

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

Health and Wellbeing Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **31 August 2023**

Committee Room 2, Civic Offices, New Road, Grays, Essex, RM17 6SL.

Membership:

Councillors Mark Hooper (Chair), Georgette Polley (Vice-Chair), Tony Fish, Terry Piccolo, Neil Speight and James Thandi

Georgina Bonsu (Thurrock Lifestyle Solutions) and Kim James (Healthwatch Thurrock Representative)

Substitutes:

Councillors John Cecil, James Halden, Mark Hurrell, Augustine Ononaji and Joycelyn Redsell

Agenda

Open to Public and Press

	Page
1. Apologies for Absence	
2. Minutes	5 - 12
To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 19 July 2023.	
3. Urgent Items	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972. To agree any relevant briefing notes submitted to the Committee.	
4. Declarations of Interests	

5. **HealthWatch**
6. **Updates from the Mid and South Essex NHS Foundation Trust**
7. **2022/23 Annual Complaints and Representations Report - Adult Social Care** 13 - 36
8. **Thurrock Safeguarding Adult Board (TSAB) Strategic Plan** 37 - 90
9. **Thurrock Tobacco Control Strategy 2023-2028** 91 - 118
10. **Agree Working Group Terms of Reference** 119 - 124
11. **Work Programme** 125 - 128

Queries regarding this Agenda or notification of apologies:

Please contact Jenny Shade, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **23 August 2023**

Information for members of the public and councillors

Access to Information and Meetings

Advice Regarding Public Attendance at Meetings

If you are feeling ill or have tested positive for Covid and are isolating you should remain at home, the meeting will be webcast and you can attend in that way.

Hand sanitiser will also be available at the entrance for your use.

Recording of meetings

This meeting will be live streamed and recorded with the video recording being published via the Council's online webcast channel: www.thurrock.gov.uk/webcast

If you have any queries regarding this, please contact Democratic Services at Direct.Democracy@thurrock.gov.uk

Guidelines on filming, photography, recording and use of social media at council and committee meetings

The council welcomes the filming, photography, recording and use of social media at council and committee meetings as a means of reporting on its proceedings because it helps to make the council more transparent and accountable to its local communities. If you wish to film or photograph the proceedings of a meeting and have any special requirements or are intending to bring in large equipment please contact the Communications Team at CommunicationsTeam@thurrock.gov.uk before the meeting. The Chair of the meeting will then be consulted and their agreement sought to any specific request made.

Where members of the public use a laptop, tablet device, smart phone or similar devices to use social media, make recordings or take photographs these devices must be set to 'silent' mode to avoid interrupting proceedings of the council or committee. The use of flash photography or additional lighting may be allowed provided it has been discussed prior to the meeting and agreement reached to ensure that it will not disrupt proceedings.

The Chair of the meeting may terminate or suspend filming, photography, recording and use of social media if any of these activities, in their opinion, are disrupting proceedings at the meeting.

Thurrock Council Wi-Fi

Wi-Fi is available throughout the Civic Offices. You can access Wi-Fi on your device by simply turning on the Wi-Fi on your laptop, smartphone or tablet.

- You should connect to TBC-GUEST
- Enter the password **Thurrock** to connect to/join the Wi-Fi network.
- A Terms & Conditions page should appear and you have to accept these before you can begin using Wi-Fi. Some devices require you to access your browser to bring up the Terms & Conditions page, which you must accept.

The ICT department can offer support for council owned devices only.

Evacuation Procedures

In the case of an emergency, you should evacuate the building using the nearest available exit and congregate at the assembly point at Kings Walk.

How to view this agenda on a tablet device



You can view the agenda on your [iPad](#) or [Android Device](#) with the free modern.gov app.

Members of the Council should ensure that their device is sufficiently charged, although a limited number of charging points will be available in Members Services.

To view any “exempt” information that may be included on the agenda for this meeting, Councillors should:

- Access the modern.gov app
- Enter your username and password

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

When should you declare an interest *at a meeting*?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

What is a Non-Pecuniary interest? – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- Not participate or participate further in any discussion of the matter at a meeting;
- Not participate in any vote or further vote taken at the meeting; and
- leave the room while the item is being considered/voted upon

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

Non-pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature



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

Our Vision and Priorities for Thurrock

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

1. **People** – a borough where people of all ages are proud to work and play, live and stay
 - High quality, consistent and accessible public services which are right first time
 - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
 - Communities are empowered to make choices and be safer and stronger together

2. **Place** – a heritage-rich borough which is ambitious for its future
 - Roads, houses and public spaces that connect people and places
 - Clean environments that everyone has reason to take pride in
 - Fewer public buildings with better services

3. **Prosperity** – a borough which enables everyone to achieve their aspirations
 - Attractive opportunities for businesses and investors to enhance the local economy
 - Vocational and academic education, skills and job opportunities for all
 - Commercial, entrepreneurial and connected public services

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 19 July 2023 at 7.00 pm

Present: Councillors Mark Hooper (Chair), Georgette Polley (Vice-Chair), Tony Fish, Terry Piccolo and Neil Speight

Apologies: Councillor James Thandi

In attendance: Ian Wake, Corporate Director of Adults, Housing and Health
Ceri Armstrong, Senior Health and Social Care Development Manager
Jeff Banks, Director of Strategic Partnerships
Emily Hughes, Deputy Director of System Pathway Development
Ian Kennard, Commissioning Manager - Personalisation
Aleksandra Mecan, NHS Mid and South Essex ICB
Diane Sarkar, Chief Nurse and Quality Officer, Mid and South Essex NHS Foundation Trust
Jenny Shade, Senior Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting was being recorded, with the audio recording to be made available on the Council's website.

1. Minutes

Minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 9 March 2023 were approved as a correct record.

2. Urgent Items

There were no urgent items of business.

3. Declarations of Interests

Councillor Polley declared a non-pecuniary interest in relation to Item 7, ICB Community MSK and Pain Service as in her role as a councillor she had been appointed by the council to the Council of Governors for MSE for the non-executive directors.

Councillor Polley also declared a non-pecuniary interest in relation to her employment with the NHS Ambulance Service.

4. Terms of Reference

The committee's terms of reference were noted.

5. Integrated Medical Centres Update

The following PowerPoint was presented to members:

[\(Public Pack\)Integrated Medical Centre Update Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 19/07/2023 19:00 \(thurrock.gov.uk\)](#)

The following points were raised:

- All Members raised their disappointment, shock, and frustrations that Thurrock had been promised four health hubs across the borough and were now being told otherwise.
- Members had recognised the additional expenditure of those hubs in comparison to the running of Orsett hospital.
- It had been recognised that business cases had been presented in the past without the appropriate funding being in place.
- The Tilbury hub would be a priority, looking at smaller buildings to accommodate those functions that had initially been planned for.
- A report would be provided at the November HOSC meeting on the detail options for consideration. There would be a comparison process looking at the original plans against the new preferred options.
- Those options should be available by mid-August, system partners would receive updates by the end of August-mid September with a view to presenting those options at HOSC in November.
- Members were reassured that Orsett Hospital would not close until services had been relocated which would be undertaken on a phased approach. This had to a clear message for residents.
- Members requested a written report going forward that would be published in the agenda.
- There will be a “lift and shift” of children hub services, these would be between the ages of 0 to 18-year-olds.
- Members requested more quantification within those reports to include operational capacity.
- It was expected to have six general practitioner fellowships in place within Thurrock by the end of the year. Members noted this was not what was originally promised.
- Members questioned the maintenance back-log at Orsett Hospital to which they were informed there was a plan in place that considered reactive maintenance and planned maintenance.
- Members recognised changes had been made to bus services and transport links, therefore travel plans would need to be reconsidered. Parking also needed to be a consideration.
- There were concerns around the name ASOP for the Aveley, South Ockendon and Purfleet on Thames IMC to which Members had not heard before.
- Member asked for further details of Plan B which would be discussed outside the meeting.

- It was recognised that residents needed to be kept aware of decisions being made.
- Offered the help of the HOSC committee to make any further representations.

6. ICB Community MSK and Pain Service

The report presented the new Community Musculoskeletal (MSK) and Pain service for patients aged 16 years and over, serving the whole of Mid and South Essex, to improve patient access, experience, and outcomes.

The following points were made:

- Members discussed the channels which referrals could be made and were assured that in terms of treatment times there would be no disparity on which route the referral was made. Every patient would be treated in date order.
- Members stated there had to be an alternative option for those that did not want to go digital.
- Next stage of the program would be to analyse how many people used the on-line referrals facility.
- Kim James, Healthwatch, stated that Thurrock Healthwatch had not been involved with the process and the survey had not been shared with them as it had stated in the report.
- Member raised concerns on funding, officers confirmed this funding would come from the Integrated Care Board and utilise existing resources rather than additional funding being sought for staff. In regard to additional funding that would form part of the business case being presented to the board. There would be a financial analysis of any funding that would be required.
- Members were informed it was highly unlikely but still a risk and would be identified in the risk register as a low risk that no bids would be submitted.
- Members requested a copy of the Appendix be sent to them.
- Members requested item to be returned to committee for an update.

ACTIONS

1. Democratic Services to organise copies of the Appendix and send to Members.
2. Democratic Services to add this item to the work programme.

RESOLVED

Members of the Thurrock HOSC supported the plans to implement a new single Community MSK and Pain Service, details of which are set out in this paper. The service would offer equitable provision and pathways for all residents of Mid and South Essex.

7. HealthWatch

HealthWatch raised their concern on the vast number of patients in the last month who had experienced real difficulties with services from Basildon hospital, particularly gynaecology services. There seemed to be a lot of problems with people being put on two-week pathways, cancer pathways, who had attended their appointments but after weeks of waiting were yet to receive any results or support. A similar problem with Southend Hospital where patients had been discharged after having surgery but not receiving any information nor any community support.

It was recognised there had been a problem with the producing of discharge letters.

Respective conversations had taken place between Healthwatch, Aleksandra Mekan and the hospital and actions were now in place and complaints had been made in line with the failures process.

Members agreed for this item to be updated in the HealthWatch item on the work programme work at the next meeting.

Councillor Polley agreed this could be raised through her as she sat on the Council of Governors.

ACTION

3. Democratic Services to add HealthWatch item onto the work programme for all future committee meetings.

8. Verbal Update - CQC report on Basildon Hospital

Members were provided with a verbal update on the current CQC report. The CQC carried out their inspection in January and February 2023 and inspected medical course services across MSE. This had been triggered by an increased number of complaints by patients to the CQC. The inspection only inspected the medical course services on each site with the report being published in June this year, rating medical core services as inadequate. This was deemed to be not acceptable. The full update can be heard under Item 8 of the agenda from the following link:

[Health and Wellbeing Overview and Scrutiny Committee - Wednesday 19 July 2023, 7:00pm - Thurrock Council committee meeting webcasts \(public-i.tv\)](#)

The following points were raised:

- Councillor Hooper thanked all those involved in the HOSC member visit to Basildon Hospital.
- Raised concerns that these were basic CQC standards set by the Government, that were not being met.

- Members questioned how the hospital had got into this position to which they were informed there were no excuses, contributory factors such as 180 beds being opened across the trust that required an increasing number of staff, increased number of patients and staff vacancies which had contributed to the poor level of care.
- Members were informed that almost all of the escalation beds were now closed with recruitment significantly increasing for both doctors and nurses.
- Members recognised there needed to be a strategic approach so that shortages of staff would be covered adequately.
- Members were informed that additional agency and bank nursing staff were recruited on a daily basis.
- It was noted the report covered all the three hospitals under the trust and that each had their own different demographics, all having different contributory factors. It was also recognised the hard work being undertaken by doctors and nurses who were under immense pressures.
- It was recognised there was an issue around mealtimes not being supported and offers of help from patient's relatives should be accepted.
- It was noted that no board member had made an apology on the failure of the management of the hospital.
- In regard to the staffing situation the nurse staffing vacancy rate was now 14% and dropping to around 5% in September.
- Recruitment was on going in regard to international nurses, student nurses, staff undertaking nursing associate programmes and local nurses.
- The chair thanked Diane Sarkar for the update and reiterated why people were upset as this was basic care to ensure that patients were safe in that environment.
- Requested the item be added to the work programme for an update on the feedback of the CQC report and this to form part of a written report.

ACTION

4. Democratic Services to add the CQC Inspection item onto the work programme for all future committee meetings.

Diane Sarkar left the meeting at 8.38pm.

9. Direct Payment Support Services

The report presented outlined the statutory duty under the Care Act (2014) to provide support services to eligible direct payment users. The service enabled vulnerable adults and children to live within their family home and maximise independence and choice of care provision. This report seeks views from Health and Wellbeing Overview and Scrutiny Committee, and then subsequently Cabinet, on a proposed recommendation that the procurement for this service should go to market as an open tender.

The following points were raised:

- To ensure the right tender was agreed and not just the cheapest, the recommended rate suggested from procurement was a 60% weighting towards pricing and 40% weighting towards quality. To ensure satisfactory delivery this would be appropriately managed and monitored.
- Engagement groups/forums with all direct payment users would be used to express any displeasure or to raise any concerns.
- Members questioned the worth of the service to which it was noted in the mid £90,000.
- Members were informed this would be funded from next year's general fund budget.
- Member questioned whether there was another option, to which they were informed there was not a capacity option within the current contract to keep offering the level of service to current service users for the foreseeable future.
- Members agreed that recommendation 2 should include "in consultation with the Portfolio Holder".

RESOLVED

- 1. That HOSC supported the contract to be put out to tender with no fixed price point enabling the market to price against the activities required to ensure a sustainable service for the lifetime of a contract (four + one + one years).**
- 2. That the contract be resourced to ensure statutory obligations can be appropriately met and responsibility for the awarding of any tender be delegated to the responsible Director, (Corporate Director for Adults, Housing and Health) in consultation with the Portfolio Holder.**

10. Work Programme

Members discussed the work programme.

The following points were agreed:

- Members agreed to establish two working groups (1) Preventive Health Care and (2) Mental Health Services starting from September 2023.
- Terms of References for these groups would be presented at the next meeting.
- Officers to meet outside this meeting to look at the work programme for future meetings and the practicality of supporting all reports.
- Members were encouraged to receive briefing notes for those items not requiring a full report.
- Other suggestions for reports were: General Practitioner Services, Access to Appointments, Cancellations and No-Shows, Dental Services, Acute Services, Advocacy Services, Alternative Services, Ambulance Service Response Times and to look at partnerships with Essex and Southend joint working groups.

ACTION

5. Democratic Services to work with officers on the terms of reference outside the meeting.

The recording of the meeting can be found from the following link:

[Health and Wellbeing Overview and Scrutiny Committee - Wednesday 19 July 2023, 7:00pm - Thurrock Council committee meeting webcasts \(public-i.tv\)](#)

The meeting finished at 9.15 pm

Approved as a true and correct record

CHAIR

DATE

**Any queries regarding these Minutes, please contact
Democratic Services at Direct.Democracy@thurrock.gov.uk**

This page is intentionally left blank

31 August 2023		ITEM: 7
Health and Wellbeing Overview and Scrutiny Committee		
2022/23 Annual Complaints and Representations Report – Adult Social Care		
Wards and communities affected: All	Key Decision: Not Applicable	
Report of: Lee Henley, Strategic Lead, Information Management		
Accountable Assistant Director: Les Billingham - Assistant Director ASC and Community Development		
Accountable Director: Ian Wake - Corporate Director of Adults, Housing & Health		
This report is Public		

Executive Summary

It is a statutory requirement to produce an annual complaints report on Adult Social Care complaints.

The annual report covering the period 1 April 2022 – 31 March 2023 is attached as an appendix. The report sets out the number of representations received in the year including the number of complaints, key issues arising from complaints and learning from complaints.

1. Recommendation(s)

1.1 That Health and Wellbeing Overview and Scrutiny Committee consider and note the report.

2. Introduction and Background

2.1 This is the annual report covering Adult Social Care complaints for the period 1 April 2022 – 31 March 2023.

2.2 Summary of representations received during the reporting period

2.2.1 The following representations were received during 2022/23:

- 208 x Compliments
- 1 x Initial Feedback
- 36 x Complaints

- 17 x MP Enquiries
- 108 x Member Enquiries
- 2 x Ombudsman findings

2.2.2 The details for this report are included within the appendix and a high-level summary is provided below:

- Complaint volumes are low and have reduced
- There were no negative Ombudsman findings that resulted in a financial remedy for the reporting period
- 85% of complaints were responded to within timeframe
- Compliments have increased
- 66% of complaints were upheld

2.3 Learning from Complaints

Complaints and feedback provide the service with an opportunity to identify areas that can be improved and provide a vital source of insight about people's experience of social care services.

Upheld complaints are routinely analysed to determine themes and trends and services are responsible for implementing learning swiftly.

Learning and/or outcomes from complaints are detailed within the appendix.

3. Issues, Options and Analysis of Options

3.1 This is a monitoring report for noting, therefore there are no options analysis. The annual report is attached as an appendix and includes consideration of reasons for complaints, issues arising from complaints and service learning.

4. Reasons for Recommendation

4.1 It is a statutory requirement to produce an annual complaints report on Adult Social Care complaints. It is best practice for this to be considered by Overview and Scrutiny. This report is for monitoring and noting.

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

5.1 This report has been agreed with the Adult Social Care Senior Management Team. The report also went via Senior Leadership Team.

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

6.1 All learning and key trends identified in the complaints and compliments reporting have a direct impact on the quality of service delivery and performance. The reporting ensures that valuable feedback received from service users and carers is captured effectively and regularly monitored, with

the primary focus on putting things right or highlighting and promoting where services are working well.

7. Implications

7.1 Financial

Implications verified by: **Jonathan Wilson**
Assistant Director Finance

There are no direct financial implications arising from the report. Any wider financial implications arising from the follow up of complaints will be assessed by the service and will form part of the wider service budget monitoring as appropriate.

7.2 Legal

Implications verified by: **Gina Clarke**
Governance Lawyer

There are no legal implications as the report is being compiled in accordance with complaint regulations.

7.3 Diversity and Equality

Implications verified by: **Natalie Smith**
Strategic Lead Community Development and Equalities

There are no direct equality and diversity implications arising from this report. Individual complaints that include an equality related expression of dissatisfaction are considered by the service alongside all complaints.

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

None

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

None

9. Appendices to the report

- Appendix – Adult Social Care Complaints and Representations Annual Report 2022/23

Report Author:

Lee Henley

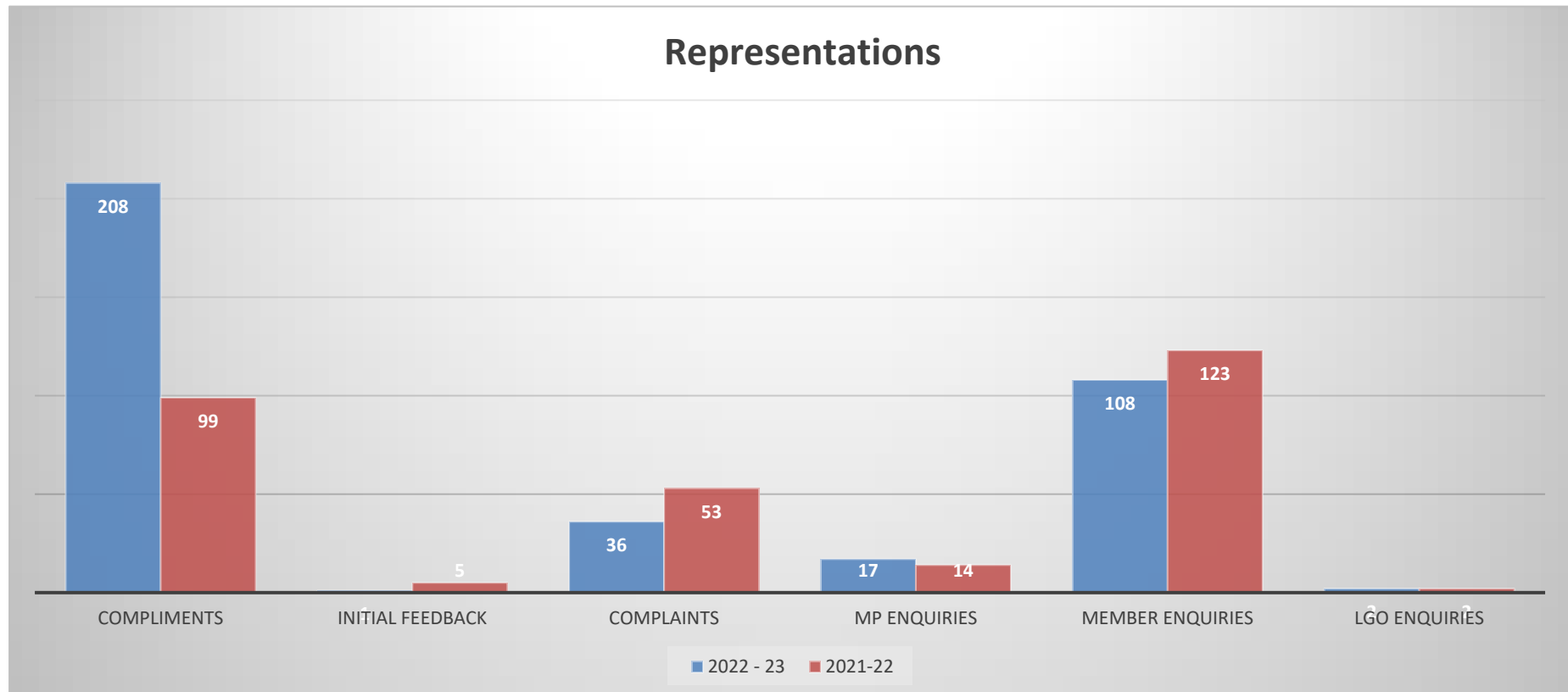
Strategic Lead, Information Management

HR, OD & Transformation

Appendix – 2022/23 Adult Social Care Complaints & Representations Report

1. Volume of Representations 2022/23 vs 2021/22

Below is a comparison of representations received for both years. During **2022/23**, **372** representations were received, compared with **296** for **2021/22**.



2.Complaints – 2022/23 vs 2021/22

Below is the comparison between the two years broken down into more specific detail including those complaints involving both internal and external providers.

Feedback:	Initial Feedback	Complaints	No. withdrawn / Cancelled	Total to be investigated	Cases closed in period*	% of complaints upheld in period	% timeliness of response for those due in period
2022/23	1	36	2	34	37	66%	85%
2021/22	5	53	1	52	44	66%	84%
Difference	-4	-17	+1	-18	7	0%	+1%

For 2022/23:

- 36 complaints were received in the reporting period. Of these 36 received 2 were cancelled. These are shown within section 4.
- 33 complaints were due a response in this period. 28 of 33 (85%) were responded to within timeframe.
- 35 complaints were responded to within this period. These are shown in section 5.
- 23 of 35 complaints responded to (66%) were upheld. These are shown in section 5 and the learning is detailed within section 3

Key Note for 2022/23:

Complaints volumes are low, when taking into consideration that there are 4148 services commissioned across Adult Social Care for 2192 service users.

3.Learning and/or outcomes from upheld complaints:

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning Standard of Care	Root Cause 2 and associated learning Communication	Root Cause 3 and associated learning Concerns regarding care home
	<p>Complaint 1</p> <p>Concerns that care visits are not completed at requested times and pads used during care visits are not disposed of correctly (Extra Care)</p> <p>Learning and/or outcome</p> <ul style="list-style-type: none"> Monitoring will be introduced to ensure calls/visits are at the agreed times going forward Care Staff have been reminded of the need to dispose of pads correctly and to ensure they follow infection control procedures <p>Complaint 2</p> <p>Concerns regarding the poor level of care provided (Ronti Care)</p> <p>Learning and/or outcome</p>	<p>Complaint 4 –</p> <p>Concerns regarding a financial form being issued with incorrect details included (Older People Mental Health)</p> <p>Learning and/or outcome</p> <p>Discussions held with the member of staff responsible for issuing the financial form and further training has been provided on data protection</p> <p>Complaint 5</p> <p>The service provider missed a visit (Clarity Homecare)</p> <p>Learning and/or outcome</p> <p>Staff involved did not communicate with one another</p>	<p>Complaint 10</p> <p>Concerns that waste within the home was poorly managed (Grays Court Care Home)</p> <p>Learning and/or outcome</p> <p>The Home now has an extra clinical waste bin to avoid overflow and housekeeping and maintenance staff also monitor the waste area on a daily basis.</p> <p>Complaint 19</p> <p>Concerns that another service user was verbally abusive. (AK Supported Living)</p> <p>Learning and/or outcome</p> <p>The service user was spoken to, and a letter was sent to the family to apologise.</p>

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning Standard of Care	Root Cause 2 and associated learning Communication	Root Cause 3 and associated learning Concerns regarding care home
	<p>An action plan has been put in place to ensure the concerns regarding quality of care are addressed. This will be monitored via visits to the provider and service users, to obtain their feedback and views</p> <p>Complaint 3</p> <p>Concerns that the service provider staff did not stay for the full 30 minutes and there was a lack of consistency in the carers attending (Clarity Homecare)</p> <p>Learning and/or outcome</p> <p>The service provider returned the package of care to the council as they were unable to meet the expectations of the service user. Since then, the package of care has been allocated to Pineapple Care and they are now providing support to the service user.</p> <p>Complaint 9</p> <p>Concerns that the service user was not supported when getting off the</p>	<p>clearly to ensure that the visit was carried out. Training in relation to the expected standards of communication has been provided</p> <p>Complaint 6</p> <p>Concerns received regarding the level and quality of communication with the service user and their family. This included delays and disruption in scheduled meetings and/or family requests for contact not being addressed. (Community Led Support Team 1)</p> <p>Learning and/or outcome</p> <p>Staff to update case recordings of all contact made in a timely manner, and on the relevant systems.</p> <p>Teams to have a system in place to enable them to respond to queries in the absence of staff members.</p>	

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning Standard of Care	Root Cause 2 and associated learning Communication	Root Cause 3 and associated learning Concerns regarding care home
	<p>council minibus and as a result suffered an injury (Day Care)</p> <p>Learning and/or outcome Disciplinary investigation completed and further training provided to all staff.</p> <p>Complaint 11</p> <p>Complaint regarding service user's items going missing (Leatherland lodge)</p> <p>Learning and/or outcome</p> <p>Items were located following the hospital returning a bag to the home. Therefore, in the event of any concerns regarding missing items, full checks must be completed to ensure any items are located.</p> <p>Complaint 12</p> <p>Concern as to how a relative fell from bed whilst being assisted by 2 care staff (Merrie Loots Farm)</p> <p>Learning and/or outcome</p>	<p>Staff not to be late when attending meetings. If staff are running late, the Chair of the meeting must be informed.</p> <p>Staff to ensure they are familiar with cases when attending meetings.</p> <p>Complaint 7</p> <p>A request for a meeting, to discuss the family's concerns regarding the care of service user was refused (Hospital team)</p> <p>Learning and/or outcome</p> <p>It was noted that while a meeting would not have resulted in the outcome of the service user returning home, it was acknowledged that a meeting would have allowed the family to feel heard. Due to this, a recommendation was made to the Hospital team that</p>	

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning Standard of Care	Root Cause 2 and associated learning Communication	Root Cause 3 and associated learning Concerns regarding care home
	<p>High needs/dependency service users to only be assisted by familiar, experienced staff. Additional risk assessments and visual prompts to be incorporated/undertaken</p> <p>Complaint 13</p> <p>Concerns regarding human waste in a tissue box. (Willow Lodge Care)</p> <p>Learning and/or outcome</p> <p>Staff to ensure that they check the environment for every service user during all interventions with them.</p> <p>Complaint 14</p> <p>Concerns regarding a change in care users' needs regarding assistance with mobility and meal times as well as infection control issues. (Willow Lodge care)</p> <p>Learning and/or outcome</p> <p>To ensure effective communication with families to keep them up to date</p>	<p>in future if a request for a meeting is received from a family, then it should be fully considered.</p> <p>Complaint 8 Note: The complaint and outcome are the same as complaint 7, as the issues were the same, however this was a separate complaint received from different family members</p> <p>A request for a meeting, to discuss the family's concerns regarding the care of service user was refused (Hospital team)</p> <p>Learning and/or outcome</p> <p>It was noted that while a meeting would not have resulted in the outcome of the service user returning home, it was acknowledged that a meeting would have allowed the family to feel heard. Due to this, a recommendation was made to the Hospital team that</p>	

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning Standard of Care	Root Cause 2 and associated learning Communication	Root Cause 3 and associated learning Concerns regarding care home
	<p>on service users' needs. In addition to this robust documentation must be held to detail any changing needs of the service user</p> <p>Complaint 15</p> <p>Concerns in relation to how personal care was delivered as the service user was wet after a pad change (Willow Lodge Care)</p> <p>Learning and/or outcome</p> <p>Members of staff who carried out the care were spoken to, and additional training was provided</p> <p>Complaint 16</p> <p>Concerns regarding a delay in replacing a fall pendant/alarm. (Careline)</p> <p>Learning and/or outcome</p> <p>At the point the council were informed that a replacement pendant was required it was replaced the following day. The learning in this case is to</p>	<p>in future if a request for a meeting is received from a family then it should be fully considered.</p> <p>Complaint 21</p> <p>Concerns regarding lack of communication with regards to a hospital admission for a service user. (Willow Lodge)</p> <p>Learning and/or outcome</p> <p>Additional training was provided to members of staff regarding effective customer service/communication</p>	

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning Standard of Care	Root Cause 2 and associated learning Communication	Root Cause 3 and associated learning Concerns regarding care home
	<p>explore localised options for fall pendant stock so that going forward these devices can be replaced sooner if required.</p> <p>Complaint 17</p> <p>Concerns regarding a missed telephone call and missed medication. (Thurrock Care at Home)</p> <p>Learning and/or outcome</p> <p>Members of staff responsible were spoken to and further training was provided. Medication Support Workers will also complete medication competency spot checks on staff</p> <p>Complaint 18</p> <p>Service user had raised concerns that he was feeling unwell. However, this was not raised as a concern or escalated for action. (Thurrock Care at Home)</p> <p>Learning and/or outcome</p>		

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning Standard of Care	Root Cause 2 and associated learning Communication	Root Cause 3 and associated learning Concerns regarding care home
	<p>Care workers who carried out visits have been spoken to and were required to complete refresher training on duty of care awareness, safeguarding adults and the role of the carer</p> <p>Complaint 20</p> <p>Concerns that the service user had been given continence pads when they were not needed. Concerns that the service user was not wearing dentures or being showered. (Leatherland Lodge)</p> <p>Learning and/or Outcome</p> <ul style="list-style-type: none"> • Ensure that staff are fully aware of any new residents needs • Staff to ensure that family members are made aware immediately of any changes to care process. • Staff to ensure that any care related tasks or information is 		

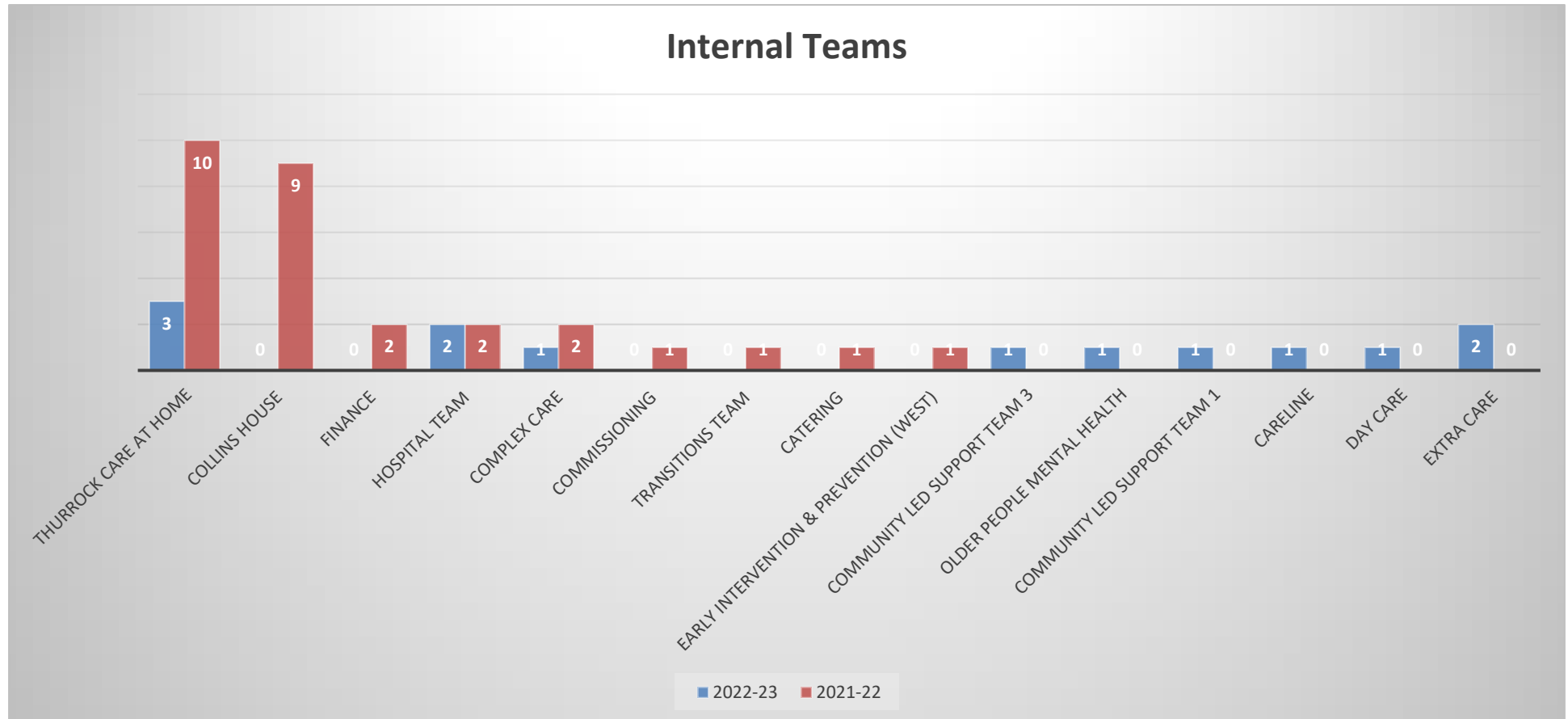
Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning Standard of Care	Root Cause 2 and associated learning Communication	Root Cause 3 and associated learning Concerns regarding care home
	<p>documented for future reference.</p> <p>Complaint 22</p> <p>Concerns regarding the texture of food that was provided, and a lack of assistance provided for cleanliness within the bedroom. (Willow Lodge)</p> <p>Learning and/or outcome</p> <p>Additional training provided to staff regarding nutrition and hydration. Planned care actions also implemented to address concerns regarding lack of assistance.</p> <p>Complaint 23</p> <p>Lack of empathy or compassion shown by member of staff whilst dealing with a service user (Willow Lodge)</p> <p>Learning and/or outcome</p> <p>Additional training provided to the relevant member of staff</p>		

4A. Breakdown of complaints received - Internal teams and staff:

This may be different to figures shown within the upheld complaints section below, as the upheld section is based on closed complaints (not complaints received). The figures shown below will also exclude cancelled complaints.

14 of 36 complaints received within this period are for internal teams/services (**1** was cancelled and this related to Community Led Support Team 3). This compares with **30 of 53** during 2021/22.

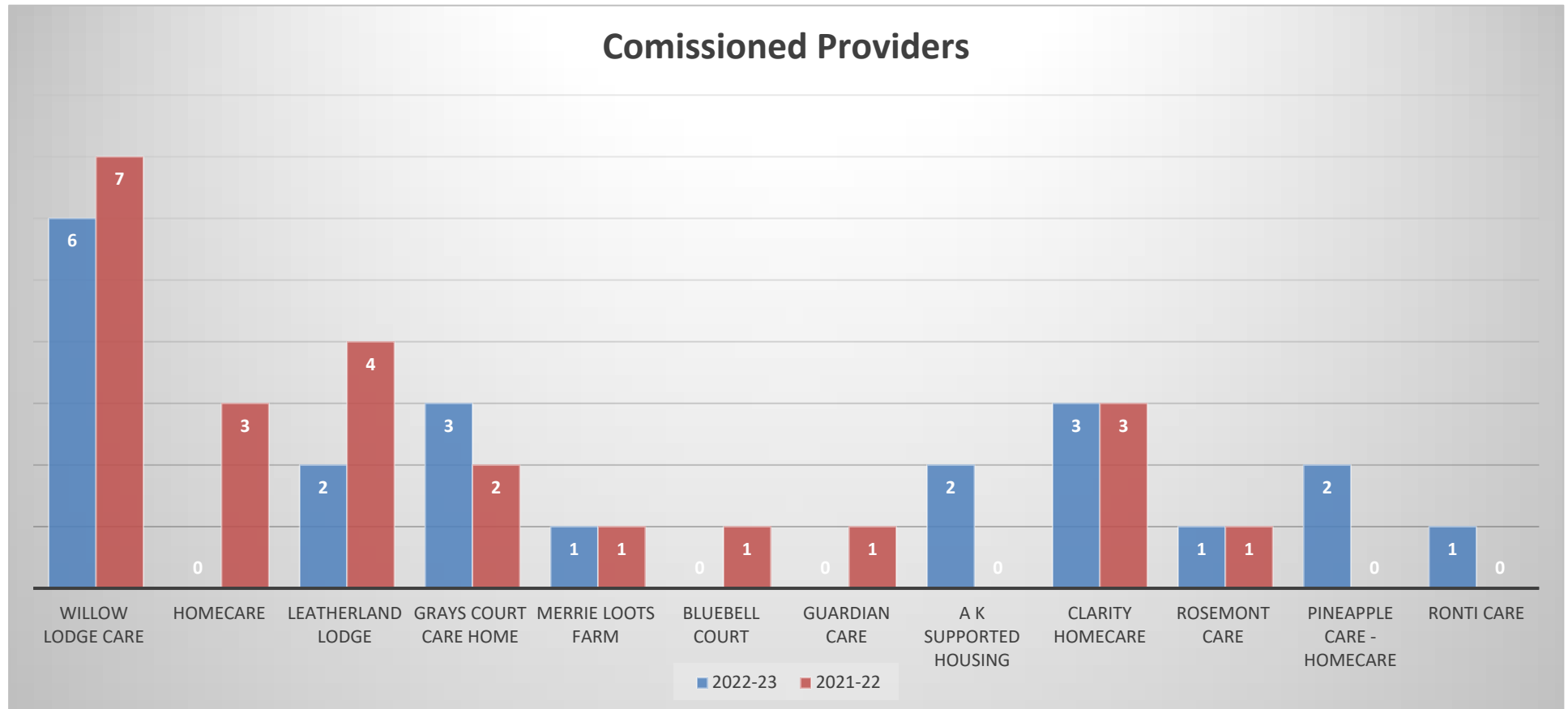
Internal Teams



4B. Breakdown of complaints received - Commissioned Providers:

This may be different to figures shown within the upheld complaints section below, as the upheld section is based on closed complaints (not complaints received). The figures shown below will also exclude cancelled complaints.

22 of 36 complaints responded to within this period are for commissioned providers services (**1** was cancelled and this related to Willow Lodge Care). This compares with **23 of 53** during 2021/22.



5.Upheld Complaints:

This may be different to figures shown above within the complaints received section, as the figures below are based on closed complaints (not complaints received).

Complaint Area	Volume Closed 2022/23	Upheld	Volume Closed 2021/22	Upheld
Thurrock Care at Home	2	2	10	10
Collins House	0	0	8	3
Willow Lodge Care	6	6	6	2
Homecare	0	0	3	3
Leatherland Lodge	2	2	3	3
Clarity Homecare	3	2	3	2
Careline	1	1		
Finance	0	0	2	2
Hospital Team	2	2	2	1
Rosemont Care	1	0	1	0
Commissioning	0	0	1	0
Complex Care	2	0	1	0

Bluebell Court	0	0	1	0
Grays Court Care Home	3	1	1	1
Guardian Care	0	0	1	1
Merrie Loots Farm	1	1	1	1
Community Led Support Team 3	1	0	0	0
A K Supported Living	2	1	0	0
Extra Care	2	1	0	0
Ronti Care	1	1	0	0
Older People Mental Health	1	1	0	0
Day Care	1	1	0	0
Pineapple Care - Homecare	2	0	0	0
Community Led Support Team 1	1	1	0	0
Transitions Team	1	0	0	0

6. Local Government and Social Care Ombudsman (LGSCO) Complaints:

There were **2** enquiries from the Local Government and Social Care Ombudsman (LGSCO), where they reached a final decision on any cases within the reporting period.

Area	Issue Nature	LGSCO Findings	Financial Remedy	Learning where relevant	Did the council respond to the LGSCO timeframes
Hospital Team	Complaint regarding the handing of discharge from hospital by the council and the NHS Trust	Closed after initial enquiries - No further action	N/A	N/A	Yes
Early Intervention & Prevention (West)	Complaint regarding how the council dealt with matters relating to social care between 2013 and 2018	Closed after initial enquiries - Out of jurisdiction	N/A	N/A	Yes

7.Enquiries:

In the reporting period the following was received:

- 17 MP Enquiries
- 108 Member Enquiries

MP Enquiries	Feedback total
Complex Care	4
Disabled Facilities Grant	3
Finance	2
Public Health	2
Thurrock Care at Home	1
Preparing for Adulthood	1
Blue Badges	1
Community Led Support Team 1	1
Community Led Support Team 2	1
Collins House	1

Member enquiries	Feedback total
Thurrock First	30
Public Health	22
Community Development	20
Local Area Coordination	9
Safeguarding	5
Finance	3
Blue Badges	2
Contract Compliance	2
Commissioning	2
Older People Mental Health	2
Grays Court Care Home	2
Complex Care	2
Hospital Team	1
Thurrock Care at Home	1
Community Led Support Team 2	1
Disabled Facilities Grant	1
Hollywood Rest Home	1
Pineapple Care - Homecare	1
Day care	1

8.External Compliments:

A total of **208** compliments have been received during this period compared to **99** within the same period last year. A breakdown of the areas that these relate to is shown below.

Note – These relate to compliments that have been sent to the Complaints Team to record on the complaints system.

Service Area 2022/23	Number of Compliments	Service Area 2021/22	Number of Compliments
Community Led Support Team 1	53	Thurrock First	26
Thurrock First	32	Joint Reablement Team	20
Thurrock Care at Home	17	Disabled Facilities Grant	10
Older People Mental Health	15	Blue Badges	6
Hospital Team	14	Community Led Support Team 1	6
Rapid Response Assessment Service	12	Community Development	5
Collins House	10	Hospital Team	3
Extra Care	7	Local Area Coordination	3
Day Care	6	Community Led Support Team 3	3
Disabled Facilities Grant	5	Thurrock Care at Home	3
Thurrock Healthy Lifestyle	4	Careline	3
Careline	4	Community Led Support Team 2	2
Community Led Support Team 3	4	Collins House	2
Blue Badges	4	Rapid Assessment Service	2
Local Area Coordination	3	Safeguarding	2
Contract Compliance	3	Extra Care	1
Community Development	3	Complex Care	1
Preparing for Adulthood	2	Preparing for Adulthood	1

Community Led Support Team 2	2		
Grays Court Care Home	1		
Meadowview	1		
Complex Care	1		
Barn & Coach House	1		
Joint Reablement Team	1		
Community Led Support Team 4	1		
The Whitecroft	1		
Leatherland Lodge	1		

9.Examples of External Compliments

Thurrock First

I would like to comment how helpful your member of staff was during my call to Thurrock First this morning.

Not only did she listen and give helpful feedback, she asked relevant questions and gave useful information about services that may be available. She seemed to genuinely care. She has arranged for call backs from appropriate services.

This member of staff is very professional and good at her job and is an asset to Thurrock First.

Rapid Response Assessment Team

Thank you for the amount of time you spent with xxx and myself over the last couple of days. Your understanding, empathy, efficiency and knowledge was so reassuring. Learning that some of xxx actions are 'normal' for people with dementia has given me a better understanding of how to cope better with caring for him. Also thank-you for our conversations about everyday life.

Community Led Support Team 1

Service user confirmed all the staff are very polite and good at their job, no complaints, all very helpful.

The service user would like to thank the member of staff for all she did when xxx was taken into hospital. She stayed with me all the way through.

This page is intentionally left blank

31 August 2023		ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee		
Thurrock Safeguarding Adult Board (TSAB) Strategic Plan		
Wards and communities affected: All wards	Key Decision: For information	
Report of: James Nicolson, Independent Chair, Thurrock Safeguarding Adults Board (TSAB)		
Accountable Assistant Director: Les Billingham - Assistant Director ASC and Community Development		
Accountable Director: Ian Wake - Corporate Director of Adults, Housing & Health		
This report is Public		

Executive Summary

The Care Act 2014 requires all local authorities to establish a Safeguarding Adult Board (SAB) which must, as a minimum, have three members. In Thurrock these include Thurrock Council, Mid and South Essex Integrated Care Board and Essex Police. The Act, and the accompanying Statutory Guidance, set out the responsibilities of the SABs.

SABs have three core duties (see Appendix 1). They **must**:

- develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute;
- publish an annual report detailing how effective their work has been;
- commission safeguarding adult reviews (SARs) for any cases which meet the criteria for these.

This Strategic Plan details the priorities for the Board for the period 2023/26. A more detailed delivery plan will sit underneath this to demonstrate how it will drive activity and evidence progress.

Supporting this Plan an Easy Read version is being developed with support from Thurrock Lifestyle Solutions.

1. Recommendation(s)

1.1 That the Health and Wellbeing Overview and Scrutiny Committee Members note the Strategic Plan.

2. Introduction and Background

2.1 The framework of the TSAB Strategic Plan is formatted upon the 6 national safeguarding principles, which are:

- **Empowerment:** TSAB will seek assurance that safeguarding services are delivered in line with Making Safeguarding Personal Principles and Mental Capacity Act 2005
- **Prevention:** TSAB will continue to develop approaches to raise awareness of adult safeguarding
- **Proportionality:** TSAB will seek assurance that services are learning and improving their safeguarding practice and that risks are managed collaboratively
- **Protection:** TSAB will protect people who need help and support
- **Partnership:** TSAB will improve multi-agency partnership and aligning its work with other partnerships
- **Accountability:** TSAB will provide strategic leadership to enable effective safeguarding arrangements to be in place across the partnership

3. Issues, Options and Analysis of Options

3.1 The TSAB risk register highlights if there is any prospect that the Board will not meet any of its statutory requirements under the Care Act, as well as any other risks. The register is monitored by the Leadership Executive Group at each of its meetings. Where appropriate, any identified risks will be escalated to the Board for a response. Failing to publish a Strategic Plan would be an example of the TSAB not meeting its statutory requirements.

3.2 The Board will also be provided with regular performance updates from the Operational Group who will monitor deliver of the priorities. There are no risks identified at present which would prevent the Board from delivering against the Strategic Plan.

4. Reasons for Recommendation

4.1 The priorities were based upon:

- Responses from this consultation
- Other recent consultations by partners such as the Health and Wellbeing Board
- Recommendations from local Safeguarding Adult Reviews and Domestic Homicide Reviews
- Links with other local and national strategic plans
- Relevant safeguarding data
- Southend, Essex and Thurrock Safeguarding Audit 2022

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

- 5.1 The Board undertook extensive consultation for the Strategic Plan from October 2022 to February 2023. This involved a survey promoted via social media as well as attendance at events in the community by TSAB support staff. Professionals from all partner organisations were also included in requesting information and suggestions. There were 70 responses to the TSAB consultation.
- 5.2 The Strategic Plan has been developed by the Operational Group in response to the results of this consultation and shared with Board partners for comment. It was approved by TSAB on 17.4.23.

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

- 6.1 The work of the TSAB contributes to the Council's Priorities and Vision in the following areas:
- People – a Borough where people of all ages are proud to work and play, live and stay.

7. Implications

7.1 Financial

Implications verified by: **Bradley Herbert**
Senior Management Accountant

The Board receives financial contributions from Thurrock Council, Mid and South Essex Integrated Care Board and Essex Police. The contributions allow the Board fully to undertake agreed activity. No further funds are required from Thurrock Council.

7.2 Legal

Implications verified by: **Daniel Longe**
Principle Solicitor on behalf of Thurrock Council

Section 43 of the Care Act 2014 (the Act) imposes an obligation on local authorities to establish a Safeguarding Adults Board (SAB) for its area to safeguard vulnerable adults who may be experiencing or are at risk of abuse or neglect and are unable to protect themselves.

To achieve this, Schedule 2 of the Act specifically requires SABs, each financial year, to publish a Strategic Plan setting out its plan for safeguarding those vulnerable adults.

Also, it requires an Annual Report to be produced each financial year, a copy of which should be sent to the chief executive of the local authority, amongst others.

Furthermore, Section 44 of the Act also imposes a duty on the SAB to carry out reviews of cases that meet either of these two conditions, namely the death of a vulnerable adult due to neglect or abuse and secondly, serious abuse or neglect of a vulnerable adult in the area. These are known as Safeguarding Adult Reviews (SARs).

Having considered the Strategic Plan, considering the statutory objective set out in section 43, the Plan is within the scope of the SAB and LA's statutory duties.

All information regarding Community Equality Impact Assessments can be found here: <https://intranet.thurrock.gov.uk/services/diversity-and-equality/ceia/>

7.3 **Diversity and Equality**

Implications verified by: **Roxanne Scanlon**
Community Engagement and Project Monitoring Officer

When developing the Strategic Plan due regard was given to equalities and the impact the Plan may have. The strategy details how the Board will safeguard and promote the wellbeing of adults with care and support needs in Thurrock. This covers anyone over 18 who has needs for care and support and whether the authority is meeting those needs: is experiencing, or is at risk of, abuse or neglect and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. The TSAB Strategic Plan 2023-2026 includes those with care and support needs in all protected characteristics as defined within the Equalities Act, 2010.

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

The TSAB Strategic Plan links closely with other Boards and Partnerships such as Community Safety Partnership and the Thurrock Local Safeguarding Children's Board.

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

TSAB Strategic Plan

9. **Appendices to the report**

Appendix 1 - TSAB Strategic Plan 2023/26

Appendix 2 - TSAB Summary Strategic Plan PowerPoint for TSAB website 2023/26

Report Author:

Paula Ward – TSAB Manager
Safeguarding Adults Board Manager
Adults, Housing & Health

This page is intentionally left blank



"To work in partnership, preventing abuse and ensuring excellent practice and timely responses to the safety and protection of individuals or groups within our communities"

Thurrock Safeguarding Adults Board (TSAB) Strategic Plan 2023-26

Contents

Introduction.....	3
Current Strategic Plan - What we have achieved so far?	4
New Strategic Plan Methodology	5
TSAB strategic priorities for 2023 – 2026	6
Appendix 1 - Functions of the Board	8
Appendix 2 - Membership of the Board	10
Appendix 3 - Thurrock environment.....	11
Appendix 4 - Relevant strategic priorities	12
Appendix 5 – Mapping Priorities	15
Appendix 6 - Safeguarding data.....	16
Appendix 7 - Recommendations from the SET Safeguarding Adult Self-Assessment	20
Appendix 8 - TSAB Consultation	21
Appendix 9 - Recommendations from SARs	24
Appendix 10 - Themes from SETDAB, ESAB.....	25
Appendix 11 - Impact of Covid	27

Introduction

Our Aim

To ensure the effective co-ordination and delivery of services to safeguard and promote the welfare of adults in Thurrock at risk of abuse and neglect, in line with the Care Act 2014 and the accompanying Statutory Guidance.

Our Vision

That people are able to live a life free from harm, where the community has a culture that does not tolerate abuse, works together to prevent abuse and knows what to do when abuse happens.

Six Safeguarding principles

The six safeguarding principles:

- Empowerment: people being supported and encouraged to make their own decisions and give informed consent
- Prevention: it is better to take action before harm occurs
- Proportionality: the least intrusive response appropriate to the risk presented
- Protection: support and representation for those in greatest need
- Partnership: local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse
- Accountability and transparency in safeguarding practice

SAB statutory duties

SABs have three core duties (see Appendix 1). They must:

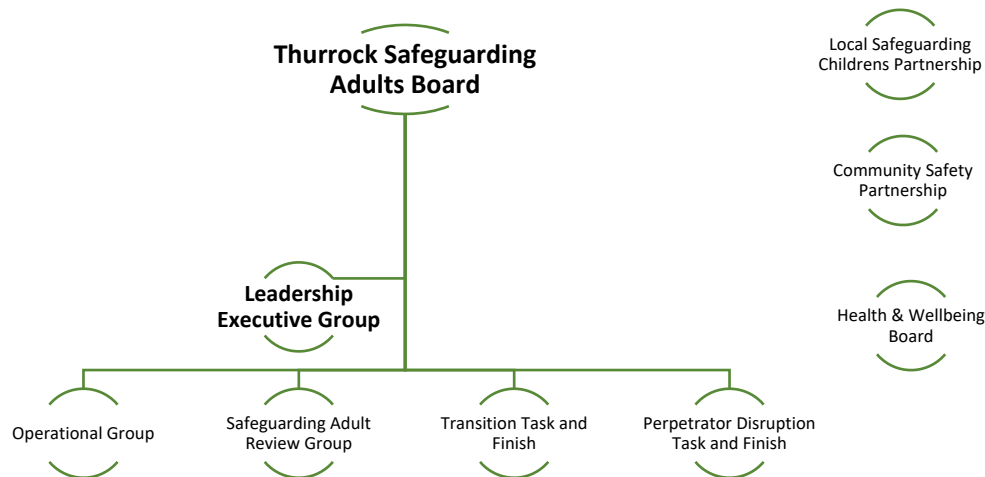
- develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute
- publish an annual report detailing how effective their work has been
- commission safeguarding adult reviews (SARs) for any cases which meet the criteria for these.

Who are we

The membership of a SAB is tasked with forming an effective and proactive partnership including all relevant agencies who have a statutory role in safeguarding adults at risk of abuse, to ensure that the local safeguarding adult system meets its statutory responsibilities as set out in the [Care Act Statutory Guidance](#) (see Appendix 2).

TSAB Structure

The structure of the Board during this strategic plan is as follows. Thurrock Safeguarding Adults Board also work closely with Essex Safeguarding Adults Board and Southend Safeguarding Adults Board as well as Southend, Essex and Thurrock Domestic Abuse Board.



Current Strategic Plan - What we have achieved so far?

1. To increase our understanding of abuse and neglect.

- We developed a new and improved performance dashboard. This provides a more visual picture about abuse and neglect in Thurrock. Currently reviewing the possibility of using Power BI.
- We commenced our audit programme, auditing cases based upon themes such as safeguarding and domestic abuse ensuring they were person centred and Making Safeguarding Personal was embedded. This is now business as usual.
- We developed a Quality Assurance Framework to clearly explain the systems, processes and principles that underpin our approach to managing data and information.
- We added comparator data to review and analyse how Thurrock compares with the national picture. This will be added annually once the national SAC return data is released.
- We improved the recording of safeguards of domestic abuse through existing training and guidance for the local authority.

2. To contribute implementing the recommendations of the Sexual Abuse/Violence JSNA.

- We finalised and published the exploratory study of the scale and nature of sexual exploitation of adults and transition aged young people in Thurrock.
- We reviewed the recommendations from the report which highlighted issues for practitioners and agencies in Thurrock in relation to the response to Adult Sexual Exploitation.
- We funded a sexual abuse and violence online training package for staff across the partnership
- We worked with the Community Safety Partnership and ICENA to develop the content for the sexual abuse training package.

This is now being taken forward under the VAWG agenda.

3. To focus on perpetrator disruption.

- We collected data to analyse prevalence and identify trends, themes and 'hot spots' locally.
- We put a modern slavery strategy in place underpinned by an action plan which will be monitored by the Community Safety Partnership.
- We promoted training on modern day slavery, domestic abuse, and sexual abuse.
- Developed a contextual safeguarding report showing mapping of local area including hotspots, types of crimes and locations. This will continue to be written and shared at the operational group.
- Identified initiatives to help people keep themselves safe and contributed funding to new cold calling signs.

4. To strengthen transitional safeguarding arrangements

- We started our baseline mapping in order to ensure that young adults are able to safeguard themselves from harm when they are moving from children services to adult services.
- We reviewed the recommendations from national reviews involving transition age young people.
- We reviewed the recommendations from 'Bridging the Gap' and followed this up with a presentation and discussion from the author Dez Holmes to discuss implementing the recommendations locally.
- We improved information sharing between children and adult social care to identify young people who are at risk of exploitation and approaching critical transition points.
- We asked young people, their families and carers where they thought gaps were.

There is still work to do to fully progress this strategic priority.

New Strategic Plan Methodology

In developing the new strategic plan, TSAB have drawn together a range of information to help form the strategy in this document which includes:

- Local demographic information (see Appendix 3)
- Local strategic plans (see Appendix 4 & 5)
- Safeguarding data (see Appendix 6)
- SET Self Assessment Audit (see Appendix 7)
- TSAB Consultation (see Appendix 8)
- Themes/recommendations from reviews locally (see Appendix 9 & 10)
- Impact of covid (see Appendix 11)

When developing the Strategic Plan due regard was given to equalities and the impact the plan may have.

TSAB strategic priorities for 2023 – 2026

Priority 1 - Empowerment

What we will do	How will we do it?
Thurrock SAB will seek assurance that safeguarding services are delivered in line with Making Safeguarding Personal Principles and Mental Capacity Act 2005	<ul style="list-style-type: none"> We will continue to embed the principles of Making Safeguarding Personal with Partners ensuring adults are supported to make their own decisions We will develop processes to enable meaningful feedback to the SAB from service users and carers who have experienced safeguarding interventions We will work in partnership with adults to coproduce work We will work with Partners to increase knowledge and understanding of the Mental Capacity Act (MCA) 2005 within the workforce We will explore how the voice of the adult can be heard

Priority 2 – Prevention

What we will do	How will we do it?
Thurrock SAB will continue to develop approaches to raising awareness of safeguarding adults	<ul style="list-style-type: none"> We will provide partners with tools (such as newsletters, social media messaging) to help them raise awareness of the Board and safeguarding adults We will ensure communications are accessible for a variety of communication needs We will work with Partners to ensure practitioner are equipped with knowledge to make appropriate referrals or signpost to adult safeguarding so adults can receive the support they need We will ensure there are mechanisms to review the impact and effectiveness of training

Priority 3 – Proportionality

What we will do	How will we do it?
Thurrock SAB will seek assurance that services are learning and improving in their safeguarding practice and risks are managed collaboratively	<ul style="list-style-type: none"> We will gain assurance of the quality of care provision in Thurrock We will support partners in the implementation of Liberty Protection Safeguards We will ensure the SAB has robust multi-agency safeguarding data and audit activity to shape learning, awareness and practice We will ensure learning from SARs, other reviews and multi-agency audits are effectively embedded into practice and facilitate organisational change

Priority 4 – Protection

What we will do	How will we do it?
Thurrock SAB will protect people who need help and support	<ul style="list-style-type: none"> • We will strengthen the focus on transitional safeguarding • We will ensure support is available for carers (both paid and unpaid) • We will ensure TSAB and Partner agencies have a framework of policies and procedures that keep people safe from abuse and neglect • We will undertake horizon scanning and respond to any changes that may impact on safeguarding adults in Thurrock • We will promote a Think Family response

Priority 5 – Partnership

What we will do	How will we do it?
Thurrock SAB will improve multi-agency partnership and aligning its work with other partnerships	<ul style="list-style-type: none"> • We will support the Community Safety Partnership (CSP) with reducing risk of exploitation in all its forms to safeguard vulnerable adults • We will collaborate across Southend, Essex and Thurrock (SET) on cross cutting policy and practice • We will develop arrangements with the Thurrock Local Safeguarding Childrens Partnership to be responsive to shared safeguarding themes • We will engage with voluntary, community and faith organisations including advocacy • We will link with existing Boards and Partnerships

Priority 6 – Accountability

What we will do	How we will do it
Thurrock SAB will provide strategic leadership to enable effective safeguarding arrangements to be in place across the partnership	<ul style="list-style-type: none"> • We will hold TSAB partners to account and gain assurance of the effectiveness of their safeguarding adult arrangements, function and performance • We will ensure there is effective governance in place • We will ensure that there is appropriate representation from TSAB partners on the Board/subgroups • We will provide a clear and transparent annual budget plan which includes all TSAB activities

Appendix 1 - Functions of the Board

Taken from [Care Act Statutory Guidance](#) (Updated Sept 2022)

14.139 Each SAB should:

- identify the role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults
- establish ways of analysing and interrogating data on safeguarding notifications that increase the SAB's understanding of prevalence of abuse and neglect locally that builds up a picture over time
- establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements
- determine its arrangements for peer review and self-audit
- establish mechanisms for developing policies and strategies for protecting adults which should be formulated, not only in collaboration and consultation with all relevant agencies but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives
- develop preventative strategies that aim to reduce instances of abuse and neglect in its area
- identify types of circumstances giving grounds for concern and when they should be considered as a referral to the local authority as an enquiry
- formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice in relation to safeguarding adults
- develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect
- balance the requirements of confidentiality with the consideration that, to protect adults, it may be necessary to share information on a 'need-to-know basis'
- identify mechanisms for monitoring and reviewing the implementation and impact of policy and training
- carry out safeguarding adult reviews and determine any publication arrangements;
- produce a strategic plan and an annual report
- evidence how SAB members have challenged one another and held other boards to account
- promote multi-agency training and consider any specialist training that may be required. Consider any scope to jointly commission some training with other partnerships, such as the Community Safety Partnership

14.140 Strategies for the prevention of abuse and neglect is a core responsibility of a SAB and it should have an overview of how this is taking place in the area and how this work ties in with the Health and Wellbeing Board's, Quality Surveillance Group's (QSG), Community Safety Partnership's and CQC's stated approach and practice. This could be about commissioners and the regulator, together with providers, acting to address poor quality care and the intelligence that indicates there is risk that care may be deteriorating and becoming abusive or neglectful. It could also be about addressing hate crime or anti-

social behaviour in a particular neighbourhood. The SAB will need to have effective links and communication across a number of networks in order to make this work effectively.

14.141 Within the context of the duties, safeguarding partnerships can be a positive means of addressing issues of self-neglect. The SAB is a multi-agency group that is the appropriate forum where strategic discussions can take place on dealing with what are often complex and challenging situations for practitioners and managers as well as communities more broadly.

Appendix 2 - Membership of the Board

 <p>ESSEX POLICE Protecting and serving Essex</p>	 <p>Care Quality Commission</p>	 <p>Essex County Fire & Rescue Service</p>	 <p>NHS East of England Ambulance Service</p>
 <p>Mid and South Essex Integrated Care Board</p>	 <p>Healthwatch Thurrock For Better Health & Social Care Services</p>	 <p>Thurrock Lifestyle Solutions A Community Interest Company</p>	 <p>NELFT NHS Foundation Trust</p>
 <p>NHS Essex Partnership University NHS Foundation Trust</p>	 <p>Mid and South Essex NHS Foundation Trust</p>	 <p>Police, Fire and Crime Commissioner for Essex</p>	 <p>Thurrock Adult Community College</p>
 <p>THURROCK COUNCIL</p>	 <p>POhWER Voices Heard - Lives Empowered</p>	 <p>Probation Service</p>	 <p>mind for better mental health</p>

Appendix 3 - Thurrock environment

Taken from Health and Wellbeing Strategy (2022 – 25)

Thurrock is based at the heart of the Thames Gateway in close proximity to the east of London, Thurrock is a busy borough with picturesque towns, reams of beautiful countryside and 18 miles of river 6 frontage. We are a borough of contrasts with urban areas of Grays, Tilbury and Purfleet to the south and rural villages and open countryside to the north.

The population of Thurrock is just over 175,000. Population growth has been strong in recent years, with an 11.3% growth in population since the last census in 2011. This strong growth is projected to continue over the next decade with a further increase of 9.2% expected by 2030.

Thurrock is a relatively young place, with an average age of 36.9 years old compared to the England average of 40.2 years old. Just under 26% of the population are aged under 18 years. The recent trend for both England and Thurrock has been towards an increase in the average age, and we can expect to see this trend continue. Presently in Thurrock there are almost 6,000 individuals aged 80+, with close to 1,000 individuals aged 90+.

Within its geographic area of 165 square kilometres, Thurrock hosts a diverse range of people and places. Over 130 different languages are spoken by children in Thurrock as their main language, and whilst most residents in Thurrock were born in the UK, over 10% were born overseas. White British is the most common ethnicity reported by Thurrock residents at 77% of the population. The second largest ethnic group is Black/African/Caribbean and Black British at 9% followed by all other White at 7%.

It is estimated that 3,120 people have a learning difficulty, which accounts for just under 2% of the Thurrock population. The proportion of people living with a learning disability in Thurrock is lower than the average for England.

The most recent deprivation scores show that Thurrock has several areas that fall within the 10% most deprived locations in the country, but also some areas that fall within the most affluent in the country. The more deprived areas are mainly located in and around Tilbury, with further areas in South Ockendon, Grays and areas of Corringham also suffering from higher levels of deprivation. Less deprived areas tend to be found in Thurrock's more rural locations, around South Chafford, and in some areas to the north of Grays.

Life Expectancy (LE) is the highest-level indicator of health inequality, and life expectancy for both men and women in Thurrock is significantly worse than the average for England. LE is significantly lower in Thurrock than average across England for both men (78.3 years versus 79.4 years) and women (82.6 years versus 83.1 years).

Crime has a considerable impact on the community, and the rate of violence offences in Thurrock (35.5 per 1,000) is significantly above the England rate of 29.5 per 1,000 population.

Appendix 4 - Relevant strategic priorities

Health and Wellbeing Board

- Domain 1 – Staying Healthier for Longer Aligned with Thurrock Alliance Further Case for Change Health and Care Strategy and Brighter Futures Strategy.
- Domain 2 – Building Strong and Cohesive Communities Aligned with Stronger Together Thurrock and the Collaborative Communities Framework (CCF).
- Domain 3 – Person-Led Health and Care Aligned with Thurrock Alliance Further Case for Change Health and Care Strategy. Ambition
- Domain 4 – Opportunity for All Aligned with the Backing Thurrock Economic Strategy, major investments such as Thames Freeport and the Brighter Futures Strategy.
- Domain 5 – Housing and the Environment Aligned with the Local Plan, Housing Strategy and Homelessness Strategy.
- Domain 6 – Community Safety Aligned with Thurrock Community Safety Partnership Priorities and Brighter Futures Strategy.

Local Safeguarding Children Partnership relevant priorities

- Violence and Vulnerability - Child Exploitation, Domestic Abuse, Harmful Sexualised Behaviour and Violence Against Women and Girls (VAWG) are areas of focus for the LSCP. We will continue our work with the Thurrock VAWG group and Southend, Essex and Thurrock (SET) partners to reduce the prevalence of those experiencing violence and exploitation in these areas.
- Think Family - We know families do not exist in isolation, so if we 'Think Family' and their wider contacts we can secure better outcomes for children, young people and their families. By working with partners to co-ordinate support and interventions and co-producing plans with families we are better placed to achieve this. Families will experience a system of joined up safeguarding and support.
- Transitions and Transfers - Bridging the gap between points of transition are important in the continuity of safeguarding children and young people. In responding to the need during times of developmental life stages and when children, young people and families move, we are adopting a transitional approach to safeguarding. To do this we will work with our partners to develop knowledge and our collective response at these crucial times.

Community Safety Partnership

1. Tackling disproportionality in relation to Violence Against Women and Girls – including sexual offences, stalking and rape, whilst recognising that men and boys can also be victims
2. Breaking the cycle of Domestic Abuse: in line with the Domestic Abuse Duty and needs assessment
3. Violence and Vulnerability: Tackling gang related activity and offensive weapons to reduce drug driven violence
4. Counter Extremism and Terrorism: Preventing Violent Extremism locally
5. Reduce harm to and safeguard victims from Hate Crime – including Sex/Gender based hate crime
6. Tackling Community based Anti-social Behaviour and Safeguarding victims - including off road motorbike nuisance
7. Human Trafficking and Modern-Day Slavery and Organised Immigration Crime

8. Safer streets through increased visibility and community engagement
9. Tackling offending – reducing high volume crimes e.g. burglary

Mid and South Essex Integrated Care Board

The ICB safeguarding priorities for next year are;

- Develop the work programme approach to develop more specific work on ensuring safeguarding priorities are:
 - informed and co-produced – make safeguarding personal.
 - Proactive and preventative – contextual safeguarding
 - Support those in greatest need – inequalities

[The Police Fire and Crime Commissioner \(PFCC\) priorities for 22/23](#)

1. Further investment in crime prevention
2. Reducing drug driven violence
3. Protecting vulnerable people and breaking the cycle of domestic abuse
4. Reducing violence against women and girls
5. Improving support for victims of crime
6. Protecting rural and isolated areas
7. Preventing dog theft
8. Preventing business crime, fraud, and cyber crime
9. Improving safety on our roads
10. Encouraging volunteers and community support
11. Supporting our officers and staff
12. Increasing collaboration

The Crime Prevention Strategy for Essex 2021/25 Crime Prevention Strategy 2021-2025
Essex Police have identified 14 thematic strands

1. Knife Crime
2. Rape
3. Night-Time Economy
4. Child Abuse / Child Sexual Exploitation
5. Domestic Abuse
6. Drugs & Alcohol
7. Mental Health
8. County Lines / Exploitation
9. Serious Organised Crime
10. Cybercrime & Fraud
11. Places
12. Burglary / Robbery
13. Prevent (radicalisation)
14. Hate Crime

Appendix 5 – Mapping Priorities

Thurrock Health and Wellbeing Board	Local Safeguarding Children Partnership relevant priorities	Community safety Partnership	PFCC	MSE ICB	TSAB
Domain 1 – Improve the prevention, identification and management of physical and mental health conditions, to ensure people live as long as possible in good health.	Violence and Vulnerability - Child Exploitation, Domestic Abuse, Harmful Sexualised Behaviour and Violence Against Women and Girls (VAWG) are areas of focus for the LSCP. We will continue our work with the Thurrock VAWG group and Southend, Essex and Thurrock (SET) partners to reduce the prevalence of those experiencing violence and exploitation in these areas.	Tackling disproportionality in relation to Violence Against Women and Girls – including sexual offences, stalking and rape, whilst recognising that men and boys can also be victims	Further investment in crime prevention	Reduce health inequalities	Empowerment - Thurrock SAB will ensure safeguarding services are delivered in line with Making Safeguarding Personal Principles
Domain 2 – We are committed to creating a fair, accessible and inclusive borough where everyone has a voice and an equal opportunity to succeed and thrive, and where community led ambitions are supported and actively encouraged.	Think Family - We know families do not exist in isolation, so if we 'Think Family' and their wider contacts we can secure better outcomes for children, young people and their families. By working with partners to co-ordinate support and interventions and co-producing plans with families we are better placed to achieve this. Families will experience a system of joined up safeguarding and support.	Breaking the cycle of Domestic Abuse: in line with the Domestic Abuse Duty and needs assessment	Reducing drug driven violence	Create opportunities supporting education and local employment	Prevention - Thurrock SAB will continue to develop approaches to safeguarding which recognise the value of prevention and early intervention
Domain 3 – Better outcomes for individuals, that take place close to home and make the best use of health and care resources.	Transitions and Transfers - Bridging the gap between points of transition are important in the continuity of safeguarding children and young people. In responding to the need during times of developmental life stages and when children, young people and families move, we are adopting a transitional approach to safeguarding. To do this we will work with our partners to develop knowledge and our collective response at these crucial times.	Violence and Vulnerability: Tackling gang related activity and offensive weapons to reduce drug driven violence	Protecting vulnerable people and breaking the cycle of domestic abuse	Support health and wellbeing, through prioritising prevention, early intervention and self-care	Proportionality - Thurrock SAB will ensure services are learning and improving in their safeguarding practice and risks are managed collaboratively
Domain 4 – Thurrock will be a place of economic opportunity, with investment and wider regeneration programmes building a stronger and more vibrant economy, with local communities having the opportunity to contribute to and benefit from our economic successes. We want to support people in Thurrock to be aspirational, resilient and able to access high quality education and training; enabling them to develop skills to secure good quality employment and volunteering opportunities to live fulfilling lives and achieve their full potential.		Reduce harm to and safeguard victims from Hate Crime – including Sex/Gender based hate crime	Reducing violence against women and girls	Bring as much care as is safe and possible closer to where people live	Protection - Thurrock SAB will protect people who need help and support
Domain 5 – Fewer people will be at risk of homelessness and everyone will have access to high quality affordable homes that meet the needs of Thurrock residents. Homes and places in Thurrock will provide environments where everyone feels safe, healthy, connected and proud.		Tackling Community based Anti-social Behaviour and Safeguarding victims - including off road motorbike nuisance	Improving support for victims of crime	Improve and transform our services	Partnership - Thurrock SAB will improve multi-agency partnership working to safeguard adults and their families
Domain 6 – Thurrock is a place where people feel and are safe to live, socialise, work and visit. We will also ensure that victims/survivors of crime are able to access support to cope and recover from their experiences, should they need it.		Counter Extremism and Terrorism: Preventing Violent Extremism locally	Protecting rural and isolated areas		Accountability - Thurrock SAB will provide strategic leadership to enable effective safeguarding arrangements to be in place across the partnership
		Human Trafficking and Modern Day Slavery and Organised Immigration Crime	Preventing dog theft		
		Safer streets through increased visibility and community engagement	Preventing business crime, fraud, and cyber crime		
		Tackling offending – reducing high volume crimes e.g. burglary	Improving safety on our roads		
			Encouraging volunteers and community support		
			Supporting our officers and staff		

Safeguarding data

The data below is taken from the annual SAC return. The SAC (Safeguarding Adults Collection) return is completed by all local authorities in England and records information on safeguarding data for adults 18 and over. The TSAB audit and operational groups monitor the data for issues and trends.

Page 57

1097
Safeguarding concerns
(1071 in 2020/21)

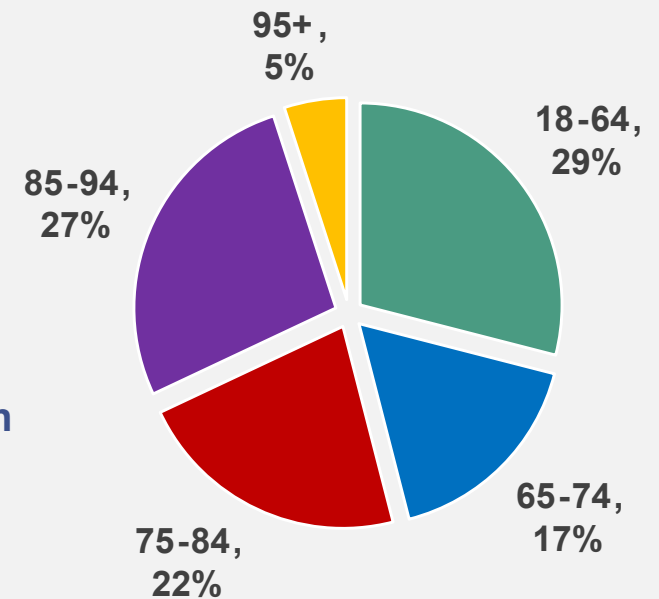
38% Male
62% Female



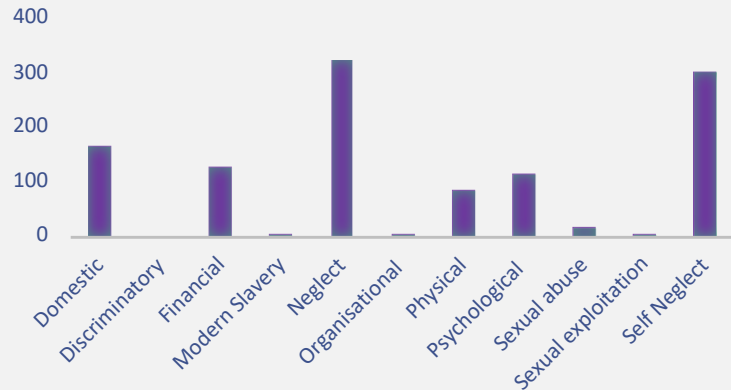
369
Section 42 enquiries
(346 in 2020/21)

79% White
2% Asian
4% Black/African/Caribbean
1% Other
15% Not known

The majority of safeguarding enquiries are for those aged 65 and over



Safeguarding data



Most safeguarding concerns raised were in relation to neglect, self neglect and domestic abuse

Location of abuse

Own home 49%

Care home 34%

Other 17%

17% of safeguarding enquiries involved a **Service provider**

54% of safeguarding enquiries involved someone **known to individual**

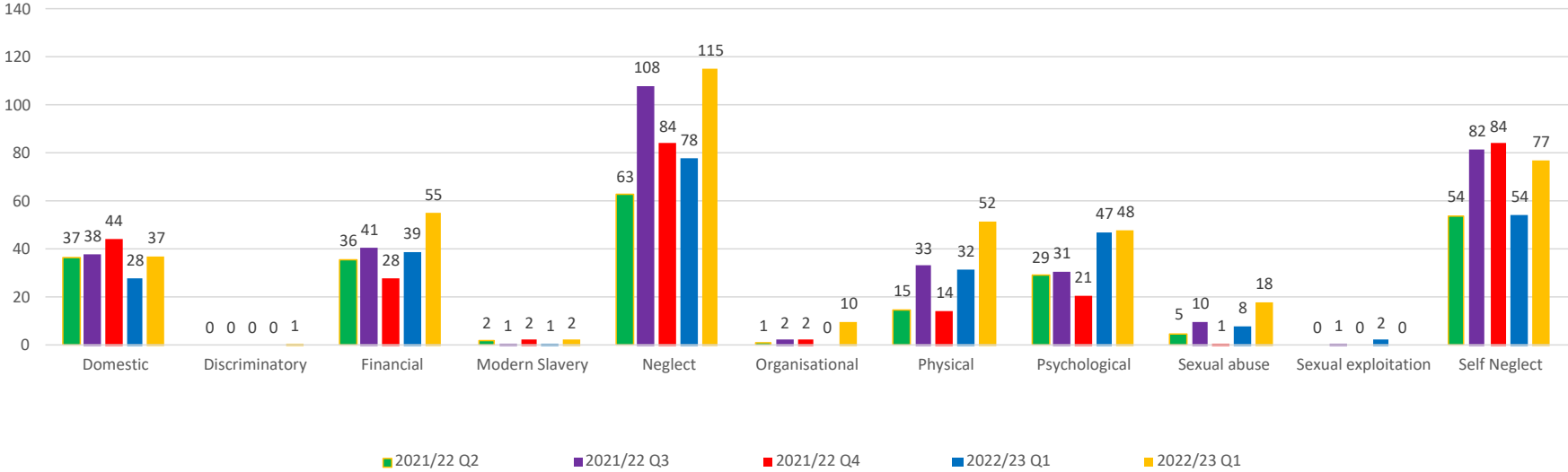
29% of safeguarding enquiries involved someone **unknown to individual**

68% Of safeguarding enquiries adults did not lack capacity

31% Of safeguarding enquiries adults lacked capacity

84% Of those that lacked capacity were supported by an advocate, family or friend

TYPE OF ABUSE by concern



Page 59

Neglect continues to be the highest reported concern, followed by self neglect. There was an increase in organisational abuse concerns raised this quarter. There was also an increase of sexual abuse concerns raised this quarter. Both these numbers are the highest figures in the last 3 years.

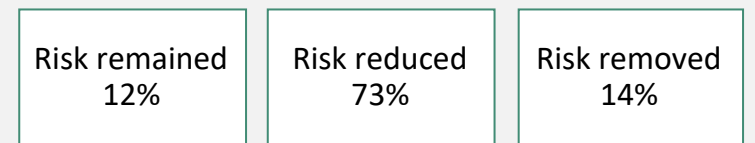
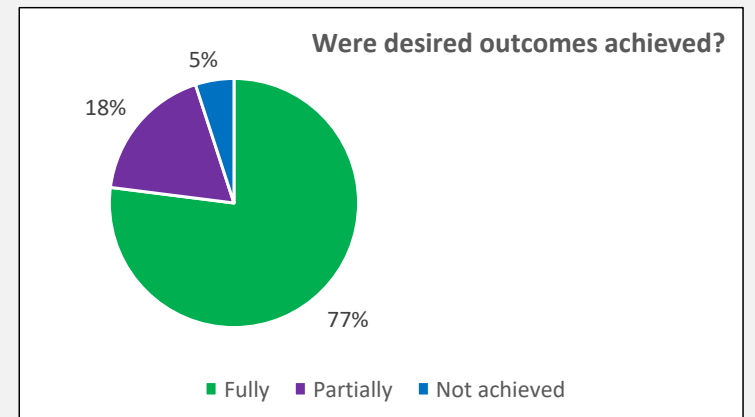
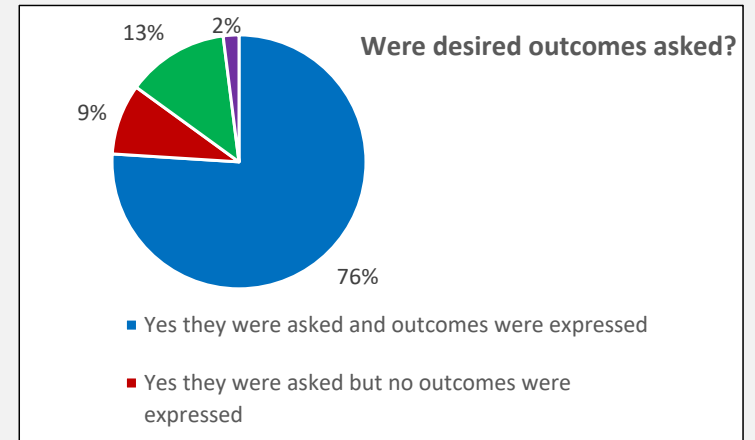
Safeguarding data

Making Safeguarding Personal (MSP) is a key part of safeguarding practice within Thurrock. MSP is about asking what outcomes the adult wants from the safeguarding enquiry. It is about giving opportunities along the safeguarding process to change their views and participate in the process in line with the key safeguarding principles. This is also the case for those who lack capacity, in this case it may be that the persons representative, the family or an independent advocate can participate in the process on behalf of the adult.

In Thurrock desired outcomes were asked in 85% of cases, this has increased from 80 % in 2020/21. Research into the remaining 15% found that of those that were recorded as No, this included where a person died or moved away and couldn't be asked, or where they weren't asked but someone else like an advocate or family member was involved in the enquiry.

In 95% of cases desired outcomes were fully or partially met.

Risk was reduced or removed in 87% of safeguarding enquiries.



Appendix 7 - Recommendations from the SET Safeguarding Adult Self-Assessment

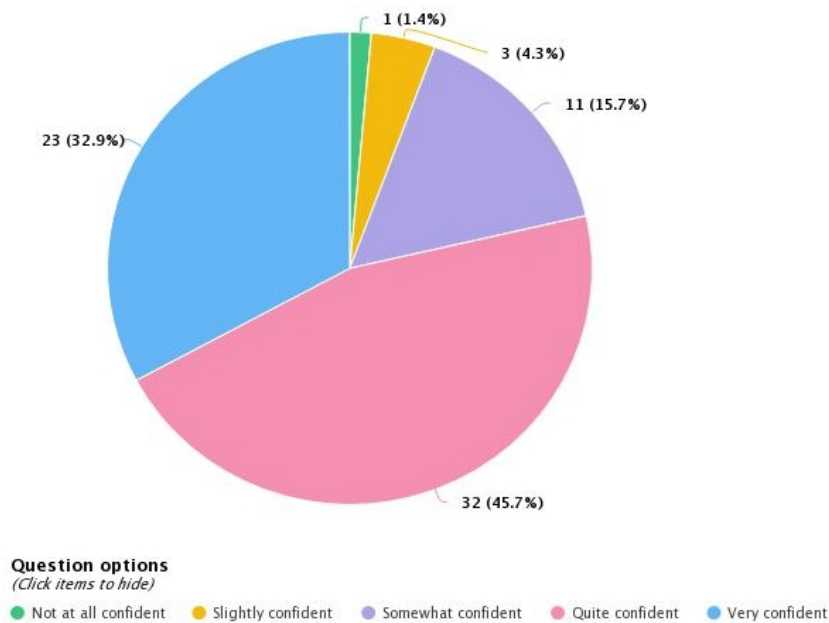
Recommendations

- 1: All to review external websites re accessibility and ensuring it is clear what format information is available in or there is a statement to say that it is available on request.
- 2: All organisations to add a link to external facing websites to the relevant Safeguarding Board websites.
- 3: To review information available in public facing areas and consider displaying up to date [SET Safeguarding adult posters](#).
- 4: Organisations to raise awareness of MSP.
- 5: To consider how this information on how many adults attend safeguarding meetings could be collected e.g. can a tick box be added to electronic records to capture this.
- 6: Organisations to encourage all staff to attend MCA training.

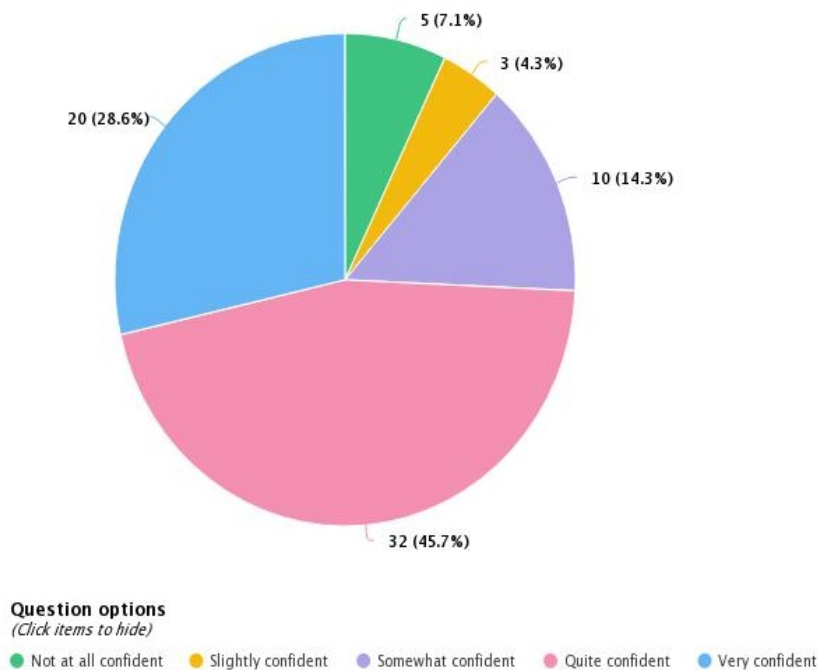
Appendix 8 - TSAB Consultation

There were 70 responses to the TSAB consultation, some collected via Thurrock Council Consultation Portal and some collected by TSAB support staff when attending events in the community.

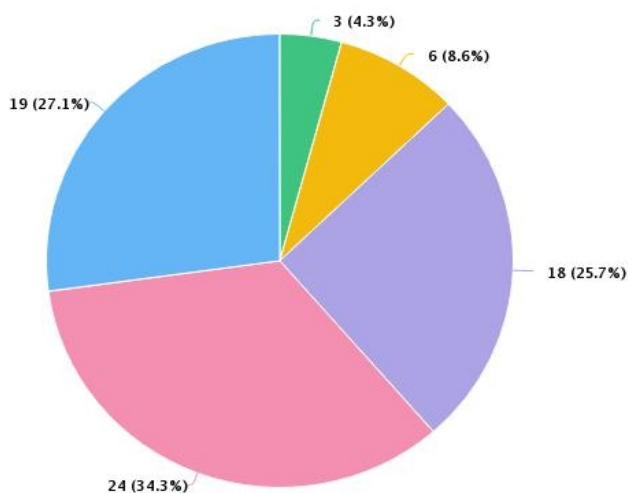
Q1 - How confident are you in knowing what abuse and neglect of adults is?



Q2 – How confident are you in knowing how to raise a safeguarding concern about an adult?



Q3 – How confident are you in knowing where to find out more about adult safeguarding



Question options
(Click items to hide)

● Not at all confident
 ● Slightly confident
 ● Somewhat confident
 ● Quite confident
 ● Very confident

Please rank the following suggested priorities in order of preference (1 being most important)

Top 5 responses

OPTIONS	AVG. RANK
We will ensure that young people moving between children and adult services are safeguarded	3.07
We will deliver a preventative approach to safeguarding adults to reduce the risk of abuse	3.71
We will work together to safeguard people who can't keep themselves safe from hidden harms e.g. modern slavery, exploitation, self-neglect	4.03
We will ensure that adults with care and support needs are being supported and encouraged to make their own decisions to stop harm and abuse in order to feel safe	5.19
We will encourage organisations to work well together to support and safeguard adults	5.87

There were a number of comments made which are already included in the plan:

Empowerment	<ul style="list-style-type: none"> To ensure that consideration is given to mental capacity principles where appropriate
Proportionality	<ul style="list-style-type: none"> Consideration may also be given to the role that data sharing can have in cases of adult safeguarding. Case reviews often highlight that organisations may have acted differently if they had known what others knew. The Safeguarding Board may consider itself to be well-placed to encourage and facilitate improved data sharing practices that facilitate the identification and support of vulnerable individuals

Protection	<ul style="list-style-type: none"> • More support should be given to care leavers who are taking on their own tenancies • That those of the edge of adult services are supported through the transition process. We should work with education partners more. • If an adult is vulnerable/at risk/being abused and has a child, don't just pass them off to child safeguarding because ultimately child safeguarding doesn't care about the adult, why can't both run in tandem? Don't assume that because the adult has not been in the 'system' before that they are not vulnerable enough to meet safeguarding criteria and don't need help. • Identifying ways of increasing support for and engagement by those who are at risk due to substance misuse and undiagnosed mental health rather than due to recognised statutory duty with regards to vulnerability. • Educate informal and formal carers on the types of abuse and safeguarding process. • Mental health of unpaid carers especially if sole carers.
Partnership	<ul style="list-style-type: none"> • The Safeguarding Board has a key role in aligning its work with other partnerships. The Strategic Plan for Safeguarding should also pay regard to the Police & Crime Plan which includes a specific priority around protecting vulnerable people. • Joint working with Children partnership

Other comments where further discussions are needed to determine whether they should be included in the Priorities.

- Consistency and trust with the service users we work with, easy to access services which are local organisations and not national, workers working within the community that are local to the area and have good links, enabling service users to have a voice with an effective advocacy service that has strong partnerships with the local community and social care professionals
- There are not enough staff employed to deal with safeguarding. Local hospital trusts do not have easily accessible safeguarding staff for other staff to contact for advice and working through specific cases. Old adults who end up on inpatient mental wards have family members who end up selling their homes up from under them. Social workers / key workers and housing staff are placing vulnerable old people across Essex in hostels (when they are homeless and no appropriate housing is made, but they are not deemed unwell enough to be in a care home.)
- There could be something additional around ensuring partners are confident in recording suicidal ideation and can support anyone presenting with suicidal thoughts or behaviours to access appropriate support.

Appendix 9 - Recommendations from SARs

SAR 1

Recommendation 1: In the absence of learning or evidence from this review to support it making a recommendation to address this potential concern, the panel invites the TSAB to ensure this pathway is embedded within its safeguarding processes.

Recommendation 2: That the MPS Lead Officer for Missing Persons ensures officers in neighbouring county Police forces are aware of the MPS contact and can ensure that MPS information is fed into case management discussions at Long Term Missing Panel meetings and discussions to ensure robust information sharing and collaborative multiagency decisions.

Recommendation 3: MPS Officers within the Specialist Crime Review Group to review their external communication to partner agencies and remind officers located within Basic Command Units of their role in leading MPS involvement in statutory reviews.

Recommendation 4: The Home Office ensures that partner agencies are cognisant of the roles of each department and when a case would require the input of specific departments.

Recommendation 5: Children's Social Care's strategic lead care to formalise the process that ensures Home Office colleagues are enabled to appropriately tag their internal systems when a person is reported as missing.

Recommendation 6: All agencies are to proactively ask about presenting concerns in relation to medical and mental health issues when undertaking new contact with service.

Recommendation 7: The panel invite the TSAB to support its constituent agencies to ensure that migrant and asylum-seeking individuals receive trauma informed contact and support by ensuring access to trauma informed training.

Recommendation 8: All agencies to ensure that departments having contact with individuals who report unusual occurrences, e.g., they are being followed, understand the need to, and ensure, this information is shared under third party reporting arrangements to enable further support needs to be triaged and offered where appropriate. In addition to the above recommendations, the panel identified national learning from this review. This relates to how, at a national level, colleagues would benefit from a national system to:

- Flag missing persons as located
- Ensure the safety of colleagues and mitigate any risk posed to them when undertaking first contact with service users

Noting the complexity of this learning, the Panel do not make a recommendation in relation to it but does invite the TSAB to consider how this development can be progressed at a national level.

SAR 4 (awaiting sign off by Home Office)

Recommendations focused around support for carers

Appendix 10 - Themes from SETDAB, ESAB

SETDAB thematic review 2022

Identification, understanding and response to domestic abuse, coercive control and stalking

- Recognising the pattern of behaviour and the importance of professional curiosity.
- Environmental privacy to support enquiry and disclosure.

Risk identification, assessment, and management

- The need for agencies to ensure they have robust risk assessment and management processes in place.

Perpetrator Management, support, and disruption

- Holding perpetrators accountable for their behaviour with proactive management of their risks and support needs by agencies.
- This includes referrals to relevant support such as mental health support, substance misuse support, consideration of housing options and relevant programmes.

Think Family

- To ensure children are visible and consider the risk to other family members and friends.

Adult family abuse

- Research has highlighted five interlinked precursors to Adult Family Homicide (AFH): mental health and substance/alcohol misuse, criminal history, childhood trauma, financial factors, and care dynamics

Multi-agency working and information sharing

- The need to share information across safeguarding forums and other partners to enable coordinated and targeted joint risk management plans.
- The importance of signposting to or accessing DA Services in health settings.
- The need to report safeguarding concerns appropriately by the organisation identifying them.

Understanding of and responses to co-existing mental health, drug/alcohol, and domestic abuse

- The importance of agencies in making appropriate referrals for support and that, a 'referral' should not be seen as the end of involvement.
- The recognition and response to the misuse of prescribed medication.
- Effective coordinated support/management around mental health and recognising the impact of significant events in people's lives as well as the importance of mental capacity assessments.
- Dual diagnosis- providing holistic support.

Older victims

- There are no age limits on domestic abuse, older victims are just as likely to experience domestic abuse as younger victims but can face significant barriers when asking for help or when trying to leave an abusive relationship.

Teenage victims

- The need to improve understanding of the impact of domestic abuse on teenagers.
- Understanding of adverse childhood experiences and the importance of trauma informed practice.
- Transitions of young people particularly where they may be treated as both an adult and child in different forums.

Disability, coexistence of dementia and care dynamics

- Dementia, caused by disease of the brain, can create changes in a person's mood and behaviour but it is always important to explore relationships for any previous history of domestic abuse.
- Not all people will recognise themselves as carers, but it is important to offer carers assessments and recognise the role of families and of carer's needs.
- Awareness of the impact of domestic abuse and having a disability, such as a hearing impairment.

Essex SAB themes arising from recent publication of 6 SARs

- Theme 1: Working with Complex Needs
- Theme 2: Making Safeguarding Personal (MSP): 'Hearing the Adult at Risk's (AAR) Voice.'
- Theme 3: Inter-agency Agreement of Shared Standards of Safeguarding Practice (including single-agency practice) and LSAB oversight
- Theme 4: LSAB Governance, Quality Assurance Framework and Standards of Safeguarding Systems
- Theme 5: Pathways of Communication between Strategic and Operational Domains/Interagency Domains (Health and Social Care)

Appendix 11 - Impact of Covid

Taken from Health and Wellbeing Strategy (2022-25)

Whilst evidence is still accumulating on the long-term impacts of COVID-19, the pandemic is likely to have significant and wide-ranging impacts across all the Domains of the HWB Strategy. These include the following.

Direct impacts of COVID-19

There was an increased burden of ill health and death due to COVID-19, with substantial inequalities across certain characteristics and socioeconomic groups in relation to risk of COVID-19 infection, complications and mortality, compounding existing health inequalities.

Indirect Impacts on Health and Care Services

During the pandemic, there were significant reductions in the utilisation of health and care services, which is now manifesting as increased demand on the system, often with later stage presentation for care. Evidence showed a median reduction of 37% in service usage overall, highlighting non-emergency admissions, cancer treatment and mental health services as areas of particular concern. Around one quarter of excess deaths in the first year of the pandemic were not due to COVID-19 but due to other causes.

Wider societal and community impacts

The pandemic has exposed and worsened existing inequalities and made some individuals and communities even more vulnerable than before. The pandemic has amplified existing structural inequalities in income and poverty, socioeconomic inequalities in education and skills, and intergenerational inequalities. There have been particular effects on children (including vulnerable children), families with children and young people, worsening effects related to lost education, social development and mental health, which are all variably affected and interlinked. Impacts of COVID-19 that we intend to mitigate through the HWBS These include:

- isolation and loneliness have established impacts on health outcomes and increased dramatically during lockdown, with 40% reporting feeling lonely compared to 21% pre COVID-19 – those most at risk include the young, those living alone, those on low incomes, those out of work and/or those with a mental health condition or learning disability
- during the early stages of the pandemic in particular, the access to health services reduced – whilst overall primary care capacity had been restored to pre-pandemic levels, only 42% of Thurrock practices were providing same day appointments face-to-face against a target of 100% in Autumn 2021
- evidence that a long-term economic downturn could impact businesses and unemployment levels and reduce household incomes, particularly for those on lower incomes, and to have affected younger workers (under 25) and older workers (over 65) the most 36
- research conducted by the United Nations has described violence against women and girls during COVID-19 as the "shadow pandemic" – in May 2020, the charity Refuge reported a ten-fold increase in the number of visits to its website, and a survey conducted by Women's Aid showed that 67% of women who had been experiencing abuse prior to the pandemic said it had got worse during lockdown, with

over three-quarters saying that lockdown made it harder for them to escape abuse. Not all impacts of the pandemic have been negative, and there has been a mixed impact on communities in a number of ways:

- Social connections in neighbourhoods and communities were disrupted, exacerbating the increase in isolation and loneliness. However, there is evidence of positive impacts on community cohesion and empowerment that this Strategy aims to build on and maintain

In terms of wider positive impacts, the pandemic has highlighted the following:

- The importance of good quality, accessible outdoor space for people. There is much evidence that suggests lockdown induced a shift in people's mobility and routine activities with the use of parks and green open spaces increasing dramatically, although the permanency of these changes is not yet known.
- Other benefits were observed with improvements in air quality, likely linked to restrictions reducing mobility, and a reduction in almost all types of crime (with some exceptions as above)

This page is intentionally left blank

**Thurrock
Safeguarding
Adults Board
(TSAB)
Strategic Plan
2023-26**



The work of Thurrock Safeguarding Adults Board

Page 72

Our Aim

The aim of the TSAB is to ensure the effective coordination and delivery of services to safeguard and promote the welfare of at risk adults in accordance with the Care Act 2014 and the accompanying Statutory Guidance

Our vision

By working together, we can continuously improve the safeguarding procedures in Thurrock and ensure that all organisations meet the expectations set out in the Care Act 2014. This strategy sets out how the TSAB members will work to reduce and prevent abuse and neglect and improve our response when it does.

The role of Thurrock Safeguarding Adults Board

- **The Board has three core duties:**
 - To publish a Strategic Plan that sets out what the board has achieved and what it aims to achieve for the next year
 - To publish an Annual Report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and include learning from any Safeguarding Adult Reviews
 - Carry out Safeguarding Adult Reviews

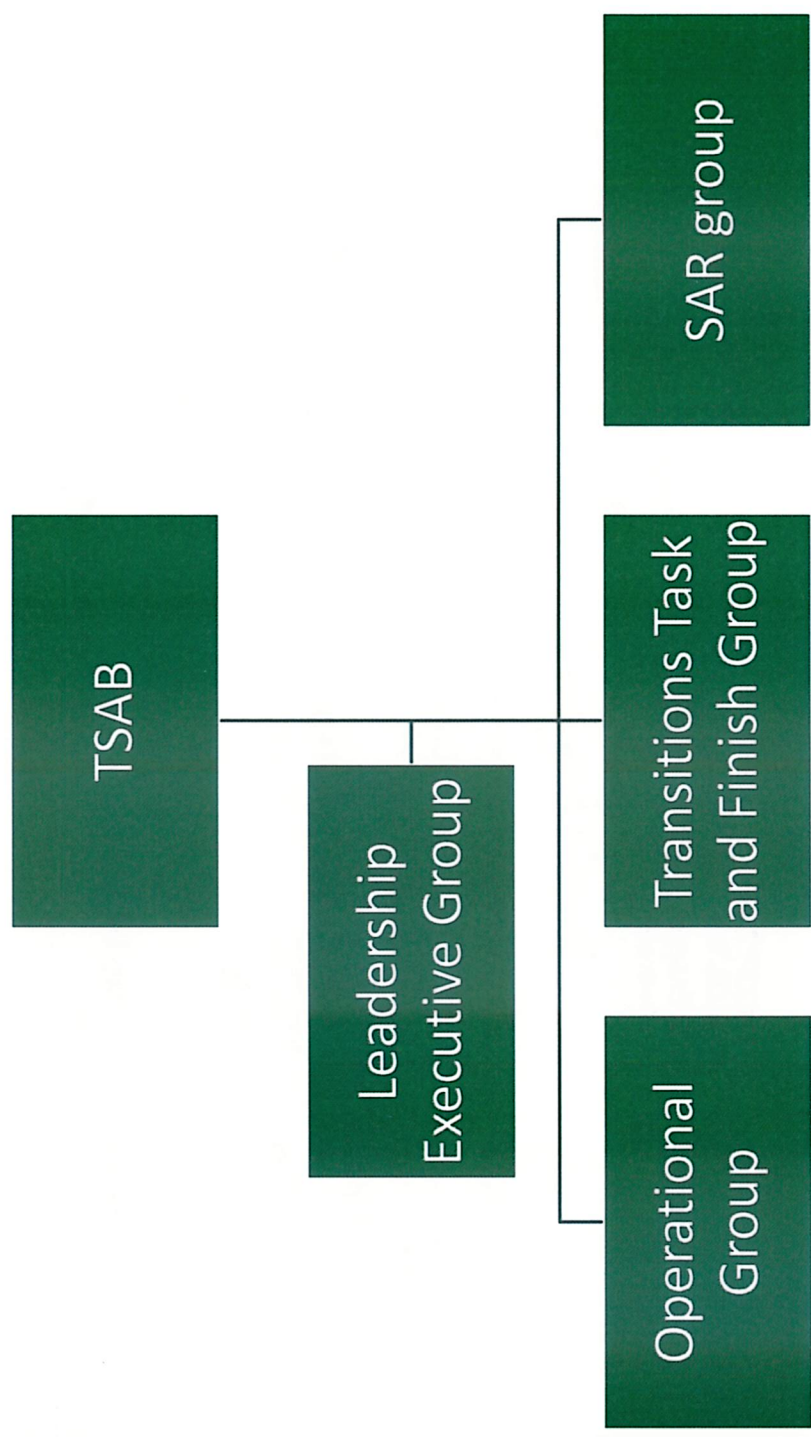
Care Act Statutory Guidance – Each SAB should:

- identify the role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults
 - establish ways of analysing and interrogating data on safeguarding notifications that increase the SAB's understanding of prevalence of abuse and neglect locally that builds up a picture over time
 - establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements
 - determine its arrangements for peer review and self-audit
 - establish mechanisms for developing policies and strategies for protecting adults which should be formulated, not only in collaboration and consultation with all relevant agencies but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives
 - develop preventative strategies that aim to reduce instances of abuse and neglect in its area
 - identify types of circumstances giving grounds for concern and when they should be considered as a referral to the local authority as an enquiry
 - formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional
- and administrative malpractice in relation to safeguarding adults
 - develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect
 - balance the requirements of confidentiality with the consideration that, to protect adults, it may be necessary to share information on a 'need-to-know basis'
 - identify mechanisms for monitoring and reviewing the implementation and impact of policy and training
 - carry out safeguarding adult reviews and determine any publication arrangements;
 - produce a strategic plan and an annual report
 - evidence how SAB members have challenged one another and held other boards to account
 - promote multi-agency training and consider any specialist training that may be required. Consider any scope to jointly commission some training with other partnerships, such as the Community Safety Partnership

Membership



Structure of the Board



What is adult safeguarding?

Safeguarding means protecting an adult's right to live in safety free from abuse and neglect.

It is about people and organisations working together.

Safeguarding applies to adults who:

- Are over the age of 18
- Have care and support needs
- Are experiencing, or at risk of, abuse or neglect
- As a result of those care and support needs are unable to protect themselves from abuse or neglect

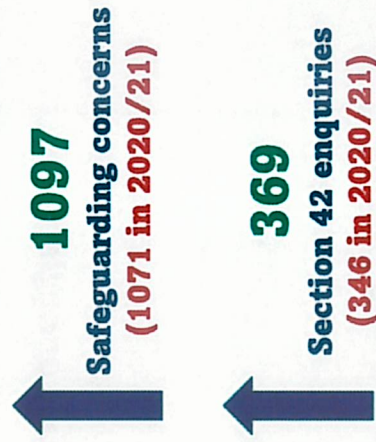
Underpinning this is Making Safeguarding Personal' (MSP) which aims to ensure that the adult and/or their advocate are asked what they would like to happen at the earliest opportunity.



Safeguarding data 2021-22

Safeguarding data

The data below is taken from the annual SAC return. The SAC (Safeguarding Adults Collection) return is completed by all local authorities in England and records information on safeguarding data for adults 18 and over. The TSAB audit and operational groups monitor the data for issues and trends.

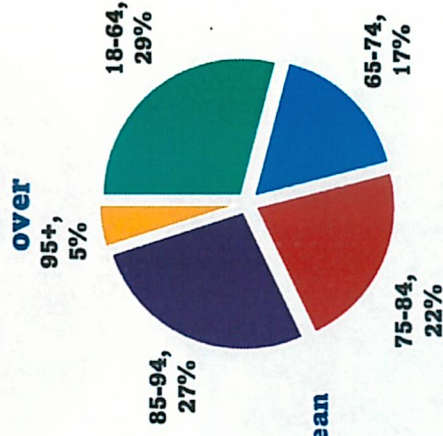


38% Male
62% Female



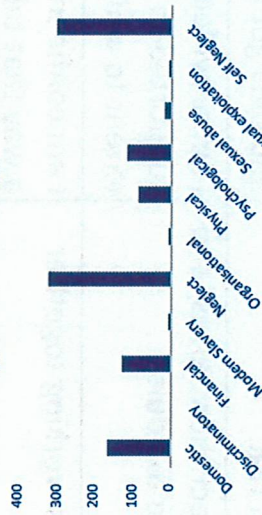
79% White
2% Asian
4% Black/African/Caribbean
1% Other
15% Not known

The majority of safeguarding enquiries are for those aged 65 and over



Safeguarding data 2021-22

Safeguarding data



Most safeguarding concerns raised were in relation to neglect, self neglect and domestic abuse

Location of abuse



17% of safeguarding enquiries involved a Service provider

54% of safeguarding enquiries involved someone known to individual

29% of safeguarding enquiries involved someone unknown to individual

84%

Of those that lacked capacity were supported by an advocate, family or friend

31%

Of safeguarding enquiries adults lacked capacity

68%

Of safeguarding enquiries adults did not lack capacity

Safeguarding principles

The strategy is based on the **Six Principles of Safeguarding** that underpin all adult safeguarding work.

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk.	I am confident that the professionals will work in my interest and only get involved as much as needed.
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult.	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.
Partnerships	Local solutions through services working together within their communities.	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that organisations will work together to find the most effective responses for my own situation.
Accountable	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem.

Priority 1 – Empowerment

What we will do	How will we do it?
<p>Thurrock SAB will seek assurance that safeguarding services are delivered in line with Making Safeguarding Personal Principles and Mental Capacity Act 2005</p>	<ul style="list-style-type: none"> • We will continue to embed the principles of Making Safeguarding Personal with Partners ensuring adults are supported to make their own decisions • We will develop processes to enable meaningful feedback to the SAB from service users and carers who have experienced safeguarding interventions • We will work in partnership with adults to coproduce work • We will work with Partners to increase knowledge and understanding of the Mental Capacity Act (MCA) 2005 within the workforce

Priority 2 – Prevention

What we will do	How will we do it?
<p>Thurrock SAB will continue to develop approaches to raising awareness of safeguarding adults</p>	<ul style="list-style-type: none"> • We will provide partners with tools (such as newsletters, social media messaging) to help them raise awareness of the Board and safeguarding adults • We will ensure communications are accessible for a variety of communication needs • We will work with Partners to ensure practitioner are equipped with knowledge to make appropriate referrals or signpost to adult safeguarding so adults can receive the support they need • We will ensure there are mechanisms to review the impact and effectiveness of training

Priority 3 – Proportionality

What we will do	How will we do it?
<p>Thurrock SAB will seek assurance that services are learning and improving in their safeguarding practice and risks are managed collaboratively</p>	<ul style="list-style-type: none">• We will gain assurance of the quality of care provision in Thurrock• We will ensure the SAB has robust multi-agency safeguarding data and audit activity to shape learning, awareness and practice• We will ensure learning from SARs, other reviews and multi-agency audits are effectively embedded into practice and facilitate organisational change

Priority 4 – Protection

What we will do	How will we do it?
Thurrock SAB will protect people who need help and support	<ul style="list-style-type: none">• We will strengthen the focus on transitional safeguarding• We will ensure support is available for carers (both paid and unpaid)• We will ensure TSAB and Partner agencies have a framework of policies and procedures that keep people safe from abuse and neglect• We will undertake horizon scanning and respond to any changes that may impact on safeguarding adults in Thurrock• We will promote a Think Family response

Priority 5 – Partnership

What we will do	How will we do it?
<p>Thurrock SAB will improve multi-agency partnership and aligning its work with other partnerships</p>	<ul style="list-style-type: none"> • We will support the Community Safety Partnership (CSP) with reducing risk of exploitation in all its forms to safeguard vulnerable adults • We will collaborate across Southend, Essex and Thurrock (SET) on cross cutting policy and practice • We will develop arrangements with the Thurrock Local Safeguarding Childrens Partnership to be responsive to shared safeguarding themes • We will engage with voluntary, community and faith organisations including advocacy • We will link with existing Boards and Partnerships

Priority 6 – Accountability

What we will do	How we will do it
Thurrock SAB will provide strategic leadership to enable effective safeguarding arrangements to be in place across the partnership	<ul style="list-style-type: none">• We will hold TSAB partners to account and gain assurance of the effectiveness of their safeguarding adult arrangements, function and performance• We will ensure there is effective governance in place• We will ensure that there is appropriate representation from TSAB partners on the Board/subgroups

Reflection on previous strategy

1. To increase our understanding of abuse and neglect.

- We developed a new and improved performance dashboard. This provides a more visual picture about abuse and neglect in Thurrock. Currently reviewing the possibility of using Power BI.
- We commenced our audit programme, auditing cases based upon themes such as safeguarding and domestic abuse ensuring they were person centred and Making Safeguarding Personal was embedded. This is now business as usual.
- We developed a Quality Assurance Framework to clearly explain the systems, processes and principles that underpin our approach to managing data and information.
- We added comparator data to review and analyse how Thurrock compares with the national picture. This will be added annually once the national SAC return data is released.
- We improved the recording of safeguards of domestic abuse through existing training and guidance for the local authority.

Reflection on previous strategy –
Priority 2. To contribute implementing the recommendations of
the Sexual Abuse/Violence JSNA.

- We finalised and published the exploratory study of the scale and nature of sexual exploitation of adults and transition aged young people in Thurrock.
- We reviewed the recommendations from the report which highlighted issues for practitioners and agencies in Thurrock in relation to the response to Adult Sexual Exploitation.
- We funded a sexual abuse and violence online training package for staff across the partnership
- We worked with the Community Safety Partnership and ICENA to develop the content for the sexual abuse training package.
- This is now being taken forward under the VAWG agenda.

Reflection on previous strategy –
Priority 3. To focus on perpetrator disruption.

- We collected data to analyse prevalence and identify trends, themes and ‘hot spots’ locally.
- We put a modern slavery strategy in place underpinned by an action plan which will be monitored by the Community Safety Partnership.
- We promoted training on modern day slavery, domestic abuse, and sexual abuse.
- Developed a contextual safeguarding report showing mapping of local area including hotspots, types of crimes and locations. This will continue to be written and shared at the operational group.
- Identified initiatives to help people keep themselves safe and contributed funding to new cold calling signs.

Reflection on previous strategy –
Priority 4. To strengthen transitional safeguarding arrangements

- We started our baseline mapping in order to ensure that young adults are able to safeguard themselves from harm when they are moving from children services to adult services.
- We reviewed the recommendations from national reviews involving transition age young people.
- We reviewed the recommendations from ‘Bridging the Gap’ and followed this up with a presentation and discussion from the author Dez Holmes to discuss implementing the recommendations locally.
- We improved information sharing between children and adult social care to identify young people who are at risk of exploitation and approaching critical transition points.
- We asked young people, their families and carers where they thought gaps were.

31 August 2023	ITEM: 9
Health and Wellbeing Overview and Scrutiny Committee	
Thurrock Tobacco Control Strategy 2023-2028	
Wards and communities affected: All	Key Decision: Non-key
Report of: Dr Jo Broadbent, Director of Public Health	
Accountable Assistant Director: Andrea Clement, Assistant Director of Public Health	
Accountable Director: Dr Jo Broadbent, Director of Public Health	
This report is Public	

Executive Summary

The previous Tobacco Control Strategy for Thurrock expired in 2021 and following this, a Joint Strategic Needs Assessment (JSNA) was conducted. A JSNA assesses the current and future health and care needs of the local population and is used to inform and guide the planning and commissioning of health and wellbeing services. The Tobacco Control JSNA made recommendations for reducing smoking and smoking related harm in the borough. The recommendations from this JSNA have been reflected in the current strategy document, which aims to provide strategic direction for the continuing work to reduce smoking and tobacco related harm in Thurrock.

This strategy takes an inequalities approach, in line with the findings of the JSNA and Goal 1A of the Health and Wellbeing Strategy 2022-2026. Actions will be focussed on reducing smoking within the eight most deprived wards as well as among Routine & Manual workers, those with long-term mental health conditions, those with substance misuse, and parents-to-be. This strategy will be supported by a delivery plan detailing specific actions that will help to achieve the ambitions and overall goal of reducing smoking prevalence in Thurrock.

1. Recommendation(s)

- 1.1 That Health and Wellbeing Overview and Scrutiny Committee note the contents of and agree to the publication of the Tobacco Control Strategy 2023-2028 on the Council website.

2. Introduction and Background

- 2.1 This strategy has been brought to Health and Wellbeing Overview and Scrutiny Committee at the request of the Director of Public Health to obtain approval of the strategy and assent to publish on the Council website.
- 2.2 This strategy builds on the work of the previous Tobacco Control Strategy for 2016-2021 and takes into account the recommendations made in the Thurrock Whole System Tobacco Control JSNA 2021, which was brought to the Committee on 2nd September 2021.
- 2.3 The most recent smoking prevalence data shows Thurrock has an overall prevalence of 12.6%, which is similar to England and the East of England.
- 2.4 Smoking accounts for half of the difference in life expectancy between the most and least deprived wards and 63% of smokers are from the 8 most deprived wards.
- 2.5 High smoking rates continue to persist among Routine & Manual workers, those with long-term mental health conditions, those with substance misuse, and parents-to-be.
- 2.6 This strategy takes an inequalities approach to tackling smoking in Thurrock by targeting activity where there is the greatest need (the areas and groups listed in 2.4 and 2.5)
- 2.7 The strategy is organised into four priority areas: Prevention, Smoke-free Environments, Helping Smokers to Quit, and Communication, Evaluation, and Adaptation. Each priority contains ambitions that we aim to achieve and together, they will help us to reduce smoking prevalence in Thurrock. These ambitions are laid out in the full strategy document, attached as **Appendix 1** to this report.
- 2.8 Following the publication of this strategy, a delivery plan will be completed detailing the actions that will be taken to achieve the ambitions of the strategy.
- 2.9 Progress on the strategy will be monitored and will be reported to Better Care Together Thurrock via the Population Health and Inequalities Working Group.

3. Issues, Options and Analysis of Options

- 3.1 The final draft version of the strategy was completed in June 2023 and was subsequently approved by the Public Health Leadership Team, the Adults, Housing and Health Directorate Management Team, and Thurrock Integrated Care Alliance.
- 3.2 The Committee will note the contents of the Tobacco Control Strategy 2023-2028 and provide their signoff for publication of this strategy on the Council website. The strategy will provide direction for a delivery plan, comprised of

detailed actions that the Council and Partners will take to achieve a reduction in smoking prevalence focussed on the groups of greatest need.

4. Reasons for Recommendation

- 4.1 It is recommended that the Committee approve the strategy document. In providing final signoff on the strategy the public health team and partners will be able to complete the delivery plan and actions towards the strategic ambitions can begin.

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

- 5.1 This strategy has been reviewed and approved in its final form by Public Health Leadership Team, Adults Health and Housing DMT, and Thurrock Integrated Care Alliance.
- 5.2 In addition, a representative from all named stakeholder groups reviewed and commented on an earlier draft; this feedback was worked into the final version.

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

- 6.1 The Thurrock Health and Wellbeing Strategy 2022-26 contains a goal to reduce smoking in Thurrock. It commits to doing so by developing a Tobacco Control Strategy that focusses on areas of high deprivation and disproportionately affected groups.

7. Implications

7.1 Financial

Implications verified by: **Bradley Herbert**
Senior Management Accountant

There are no direct financial implications of noting the content of the strategy and providing approval for its publication on the Council website. More specific financial implications would be likely to follow from any subsequent delivery plan.

7.2 Legal

Implications verified by: **Kevin Molloy**
Principal Solicitor Contracts Team

Section 2B of the National Health Service Act 2006 requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area. Approval and implementation of the Tobacco

Control Strategy will continue to allow the appropriate steps to be taken to improve the health of people in the area. The Council has a duty under section 149 of the Equality Act 2010 (the public sector equality duty) in the exercise of its functions to have regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristics and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Under Section 111 of the Local Government Act 1972, local authorities have the power to do anything (whether or not involving the expenditure, borrowing or lending of money or the acquisition or disposal of any property or rights) which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions. The procurement of any goods, works or services by the Council which will flow from this strategic decision must be undertaken in accordance with all relevant provisions of the Council's Constitution including Contracts Standing Orders and all applicable procurement rules, including where applicable the Public Contracts Regulations 2105.

7.3 **Diversity and Equality**

Implications verified by: **Roxanne Scanlon**
Community Engagement and Project
Monitoring Officer

The Tobacco Control Strategy aims to reduce smoking and tobacco related harm in Thurrock which will be of benefit to all longer term, regardless of protected characteristics. Details of the inequalities approach used in updating this strategy are included within this report. A full Community Equality Impact Assessment will be completed ahead of the subsequent delivery plan creation.

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

The Tobacco Control Strategy 2023-2028 will focus on reducing health inequality caused by smoking. By virtue of this approach, higher risk groups that are most affected by smoking will be targeted for support.

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

- Thurrock Whole System Tobacco Control JSNA 2021 (link: [Thurrock Council - Joint Strategic Needs Assessment: Whole systems tobacco control, 2021](#))

9. Appendices to the report

- Appendix 1: Tobacco Control Strategy 2023-2028

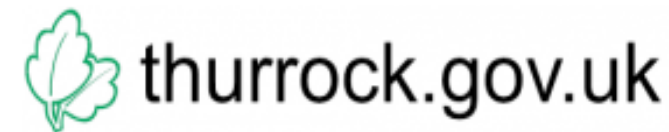
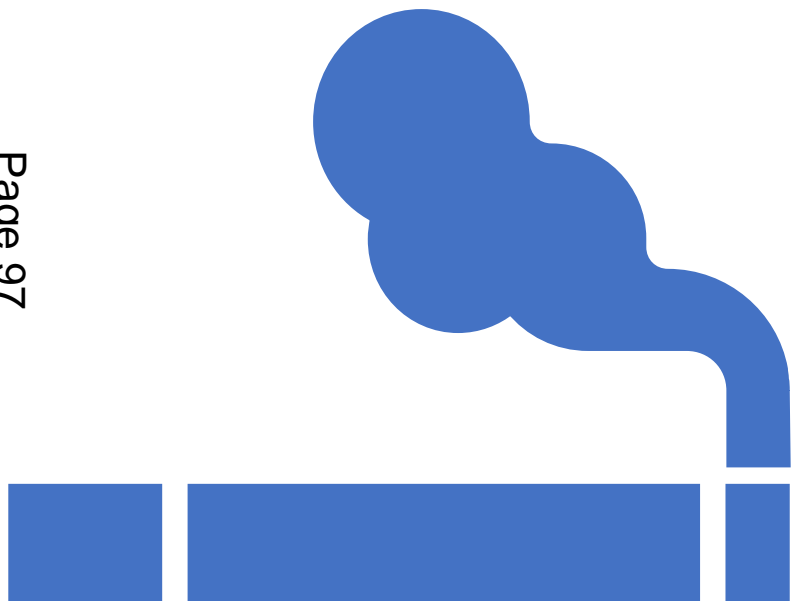
Report Author:

Katie Powers

Health Improvement Officer

Public Health

This page is intentionally left blank



2023 – 2028

Thurrock Tobacco Control Strategy

Introduction

Smoking is widely accepted as one of the most detrimental behaviours that can affect the health of our communities and increase the risk of suffering serious illness and premature death.

Cigarettes are the main cause of death for about half of all long-term smokers and are a significant contributor to increased morbidity in others.¹ Smoking causes conditions ranging from cancers, vascular disease, respiratory diseases, dementia, rheumatoid arthritis, sight loss, and events such as heart attacks and strokes. It is the 4000 chemicals in tobacco which cause the harm to health, over 50 of which can cause cancer.²

In England there have been concerted efforts to reduce the number of smokers in the population and to increase education about the health harms of smoking as well as the wider societal impacts. While there have been considerable reductions in the smoking population of England from 45% 1974, the Annual Population Survey from 2021 indicates that 13% of adults in England and 12.6% in Thurrock still smoke.³

While the significant reduction in smoking both nationally and locally is welcome, these reductions and the harms that tobacco causes on those in the community who smoke is not equally distributed. There are deep inequalities related to tobacco use. The use of tobacco and its associated harms continue to fall hardest on some of the poorest and most vulnerable people in our communities.

^{1,2} Cancer Research UK. ³ NHS Digital Fingertips
DRAFT

Smoking and Inequalities

Smoking is the single largest driver of health inequalities in England, accounting for half the difference in life expectancy between those living in the most and least deprived communities. Smoking is much more common among people with lower incomes. The more disadvantaged a person is, the more likely they are to smoke and to suffer from smoking related illness and early death related to smoking.

As spending on tobacco consumes a relatively high proportion of the household income for people with low incomes who smoke, smoking can lock people into poverty. In addition to its impact on health inequalities, smoking also brings a huge financial cost to wider society. Action on Smoking and Health (ASH) estimates the cost of smoking to England's economy to be £12.6 billion each year.

Nearly all of those who start smoking do so as young people in their teens or early twenties. Where

smoking is more visible in homes, communities and workplaces, there is higher likelihood that smoking will be taken up by the next generation. Children and young people who live with parents who smoke are nearly three times more likely to become smokers themselves than their peers who do not live with smokers. If smoking is more visible and perceived to be socially normal behaviour, there is a higher likelihood to experiment with tobacco. The “de-normalising” of smoking is important in changing attitudes in children and young people to the use of tobacco.

There has traditionally been a focus on the provision of universal Stop Smoking Services to address the reduction in the prevalence of smoking in our communities. This was the best approach when the numbers of smokers in society were much higher. Since there are fewer smokers generally, smoking has become an issue of inequality and therefore, an approach needs to be taken in order to specifically target groups where rates remain high.

Reducing Tobacco-Related Harm

The likelihood of successfully quitting in the long term is increased by three times through the use of Local Stop Smoking Services, which provide behavioural support to aid quitting.⁴ While about half of attempted quits are made without the use of Nicotine Replacement Therapy (NRT) or other aids,³ the use of NRT and licensed pharmacotherapy helps reduce the nicotine cravings that arise with stopping smoking.

There are six internationally recognised strands of tobacco control⁴ which have become the core of tobacco control policies across the world. The six strands are:

1. Making smoking less affordable
2. Regulating tobacco products more effectively
3. Reducing exposure to second hand smoke
4. Stopping the promotion of tobacco products
5. Helping smokers to quit
6. Effective communications for tobacco control

To achieve a smoke-free Thurrock, there is a need to continue to prevent the uptake among young people, reduce the supply and demand of illicit tobacco through regulation and enforcement, reduce exposure to second hand smoke through creating smoke-free environments, and focus efforts to support people to stop smoking in communities where smoking rates are still higher than the wider population.

This strategy will take an inequalities approach to tobacco control, ensuring that action is targeted where it will have the greatest impact for the groups of greatest need within Thurrock. Due to the wide range of areas impacted by smoking, and the variety of interventions required to address it, a comprehensive and strategic approach to tobacco control is needed. To achieve this, all parts of our system will have their part to play.

This strategy is based on the detailed analysis in the [Thurrock Whole System Tobacco Control JSNA 2021](#)

⁴ Healthy Lives, Healthy People: a tobacco control plan for England

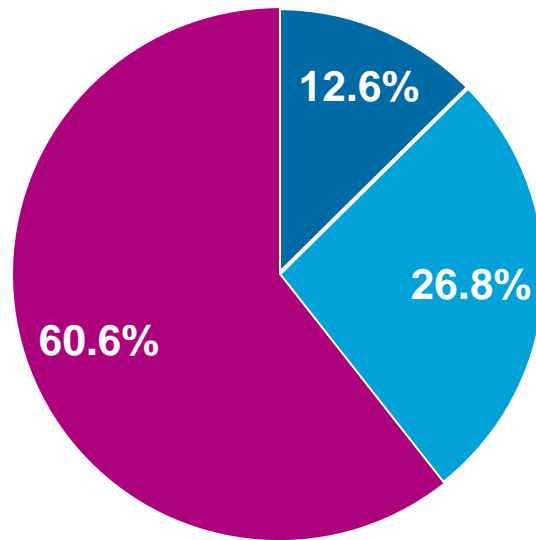
National Context Summary

- The main form of tobacco used in the United Kingdom (UK) is cigarettes.
- While the proportion of people in England who smoke has reduced, smoking cigarettes continues to be the main cause of premature and preventable death in England. It is also the largest single contributor to health inequalities, accounting for half the difference in life expectancy between those living in the most and least deprived communities.
- Smoking impacts health across peoples lives; it causes permanent lung damage to children exposed to second hand smoke; it is a common cause of sickness absence; it increases the risk and severity of long-term conditions and infectious diseases; it reduces the effectiveness of many medicines and treatments, shortens healthy life expectancy and increases mortality.
- Smoking is not a lifestyle choice; evidence has demonstrated that it is an addiction. Most smokers want to quit (recent data suggests about 58%) and many try each year, mostly on their own and increasingly with the support of e-cigarettes; however, the most effective method of stopping smoking is through evidence-based stop smoking services.
- Thurrock has reached a similar smoking prevalence rate than the England average, however people from poorer socio-economic groups and people living with mental ill health continue to be more likely to smoke than the general population. This has far reaching consequences on the health of residents, household budgets, health and care services, the economy, and the environment.
- Full national context can be found in the [Thurrock Whole System Tobacco Control JSNA 2021](#)

Local Context

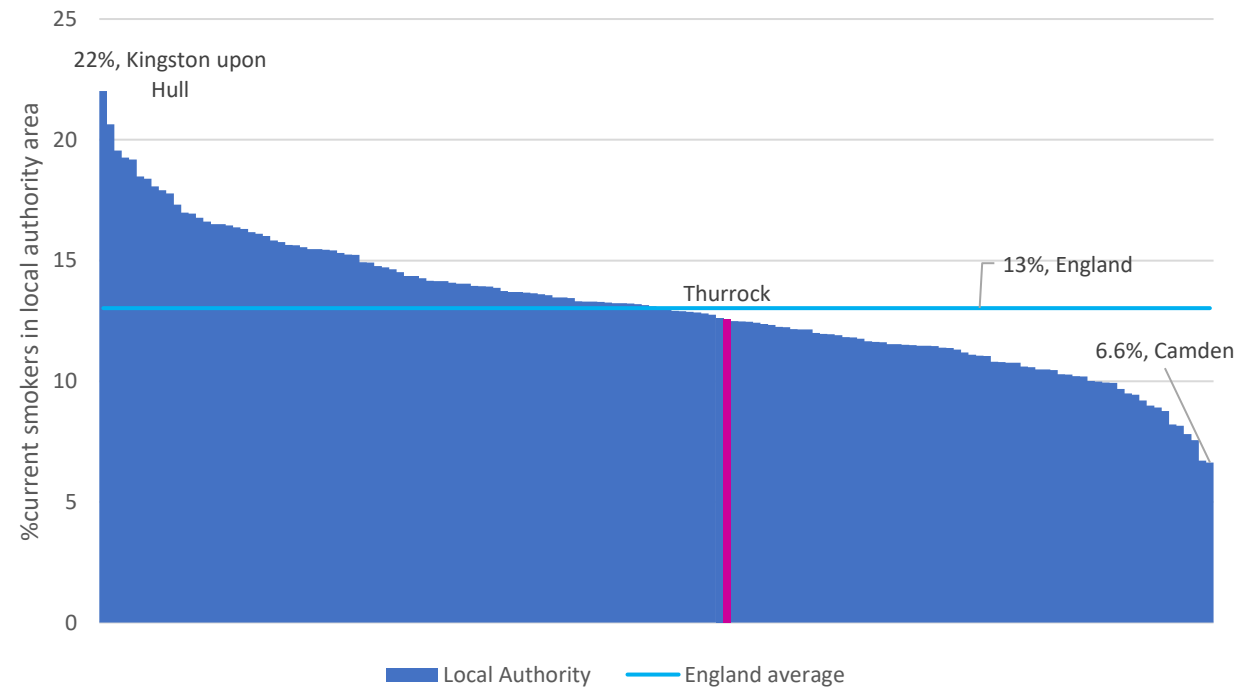
There is a continuing decline in the proportion of people who smoke in the Thurrock. As of 2021, the annual Population Survey (APS) indicates that 12.6% of people in Thurrock smoke; this is similar to the estimated rate of smoking in England (13%) and in the East of England region (12.9%). However, there has been a change in the method of collecting these data due to the Covid-19 pandemic, which appeared to show a large and unexplained decrease in smoking prevalence nationwide; it is therefore recommended to interpret these prevalence numbers with caution. The true prevalence of smoking in Thurrock could be as high as 15.6%.* Thurrock still has a long way to go to reach the UK government's ambition to be 'smokefree' by 2030, meaning only 5% or less of the population smoke. Data from Camden shows it is possible to get close to that ambition; their 2021 smoking rate was 6.6%.

* 95% confidence interval: 9.5%-15.6%



■ Current smoker ■ Ex smoker ■ Never smoked

Source: NHS Digital Fingertips (2021)



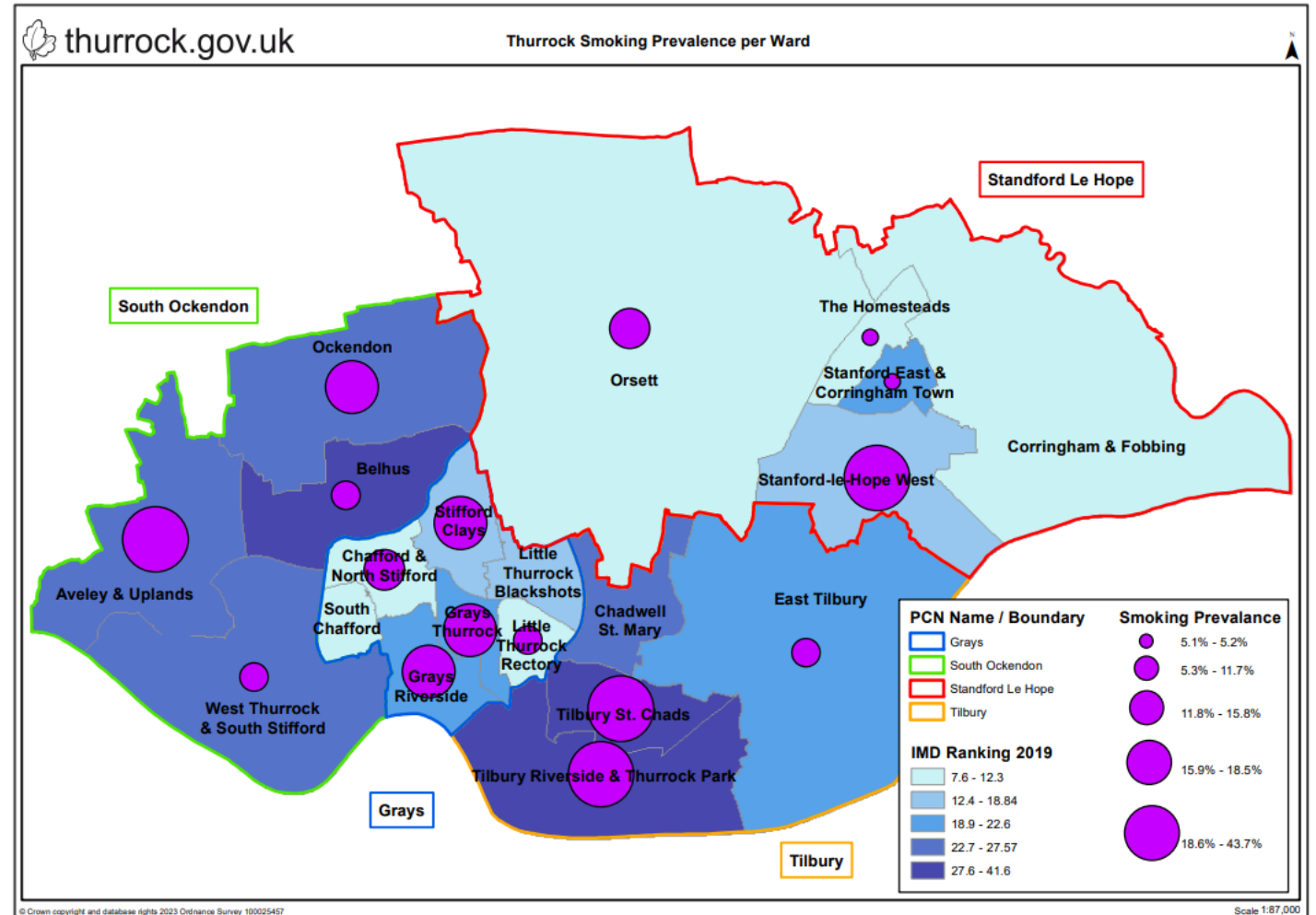
DRAFT

Source: NHS Digital Fingertips (2021)

Inequality

The decrease in smoking rates across Thurrock has not been evenly distributed. Areas of higher deprivation have seen slower progress than their more affluent neighbours. The difference in life expectancy between the most and least deprived wards is 9 years for men and 7 years for women, and half of this can be attributed to smoking. It is vital that the eight most deprived wards in Thurrock, which account for 63%* of smokers, receive targeted attention across all areas of this strategy to make the largest possible difference to the equity of health across the borough. NICE recommends that an effective stop smoking service reach 5% of the smoking population; in 2021/22, the Thurrock SSS reached slightly below that target (4.5%) across the borough. In individual wards, 10 were below the 5% target, half of those were among the 8 most deprived areas.

Thurrock Ward-Level Smoking Prevalence (QOF 2021/22)

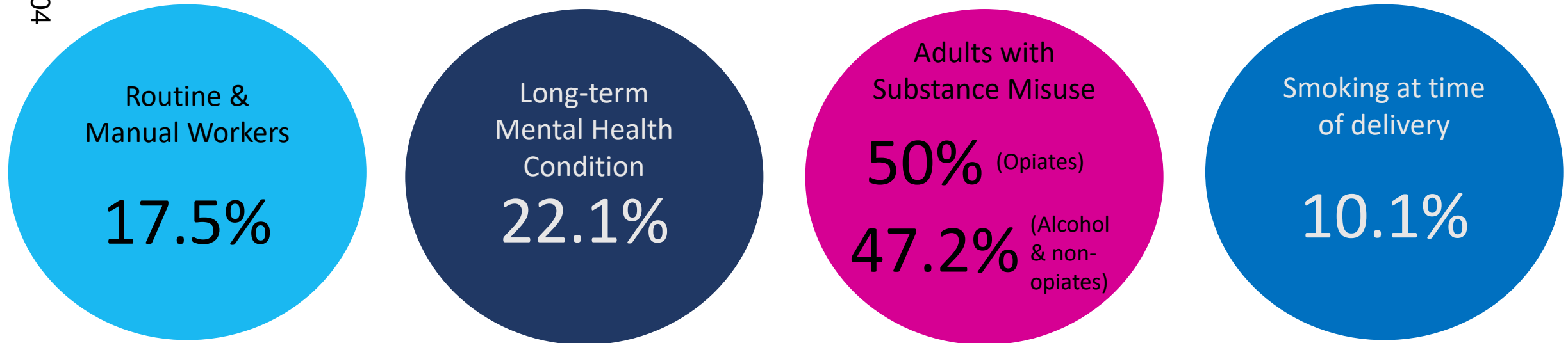


*not counting Chadwell St Mary- GPs now part of college health and no longer reporting QOF separately

High Risk Groups

While the overall smoking prevalence has been decreasing in Thurrock, there are still some groups that are disproportionately affected by smoking, which contributes significantly to health inequality in the borough. The below shows that the rates of smoking among Routine & Manual workers, those with mental health conditions, and adults with substance misuse are all much higher than the 12.6% Thurrock average. This means that these groups are disproportionately affected by the harms of smoking compared to the overall population. Smoking at the time of delivery is higher than the regional (8.5%) and national (9.1%) averages and due to the unique harms caused by smoking during pregnancy, targeted reduction is required.

Page 104



Source for all: NHS Digital Fingertips (2021)

DRAFT

Support to Stop Smoking: current service provision

The primary stop smoking service in Thurrock is provided by Thurrock Healthy Lifestyles Service (THLS). The offer supports residents to quit using a variety of Nicotine Replacement Therapy (NRT) products and weekly telephone sessions with a Health Improvement Practitioner. NICE guidance cites a 35% quit rate at 4 weeks as the benchmark for an effective stop smoking service, the THLS service supports quits for 12 weeks, so we hold the Thurrock service to a higher standard than the NICE recommendations mandate.

The Stop Smoking Service is one of the main tools Thurrock has to tackle inequality in smoking rates. Targeted outreach to high-prevalence areas, and tailored interventions for high-risk groups will help to increase service impact within hard to reach communities. Based on performance data, the service is generally an effective one, but it is not achieving equally across all ethnic groups and we do not currently know success rates for all high-risk groups.

Page 50

Routine & Manual workers are 30% of referrals and 34% have successfully quit at 12-weeks. The service appears to work well for this group, and the focus should be on increasing referrals.

Clients with recorded **mental health conditions** are 13% of referrals and 28% of these achieved a 12-week quit. Ways to increase both referrals and effectiveness for this group should be explored and implemented.

We don't have robust data for service users with **substance misuse**. A solution should be explored to ensure we can monitor equity of service for this group.

Pregnant women who are referred to the service are a minority, but 33% of them successfully quit after 12-weeks. The THLS service is effective for this group, so an effort should be made to increase referrals. We will also look to adopt a whole family approach to support the wider household.

Referrals into the service do not reflect the ethnic makeup of the Thurrock population and successful quit rates vary between groups. More outreach is needed within **minority ethnic groups**, and adjustments to make the service more effective for Black and mixed race service users should be explored and implemented.

Ethnic Group	Pop %	Referrals %	Quit rate %
White	76.7	92.7	33.5
Asian	6.9	2.6	35.6
Black	11.9	1.9	22.2
Mixed	3.0	1.5	27.8

Previous Work

Thurrock's previous Tobacco Control Strategy for 2016-2021 included three strategic themes:

- **Prevention:** interventions that aim to reduce the visibility of smoking, normalise quitting and inform the public about the risks of smoking and how to get support.
- **Enforcement:** interventions that deliver against legal obligations concerning tobacco and mainly aim to reduce exposure to second hand smoke and the impact of illicit tobacco.
- **Treatment:** includes brief interventions advice, referrals and stop smoking services. For people who are not yet ready to quit, treatment also includes harm reduction approaches.

Alongside a universal stop smoking offer, the strategy proposed targeted support to people living in more socio-economically deprived areas, people with long term conditions, mental ill health, and pregnant women. Delivery of this was supported by strong leadership and governance through its Tobacco Control Alliance. Also, Thurrock was awarded with CLeaR accreditation (in 2015), which assesses the extent to which local authorities deliver their tobacco control programmes against best practice principles.

Due to a number of factors, including the COVID-19 pandemic, the Tobacco Control Alliance is no longer in place, therefore it will be necessary to find a new home for leadership of this current strategy if success is to be driven forward.

Priorities

The overarching goal of this Tobacco Control Strategy is to reduce overall smoking prevalence in Thurrock to 7.1% by 2027/28, with a view to achieve the UK Government's ambition of $\leq 5\%$ by 2030. This goal will be supported by four priority workstreams that will ensure activity is focussed on areas of greatest impact as identified by the 2021 Tobacco Control JSNA



Principles

Due to the potential volume of priorities, we have sought to prioritise delivery options against the JSNA recommendations based on the following underpinning principles:

Page 108

- **Strategic alignment:** there are a number of innovations in the local system that could support delivery of the whole systems tobacco control approach. We will prioritise capitalising on such innovations to make most efficient use of local resources and to support a holistic approach to tobacco control.
- **Inequalities:** where research evidence indicates an intervention is more likely to impact on inequalities in smoking prevalence.
- **Evidence strongest:** where evidence is available, interventions that have the strongest research evidence have been chosen.
- **Co-Production:** where research evidence is weak / unavailable but there is an inequality, we will prioritise co-producing solutions with local population groups.
- **Evaluation and monitoring:** where research evidence is weak / unavailable but there is a need to innovate, we commit to undertaking timely and good quality evaluation to enable the strategy to have the agility to adapt as we learn what works best locally.

Prevention

This priority will focus on stopping smoking before it starts. This will be achieved through working with young people, expectant parents, and education settings.

What we will do:

1. Reduce access to illicit tobacco
2. Continue enforcement against illegal sales of tobacco products to children
3. Increase screening for smoking/vaping among young people
4. Reduce smoking among pregnant women and their partners/households

Prevention

Ambition	Reason	Principle	Evidence Base	Responsibility
1a: Reduce access to illicit tobacco	Illicit tobacco undermines national initiatives to reduce the affordability of smoking.	Strategic alignment	Action on Smoking and Health (ASH) 10 high impact actions for local authorities and their partners	Trading Standards
1b: Continue enforcement against illegal sales of tobacco products to CYP	The majority of smokers start before the age of 21.	Strategic alignment	Action on Smoking and Health (ASH) 10 high impact actions for local authorities and their partners	Trading Standards
1c: Work with schools and other education settings to co-design and deliver relevant tobacco and vaping messaging.	The majority of smokers start before the age of 21, and vaping amongst young people is increasing.	Co-production	NICE guidance. Tobacco: preventing uptake, promoting quitting and treating dependence	Schools Children's and Education Brighter Futures Board Trading Standards
1d: Increase screening for smoking/vaping among young people	The majority of smokers start before the age of 21.	Evidence strongest	Thurrock Whole System Tobacco Control JSNA 2021	Schools Young people's services (YOS, substance misuse, etc.) Brighter Futures
1e: Tackle smoking among pregnant women and their partners/ households	Smoking in pregnancy has reduced at a slower rate than the general population and poses unique risks to child development.	Strategic alignment Inequalities Evidence strongest DRAFT	NHS long-term plan	THLS BTUH Tobacco Dependency prevention sub-group (MSE ICS)

Smoke-free Environments

This priority will focus on reducing the harm caused by second-hand smoke by restricting smoking in public spaces and de-normalizing smoking, as well as increased enforcement of national smoke-free initiatives.

What we will do:

1. Explore enforcement strategies for smoke-free healthcare settings
2. Smoke-free pledge across the council estate
3. Smoke-free homes approach for expectant parents
4. Smoke-free settings for children and young people

Smoke-free Environments

Ambition	Reason	Principle	Evidence Base	Responsibility
2a: Explore enforcement strategies for smoke-free hospitals/healthcare settings and NHS smoke-free pledge	A clear and visible way for NHS organisations to show their commitment to helping smokers to quit and to providing smokefree environments which support them.	Strategic alignment	Smoke-free NHS pledge	BTUH Tobacco Dependency Prevention Sub- Group (MSE ICS)
2b: Smoke-free pledge across the council estate	The council should lead this strategy by example and ensure that smoke-free pledge commitment is visible and enforced	Strategic alignment	Action on Smoking and Health (ASH) 10 high impact actions for local authorities and their partners	Human Resources Estates Security
2c: Smoke-free homes approach, particularly for expectant parents	Promotion and support for smoke-free homes, particularly council housing, will align with NHS LTP smoke-free pregnancy pathway	Strategic alignment Inequalities	Action on Smoking and Health (ASH) 10 high impact actions for local authorities and their partners	NHS Housing Team Community Teams Mental Health Providers
2d: Smoke-free settings for children and young people	Protect the public, especially young children, from secondhanded smoke and de-normalize smoking more broadly	Inequalities	Action on Smoking and Health (ASH) 10 high impact actions for local authorities and their partners	Parks Team Public Health Schools

Help Smokers to Quit

This priority will focus on getting more Thurrock smokers to quit. There will be a particular focus on reducing health inequalities by targeting smokers from groups that are disproportionately affected by smoking.

What we will do:

1. Increase quitters from the 8 most deprived wards
2. Increase quitters from high risk groups
3. Work with NHS partners to build smoking cessation into all clinical pathways and strengthen existing pathways into the Stop Smoking Service
4. Increase accessibility of Stop Smoking Service
5. Improve and expand vape offer

DRAFT

Help Smokers to Quit

Ambition	Reason	Principle	Evidence Base	Responsibility
3a: Increase quitters from the 8 most deprived wards-	63% of smokers in Thurrock live in the 8 areas with highest deprivation	Inequalities Evidence strongest	Thurrock Whole System Tobacco Control JSNA 2021	Primary Care THLS
3b: Increase quitters from high-risk groups	Smoking amongst those with long-term mental health conditions, substance misuse, those working in routine & manual jobs, and pregnant women remains high, despite an overall decrease in rates.	Inequalities Evidence strongest	Thurrock Whole System Tobacco Control JSNA 2021	Primary Care EPUT Inclusion CGL THLS
3c: Work with NHS partners to build smoking cessation into all clinical pathways and strengthen existing pathways into the Stop Smoking Service	Referrals into the SSS have fallen in recent years, pathways need to be reviewed.	Strategic alignment Evidence strongest	Thurrock Whole System Tobacco Control JSNA 2021 Case for Further Change	Primary Care EPUT Inclusion CGL THLS Tobacco Dependency Prevention Sub-Group (MSE ICS) BTUH
3d: Increase accessibility of Stop Smoking Service (apply learning from ambition 4c)	Adjustments need to be made to achieve more successful quits from Black and mixed ethnic groups as well as those with long-term mental health conditions and substance misuse	Inequalities Co-production	Thurrock Whole System Tobacco Control JSNA 2021	Public Health THLS EPUT Inclusion
3e: Improve and expand vape offer	Vapes are an effective harm-reduction tool that help smokers to quit.	Evidence strongest	Khan Review: making smoking obsolete	Public Health THLS

Communication, Evaluation, Adaptation

This priority will focus on targeted marketing of smoking cessation support, evaluating initiatives to understand what works, and ensuring the delivery of this strategy is dynamic, responsive to change, and open to innovation.

What we will do:

1. Develop a targeted communication plan
2. Re-establish a monitoring framework to track and ensure strategy delivery
3. Conduct research and engagement to understand the needs of groups that are underrepresented in the Stop Smoking Service
4. Collect feedback to inform evaluation

Communication, Evaluation, Adaptation

Ambition	Reason	Principle	Evidence Base	Responsibility
4a: Develop a targeted communication plan	Mass media campaigns are effective at increasing quit attempts	Evidence strongest	Action on Smoking and Health (ASH) 10 high impact actions for local authorities and their partners	Communications Team Public Health
4b: Re-establish a monitoring framework to track and ensure strategy delivery	Tobacco Control Alliance was successful in driving forward previous strategy aims	Evaluation and monitoring	Thurrock Whole System Tobacco Control JSNA 2021	All stakeholders
4c: Conduct research and engagement to understand the needs of groups that are underrepresented in the Stop Smoking Service (inform delivery of ambition 3d)	The SSS in Thurrock is not equally accessible to and effective for all groups.	Inequalities Co-production	Thurrock Whole System Tobacco Control JSNA 2021	Public Health
4d: Collect feedback to inform evaluation	Interventions should be evaluated, especially areas for innovation to assess their effectiveness and equity impact	Evaluation and monitoring	Thurrock Whole System Tobacco Control JSNA 2021	Monitoring group

Next Steps

Sign-off from Thurrock Integrated Care Alliance (TICA) and Health and Wellbeing Board (HWB) will be sought prior to publication.

This strategy will be supported by a delivery plan detailing specific actions to achieve the aims across each priority area.

Progress will be monitored against the delivery plan with regular updates on agreed actions from accountable stakeholders reported to strategy coordinator.

The strategy group will report to: Better Care Together Thurrock via the Population Health & Inequalities Working Group

This page is intentionally left blank

DRAFT – Terms of Reference – HOSC Working Group – Mental Health Services

To create a collaborative responsive working group for members to consult, inform, fact find and learn about mental health service provision (NHS, LA and voluntary sector) in Thurrock, and to understand the existing mechanisms in place for governance and oversight of mental health service delivery.

The group will evaluate learning from professional, multiagency, and integrated locality MDTs across the four localities in Thurrock which aim to enable early identification and prevention and thereby support individuals within the communities to find the bespoke solutions. Furthermore, the group together with Healthwatch and key voluntary organisations will look at community themes and voices of those using the services.

Aligned to the Better Care Together Thurrock Strategy and associated Integrated locality Working Board covering Chapters 7 & 8 of the strategy, the group will report into the Better Care. Together Executive.

The outcome of the working group would be to provide a report on the summary themes and recommend further action to the Health and Overview Scrutiny Committee.

Membership:

- 4 elected members (2 Conservatives, 1 Labour, 1 Independent)
- 1 co-opted

Chair:

The Chair will be elected by the membership of the Working Group at its first meeting. The appointment will last until the work of the Working Group is complete.

Duration:

The Working Group will be established with the expectation for the working group to complete its task by January 2024. A report will be presented to the Health and Wellbeing Overview and Scrutiny Committee on the 7 March 2024

Meeting Schedule:

The Working Group will meet once a month, in line with the key dates proposed in the below table. The first meeting, date yet to be confirmed, will be to look at the overview of the group and come up with scope of themes to be discussed.

Activities:

The working group will undertake all but not exclusively the following activities:

- Review MDT forums at place
- Look at what works well v. those not across the system and locally.
- Look at inpatient data relating to Thurrock Residents
- Presentation of individual at time of discharge v. what a good discharge would look like.
- Look at learnings from MDTs and Healthwatch themes.
- Feedback into Strategic Plans
- Inform and report back to both Health and Wellbeing Overview and Scrutiny Committee.

These meetings and activities can be held during the day.

Decision-Making:

The Working Group has no executive power, and all findings and recommendations will be referred directly to the Health and Wellbeing Overview and Scrutiny Committee.

Timeline:

The below table will provide the timeline:

Date	Action	Response
Early September 2023	Meet to discuss scope of group. Confirm MDTs in scope data sources, analysis, and evaluation process. Implement project plan.	
October	Review data / challenges and agree next steps.	
November	Review data /challenges and agree next steps.	
December	Review data /challenges and agree next steps.	
January 2024	Draft recommendations.	
February	Final report.	
March	Report back to committees.	

DRAFT – Terms of Reference – HOSC & HWBB Working Group – Whole System Obesity

The scope of the working group will be centred on whole system actions to address high rates of overweight and obesity in Thurrock and facilitating Elected Member leadership to this agenda. Obesity being a complex issue with many drivers, the focus will be on system-wide council-led actions, including on wider determinants of health (for example promoting physical activity and active transport through spatial planning policies, promoting a healthy food environment etc), that impact on population overweight and obesity.

This group will include representation from the Health and Wellbeing Board (HWBB), since obesity reduction is a key element of Goal 1A of the Health & Wellbeing Strategy (HWBS): *Work with communities to reduce smoking and obesity in Thurrock*. The group will also include Healthwatch to encompass community views.

The outcome of the working group would be to recommend how the council changes and works through its policy and strategy framework to support obesity reduction.

Membership:

- 4 HOSC elected Members (2 Conservatives, 1 Labour, 1 Independent)
- 1 Children's Services elected member
- Cabinet Member for Health, Adult's Health, Community & Public Protection
- HWBB member/s including Director of Public Health (tbc)
- 1 co-opted Healthwatch lead

Chair:

The Chair will be Councillor Georgette Polley, this appointment will last until the work of the Working Group is complete.

Duration:

The Working Group will be established with the expectation for the working group to complete its task by February 2024. A report will be presented to the Health and Wellbeing Overview and Scrutiny Committee on the 7 March 2024 and to the Health and Wellbeing Board in May/June 2024 as part of the annual review of Domain 1 of the HWBS.

Meeting Schedule:

The Working Group will meet once a month, in line with the key dates proposed in the below table. The first meeting, date yet to be confirmed, will be to look at the overview of the group and come up with two or three key drivers.

Activities:

The working group will undertake all but not exclusively the following activities:

1. Understand the scope of the review as a Member working group.
2. Understand the epidemiology of overweight and obesity in Thurrock.
3. Understand the role of wider determinants of health and how they influence population overweight and obesity.
4. Undertake a Health in All Policies approach to reviewing council policies and identifying gaps.
5. Recommend changes to council policy.
6. Consider drafting a Thurrock Council Declaration on Healthy Weight.
7. Engage with broader services and how these can be joined up and coordinated.
8. Inform and report back to both Health and Wellbeing Overview and Scrutiny Committee and Health and Wellbeing Board.
9. Share recommendations with relevant Council Directorates and Committees.

These meetings and activities can be held during the day.

Decision-Making:

The Working Group has no executive powers, and all findings and recommendations will be referred directly to the Health and Wellbeing Overview and Scrutiny Committee.

Timeline:

The below table will provide the timeline:

Date	Action	Response
September 2023	Meet to discuss scope of group Review epidemiology of overweight and obesity	
October	Identify 2/3 key drivers	
November	Review data and evidence base	
December	Review policies and identify gaps	
January 2024	Draft recommendations	
February	Engage with broader services	

March onwards	Report back to committees	
---------------	---------------------------	--

Pre-Meeting Materials

[Health Matters - obesity and the food environment \(UKHSA\)](#) - youtube

This edition of Health Matters from Public Health England focuses on obesity and the food environment. It outlines what can be done to improve the food environment and how local authorities can lead co-ordinated action at a local level. Part of Public Health England's Health Matters. Health Matters collection page: <http://bit.ly/Healthmatters>

[Whole systems approach to obesity](#) (LGA)

A guide to support local approaches to achieving a healthier weight.

[Promoting healthy weight in children, young people and families](#) (PHE & LGA)

A resource to support local authorities, NHS commissioners and providers, voluntary and community sector organisations to take action to reduce obesity.

[All Our Health Programme](#)

The All Our Health elearning sessions have been developed to provide a bite-sized introduction to the wide range of topics covered within the All Our Health framework. Within these sessions, you'll find signposting to trusted sources of helpful evidence, guidance and support. You can dip in and out of the content as and when you need it. Topics covered include:

- Adult obesity
- Childhood obesity
- Healthy Eating
- Physical activity
- Health disparities and health inequalities

References

Thurrock Health & Wellbeing Strategy 2022-26

<https://www.thurrock.gov.uk/health-and-well-being-strategy/health-and-well-being-strategy-2022-2026>

Thurrock Whole System Obesity Strategy 2018-21

<https://www.thurrock.gov.uk/public-health/other-public-health-reports>

A Health In All Places Approach to Place-Shaping



2023 PUBLIC
HEALTH HiAP Place SI

Food Active Healthy Weight Declaration

<https://foodactive.org.uk/what-we-do/influence-policy/local-authority-declaration-on-healthy-weight/>

This page is intentionally left blank

**Health and Wellbeing Overview & Scrutiny Committee
Work Programme
2023/2024**

Dates of Meetings: 19 July 2023, 31 August 2023, 2 November 2023, 11 January 2024, 7 March 2024

Topic	Lead Officer	Requested by Officer/Member
19 July 2023		
Integrated Medical Centres Update (PowerPoint)	Aleksandra Mecan	Members
Terms of Reference	Democratic Services	Officers
ICB Community MSK and Pain Service	Tina Starling (NHS Report)	Officers
Direct Payment Support Services	Ian Kennard	Officers
Verbal CQC report on Basildon Hospital	NHS	Members
Work Programme	Democratic Services	Officers
31 August 2023		
2022/23 Annual Complaints and Representations Report – Adult Social Care	Lee Henley	Officers
Safeguarding Adult Board – Three Year Strategic Plan	Jim Nicolson	Officers
Tobacco Control Strategy	Jo Broadbent	Officers
Agree Working Group Terms of Reference	Democratic Services	Members
Updates from Mid and South Essex Trust	Fiona Ryan	Members
Healthwatch	Kim James	Members
Work Programme	Democratic Services	Officers

2 November 2023

Safeguarding Adult Board – Annual Report	Jim Nicolson	Officers
Adults, Housing and Health – Fees and Charges Pricing Strategy 2024/25	Ceri Armstrong	Officers
Integrated Medical Centres Update Report	Aleksandra Mecan	Members
Primary Care Quality and Access	Jo Broadbent	Members
HealthWatch	Kim James	Members
Updates from Mid and South Essex Trust	Fiona Ryan	Members
Mental Health & Disabilities Floating Support Service	Ian Gleadell	Officers
Update and feedback from the CQC Basildon report	Diane Sarkar NHS Report	Members
Work Programme	Democratic Services	Officers

11 January 2024

Integrated Medical Centres Update Report	Aleksandra Mecan	Members
EPUT Update	Paul Scott and Alex Green	Members
Domiciliary Care Tender	Sarah Turner	Officers
Updates from Mid and South Essex Trust	Fiona Ryan	Members
Bridging (Hospital Discharge Service)	Sarah Turner	Officers
Annual Public Health Report – Fuel Poverty	Jo Broadbent	Officers
Commissioning report – Hospital Discharge Service	Ceri Armstrong	Officers
Co-Production	Ceri Armstrong	Members
Commissioning report – Domiciliary Care	Ceri Armstrong	Officers

HealthWatch	Kim James	Members
Work Programme	Democratic Services	Officers
7 March 2024		
Integrated Medical Centres Update Report	Aleksandra Mecan	Members
Report of the Cabinet Member for Health, Adult Social Care, Community and Public Protection	Cllr Coxshall	Members
Updates from Mid and South Essex Trust	Fiona Ryan	Members
SERICC	Rebekah Brant / Sheila Coates	Members
Dentistry	Tbc	Members
Advocacy to include Healthwatch	Tbc	Members
HealthWatch	Kim James	Members
Work Programme	Democratic Services	Officers
Briefing Notes		

Working Groups

1. Mental Health Services
2. Healthy Living

Items to be included or plans for 2024/25 Work Programme:

1. Community Musculoskeletal (MSK) and Pain service Community Musculoskeletal (MSK)

Clerk: Jenny Shade
Last Updated: August 2023

This page is intentionally left blank