

## Thurrock Health and Wellbeing Strategy 2016 – 19

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

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

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

Goal	Objective	Indicators	Baseline	Target %by 2020	Source
		Estimated Dementia Diagnosis Rate for people aged 65+ (%)	-	67%	Internal analysis
		Number of “dementia friends” in Thurrock	-	3750	-
	B4. Improve air quality in Thurrock	Annual mean level of NO2 in the declared AQMAs			
<b>C. BETTER EMOTIONAL HEALTH AND WELLBEING</b>	C1. Give parents the support they need at the right time	% successful outcomes from early intervention prevention parenting programmes	-	95%	-
	C2. Improve the emotional health and wellbeing of children and young people	% of children and young people reporting that they are able to cope with the emotional difficulties they experience.	-	-	Thurrock Young People’s Survey
		% of children and young people reporting that they know how to seek help when experiencing difficulties with emotional health and wellbeing	-	-	Thurrock Young People’s Survey
		% of children reporting being bullied in the last 12 months	-	-	Thurrock Young People’s Survey
	C3. Reduce social isolation and loneliness	Number of people who are supported by a Local Area Coordinator	42.3 (2013/14)		PHOF indicator 1.18i
		% of people whose self-reporting well-being happiness score is low.	11.5%		PHOF indicator 2.23iii

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

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

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