas in 2016**. The agreed 2021 target is 8. Currently it is projected applications to Defra for revocation will take place in 2020/2021.

¹Thurrock 2017 Air Quality Annual Status Report -
<https://www.thurrock.gov.uk/sites/default/files/assets/documents/air-quality-report-2017.pdf>

GOAL THREE

BETTER EMOTIONAL HEALTH AND WELLBEING



We want to strengthen mental health and emotional wellbeing

The following four objectives have been identified as part of defining this goal and describing what achieving it looks like:

- Objective 3A. Parents will be given the support they need when they need it
- Objective 3B. Children will have good emotional health and wellbeing
- Objective 3C. Fewer people will feel socially isolated or lonely
- Objective 3D. Identification and treatment of mental ill-health will be improved, particularly for those at greatest risk. Amended from identification and treatment of depression will be improved, particularly for those at greatest risk

Why this goal is an important part of the Health and Wellbeing Strategy

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

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

For people who do require long term medical care, we want to ensure that people are identified before they reach crisis point and that the service they receive is of high quality and tailored to the individual. People with poor mental health often have poor physical health too, and we must ensure that we consider mental, physical and emotional wellbeing together. We know that within our communities, particularly with Thurrock's older population and those with caring duties, many people will be suffering due to social isolation. Social isolation can have a significant impact on physical health as well as mental and emotional wellbeing. We must give people opportunities to connect.



Brighter Futures logo

Objective 3A – Give parents the support they need

Key Strategies and actions for achieving this objective

82. The **Prevention and Support Service (PASS)** provides early intervention to families to ensure that they receive the right service at the right time to achieve effective outcomes and reduce the demand on statutory Social Work Intervention.
83. The team has now been formed for approximately 1 year and has brought 2 teams together with staff from multiple disciplines, with wide ranging skills and knowledge bases, along with additional staffing and resources from other parts of the council, whose primary roles are that of prevention. This will ensure that children and families will receive the right support at the right time, by professionals with the right skills, knowledge and experience to effect change and prevent the escalation of needBrighter Futures which incorporates and reflects:
- **0-19 Brighter Futures Healthy Families Service** is an integrated service encompassing Health Visiting, School Health (historically School Nursing), targeted support and a range of health interventions for children, young people and their families.
 - Prevention and support services (PASS, Formerly Early offer of help and troubled families)
84. The Short Breaks Policy makes provision for parents/carers of children and young people who are looked after and/or have a disability, to have respite and support to enable them to continue to care and support their children. The Disabled Children's Short break and Outreach Service is located at both the Sunshine centre, Tilbury and Hannah's Place at Treetops School.

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

85. PASS have been **successful in securing funding for 2018/2019 from the Department of Work and Pensions for 2 x Community Support Employment Officers** whose role would be to work with a mixture of residents that are economically inactive or suffering entrenched worklessness.
86. The council has successfully **tendered our Carer's Information Advice and Support Service** which commenced in June 2018. The needs of parent carer's were included within the tender.
87. The Disabled Children's Short break and Outreach Service is currently **accessed by 220 children and their parents and carers**. High levels of satisfaction are reported by children, young people and their families for both aspects of the service.
88. Anecdotal evidence suggests that during the year referred 200 parents to structured parenting programmes, 150 victims of domestic abuse and violence to a structured eight week programme, 590 had telephone or face-to-face focused contact and

support, and 35 victims/survivors of sexual violence been referred for support. Many of the service users referred for support for domestic violence and abuse and sexual violence and abuse have been referred onto specialist counselling within those services, enhancing the recovery of their emotional wellbeing and mental health. All programmes work on improving parental capacity with a focus on parents own emotional wellbeing.

89. Over the last year our five main Children's Centres and a number of outreach sites have offered a wide range of support to parents, ensuring the right support is given where needed.

Progress against our targets

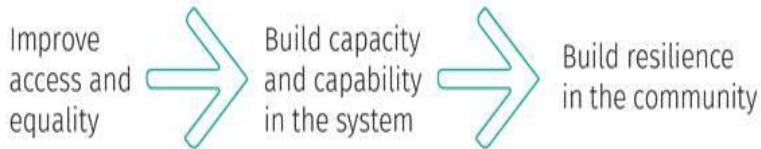
90. Future success will be directly measured against outcomes experienced by children, young people and their families. Over the next 3 years we will expect to see that more families are empowered and supported to take control of their lives, and that they are supported in their local communities avoiding the need for statutory intervention. We will measure the outcomes detailed in the Early Help strategy as proxy indicators of success, and we have agreed performance indicators to measure the impact. The figures below demonstrate increased engagement of Thurrock families leading to positive outcomes.

- **61.6 % of parents achieving successful outcomes from early intervention prevention parenting programmes.**
- **At the of June 2018 there have been 1050 families attached to the Troubled Families Programme** with the target of 2525 families supported by the TF programme when it ceases in March 2020. It is anticipated that 50% of the families will have achieved their outcomes at the end of the programme.
- Increasing the proportion of children who achieve a 'Good Level of development'¹ (GLD was at 75% in 2016) and reducing the gap between the most and least deprived groups by supporting child development and school readiness. Data of September 2017 shows that **the trajectory target of 76% has been achieved and as of April 2018 is at 77%.**

People Stories – PASS

Parents (family not open to PASS) attended their son's school stating that they were being evicted for rent arrears on Tuesday 13th March and that they had nowhere to go. School Pastoral Lead contacted PASS for some advice. PASS Team Manager spoke to their housing contact and they advised that eviction will be going ahead unless full amount of arrears is paid in full (£1160.55). Team Manager then spoke to Strategic Lead, who advised that Children's Social Care may be able to pay the arrears to stop the eviction and to prevent the children then becoming involved with the department. It was agreed that the arrears would be paid; parents were invited to Civic offices and informed of the decision. They were advised that arrears would be paid in this instance only and that they would now be required to work with PASS so that they do not find themselves in this situation again. Parents are engaging with PASS and are now making weekly rent payments. The outcomes of this piece of work are:-

- Family did not become homeless (intentionally)
- Children did not have to move schools
- Children were able to remain in their safe and familiar environment
- Limited cost to Children's Social Care
- Parent are now learning to budget and cope with finances



Objective 3B – Improve children’s emotional health and wellbeing

Key Strategies and actions for achieving this objective

91. Partners have been working closely together to transform local services and improve children’s emotional health and wellbeing. This is being approached on a Thurrock basis whilst the local transformation of mental health services also includes Essex and Southend. This is reflected in the following key strategies and actions:
- Open Up; Reach Out our Transformation Plan for the Emotional Wellbeing and Mental Health of Children and Young People 2015-2020.
 - Develop resources for educational settings.
 - Development of school support for anti-bullying.
 - Mental Health Conference and Resource Launch Thurrock, Essex and Southend (November 2017).

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

92. **Mental Health Conference and Resource Launch November 2017.** This event focused on learning and sharing best practice both from a national and local perspective. New resources were launched including “let’s Talk”... about self-harm (a management toolkit for educational settings) and new service developments in the Emotional Wellbeing and mental health Service including outreach for schools and an e-portal for mental health resources for schools.
93. Commissioned an **online Counselling Service (Kooth)** which provides a free, safe and anonymous online support for young people. Improved the **planning for young people who are moving from children’s to adult mental health services.**
94. **Published Open Up, Reach Out** in year 3 which outlines the achievements so far and plans for the next 2 years. Exchange of best practice via the safeguarding leads forum regarding anti-bullying practice.

Progress against our targets

95. The key performance indicators were approved by the Health and Wellbeing Board in November 2018. Each of the KPIs are linked to outcomes of responses submitted by **children completing the Brighter Futures Survey which was undertaken by 8 primary schools and 4 secondary schools in 2017.** The measures below provide baseline information and enable us to consider targets for future improvement.
- **57.7% of children and young people report that they are able to cope with the emotional difficulties they experience.**
 - **53.5% of children and young people reporting that they know how to seek help when experiencing difficulties** with emotional health and wellbeing.
 - **17.6% of children reporting being bullied** in the last 12 months.



Local Area Coordination Team



Objective 3C – Reduce social isolation and loneliness

Key Strategies and actions for achieving this objective

96. There is a proven link between loneliness and poor health. Our **Health and Care Transformation Programme** aims to ensure that we focus on developing a system that supports people to achieve the outcomes that are most important to them – regardless of their condition. The Programme also aims to shift the system towards prevention and early intervention. The **Stronger Together Thurrock programme** is a key element of this work (See Objective 2C, page 28 of this report).

- Further development of the Stronger Together Programme – including expansion of Local Area Coordination, Timebanking, Social Prescribing, Community Hubs
- Development of **service pilots** that enable a community-led approach – Wellbeing Teams and Care and Assessment Team
- Development of the **New Models of Care system redesign Programme** – reimagining health and care around 'place'

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

97. Time banking levels at over **27000 hours of support, contributed by volunteers**

98. **Expansion of Local Area Coordination** with 14 LACs now in place

99. Establishment of a **New Models of Care Programme** to redesign the health and social care system around 'place' – initially focusing on Tilbury and Chadwell.

Progress against our targets

- The number of **people who are supported by a Local Area Coordinator is 841** exceeding the trajectory target of 576.
- **9.3 % of people have self-reported that their wellbeing happiness score is low**, as evidenced from for 2015/16. This has exceeded the 2017 trajectory target of 10.16% has been exceeded
- **29.67% of carers reported that they had as much social connection as they would like** when responding to the personal social services survey of adult carers (SAC). This is a new KPI agreed by the Health and Wellbeing Board in November 2017.

People Stories – an example of practice, Local Area Coordination

I was introduced to H by a local elected councillor, who was concerned about H's situation. H had been evicted from a flat, and was sofa surfing and sleeping on the streets. H had been diagnosed with Mental Health conditions, and had a drug and alcohol addiction. Over a number of months I built a good trusting relationship with H. H engaging with me, which H had not done previously.

H identified that what was most important to them was to get a secure home that they could then focus on their Mental Health, and moving forward with their life. I worked with H to support in challenging the eviction due to being a vulnerable adult, and H was placed in a hostel. H then started to engage with Inclusion Thurrock about the impact of the drugs and alcohol on their life.

H also engaged with the Prince's Trust programme, and was successful in bidding on a flat. H had no furniture, so working with the Housing department, H was provided with basic furniture. H then said that the next step could now be taken in their life.

H recently said **“thank you for everything honestly I wouldn't of done anything of it if it wasn't for you motivating me so thank you”**.



Objective 3D – Improve the identification and treatment of mental ill-health, particularly in high risk groups

Key Strategies and actions for achieving this objective

100. The development of a **Mental Health JSNA** has given a positive opportunity to have a much clearer view of mental health challenges in Thurrock.
- **Adult Mental Health Joint Strategic Needs Assessment**
 - **Southend, Essex and Thurrock Mental Health Strategy** - local plan
 - **Southend Essex and Thurrock Dementia Strategy** - local plan
 - **Inclusion Thurrock** providing the IAPT Services
 - The **development of the Recovery College**
 - Continued **funding for the world of work with a focus on mental health**
 - **Thurrock Mind** remain a strong voice delivering support information and advice
 - The **Alzheimer’s Society** receives financial support to provide emotional & practical support to people diagnosed with Dementia, ensure independence and Living Well with Dementia.
 - **Depression screening by social workers** in adult social care
 - Development of a **working group to address the development of a pathway for people experiencing personality disorder**

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

101. Significant milestones and developments have been achieved and delivered in year 2 of the Strategy.
- The **IAPT service has continued to perform well on the national targets** and supported people by improving access to treatment, increased choice and user satisfaction, promoted recovery and resilience building.
 - **The launch of the Integrated IAPT service after a successful bid for national Transformation funding** has seen the service extend dedicated support for people with LTCs to complement a previously commissioned community service.
 - The **service was also successful in a RightCare funding bid to develop and implement a dependency reducing service offering a menu of interventions to support people to reduce or wean off altogether** the dosage and types of high end pain management medications e.g. opioids, they may be addicted to without any therapeutic value.
 - The **Recovery College continues to expand its’ portfolio of courses** delivered with extraordinary outcomes as more people are supported to maintain recovery, achieve independence and build their resilience.

- The **Recovery College is engaged in the delivery of Family Interventions** and Carer Focused Education for the Early Intervention in Psychosis (EIP) service, supporting the development of the Individual Placement Support (IPS) employment service offer and has developed a Recovery Coaching network and training programme with Visions Inclusion
- The Early Intervention in Psychosis (EIP) service has been redesigned to ensure full delivery of the new Standard so that people identified with a First Episode of Psychosis have access to a NICE Concordat treatment pathway within 2 weeks of referral. The new service will have a multi-provider delivery approach via a MOU between EPUT and SSSFT-Inclusion, a national first.
- The **Shared Care Protocol (a collaborative arrangement between consultants and GPs) has seen more than 190 people transfer their care safely from secondary care into primary care.** The Protocol is currently being revised to formalise the arrangement between consultants and GPs to ensure increased uptake of physical health checks and subsequent interventions for people on SMI registers.
- **Investment has been increased by the CCG to continue the development and attaining of the IPS fidelity standard.** IPS is an evidence-based approach to providing employment support for people experiencing serious mental health problems, shown to be twice as effective as vocational rehabilitation, and associated with reduced utilisation of other services, including use of inpatient admissions.
- A **commissioner led multi-agency project group has been set up** to develop an appropriate service offer for people presenting with complex needs particularly Personality Disorders to ensure a joined up approach to providing holistic support.

Progress against our targets

102. The CCG needs to provide assurance on a number of national constitutional standards and in 2017-18:
- The **IAPT access target was set at 16.8% and the service delivered 16.6%** based on local data
 - The Recovery Target was set at 50% and the service delivered 52.2%
 - The Waiting Times Standard is 75% at 6 weeks and 95% at 18 weeks with the service delivering 99.4% and 100% respectively.
- The % of patients on community LTCs caseloads without a diagnosis of depression, screened for depression in the last 24 months using a standardised tool. This is a new tool and key performance indicator and was approved by the Health and Wellbeing Board in November 2017. Baselines for indicators within the LTC will be established in 2018 and will inform future targets.

GOAL FOUR

QUALITY CARE CENTRED AROUND THE PERSON



We want to remodel health and care services so they are more joined up and focus on preventing, reducing and delaying the need for care and support.

The following four objectives have been identified as part of defining this goal and describing what achieving it will look like:

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

Why this goal is an important part of the Health and Wellbeing Strategy

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

Hospitals are under huge pressure but much of that could be avoided if we get better at providing support at an early stage, to stop things progressing. So, instead of waiting for people to develop serious illnesses before we treat them, we want services to act at an early stage to prevent, reduce and delay the need for care and support. When people use health and care services in Thurrock we want to make sure that healthcare is easy to access and that they get the best possible treatment.

As far as possible, people should be in control of their own care. That is especially important for people who have long term conditions and we have already begun to develop some of these approaches, but we must work together and with communities to take this further.

Objective 4A – Create four integrated medical centres (IMCs)

Key Strategies and actions for achieving this objective

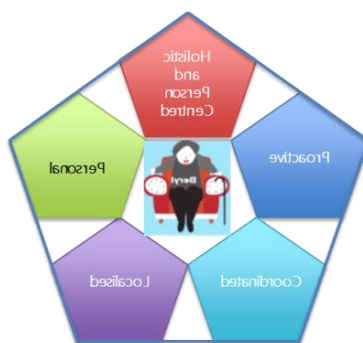
103. All partners have agreed, subject to the consultation and decision on the future location of clinical services currently provided within Orsett Hospital:
- To develop a clinical specification and integrated workforce model, based on the principles contained in ‘**For Thurrock in Thurrock**’, and the **Mid and South Essex STP**, including a clear service aim that specifies which services would be provided from each IMC
 - That the **clinical specification and workforce model will have a clear aim of making care more local and of better quality**, as outlined in the primary care strategy, and of reducing avoidable demand on hospital and residential care services.
 - That services provided across the four proposed IMCs would include (although may not be limited to nor include on every site) an enhanced GP and other primary care service offer; hospital services including diagnostics and outpatient clinics; community and mental health care services; social care services; health improvement services, and: services that address the wider determinants of health such as employment and housing advice
 - That any new IMCs will be constructed to a size that is “future proof” and that takes into account the predicted population growth within Thurrock and the increased demand for health and care services that will result from this, as defined by the Thurrock Public Health Team.
- In January, **oversight of the IMC programme was assumed by the Thurrock Integrated Care Alliance**, representing all partners and the programme is reviewed at its monthly meeting

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

104. During this period, **schedules of accommodation for the IMCs at Tilbury and Purfleet have been agreed, with advanced design work completed for the Tilbury site**, and agreement reached with PCRL for the design for Purfleet to commence in the near future.
105. Amended **planning consent for the Corringham IMC is awaited** to allow it to operate 7 days per week and for extended hours and plans are also being made for the investment in Thurrock Hospital in Grays which will be the site of the 4th IMC.

Progress against our targets

- **Four localities have been identified for Integrated Medical Centres**, achieving the key performance indicator of identifying all four localities in 2017.
- Our target is to develop business cases for all four IMCs during 2018
- Our target is for 4 IMCs to be operational in 2020



Objective 4B – When services are required they are organised around the individual

Key Strategies and actions for achieving this objective

106. **Better Care Together Thurrock is a product of the wider Strategy - For Thurrock in Thurrock** – which, following consultation provided feedback on the principles behind the strategy of working together, helping people to stay well and take responsibility for their health. This began in 2016, and a further consultation was undertaken in 2017, thousands fed back with support for the principles.
107. **Better Care Together Thurrock is an Alliance of health, social care and voluntary sector agencies** that working together as one will provide a solution for health and care needs. Using the electronic frailty index (eFI) to identify need along with face-to-face assessment through multidisciplinary teams (MDTs) a comprehensive care and escalation plan is coordinated by a dedicated member of the team.
108. Better Care Together Thurrock is overseen by the **Thurrock Integrated Care Alliance**. The principles behind this alliance of agencies and healthcare professionals are to design an integrated way of working to provide services and solutions that wrap around the person. By working more closely together we will improve communication between agencies and be able to offer a multidisciplinary package of support.

Key achievements

109. We have been working across partnership agencies to design and create the Better Care Together Thurrock programme, set out above.
110. We have **successfully developed social prescribers**, which empower patients whose ill health is caused by other problems such as abuse, debt or housing. Once a social issue has been resolved often the person makes fewer visits to their GP. Over 3,900 patients have benefited from a new way of working where a walk-in, book on the day GP has been made available in the minor injuries unit in Thurrock (data from 21 Dec 17-29 May 18).
111. The number of **Learning Disability (LD) health checks undertaken has increased considerably**. In 2015 44% of LD healthchecks were undertaken. This has increased to 77% in 2018, barriers to take up were identified and a novel solution was found with Thurrock's extended access health hubs and GPs.

Progress against our targets

- A contract is in place with a third party organisation (Mede Analytics) intending to link primary care, secondary care, community, social care and mental health records together on NHS number.
- Adult Social Care data and an extract of inpatient data were successfully linked via this system in phase 1 of the programme late in 2017, and work is now underway to include the wider datasets. It is envisaged that this summer will see some GP practice data, Adult Social Care data, hospital data and IAPT data linked together, enabling commissioners to see where patients are known to different services and understand flows through the wider health and care system.



Objective 4C – Put people in control of their own care

Key Strategies and actions for achieving this objective

112. The focus of this objective is to support individuals to have increased choice and control over their own lives. Supporting the social care market to become more diverse in turn supports an increase in options for people who require support. New and innovative ways of delivering support continue to be at the fore front of the transformation of adult social care. The support options and services listed below are increasing choice:

- **Living Well @ Home**
- **Advocacy Service**
- **Personal Budgets including Direct Payments and Individual Service Funds**
- **Transforming Care for people with learning disabilities**
- **Shared Lives Service**
- **Well Being Teams**
- **Micro Enterprises**
- **Local Area Co-ordinators**

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

113. Since the last annual report the **Living Well @ Home contract has been awarded supporting care in people's own homes to be delivered more locally**, a successful pilot of individual services funds has been concluded and this has supported the development of an accredited list of providers delivering day opportunities for people with learning disabilities and Shared Lives has been introduced as an option for people to be supported within a family home.

114. **Micro Enterprises have grown extensively in Thurrock** offering small individual providers supporting people locally with everything from meals, reducing social isolation to gardening and handy person services. Local Area Co-ordinations continues to thrive and be the first point of contact for communities offering information support and advice which supports greater choice for individuals. Currently we are planning the introduction of Well Being Teams, a focused team ensuring that the person is far more in control of their own support.

Progress against our targets

- **74% of people have reported receiving self-directed support**, not achieving our target of 76.24%. While not achieving our target an increase of self-directed support is being seen when current performance is compared against our baseline of 70.3%.



Objective 4D – Provide high quality hospital and GP care to Thurrock

Key Strategies and actions for achieving this objective

115. **GP practices are supported to improve CQC inspection ratings** by way of regular practice visits and support with development of policies processes and governance arrangements. **4 Hubs have been extended over the weekend** to support out of hours provision
116. The **Primary Care Strategy** which includes workforce planning and development has been published.

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

117. **Weekend hubs have now been extended to provide 7 day out of hours access** for primary care appointments (GP, nurse, pharmacists, physiotherapists and mental health therapists) covering 100% of Thurrock population.
118. **None of the GP practices in Thurrock are now in special measures.**

Progress against our targets

- **71% of GP practices have a CQC rating of at least “good”** exceeding the trajectory target of 40%. Overall **CQC Rating of good achieved for BTUH.**
- **77% of patients report having a good experience of GP services**, not achieving the trajectory target of 81%. Part of the reason could be due to various primary care procurements that are ongoing which may have compromised on the satisfaction rate.
- As of February 2018, **83.3% patients attending A&E spent four hours or less in A&E from arrival to transfer, admission or discharge.** The trajectory target of 91.88% has not been achieved. There has been a decline in 4 hour wait targets since August 2017 which can to some degree be explained by the monthly increase in activity during the same period. The system is also recovering from significant winter pressures experienced by A&E.
- The overall CQC rating – **NELFT of good or working towards good has not been achieved with a rating of requires improvement being provided.**
- The overall CQC Rating - East of England Ambulance Service of good or working towards good has not been achieved with a rating of requires improvement being provided.
- The number of GPs per 1,000 patients in all four CCG localities and the number of nurses per 1,000 patients in all four localities. This has been a national challenge and in Thurrock this is being addressed by piloting an enhanced primary care model within Chadwell and Tilbury locality. **The model is expected to be compliant by Oct 2018 and is expected to improve GP to patient ratio significantly.** Based on the outcome, this model will be rolled out in the other 3 localities.

GOAL FIVE – HEALTHIER FOR LONGER



We want to reduce avoidable ill-health and death

The following four objectives have been identified as part of defining this goal and describing what achieving it will look like:

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

Why this goal is a key element of the Health and Wellbeing Strategy

Thousands of us will be ill or die each year from diseases which are preventable. Promoting healthy lifestyle choices is vital. Smoking is still by far the most common cause of preventable ill health and death, and obesity is a growing problem which is particularly acute in Thurrock.

These issues affect physical and mental health, they result in shortened lives and poorer quality of life, and they put huge strain on families and health services. Tackling these issues is vital, therefore, if we are to improve health and wellbeing in Thurrock.

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

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



Objective 5A – Reduce obesity / increase the number of people in Thurrock who are a healthy weight

Key Strategies and actions for achieving this objective

119. The activities that have been focused on below, some of which were identified as recommendations within the Thurrock Whole Systems Obesity Joint Strategic Needs Assessment (2017), have been chosen to support the achievement of this objective. They include preventative measures in childhood as a priority, in accordance with the National Child Obesity Strategy published in August 2016, and activities that can help to address inactivity and long term conditions within adults. Making an investment in intervention at an earlier age or stage of obesity has the potential to decrease long-term costs associated with overweight and obesity. Schools were identified as a critical setting for making a positive impact on reducing or preventing obesity, particularly for schools situated in neighbourhoods of high childhood obesity.

- **Whole Systems Obesity JSNA.** Obesity is a complex problem with a large number of different but often interlinked causes. No single measure is likely to be effective on its own in tackling obesity. To have any significant impact on obesity levels a collaborative approach is required. The Whole System Obesity JSNA sets out in detail the scale of the problem in Thurrock with some of the contributing factors identified. Recommendations that will help to address the problem and achieve the indicator are suggested within the document.
- **Whole Systems Obesity Strategy.** Utilising the information and recommendation from the Whole System Obesity JSNA the strategy will set out Thurrock's intentions going forward to address this issue. A high level strategic document it will identify key elements to focus on and appendices a delivery framework which will identify stakeholder involvement. Once completed this will be a vital instrument in the achievement of this objective.
- **Active Places Strategy.** The Active Thurrock strategy contains four main strands, these are
 - Indoor Sports and Leisure Facilities Assessment and Strategy
 - Playing Pitch Assessment and Strategy
 - Open Space and Play Areas Assessment and Standards
 - Active Travel Strategy

Aligned to the local growth agenda the strategy looks at existing provision measuring against quality and type of resource markers and models this against existing and future population requirements. Recommendations are then given in relation to this information. The recommendation within this strategy will enable the development of high quality accessible facilities to meet future needs that will remove barriers and encourage the inactive to become active and assist in achieving this objective

- **National Childhood Obesity Action Plan - Development of Local Plan.** Following on from a previous comprehensive literature review to assess what interventions and prevention activities impact upon healthy weight and physical activity in children and young people in particular and the exploration of any innovative interventions with an emerging evidence base that we could pilot in Thurrock. A Whole Systems Obesity Strategy across the life course will be developed where a local plan will feature elements for Children, Young People and their families.
- **Daily mile implementation across primary schools in Thurrock.** From year 2015 to 2017, we have been promoting the uptake of the Daily Mile in schools. It is likely that fewer schools have been able to participate in the winter months where there has been bad weather and probable this has impacted on the drop in the percentage of schools taking part. The current strategy will be to continue to promote the uptake of the Daily Mile with schools alongside commissioned providers. It will also be important to continue to explore evaluation of the programme to be clear on the impacts of participation for Children's Health and Wellbeing.
- **Revision and review of children's weight management and support as part of Brighter Futures - Healthy Families Service re-procurement.** A project group has been established to look at the development of this part of the Brighter Futures Service. A strategy paper was written to examine the children's recommendations from the Whole Systems Obesity JSNA. The paper scopes opportunities for change in the approach to commissioning; to impact on population child obesity outcomes. A new approach is being piloted with a small number of schools initially. The service will be measured on outcomes at school level, including increasing physical activity, healthy eating and increasing the proportion of children taking up healthy school meals. There will also be an increased focus on active travel to school.
- **Obesity and overweight management incorporated into Long Term Condition Profile Card.** The % of people referred into lifestyle services now incorporated into the GP long term condition profile card. This is updated 3 times per year.

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

120. **Successful Developers Event** around healthy developments, active by design which fed into the Town and Country Planning Association (TCPA), Developers and Wellbeing parliamentary report.
121. **Second Health, Wellbeing and planning event building on the learning from the initial event the previous year.** Another good opportunity for building links and partnerships between planning and health colleagues and understanding the complexities around building healthier developments.
122. Completion of a robust and informative **Whole Systems Obesity JSNA** and a series of presentations at various meetings including the Health and Wellbeing board.
123. **New resource around walking and cycling has been identified within Active Travel.** A network of walking and cycling opportunities will be developed aimed initially at our most inactive populations and including the Exercise on Referral service around people with long term conditions.

124. **Re-commissioning of the Exercise on Referral service.** Impulse leisure has been awarded the contract to deliver the Exercise on Referral programme 2018-2020 with an optional 1 year extension. The programme continues to work with patients with identified long term conditions known to improve with physical activity and who are sedentary. The programme is now delivered from the 3 leisure centres across the Borough.
125. Two new **weight management pilots, a community weight management programme and a community physical activity programme have been commissioned** with the aim to improve people's health through adoption of a healthier lifestyle and reduction in weight.
126. A **strategy paper has been developed to follow up on recommendations within the Whole Systems Obesity JSNA** and a change of approach within the Healthy Families service is being piloted. Work will continue with the Place Environment and Communities team in Public Health to impact on a wider Whole Systems Obesity Strategy across the life course where a local plan will feature elements for Children, Young People and their families.
127. As of May 2017, **50% of primary schools were signed up to and delivering the Daily Mile.** The latest refresh of this data shows that currently (Feb-March 2018) 37% of primary schools are actively taking part in the Daily Mile.

Progress against our targets

128. The targets that were originally set for the adult's overweight or obese and physical activity have been altered due to changes to the indicator methodology. The change occurred due to the use of a new survey method entitled Active Lives and the change in the age denominator from 16+ to 18+ and also now combining obesity and overweight data, which was previously reported against separately. Therefore the original target and trajectory data is not comparable to the current ones so new targets have been set for the upcoming year and remainder of the HWB Strategy.
129. The latest data is showing that the **percentage of Thurrock adults who are overweight or obese is 65.8%** and the percentage of inactive adults is 28.5%. Remaining targets include:
- % of children overweight or obese in year 6. **The percentage of children in year 6 that are measured as being overweight or obese in year 6 at school was 36.9% for school year 2016/17.** The target for 2017 was to achieve 37% and for 2018 to achieve 36.5%. The next available data for school year 2017/18 will be available in December 2018.
 - % of adults who are overweight or obese in Thurrock. Due to new collection methods the data is not comparable to report progress. New targets for a reduction will be 65.3% (reduction of 0.5%) for 2018/19.
 - % of adults who are physically inactive in Thurrock. Due to new collection methods the data is not comparable to report progress. New targets for a reduction will be 28% (reduction of 0.5%) for 2018/19



Objective 5B – Reduce the proportion of people who smoke

Key Strategies and actions for achieving this objective

130. Public Health England (PHE) wants to see a tobacco-free generation by 2025. Despite a continuing decline in smoking rates, nearly 1 in 5 adults still smoke. Smoking causes 17% of all deaths in people aged 35 and over. This is why reducing the proportion of people who smoke is a key priority within Thurrock's Health and Wellbeing Strategy.
131. We have a **multi-faceted approach for reducing the proportion of people who smoke in Thurrock** which includes:
- A **Tobacco Control Strategy** and delivery plan
 - A **Tobacco Control Alliance (TCA)** which is a multi-agency group that includes Health, Mental Health, Licensing and Trading Standards. The TCA monitors progress against reducing the prevalence of smoking in Thurrock and progress made against the Tobacco Control Strategy Delivery Plan.
 - Work with Essex Partnership University Trust (EPUT) to support them to **implement a smoke free status across residential mental health settings**. We will be working in partnership with BTUH during 2018/19 to support them with achieving smoke free status as set out in the Tobacco control plan for England.
 - Working with **Trading Standards to tackle illicit tobacco** across Thurrock
 - Targeted delivery of **treatment services to those residents with Long Term Conditions and pregnant women** who smoke
 - Working with **VAPE shops to support smokers to quit** tobacco.
 - **Thurrock Healthy Lifestyle Service**.
 - Preventing young people from becoming smokers via **school based interventions and programmes**. Surveying the number of young people who smoke in Thurrock through the Brighter Futures Survey.

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

132. A **reduction in smoking prevalence in Thurrock for Adults**
133. Over **30,000 illicit cigarettes have been seized off the streets** of Thurrock.
134. Supporting **EPUT to achieve a smoke free status in residential settings**
135. The **first VAPE shop has signed up to supporting smokers to quit** tobacco.

136. We reinforced our commitment to this objective by **bringing the smoking cessation service in house.**

Knowing when to stop

137. We commissioned A Stop Smoking in Schools Trial (ASSIST) for 2016-17, intended to be a 3-year cluster controlled programme involving 6 secondary schools and increasing to all 10 secondary schools by year 3 of the programme. ASSIST identifies and trains influential pupils to become peer mentors who promote and record brief interventions designed to deter young people from initiating smoking. However, in early 2017-18 we evaluated the programme's year-1 cost-effectiveness, factored in the dramatic drop in young people's smoking prevalence and concluded that prevention was now more expensive than cure. We therefore decommissioned the programme and diverted attention into testing the reliability of the low young person's smoking prevalence via our Brighter Future's survey. We can then compare these results with the official statistics to inform future commissioning.

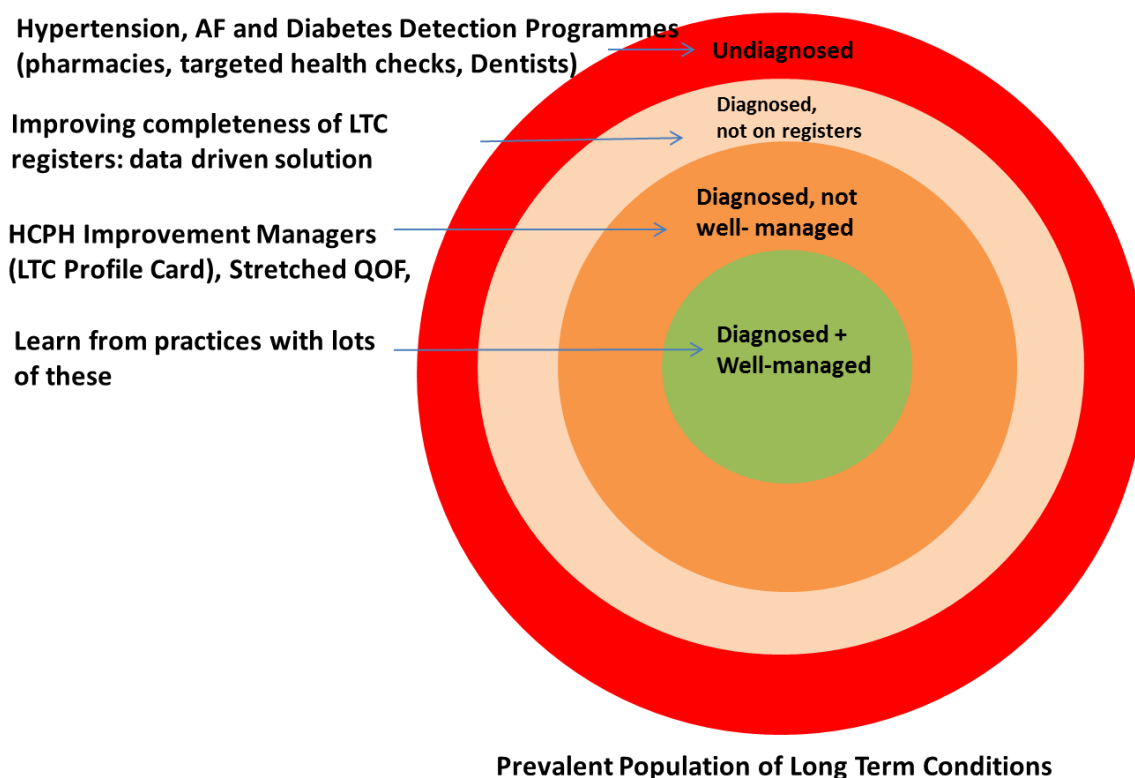
Progress against our targets

138. We have seen a reduction of smoking prevalence across all target groups with a small reduction in adult smoking prevalence and have exceeded the target set for pregnant women who smoke.
- There is **currently a 20.8% rate of smoking prevalence in those aged 18+**, which does not achieve the trajectory target of 19.3%. However, the data source for this key performance indicator has changed from the Integrated Household Survey to the Annual Population Survey. This has increased initial smoking prevalence data from 20.3% to 21.3%. While the estimated trajectory target has not been achieved Thurrock has seen a reduction in smoking prevalence in those 18+ from 21.3% to 20.8%.
 - **9.0% of mothers are recorded as smoking at the time of delivery**, exceeding the trajectory target of 9.45%.
 - **7.4% of Year 10 students that completed the Brighter Futures Survey reported that they had smoked once a month or more.** This is a new indicator approved by the Health and Wellbeing Board in November 2017.

Objective 5C – Significantly improve the identification and management of long term conditions

Key Strategies and actions for achieving this objective

139. The purpose of this Objective is to find and ensure effective treatment and management of patients with Long Term Conditions with a view of reducing risks of major health events.
140. Effective management of long term conditions is absolutely vital in order to prevent patients' health, wellbeing and independence from deteriorating and to prevent/delay them being admitted to hospital or requiring social care packages.
141. The management of Long Term Conditions should be done by patients with support from primary and community care services. QOF records contain quality of care information on how patients who are diagnosed with diseases are treated in primary care. It was set up as an incentive system and GP practices get paid for the percentage of their "diseased population" that they offer certain tests, medication reviews and treatments for. The indicators are based on evidence of good quality care for the conditions.
142. However to be able to be supported to manage their conditions they first need a diagnosis. Unfortunately evidence suggests that there are 1,000's of people in the Thurrock population with one or multiple long term conditions who are not currently diagnosed and so are not receiving effective treatment and management.



143. The prevalent population of any given Long Term condition can be split into 4 cohorts:
- 1) **Those who are diagnosed and their condition is well managed.** This is shown in green on the diagram above. We want to increase the size of this cohort relative to all other cohorts.
 - 2) **Those who are diagnosed but their condition is not well managed.** This is shown in dark orange on the diagram. This group of patients are either exception reported under QOF or are not being managed for other reasons. They are likely to be a more difficult group of patients to engage with and/or get to attend appointments. Practices are likely to have attempted contact but do not have the resources to follow up further.
 - 3) **Those who are diagnosed, or almost diagnosed, are known to the practice but have not been coded correctly.** This is shown in lighter orange on the diagram. Alerts that are active for patients who are on practices disease register will not necessarily be in place for these patients meaning that they are unlikely to be reviewed under QOF guidelines.
 - 4) **Those with no knowledge that they (may) have a condition.** This is our most at risk cohort as if a patient or their GP does not know that they have a condition then no steps, by either will have been taken to reduce the risks of major health events.
144. Our activities support all 4 cohorts by identifying currently non-diagnosed patients and ensuring both existing and newly identified patients are supported to be effectively managed, as well as a systematic clinical coding cleaning programme.

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

Stretched QOF

- Under QOF practices only get paid to a certain threshold, this is usually around 70-80%, meaning that they are only incentivised to offer evidence based interventions to this % of the diseased cohort.
- Generally practices usually achieve very close to this threshold.
- Our new stretched QOF programme is due to go live in July 2018 and will incentivise practices to achieve higher percentages for specific indicators.
- This programme offers incentives for both diagnoses and management.
- Many of our other programmes will support practices to achieve these stretched thresholds and will result in more funding in Primary Care for this purpose.

Hypertension and AF screening and detection programmes

- 180 people received an initial test for hypertension in our Pharmacy detection programme. Unfortunately very few people returned for follow up tests. This will be addressed in the evaluation to identify whether there is anything we could do differently to improve this.
- All 6 community hubs in Thurrock will start to offer free blood pressure and AF checks (self-testing) which began in July 2018.
- GP surgery: 6 surgeries in Tilbury and Chadwell were equipped with self-test BP machines in the waiting area and supported to develop a personalized pathway for both detection and management of hypertension. 134 people were tested in the first two months of the programme of which 29 were known to be hypertensive and used the machine for self-management; After the success seen in the first 2 months, 4 other practices in Thurrock received a BP machine in May and will start testing;

- The healthy lifestyle team are embedding hypertension and AF screening in their smoking cessation pathways as smoking is a high risk factor for cardiovascular disease;
- Due to the continuous promotion of hypertension detection as a priority in Thurrock, the hypertension registers have seen a higher increase than usual with 730 new diagnoses in the first 3 quarters of 2017/18.
- In addition funding has been agreed and arrangements made for practices across Thurrock to be offered a CVD up-skilling course which will support them to effectively diagnose and support patients to manage CVD long term conditions.

Diabetes Screening and Detection programmes

- 3 Dental practices totalling 4 dentists are piloting a screening programme where patients who indicate moderate to high risk on a risk score questionnaire or coupled with periodontal disease (gum disease) are tested, using HbA1c chair side point of care testing. Those who are in the Diabetic range are referred to their GP for formal diagnosis and those who are in the pre-diabetic range are referred directly to the National Diabetes Prevention Programme.

145. The **dentistry pilot whilst still in its infancy is so far showing signs of being successful**. Public Health England has shown interest for this to potentially be rolled out nationally. A full evaluation and case study will be conducted on completion and shared to assess potential for roll out or inclusion within the NDPP pathway.

146. **Approval and funding has been granted to develop screening programmes** in the following settings:

- GP extended hours Hubs
- Primary care using Clinical Pharmacists and/or Health Care Assistants
- Testing during Phlebotomy clinics
- Extension of NHS Health Checks programme (see below for more details)
- Targeted community detection – e.g. In Faith groups and other high risk population groups. We have conducted initial screening within a small scale event attended by carers of which out of 18 tested 1 had a reactive screen as positive for diabetes and 3 were within the pre-diabetic range.

People Story– Diabetes Screening in Dentistry

The pilot began on the 1st February 2018 and to date 5 diabetic patients and 14 pre-diabetic patients have been identified. The objective of the pilot is to have minimal individuals screened whilst obtaining high positivity rates to eliminate randomised screening. Due to the success of such a small sample, dental nurses have recently been trained to expand their capacity to screen. Therefore we fully anticipate the figure to rise in the final stages of the pilot.

The most predominant outcome to date has been within the Community Dental Service for transient patients who despite having minimal screens have yielded a positivity rate of 57% against general dental practice of 33% which is still high.



“We are very excited to be taking part in this project as we believe that patient care goes beyond healthy teeth and gums.”

Lead Dentist

Progress against our targets

147. These Key Performance Indicators were approved by the Health and Wellbeing Board in November 2017 and the performance measures provide baselines against which future performance can be measured.
- 25% of GP practices meet the recommended parameters for diagnosis and treatment of Hypertension.
 - 26% GP practices meet the recommended parameters for diagnosis and treatment of Stroke.
 - 26% GP practices meet the recommended parameters for diagnosis and treatment of Coronary Heart Disease.
 - 26% of GP practices meet the recommended parameters for diagnosis and treatment of Peripheral Arterial Disease.
 - 25% of GP practices meet the recommended parameters for diagnosis and treatment of Depression.
 - 26% of GP practices meet the recommended parameters for diagnosis and treatment of COPD.



Objective 5D – Prevent and treat cancer better

Key Strategies and actions for achieving this objective

148. The CCG continue to work closely with public health colleagues to improve the care and treatment of people with cancer in Thurrock. The Thurrock cancer steering group regularly meets to implement the Thurrock cancer action plan. The plan is focussed on three key strands of work:
- Improving the early diagnosis of cancer
 - Reducing emergency presentations of cancer
 - Raising awareness of cancer screening and cancer symptoms in the population
149. The hospital treatment pathways are now led by the Mid and South Essex STP. We are extremely disappointed that we have not achieved 62 days recovery and continue to work closely with the trusts in relation to improvements in pathway mapping at STP for 4 cancer pathways (lung, skin, colorectal and upper GI) to optimise each of these pathways and ensure inter-provider transfers has been undertaken as per the EoE Cancer Alliance guidance. All hospitals in the STP have signed up to implementing the new guidance and are recording and reporting inter hospital transfers against the standard for specific pathways. STP providers are working closely with NHSI to revise their 62 days cancer trajectories with BTUH and SUHFT forecasting delivery by March 2018 and MEHT forecasting recovery by September 2018.

Key Achievements for Year 2 of the Health and Wellbeing Strategy (July 2017 – June 2018)

150. Improving the early diagnosis of cancer - **we have implemented NG-12, NICE guidance on “urgent referrals for suspected cancer” covering all practices by way of practice visits.** We have rolled out new NICE compliant 2WW referral forms and we have conducted educational sessions to GPs (TTL sessions) on early diagnosis of cancer and feedback on completion of practice visits.
151. Reducing emergency presentations of cancer - **we have conducted an audit of emergency presentation of cancers in TCCG and audit results have been presented to GPs in TTL session.** We have focussed on safety netting and use of risk assessment tools to reduce emergency presentations during our practice visits.
152. Raising awareness of cancer screening and cancer symptoms in the population - **we have participated in the BCOC (Be Clear on Cancer) campaign on bowel cancer screening in association with CRUK.**

Progress against our targets

- **58.8% of patients were treated within 62 days of receipt of urgent GP referral** for suspected cancer to first treatment during the 2017/18 period. This target has been difficult to achieve historically pan Essex and it is a focus of various other work streams, particularly the Mid and South Essex STP Cancer Board. It should be noted that performance against this target fluctuates from month to month.
- 2015 data shows **95.3% of patients achieve 1 year survivorship of breast cancer** and that the direction of travel is positive and progress continues to be made.
- Data from 2016/17 shows that **55.2% of people aged 60-69 years who were eligible for bowel screening and had a screening test result recorded** in the last 2.5 years.
- The ratio of people per 100,000 being diagnosed for cancer the first time via emergency presentation **86 people per 100,000**. In England the ratio is 88 people per 100k population. This has been decreasing consistently for the past five years. Over the next five years we would like to aim for 2021 we have set an ambition target 78 per 100k population.

Health and Wellbeing Strategy Outcomes Framework

Goal	Objective	Key Performance Indicators	Baseline (2016)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Narrative
1. Opportunity for All	Objective 1A. All children in Thurrock making good educational progress	EYFS Attainment - % of children achieving a Good Level of Development (GLD) at the end of Early Years Foundation Stage	72.5% (2015)	73% Achieved 76%	73.50%	74%	74.50%	75%	Target Exceeded
		EYFS Attainment - Percentage point gap between pupil premium children achieving GLD and others at end of Early Years Foundation Stage	12.20%	11.76% Achieved 17%	11.32%	10.88%	10.44%	10%	Target not achieved
		KS2 Attainment – % Achieving the National Standard in Reading, Writing & Maths	51%	57% Achieved 61%,	67%	73%	79%	85% National Target	Target Exceeded
		% of children achieving combined level 4 in English and Maths at GCSE		38% Baseline	TBC	TBC	TBC	TBC	This KPI will be amended to % of children achieving combined level 5 in English and Maths due to combined level 4 not being reported on nationally or locally. Targets will be established.
		New progress 8 scores		Current data +0.03 aligned with national progress of -0.03	TBC	TBC	TBC	TBC	This is a new indicator targets will now be established.

Goal	Objective	Key Performance Indicators	Baseline (2016)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Narrative
1 Opportunity for All	Objective 1B. More Thurrock residents in employment, education or training	% of people claiming universal credit	N/A indicator developed in 2017		2.1%	TBC	TBC	TBC	This is a new KPI and Universal Credit is currently being rolled out across Thurrock. The % of people claiming Universal Credit is expected to increase during the roll out period.
		% of 16 – 17 year olds not in Employment, Education or Training (See column T for suggested amendments). <i>Amended age group from previously 16-19 year olds</i>	5.2% (2014)	5% Achieved 3.8%	2%	2%	2%	2%	Target Exceeded
	Objective 1C. Fewer Teenage Pregnancies in Thurrock	Under 18 conception crude rate per 1,000	25.5 (2014)	24.5 Achieved 24.5	23.2 Achieved 23.2	22.2	21.1	20	Target Achieved

Goal	Objective	Key Performance Indicators	Baseline (2016)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Narrative
1. Opportunity for All	Objective 1D. Fewer children and adults in poverty	% of children in poverty (all dependent children).	19.6% (2013)	19.28% Achieved 17.4%	18.96%	18.64%	18.32%	18.0% (Draft Target)	Target exceeded
		Number of homeless households supported by Thurrock Council.	472 (2015)						This KPI will be removed because measuring the number of homelessness applications received or processed does not provide an outcome
		Increase in number of HMOs available for young people across Thurrock	0						This KPI will be removed because measuring whether a young person is living in a HMO will not determine whether they are living in poverty.
2. Healthy Environments	Objective 2A. Create places that make it easier to exercise and be active	% of physical active adults 19+ amended from % Physical Active adults 16+ (150 mins per week).		52.00% Achieved 52%	52.50%	53.00%	53.50%	54%	Target Achieved
		% of children who take part in 1 hour physical activity 6-7 times per week	N/A	20.2% Baseline					This KPI will be further developed once the Brighter Future's Survey is further defined and the cohort of schools and year students that are going to be subject to the survey is determined
	Amended from: Create Outdoor Spaces that make is easier to exercise and be active:	Residents very or fairly satisfied with council owned sports and leisure facilities.	39% Achieved 39%	NA	45%	NA	50%		These KPIs have not been measured as part of reporting against outcomes for Year 2 of the Health and Wellbeing Strategy. Details provided within this annual report are reiterating previous performance statements.
		Residents who think that the Council make it easy to exercise in parks and open spaces (Bi yearly survey)	69% Achieved 69%	NA	71%	NA	73%		
		Based on needs assessment, the number of Parks and Play sites improvement projects to encourage greater use		3 Achieved 3	3	3	3	14	

Goal	Objective	Key Performance Indicators	Baseline (2016)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Narrative
2. Healthy Environments	Objective 2B. Develop homes that keep people well and independent	% of all major housing developments that have an approved Health Impact Assessment.							This KPI is to be removed as systems are not in place to measure progress against the target. The KPI does not measure the outcome of a HIA on specific planning applications
		Number of Right Size Schemes developed in Thurrock		0 Achieved 1	5	5	5	20	Target Exceeded
		Number of people who are supported by the Housing First Scheme		0	5 Achieved 6	5	5	20	Target Exceeded
	Objective 2C. Build strong, well connected communities	Number of quarterly hours of volunteering time in Thurrock.		3000 hours per quarter Achieved 6,000 hours per quarter	10% increase	10% increase	10% increase		Target Exceeded
		Number of micro-enterprises operating in the area.	0	25 Achieved 55	An increase on 2017	An increase on 2018	An increase on 2019	An increase on 2020	Target Exceeded This KPI was initially part of a pilot exercise and due to its success has now been embedded in the council as part of the Local Area Coordination Team. Our ambition is to continue to increase Micro Enterprises while supporting those already established.
		Corporate Volunteering. Number of businesses across Thurrock that facilitate volunteering for staff							This indicator is to be removed as there are not currently systems in place to measure corporate volunteering
		Objective 2D. Improve air quality in Thurrock	Number of AQMAs declared in Thurrock.	18 (2016)					8

Goal	Objective	Key Performance Indicators	Baseline (2016)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Narrative
3. Better Emotional Health and Wellbeing	Objective 3A. Give parents the support they need	% of parents achieving successful outcomes from early intervention prevention parenting programmes.	72% (2015/16)	61.6% Achieved 61.6%	73.20%	73.80%	74.40%	75%	Target Achieved
		Number of families known to Troubled Families Service	370 (2016/17)	567 Achieved 1050	1500	1900	2525	NA as TF programme concludes in March 2020	Target Exceeded
		Increasing the proportion of children who achieve a 'Good Level of Development' ¹ (GLD is at 75% in 2016) and reducing the gap between the most and least deprived groups by supporting child development and school readiness	75%	76% Achieved 76%	77%	78%	79%	80%	Target Achieved

Goal	Objective	Key Performance Indicators	Baseline (2016)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Narrative
3. Better Emotional Health and Wellbeing	Objective 3B. Improve children's emotional health and wellbeing	% of children and young people reporting that they are able to cope with the emotional difficulties they experience.	N/A	57.7% Baseline					This KPI will be further developed once the Brighter Future's Survey is further defined and the cohort of schools and year students that are going to be subject to the survey is determined
		% of children and young people reporting that would be happy to seek help when experiencing emotional difficulties that they might face	N/A	53.5% Baseline					This KPI will be further developed once the Brighter Future's Survey is further defined and the cohort of schools and year students that are going to be subject to the survey is determined
		% of children reporting being bullied in the last 12 months	N/A	17.6% Baseline					This KPI will be further developed once the Brighter Future's Survey is further defined and the cohort of schools and year students that are going to be subject to the survey is determined
	Objective 3C. Reduce isolation and loneliness	Number of people who are supported by a Local Area Coordinator.	558 (Jan-Dec 15)	576 - Achieved 841	595	613	632	650	Target Exceeded
		% of people whose self-reported wellbeing happiness score is low	10.7% (2014/15)	10.16% Achieved 9.3%	9.62%	9.08%	8.54%	8.00%	Target Exceeded
		Proportion of carers who reported that they had as much social connection as they would like (Sarah Turner)		29.67% (16/17 survey results) Baseline					This is a new KPI. Annual targets to be established

Goal	Objective	Key Performance Indicators	Baseline (2016)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Narrative
3. Better Emotional Health and Wellbeing	Objective 3D. Improve the identification and treatment of mental ill-health, particularly in high-risk groups. Amended from Improve the identification and treatment of depression, particularly in high risk groups	People entering IAPT as a % of those estimated to have anxiety / depression.	15% (Sept 15)	16.8% Achieved 16.6%	19.00%	21.00%	23.00%	25%	Target not achieved
		% of people who have completed IAPT treatment who are "moving to recovery".	39.00%	41% Achieved 52.2%	44.00%	46.00%	48.00%	50.0% (Current national target)	Target Exceeded
		% of patients on community LTCs caseloads without a diagnosis of depression, screened for depression in the last 24 months using a standardised tool.						95%	This is a new tool and baselines and trajectories will be established during 2018. See page 39 for further information
		% of ASC clients over 65 screened for depression by frontline Thurrock Council SC staff							This KPI is to be removed as the %of ASC clients over 65 screened for depression by frontline staff does not provide an outcome measure or indication of what happens to those that have been screened and are suspected of experiencing mental ill health.

Goal	Objective	Key Performance Indicators	Baseline (2016)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Narrative
4. Quality Care Centred Around the Person	Objective 4A Create four Integrated Medical Centres. Amended from Create four healthy living centres	Identify localities for IMCs	N/A	4 Achieved 4	N/A	N/A	N/A	N/A	Target achieved . This KPI will be closed.
		Develop business case for IMCs	N/A	N/A	4	N/A	N/A	N/A	Progress against this target will be reported in next year's Health and Wellbeing Strategy annual report (year 3)
		Number of IMCs that are operational	0	0		2	2	4	
		% of A&E attendances that are coded as no investigation with no significant treatment.	40.93%						38.8% (draft target)
4. Quality Care Centred Around the Person	Objective 4B. When services are required they are organised around the individual	% of the 2% highest risk frail elderly in Thurrock with a care plan and named accountable professional.							This KPI is to be removed and will be replaced with new KPIs once the Mede Analytics data sharing project has been developed and launched as set out on page 42
		Establish a data system linking records from primary, secondary, community, mental health and adult social care			System in place and roll out commences				Target achieved – it is envisaged that Mede Analytics will be rolled out during 2018
		% of Early Offer of Help episodes completed within 6 months.							
	Objective 4C. Put people in control of their own care	% of people who have control over their daily life.	74.2% (2014/15)	76.36% Achieved 79.9%	78.52%	80.68%	82.84%	85%	Target exceeded
		% of people receiving self-directed support.	70.3% (2014/15)	76.24% Achieved 74%	83% Achieved 78.45%				

Goal	Objective	Key Performance Indicators	Baseline (2016)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Narrative
4. Quality Care Centred Around the Person	Objective 4D. Provide high quality GP and hospital care to Thurrock	The number of GPs per 1,000 patients in all four CCG localities. Amended was previously the number of GPs per 1,000 patients	0.47 (2015)		1 locality	1 locality	2 localities	0.27 (National Average in 2015) in all 4 localities	A report against target is scheduled for the next annual report to be published in July 2019
		The number of nurses per 1,000 patients in all four localities. Amended was previously the number of nurses per 1,000 patients	0.22		1 locality	1 locality	2 localities	England average was 0.27 in 2015 to be achieved in all 4 localities	A report against target is scheduled for the next annual report to be published in July 2019
		% of GP practices with a CQC rating of at least "good".	2 practice rated as good from 32 practices	40% Achieved 71%	90%	100%	All practices rated as good and 2 practices rated as outstanding	50%	Target exceeded
		% of patients who had a good experience of GP services.	80% (2015/16)	81% Achieved 77%	82%	83%	84%	England average was 85% in 2015/16	Target not achieved.
		% of all A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge.	91.11% (2015/16)	91.88% Achieved 88.3%	92.67%	93.44%	94.22%	95%	Target not achieved

Goal	Objective	Key Performance Indicators	Baseline (2016)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Narrative
4. Quality Care Centred Around the Person	Objective 4D. Provide high quality GP and hospital care to Thurrock	Overall CQC Rating – BTUH	Good (Maternity Dept rated as outstanding)	Will not be subject to inspection	Will not be subject to inspection	Will not be subject to inspection	Retain good overall rating	Retain good overall rating	
		Overall CQC Rating - NELFT		Requires Improvement				Good or be working towards good	
		Overall CQC Rating - SEPT	Good (Will not be subject to inspection	Will not be subject to inspection	Will not be subject to inspection	Retain good overall rating	Retain good overall rating	
		Overall CQC Rating - East of England Ambulance Service		Requires Improvement				Good or be working towards good	

Goal	Objective	Key Performance Indicators	Baseline (2016)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Narrative	
5. Healthier for Longer	Objective 5A. Reduce Obesity / Increase the number of people in Thurrock who are a healthy weight	% of children overweight or obese in year 6	36.7% 2014/15 37.8% 2015/16	37% Latest data will be available in December 2017	36.50%	36%	35.50%	35% of statistically similar to national average		
		% of physically inactive adults	N/A	31% or 37,890 adults (new reporting method in place 28.5%)	28%	27.5%	27%	26.5%	Reduction of 0.5%	
		% of adults overweight or obese	70.4% (2012/14) 70.3% (2013-2015)	70.30% (new reporting method in place 65.8%)	65.3% Reduction of 0.5%	64.8% Reduction of 0.5%	64.3% Reduction of 0.5%	63.8% Reduction of 0.5%		
	Objective 5B. Reduce the proportion of people who smoke	Smoking prevalence in those aged 18+.	20.3%	19.3% Achieved 20.8%	18.30%	17.30%	16.30%	Below 16%	Target not achieved	
		% of children reporting that they smoke once a month or more	N/A	7.4 % (Baseline)					This KPI will be further developed once the Brighter Future's Survey is further defined and the cohort of schools and year students that are going to be subject to the survey is determined	
		% of mothers smoking at time of delivery.	9.9% (2015)	9.45% Achieved 9%	9.00%	8.54%	8.09%	Trajectory suggests 7.64% should be achievable	Target exceeded	

Goal	Objective	Key Performance Indicators	Baseline (2016)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Narrative
5. Healthier for Longer	Objective 5C. Significantly improve the identification and management of long term conditions	Indicators: a) The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of Hypertension. b) The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of Stroke. c) The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of Coronary Heart Disease. d) The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of Peripheral Arterial Disease. e) The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of Depression. f) The percentage of GP practices that meet the recommended parameters for diagnosis and treatment of COPD.	A) 25% B)26% C) 26% D)26% E)25% F) 26%	A) 28% B) 27% C) 29% D) 29% E)25% F) 39%	A) 31% B) 29% C) 33% D) 33% E) 25% F) 48%	A) 35% B) 31% C) 36% D) 36% E) 28% F) 56%	A) 40% B) 35% C) 40% D) 40% E) 30% F) 65%	This is a new programme and first reports against KPIs will be provided in the next Health and Wellbeing Strategy Annual Report 2019.	

Goal	Objective	Key Performance Indicators	Baseline (2016)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Narrative
5. Healthier for Longer	Objective 5D. Prevent and treat cancer better	% of cancer admissions diagnosed for the first time via emergency presentation.		86 per 1000k population Achieved 86 per 1000 population	84 per 100k population	82 per 100k population	80 per 100k population	78 per 100k population	Target achieved
		% of patients treated within 62 days of receipt of urgent GP referral for suspected cancer to first treatment	56% (February 2016)	62% Achieved 58.8%	68.00%	73.00%	79.00%	Working toward national standard of 85%	Target not achieved
		1 year survivorship after breast cancer.	95% (2013)	96% Achieved 95.3%	96.25%	96.50%	96.75%	Working towards 97%	Target not achieved
		Bowel cancer screening coverage	54% (2015)	55.00% Achieved 55.2%	56.00%	57.00%	58.00%	60% (Current national target)	Target Exceeded

Links to key strategies and programmes

Strategies/Programmes	Further information	Location in this report	
Mid and South Essex Sustainability and Transformation Partnership	http://www.nhsmidandsouthessex.co.uk/	A Summary of the Board's work (page 8)	Strategy / Programme
Thurrock Better Care Fund for 2017-2019	https://www.thurrock.gov.uk/how-care-is-changing/better-care-fund-plan	A Summary of the Board's work and objective 3D (page 8)	Strategy
Southend, Essex and Thurrock Dementia Strategy	http://democracy.thurrock.gov.uk/Data/Health%20and%20Wellbeing%20Overview%20and%20Scrutiny%20Committee/201109061900/Agenda/\$7275%20-%2015702.ppt.pdf	A Summary of the Board's work and objective 3D (page 9)	Strategy
Joint Strategic Needs Assessments	https://www.thurrock.gov.uk/healthy-living/joint-strategic-needs-assessment	A Summary of the Board's work (page 9)	Evidence report
Annual Public Health Report	https://www.thurrock.gov.uk/healthy-living/other-public-health-reports	A Summary of the Board's work (page 9)	Evidence report
Pharmaceutical Needs Assessment	https://www.thurrock.gov.uk/healthy-living/pharmaceutical-needs-assessment	A Summary of the Board's work (page 9)	Evidence report
School place planning strategy	https://www.thurrock.gov.uk/pupil-place-planning/overview	Objective 1A (page 14)	Strategy
Teacher recruitment website for Thurrock	www.teachinginthurrock.co.uk/	Objective 1A (page 15)	Recruitment of teachers

Strategies/Programmes	Further information	Location in this report	
Jobs at Opportunity Thurrock	https://www.thurrock.gov.uk/news/jobs-and-careers/opportunity-thurrock-jobs-network-launched	Objective 1B(page 17)	Vacancy website
On Track Thurrock	https://www.thurrock.gov.uk/careers-advice/ontrack-opportunities	Objective 1B (page 17)	Job Opportunities for young people
Sexual health clinics and support for young people	https://www.thurrock.gov.uk/sexual-and-reproductive-health/sexual-health	Objective 1C (page 19)	Sexual Health Service
Community Hubs in Thurrock	https://www.thurrock.gov.uk/community-hubs-and-community-centres/supporting-local-people	Objective 1D (page 21)	Community Hubs
Stronger Together Partnership	https://www.thurrockcvs.org/stronger-together	Objectives 2C and 3C (page 28)	Information providing local community activities
Thurrock Time Banking	http://www.timebanking.org/location/time-bank-thurrock/	Objectives 2C and 3C (page 28)	Volunteering Service
Small Sparks Grant	https://www.thurrockcvs.org/small-sparks	Objective 2C (page 28)	Funding for small community projects
Social Prescribing	https://www.thurrockcvs.org/social-prescribing	Objectives 2C and 3C (pages 28)	Service is open to all patients aged 18+ who present to their GP with issues that have a non-clinical underlying cause
Thurrock Air Quality and Health Strategy	https://www.thurrock.gov.uk/sites/default/files/assets/documents/strategy-airqualityhealth-201612-v01.pdf	Objective 2D (page 29)	

Strategies/Programmes	Further information	Location in this report	
0-19 Brighter Futures Healthy Families Service	https://www.nelft.nhs.uk/services-thurrock-brighter-futures-healthy-families	Objective 3A (page 32)	
Thurrock Anti-Bullying Strategy	https://www.thurrock.gov.uk/bullying-and-anti-bullying/bullying	Objective 3B (page 34)	Anti-bullying Strategy, Advice and Guidance
Open Up Reach Out	http://www.essex.gov.uk/Health-Social-Care/Families-and-childrens-social-care/Documents/Open-up-reach-out-year3.pdf	Objective 3B (page 34)	Transformation Plan for Children's emotional health and wellbeing
Local Area Coordinators	https://www.thurrock.gov.uk/local-area-coordinators-help-in-community/overview	Objective 3C (page 35)	Service - Local area coordinators (LACs) help vulnerable people find ways to make a better life
Thurrock Recovery College / Inclusion Thurrock	https://inclusionthurrock.org/recovery-college/	Objective 3D (page 37)	Mental ill health support
Shared Lives Thurrock	https://www.thurrock.gov.uk/shared-lives-adults-living-with-carers/overview	Objective 4C (page 42)	
Micro Enterprises Thurrock	https://www.thurrock.gov.uk/community-enterprises-for-care-and-support/supporting-local-people	Objective 4C (page 42)	
Thurrock Healthy Lifestyle Service	https://www.thurrock.gov.uk/improving-your-health/thurrock-healthy-lifestyle-service	Objective 5B (page 48)	Smoking Cessation Service
Thurrock Tobacco Control Strategy	https://www.thurrock.gov.uk/sites/default/files/assets/documents/tobacco-strategy-2016-v03.pdf	Objective 5B (page 48)	