

Better Care Together : The Thurrock Story



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Foreword

On behalf of the Council and our Adults and Health directorate, we want to extend a warm welcome to our CQC Inspection team. We welcome the support and insight that inspection brings and look forward to showcasing our strengths as well as learning together where we can improve services for Thurrock residents.

Thurrock Borough Council's Adults and Health directorate has a long history of transformation and innovation in partnership with colleagues in the NHS, other Council directorates, the third sector and residents. We are committed to playing our part in delivering the Corporate Plan: A Fresh Start for Thurrock and we are proud of our whole systems integrated care strategy *Better Care Together Thurrock: The Case for Further Change*. This comprehensive and ambitious integrated model of care sets out and acts as our collective road map with partners and residents to creating a healthier and more integrated health, care and wellbeing system that delivers better outcomes. In 2024 the London School of Economics (as part of its research into innovation in social care - [SASCI](#)) concluded that our approach in Thurrock was the most integrated and 'whole system' that they had identified nationally. Whilst no room for complacency and acknowledging the potential for continuous improvement in a dynamically changing environment, we are proud of our practice and the integrated working that is embedded with health and voluntary sector partners providing high quality services and solutions for our residents and communities locally.

At the heart of our approach sits relational strengths-based practice; building a relationship with each and every resident we serve, and then co-producing a solution with that resident that is bespoke and addresses all of their needs in one place, at the same time, whilst capitalising on their strengths and the assets within our community. This approach is what we mean when we refer to Human Learning Systems, a term that is woven through this self-assessment as it encapsulates how we operate. Initiatives like Local Area Coordination, Community-Led Support, Wellbeing Teams, Thurrock First, and our Integrated Locality Teams will be explained further in this self-assessment and embody these values.

We are equally proud of our commissioning and brokerage functions and the relationships we have established with providers across different sectors including a very active micro-enterprise market. Our Integrated Strategic Commissioning Strategy sets out a new and innovative approach to commissioning that embeds both relational practice and continuous learning within all contracts. Our care market is right sized, and we have developed an innovative programme of over 100 micro-enterprises offering a diverse range of care, support, and wellbeing services at a hyperlocal level. We have robust yet supportive arrangements in place that ensure a range of high-quality care provision that offers choice to residents.

This document tells the Thurrock Story and, expanding on our approach, we have provided examples and vignettes to illustrate the positive outcomes for our residents and communities. Our journey continues but in describing where we have got to and what the immediate future holds, we hope that you find this self-assessment both useful and enjoyable.

Cllr Mark Hooper, Cabinet Lead Member for Health and Wellbeing and

Rob Persey, Interim Executive Director of Adults & Health (DASS).

Overview

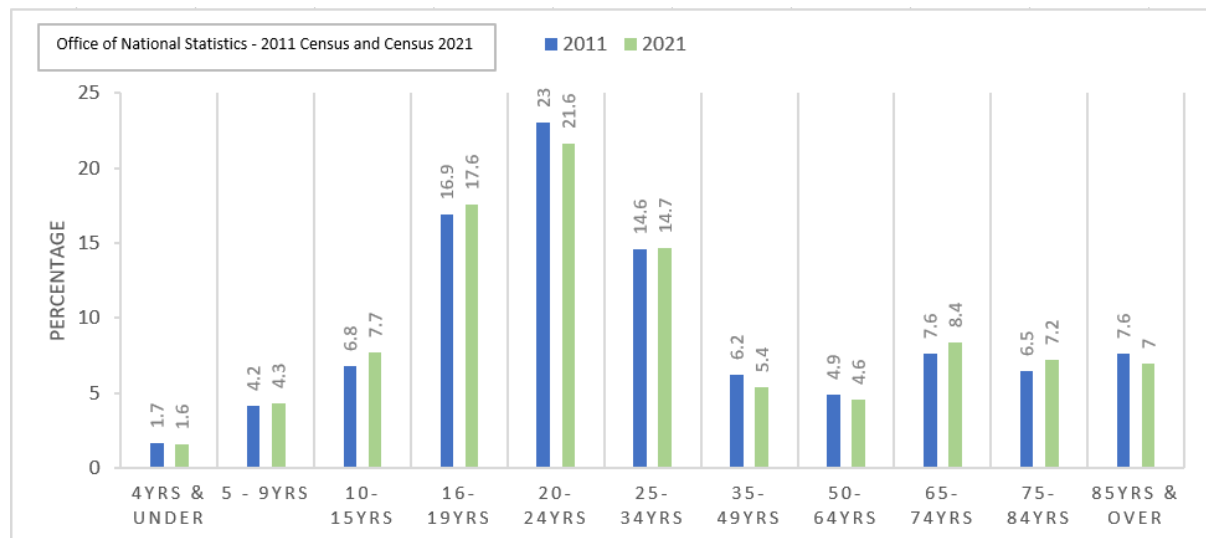
Based at the heart of the Thames Gateway close to the east of London, Thurrock is a busy borough with picturesque towns, reams of beautiful countryside, of which 70% is designated greenbelt, and 18 miles of river frontage. We are a borough of contrasts with urban areas of Grays, Tilbury, and Purfleet to the south following the River Thames and rural villages and countryside to the north. Yet whilst we acknowledge the many positive characteristics, we do have pockets of significant deprivation and inequality.

Thurrock is home to a diverse population of residents that is growing fast by over 10% every decade, a trend that is predicted to continue. Our current population is estimated at 179,000 and, as can be seen in the table below, our age structure is younger than England's with 22% being aged 14 and under and 23% over the age of 65. Aligned with this growth the diversity of our population is changing also with 23% of our residents coming from a non-white British background compared with 14% back in 2011.

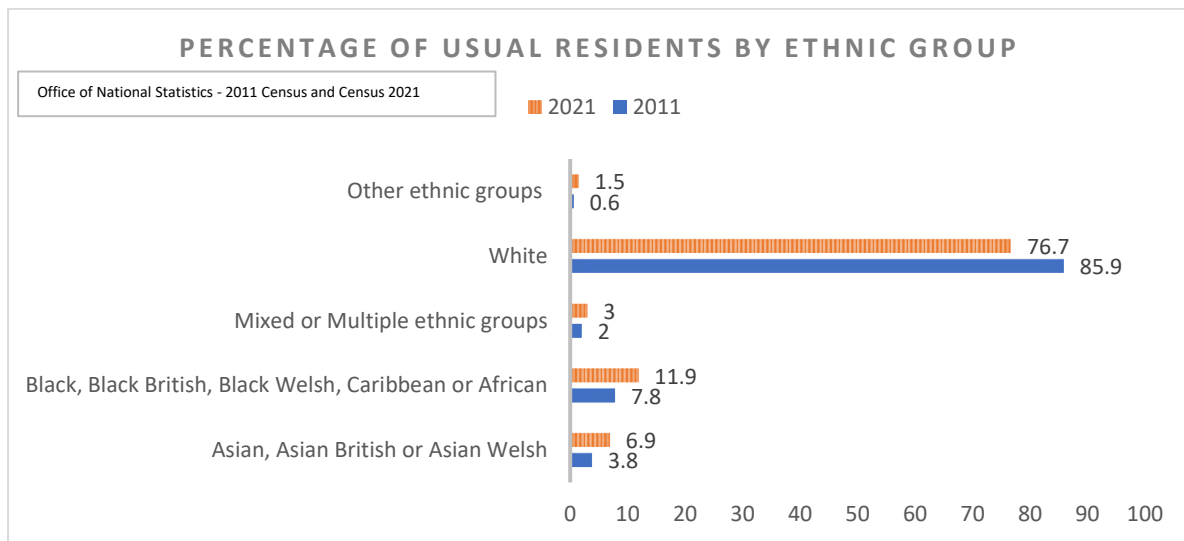
Health inequalities remain a significant issue in Thurrock with our more deprived populations suffering lower levels of both total life expectancy and the numbers of years of their life that they can expect to live without disability. The main causes of death amongst Thurrock residents in 2020 were cancer, cardio-vascular disease, dementia, and respiratory disease. For premature (under 75) mortality, they were cancer and cardio-vascular disease.

For further ONS data click [here](#)

Age profile of Thurrock:



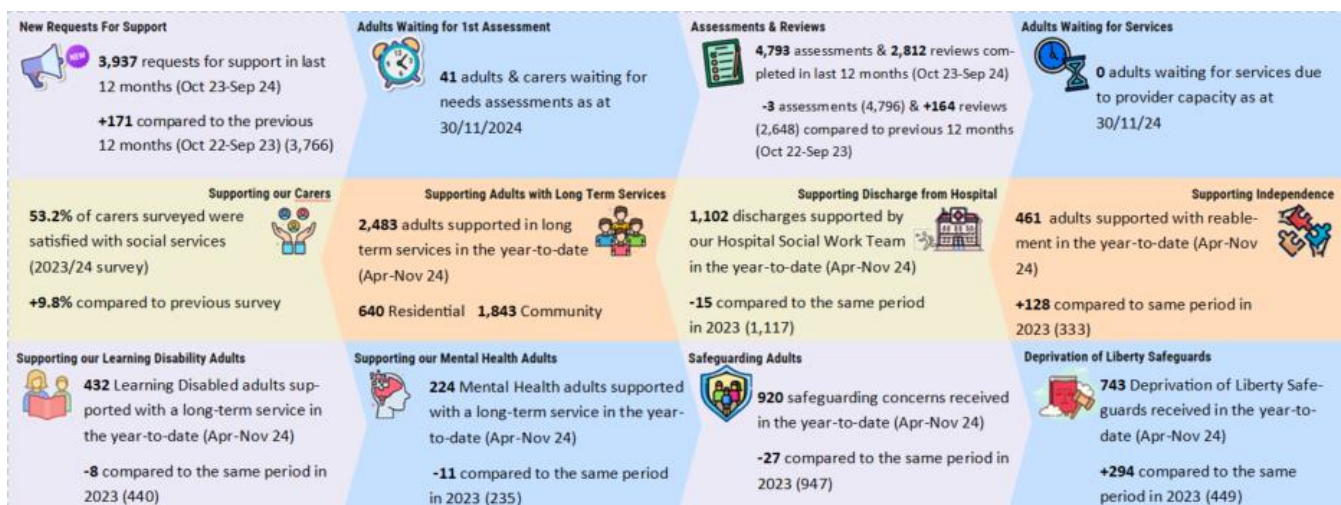
Ethnic groups in Thurrock:



Thurrock's geography, economy, and demography distinguishes it from neighbouring authorities in the rest of Essex or to the west in London. Our growth programme is arguably the largest and most ambitious in England, with 7000 new jobs being currently created by business investment, including ports, logistic centres, retail, and creative industries. This is an important consideration for public health, adult social care, and the wider health economy as we are starting to plan now for the stronger and healthier communities of the future by actively engaging in economic and societal planning. Co-production and engaging actively with our local communities underpin the delivery of Thurrock's Corporate Plan: A Fresh Start for Thurrock.

With the location of the Thames Freeport encompassing Thurrock, we anticipate significant economic investment over the next 15 years aligned with an associated continued population growth requiring a clear vision and close complementary working with our local communities. With these obvious challenges comes plenty of opportunity that locally we approach with a sense of excitement and ambition.

Adult Social Care Overview



Our Vision and Values

The Adults and Health directorate operates alongside and in tandem with the strengthened corporate centre and two other externally facing directorates, Children's and Place. Whilst the historical governance and financial troubles of the Council have been comprehensively documented, the past 18 months has seen significant positive progress delivered at real pace.

The new [Corporate Plan 2024-2029](#) 'A Fresh Start for Thurrock' published in July 2024 provides a clear strategic direction and clarity around our priorities for the next five years. To deliver the change and improvement needed it is incumbent on us to look inward and challenge how we work both internally within the council and externally with our service users, partners, and stakeholders. We know we need a new organisation, and this is built on a new Operating Model. This model signifies a fundamental change in:

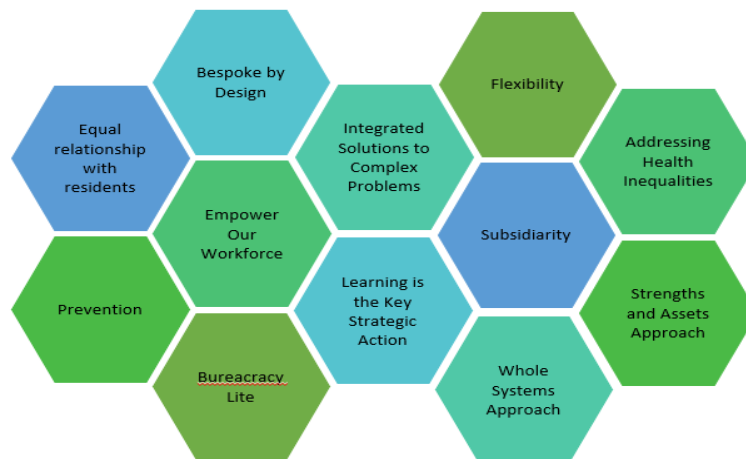
- how we will pivot from a delivery organisation to a predominantly commissioning and enabling council,
- how we will mobilise new approaches to working in and with communities,
- how we will diversify and innovate in the delivery of services,
- how we will make clear and open decisions on priorities based on evidence and the needs of our priority cohorts, and
- how we will be persistent and authentic in realising the value of good communication and engagement with our residents, communities, and partners.

This first Corporate Plan since formal government intervention focuses on how we will deliver this new approach. It details the type of council we wish to be, the changes we will make in how we organise, how we will work more collaboratively and how we will become more outward facing and responsive building a more meaningful relationship with residents and our partners.

Adopting the 'One Council' approach Adult Social Care and Public Health continues to build upon established good practice looking innovatively to the future to improve outcomes for our most vulnerable individuals and communities always through the lens of promoting good population health management.

Our health and care partnership integrated care strategy, the Case for Further Change, provides a compelling case for the vision "Better outcomes for individuals, that take place close to home and make the best use of health and care resources" supported by 12 key principles:

Better Care Together Thurrock - The Case for Further Change



Such is the power of our belief in the communities to enhance people's lives, that the Stronger Together Thurrock Partnership, established in 2012, remains a central vehicle driving our community engagement and strategic direction. Our Integrated Care Strategy has a chapter dedicated to community empowerment and engagement (chapter 4). This is very much a collaboration of people wanting to do things differently, led by Thurrock's Community and Voluntary Service (CVS) and working in partnership with the local council, local NHS and community and voluntary sector groups. Stronger Together Thurrock introduced a programme of initiatives based on developing and embedding a strengths and asset-based approach. This is the golden thread of this self-assessment. We have a range of innovative programmes including community led social work support, micro-enterprises, social prescribing and community hubs.

To respond to each individual in a human and bespoke way we have designed adult social care in a way that resists trying to 'fix' them, instead focussing on a strengths and asset-based approach to promote independence and wellbeing. We talk about walking alongside people, working with people and not 'doing to' them, and seeing everyone as a unique person with strengths and skills. We will provide further evidence of this approach especially under the two themes of 'Working with People' and 'Providing Support'.

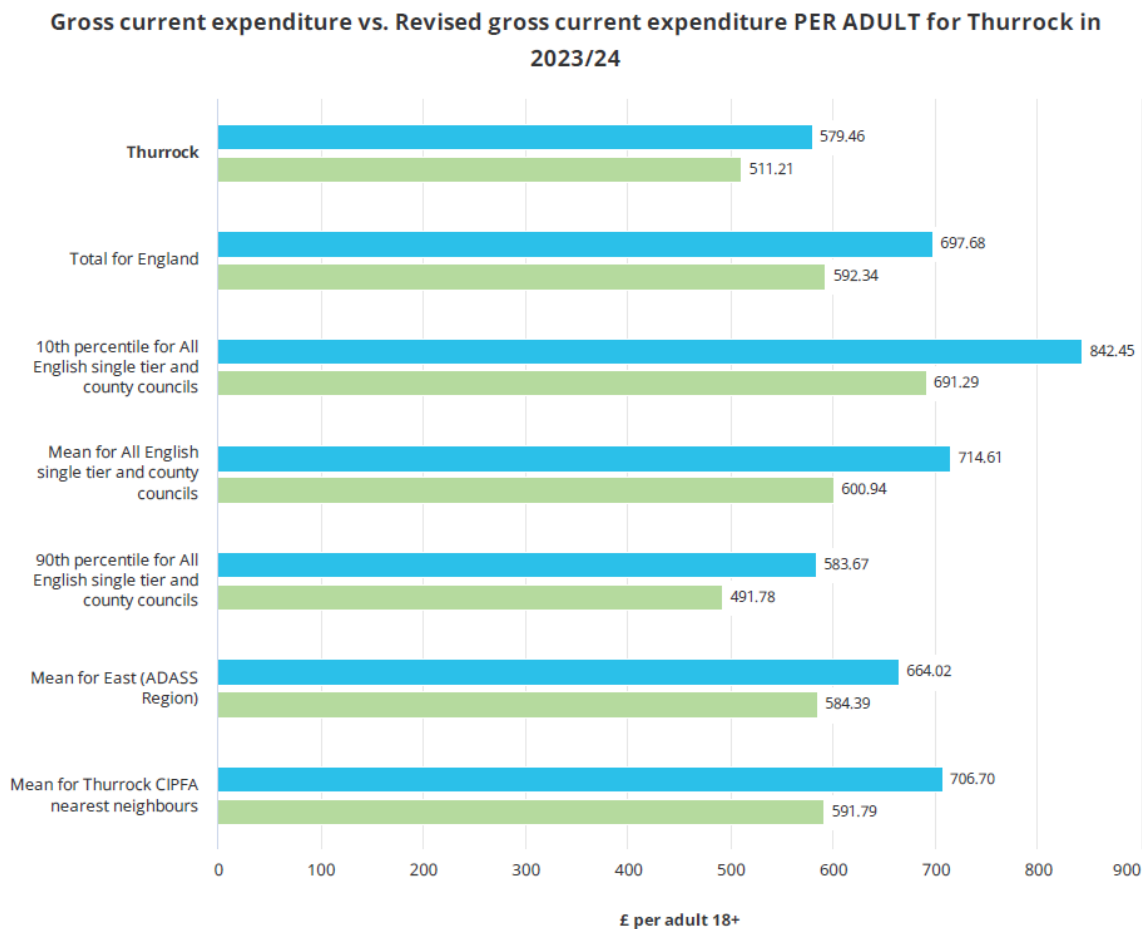
Impact of Our Approach

We believe that the positive impact our highly integrated, strengths-based system has had on the lives of our residents in preventing, delaying, and reducing the need for statutory care provision is evidenced through Thurrock's comparative data – and through our effective budget management where in this financial year we continue to project a final year position within budget despite the considerable challenges we face.

The table below shows two metrics that best capture the level of deprivation, and hence need, in the population presenting for Adult Social Care: the proportion of residents assessed under a financial assessment as being affluent enough to fund their own care for residential care and community care. It also considers five metrics that assess the ability of the system to prevent and delay the need for statutory care provision: overall rate of spend on Adult Social Care per head of population, and the number of adults per 100,000 population accessing community and residential care placements for those populations aged 18+ and 85+. We have benchmarked every single and top tier local authority in England into

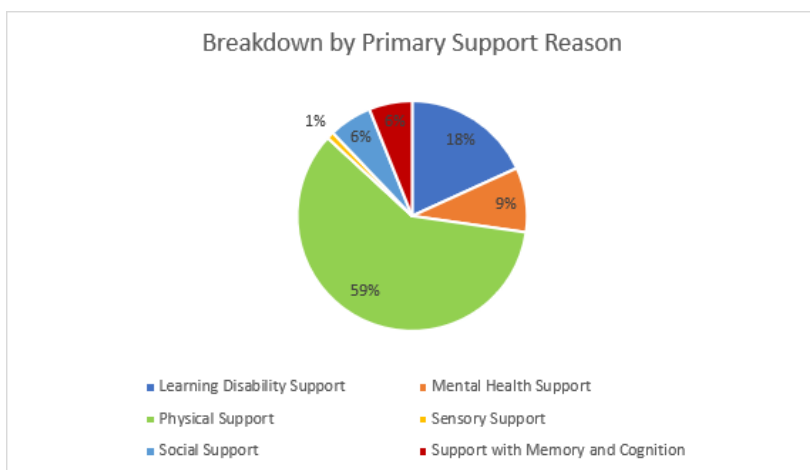
quartiles of performance, and the table considers localities that are in the highest quartile of need for both need variables.

Evidence shows that on integrated working, strength and asset-based practice and focus upon preventative interventions we are succeeding in preventing or delaying the need for statutory services. However, where following assessment eligibility needs under the Care Act are met a high proportion of our local population do rely upon Council funded provision following their financial assessment. This helps explain broadly why we are a comparatively low spend authority yet high need for council support into community and residential placements.



Source: LGA Thurrock Use of Resources Report 2023-24

As at Quarter 3 2024-25 (19th December 24) we had a total of 2327 individuals in receipt of support through Council-commissioned services, 34.5% aged 64 or under and 65.5% 65+. The chart shows a breakdown of % by Primary Support Reason:



Our records indicate that 102 of these individuals have a medical condition of Autism, with 12 of those not having Learning Disability as their Primary Support Reason. We are currently working with our User Led Organisation (Thurrock Coalition) and representatives from the adult autistic community to prepare an adult strategy for neurodiversity. This programme started in 2024 and will be undertaken through 2025, following the principles of coproduction from inception to completion. We look forward to updating on the progress that has made in due course.

Equality, Diversity and Inclusion (EDI)

EDI is evidenced within our strategies, for example our Integrated Care Strategy and Health and Wellbeing Strategy 2022-26. Whilst we are making progress in mainstreaming our approach, we know we still have work to do in this area to ensure the principles of EDI are visible and fully embedded in our work. A case file audit undertaken in July 2024 showed that EDI data was not being consistently recorded and we have ensured all practitioners are aware of the importance of recording EDI information on contact. We are considering ways that we can monitor and evidence improvement outside of repeat audits.

Within our frontline practice we have recently introduced Anti Racist Practice Standards (see [IR1 – Anti Racist Standards](#)), covering the following themes:

1. Our expectations and standards for leaders, managers and practitioners.
2. Our standards around our practice
3. Learning resources

Social Workers and Occupational Therapists at Thurrock are guided by their professional standards of Anti-Racist and Anti-Oppressive practice, this means they are uniquely placed to advocate for equality when working within the community.

We strive to ensure that anyone who engages with us finds it easy to do so and we are proud to have co-produced our assessment process with our user-led organisation.

The Thurrock Diversity Network (TDN) is a member of our Thurrock Coalition (user led organisation), who meet monthly to inform influence and shape the agenda of various boards and initiatives with the Council including the [Partnership Board](#).

CQC Theme 1: Working with People

Our Strengths

- Our assessment and care planning services are fully integrated with local NHS colleagues and the voluntary and community sector across four Integrated Localities (aligned with Thurrock’s four Primary Care Networks) through the Community Led Support teams.
- Thurrock Adult Social Care is proud to have invested in prevention, implementing Local Area Co-ordination (LAC) into neighbourhoods 10 years ago, and adopting a Community Led Support (CLS) model across all areas of support. CLS principles are fully embedded in practice.
- We have championed and often led practice in strengths-based assessments and support. We focus on what a good life looks like for someone. We can highlight some innovative stories on how this model supports people to achieve the outcomes important to them.
- Thurrock First provides an integrated adult social care, community physical health and community mental health single point of contact across all three services enabling quick access through telephone, email, or an online portal 365 days of the year 7am-7pm.
- Co-production is embodied in how we work across all service areas

Challenges and Areas for Improvement

- Thurrock Borough Council has been under government intervention since September 2022 and whilst significant improvement at an ever-increasing pace can be evidenced it remains a challenging environment. In this context adult social care within the Adults and Health directorate is working ever closer in its contribution to ‘A Fresh Start for Thurrock’ the corporate plan, and the Better Care Together Strategy (Integrated Care Strategy) promoting whole systems integrated care working.
- Waiting times have increased for Occupational Therapy. In response, we have initiated two core approaches to enabling improved accessibility to support. The first, Moving with Dignity Project, launched October 2023. The second is a short-term investment to progressing outstanding assessments and support.
- Increased demand in referrals has been experienced across most areas of support, and capacity to respond remains a concern. Additionally, funding shortages across Social Care and the closure of some external sites has reduced some opportunity to engage people within their local communities and has increased officer workloads.

Key Statistics

Activity	Working Well	Area for improvement
<p>3,937 new requests for support in the last rolling 12 months (Oct 23-Sep 24). 3,766 in the previous 12 months (Oct 22-Sep 23).</p>	<p>78.9% of people who use services find it easy to find information about support (2023/24 survey). National average 67.9%.</p>	<p>384 individuals with commissioned services have not had an assessment or review completed in the last 12 months as at 30th November 2024 (tolerance level is 365). 405 in the same period in 2023.</p>

<p>25% of adults supported in long term services were in residential or nursing care as at 30th November 2024. 27% as at 30th November 2023.</p>	<p>68.2% of carers find it easy to find information about support (23/24 survey). National average 59.1%</p>	<p>10 permanent admissions of younger adults (aged 18-64) to residential/nursing care homes in the year-to-date (Apr-Nov 24). 9 in the same period in 2023.</p>
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Community Led Support and Strengths Based Practice Our approach to working with people and assessing need is driven by the Care Act 2014 and the vision and values that underpin our whole system’s integrated care strategy: *“Better Care Together Thurrock, the case for further change”*. The strategy can be found [HERE](#)

The Human Learning Systems and Integrated Well-Being model have been key enablers to transformational change across the whole health and care system and epitomise our approach in supporting and assessing the needs of our residents. For Thurrock Adult Social Care, the principles of Community Led Support (CLS) have been adopted as a vehicle to deliver change and new ways of working across all social care teams.

The foundations of this practice are the CLS principles:

- Co-production brings people and organisations together around a shared vision.
- There is a focus on communities and each will be different.
- People can get support and advice when they need it so that crisis is prevented.
- The culture becomes based on trust and empowerment (with and across organisations).
- People are treated as equals, their strengths and gifts built upon
- Bureaucracy is the absolute minimum required; and
- The system is responsive, proportionate and delivers good outcomes.

Our strengths-based principles enable staff to work in collaboration with their communities and partners, and as a whole authority and not just within social care.

All support options, including information and advice across various service areas (social care, housing, health etc.) are explored from a community-based perspective that is primarily a means to provide early and preventative support, and interventions in a collaborative and joined up way. Adult social care is providing leadership in approach and being a “face” in the community where people can access advice, information, and support easily and the nature of any subsequent assessment/support is proportionate to the individual. A primary concept to this is the right support, at the right time, in the right place and from the right person.

All contact with residents starts with a conversation to understand “what a good life” means to them, and the nature of and proportionate support is agreed with the individual.

We invited an external consultant to complete a Practice Review. In November 2023 we actively engaged with existing service users and carers discussing strengths based, community led practice and listening to those with lived experience. The review highlighted:

‘Thurrock has adopted a Community Led Support (CLS) model, and principles and practitioners have extensive knowledge of what is available in communities and understand community support well’

The review received feedback from 16 people with lived experienced. Below are some of the comments received:

Comments from people with lived experience



Overall, the review found that the experiences of those who receive care and support, and their carers was very positive. In this small snapshot we found that Local Area Co-ordination (LAC) had provided support for two people who traditionally would have been seen as 'difficult to engage' with and in both cases, they benefitted from particularly good outcomes, and people spoke warmly of their relationships with practitioners. The full review report can be found through [IR1 – Independent Practice Audit Report 2023](#).

Thurrock employs one Local Area Coordinator per 10,000 of the population, and the neighbourhoods are aligned with CLS teams in terms of location and community support. Working with our colleagues in the Community Development team, we have been able to gather people's experiences through consultations and surveys using the council's Engagement Portal which has functionality to include stories, photos, and experience. Social Work Practice also regularly records stories to illustrate day to day practice which often has impactful outcomes.

Through locality engagement such as place based community hubs, libraries, community forums – we have captured people's aspirations or concerns and shared with relevant service leads.

A Community of Practice pilot in Corringham and Stanford focused on local engagement with practitioners in the area coming together to consider relevant actions – an example is listening to concerns re loss of banking and therefore hosting Barclays at Corringham Library. We empower people to raise concerns or ideas via Patient Participation Groups, Healthwatch, voluntary sector groups or ward councillors through their surgeries and take proactive action to resolve local issues.

We undertake targeted work with marginalised groups such as convening Inter Faith Networking events to improve relations with council departments or hosting welcome events. One example of this in 2022 was for Ukrainian refugees newly settling in the area with a range of relevant services present including Essex Partnership University Trust, our mental health provider and Department for Work and Pensions ensuring advice and information was readily available.

We have delivered health and social care services to Gypsy, Roma, Traveller, and Showmen communities in Thurrock offering COVID testing and vaccinations during the pandemic. The Public Health team at Thurrock Council successfully secured grant funding to continue the outreach work further to encompass other health concerns raised by site residents – these included Diabetes, medication management, immunisations, mental health, substance misuse and long COVID. All of these preventative interventions collectively contribute to the improved wellbeing of our communities ensuring the demand for our statutory service provision is targeted to those eligible residents in most need. A programme of approximately thirty events were scheduled between September 2022 and February 2024 across five site locations and were delivered in partnership with a range of Health, Council, and voluntary sector partners.

Results have been promising; between January and July 2023, 202 residents have been seen by health services onsite, with 16 new GP registrations and 24 onward referrals to other services. Traveller Liaison Officers report that each time they visit, communities are positive and become more trusting about professional colleagues coming onto site, which historically had not been the case. Face-to-face engagement has opened a valuable feedback channel. For example, a pharmacist spends dedicated time with Thurrock's traveller sites and has had some excellent results – reviewing medication, helping to provide advice and information and resolving issues. The relationship has undoubtedly built trust with the community and helped to improve health and wellbeing. There are several case stories which highlight success and can be found through [IR1 – Thurrock ASC Storyboard](#). Successes to date with this endeavour have resulted in another year's funding being allocated to this project. This will enable us to continue building those relationships with the community, continue the positive joint working relationships between professionals, and broaden the scope of the support we could provide.

Making Support Accessible for All: Talking Shops

Talking Shops take place across Thurrock in supermarkets, community centres, high street shops, libraries and are attended by social workers, housing tenancy officers, occupational therapists, health practitioners and third sector organisations. They are an integral part of our Community Led Support (CLS) model and residents can drop-in and speak to any of these professionals within their own communities. The model breaks down the barriers of office-based support, bringing professionals into the community, rather than communities coming to professionals. This has enabled easier access to the right support from the right person, at the right time.

Below is one example of how Talking Shops can be impactful:

Case Study – Young woman meets a social worker at a Talking Shop, she explained that she lived within an abusive relationship not only from her husband but also his family whom she lived with.

The young woman spoke limited English and did not want to formally raise her concerns as there was a high degree of coercion and control and feared losing her child. She was emotionally distraught and felt isolated with nowhere to turn. The Social Worker connected her to Changing Pathways and Children's services. There was still a duty of care in respect of the child.

The young woman has been supported to leave the relationship and is doing well, with her child. Changing pathway supported with her housing situation and children's services are supporting.

There was no formal assessment, just good relationship based social work with language and cultural support and connecting to the right people.

Assessments

Our assessment format is strengths based and focusses on what a good life looks like for the individual. We are proud that our assessment format was fully co-produced with people with lived experience.

The assessment considers peoples personal assets and network of support and the model's ethos and focus on community resources follows one of the basic principles of the CLS model, which is community first, service last approach:



Our approach to assessment also extends beyond social care practitioners / teams, where wider support from “place” is identified. For example, where an individual may benefit from LAC, mental health, addictions, or Housing support that would achieve desired outcomes or prevent, reduce, or delay needs arising, the CLS team are able to draw on the support from the wider “locality based” team that includes professionals from these functions.

Case Study – a resident contacted Thurrock First requesting support and was referred to the ISWT. Initial contact was initiated by CLS worker, but the resident declined the offer of a visit and support. The worker liaised with the Local Area Coordinator who has previously worked with the resident. A joint visit was arranged at the local hub. The visit helped the ISWT worker to start building a relationship and understand the resident's needs. Following on from the visit, the CLS worker linked in with a multitude of other professionals including colleagues from Primary Care, Occupational Therapy, Sheltered Housing Officers and Mental Health. Ongoing support is being provided to support the resident with housing needs and substance misuse concerns.

The Independent Practice Review (see [IR1 –Independent Practice Audit Report 2023](#)) completed in November 2023 found **88% of practice audits were good or outstanding** measured against a new audit framework. The Consultant found other areas of notable good practice:

Good Practice Examples

- No 'fixing' getting alongside : persons assessments includes their compulsions and rituals as part of who they are. Not seen as a deficit, but risk management appropriately recorded
- Hope : Person at high risk of self-neglect and very independent agrees to live in residential care after home becomes inhabitable. Possibility of returning home or taking back control through private options explored , understanding the risks. Whilst settled in Home, the options available provide hope and support her to be more settled.
- Women who has spent many years with drug and alcohol issues finding support in the relationship with her LAC and currently drug free. *'She has been brilliant and probably saved my life'*



When assessments need to be rapid

The Urgent Community Response Team (UCRT) is an integrated health and social care service, we believe that we are the only urgent care response team which is integrated and can provide short term crisis related care/personal support in England. The service provides a rapid assessment and short-term health and social care support to individuals, over the age of 18, who are experiencing, or about to experience, an immediate crisis in the community or are in Accident and Emergency whereby without intervention or support, they would require hospital attendance or admission. The team of health and social care staff work within a two-hour response time, seven days a week providing support, care, assessment and arrange services to ensure timely and suitable support is given. The aim of the service is to provide access to immediate support from range of services that enable an individual to remain at their usual place of residence and avoid admission to hospital during an acute change in health and / or at a time of crisis.

Within NHS Mid and South Essex Integrated Care Board, NHS National statistics for 2-hour Urgent Community Response from April 2023 indicate the service has achieved 90% response rate to residents within the 2-hour target. Full details can be found, including the most recent monthly publication, [HERE](#)

The Hospital Hub is responsible for discharge planning for all Thurrock residents who are in Basildon Hospital or in either Thurrock or Brentwood community hospitals, working closely with health partners as part of an Integrated Transfer of Care Hub (TOCH) and with our four Community Led Support Teams.

In 2022 Thurrock's Health and Care Transformation team started working closely with our Hospital Social Work Team (the team is embedded within the Integrated Discharge Team (IDT) at Basildon and Thurrock University Hospital). We wanted to ensure patients received the best possible care and that support assessments following discharge used national guidance.

Under the [Discharge to Assess model and Home First approach](#) to hospital discharge, most people are expected to go home (that is, to their usual place of residence) following discharge. The Discharge to Assess model is based on evidence that the most effective way to support people is to ensure they are discharged safely when they are clinically ready, with timely and appropriate recovery support if needed. It is best practice that any assessment of longer-term (ongoing) needs should be anticipated and initiated during a person's recovery

journey but not fully completed until the person has reached a point of recovery and stability where it is possible to make an accurate assessment.

The model for Adult Social Care and supporting Thurrock patients when it comes to discharge from acute is laid out below:

- Once medically optimised and identified as requiring ASC input to enable safe discharge, a shorter care and support assessment template will be used to focus solely on safe discharge, facilitated by a small hub of ASC staff who remain based within the acute.
- Following a recovery period, a full Care and Support assessment of longer-term (ongoing) needs will then take place in the community.

Adult Mental Health social work and Learning Disability social work is now fully integrated into our four place-based Community Led Support social work teams. Older People's Mental Health is delivered with EPUT through a Section 75 agreement. A recent and thorough evaluation of integration of specialist social work teams into CLS teams identified a range of benefits and positive impacts for residents, as well as key learning and areas for improvement.

We are however aware of the need for skilled specialisms to continue following the Practice Review. Whilst all services are now integrated into CLS teams, this does not mean a return to generic social work practice. We will continue to develop training around key areas such as autism, learning disabilities, dementia and mental health and continue to recruit specialist Practice Advisors in these areas. This will provide citizens of Thurrock with skilled and knowledgeable staff. It will also help to upskill non-specialist staff members through working alongside specialist leads.

Information and Advice

Our adult social care survey (2023-24) showed 78.9% of adults found it easy to find information and advice about support (11% above national average) and 68.2% of our carers surveyed said the same (9.1% above national average). Our approach to prevention and wellbeing is underpinned by our information and advice service, our Talking Shops, our integrated front door team Thurrock First and our community partnerships.

Advocacy

In Thurrock we ensure that advocacy is actively used in line with the Care Act to support individuals and/or their representatives. We have recently completed a new tender transitioning to VoiceAbility. Significant support was provided by the lead commissioner to ensure the provider was introduced to all key stakeholders and that the working relationship between the new and incumbent provider was cordial and effective to ensure the successful transfer of existing referrals, ensuring they were not affected by the change. VoiceAbility has supported leaflets and marketing materials specific to Thurrock and videos outlining what advocacy is and how to get in touch. This can be found [HERE](#). As with all contracts, the quality of advocacy provided is assured through the contract monitoring process.

Reviews

The former 'Reviews Team' has now been integrated within our four Community Led Support Teams, improving continuity of care by ensuring that the same team undertaking the assessment retains responsibility for reviews.

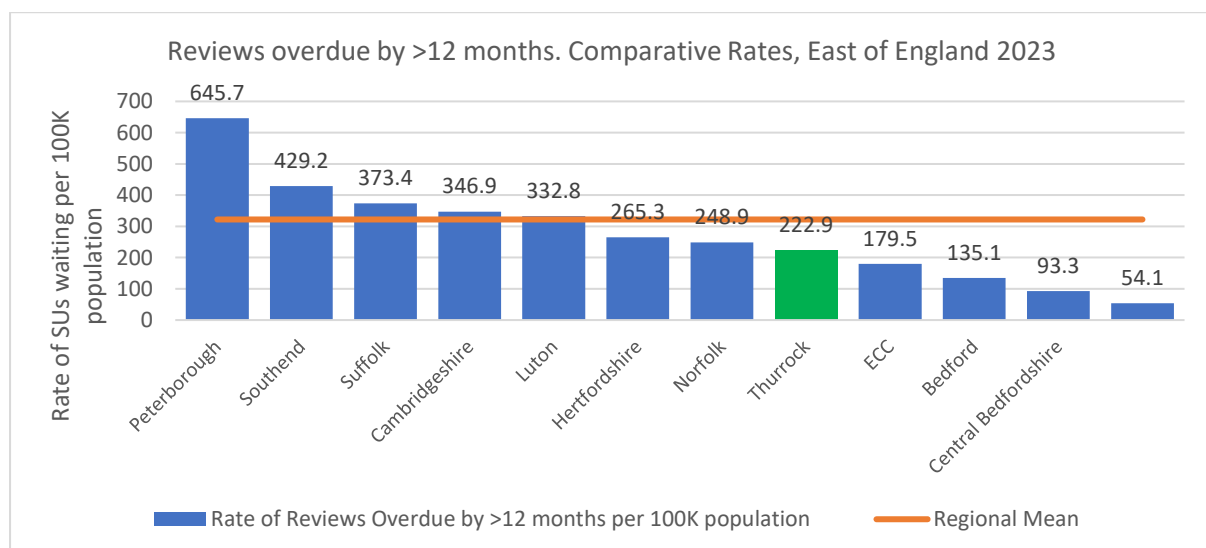
Most people who receive care and support are reviewed at least annually, with a programme of more frequent reviews undertaken for service users where this is identified as necessary to ensure that the care package remains appropriate and required. For example, for residents with mental health support where a package of care has been increased because of a crisis, a rolling programme of up to 8-week review is instigated. A new Adult Social Care dashboard has been implemented giving the ability for practitioners and teams to see data across settings, client groups, and care intervention in terms of volume, acuity, cost, and trend, and drill down to client level where necessary. The case management system also flags overdue reviews to teams.

Thurrock benchmarks well compared to regional comparators on overdue reviews and is investing in further capacity to improve review timeliness. When comparing our performance against our regional colleagues in relation to the percentage of people in receipt of long-term support for more than 12 months, that have received a review in the last 12 months, we performed above the regional average for Quarter 2 2024/25:

Period	Thurrock	Regional Average
Q2 24/25	70.2%	66.6%

Source: Regional Scorecard Quarter 2 24/25

In Thurrock the assessor/reviewer can make a risk-based judgement to set the review period up to an 18-month review period. For those not having a review within 12 months the median number of days over the 12-month period was 122 days (approx. 4 months).



We currently have 374 individuals in receipt of long & short term commissioned services awaiting review over a 12-month period, this equates to 281.5 per 100,000 population.

Support for unpaid and family carers

The Practice Review highlighted that *'carers assessments were visible in the cases audited'* and feedback from the carers met at a carers support hub was positive. The Thurrock unpaid carer strategy can be found [HERE](#)

Regionally, ADASS funded Mobilize to carry out a review of each local authority's digital offer in relation to Carers. Thurrock's website and information was well regarded and seen as easy to access and understand. However, there was one criterion where improvement was needed – 'carers being able to digitally find information easily on courses and other learning around the role and challenges of being a carer.' In response to this, we reviewed our training offer to carers and updated our website accordingly. We also secured another year's Carers UK umbrella membership to ensure that Thurrock carers are able to access support and training.

Following a review in 2021/22, there was only one indicator where Thurrock had not seen an improvement in relation to carers services, this was 'Percentage of Carers who report that they have been included or consulted in discussions about the person they care for'. As a result, and to coincide with the refresh of the carers assessment (*see IR1 – Carers Care & Support Ax Template*), briefing sessions took place with social care staff dedicated to carers.

During the one-year period 1st December 2023 to 30th November 2024 we carried out 65 standalone assessments/reviews of 63 individual carers, we also included 441 carers in 575 joint assessments or reviews with the person they care for.

As many carers are unknown to the local authority, we have worked in partnership with Thurrock Healthwatch to carry out an extensive period of engagement with unpaid carers locally. This was used to shape the carers strategy refresh. It was agreed that this engagement would be all age and encompass both adult and young carers. Over a period of months, Healthwatch worked with hundreds of carers using a variety of engagement mechanisms to try and capture the voices of Thurrock carers. The final report was published in February 2024. The document captured the voices of carers so well, it was agreed that this would be the basis of our first all age carers strategy. This can be found [here](#).

Preparing for Adulthood (Transition Team) (PFA):

Thurrock has a dedicated Preparing for Adulthood Team with specialist skills and knowledge of the Childrens and Families Act, and associated SEN Code of Practice, Care Act, and other related guidance. The wellbeing principles are embedded in our Care Act assessment and our support systems. We are taking steps to ensure that the young person's adult assessment starts on time and a draft plan is ready by age 17+. We take timely, appropriate action where the young person's experiences indicate immediate risk of harm, abuse, or breaches of human rights. All contact with young people starts with a conversation to understand what a good life means to them, and what degree or proportionate assessment may look like, which is agreed with the individual. The care and support assessment are completed before their 18th birthday and presented to the adult social care resource panel for funding approval where required.

In addition, the council is well placed to further embed good practice and to continue to provide excellent services to vulnerable children and their families. The recent Ofsted inspection outcome of 'outstanding' reflects the hard work and commitment of all those striving to ensure children and their families receive good services within the Council and from partners. There is evidence of joint working between Children's and Adult Services to ensure that the transition of young people is as smooth as possible and that everyone involved works in partnership to ensure that young people and their families have a positive experience during this often-challenging phase.

Thurrock identified the transitions of young carers to adult services as an area for improvement and has made some headway in this area. Children's and Adult services have

an agreed process/flow chart for young carers moving to adult service and a transitions peer support group is run jointly by the adult and children's carer services so that any young person reaching adulthood can have continued and seamless support. Thurrock is also working hard to refresh the No Wrong Doors memorandum of understanding to ensure that any young carer will receive the support they need, regardless of where they present. In addition, we have carried out briefings with front line staff on transitioning carers to ensure improved understanding of the duties in this area.

The carers service will be undertaking assessments on our behalf, and they co-run the transition peer support group. The aim of this is to help support the uptake of transitions carers' assessments.

We now have adult services accommodation represented on the [local offer website](#). Also, the Preparing for Adulthood Team have published a video with information about the team processes and how they can be contacted [HERE](#)

Transitions and Preparing for Adulthood is further explored in this document under section 3.

Quality Assurance and Audit

During a period of self-reflection, we identified a lack of consistency of good auditing practice across all areas of the service. Whilst senior social workers were adhering to good practice by checking the quality of all assessments prior to completion, we identified a need to be more systematic in our audit process and data collection to evidence the quality of the work.

In August 2023 we appointed a new Quality Assurance Service Manager to strengthen audit practice across ASC. In September 2023, we implemented the Quality Assurance Framework (QAF), and this is now embedded in how we operate. It is a core component that measures the practice and activity within ASC and can be viewed through *IR8 – Quality Assurance Framework*.

The aim of this framework is achieved through the following objectives:



Our current audit regime has been useful in examining our practice against the Care Act 2014 and local policies and guidance such as our Adult Social Care Practice Standards, and Adult Social Care Practitioner Guidance. This has contributed to the overarching process to continually learn and improve the experience of our residents and through this we have gathered evidence to ensure continuous development of our service. Our audit tool is now framed using the principles of the TLAP (Think Local Act Personal) Making It Real Framework

"I" and "We" statements to gain an understanding of how practice and services reflect what is important to the person.

There is a programme of monthly audits identified across all service areas and undertaken by a range of managers across the directorate. These have identified where there are gaps and areas of improvement but also have identified where there is excellent practice being carried out. Celebrating the good and providing positive feedback to practitioners has had many benefits, including building morale and ensuring practitioners are appreciated for their good work.

One of the most insightful elements of the audit process is the opportunity to receive feedback from citizens who draw support from our service. Audits also allow practitioners who have had some involvement in supporting the citizen the opportunity to reflect on their experiences to contribute to the wider learning from the audit. For example, we have co-produced our care and support plan following feedback from citizens with lived experience about the forms including the terminology and format. This has helped the service to adapt to changing our practice which ensures that we remain relevant and effective to our citizens.

Furthermore, the introduction of two Practice and Development Lead roles within our department enabled us to have experienced practitioners who can focus on ensuring recommendations from audits are put into practice. The Practice and Development Leads create and facilitate practice sessions and action learning sets to enhance learning and practice tailored to identified learning needs. One example of this is a practice session to explore and reflect on proportionate assessments which was a direct result of the Care and Support Practice Audit. The need for this practice session was also highlighted in our adult social care integration review which highlighted the inconsistency of assessments.

Occupational Therapy

In Thurrock the Occupational Therapy (OT) service is recognised as an essential and mainstreamed element within the adult social care offer providing invaluable support to the preventative offer with an ethos of promoting independence and wellbeing at the centre of all it does.

Within the OT service a single approach to support residents to access a range of support beyond traditional Adult Social Care has been adopted. Following the principle of the profession, a strengths-based approach to supporting people, and CLS principles, the OT service will explore all options to support residents outcomes without statutory service provision initially, however, where there is a need for statutory support, the OT service will assess and identify eligibility within the relevant legislative frameworks defined by the Care Act, the Housing Grants, Construction and Regeneration Act, the Family and Childrens Act (CS&DP Act) and Housing Act.

A "self-assessment" tool has also been developed and implemented since 2018. This was developed following review of 300 assessments and evaluation of risk of provision without face-to-face assessment to explore improved and more timely access to support. Since implementation, 50% of self-assessments submitted to ASC has resulted in eligible needs to be met without a face-to-face assessment [HERE](#)

Furthermore, through continued integration and partnership with Essex County Council and health partners within the Essex footprint, practitioners across health and social care, as well as other local authority services can support residents to access the Integrated Community Equipment Loans Service without the need for further assessment.

The OT service has also supported a review of the Disabled Facilities Grant service in 2016 and has since hosted the DFG service. The service has adopted an integrated service

approach that enables speed of access to the DFG for Thurrock Residents. In addition to providing a timelier assessment and support compared to that prior to the review, the DFG service has also adopted a self-service approach for DFG applicants that enable greater choice and control in identifying end outcome of home adaptations, the contractor or builder they would like to undertake the works, and when they are progressed. The approach was recognised by Housing LIN and published to advocate strengths-based approach to delivering DFG services [HERE](#)

Sensory Services

Thurrock Sensory service consists of two practitioners, a senior social worker and sensory rehabilitation Officer. They manage the register for all residents, adults and children who have sight loss in Thurrock. This involves speaking to all those who are newly registered, providing information, advice, and guidance. The team works across all four CLS areas of Thurrock with adults aged over the age of 18. This includes those with sight loss, hearing loss or dual sensory impairment. It undertakes initial assessment, ongoing support, and reviews for our residents with sensory loss. The team's approach to working with people is for residents to be seen initially by the Rehabilitation Worker before then working with other team members for ongoing intervention to promote independence.

As of 30th November 2024, we had a total of 552 individuals on our sensory register. The categories of Partial Sight/Sight Impaired along with Blind/Severely Sight Impaired are the largest percentages of 34.06% and 33.88% respectively. Hard of hearing is the next largest at 31.7%.

Case Study – PM is a 55-year-old man with a sight impairment and other health issues. PM became known to ASC sensory services due to difficulties with independence due to his impairment and had been off long-term sick from work. At the point of the first assessment PM had difficulties with daily living skills, mobility, communication, and finances. The outcome was to complete rehabilitation focusing on their goals.

As time went on PM began to find it hard to maintain independence and a direct payment was introduced, firstly for gym access and then for support with day-to-day activities. Unfortunately, due to decline in health, PM was medically retired alongside. Furthermore, he had damp and mould in his property which meant that rehousing had to be explored.

Following a hospital admission, it was agreed for PM to be moved into Extra Care Housing where he was able to have 24hr access to care support plus a care package. PM is recuperating but is improving, he has his own goals including reducing his isolation and completing his rehabilitation specifically around mobility. Due to the co-productive working and strength-based approach the outcome for PM has been positive

Workforce and Practice Development

In Thurrock, Practice Quality Standards bring together our organisational aims with our strengths and value bases approaches to practice, setting the standards that underpin our work with adults, providing an understanding of what informs our interventions, and providing clarity about how, as a directorate, we can support frontline practice. The standards link to our corporate values and behaviours, our strength-based principles and will provide a solid foundation to ensuring outstanding quality. They have been written using the TLAP Making it Real statements with people who draw on services, to ensure we keep people and their wellbeing at the heart of our work. The standards will enable consistency in practice across service areas and amongst practitioners. Each of the Practice Quality Standards provide

practice expectations for all workers within adult social care. We will specifically measure these using audit tools, to develop within a cycle of continual improvement. Please see [IR8 – ASC Practice Standards](#) and [IR8 – ASC Practice Standards – Quality Audit Tool](#) for each standard

Thurrock introduced the Social Work Academy in March 2022, which has strengthened social work development, social work placements and the practice education for the assessed and supported year in employment (ASYE). Educational partners are complimentary of the quality of social work placements, and we have long standing relationships with the following universities:

- University of East Anglia
- Anglia Ruskin University
- University of Essex
- University of Hertfordshire
- University of Bournemouth
- South Bank University
- University of Greenwich

Thurrock is proud of the experience and legal literacy of our social workers, and this was highlighted in the independent Practice Review:

‘Social workers were legally literate, and this was evidenced through practice and recording’

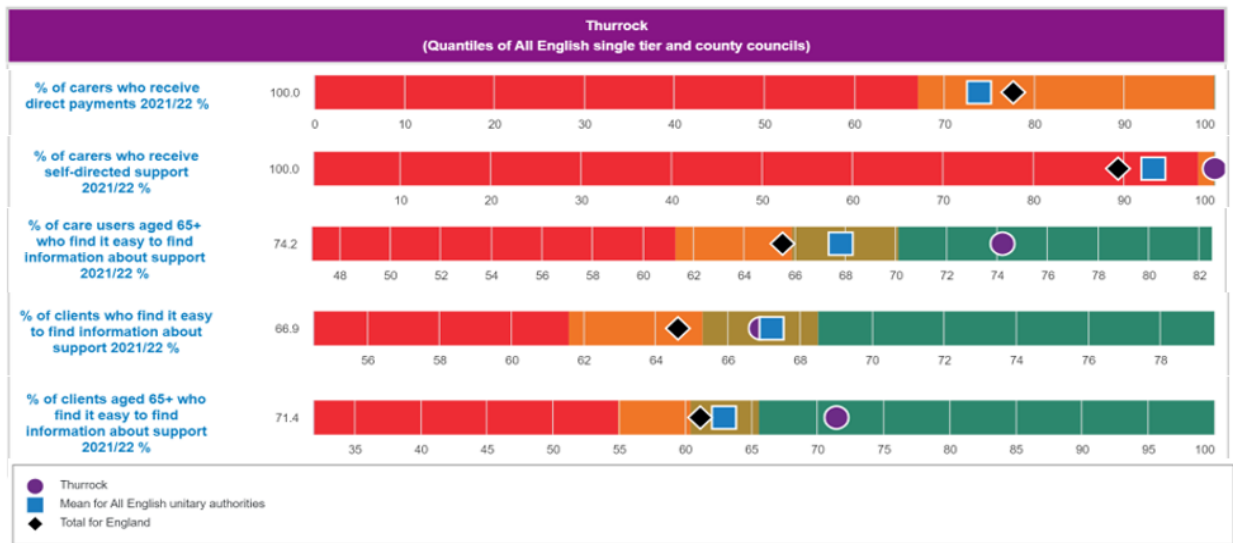
Thurrock prides itself on having a high long-term employment rate, especially within front line teams. This has enabled our communities to benefit from continuity and building relationships where close to 70% of our staff have worked with the Council for more than 10 years.

Thurrock has recently agreed its Workforce Development Strategy. The Strategy provides direction for the development of our workforce against our vision for health and care and responds to the key challenges we face. Whilst recently agreed, much of the Strategy contains work already in place or in train.

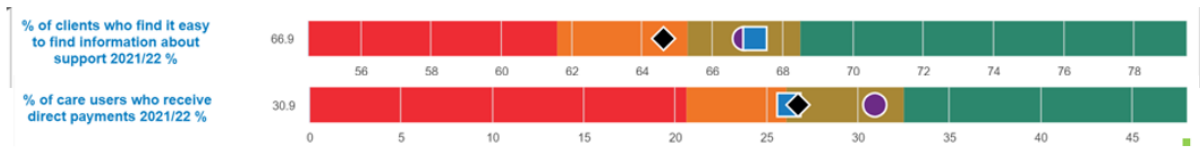
Impact

Our innovative, integrated, personalised and strengths-based approach shows in many of our outcome metrics. We have top quartile performance when benchmarked against all

English single tier and county on the metrics below:

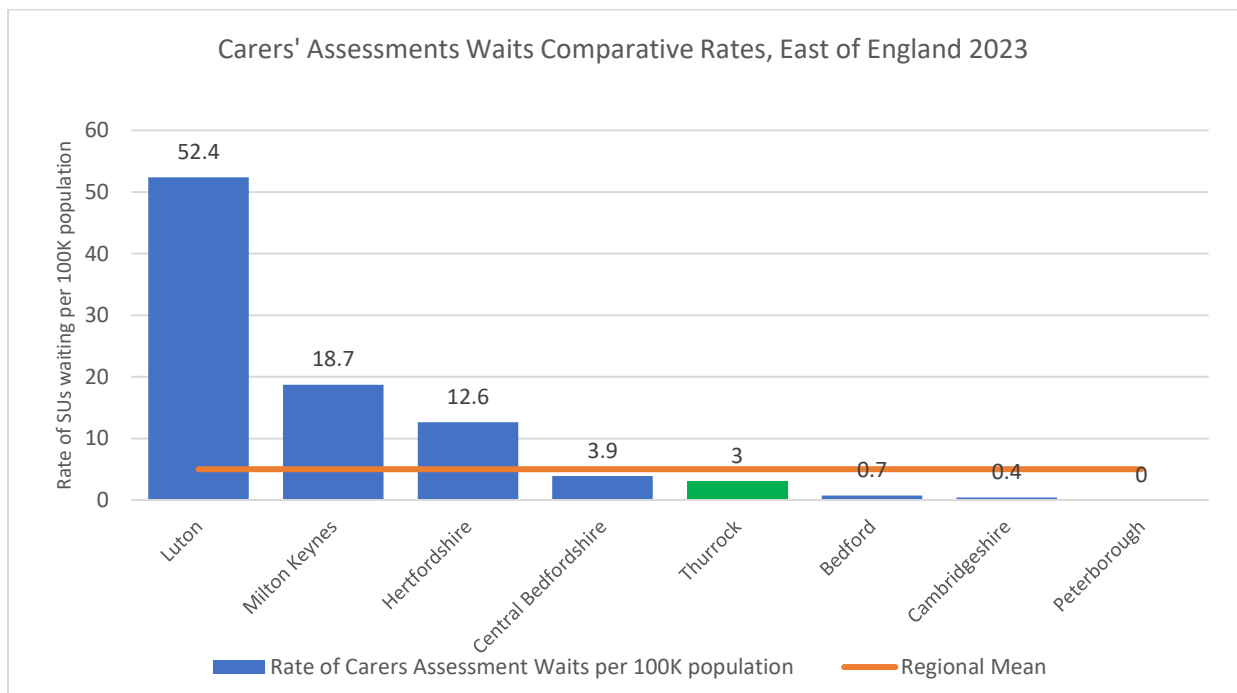


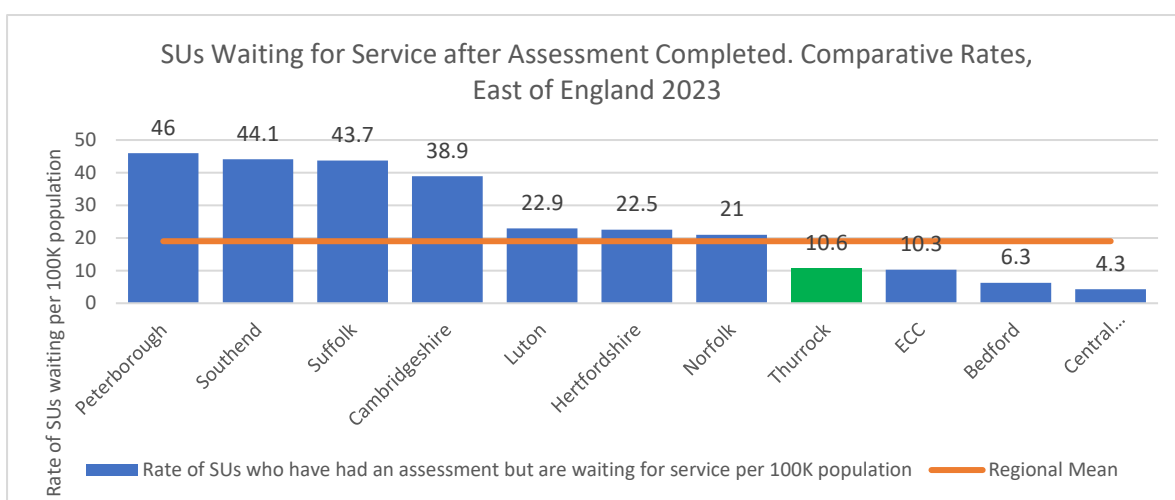
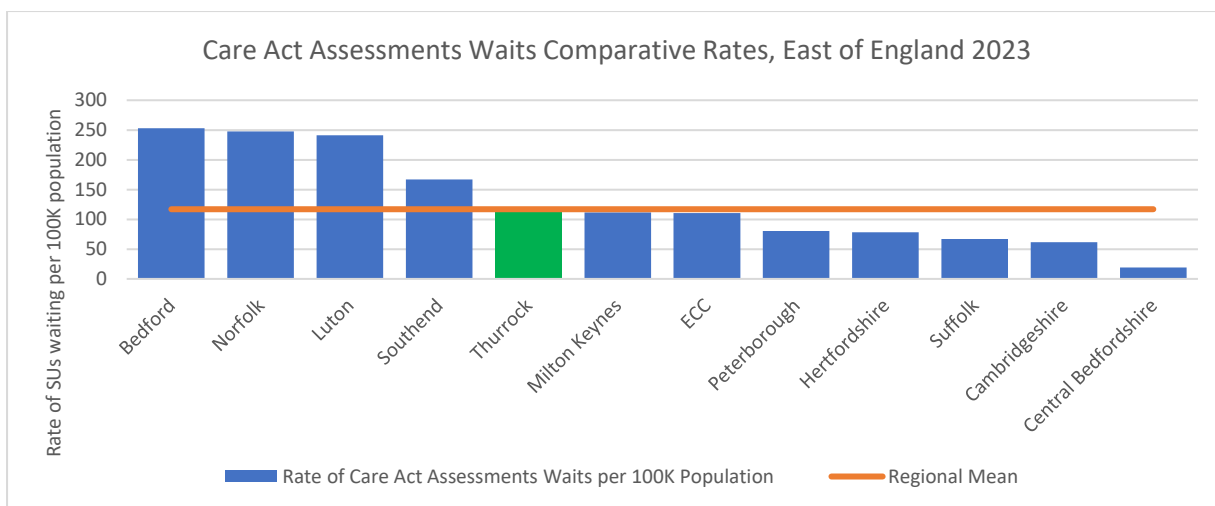
And third quartile (second best) performance on the following metrics:



Apart from OT assessments our waiting times for assessments compare well with other local authorities in the East of England:

Similarly, waiting times for a service after assessment benchmarks favourably:





We are aware the above data is somewhat dated; in the absence of more current published data, we continue use this to benchmark our performance. Currently we have no waits for Carers Assessment and 27 for Care & Support assessment, which equates to 20.32 per 100,000 population.

Greater Choice through Direct Payments

We recognise that direct payment provision is an enabler to individuals having full choice and control in how they achieve their desired outcomes. These are consistently offered within the support planning process, and we have a service that can support individuals with payroll and HMRC. We have consistently performed well in Thurrock on the ASCOF 3D2a (formerly 1C) with 30.4% of those receiving services during 2023/24 being in receipt of a Direct Payment, well above the national average of 25.5%. That element of choice allows individuals to choose a commissioned services route and we feel this has contributed to the slight decrease from 30.4% to 28.4% as at Quarter 2 2024/25.

Select an ASCOF measure

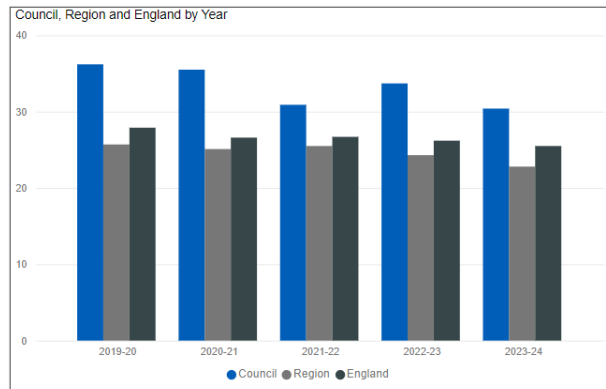
3D2a: Proportion of people using social care who receive direct payments

Select a council

Thurrock

Council, Region and England score by year

Year	Council score	Region score	England score
2019-20	36.2	25.7	27.9
2020-21	35.5	25.1	26.6
2021-22	30.9	25.5	26.7
2022-23	33.7	24.3	26.2
2023-24	30.4	22.8	25.5



National Profile

Thurrock has been subject to national studies and research regarding our approach to asset and strength based, community led ASC support. These can be found via the following links:

[New Developments in Adult Social Care.pdf \(brookes.ac.uk\)](#)

[Learning Outcomes for Thurrock and Derby March 2016.pdf \(lacnetwork.org\)](#)

[A Tale of Two Localities](#)

CQC Theme 2: Providing Support

Our Strengths

- Thurrock’s strategic approach to commissioning centres on developing localised and person-centred provision that seeks to meet and respond to the individual needs of each resident. Chapter 10 of our Integrated Care Strategy – Better Care Together, The Case for Further Change sets out our high-level commissioning approach and ambitions as part of a single whole system approach with partners to an integrated care model. Our Integrated Commissioning Strategy sets out our approach.
- Locality-based Community Led Support Teams work in a strengths-based way in each of the Primary Care Network aligned localities in the borough. The Adult Social Care Strategic Commissioning Team has an allocated representative for each of our four localities and is responsible for building and maintaining relationships with and as an integral part of each Integrated Locality Team.
- Wellbeing Teams – the development of an innovative approach to care provided in the home. Wellbeing Teams deliver care in the home that uses commissioned hours flexibly and works alongside community assets to help people to retain and improve their wellbeing. The council has worked closely with community health colleagues to develop ‘blended roles’ – e.g., upskilling Wellbeing Workers to carry out typically health-led tasks such as insulin injections and undertaking wound care. All staff have trained on ‘the significant seven’ (an observation tool used by NHS care home staff to identify early signs of health deterioration in residents) with our community health provider to recognise and prevent a decline in health. We have recently procured external providers to deliver the Wellbeing Team model across each of our four localities – with this being represented in a new and innovative specification that focuses on ‘learning’ and a ‘test and learn’ approach over an extended contract lifespan (ten years).
- The in-house home care service - Caring for Thurrock - has also moved to a patch-based model, replicating in part the Well-Being Team's approach. Over the course of 2024/25 they have continued this transformation based on evidence we are learning from an evaluation of the Well-Being Team model.
- A high performing and embedded Contracts and Brokerage Team engage constantly with the care market and individual providers, making individual placements and ensuring a relentless focus on quality improvement. It maintains strong, supportive relationships with all providers based on on-going two-way engagement and communication.

Challenges and areas for improvement

- Delivering and embedding our Integrated Commissioning Strategy – ensuring that related strategy documents and plans are developed during 2025 (plans have already been developed and are in delivery for older people’s domiciliary care, specialist accommodation and unpaid carers, and work has begun on the development of a strategy for neurodiversity).
- Thurrock Council’s financial position has been well documented in recent years. However, despite this serious financial context the Council has consistently prioritised delivery of the Adults and Health directorate agenda and under our new Corporate Plan ‘A Fresh Start for Thurrock’, we will continue to focus upon improving outcomes for our residents within the context of our financial envelope.
- The strengthening of co-production with lived experience in all areas of commissioning work. We have numerous good and innovative examples of co-

production in commissioning and are working to ensure that co-production is systematic. We are working in partnership with our user-led organisation to ensure that this is the case – a new co-production charter (*see IR35 – Coproduction Charter*) has recently been developed and agreed.

Key Statistics

Activity	Working Well	Area for improvement
3,109 individuals supported through Council Commissioned services or direct payments in the year-to-date (Apr-Nov 24). 2,932 in the same period in 2023.	88% of Thurrock Residential & Nursing Care Homes rated as Good or Excellent via Local Authority Contract Compliance Visits, as at 30 th September 2024.	68% of Home Care/Supported Living services providing services in Thurrock on behalf of the Council rated as Good or Excellent via Local Authority Contract Compliance Visits (target of 75%), as at 30 th September 2024.
1,102 discharges supported by our hospital social work team in the year-to-date (Apr-Nov 24). 1,117 in the same period in 2023.	68.3% Overall satisfaction of people who use services with their care and support (2023/24 survey). National average 65.4%.	

Strategic Commissioning Approach

Thurrock’s strategic approach to commissioning centers on developing localised and person-centered provision that is bespoke to the resident. Chapter 10 of our Integrated Care Strategy – Better Care Together Thurrock (BCTT) sets out our high-level commissioning ambitions as part of a single whole system approach. Our [Integrated Commissioning Strategy](#) sets out in more detail how chapter ten will be delivered. The Commissioning Strategy is supported by a number of themed plans – e.g. Supported Accommodation and Unpaid Carers. Plans are co-produced with those with lived experience, carers, and representative organisations.

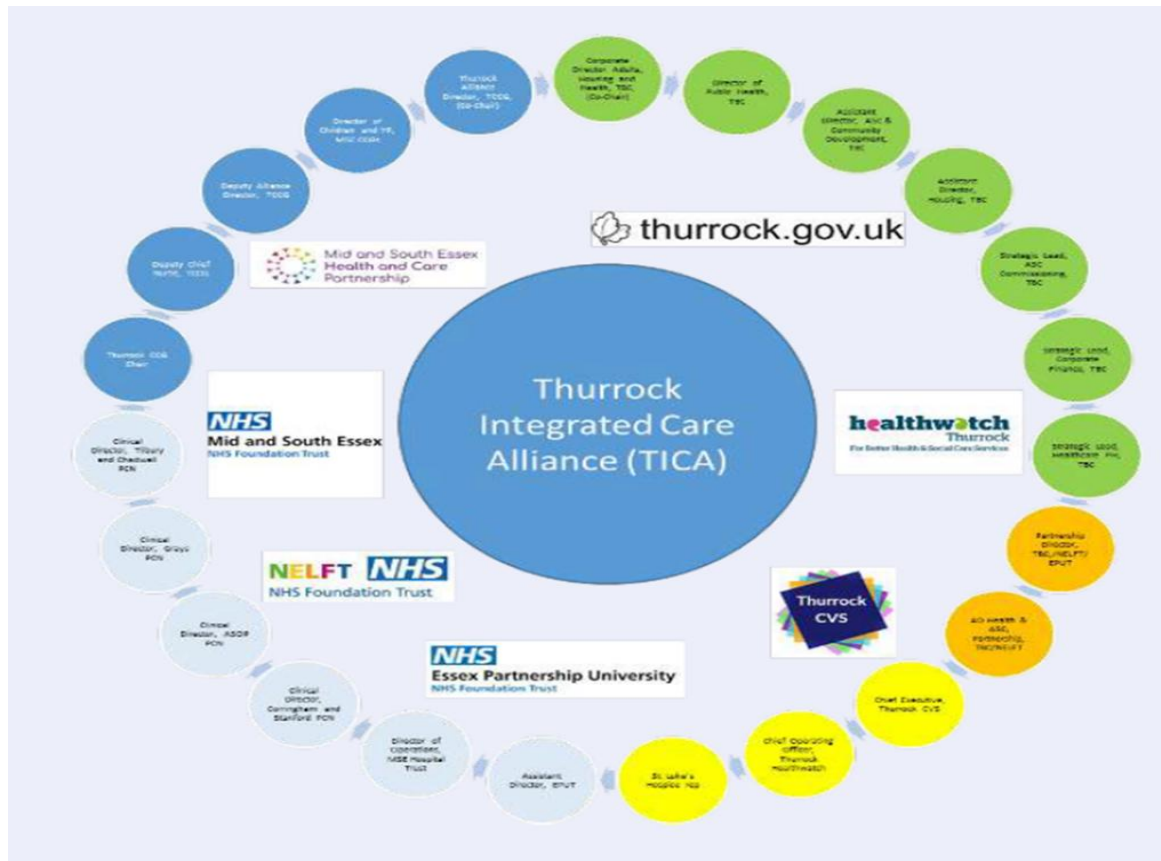
The Better Care Fund has been reviewed by the Local Government Association and a second piece of work is in train to ensure that the fund is fully aligned to the vision set out within our Integrated Care Strategy.

We already have joint Southend, Essex & Thurrock (SET) strategies for dementia and mental health, and these are being developed into localised and co-produced delivery plans. We have engaged with informal carers to ensure that our refreshed Carers’ Strategy (2024) reflects what the community wants and needs. Further information can be found [here](#). Strategies on Specialist Accommodation and Older People (domiciliary care) have also been developed and have or are leading to innovative work – including a new way of delivering domiciliary care (IR15 relates).

A ‘Strategic Use of Resources’ board meets monthly and considers a range of commissioning intelligence to inform future commissioning activity, demands and deficits. The board receives information from our Placements Panel – where all care packages of £500 or more are considered. Our ASC Placement Dashboard presents current data on placement spend, volume and acuity across all settings, client groups and teams in an easy-to-understand graphical format and provides intelligence about trends. The board uses its output each month to inform its work, prompting further strategic conversations about underlying drivers and effective responses.

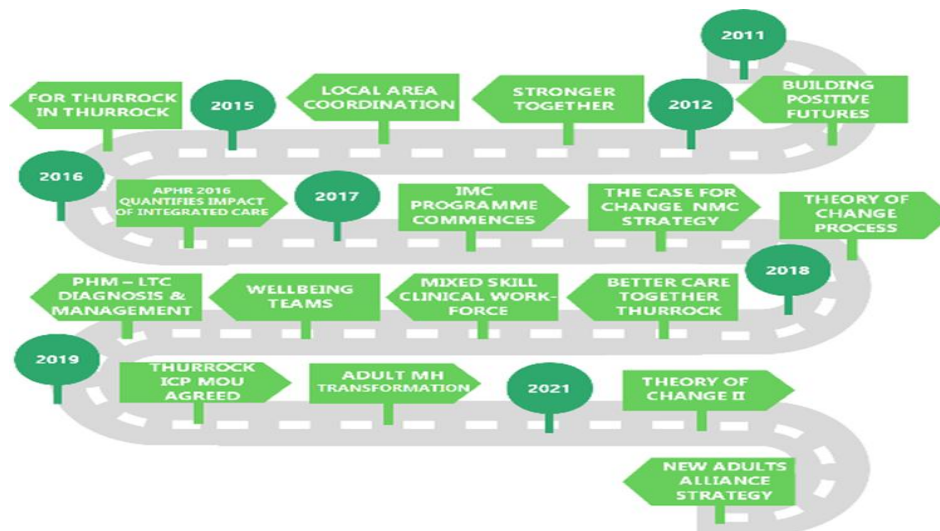
Multi-agency and locality-based commissioning intelligence is also gathered from commissioners being part of the four place-based Integrated Locality Teams.

Thurrock Council is committed to residents experiencing a seamless care and support journey and the support being coordinated across different agencies and services. In late 2019, following a review of local arrangements, partners agreed to further strengthen, embed, and accelerate collaborative arrangements by establishing the Thurrock Integrated Care Alliance (TICA). TICA is the highest strategic level partnership responsible for health, care, housing and third sector, TICA drives strategic transformation across the borough including developing and overseeing the deployment of the Better Care Fund and delivery of the BCTT.



Thurrock Partners' Transformation Journey

Thurrock has a national reputation for excellence and innovation in health and social care and has been transforming its services since 2011. The key milestones and programmes that evidence our strategic transformation journey to date are shown below:



Ensuring lived experience informs our Commissioning Approach

Whilst we are always looking to improve, we have good examples of how we ensure lived experience is informing and evolving our approach to commissioning. These are as follows:

- We work in partnership with our User-Led Organisation (Thurrock Coalition) and User-Led Partnership Board to get the ongoing views of those with lived experiences. For example, Thurrock Coalition is leading on the development of the priorities for our new Autism Strategy. We have a very strong relationship with the Thurrock Coalition. They are pivotal to our engagement approach, carrying out key pieces of work on our behalf and working with users of services, carers and representative organisations to inform strategy and policy – as an example of this, the Coalition identified and worked with users of Direct Payments (DPEG group) to inform our policy and approach. The quality of this engagement led to national interest from TLAP.
- We worked with Healthwatch Thurrock to engage with informal carers, informing the development of our Carers’ Strategy and Carers’ Service. Report can be found [here](#)
- Engagement takes place with people who use services as part of our tender process. For example, commissioning activity for Domiciliary Care, Direct Payments and Mental Health Floating Support was carried out alongside those with lived experience. The approach used for Direct Payments has been well publicised regionally as an example of best practice.
- We commissioned Healthwatch to ask additional questions and seek views regarding homecare for every strand of engagement work they are undertaking. This was then used to develop the new specification.

Examples of planned activity are as follows:

- To review our approach to co-production as part of the delivery of our integrated commissioning strategy to ensure we embed the principles of co-production in all our activity (aligning activity to the new co-production charter).
- Working with Thurrock Coalition to lead on co-production and reviews ahead of and to inform re-tendering activity.
- Engaging with residents at a Supported Living scheme as part of specification development.

Thurrock's Better Care Fund (BCF)

Since the inception of the BCF, the Authority has taken the opportunity to jointly commission a number of specialist services, these include:



We recognise the benefits of this approach and have recently commissioned, outside of the BCF, an Autism Navigation Service. In addition, we are working with Health and Housing colleagues to run two pilots to meet the needs of those with complex mental health needs (Complex Housing Improvement Programme and Enhanced Housing First). They are both multi-disciplinary teams that will be supporting our aim to keep people well and in their community. One is focused on developing bespoke solutions for those with complex mental health (and often substance misuse) needs at risk of eviction, and the other is to support people in moving from placements into independent living – with a view to permanent tenancies being gained through wrap around support. Both initiatives are innovative cutting across Housing, Health and Adult Social Care provision and developing approaches that effectively respond to significantly complex issues in a method that is tailored to the individual.

The [Better Care Fund Plan](#) for Thurrock 2023/25 was approved by NHS England, following an assurance process on the 18th of September 2023. The updated plan for 2024/25 was approved on the 21st of August 2024.

Thurrock's record in 2023/24 shows it performs well in relation to the objectives of the BCF:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

For number of permanent admissions of older people (aged 65 and over) to residential and nursing care homes our 2023/24 outturn was 629.2 per 100,000 population (against a target of 676.3), whilst this was above National outturn of 566.0 for the same period we do have a number of full costers (not self-funders) who contribute to this. During 2023/24, 48% of our admissions were full costers. For the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation, our 2023/24 outturn was 85.8% (against a target of 87.7%), whilst we did not achieve our internal target the outturn was above national outturn for the same period of 83.8%.

Further Commissioning Activity: Investment in Person Centered Support

Further planned commissioning activity with partners or neighboring authorities is as follows:

- Tendering of a Dementia Connect service with Health for system wide provision.
- Bid for funding with ECC for additional technology to support those with dementia and their carers.

We submitted our Market Sustainability and Fair Cost of Care plans to the DHSC and believe that we are in a good place to ensure that our care provision is affordable and sustainable. We engaged with providers during this process, and we are clear of what actions we now need to take to sustain a fair cost of care.

We are also extending our contract duration in recognition that this will allow not only for continuity but for investment in the local area and our transformation programme. The

Homecare tender is an exemplar to this approach which, starting from April 2025 will provide a 10-year contract, transforming from traditional methods of delivery and assuring meaningful service user engagement.

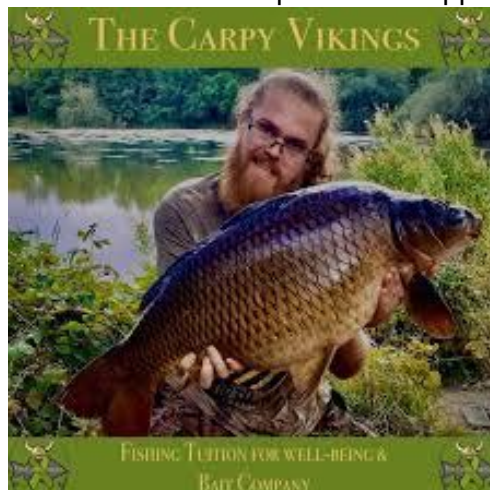
The council has clear pathways to access care and support when needed, this includes the provision of the following services:

- Thurrock First, a single point of contact integrated with NHS Community, Mental, and Primary Health Care provision, which operates seven days a week, 365 days a year from 7am to 7pm. Urgent Community Response Team
- Out of Hours Domiciliary Care provision
- Emergency Telecare provision
- 7 day a week hospital discharge provision
- Emergency Duty

In addition, as already referenced within this document, the place based, CLS (Community Led Support) and integrated approach to health and care means that people can access information, advice, and support far more readily.

Micro Enterprises

Thurrock's development of Micro Enterprises has been highly successful and has helped to evolve 'traditional' commissioning activity so that it focuses on utilising community capacity and diversifies the marketplace. Micro Enterprises are small businesses that the council helps residents (often ex-service users) to set up to meet care and support and other community needs within the borough. They are central to the delivery of support that maintains wellbeing and helps people to achieve the outcomes that are most important to them. Over 100 micros are now in place offering greater choice and control as well as a very personalised approach to care and support. Residents report that microenterprises often provide more holistic and bespoke support compared to traditionally commissioned services. Funding usually comes via a Direct Payment when the service is to meet an eligible need. The individual can also contract the micro independently – e.g. dog walking, gardening services, befriending etc. The initiative enables local people to offer their strengths and find gainful employment and includes people who have lived experience of care who historically, may not have been able to work for a variety of reasons including mental ill-health or caring responsibilities. The hyper-local nature of microenterprises also offers social value by creating job opportunities locally and ensures that funding supports the local economy. There are several case studies that show the impact of this approach.



Case Study – Following a decline in Reece’s mental health resulting in substance abuse, through rehabilitation it was encouraged for him to take up a hobby which led to angling. This led him to wanting to start his own business to not only earn a living but to support others who find themselves in a similar situation.

Reece was supported by the Council in partnership with the DWP to set up a micro to teach fishing to those with mental health.

“I hit rock bottom, turned to drugs and my life seemed over, but somehow, I mustered the willpower to turn my life back around again. I started going out in nature and fishing about 3 years ago, and the wellbeing benefits has been unbelievable. My anxiety and depression seem to disappear. I am mentally fit now, and I would like to say a huge thank you to everyone so far, you have helped me massively.

I am having a complete change of my career. I now want to share the health benefits of nature and fishing with as many people as possible. Carp fishing is not just about catching fish, but also finding solace, strength, and mental clarity.”

Support at Home and Supported Living

CQC ratings

Area	CQC rating good or outstanding
Thurrock	44.7%
Eastern Region	51.7% (mean)
England	56.1% (mean)

* Data source is LG Inform as at September 24. Figures include unrated services (counting negatively), and Thurrock’s figure includes all services registered in Thurrock, regardless of whether the Council contracts/has placements with them.

Although we acknowledge that we appear to be lower than both national and regional averages for the percentage of home care and supported accommodation providers rated as good or outstanding, when this is broken down for only providers that we contract with this increases to 91%.

We commissioned approximately 518,350 hours of home support (2023-24) to approximately 1,527 adults (not including Supported Living but including Extra Care, spot commissioned services only). This was provided by 24 providers (18 in borough and 6 out). The Contracts and Brokerage Team has an extremely good relationship with providers and monitors all providers we place with as part of our contract and monitoring process. This is to ensure that the quality of providers used by the authority remains good. Demand for support at home continues to grow (the above constitutes a 4.5% increase in hours provided in 2022-23) and this is monitored closely by our Contracts and Brokerage Service. As at the end of November 2024 we did not have any individuals awaiting a service start due to the capacity of providers.

As part of delivering Thurrock’s Integrated Care Strategy, the Council is developing a new approach to deliver support in the home (domiciliary care). This includes moving away from traditional ‘time and task’ and recruiting against values. This has been tested with two teams known as Wellbeing Teams. A key reason for the change in approach, as well as improving outcomes for those requiring support, is to encourage people to consider a care role and provide those in a care role with variety and different career pathways. The approach is central to our Workforce Development Strategy. The Council has recommissioned its domiciliary care contract which begins in April 2025 and this new way of working has been built into the specification.

Residential and Nursing Homes

Thurrock has 26 care homes, 12 of which are for older adults and 14 are for adults of a working age. 5 of these homes provide nursing care.

11 of our homes for adults of a working age support people with a learning disability and 2 predominantly support people with mental health conditions.

We also have one specialist dementia home for older adults.

We have developed positive relationships with our providers in Thurrock and always work in partnership to address any issues that arise. We work with them to meet targets from their action plans following their compliance visits. Monitoring of these actions are usually carried out during follow up visits to the service, the frequency of these visits will depend on the rating they received and the actions to be followed up. These positive relationships were evidenced during the pandemic when we asked our providers if there was anything additional we could do to support them, with the response coming back overwhelmingly that we were extremely supportive and were always contactable and helpful. We pride ourselves on our relationships with providers in Thurrock and the supportive approach we have to one another.

We hold quarterly provider meetings that have guest speakers, provide relevant updates, and promote areas of good practice. Representatives of Skills for Care and Essex Cares are regular attendees and have standing items on the agenda.

Area	CQC rating good or outstanding
Thurrock	80.8%
Eastern Region	74.8% (mean)
England	76.8% (mean)

** Data source is LG Inform as at September 24. Figures include unrated services (counting negatively), and Thurrock's figure includes all services registered in Thurrock, regardless of whether the Council contracts/has placements with them.*

The table below shows numbers of individuals newly admitted to residential and nursing care during the periods shown, these have remained relatively consistent:

Year	18-64	65+
2021/22	16	157
2022/23	12	162
2023/24	18	153
2024/24 YTD (Apr-Nov 24)	10	93

Our vision for residential care and nursing care is underpinned by the vision contained within our Integrated Care Strategy, and wherever possible we strive to keep people supported within their own homes. Our approach to prevention and wellbeing as detailed in Theme 1 helps reduce and delay the need for residential care.

Southend, Essex and Thurrock Transforming Care Programme

Essex has a history of large, long stay institutions where people were sent to from the surrounding areas often at a very young age – for example South Ockendon Hospital. In the 1980s “Care in the Community” led to their closure and people with a learning disability moved into new residential homes and supported living schemes. However, people with learning disability and autism who were detained under the mental health act remained in their hospital settings, in some cases for many years. The “Transforming Care” programme was developed to move long stay patients into their own homes in the community and focused on keeping people safe and well at home.

Thurrock Council is a member of the Collaborative Partnership with Southend and Essex and a signatory to the Section 75 agreement which highlights common aims, funding for the team, the management and reporting of a “dowry” pooled fund for specific inpatients and the use of NHSE Service Development Funding for the benefit of all parties across the footprint.

The Learning Disability and Autism Health Equalities Programme

The involvement of people with Learning Disability and/or Autism and family carers is key to the programme. They work closely with advocacy groups, have an Experts by Experience Forum and are recruiting two Associate Commissioners to the team. Thurrock Lifestyle Solutions are closely aligned with the programme, and both raise issues relevant to people with learning disabilities and contribute to co-development projects. TLS are key members of the forums within the programme including our Experts by Experience Forum and the LDA Health Equalities Board. The preparation through 2025 of an adult strategy for neurodiversity is currently being scoped and will be a significant piece of work through the year.

Transforming Care/Mental Health

The aim of the programme is the avoidance of admission to and timely discharge from mental health inpatient beds for adults and Children/Young People with Learning Disability and/or Autism.

Thurrock typically has low numbers of adult inpatients who enter either mainstream mental health beds or local LD Assessment and Treatment Beds with a typical stay of just under three months. Thurrock’s figures are much lower and show shorter stays than elsewhere across the footprint and demonstrate a sufficiency of social care provision to meet need.

Case Study – *Mr A is a 32-year-old gentleman who has been known to Thurrock since childhood. He has a diagnosis of Autistic Spectrum Disorder and associated Learning Difficulties. Mr A can present with behaviours which at times can pose a risk to himself and others and has limited self-risk awareness.*

Mr A has strong care and support family network who advocate for him and make sure he has the correct level of support. In partnership with his family, ASC maintains his safety and wellbeing and actively seeks opportunities to enhance his independence.

A high degree of consistency has empowered Mr A to achieve a level of ability that keeps him firmly within his community and provides some mental and emotional resilience. He has gained skills in cooking, cleaning and navigating the community. Mr A has recently been growing his own vegetables and loves gardening.

The success of ensuring Mr A remains in the community rather than an institution has been met through the partnership of professionals working with members of his family and also the provision being provided by direct payments, allows the family and Mr A to have a level of flexibility within his area.

Thurrock Lifestyle Solutions (TLS) Learning Disability Day services

Thurrock Council provides a bespoke and high-quality service in terms of its day opportunities, community support and supported living for disabled and autistic adults. Spun out into a Community Interest Company (CIC) in 2010, this service is now led and co-produced with the people they support,

TLS is an organisation run by and for disabled adults, the board of directors all identify as having a learning disability and are therefore by association, experts by experience. They provide support for people to directly access the community to engage in a full range of activities that include leisure, social, health, wellbeing, employment seeking and relationship and friendship development. They also have five locality bases located across Thurrock, which are fully accessible and can support those with the most significant physical and behavioral needs.

TLS also provides bespoke supported living accommodation to enable people to live within the community with support.

To keep the experience personal, support is generally commissioned via Individual Service Funds along with some directly commissioned services.

Established integrated, strengths-based more human approaches to working in partnership

Thurrock actively works towards integrating care and support services with those provided by the NHS and by other partner agencies, such as housing, employment, transport, and leisure. Services work together to provide better outcomes for citizens and enhance the wellbeing of people who need care and support and unpaid carers. Their ethos is to intervene at the earliest possible opportunity to co-design strength based integrated solutions with residents:

Community Led Support teams – strengths-based integrated teams that work within the community at locality level (described in detail Section 1)

Local Area Co-ordination (LAC) – strengths-based generic case workers who also take responsibility for delivering Asset Based Community Development

Thurrock First – Thurrock's integrated first point of contact with access to all Adult Social Care, NELFT (community NHS), EPUT (community mental health), and Primary Care services (described in detail in section 1).

Older People Mental Health Team - an integrated team made up of both health (CPN and MH Support workers from EPUT), and adult social care practitioners providing support to residents who have severe and enduring mental health issues including dementia.

Integrated Primary and Community Care Team - The Mental Health Primary Care Team is part of an integrated approach to the delivery of Mental Health Primary Care services within Thurrock. The team is based in the Thurrock Locality and is a dedicated team, which consists of mental health nurses, social workers, community mental health pharmacist as well as support from the Consultant Psychiatrists and is based within each of the four locality areas.

Enhanced Housing First - is to support people with lived experience of mental health with particularly challenging and complex needs. People are supported through provision of accommodation from the council's own housing stock, with integrated wrap around support provided by a specialist mental health practitioner from EPUT. Initially a starter tenancy is used graduating to a secure tenancy following a successful trial period (6 months). The specialist worker liaises with Tenancy Management Services who will maintain responsibility for the rent collection and any repairs issues.

Wellbeing teams and blended roles - The Better Care Together Thurrock strategy references the need for continued integration across health and social care organisations and across service boundaries in Thurrock. To achieve this, blended roles aim to test a new way of working which allows the Wellbeing Team to take on delegated responsibility for certain tasks currently carried out by health professionals. Blended roles reduce the overall number of visits needed, freeing up NHS capacity, and rationalising the number of people involved with the same resident thus improving care continuity. In addition, blended roles workers can have a greater role in identifying signs of deterioration and using technology to monitor vital signs – all helping to prevent, reduce the delay the need for health and care and helping to avoid crises.

Peer Supported Open Dialogue - Open Dialogue originated in Western Lapland, Finland. The emphasis is on social network support, generating dialogue about mental health and with service users involved in all decisions regarding their treatment. It is a recovery-oriented model, in which the emphasis is on the mobilisation of resources within persons own networks. In many respects, it is quite different from the traditional approach where in Thurrock care is essentially organised and delivered at the level of the individual. A recent bid has been approved using some Health Inequalities Funding to train up to 12 staff across Thurrock. The training is delivered across one year from September 2023 – July 2024. For more information, please see [IR1 – Open Dialogue - Thurrock](#)

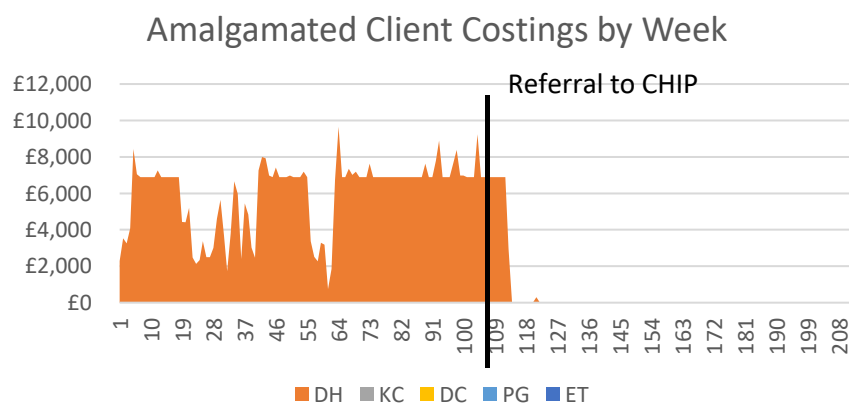
Integrated Medical and Wellbeing Centre - Mid and South Essex Health ICS, local NHS providers and Thurrock Council have delivered a commitment to build an Integrated Medical and Wellbeing Centre (IMWC) in the borough, and provide a wide range of integrated health, care and third sector provision. The Corringham Integrated Medical & Wellbeing Centre (CIMWC) opened in November 2022 designed to provide health and wellbeing support for the local community. This unified approach means better outcomes for people closer to home and a strengthening of services for the public.

Complex Housing Intervention Programme – our Integrated Care Strategy has seen the system transform to work with complexity far more flexibly and effectively. The Complex Housing Intervention Programme (CHIP) started as a test and learn initiative to test a new way of working with a cohort of people with mental illness and behavioural challenges, who, despite many attempts by mainstream statutory services, had not achieved improved outcomes or stability. Generally, this cohort lead chaotic lives, struggle to engage with their community and exhibit behaviour that causes concern and distress to others. They have a high usage of statutory services with few, if any, positive results. Their quality of life is poor, and they often present a risk to themselves and others living around them. Most have a dual diagnosis of mental health and addiction, and many are homeless or are facing eviction due to anti-social behaviour.

Led by a Senior Psychologist, a team has been formed which includes Housing, Social Care, Substance Misuse and Local Area Coordination. Others are brought into the team as and when required. The Team considers those individuals who would benefit from the approach,

and they work with the individual to identify an approach and solution that works for them. This means the avoidance of any cross-referrals and the introduction of ways of working which are traditionally very different that those normally employed by separate teams and agencies. The team works with individuals for as long as they need to do so.

Following the team working with a small number of very complex individuals (five people), projected net system savings totalled over £500,000 per year. There was a significant reduction in service usage and crisis – for example hospital attendance and admission. The work has enabled Better Care Together Thurrock to make the decision that the team become permanent. The graph below reflects the impact that team has had on those worked with through the initial pilot in terms of costs. Separate case studies are available that show the impact on outcomes for those individuals.



CQC Theme 3: Ensuring Safety within the System

Our Strengths

- A dedicated Safeguarding Adults Team with 7 experienced senior practitioners and a support planner
- There is strong multi agency working in Thurrock both strategically and operationally working together, through common plans and strategies
- Safe systems, pathways and transitions - Enabling people to live independently and achieve their goals and outcomes. Taking a risk positive approach with professional intervention
- Excellent provider relationships in respect of S42 enquiries. We work closely with our Domiciliary and Residential Providers to ensure prompt and partnership support to improve the safety of our residents
- A well-established Thurrock Safeguarding Adults Board operating with Pan Essex procedures and providing good system performance oversight at the local level

Challenges and Areas for improvement

- Safeguarding Training and Development – Improve our CPD offer and training and monitor staff compliance levels
- Timeliness of safeguarding enquiries – an internal audit evidence of lack of consistency in regard to the guidance timescales. The external audit plus our internal improvement plan is currently addressing this
- Apply learning from feedback from people with lived experience to strengthen our approach to Making Safeguarding Personal. We are currently working with Healthwatch to strengthen this area of practice.

Key Statistics

Activity	Working Well	Area for improvement
920 safeguarding concerns received in the year-to-date (Apr-Nov 24). 947 in the same period in 2023.	95% of adults were asked their desired outcomes in the year-to-date (Apr-Nov 24). 88% in the same period in 2023.	58% of enquiries completed within 90 days in the year-to-date (Apr-Nov 24). 64% in the same period in 2023.
367 (40%) referrals have progressed to an enquiry in the year-to-date (Apr-Nov 24). 267 (28%) in the same period in 2023.	97% of those asked what outcomes they would like to achieve either fully or partially achieved them in the year-to-date (Apr-Nov 24). Similar performance in same period in 2023.	Ensuring the voice of people with lived experience is consistently translated into learning and practice improvement.

Data updated as at 19/12/2024

Other multi-agency strategies relating to Keeping People Safe:

[Thurrock Community Safety Partnership:](#)

[Thurrock Health and Wellbeing Board](#)

[Violence Against Women and Girls \(VAWG\):](#)

[cross cutting policies and procedures.](#)

[Local Safeguarding Childrens Partnership Board on cross cutting themes](#)

Safeguarding duties under the Care Act

There is a dedicated Safeguarding Adults, DOLS and Corporate Appointee Team within ASC. The Safeguarding Team Manager also has the responsibility for responding to Adults Local Authority Designated Office (LADO) cases and is the link worker between Thurrock's Children's and Adults Safeguarding Services.

Thurrock follows the [SET Safeguarding Adult Guidelines](#) which has been co-produced with Essex and Southend Councils. This provides guidance on how concerns raised about adults at risk of abuse will be managed within the framework set out in the Care Act (2014) and associated statutory guidance.

The dedicated team oversee all safeguarding referrals with concerns being screened within four hours through our duty system. We have 100% compliance with this.

An internal audit completed in December 2023 showed some gaps in how we evidence our performance regarding decision making and therefore, a request for an external LGA audit was made.

The LGA audit took place in February 2024 and identified that staff focus on the individuals concerned and have a keenness to understand and achieve their outcomes.

Recommendations for improvement (all now fully implemented) included:

- Development, adaptation and introduction of an agreed decision/threshold tool which would support with consistent decision making in Thurrock.
- To use RAG ratings for risk to support with prioritising work and managing risk
- Audits form part of the routine practice and are introduced and completed on a regular basis

The full report can be found through [IR1 – Safeguarding Independent Audit Report – March 24](#).

These recommendations alongside those identified through the internal audit have formed an improvement plan which is being overseen by our Performance & Quality Assurance Board.

Example of practice improvements leading on from the above:

We have now implemented a 'Decision Support Tool' to guide our Safeguarding Duty Team in their decision-making around whether a concern meets the threshold for s42 enquiry or not. We have also implemented a 'Risk RAG Rating Tool' to ensure our initial risk assessment of safeguarding concerns received are consistent across the board, and that we prioritise a rapid response to the highest risk rated cases. These tools have greatly improved our decision-making and response times at concern stage, with data showing that since the implementation of these tools, 100% of safeguarding concerns rated as Critical or High Risk had the initial information gathering process started within 24 hours.

The internal audit and the Ex-Director Challenge visit highlighted concerns regarding timeliness of completion of concerns and S42 Enquiries, and we have since completed a deep dive into our performance data. We are addressing this both internally and through the external audit and an internal quality improvement plan and have secured corporate funding to boost the establishment capacity of both the specialist Safeguarding Team and Community Led Support Teams to improve timeliness. The improvement plan is currently being implemented. This is overseen by the Performance & Quality Assurance Board.

The safeguarding service has positive working relationships with statutory services, care providers and wider partners. The internal audit referenced this as one of our strengths. Our staff have built on their specialist skills and are able to offer advisory services across ASC and the wider network.

Good safeguarding practice is recognised as a priority responsibility for all professional staff whether working in the hospital team, one of the Community Led Support teams or the dedicated safeguarding team. As such, S42 enquiries are only held within the dedicated safeguarding team where there is no allocated worker in another adult social care team, or there is an elevated level of complexity demanding specialist input. Although we are promoting safeguarding practice across all adult social care teams, the proportion of enquiries held by the safeguarding team has increased significantly over the last year. We are monitoring this trend closely, but initial analysis shows that this may be due to an increase in safeguarding concerns being received for people not previously known to adult social care but where the concerns still meet the threshold for a S42 enquiry in line with the Care Act 2014.

Completed By	2021	2022	2023	2024 YTD
Safeguarding Team	75%	64%	46%	65%
Other Adult Social Care Teams	25%	36%	54%	35%

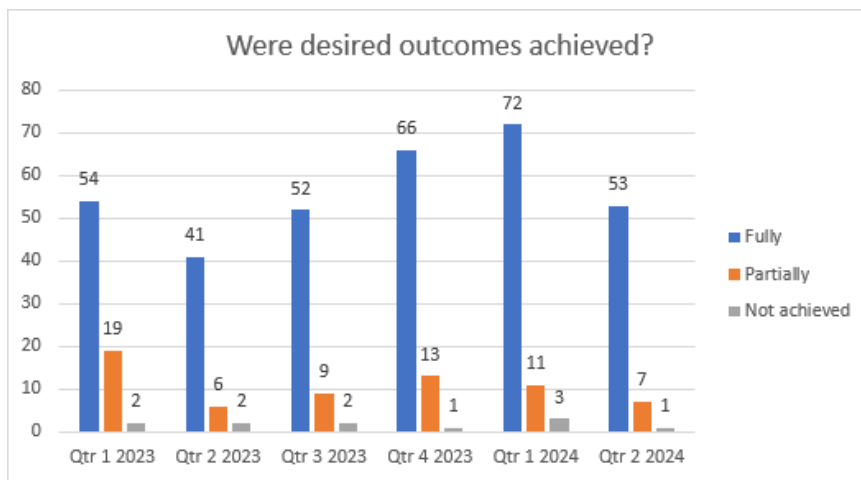
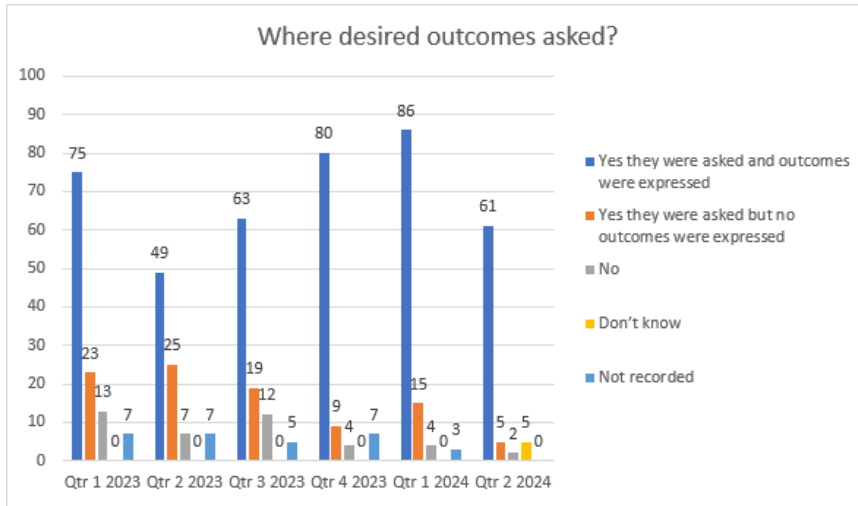
The Quality Assurance Service Manager and the Safeguarding Team Manager have held briefings sessions for all practitioners to improve the quality and consistency practice.

Good Practice – All newly progressed enquiries are discussed at our weekly Safeguarding Allocations Meetings, where we decide allocations of these enquiries as a team. This provides a valuable opportunity for us to explore the background history of cases, previous concerns raised and existing knowledge of cases within the team. Gathering this ‘soft data’ supports us in agreeing on the next steps, further risk assessments and actions required, and who the best practitioner would be to carry out the full enquiry. Complex cases are also discussed at this meeting, which offers a valuable opportunity for peer reflection and improved teamwork.

Making Safeguarding Personal

Underpinning all our safeguarding work is our commitment to Making Safeguarding Personal (MSP). Under MSP, the adult is best placed to identify risks, provide details of its impact and whether they find the mitigation acceptable. Adults are asked what they want their outcomes to be from the safeguarding process. Data is available below:

For 2024/25 year to date (November 24) in 95% of adults were asked of their desired outcome and 97% of those outcomes were fully/partially achieved. We are aware that we need to do further work regarding making safeguarding personal especially in relation to recording.



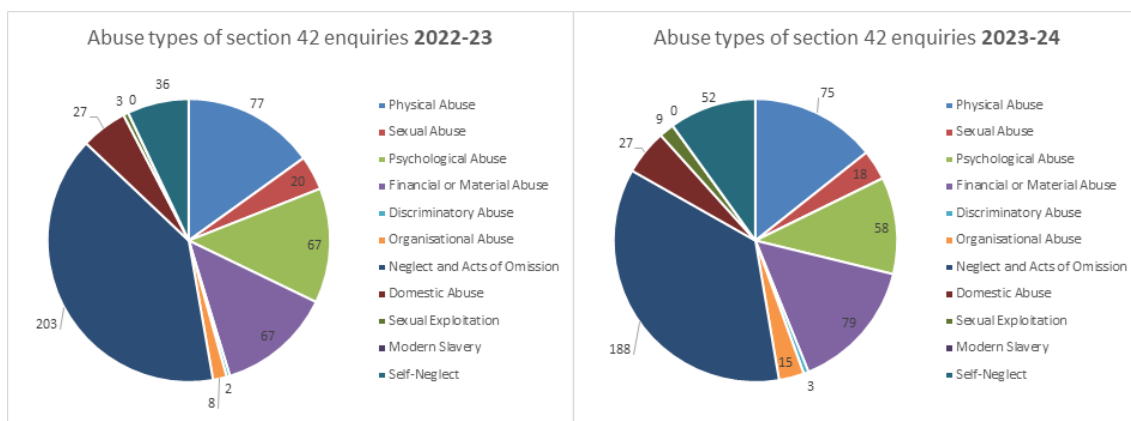
Safeguarding Performance

In 2023-24 we received a total of 1513 concerns, a 19% increase on the previous year. Out of the 1513 concerns received in 2023-24, 451 cases were converted to full enquiries putting our conversion rate at 29.8%, which is lower than our 2022-23 outturn of 43.53%.

For 2024-25 year to date (November 24) we have received 920 concerns, 367 of those resulting in an enquiry commencing, this provides a conversion rate of 39.89%.

Analysis of the types of abuse over the previous 2 years showed:

- Physical Abuse, Sexual Abuse, Psychological Abuse, Neglect and Acts of Omission have all decreased compared to the previous year.
- Financial Abuse, Discriminatory Abuse, Organisational Abuse, Sexual Abuse and Self-Neglect have all increased compared to the previous year.



Currently a quarterly dashboard is produced for TSAB to review. Deep dives have been commissioned using this data where it has been identified as areas of improvement with a subsequent action plan being produced.

Case Study - A concern was reported to the Adults Safeguarding Team when Max's allocated Support Worker was very concerned about his physical and mental health as well as the condition of his flat. It was agreed to progress the concern to a fully enquiry due to concern that he was at risk to himself and his declined support.

A strategy meeting took place where the mental health team were invited. Max was not engaged with agencies and did not leave his house. The Housing Team and Support Worker were concerned as the flat was becoming inhabitable and he was self-neglecting. The professionals involved discussed a possible option to offer Max a respite placement. This plan allowed for Max to be in a safe place with access to a GP and the Mental Health Team. With Max's agreement at the same time his flat could be deep cleaned. Max was reluctant to go into respite care but after two joint visits explaining the options, Max agreed.

Max was assessed by GP and Mental Health Team while in a residential care home. During his stay his flat was cleaned, and he returned home with Community Led Support to prevent from similar concerns to develop again.

Corporate Appointee Team

The Team works closely with people known to ASC who lack capacity and need support to manage their finances. Currently they are supporting 132 individuals. The team works closely with colleagues from a holistic view, to aid a person-centred approach. They

- Provide advice and support to colleagues on managing finances and benefits.
- Provide support around processes and changes to housing benefit.
- Refer cases to the Court of Protection if required to ensure people get the correct support for the client's best outcome
- Have established working relationships with Customer Finance (debt cases/safeguarding) and with provider services, ensuring regular meetings to improve outcomes for people using their services via communication and working together.

Good Practice – The Board identified Domestic Abuse referrals were low. On further scrutiny it was identified that domestic abuse was being recorded in other areas such as physical abuse. A review was undertaken, awareness was raised amongst staff alongside system update. Our domestic abuse recording is now higher and more accurate

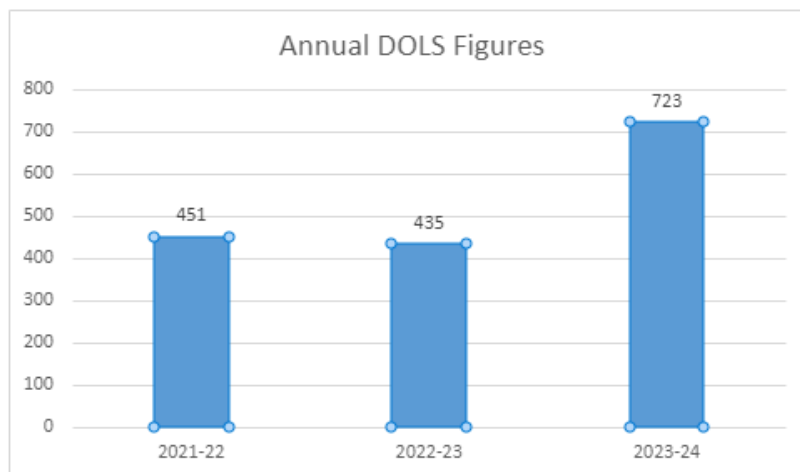
Case Study - Mrs C lives in sheltered housing. She has a learning difficulty and there were concerns that she lacked capacity around managing her finances. She was at risk of others taking advantage of her and it was reported that she was giving large amounts of money to family members.

Mrs C was engaged in a six-week programme with TLS (Thurrock Lifestyle Solutions) to support her in learning how to manage her finances and enable her to deal with the debts that were accruing. Mrs C also had extensive support from a Local Area Coordinator and her sheltered housing officer.

The Corporate Appointee Team agreed to start managing her finances in her best interests. They soon uncovered that a family member had taken out three mobile phone contracts in her name without her permission and her debts were at over £4K. Since Corporate Appointee Team involvement her debts have been cleared.

Deprivation of Liberty (DOLs)

DoLS is robustly overseen and delivered from within the Safeguarding and Legal Intervention Team. The team prioritises the completion of DoLS assessments in a timely manner using the ADASS prioritisation tool. This results in early assessment of risk and identification of care and support arrangements to ensure the protection of human rights. ASC received a total of 723 DoLS requests for the year 2023-24. For 2024-25 as at end of November 24, that number has already been surpassed with a total of 743 having been received. As at 30th November 2024 the number awaiting completed assessment is 127.



To deal with the increase in demand for DoLS assessments, we have invested additional funding in training more internal staff to become Best Interests Assessors (BIAs), which increased our internal BIA workforce from 6 to 28 BIAs. We have also secured more funding for external assessors. With these additional resources we have managed to decrease our DOLs waiting list from 208 case in May 2022, to our currently list of 127, despite the overall increase in demand for DOLs assessments over the same period. We now have access to a substantial pool of very skilled and experienced internal and external Best Interests Assessors, as well as independent s12 DOLs Doctors, who can complete DOLs assessments in a timely manner. The majority of our assessment are completed within 3 to 6 months of receiving of the request for a DOLs authorisation.

The DoLS Team closely monitor all circumstances where an objection to the accommodation and care and support arrangements are identified by the person or their advocate. Consideration is given to whether a s21A appeal to the Court of Protection (COP) is required (this is a legal duty to support a challenge to DoLS). The Team monitors all people for whom this is relevant. This ensures appropriate referral to the COP and protects both the person from unlawful deprivation and the local authority from the risks associated with this.

Good Practice – Following legal advice, we adapted our current practice regarding DOL objections. Upon notification of a potential S21a, the team work closely with the allocated worker to review the placement and an advocate is appointed. This ensures a more robust process of responding to objections and minimises legal intervention.

All possible ‘DOLs Objection Cases’ are collated on a spreadsheet and kept under close review. We prefer to appoint Paid RPRs (Relevant Person’s Representatives) in these cases, or where a family member is willing to trigger a s21A challenge in the Court of Protection, we will always appoint a 39D IMCA to support them with making this appeal.

We currently have 26 ‘DOLs Objection Cases’ on our spreadsheet. Of these 26 cases, 13 cases are currently being considered in the Court of Protection; 5 have had a final ruling made by the Court; 2 were withdrawn; and a further 6 are waiting for a challenge to be triggered. In 2023/2024, we granted 309 DOLS authorisations. With our 26 ‘DOLS Objection Cases’, this puts our DOLs Appeal Rate at around 8.4%, well above the national appeal rate of 0.62% (Source for National DOLs Appeal Rate: Edge Training, Nov 2024). This shows our clear commitment to protecting and promoting the Article 5(4) Right of Appeal for any person we may be depriving of their liberty under DOLs.

Thurrock Safeguarding Adults Board (TSAB)

TSAB was established in 2007 showing a commitment to safeguarding before the statutory duties within the Care Act 2014. TSAB has an independent chair who is responsible for facilitating multiagency working and ensures that the Board performs its statutory function and challenge partners where necessary. The [Thurrock Safeguarding Adults Board Strategic Plan 2023-26](#) is based on the Six Principles of Safeguarding that underpin all adult safeguarding work.

Thurrock SAB will seek assurance that safeguarding services are delivered in line with Making Safeguarding Personal Principles and Mental Capacity Act 2005

Thurrock SAB will continue to develop approaches to raising awareness of safeguarding adults

Thurrock SAB will seek assurance that services are learning and improving in their safeguarding practice and risks are managed collaboratively

Thurrock SAB will protect people who need help and support

Thurrock SAB will improve multi-agency partnership and aligning its work with other partnerships

Thurrock SAB will provide strategic leadership to enable effective safeguarding arrangements to be in place across the partnership

A business plan with chair reports details progress against the priorities. This is highlighted in the [TSAB annual report](#) and risks are also included on the TSAB risk register.

The Board also reports to Health and Overview Scrutiny Committee (HOSC) and the Independent Chair, who sits on the Health and Wellbeing Board, meets regularly with the Cabinet Lead, the Executive Director for Adults and Health and the Chief Executive.

A [Board members induction pack](#) has been developed to support those new to the Board.

In partnership with our TSAB we are working with Healthwatch to improve feedback from those with lived experience a questionnaire has been developed and being sent to all individuals following the closure of a S42 enquiry. The aim is to ensure those using or involved in the safeguarding offer, feel that the service/staff listened to their wishes and outcomes and that they feel the case was personalised to them where possible.

The TSAB have been working with partners to develop a quality assurance framework with clear performance measures. Discussions are taking place around what quality markers the Board need to focus on and how partners can be more proactive around assurance. The framework includes an expectation that all organisations will complete safeguarding audits and share any learning with the Board/subgroups.

TSAB reviews performance and intelligence information at every board meeting. However, it has identified that the current dashboard does not provide us intelligence that can be easily triangulated across the key statutory partners. The Board has therefore commissioned Thurrock Borough Council to develop an interactive Safeguarding Power BI dashboard to help us use the data more effectively and determine what actions are needed to sustain and further improve our performance. Work on the dashboard is nearing completion and the intelligence that it will provide will be used to drive future strategic action of the TSAB.

Thurrock Council also completed the Southend Essex and Thurrock Biannual Safeguarding Adult Self-Assessment in 2022 and again in 2024, RAG rating themselves against a series of statements. This was a valued opportunity for the Council to rate themselves against a series of standards. (See [IR1 – SET Safeguarding Self Assessment Report – 2024](#))

Transitions

Transitions is a priority within both the Safeguarding Adults Board and within the Safeguarding Childrens Partnership. The transitions sub-group is jointly chaired by leads from both adult and children social care and is attended by a range of partners. We have developed an overarching Safeguarding Transitions Policy.

Thurrock Council Adult Social Care has a dedicated Team, Preparing for Adulthood (PFA) that work closely with Children Social Services to ensure a smooth transition for young people with special educational needs or a disability from the age of 16 to 25. The team provides support such as:

- Assessing care and support needs
- Access to education,
- Access to training and employment,
- Access leisure and free-time facilities
- Promoting Young people to Live as independently as possible.

For 2023/24 the team have received 50 new referrals, 32 of which have come through Children's Services. Currently the team have an overarching 204 cases allocated to them for support and intervention.

The team takes a multi-agency approach by sharing the transition responsibility between all agencies involved in the young person's life, for example, education, health, service providers, children, and aftercare service colleagues. The young person is always at the centre of our work and their participation and cooperation during assessments is encouraged as much as possible. Carers participation is also central to our work. The Children and Adult Team Leaders have regular meetings to discuss transition cases to ensure collaborative working and smooth service delivery.

We have an updated Transitions Policy of Children Looked After and Care Leavers which is a whole council approach. Please see [IR1 – Transitions Protocol](#)

Case Study - Young person (YP) turned 18 in February 2024. YP suffered with a lot of social anxiety and had a direct payment package in place through children's services of 5hrs/week.

During Adult social care assessment, it was identified that YP had a keen interest in business studies, but social anxiety stopped him from accessing mainstream education. The SEN team were supporting him to access alternate education to ensure he obtained grades needed to further develop his learning. Adult social worker worked closely with the SEN team to identify an apprenticeship of interest to YP. Because the assessment was person-centred, the YP quickly gained more interest in the process and self-identified where he needed support to get where he wanted to be.

As a result, the direct payment was used to focus specifically on addressing all the barriers the YP felt he needed to overcome to start his apprenticeship in September 2024.

YP is currently doing well with the PA support in place and is on-track to being able to start his apprenticeship without needing the additional support once he does start.

Children services can now tap into adult social care brokerage service before the young person turn 18. Adult brokerage helps to identify suitable placements from aged 16 to reduce the likelihood of that the young person having to move more times than necessary when they become an adult.

We have identified that as a partnership we will be focusing on developing pathways and support directories for those that do not fit into existing systems i.e. those subject to exploitation.

Mental Health Transitions

Once a young adult is nearing the age of 18 and there is a requirement for ongoing clinical treatment, they will be discussed at the joint meeting between CAMHS and NHS Essex Partnership University Trust (EPUT), which is held monthly. If ongoing treatment and support is needed, they would either be allocated a care coordinator and psychiatrist or be referred through for an outpatient's appointment. If the care coordinator is of the opinion the person has additional care and support needs, they would then refer into adult social care. We have three referral pathways:

- Contact Thurrock First, who then pass the information to the relevant CLS manager for screening.
- Email directly to the mental health social work team generic email, duty worker will screen and discuss with relevant CLS team manager and raise a contact.

- Discuss an individual's circumstances at the weekly MDT meeting; we take referrals directly if care and support needs are identified.

Transitional Safeguarding

Transitional safeguarding is not simply transition planning for people moving from children to adult services. It focuses on safeguarding young people, from adolescents into adulthood recognising transition is a journey not an event and every young person will experience this journey differently. Good transition safeguarding requires practitioners, leaders and all those involved in Children's and Adults to consider how they work together and beyond their silos.

In 2021 the Thurrock Safeguarding Adults Board commissioned an Exploratory Study of the Scale and Nature of Adult Sexual Exploitation in Thurrock. This was to inform prevalence in our area in order to have a greater understanding of the issues. This would support planning responses accordingly. The work coincided with a violence against women JSNA link [HERE](#). Both studies raised awareness, but work was interrupted by the Covid Pandemic. We are aware we need to revisit this work and adopt the principles of [Bridging The Gap](#). The PSW attends the Sexual Exploitation Information Group co-ordinated by Childrens Services and is committed to offer support to young women and men who are at further risk of exploitation, but do not traditionally fit into requiring ASC support. We have offered this ongoing support to three young women through our preparing for adulthood team.

Prevent

The Assistant Director for Education and Skills chairs the Strategic Prevent Board for Thurrock. The vice chair is the Head of Emergency Planning, Community Safety and Resilience who also attends the Essex CONTEST meetings. The Board reports directly to the Community Safety Partnership Strategic Board, providing an annual report which is also presented to the Cleaner, Greener, Safer Overview and Scrutiny Committee.

The new Prevent Duty Guidance makes clear (as with the 2015 guidance) that responsibility for meeting the Prevent Duty lays with both senior officers and elected members. Thurrock's Channel Panel is well resourced with good knowledge and is co-chaired by our PSW and Children's Service Manager. There has recently been a workshop with Thurrock's Prevent Strategic Partnership to begin the process of refreshing the strategy in line with the new Prevent Duty guidance.

Good practice – In response to current risks identified in relation to vulnerabilities due to mental health and those aged under 18, we hosted a Prevent webinar for 71 professionals in relation to mental health and neurodiversity

Safeguarding Training

The safeguarding training offer from [TSAB](#) is aimed at a multi-agency audience and is determined based upon the priorities in our Strategic Plan, emerging risks and to respond to the needs of the workforce. TSAB also promotes other relevant training commissioned by the Community Safety Partnership and Thurrock Local Safeguarding Children Safeguarding

Partnership. Following this the Board are setting up [lunchtime learning sessions](#) on a variety of topics.

Good practice - TSAB alongside Thurrock Community Safety Partnership held a modern slavery virtual conference with speakers from Essex Police, Salvation Army, Gangmasters and Licencing Abuse Authority as well as children and adult social care. There was a total of 66 people in attendance from a range of organisations in the Thurrock area. Information is also available on the [TSAB website](#). Work around modern slavery will continue within the next strategic plan. Feedback stated that attendees had more knowledge about modern slavery after the event than before.

A safeguarding review conducted in preparation for inspection (Feb 2024) highlighted the need for data and assurance on training to be available, allowing senior leaders and Board to be reassured that mandatory adult safeguarding training is being completed by all staff, and that additional safeguarding training at various levels is also more visible through data.

Therefore, in line with the [Southend, Essex and Thurrock Learning and Development Framework](#) a review has taken place of the training levels and requirements, including what roles and responsibilities are to complete each level.

Working alongside our internal Learning and Development Team, a training programme has been implemented as of October 2024 ensuring data is available to provide assurance that staff are meeting mandatory safeguarding training requirements.

Engagement



The TSAB support team has increased our public engagement events this year attending Thurrock Council Talking Shops, interfaith event, and Pop-up events with the Community Safety Partnership. As we do every year, the Board had a stand at the Orsett Show, handing out safeguarding booklets to members of the public to raise awareness of safeguarding adults. The board has recently contributed funding to an engagement officer post who spends a day a week around the borough raising awareness of safeguarding. The role will target businesses across Thurrock to raise awareness of training available and to share posters and leaflets on safeguarding. Data is available on the number of places visited and resources distributed.

The Board produces a [bi-monthly newsletter](#) sharing information with partners as well as the TSAB website which is constantly updated with relevant information. The Board support team have recently reviewed all documentation the website to ensure links remain live and the latest versions of the documents are available.

Good Practice - ASC send out the Personal Social Services Annual Social Care Survey (PSS-ASCS) asking residents whether they feel safe. In any responses indicating 'not feeling safe at all', the individual is flagged to the Safeguarding Team to make contact.

Coproduction

Following concerns raised that the referral form (SETSAF) was difficult for all members of the community to use to raise a safeguarding about themselves or someone they know, an [easy read SETSAF](#) has recently been developed in conjunction with the directors at Thurrock Lifestyle Solutions (TLS). TLS are driven by a group of disabled people meaning the easy read was produced collaboratively and the true meaning of working co-productively.

The Board has also worked with TLS to produce [easy read versions](#) of the TSAB Annual Report and Strategic Plan. TSAB has also recently produced an [accessible SETSAF](#) which is accessible for screen readers after receiving feedback the previous form was difficult to navigate. Co-production is included within the Strategic Plan with more work in year 2.

Safeguarding Adult Reviews (SAR)

The board has a multi-agency SAR policy in place detailing the criteria for mandatory and discretionary SARs. Last year 2022/23, TSAB:

- received two safeguarding referrals one of which is moving forward as a SAR.
- commissioned a Thematic SAR into care at a local hospital which was published August 2023
- concluded a joint SAR/DHR and held a briefing workshop
- updated the SAR referral and created a decision-making form evidencing the panel decision in line with SAR quality markers.
- TSAB published 2 SARs in 2023/24 – a joint SAR/DHR and a [thematic review](#).
- TSAB also published [1 SAR](#) in 2022/23

All of these have an action plan with a series of recommendations which are being monitored. TSAB receives relatively fewer SAR referrals than other areas within the eastern region and our most similar neighbours.

Due to low referrals, the Board are also reviewing the recommendations from national thematic SARs and requesting partners response to a number of recommendations. As a result of one of these reviews, it was identified that although there is [Hoarding Guidance](#) there isn't a Self-Neglect Policy/Guidance. This will be taken forward as an action by the Board and then agreed across Southend and Essex

CQC Theme 4: Leadership

Our Strengths:

- **System Leadership** - The Council recognises that it is part of a wider system and that the outcomes we want to deliver to satisfy our residents requiring support are best achieved by working in partnership. For many years, Thurrock has operated a strong health and care partnership – known in its current form as Better Care Together Thurrock. The Partnership includes senior leaders from: Thurrock Council Adult Social Care, Public Health, and Housing, NHS Integrated Care Board (Thurrock Alliance) local NHS providers and Thurrock Community and Voluntary Sector. The highest strategic partnership board, known as the Thurrock Integrated Care Alliance (TICA) is co-chaired by Thurrock’s Executive Director of Adults and Health (the statutory DASS) and the ICB’s Thurrock Alliance Director. TICA is jointly accountable as a subcommittee of both the Mid and South Essex Integrated Care Board, and Thurrock Joint Health and Wellbeing Board. Paramount to the success of this partnership has been strong and stable leadership. Established partnership governance arrangements provide assurance on delivery of a comprehensive transformation and integration programme of work.
- **Vision and Strategic Direction** - Thurrock’s Health and Care Partnership (Better Care Together Thurrock) has set a clear vision and strategic direction for the Borough through the development of an Integrated Care Strategy called [*Better Care Together Thurrock. The Case for Further Change*](#) – building on several years of transformative partnership work. The strategy promotes a new operating model for Health and Care based on the principles of Human Learning Systems and place-based service delivery. A clear implementation plan is in place with accompanying governance arrangements responsible for overseeing delivery. In recent national research, the London School of Economics concluded that Thurrock had one of the most integrated whole system approaches to health, care and wellbeing in England.
- **Promotion of innovation and creativity** - Thurrock is well known both regionally and nationally for its history of ASC innovation and creativity – one example being the study by King’s College and London School of Economics on innovation in ASC. Its focus on innovation has led to the development and delivery of a completely new operating model for health and care – focused on prevention, integration and locality working.

Challenges and Areas of Improvement:

- **System Capacity** - The well-publicised challenges of Thurrock Council and Integrated Care Board restructuring has placed system capacity under strain. This is not dissimilar to many places and our recognition of this ensures we will remain focused on the delivery of the Integrated Care Strategy.
- **Workforce Retention** - The council has a strong record of retaining social work staff with the highest workforce retention rates in the region and the lowest rate of agency staff use. However, acknowledging the national challenges around the social care workforce, and the circumstances are no different here, we have been developing a new Workforce Development Strategy which has been included in this documentation.
- **Quality Assurance** - Quality Assurance was an area requiring improvement historically and work in this space has moved us forward significantly over the past

year or so. Our Quality Assurance Service Manager is now in post and an embedded Quality Assurance Framework is being delivered across all service areas.

Regional Leadership Roles

In addition to providing strong and clear leadership for self-improvement across the East of England – both within ASC and across the Health and Care System, senior managers hold key leadership roles across the region (via the East of England Assistant Directors of Adult Social Services – ADASS). These include:

- The Assistant Director of ASC chairs the Commissioning and Market Development Board
- The Executive Director for Adults and Health is engaging closely with regional and national colleagues around the future direction for adult social care and firmly advocating an inclusive delegated leadership style for the directorate and wider system based upon mutual support and shared ambition.
- The Head of ASC Transformation and Commissioning is the Specialty Lead for Social Care in the East of England for the Regional Research Development Network as overseen by the National Institute of Health Research.

ASC managers are involved in the majority of ADASS themed boards – enabling best practice to be understood and shared and improvement to be ongoing.

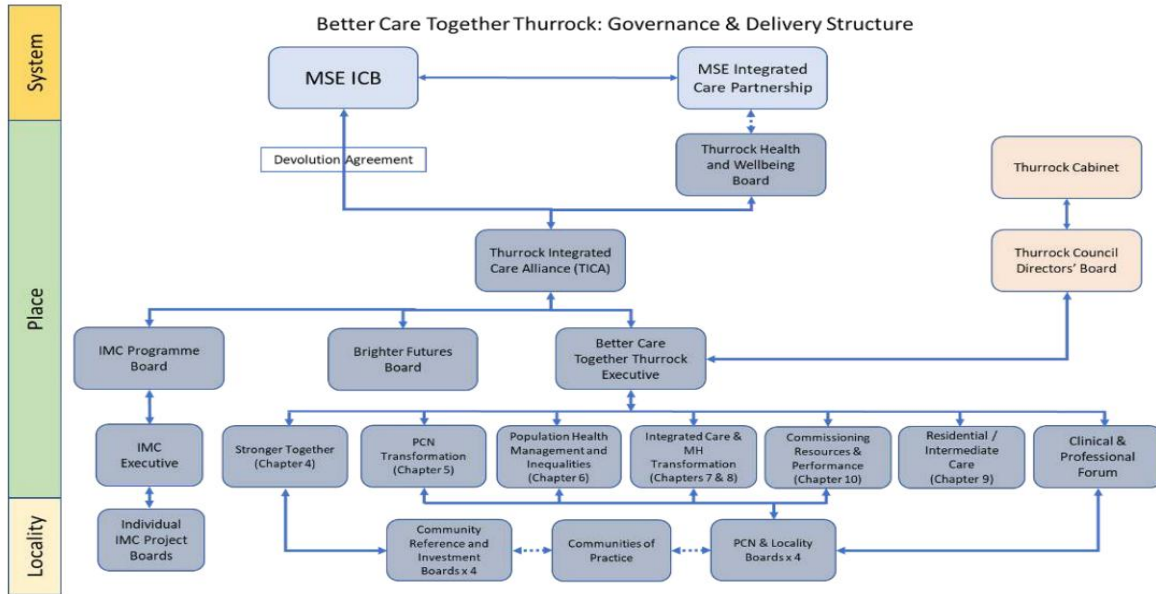
Governance arrangements

Health and Social Care System

Governance arrangements for the health and care system sit as part of Thurrock's Health and Care Partnership – Better Care Together Thurrock. Governance arrangements are designed to ensure that the Partnership (sitting under Thurrock Integrated Care Alliance, a Committee of the Mid and South Essex Integrated Care Board) receives assurance that the Integrated Care Strategy is being delivered with expected outcomes achieved.

The Governance arrangements for Better Care Together Thurrock include several Boards who have oversight for different sections of the '*Case for Further Change*' Strategy. Boards ensure that delivery is being achieved, and barriers are unblocked. Each of the Chapters of the Strategy is themed and has its own implementation plan. Highlight reports and reports by exception are considered by the BCTT Executive.

Figure 10.1



Governance across Health and Care is made all the stronger through integrated posts – in particular the Partnership Director for Adults, Health and Social Care. This is a post that sits across Thurrock Council Adult Social Care, NHS Community Health and NHS Mental Health providers. The Partnership Director has brought together key senior operational leads across all three organisations and functions under integrated management and governance arrangements to ensure that decisions are also integrated and aligned. This has added significant strength to existing arrangements. A jointly appointed Assistant Director between Thurrock Council and the NHS Community Provider reports to the Partnership Director.

Leadership in Adult Social Care

Thurrock has a history of growing its own staff – many of whom have risen to leadership roles. As existing leaders have moved on or left the organisation, this has provided opportunities for staff. This has helped to contribute towards and ensure ongoing stability. Involvement on regional and national networks ensure that new ideas continue to flow and prevent the Authority from becoming too inward facing.

The leadership team has clear roles and responsibilities and is trusted to act autonomously and empowered to make decisions within a well governed framework. However, despite people having a clear role it is also acknowledged that the degree of knowledge and experience across the team adds tremendous value to every aspect of the operation and close working relationships and collaboration sits at the heart of all decision making. This works against the individual areas becoming siloed and ensures that a creative and innovative approach is constantly valued.

The senior management team is made up of a diverse group, reflecting both the gender make-up of the wider Thurrock staff team and the shifting ethnicity of Thurrock communities.

ASC benefits from a strong officer-member relationship across all parties, underpinned by an effective formal and informal governance structure. Weekly meetings take place between the Executive Director and his direct reports, and the Portfolio Holder and monthly meetings are offered with the Shadow Portfolio Holder and HOSC Chair. This provides ongoing member engagement and oversight, ensuring that relationships are open and constructive.

Historically the electoral system in Thurrock, three election cycles in four years, did not support a stable political environment. However, political support, and leadership of the direction of travel in terms of the health and well-being system within Thurrock has always

been consistent with broad cross-party consensus. As a result of government intervention, the council will be moving to a cycle of all out elections once every four years from 2025, which will strengthen political stability.

Governance arrangements have been strengthened through the implementation of a new Quality Assurance Framework and appointment of a senior Quality Assurance Manager (Service Manager level). These arrangements have helped to identify any areas of improvement required and will also help to enable consistency of social work practice.

As a result of Section 114, Thurrock reviewed and strengthened existing arrangements concerning how finance was being spent and monitored. In ASC, this led to the creation of a Use of Resources Panel and a Strategic Use of Resources Board. All packages of £500 and above are presented by the practitioner to the Board with challenge provided as necessary. The Panel, in addition to ensuring that resource is being used appropriately and equitably, has helped identify any quality issues, and has a focus on practice. These are taken forward by the QA Manager and help to steer the focus of her work.

The Strategic Use of Resources Board was implemented at the same time as the Panel. The Board acts as a conduit for any key issues and themes that emerge from the Panel that may need a strategic response to resolve. This may lead to a change in policy or to the commissioning of a 'deep dive' to understand and find a solution to a particular issue.

Furthermore, the Performance Team has developed a tool to enable ASC to better understand the reasons for variation and areas requiring improvement. Power BI is a tool now used by Team Managers and above to understand and assess the ASC landscape more accurately. This insight has greatly enhanced the ability to improve quality and achieve consistency and equity across the service.

Principal Social Worker (PSW) in ASC

Thurrock has always promoted and invested in the role of PSW. We value our social workers as professional leads in ASC. Thurrock was one of the first local authorities to appoint to the role in 2014. This led to our previous PSW being supported in taking on several national senior roles. Our PSW is at Head of Service level within the organisation and oversees the operational management of ASC. This ensures that the role is visible in all senior strategic forums and is a respected and valued leadership role, helping shape ASC practice in Thurrock.

Performance Management

We have a performance monitoring framework in place with PQBI producing frequent and regular performance outputs providing senior managers and services with visibility of key performance data relating to statutory indicators and local performance/delivery. A recent review of our ASC Performance Scorecard has been undertaken to align with the CQC (Care Quality Commission) assurance themes and additional indicators are being progressed with key leads.

Performance and Quality Assurance is monitored monthly through a Performance and Quality Assurance Board. Membership has been expanded to ensure representation from each of the key service delivery areas. The meetings enable a focus on the data but also a reflection on the 'so what' and 'now what' to inform action to be taken.

Corporately in Thurrock, we are striving for improved intelligence-based decision making with our Data Strategy being developed and data maturity assessment being completed in

line with our Performance Monitoring and Assurance Framework (PMAF). The council's Performance, Quality, and Business Intelligence Team (PQBI) is also working with us in Adult Social Care to implement self-service reporting, providing improved oversight of key information held in our case management and finance data systems.

Workforce and Resilience

Thurrock's approach to workforce has proved successful with a high rate of retention of social workers over a number of years. This has enabled consistency of approach and has also enabled the Department to work without requiring agency staff. The chart below demonstrates Thurrock's ongoing workforce resilience.

Local Authority	Sept 22 (%) SfC Data	June 23 (%)	Aug 23 (%)	23/22	Agency Cost (Sept 23)	Caseloads	Agency social workers
Bedford Borough	27.8%	-----	28%	↑	£28ph	27	10
Cambridge	15.6%	10.9%	23.1%	↑	£36ph	N/A	8
Central Bedfordshire	24%	23.7%	24.6%	↑	£30ph	25	32
Essex	5.6%	-----	27.3%	↑	£28ph	*N/A	41
Hertfordshire	14.3%	-----	32.8%	↑	*£32	23	31
Luton	15.2%	-----	10%	↓	£32	23	12
Milton Keynes	16%	-----	16%	↔	£35	20	20
Norfolk	6.8%	21%	16%	↑	£32	15.5	23
Peterborough	14.5%	-----	17%	↑	£36	*N/A	7.4
Southend	12%	-----	14.1%	↑	£32	16.6	8
Suffolk	0.9%	14.6%	14%	↑	£33	15	27
Thurrock	0.3%	-----	6%	↑	N/A	20	0
Average	12.71%	14%	19%		£32	20.4	18.3

Thurrock's approach to workforce recruitment and retention has been at the root of its success. This has included the implementation in March 2022 of a Social Work Academy – which has included social work apprenticeships (now totalling four), Social Worker student placements, Assessed and Supported Year in Employment (ASYE), and the development of practice educators. This coupled with the approach to social work practice, which is strength and locality based, has meant the use of agency is extremely rare – contributing also to ongoing high quality and consistent practice

Change Management

Oversight and implementation of Better Care Together Thurrock (BCTT)

Thurrock ASC has, with Health, Housing and third sector partners, driven forward a transformative change programme over several years – the latest iteration being BCTT. Governance arrangements have already been documented. Change has resulted in Adult Social Work being delivered in localities – as part of broader integrated networks with other front-line staff. Change has also resulted in the continuum of strength-based working – with Thurrock social work teams adopting Community-Led Support from 2018.

Change fatigue

A downside of the change programme is the risk of change fatigue. As Thurrock is a relatively small unitary authority, different change initiatives can impact on a relatively small number of staff. Senior managers have implemented a range of fora to enable staff to speak openly about any concerns they may have and to gauge fatigue. This awareness of the issue and associated risk enables management to mitigate and address at source.

New council operating model

The success of Better Care Together Thurrock has resulted in the Council as a whole wishing to adopt the same principles to form a new operating model. The model will expand upon locality working and enable communities to have a greater say in how resources are used – as well as directly commissioning or delivering services themselves. Community capacity is a key part of the model used by ASC – looking at what can be offered by and within the community as opposed to the default always being commissioned services. Specifically, the new Operating Model will

- focus on ensuring our residents and communities have access to **affordable and responsive** services
- use **digital** tools to ensure our processes are simple and effective
- **harness the strengths of our partners** to deliver outcomes
- **enable and empower others** to provide more services, ensuring there is a diverse and innovative community of support available for residents
- always deliver **good value** for the public purse

Change across the system (ICB)

Early on in their development, Thurrock developed a memorandum of understanding with the ICB that included a set of principles of working. This included the principle of subsidiarity which has positively supported the effective development of place-based working in Thurrock. For Thurrock, so far key risks have been minimised through the retention of a Thurrock Alliance and the continuation of a Thurrock Better Care Fund (BCF).

Risk Management

At a strategic level, risk is managed through BCTT arrangements. Most risks for ASC are impacted by partner action – for example decisions taken by the NHS that place greater pressure on ASC resources. These are reflected within the Integrated Care Strategy and managed through the work of the BCTT Boards. The greatest risk for ASC is the ability to manage and respond to demand. This is a corporate risk. Again, the Integrated Care Strategy focuses on shifting the system to proactively prevent, reduce and delay the need for care and support. The corporate risk includes the ability to manage market fragility – and again the Integrated Care Strategy is geared towards delivering a new approach to the provision of care in the home – and in doing so providing greater market stability.

Leadership in the voluntary, community, faith and social enterprise sector

The third sector, led by Thurrock Community and Voluntary Sector (CVS), has representation throughout Thurrock's governance arrangements and is an equal partner. Health and care have extremely close working relationships with the third sector in Thurrock – for example through the Stronger Together Partnership which was established in 2012. Stronger Together was responsible for the shift towards asset-based community development and has been a key player in the health and care system's transformation journey as already described.

A new 'Resilience Charter' has been developed to ensure the VCFSE sector can contribute and thrive as an equal partner. This was discussed at a recent conference in November 2024 and can only strengthen the sector's leadership role. A Stronger Together Partnership Board with refreshed terms of reference will ensure that the sector and key statutory partners fulfil its collective ambition to improve the lives of Thurrock residents and communities.