

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

Health and Wellbeing Board

The meeting will be held at **11.00am – 1:00pm** on **29 February 2024**

The Council Chamber. Civic Offices (C03), New Road, Grays, Essex, RM17 6SL.

Membership:

Councillor G Coxshall (Chair)
Councillor Johnson
Councillor Morris-Cook
Councillor Rigby

Ian Wake, Executive Director for Adults, Housing and Health
Sheila Murphy, Executive Director for Children's Services
Andrea Clement, Assistant Director for Public Health
Margaret Allen, Deputy Thurrock Alliance Director
Rita Thakaria, Partnership Director, Thurrock Council, EPUT and NELFT
Jim Nicolson, Adult Safeguarding Board
Mark Tebbs, Chief Executive, CVS
Jo Broadbent, Director of Public Health
Aleksandra Mekan, Thurrock Alliance Director
Michael Dineen, Assistant Director for Counter Fraud and Community Safety
Michelle Stapleton, Integrated Care Pathway Director, Mid and South Essex NHS Foundation Trust
Fiona Ryan, Managing Director, Mid and South Essex NHS Foundation Trust
Gill Burns, Director of Children's Services, Northeast London Foundation Trust (NELFT)
Alex Green, Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT)
Kim James, Chief Operating Officer, Healthwatch Thurrock
BJ Harrington, Chief Constable, Essex Police
Jenny Barnett, Chief Superintendent, Essex Police

Agenda

Open to Public and Press

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<p>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.</p>	
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<p>A copy of the PowerPoint presentation is included within members' papers.</p> <p>Additional data contained upon a Microsoft Excel Spreadsheet will be provided separately to members, alongside the meeting papers.</p> <p>Interested parties wishing to be provided with a copy of the additional data should contact the Board's secretariat at DKristiansen@Thurrock.gov.uk</p>	
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Queries regarding this Agenda or notification of apologies:

Please contact Darren Kristiansen, Business Manager - AHH Directorate by sending an email to DKristiansen@thurrock.gov.uk

Agenda published on: **21 February 2024**

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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

Agenda Item 2

PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 14 December 2023 10.30am-12.30pm

- Present:**
- Councillor G Coxshall (Chair)
 - Councillor Johnson
 - Councillor Morris-Cook
 - Councillor Rigby
 - Ian Wake, Executive Director for Adults, Housing and Health
 - Sheila Murphy, Executive Director for Children's Services
 - Andrea Clement, Assistant Director for Public Health
 - Margaret Allen, Deputy Thurrock Alliance Director
 - Rita Thakaria, Partnership Director, Thurrock Council, EPUT and NELFT
 - Jim Nicolson, Adult Safeguarding Board
 - Mark Tebbs, Chief Executive, CVS
- Apologies:**
- Jo Broadbent, Director of Public Health
 - Aleksandra Mecan, Thurrock Alliance Director
 - Michael Dineen, Assistant Director for Counter Fraud and Community Safety
 - Michelle Stapleton, Integrated Care Pathway Director, Mid and South Essex NHS Foundation Trust
 - Fiona Ryan, Managing Director, Mid and South Essex NHS Foundation Trust
 - Gill Burns, Director of Children's Services, Northeast London Foundation Trust (NELFT)
 - Alex Green, Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT)
 - Kim James, Chief Operating Officer, Healthwatch Thurrock
 - BJ Harrington, Chief Constable, Essex Police
 - Jenny Barnett, Chief Superintendent, Essex Police
- Guests:**
- Kevin Baldwin, Essex Police
 - Clare Moore, Thurrock Council
 - Christopher Smith, Thurrock Council
 - Helen Horrocks, Thurrock Council
 - Ryan Farmer, Thurrock Council

1. **Welcome, Introduction and Apologies**

Colleagues were welcomed and apologies were noted. Councillor Morris-Cook was introduced and welcomed to her first Health and Wellbeing Board meeting. Margaret Allen provided representation from the Thurrock Alliance and Andrea Clement attended on behalf of Jo Broadbent.

2. **Minutes / Action Log**

The minutes of the Health and Wellbeing Board meeting held on 19 October 2023 were approved as a correct record.

The action and decision log were considered and updated accordingly.

3. **Urgent Items**

An urgent item was received relating to the Purfleet and Tilbury Integrated Medical and Wellbeing Centres (IMWCs).

In November 2023, NHS England confirmed to the ICB and Thurrock Council that they will not approve either the Purfleet or Tilbury IMWCs' Outline Business Cases (OCB). Regrettably, NHSE's view is that neither OBC is affordable to the NHS.

As a result, Thurrock Council and MSE ICB are unable to progress either building further. Whilst incredibly disappointing, the decision does provide closure on what has been a prolonged period of uncertainty and allows all key Thurrock Integrated Care Alliance stakeholders to work together to pursue alternative solutions.

The council is currently working closely with the ICB's Alliance Director to identify alternative space in existing buildings in Tilbury and Purfleet that could be repurposed as shared space from which the new Integrated Locality Teams could operate from. This will ensure that the ambitious integration agenda set out in Better Care Together Thurrock: The Case For Further Change will still be able to be delivered.

Decision: Members welcomed the update on the Purfleet and Tilbury Integrated Medical and Wellbeing Centres (IMWCs).

4. **Declaration of Interests**

There were no declarations of interest.

5. **Virtual items for consideration**

The Board agreed to virtually consider the Thurrock CORE20Plus5 Health Inequalities Data Pack which will be circulated after the meeting.

Action: Members to provide comments on the Thurrock CORE20Plus5 Health Inequalities Data Pack to the Board's secretariat within two weeks of the paper being circulated.

6. Right Care Right Person

This item was introduced by Kevin Baldwin, Essex Police. Key points included:

- The Right Care Right Person (RCRP) is an approach designed to ensure that people of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training, and expertise to best meet their needs.
- At the centre of the RCRP approach is guidance to assist police in making decisions about when it is appropriate for them to respond to incidents. This guidance supports the core policing responsibilities (save life, prevent, and detect crime and maintenance of the King's Peace).
- Essex Police receive approximately 40,000 requests per year regarding welfare concerns, mental health concerns, hospital walkouts and transportation. Some of these situations do require police attendance, however they are not always the most appropriate agency to respond.
- The increase in mental health concerns was noted, with 45% of detention and custody assessments highlighting the need for a mental health assessment.
- There are several legal and statutory responsibilities of the police to act in circumstances when there is threat to life, a risk of serious harm, common law duties of care and statutory duties to arrest and detain. It is therefore recognised there are limited circumstances the police can enter a property.
- The RCRP approach is underpinned by three principles:
 - Members of the public have the right to receive the "right care from the right agency";
 - The police should concentrate on core policing duties;
 - Understanding the police's legal duty to attend.
- The aim of the principles is to reduce calls for concerns outside of the service's remit and is underpinned by five objectives, including:
 - Welfare checks being conducted by the agency which is already engaged with the family etc;
 - A timely handover from police to crisis care staff;
 - Missing patients should not be reported to the police as a matter of routine;
 - Emergency departments at acute hospitals should not call police for patients who leave unexpectedly unless they are deemed to be an immediate threat to themselves or to others;
 - Transportation for physical and mental health patients will not be carried out by the police unless in exceptional circumstances.
- Delivery of the RCRP approach is monitored via the Partnership Board and Tactical Groups which includes representation from key agencies. A responsibility matrix is in the process of being developed as part of governance arrangements and commitment to deliver this approach.

During discussions, the following points were made:

- Members recognised the importance of the RCRP partnership model, however, raised concerns regarding moving challenging situations from one service to another. Colleagues were reassured that the

responsibility matrix will identify and consider any gaps in services due to this approach. It was recognised limited ambulance availability is the most challenging situation at present, however there are other means for patients to get to hospital rather than using police transportation.

- Partners agreed there is a need to educate and signpost the public to the different agencies and support available as an alternative to using Emergency Departments and police resources. It was noted there is an ongoing media strategy to deliver this message.
- It was reiterated at the recent Children's Partnership Board meeting that child protection responsibilities and procedures remain unchanged as the police are statutory partners.
- Members raised concerns regarding the decision-making thresholds of call handlers as it is not always apparent if there is a risk to a child's life therefore the onus remains on social care professionals. There is a legal framework to support, however decisions can be challenging therefore the wording of guidance is key, along with appropriate escalation procedures.
- It was noted the RCRP approach is a major change to police practices and reassurance was provided that a review and evaluation process will be built into the approach as it develops further with partners.
- It was noted Essex Police arrest over 20,000 people a year and over half will indicate a mental health issue. As a result of this, professionals working in the custody suite will conduct an assessment and indicate if a full mental health assessment is required.

Action: Essex Police to provide members with the number of detainees per year who receive mental health treatment after indicating a concern at the custody assessment stage.

Decision: All agencies agreed to consider how they support and implement the RCRP program both as individual organisations and as multi-agency partners.

All agencies agreed to consider appointing strategic and tactical leads for program development across the system to support the RCRP recommendations.

7. Family Hubs Start for Life Programme

This item was introduced by Clare Moore, Thurrock Council. Key points included:

- Family Hubs provide non-stigmatising single points of access helping families navigate and receive universal and targeted services as part of a whole family and partnership working approach.
- £301m has been allocated to the programme over three years which began in 2022.
- The aims of the programme include improving a range of health, wellbeing and education outcomes for children aged 0-19 / to 25 with SEND and parents / carers. Services will be delivered through a Family Hubs network with a focus on co-production and reaching seldom heard groups. This is highlighted with the three key principles

- of the programme: access, connection, and relationships.
- The Family Hubs programme funding is intended to pay for the change process such as the Transformation Team, local consultation / co-production, workforce development and training. This also includes adapting existing buildings to improve accessibility / space and should enhance and expand the Start for Life Services.
- The delivery plan was completed on 6 January 2023 and was agreed by the Department for Education and the Department for Health and Social Care. A programme timetable and reporting governance route has also been established. Work to date includes a high level mapping exercise and ongoing discussions with services to understand the existing local offer and gaps in service delivery.

During discussions, the following points were made:

- Members welcomed the update on the services provided by Family Hubs as this workstream provides the opportunity for parents to develop their parenting skills.
- It was noted several outreach workers in Children's Centres provide support regarding sleep training and new parents are encouraged to engage with this service as part of reducing this stressful element of parenthood.
- The focus on prevention, outreach and supporting needs as they arise was highlighted as a positive example of the direction of travel for the council and partnership working.
- Members noted the Family Hubs website includes information on how to be a member of the Parent Carer Panel and there is also a coordinator in the community raising awareness of this. A specific group for fathers has also been established.
- Colleagues highlighted the importance of nutritional training and support as part of reducing obesity. Children's Services are members of the Thurrock Strategic All Age Healthy Weight Steering Group and have received training relating to the HENRY initiative and Beezee Bodies.

Decision: Members welcomed the contents of the Family Hubs Start for Life Programme presentation.

8. Integrated Neighbourhood Teams (INTs)

This item was introduced by Margaret Allen, Thurrock Alliance. Key points included:

- Following the recent Fuller Review, one of the key recommendations of this report was to create Integrated Neighbourhood Teams (INTs). The review focused on residents who had complex presentations and who were at risk of admission to hospital or permanent placement in a care home. 600 people with complex care needs were identified and it was reported that this cohort had 54,000 GP contacts.
- The University of Manchester study (2021) found that 40% of attendances at GP surgeries are with frequent attenders, with many attendances not being for medical reasons.
- Thurrock is one of the most under-doctored areas in England, and although work is being carried out to increase the number of GPs in the borough and to increase access to primary medical services, the

findings from the Fuller review are concerning. Of the 178,000 Thurrock residents, 21,271 (11%) are in the Core20 PLUS 5 categories.

- Current working arrangements across the system reflect more traditional approaches, with large numbers of referrals from one service to another, and high numbers of “hand offs” between services. The intention is to work smarter and deliver improved outcomes for local people.
- The ICB developed a framework that Primary Care Networks (PCNs) could respond to when considering partnership working to develop an INT in their locality.
- The framework was based on several key principles linked to design, management, and workforce. This included neighbourhood-based boundaries recognised by the community, mutual accountability for service outcomes and investment within the workforce.
- As INT developments are organic and relevant to the priorities of local communities, there may be some degree of variation, but overall, there should be a recognisable shape and definition to all INTs.
- The first INT was developed within Stanford-Le Hope and the Grays INT launched in November 2023. The INT for Aveley, South Ockendon and Purfleet will be opened at the end of January 2024 and the Tilbury and Chadwell INT will commence from the end of February. Once all the INTs have been established the aim is to move from an operational focus to more a strategic purpose.

During discussions, the following points were made:

- Members welcomed the ongoing development of the INTs and the exciting opportunities in Thurrock such as the pursuit of a single, integrated place based budget for Thurrock.
- Rita Thakaria was thanked for driving forward the Integrated Locality Teams as part of the Better Care Together Thurrock (BCTT) Strategy (chapter seven).
- It was recognised Thurrock’s work regarding INTs is more ambitious and more developed than other areas, with the emphasis on relationship building rather than referrals as part of reducing failure demand.
- The development of INTs will be overseen via the existing governance structure for the BCTT Strategy to reduce duplication across system partners. This includes oversight by the Integrated Locality Working Board and the Thurrock Integrated Care Alliance.
- Members highlighted the recent launch of the Grays INT where partners came together to celebrate its launch.
- As part of ensuring residents are signposted and connect to the right places, a directory with key contact details has been established.
- Colleagues highlighted the intrinsic links with the INT development and the council’s new operating model such as the inclusion of Public Realm services and the focus on a single model of engagement with residents.

Decision: Members welcomed the progress outlined within the Integrated Neighbourhood Teams briefing.

9. Better Care Fund 2023/24 2nd Quarter Report

This item was introduced by Christopher Smith, Thurrock Council. Key points included:

- The Better Care Fund (BCF) is a pooled fund between Thurrock Council and the Mid and South Essex NHS Integrated Care Board. In 2023/24, the value of the Thurrock BCF pooled fund is £49,139,875. It is anticipated that the value of the fund will increase in 2024/25.
- The quarter two report contains a series of national metrics which are used to measure progress and includes a commentary on key elements relating to health care and adult social care. Better Care Fund Reports submitted to NHS England are required to be signed off by Health and Wellbeing Boards as these metrics are published in the Better Care Fund Policy Framework 2023-2025.
- In late 2022, Thurrock requested the Local Government Association (LGA) to undertake an independent appraisal of its BCF Plan as part of their NHS England commissioned programme of support. The appraisal was undertaken between July and September 2023.
- The appraisal noted performance appears good for 2022/23, with the system either achieving or almost achieving its targets for the BCF metrics. The report shows performance continues to be good.
- The LGA has now agreed to support Thurrock in an appraisal of each of the schemes in the BCF and this will also involve a re-evaluation of the metrics in the scorecards to determine what outcomes and key performance measures can be attached to each scheme, in addition to the core BCF metrics.
- The report highlights that achieving closer integration and improved outcomes for patients, services users and carers is also seen to be a significant way of managing demand for health and social care services, and so manage financial pressures on both the NHS MSE ICB and the council.

During discussions, the following points were made:

- Members noted an integrated financial delivery mechanism is a key ambition for Thurrock and therefore requires strategic alignment for the future.

Decision: Members welcomed the progress on integration and the Better Care Fund. The Board approved the quarter two report on the Better Care Fund 2023/24.

10. Health and Wellbeing Strategy - Domain 5 in focus: Housing and the Environment

This item was introduced by Helen Horrocks and Ryan Farmer, Thurrock Council. Key points included:

- The aims for Domain 5 are to ensure 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. Furthermore, the aim is to make homes and places in Thurrock, environments where everyone feels safe, healthy, connected, and proud.

- Goal 5A relates to reducing homelessness and increase the supply of affordable housing in Thurrock. This is particularly important due to the cost of living crisis and wider housing affordability.
- As part of driving forward this goal, additional stock for temporary accommodation has been purchased and all households owed a duty of care under the Homelessness Reduction Act receive support.
- Goal 5B focuses on the facilitation and maintenance of good quality homes in Thurrock to promote the health of residents, protecting them from hazards such as cold, damp and mould. This includes addressing fuel poverty through enhancing access to Financial Inclusion Officers to help households in need apply for financial support.
- Goal 5C aims to provide safe, suitable and stable housing solutions for people who have or who are experiencing domestic abuse/violence and/or sexual abuse/violence. The implementation of Thurrock Council's Housing Domestic Abuse Policy is a key element of this goal.
- Goal 5D focuses on the regeneration and future developments as part improving physical and mental health, reducing exposure to air pollution, reducing antisocial behaviour and building community resilience.

This goal is intrinsically linked to ongoing work of the Local Plan, including air quality modelling due for completion by October 2024.

- Commitments for year two for the domain includes:
 - Commence work on developing Homelessness Prevention and Rough Sleeping Strategy 2025-2030;
 - Work to secure funding to deliver further decarbonisation and energy efficiency improvements to council owned homes;
 - Explore opportunities to strengthen protections and standards for residents living in the private rental sector;
 - Explore the joint procurement of domestic abuse victim and perpetrator services in partnership across the Southend, Essex and Thurrock area;
 - Develop system-wide approach using Human Learning System principles to support those experiencing or who have experienced domestic or sexual abuse or violence;
 - Continue to support the development of the new Local Plan, the Design Charter, borough-wide design code and any associated technical evidence to ensure that the Health in all Policies (HiAP) guidance is appropriately embedded;
 - Further develop internal processes to require all strategic development, and developments where potential population health impacts are likely to arise, to be supported by a Health Impact Assessment.

During discussions, the following points were made:

- Members highlighted the importance of the HiAP guidance as part of embedding this into the council's ongoing housing development priorities. A workshop was held recently with colleagues from both Public Health and Place in attendance. The HiAP framework was discussed as in in development.

Action: An update following the HiAP workshop on the progress to date is to be shared with Board members.

- It was noted there are several rough sleepers within Thurrock, however these are often not as noticeable as those within neighbouring boroughs therefore this may pose challenges to understanding the scale of homelessness.

Action: Ryan Farmer to provide members with the current number of rough sleepers within Thurrock and those within temporary accommodation.

- Members discussed the damp and mould concerns within council stock, especially within high rise properties. Colleagues were reassured the council take these concerns seriously and seek to resolve these issues in line with the recent Housing Ombudsman publication. Further the Housing Overview and Scrutiny Committee is provided with regular updates on the management of damp and mould.

Action: Ryan Farmer to liaise with Cllr Morris-Cook regarding an ongoing damp and mould case.

- The use of ground source heat pumps was discussed, including the government funding provided for three high rise blocks to benefit from this communal approach. For lower rise blocks, alternative solutions are being explored.
- Colleagues were advised the Housing Domestic Abuse Policy is due to be signed off by SERICC and then embedded. Furthermore, there has been an underspend on domestic violence services in recent years (approximately £490k) which has been attributed to vacant posts and will be carried over.

Action: Ryan Farmer to liaise with the Service Manager aligned to goal 5C to provide SERICC's feedback to the Housing Domestic Abuse Policy and clarify the use of the underspend within the service as part of maximising support.

- Members recognised the importance of green spaces, particularly the use of allotments which is currently not referenced within goal 5D. Allotments are important for those who do not have access to a garden, and there are currently long waiting lists for an allotment space. It is therefore important to protect these green spaces from building development.
- In addition, there are various standards relating to access to open spaces, including safety, usability and within walking distance parameters.

Action: Helen Horrocks to confirm the walking distance parameters for access to green open spaces.

- Members discussed the ongoing progress of the Health and Wellbeing Strategy, and recognised foundations continue to be established, with

pilots and test and learn approaches ongoing. This includes Integrated Neighbourhood Teams and the change in interactions and engagement with residents.

- Members agreed the monitoring framework for this domain, and the wider Health and Wellbeing Strategy should include a more outcome focus with quantifiable and measurable metrics.

Action: Darren Kristiansen to liaise with leads across the Health and Wellbeing Strategy domains to review the monitoring framework and establish quantifiable and measurable metrics.

Decision: Members welcomed the year one achievements, with additional amendments to the monitoring framework and agreed the year two commitments.

Prior to the close of the meeting, members noted this was Claire Dixon's (secretariat) last Board meeting - colleagues thanked Claire for her ongoing support over the years.

The meeting finished at 12:25pm.

CHAIR.....

DATE.....



Mid and South Essex
Integrated Care
System



Mid and South Essex

Thurrock Early Years Oral Health Programme

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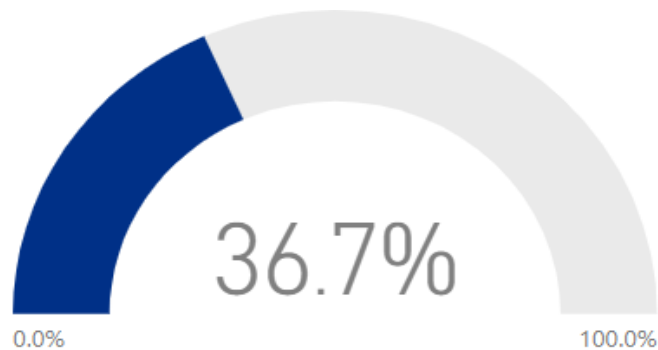
Agenda Item 6

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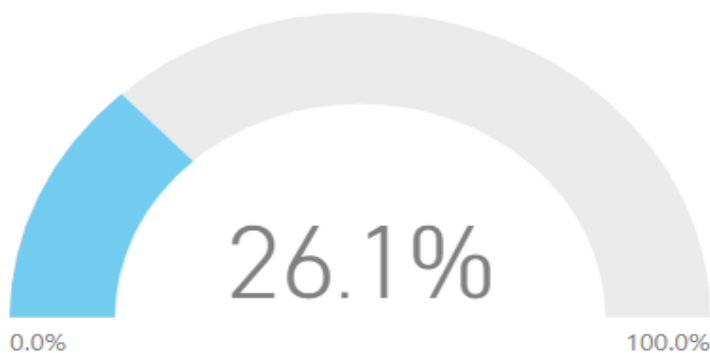
Overview

- Current situation
- Programme workstreams
- How you can help
- Benefits

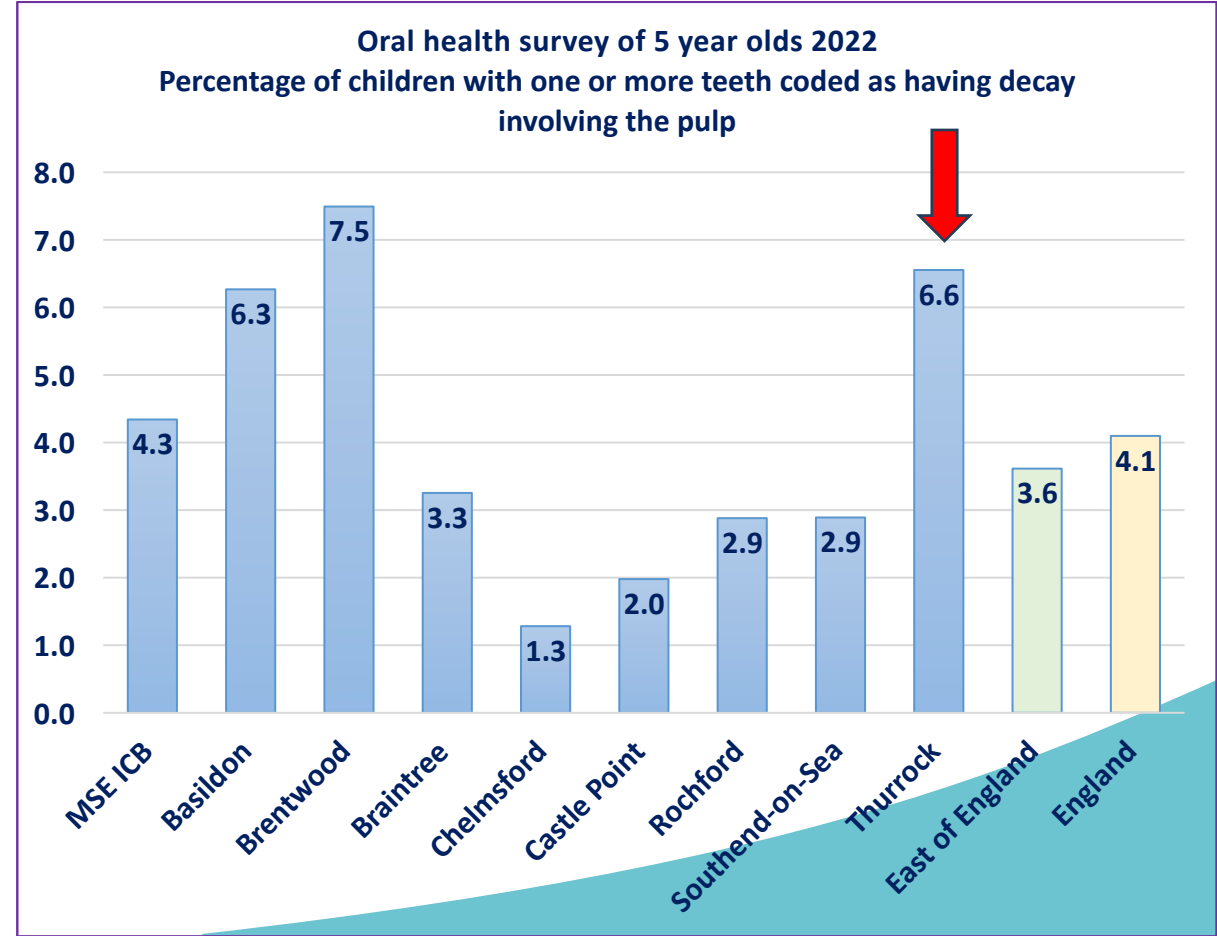
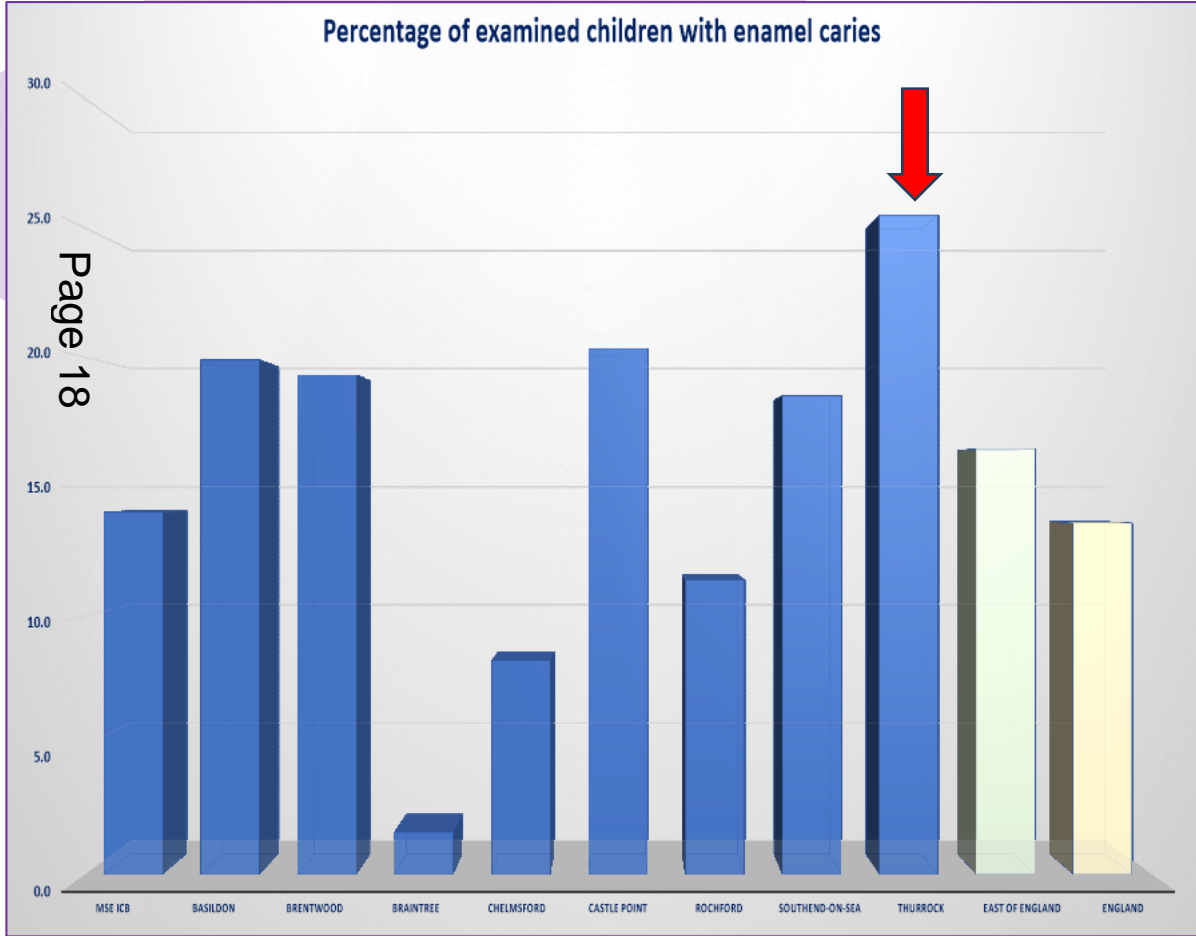
England Child Patients Aged 0-8
Receiving NHS Dental Care
July 2021 – June 2022



Thurrock LA Child Patients Aged 0-8
Receiving NHS Dental Care
July 2021 – June 2022



Age	% Receiving Dental Care July 21-June 22
Under 1	1.4%
1	8.5%
2	17.0%
3	22.4%
4	26.1%
5	31.3%
6	42.1%
7	42.4%
8	40.7%



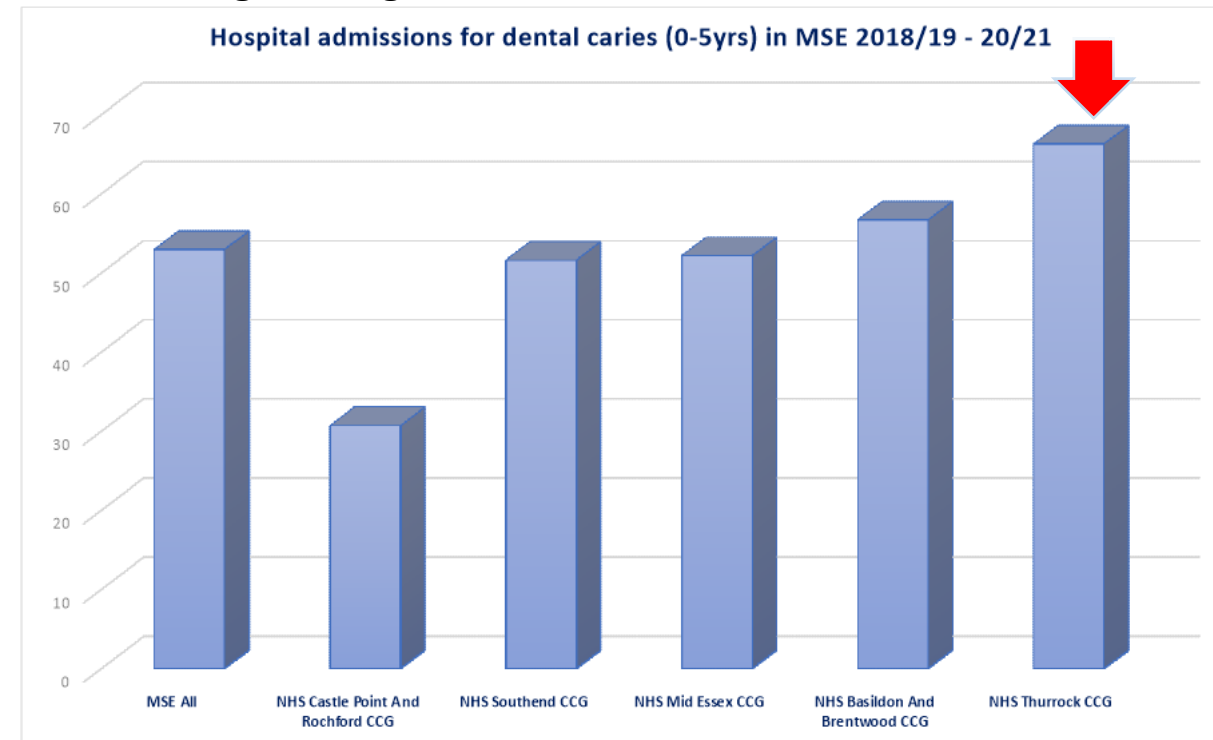
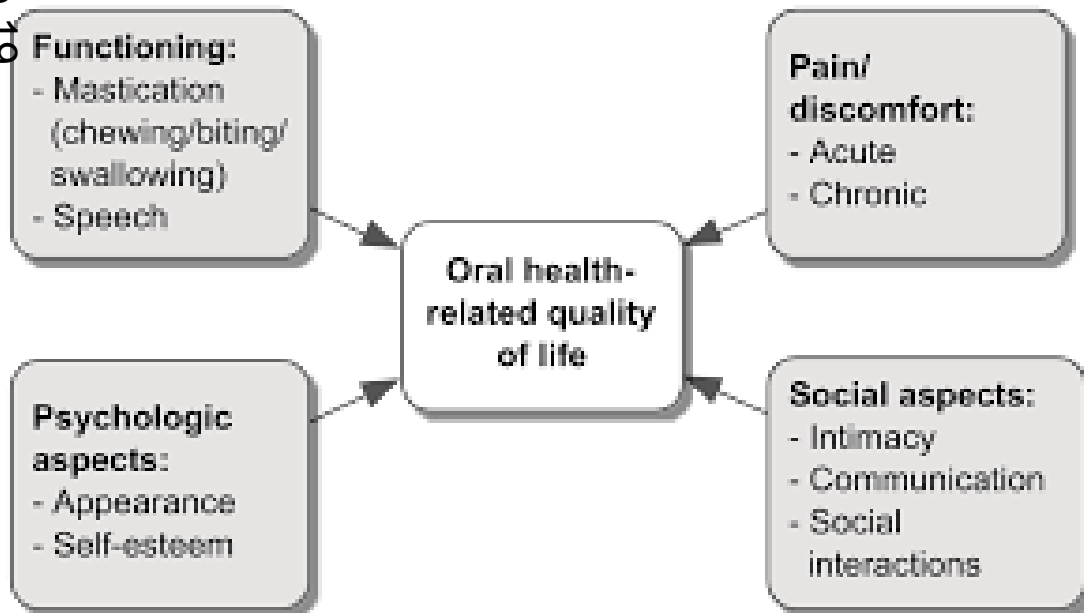
Burden of Poor Oral Health

Poor oral health can have a significant impact on children's and young people wellbeing and development.

Including

- ability to sleep, eat, speak, play and socialise with other children.
- pain, infections, poor diet, and impaired nutrition and growth.
- missed school days and time off work/lost income for parent - good oral health can contribute to "school readiness".
- Poor oral health can be suggestive of dental neglect and wider safeguarding issues

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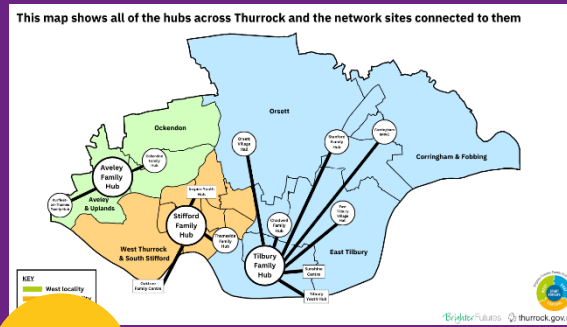
Programme Workstreams



1

Supervised Tooth Brushing (STB)

Development of
STB
programmes in
areas of highest
deprivation



2

Family Hubs

Delivery of Oral
Health Education
Sessions via the
Thurrock Family
Hubs Network



3

Education & Training

Delivery of Oral
Health Training to
volunteers and
other professionals
working with
Children &
Families



4

Community Outreach

Provision of
Toothbrush
Packs and
Educational
Resources.

www.midandsouthessex.ics.nhs.uk

How you can help

- Use your good relationships with parents to increase awareness of Oral Health messages
- Support staff to attend training
- If you would like advice or support to implement oral health activities within your setting, please don't hesitate to get in touch
- If you have any ideas, we would love to hear them!



Benefits

- Improved Oral Health amongst children in your setting
- Evidence to support your Oral Health Education delivery requirements
- Improved awareness of Oral Health amongst parents / carers



Any Questions?





Get in Touch



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29 February 2024		ITEM: 7
Health and Wellbeing Board		
Thurrock Health and Wellbeing Strategy 2022-26 – Overview and annual progress report for Domain 2, Building Strong and Cohesive Communities.		
Wards and communities affected: All	Key Decision: None	
Report of: Natalie Smith, Head of Community Development, Adult Social Care and Community Development.		
Accountable Director: Les Billingham, Assistant Director Adult Social Care and Community Development Jo Broadbent, Director of Public Health Ian Wake, Executive Director of Adults, Housing and Health		

Executive Summary

This paper provides an overview of Thurrock Health & Wellbeing Strategy (HWBS) 2022-26 and provides a specific update on progress made with implementing domain 2 of the Strategy, Building Strong and Cohesive Communities.

1. Recommendation(s)

- 1.1 The Board is asked to:
- Note the overview provided on the complete Health and Wellbeing Strategy.
 - Review, comment on and approve progress made against domain two commitments for year one, as previously approved by Board and commitments for year two.

2. Introduction and Background

- 2.1 The Health & Wellbeing Board (HWBB) has a statutory duty to produce a HWBS. The HWBS is a whole system plan for health & wellbeing and a means to engage all partners in the wellbeing agenda, co-ordinating strategic thinking of all elements of the council and all system partners to deliver quantifiable gains in health and wellbeing of residents.
- 2.2 Thurrock agreed its first HWBS in 2013. The current HWBS was launched in July 2022 and can be accessed here: <https://www.thurrock.gov.uk/strategies/health-and-well-being-strategy>
- 2.3 Proposals for the current HWBS were developed by multi-agency stakeholders including Thurrock Council ADs and Subject Matter Experts from across the system. The HWBB considered the proposals for the HWBS at its meeting in July 2021, including the Vision, the 6 Domain structure, and plans to engage with the wider

public. A twelve week consultation exercise took place October-December 2021 and the attached Strategy document has been further developed to reflect engagement outcomes.

3. Overview of the Refreshed HWBS 2022-26

- 3.1. Preparatory work with system partners and HWBB Chair identified key influences on Health & Wellbeing and suggested that the HWBS needs to:
- Be high level and strategic
 - Be highly ambitious and set out genuinely new plans rather than just describe what has already been done
 - Provide a clear narrative that drives the work of all aspects of the local authority, NHS and third sector
 - Address resident priorities and be co-designed with residents
 - Be place and locality based and take a strengths and assets approach, not focused only on deficits or services
- 3.2. The HWBB agreed that the Strategy would have a Vision of *Levelling the Playing Field* and tackling inequalities is reflected throughout the Strategy. Proposals to level the playing field have been developed based around six areas of people's lives, which we refer to as Domains, that cover the wider determinants of health and impact on people's health and wellbeing. These are:
1. Staying Healthier for Longer
 2. Building Strong & Cohesive Communities
 3. Person-Led Health & Care
 4. Opportunity for All
 5. Housing & the Environment
 6. Community Safety
- 3.3. Through engagement with residents and stakeholders, 3-4 priority Goals have been identified for each Domain, with public feedback leading refinements of these Goals in the attached final draft. These set out specific actions to improve outcomes and specifically level the playing field and address inequalities.
- 3.4. Delivery of the ambitions within the Goals is underpinned by a number of key topic-specific strategies (such as the Housing Strategy, Better Care Together Thurrock Strategy etc), plus the Local Plan and the Backing Thurrock Economic Growth Strategy. Content proposals in the HWBS have been agreed with leads for these other strategic plans.

4. Consultation outcomes

- 4.1 A summary of the consultation exercise is provided below and a full Consultation Report was produced. The refreshed HWBS proposals were refined to reflect consultation outcomes, and the changes made in response to community feedback are detailed in the full Consultation Report.
- 4.2 Over 750 comments were received through a short 'user friendly' questionnaire developed in conjunction with the CVS and Healthwatch, which sought the public's views on the six Domains that have been proposed for the refreshed Strategy. In excess of 300 residents or professionals involved in the planning, commissioning or delivery of health and care services provided feedback on strategy consultation proposals through

community and professional forums and meetings. This resulted in over 1,300 individual comments on the proposals.

4.3 Officers attended Scrutiny Committees, Group meetings and a range of stakeholder meetings to seek feedback. Direct face to face engagement was impacted by COVID-19 but Thurrock CVS and Healthwatch engaged directly with residents and also ran two workshops comprising representatives from several CVS organisations operating in Thurrock.

4.4 The Strategy reflects and addresses key themes arising in feedback which comprised accessibility through IT digital exclusion geographical locations and capacity of services; informing residents by effectively communicating using range of methods, the role of residents and support available to improve their own health and wellbeing; The Environment and managing the impact of housing and commercial developments, providing access to green, open spaces and opportunities for people to remain active and socialise in a safe environment; and Mental Health and the impact of COVID on social isolation and loneliness as well as the link between wider mental ill health and wider determinants.

5. Governance

5.1. The duty to produce the HWBS statutorily falls to the HWBB. Three versions of the Strategy were produced to ensure broad accessibility to the report. These are available on the Council website at [Health and well-being strategy 2022-2026 | Health and well-being strategy | Thurrock Council](#):

- The main Strategy document
- An Accessible version to comply with website publication guidance attached
- An Easy Read version.

5.2. Subsequent to the Strategy being agreed, further work was undertaken to establish appropriate ways of monitoring and reporting progress to the Board. During year one the board was presented with each of the domains which included priorities and commitments for year one. Year two reports will provide Board members with a progress report against those commitments and set out priorities for year two.

6. Domain 2 – Build Strong and Cohesive Communities

6.1. Appendix A provide the Board with a detailed overview of Domain 2, Build Strong and Cohesive Communities.

7. Reasons for Recommendation

7.1. The HWBB has a collective statutory duty to produce a HWBS. It is one of two highest level statutory strategic documents for the Local Authority and system partners, the other being the Local Plan. The statutory status of the document means that the new Integrated Care Board (ICB) must have regard to it when planning their own strategy.

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

7.1. The proposals in this paper reflect substantial consultation with professionals and the public as detailed above and in the full Consultation Report.

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

- 8.1. The HWBS is one of three highest Place Shaping strategic documents for the Local Authority and system partners, the other being the Local Plan and Backing Thurrock Economic Development plan, with specific synergies between the three strategies being highlighted. It is a whole system plan for health & wellbeing and a means to engage all partners in the wellbeing agenda, co-ordinating strategic thinking of all elements of the council and all system partners to deliver quantifiable gains in health and wellbeing of residents.
- 8.2. In order to support delivery of the Council's Vision, the 6 Domains of the HWBS Strategy each relate to one of the Council's key priorities of People, Place and Prosperity, as outlined in the attached Strategy.

9. Implications

9.1 Financial

Implications verified by: Not sought as provides paper provides an overview of existing strategy, previously provided with implication approval.

The cost associated with the strategy refresh will be delivered within existing budgets or agreed through existing Council and partner agencies governance finance arrangements.

9.2 Legal

Implications verified by: Not sought as provides paper provides an overview of existing strategy, previously provided with implication approval.

The Health and Social Care Act 2012 established a responsibility for Councils and CCGs to jointly prepare Health and Wellbeing Strategies for the local area as defined by the Health and Wellbeing Board.

9.3 Diversity and Equality

Implications verified by: Not sought as provides paper provides an overview of existing strategy, previously provided with implication approval.

Implications have not changed since previous approval provided in July 2021. The aim of the strategy is to improve the health and wellbeing of the population of Thurrock and reduce health and wellbeing inequalities. A community equality impact assessment (CEIA) will underpin the strategy and mitigate the risk of disproportionate negative impact for protected groups. This approach will ensure the strategy itself and implementation supports delivery of the council's equality objectives while maintaining compliance with the Equality Act 2010 and Public Sector Equality Duty.

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

The refreshed Health and Wellbeing Strategy will facilitate crime and disorder priorities that relate specifically to health and wellbeing, further strengthening the relationship between the Health and Wellbeing Board and Community Safety Partnership. The focus of the strategy is to broadly focus on addressing inequalities in Thurrock.

8. **Appendices to the report**

Appendix 1. Domain 2, Building Strong and Cohesive Communities. Overview, progress report and commitments for year two.

Report Authors: Natalie Smith: Head of Community Development

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Thurrock Health And Wellbeing Strategy

2022-2026

Levelling the Playing Field
in Thurrock



Created through the partnership of Thurrock Health and Wellbeing Board

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Year 2 Report to Thurrock Health and Wellbeing Board
Domain 2 - Building Strong and Cohesive Communities

Domain 2 - Building Strong and Cohesive Communities

Domain Aims and Ambitions

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.

What we want to achieve

This domain focuses on reducing inequality for everyone, but we are also committed to ensuring that the most marginalised and seldom heard communities enjoy the same levels of opportunity, health and wellbeing as the most affluent.

We want to use a Human Learning Systems approach within services and activities building on community strengths and increasing social value. We will build on the positives from COVID-19 such as community led support whilst seeking to mitigate the negative impacts of the COVID-19 pandemic and increased cost of living. In doing so, we will give people the opportunity to find their own solutions, make healthy choices and access support when needed.

How this Domain levels the playing field

This will Level the Playing Field by:

- Improving resident satisfaction when engaging with Thurrock Council
- A greater proportion of residents feel that decisions taken that affect them are worthwhile.
- A greater percentage of Thurrock residents voting in local elections.
- Reduced digital exclusion.
- Residents will have improved access to information and support.
- A greater percentage of volunteer placements filled within the council.
- Fewer adults 16+ reporting they feel lonely 'often or all of the time'.
- A greater number of events and activities in hubs/libraries that support well-being and strengthen community connections.

Domain Goals

- **2A. Improved engagement with our residents to ensure everyone can have their voice heard**
- **2B. Ensure people have the skills, confidence and ability to contribute as active citizens and are empowered to co-design the decisions that affect their lives.**
- **2C. Enhance equality and inclusiveness by promoting opportunities to bring different communities together to enhance shared experience and to embed a sense of belonging**



Goal 2A. Improved engagement with our residents to ensure everyone can have their voice heard.



What we want to achieve

Support the development of new approaches to engagement and co-design based on Primary Care Network areas. Supporting better use of resources to meet local priorities which are co-designed. Developing a single view on engagement outcomes, recognising a multitude of established and new engagement routes.

Some key challenges

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- Traditional methods of engagement such as consultation and surveys are not always effective and communities often complain of consultation fatigue.
- Respondents to the consultation exercise on the strategy identified that that digital exclusion is increasingly a barrier for some people. It was felt that alternatives routes to access information were still required and that services could not be completely digitally accessed as this would exclude some individuals.
- Engagement often appeals more to settled communities and we need to ensure marginalised groups and those at risk of digital exclusion have opportunity to influence decisions that affect their lives.
- Low participation denies communities the opportunity to influence how plans are implemented meaning missed opportunities to meet local needs and to secure infrastructure funding.
- There is a correlation between someone feeling as if they cannot influence decisions, and how cohesive they feel their community is, a priority to improve in a growing borough.

Goal 2A. Improve engagement with our residents to ensure everyone can have their voice heard



How we will achieve this Goal

Implementing the Collaborative Communities Framework and Better Care Together Thurrock Strategy whilst exploring new opportunities to empower and involve all communities to participate as active citizens. Build on the community engagement already in place to help connect people around the issues they feel passionate about to make local improvements.

What will we do differently under this strategy?

Embed the Collaborative Communities Framework **'engagement'** ambition to enable residents to access information and be involved in decisions that affect their lives, using co-design and co-production to generate solutions by:

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- Establishing service user-led Communities of Practice for each Primary Care Network (PCN) area to improve communication with local residents.
- Making best use of our community anchors i.e. community hubs and libraries to support place based engagement using a strengths-based approach to provide services and activities to reduce digital exclusion, increase access to information and put communities in touch with local people and groups for support or social interaction.
- Ensuring the Stronger Together directory is used widely across partners as the 'one-stop shop' for residents to seek information about support available to them – (now through Frontline, Feb '24).
- Tackle digital exclusion using the Customer Experience and Digital Strategy.
- Working with Community Health Champions, Community Forums, Hubs and the wider voluntary sector to connect residents in their local areas, and maintain the Stronger Together directory (now through Frontline Feb'24).

Goal 2A Improve engagement with our residents to ensure everyone can have their voice heard



Reporting against our commitments for year 1.

What we said we would do 2022/2023	Progress made
<p>A Community of Practice has been piloted helping to develop community links in Stanford le Hope and encouraging the hosting of Barclays Bank in Corringham Library when the bank decided to close its town branch.</p>	<p>A pilot Community of Practice group met with representatives from the statutory and voluntary sector to explore ways of working. This highlighted some key priorities for the locality including access to banking. Barclays Bank started operating from Corringham Library two days a week.</p>
<p>Focused mapping of assets by PCN area to include on the Stronger Together directory.</p>	<p>Outreach through community builders supported the inclusion of community organisations onto the Stronger Together Directory. A leaflet and outreach into communities supported the promotion of this resource to residents, especially linked to helping people through the cost of living crises.</p>
<p>1,830 events in hubs and libraries between April - December '22 which bring people together and enable discussion to inform community led action.</p>	<p>The total figure for 2022/23 was 2836. 2,842 events in libraries and hubs have been held between April and December 2023 – a huge increase on the same period last year reflecting the return to social activities post Covid. The reopening of Purfleet Community Hub (with self serve library) and the official launch of the Aveley Community Hub including the library contributed to the opportunity for more events to be hosted within communities, often shaped by residents and responding to community aspirations including stay and play, art and crafts and environmental projects.</p>
<p>£100,000 investment into community grants to help recovery from Covid around agreed priorities.</p>	<p>Funding was allocated to proposals submitted through a grants programme administered by Thurrock CVS which resulted in different activities including physical fitness, cultural events, advice and information – all supporting building new networks post Covid.</p>
<p>Community Builders have supported new connections, supporting local outcomes such as community pantries and warm spaces.</p>	<p>A significant focus of the community builder programme in this year supported engagement around vaccination take up, healthy living and the Cost of Living crises. An event was held to convene different agencies and organization supporting with the range of support available locally which led to better promotion, an increase in warm hubs, and improved working across partners.</p>

Goal 2A Improve engagement with our residents to ensure everyone can have their voice heard



Reporting against our commitments for year 2.

What we said we would do 2023/2024	Progress made
<p>A Community of Practice has been piloted helping to develop community links.</p>	<p>Barclays Bank is operating from Corringham Library two days a week. A 'community hub' was explored with voluntary sector partners in Stanford le Hope, however limited capacity prevented this developing. An Integrated Locality Team approach for the Corringham and Stanford PCN area is building links with voluntary sector organisations and partners in the wider area.</p>
<p>Focused mapping of assets by PCN area to include on the Stronger Together directory.</p>	<p>A new resource – Frontline – is being encouraged. As well as operating as a database for health and social care provision, it also enables citizen led referrals as well as practitioner referrals which can be tracked to ensure a positive connection is made. Public sector services and voluntary sector provision can be added to Frontline by the services themselves. Any community led activity can also be promoted on Frontline.</p>
<p>Community events in libraries and hubs which bring people together to create cohesion and tackle isolation, enabling discussion to inform community led action.</p>	<p>2,842 events in libraries and hubs have been held between April and December 2023. Events can include information and engagement events held by partners in libraries, clubs meeting in an open space such as Board Games, Knit and Natter or Colour Me Calm, as well as Book Clubs and Rhyme Time for babies. In the past year, warm hubs have contributed to the increase in events with one being particularly successful, forming a strong social networking group that meets throughout the year and even secured funds to celebrate Christmas together. Participants have spoken of how the group has helped overcome loneliness, as well as helping those attending feel less anxious about issues they are facing by being able to talk to others. Other examples of events include children's sensory friendly storytime/craft sessions, peer-led Internet Clubs, computer support sessions for adults, and Library Friends groups.</p>
<p>Develop a single model of engagement and pilot Community Investment Reference Boards</p>	<p>Your Place, Your Voice agreed as the single model of engagement for Thurrock Council. Further development of networking at an Integrated Locality Team level to increase awareness and build relationships with voluntary, community and faith organisations. Development of a Corporate Stakeholder Database enables us to communicate about engagement exercises digitally with partners across the VCF sector. There have been 1.9k new registrations to Engagement HQ since 1 April 2023 and 3.2k engaged through digital surveys and consultation exercises.</p>
<p>Community Builders have supported new connections, supporting local outcomes such as community pantries and warm spaces.</p>	<p>The role of community builder ceased due to loss of funds. New Community Health Champions evolving from the Covid Vaccine Champion project were funded to support health promotion and signposting, supporting outreach into target communities with key messages and aiding the Covid recovery. A regular trusted face at grassroots level in the community has enabled better connections with hard to reach communities.</p>

Goal 2A Improve engagement with our residents to ensure everyone can have their voice heard



Our commitments for year 3 in 2024/2025.

What we will do 2024/2025	Areas of focus:
<p>Develop a single model of engagement which incorporates intelligence from the voluntary, community and faith sector as well as localities, building on engagement at place.</p>	<p>The emerging New Operating Model will further explore the development of Community Investment Boards to support locality decision making so that local priorities influence commissioning outcomes. Development of effective engagement mechanisms to ensure VCS influence is strengthened across Thurrock and at locality level.</p>
<p>Develop Frontline as a key resource and database to both promote health and social care services, and to enable referrals, supporting people access the support they need from across a range of providers.</p>	<p>Baseline December 2023 - 97 organisations supporting Thurrock residents, 11 of which were specific to Thurrock. Data from our Corporate Stakeholder Database has been shared which should enable more organisations to sign up.</p>
<p>Continue to develop and enable events which bring people together and enable discussion to inform community led action through Thurrock Libraries and Community Hubs</p>	<p>Baseline December 2023: 2842 Over the next year work will focus on bringing residents together around local priorities as the Integrated Locality Teams strengthen their focus with locality working. Events which bring people together across culture, education, wellbeing, engagement and skill development will continue to be explored in partnership with communities to create local programmes of activities for local residents to enjoy and benefit from.</p>
<p>Thurrock Community Fund to be relaunched by Thurrock CVS to raise funds in Thurrock for priorities in Thurrock.</p>	<p>A development worker has been recruited by Thurrock CVS to promote marketing and outreach to develop this model which will aim to raise local funds for local priorities to strengthen voluntary sector capacity in Thurrock.</p>
<p>Aim to develop the role of Community Health Champions</p>	<p>As part of the proposed agreement for 24/25 the Community Health Champions will be embedded within the Integrated Neighbourhood teams, this will allow the Community Health Champions to feed the view from residents about their own health into those providing services as well as highlighting service gaps and in turn feed back to residents any service developments.</p>

Goal 2B. Ensure people have the skills, confidence and ability to contribute as active citizens and are empowered to co-design the decisions that affect their lives

What we want to achieve

We want to ensure people feel able and confident to take part as active citizens and influence the decisions that affect their lives from life choices through to the decisions taken by services. This means helping people have access to the information to make choices and feel able to contribute their voice through face to face or digital means. It also means encouraging community led action to support local improvements.

Some key challenges

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- The estimated prevalence of poor health literacy in working age adults (aged 16-64) in Thurrock is 44% (national average is 41%). This is worse than most of our region.
- Digital exclusion is increasingly a source of inequality. Digital inclusion is multi-faceted, and increasingly necessary for everyday living. In 2020, an estimated 4% of UK households did not have internet access and in 2021 an estimated 11.7 million people (~20% of the population) did not have the digital skills needed for extensive internet use.
- We need to improve how we communicate the evidence base that informs policy and the ability of residents to influence by sharing their concerns and experience in ways which are easy to access and facilitate.
- Supporting community led action requires a strong and thriving third sector at a time when funding opportunities are decreasing locally and nationally.



Goal 2B. Ensure people have the skills, confidence and ability to contribute as active citizens and are empowered to co-design the decisions that affect their lives

How we will achieve this Goal

Driving community resilience so that people feel secure and invested in their community provides the best foundation from which to encourage participation. We will encourage people to engage around the things that are important to them. We will support skills and opportunities for communities to find their own solutions to build stronger communities.

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What will we do differently under this strategy?

Embedding the Collaborative Communities Framework (CCF) '**empowerment**' ambition to empower and enable communities to champion change, for example by:

- Implementing a health literacy project through our libraries in Chadwell and Tilbury to understand more about the health inequalities that impact residents in these areas and empower people to feel confident about accessing information and seeking support to address concerns.
- Tackling digital exclusion – for example through Association of South Essex Local Authorities (ASLEA) and Public Health working together to install Wi-Fi in all sheltered housing sites, and increasing skills and confidence.
- Working with Community Health Champions, Community Reference Boards and the Primary Care Networks (PCN) Communities of Practice to enable residents' views to influence local decision making.
- Supporting access to resources to invest in community led action such as Thurrock Community Fund.



Goal 2B. Ensure people have the skills, confidence and ability to contribute as active citizens and are empowered to co-design the decisions that affect their lives

Reporting against our commitments for year 1.

What we said we would do 2022-2023	Progress made
A Digital and Health Literacy pilot is being developed in Tilbury and Chadwell PCN to help residents to access information and raise awareness around health inequalities.	Upskilling of staff and library & hub volunteers from Knowledge Librarians from Basildon and Thurrock Hospital to help demystify use of language in health and source reliable health information online. Purchase of Tablets to use in target locations to enable residents to search for information including health and support one another in a peer led Internet club
Connecting all 29 sheltered housing sites to the Thurrock Council Network with Wi-Fi capability that will support public access, the Thurrock Corporate Network connecting staff and enabling Thurrock Council to have Gov Roam capability which could enable NHS staff to work remotely.	Work began to connect 29 sheltered housing complexes with Network W-Fi connectivity to enable public access. The specific aims include to reduce isolation, increase access to information regarding health and well-being and increasing skills and confidence to use the equipment and Wi-Fi functionality.
We will pilot a new approach to developing capacity within a Community of Practice area in 2023.	Health Inequality Funding was secured through Mid South Essex NHS to explore community engagement through micro grants and participatory budgeting.
95% of council volunteer placements were filled between April – December 2022. The number of placements increased from placement's available increased from 181 in April to 196 in December 2022.	The end of year position March '23 for volunteer placements filled was 96% with 188 of the 195 available placements filled.
A learning programme to support the voluntary sector is being developed between CVS and TACC for delivery in 2023.	147 learners participated in 9 separate courses including health and safety, first aid, trustee roles and responsibilities and Meet the Funder. CVS informed the programme based on its experience supporting the VCS and promoted courses across the sector.



Goal 2B. Ensure people have the skills, confidence and ability to contribute as active citizens and are empowered to co-design the decisions that affect their lives

Reporting against our commitments for year 2.

2023-2024	Progress made
<p>A Digital and Health Literacy pilot is being developed in Tilbury and Chadwell PCN to help residents to access information and raise awareness around health inequalities.</p>	<p>Internet clubs are being explored to enable peer-led self-help sessions around using the internet and finding information including health information such as booking appointments, accessing information about conditions, where to access advice etc. One club is established at Grays Central Library with clubs in development at Chadwell St Mary and Tilbury Libraries.</p>
<p>Connecting all 29 sheltered housing sites to the Thurrock Council Network with Wi-Fi capability that will support public access, the Thurrock Corporate Network connecting staff and enabling Thurrock Council to have Gov Roam capability which could enable NHS staff to work remotely.</p>	<p>Work completed with connectivity enabled at all 29 sheltered housing complexes September 2023. 75 tenants completed training with Thurrock Adult Education College on how to use the PCs via television screens. These are being used to involve tenants in meetings, reducing travel time and sharing information from different teams. A discussion on care services will be delivered by Thurrock Coalition March '24.</p>
<p>We will pilot a new approach to developing capacity within a Community of Practice area in 2023.</p>	<p>£29,997 was awarded to 36 community initiatives to tackle health inequalities as microgrants. Bids for more detailed proposals were invited from the Tilbury and Chadwell PCN area which resulted in a Participatory Budgeting event where residents voted for their priorities. £42,000 was allocated across 9 activities at an event January 2024. This included many health promotion stalls and activities. Funded activities sought to increase physical activity, bringing people together and positive mental health.</p>
<p>Measure the number of council volunteer placements were filled and the number of placements available as an indicator of community engagement.</p>	<p>203 volunteer placements were available at Dec '23 with 94% - or 190 – filled. Two volunteer celebration events were held in the year – Volunteers' Week in June '23 saw an event attended by the Deputy Mayor to thank all volunteers. In October '23 the Mayor awarded certificates to young people who supported Thurrock Library Reading Challenge over the summer.</p>
<p>A learning programme to support the voluntary sector is being developed between CVS and TACC for delivery in 2023.</p>	<p>114 participants attended 11 courses including volunteer management, being a dementia friendly organization and trustee training. A further 117 attended an online Funding Fair which consisted of a day of workshops supporting local organizations learn more about funding opportunities.</p>



Goal 2B. Ensure people have the skills, confidence and ability to contribute as active citizens and are empowered to co-design the decisions that affect their lives

Our commitments for year 3.

2024-2025	Areas of focus
<p>A Digital and Health Literacy pilot development to help residents access information and raise awareness around health inequalities.</p>	<p>Further development of peer-led self-help Internet Clubs to assist residents access accurate information and support, including to address health inequalities.</p> <p>Further expansion of the Reading Well bibliography resources with the launch of the new Dementia resource list in May 2024</p> <p>A proposal is being developed to invest UKSPF Digital Support funding into communities via the voluntary sector to help tackle digital exclusion 24/25.</p>
<p>Connecting all 29 sheltered housing sites to the Thurrock Council Network with Wi-Fi capability that will support public access, the Thurrock Corporate Network connecting staff and enabling Thurrock Council to have Gov Roam capability which could enable NHS staff to work remotely.</p>	<p>Now that the equipment is fully installed, further opportunities to increase use by tenants will be explored as well as the option for council and NHS staff to work remotely to support locality working.</p>
<p>We aim to develop capacity within PCN areas by building stronger relationships with voluntary, community and faith sector partners to benefit local residents.</p>	<p>The launch of Integrated Locality Teams will lead to opportunities to support networking and cross sector partnerships, supporting local residents at place, and creating a stronger understanding of local priorities informed by communities.</p>
<p>We will continue to measure volunteer involvement in Council placements, and seek to develop new roles which reflect resident interest.</p>	<p>Recent engagement has identified 150 residents willing to consider volunteering – current placements shared for consideration</p>
<p>A learning programme to support the voluntary sector is being developed between CVS and TACC for delivery in 2023.</p>	<p>A new programme is being designed and will include courses to include digital skills, food handling and hygiene and manual handling.</p>



Goal 2C. Enhance equality and inclusiveness by promoting opportunities to bring different communities together to enhance shared experience and to embed a sense of belonging

What we want to achieve

Ensure that services are accessible, free from prejudice and enable all to have equal opportunities to prosper and contribute to building a diverse and inclusive borough. Ensure that all citizens feel listened to and that they have a stake in their community where they can prosper. Ensure equalities are a 'real' consideration when forming policies. Support people to feel welcome and connected to where they live and to reduce loneliness.

Some key challenges

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- The impact of COVID-19 on social isolation and loneliness, and the adverse impact it has had on groups already marginalised, was acknowledged by respondents to the consultation on the strategy.
- Diversity is increasing in Thurrock, with over one third of residents being from a non-White British ethnic background. The Census 2021 showed that 78 languages are spoken in Thurrock with English, Romanian, Polish, and Lithuanian being the most common, however 4,227 households have no one who spoke English as a main language.
- The fear and risk of crime continues to be a challenge for many community groups. The rates of recorded violent offences in Thurrock (35.5 per 1,000) is significantly above the England rate (29.5 per 1,000 population) - this has risen sharply since 2013.
- Around two thirds of people with long-term health conditions including blood pressure and mental ill health are undiagnosed and not receiving support. There are higher rates for these conditions for people living in less affluent areas, men, people with learning disability, young people and older adults, unpaid carers, certain minority ethnic groups and LGBTQ+ people.



Goal 2C Enhance equality and inclusiveness by promoting opportunities to bring different communities together to enhance shared experience and to embed a sense of belonging

How we will achieve this Goal

Establish an Improving Equality Outcomes Board to drive improvement across all policies, strategies and service transformation. Work with the Community Safety Partnership to tackle hate crime and prevent extremism. Embed a workforce development and learning programme to ensure staff have the skills and capacity to deliver on this agenda.

What will we do differently under this strategy?

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We will embed the Collaborative Communities Framework (CCF) '**equality**' ambition for all to have equal opportunity to prosper in a connected community and contribute to a diverse and inclusive borough, for example by:

- Integrating health and equality impact assessment into a single Community Equality Impact Assessment model.
- Reviewing training and support for the preparation of Equality Impact Assessments.
- Strengthening community engagement opportunities for influencing Community Equality Impact Assessments.
- Improving the use of the data and intelligence we collect and hold concerning the diversity profile and experience of Thurrock residents using our services and use this to inform policy development to improve equality outcomes.
- Building on the legacy of TCCA and Our Road to encourage community led neighbourly help and support as seen during the lockdown, building connections across different communities
- Working with the Thurrock Community Safety Partnership to tackle hate crime and prevent extremism – we will work with communities to prevent hate incidents and crimes, encouraging reporting when incidents do happen.
- Preparing an annual calendar of events and activities to celebrate diversity with partners such as International Women's Day, Holocaust Memorial Day and Pride Month.

Goal 2C Enhance equality and inclusiveness by promoting opportunities to bring different communities together to enhance shared experience and to embed a sense of belonging



Reporting against our commitments for year 1.

What we said we would do 2022/2023	Progress made
<p>Establishing an Improving Equality Outcomes Board to support a pan Council approach to tackling inequality.</p>	<p>A Board was established. Terms of reference were agreed alongside cross council representation and commitment to Council equality objectives refreshed.</p>
<p>Integration of Equality Impact Assessment and Health Impact to embed a sense of belonging with practical support.</p>	<p>In 22/23, the integration of health and wellbeing as an important factor for consideration as part of the Community Equality Impact Assessment process was adopted by council's senior leadership team. Training and guidance was updated to reflect council's commitments to addressing health inequalities with the Health and Wellbeing Strategy prominently featured along with the 5 strategy domains. Embedding CEIA across all strategy and policy was a commitment set out in the Improvement and Recovery Plan with additional capacity put in place with support from commissioners to achieve this priority.</p>
<p>Welcome events for Ukrainian refugees and support for all refugees event with Hubs and development support from Community Builders for example, supporting the development of Purfleet Community Hub.</p>	<p>Preparations were made to support refugees fleeing Ukraine to the UK to settle by promoting the Homes for Ukraine Scheme and hosting 5 welcome events to help arrivals know more about activities and services in Thurrock. Libraries and Community Hubs continued to develop activities for all including ESOL provision through Thurrock Adult Community College at Tilbury and Chadwell.</p>
<p>A calendar of events that promote cohesion with annual events (Remembering Srebrenica, Holocaust Memorial Day and Pride) as well as enabling community led activity</p>	<p>Events held to mark Remember Srebrenica, Volunteers Week, Windrush Day, Black History Month, Holocaust Memorial Day and International Women's Day. Small sparks funding enabled street parties to mark the Platinum Jubilee as well as bringing communities together around Christmas and seasonal events as we continue to rebuild from Covid. Memorial to commemorate the death of 39 Vietnamese unveiled with a commitment to prevent modern day slavery and human trafficking.</p>
<p>Mark Interfaith Week with representation from smaller faith groups operating in Thurrock to enable networking and connections for the future.</p>	<p>A successful Interfaith Week to engage diverse faiths with services and over 50 meetings between community groups, the Communities Portfolio Holder and officers at the Town Hall to hear about their work, aspirations and to help resolve barriers to working in Thurrock</p>



Goal 2C Enhance equality and inclusiveness by promoting opportunities to bring different communities together to enhance shared experience and to embed a sense of belonging

Reporting against our commitments for year 2.

What we said we would do 2023/2024	Progress made
<p>Establishing an Improving Equality Outcomes Board to support a pan Council approach to tackling inequality.</p>	<p>Quality Assurance subgroup established to improve practice around Community Equality Impact Assessments. Task and Finish Group formed to strengthen Hate Crime Reporting which led to the incident form capturing hate incidents and crimes as well as better support for managers supporting staff.</p>
<p>Integration of Equality Impact Assessment and Health Impact to embed a sense of belonging with practical support.</p>	<p>In 23/24, the Health in All Policies approach to place-making was adopted. CEIA was further updated to allow for screening for HIA with wider determinants of health now considered through the CEIA process. Training and guidance on this integrated approach to impact assessment has been developed and will be launched in February 2024 for all staff. Signposting to the Wales Health Impact Assessment Support Unit has been shared with officers</p>
<p>Development and strengthening of Community Hubs post Covid.</p>	<p>Partnerships across Community Hubs in Libraries grew in Libraries this year with new activities to respond to local need including the expansion of activities and opening hours at Purfleet, and introduction of a café at Aveley following its launch. Hubs and libraries support for warm hubs, pantries, community fridges and warm clothes rails continue to grow.</p>
<p>A calendar of events that promote cohesion with annual events (Remembering Srebrenica, Holocaust Memorial Day and Pride) as well as enabling community led activity e.g.</p>	<p>Events held to mark Remember Srebrenica, Volunteers Week, Windrush Day, Black History Month and Holocaust Memorial Day. Windrush 75 was marked with a plaque at Tilbury Town Railway Station. International Women’s Day to be marked March ‘23.</p>
<p>Mark Interfaith Week and develop networks around faith organisations.</p>	<p>CVS convened a partnership of faith organisations to mark Inter Faith Week including a walk in Grays visiting five different places of faith around the town.</p>



Goal 2C Enhance equality and inclusiveness by promoting opportunities to bring different communities together to enhance shared experience and to embed a sense of belonging

Our commitments for year 3.

What we will do 2024/2025	Areas of focus
Establishing an Improving Equality Outcomes Board to support a pan Council approach to tackling inequality.	A new e-learning module will be rolled out across teams. We will explore efficient ways in which the voluntary sector and communities can better influence community equality impact assessments. The development of a Corporate Plan will provide an opportunity for Thurrock to refresh its equality objectives.
Integration of Equality Impact Assessment and Health Impact to embed a sense of belonging with practical support.	In 24/25, the ambition is to develop a bank of case studies to demonstrate where CEIA and HIA have been successfully integrated with training and development.
Capacity building within communities including through libraries and hubs.	Plans for the next year including support for micro enterprises to further develop the personalized offer for health and wellbeing services. A Community Shop to improve access to affordable and healthy food is being developed in Purfleet with a number of partners including Purfleet on Thames Community Forum, the hub, Thurrock CVS and Peabody Trust. A 'Growing Together Therapeutic Community Centre and Garden' supported by Housing in South Ockendon between the Flowers Community Group and Trust Links will seek to improve mental health and wellbeing through contact with nature.
A calendar of events that promote cohesion with annual events (Remembering Srebrenica, Holocaust Memorial Day and Pride) as well as enabling community led activity	Work to consolidate a calendar of events for development with communities will be finalized. Opportunities to work with community led events will be explored to help build a programme across Thurrock. A specific focus will be the 80 th anniversary of D-day June 2024.

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29th February 2024	ITEM: 8
Health and Wellbeing Board	
SEND JSNA Update	
Wards and communities affected: All	Key Decision: Non-Key
Report of: Andrea Clement, Assistant Director of Public Health	
Accountable Assistant Director: Andrea Clement, Assistant Director of Public Health	
Accountable Director: Dr Jo Broadbent, Director of Public Health / Sheila Murphy, Corporate Director of Children’s Services.	
This report is Internal	
Version: 1	

Executive Summary

A Joint Strategic Needs Assessment (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. This JSNA update outlines the changes to the Thurrock picture of Children with SEND since the Children with SEND JSNA was published in 2018. It also reviews progress against the recommendations made in the 2018 JSNA and identifies areas for future work to further understand the needs of Children with SEND and how they can be addressed.

1. Recommendation(s)

1.1 That Health and Wellbeing Board note the contents of and agree to the publication of the SEND JSNA Update 2024 on the Council website.

2. Introduction and Background

2.1 This JSNA update has been brought to Health and Wellbeing Board to obtain approval to publish on the Council website.

2.2 In 2018, a Joint Strategic Needs Assessment (JSNA) was produced for Children with SEND. It sought to understand and demonstrate the different considerations relevant to Children and Young People with SEND in Thurrock aged 0 – 25 by providing a comprehensive evidence base of the current picture in Thurrock. There is now a need to refresh the analysis in this JSNA and assess the progress made against the recommendations to understand whether there have been any changes in the Thurrock picture for Children with SEND, and how far the

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Version 1 - First draft ready for DMT, SLT and Commissioner input; **Version 2** - Second Draft ready for Portfolio Holder, Leader and other Member Input; **Version 3** - Third draft for any further comments; **Version Committee** – Draft ready for submission to public committee; **Version Cabinet** – Final version ready for Cabinet/Executive decision

needs of children with SEND are being met currently, from which to further plan and develop services to support Children with SEND.

- 2.3 Special Education Needs and Disabilities (SEND) is a broad term and covers a range of needs including behavioural, emotional and social difficulties, autism spectrum disorders and specific learning difficulties such as dyslexia. The Children and Families Act (2014) defines SEND as encompassing all children or young people from birth up to the age of 25 who have "significantly greater difficulty in learning than the majority of others of the same age, or a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions"¹.
- 2.4 We know that Children with SEND face greater disadvantage and higher risks over and above the experience of their counterparts who do not have SEND. Children with SEND are at greater risk of poor educational and social outcomes and therefore are an important group to consider when working to reduce inequalities and ensure that all children achieve their full potential in life. The challenges children with SEND face can be multi-faceted, which means they often require co-ordinated and multi-dimensional responses.
- 2.5 This JSNA update refreshes key data for Children with SEND in relation to number, demography, types of need, and attainment, comparing the picture in Thurrock to both England and CIPFA comparators.
- 2.6 The analysis of data indicates that both the number of children with SEND and proportion of children on the school roll with SEND has increased since 2018. The demographics of Children with SEND remains fairly similar and there continues to be disparity in gender, ethnicity and deprivation – disparities which are also observed nationally and amongst CIPFA comparators. Whilst the type of needs in Thurrock have also remained broadly similar there are some differences with England and CIPFA comparators such as a greater prevalence of children receiving SEND support but with no assessment, and a lower prevalence of ASD and specific learning difficulties for example. Attainment of children in Thurrock with SEND presents a mixed picture. In Early Years Foundation stage, attainment in children with an Education, Health and Care plan (EHCP) has decreased since 2018, whereas it has improved in children without an EHCP. At key stage 4, attainment 8 scores have dropped in children with an EHCP (no change in children with no EHCP). GCSE results and attainment in Key Stage 2 has improved in both cohorts of children.
- 2.7 The JSNA update makes recommendations for future analysis and exploration in order to further understand the issues identified.

3. Issues, Options and Analysis of Options

- 3.1 The final draft version of the JSNA update was completed in January 2024 and was subsequently approved by the Public Health Leadership team and the Children's Directorate Management team.

¹ <https://www.legislation.gov.uk/ukpga/2014/6/part/3/enacted>

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- 3.2 **Option 1: Approve the final version of the SEND JSNA Update for publication**
The Board will note the contents of the SEND JSNA Update and provide their approval for publication of the report on the Council website. The JSNA update will provide an evidence base for the Council SEND team in planning and developing support for Children in Thurrock with SEND.
- 3.3 **Option 2: Provide conditional approval for the SEND JSNA Update**
The Board will note the contents of the SEND JSNA update but request a review of the content of the document. Based on the understanding that these amendments would be carried out, conditional signoff for publication of this report would be provided.
- 3.4 **Option 3: Reject the final version of the SEND JSNA Update**
The Board will note the contents of the SEND JSNA Update but reject the document in its entirety and request a new JSNA update be completed based on specific recommendations.

4. Reasons for Recommendation

- 4.1 Option 1 is recommended. In providing final signoff on the needs assessment update the Public Health team and partners will be able to publish the SEND JSNA Update, and the findings can inform the future development of the offer of support for children with SEND.

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

- 5.1 This report has been shared with Public Health Leadership team and Children’s Directorate Management team. Engagement with Children with SEND and their families and appropriate stakeholders is recommended to further inform understanding of the issues identified in this report.

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

- 6.1 The report contributes towards the ‘People’ priority – a borough where people of all ages are proud to work and play, live and stay, as the recommendations support improvement in the health and wellbeing of Children with SEND.
- building on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing; and
 - communities being empowered to make choices and be safer and stronger together.
- 6.2 The recommendations also contribute towards the Thurrock Health and Wellbeing Strategy 2022-26 Domain 1 and 4: Staying Healthier for Longer and Opportunity for All.
- 6.3 The recommendations also contribute towards the Brighter Futures Strategy priorities:
- i) Strategic Priority 1: All children are able to achieve their potential, focusing on education and skills
 - ii) Strategic Priority 2: Children are able to access the services they need to stay healthy
 - iii) Strategic Priority 4: Children and their families experience good emotional health and wellbeing

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7. Implications

7.1 Financial

Implications verified by: **Bradley Herbert**
Finance Manager - ASC & Public Health
8th February 2024

There are no direct financial implications of the content within the JSNA update and providing approval for its publication on the Council website. However, the SEND JSNA update indicates that the number of children with SEND has increased since 2018 and this is likely to continue into the future. This will result in a need for greater capacity in support services for Children with SEND, and the Council will therefore need to ensure that the appropriate resources are available to meet this need whilst ensuring that the quality of services is not compromised.

7.2 Legal

Implications verified by: **Daniel Longe,**
Principal Solicitor,
16th February 2024

Section 196 of the Health and Social Care Act 2012 imposes an obligation on local authorities to establish a Health and Wellbeing Board to exercise the functions of the local authority and its partner integrated care boards (ICBs) to carry out the functions imposed upon it under sections 116 to 116B of the Local Government and Public Involvement in Health Act 2007.

In accordance with The Health and Wellbeing Boards Guidance 2022, HWBs are required to: “lead action at place level to improve people’s lives and remain responsible for promoting greater integration and partnership between the NHS, public health and local government”. These are achieved by HWBs carrying out: Joint Strategic Needs Assessments (JSNAs) and Joint Local Health and Wellbeing Strategies (JLHWSs).

This report is therefore prepared in furtherance of the public sector duty imposed under the abovementioned legislation. The recommendation is that the Board should note the contents of the JSNA and to approve its publication. This is within the remit of the Health and Wellbeing Board.

7.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**
Community Engagement and Project Monitoring Officer
9th February 2024

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Children with SEND face greater disadvantage and higher risks over and above the experience of their counterparts who do not have SEND. Children with SEND are at greater risk of poor educational and social outcomes and therefore are an important group to consider when working to reduce inequalities and ensure that all children achieve their full potential in life. The SEND JSNA update aims to increase knowledge of children experiencing or at risk of experiencing inequality due to the presence of SEND, regardless of protected characteristics.

This JSNA update identifies a number of groups in which prevalence of identified SEND is higher, such as males, children living in more deprived areas of Thurrock and children in certain ethnic groups. It makes recommendations to further understand these differences so that plans can be formed to improve accessibility to assessment and support for affected groups.

7.4 **Risks**

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

The SEND JSNA update focuses on identifying inequality caused by the presence of SEND. By virtue of this approach, higher risk groups that are most affected by SEND can 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):

- Children with SEND 2018 Joint Strategic Needs Assessment

9. **Appendices to the report**

- SEND JSNA Update 2024

Report Author:

Andrea Clement

Assistant Director and Consultant in Public Health

Public Health

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SEND JSNA Update

January 2024



OUR ASPIRATIONS FOR OUR CHILDREN AND YOUNG PEOPLE WITH SEND AND THEIR FAMILIES

- We want to work in partnership with our families and other professionals to ensure the child/young person remain at the heart of what we are collectively trying to achieve
- We want to work with our families, we look to identify what will make a difference to the child/young person's life
- We understand that early intervention is the key to what we are trying to deliver using a whole system approach
- We want our children and young people to experience smooth and effective transitions at key points from early years right through to moving into adulthood
- We want to offer a range of supported internships and apprenticeships to support transition into adulthood

Thurrock Strategic Priorities 2024-2027

Developed through a process of co-production with parents/ carers, children & young people and stakeholders to fulfil our shared vision for SEND/AP, placing the child/young person at the heart of the system.



1. Ensure the early identification of and early support for children with SEND.



2. Ensure that children, young people, and families are at the heart of an effective SEND /AP system.



3. Ensure children, young people and their families are happy and feel well supported, promoting a whole system approach.



4. Ensure an effective and responsive approach to assessing and meeting children, young people and families' needs.



5. Ensure our commissioned services support every child and young person to make good progress.



6. Ensure young people are well prepared for adulthood to enable them to engage in local communities.

Contents

- 1.0 Background
- 2.0 Purpose and aims of the SEND JSNA update
- 3.0 Key National Policy
- 4.0 Local Picture
 - 4.1 What is the scale of the issue in Thurrock?
 - 4.2 What are the needs of our Children with SEND?
 - 4.3 Who are our children with SEND and where do they live?
 - 4.4 What outcomes do our children with SEND achieve?
- 5.0 Progress against 2018 recommendations
- 6.0 New Recommendations

1.0 Background

Special Education Needs and Disabilities (SEND) is a broad term and covers a range of needs including behavioural, emotional and social difficulties, autism spectrum disorders and specific learning difficulties such as dyslexia.

The Children and Families Act (2014) defines SEND as encompassing all children or young people from birth up to the age of 25 who have "significantly greater difficulty in learning than the majority of others of the same age, or a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions"¹.

We know that Children with SEND face greater disadvantage and higher risks over and above the experience of their counterparts who do not have SEND. Children with SEND are at greater risk of poor educational and social outcomes and therefore are an important group to consider when working to reduce inequalities and ensure that all children achieve their full potential in life. The challenges children with SEND face can be multi-faceted, which means they often require co-ordinated and multi-dimensional responses.

In 2018, a Joint Strategic Needs Assessment (JSNA) was produced for Children with SEND. It sought to understand and demonstrate the different considerations relevant to Children and Young People with SEND in Thurrock aged 0 – 25 by providing a comprehensive evidence base of the current picture in Thurrock regarding the education, social care, health and wellbeing of this group of children. Using the evidence from the needs assessment, a series of recommendations were made to address the unmet needs of this group.

There is now a need to refresh the analysis in this JSNA and assess the progress made against the recommendations to understand whether there have been any changes in the Thurrock picture for Children with SEND, how far the needs of children with SEND are being met currently and from this, assess whether the recommendations in the 2018 JSNA are still current.

¹ <https://www.legislation.gov.uk/ukpga/2014/6/part/3/enacted>

Definition of terms used in this report:

SEN / SEND	A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. Sometimes children with SEN will also be disabled, which can then be indicated with the acronym 'SEND'.
Education, Health and Care Plan (EHCP)	Can be developed for children aged up to 25 when a formal assessment has been made in which it is deemed that the child requires more support than can be provided by SEN Support. It details provision of support in terms of education, health and social care. The plan sets out the child's needs and the extra help they should receive.
SEN Support	Extra or different help is given from that provided as part of the school's usual curriculum. The class teacher and SEN Coordinator (SENCO) may receive advice or support from other specialists.
Local Area Partnership for Thurrock	Local area partnerships (LAP) refer to those in education, health and care who are responsible for the strategic planning, commissioning, management, delivery and evaluation of arrangements for children and young people with SEND who live in a local area. Thurrock Council requires the support of the LAP to fulfil its duties and provide a good service to children and young people with SEND and their families within the borough. Therefore, throughout this report, where reference has been made to Thurrock Council, it refers to the work being undertaken as part of the LAP.

2.0 Purpose and aims of the SEND needs assessment update

The purpose of this report is to facilitate the understanding of Children with SEND and for local strategic partners to use the evidence presented to develop robust local commissioning plans that will drive the narrowing of health inequalities within the population of Thurrock.

This update aims to address the following objectives:

- To understand if and how the current picture of needs of children with SEND has changed since the publication of the 2018 JSNA.
- To aid understanding of the current demand for services and inform projections of future need for services where possible.
- To provide a refreshed up to date evidence base to inform service planning and commissioning processes, and to be a source of information for the SEND team.
- To review whether the 2018 recommendations are still current and where required develop further recommendations based on the updated data to improve provision in line with SEND reforms.

In order to address these objectives, this update to the needs assessment first examines the most recent demographic and education data relating to Children with SEND to develop a clear picture of whether there have been any changes since the 2018 analysis, to our Children with SEND population and the outcomes they achieve. It summarises recent changes to national policy, and then uses both of these pieces of information to review the 2018 recommendations. Refreshed recommendations are then proposed to address unmet need and any gaps.

This is not a full needs assessment; there was no service user or stakeholder engagement exercise completed as part of this exercise, neither was there an updated review of the local service offer or a refreshed literature review of published evidence of what is effective for addressing unmet need beyond what was undertaken as part of the 2018 JSNA. It is recommended that these elements are undertaken separately moving forward to further inform the evidence base.

3.0 Key National Policy

On 2 March 2023 the Government published the *Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan: Right Support, Right Place, Right Time*² in response to the SEND Green paper that was published in March 2022. The plan proposed several reforms to the SEND and alternative provision (AP) system, focusing on:

- fulfilling children's potential: children and young people with SEND (or attending alternative provision) enjoy their childhood, achieve good outcomes and are well prepared for adulthood and employment;
- building parents' trust: parents and carers experience a fairer, easily navigable system (across education, health and care) that restores their confidence that their children will get the right support, in the right place, at the right time;
- providing financial sustainability: local leaders make the best use of investment in the high needs budget to meet children and young people's needs and improve outcomes, while placing local authorities on a stable financial footing.

The Improvement plan made proposals under five key areas. The first key area involves developing a national system underpinned by National Standards. For local areas this includes introducing local SEND and alternative provision partnerships that bring together partners to plan and commission support for children and young people with SEND and in AP; and also expecting local SEND and alternative provision partnerships to create evidence-based local inclusion plans that will set out how the needs of children and young people in the local area will be met in line with National Standards. It also will require local authorities to improve information available to families and provide a tailored list of suitable settings informed by the local inclusion plan.

The second key area involves successful transitions and preparation for adulthood, and as part of this guidance will be published which will assist local authorities support effective transitions between education, and adults and employment services.

The third key area concerns ensuring a skilled workforce and excellent leadership. Amongst other actions, this will entail developing new guidance, a responsive and supportive casework service to families and encouraging local authorities to adopt the DSCO (Designated Social Care Officer) role.

The fourth key area involves ensuring strengthened accountabilities and clear routes of redress. This will include publishing a local and national inclusion dashboard from autumn 2023 to support the development of local inclusion plans. Updated Ofsted and CQC SEND inspections from 2023 will have a greater focus on the outcomes and experience of CYP with SEND and in AP. In addition, a ladder of intervention for local areas will be created which will give greater powers to the Secretary of State for Health through the Health and Care Act 2022, and robust action for all where statutory duties for CYP with SEND and in AP are not met, and every Integrated Care Board will be required to have a named Executive Board member lead accountable for SEND. Additionally, it proposes that work will be undertaken with local authority, trust and school leaders to review processes and develop options for ensuring transparent and effective movement of pupils without EHCPs, such as those requiring alternative provision, to address behavioural needs.

2

https://assets.publishing.service.gov.uk/media/63ff39d28fa8f527fb67cb06/SEND_and_alternative_provision_improvement_plan.pdf

Finally, the fifth key area concerns developing a financially sustainable system which delivers improved outcomes. As well as increasing core funding for schools, it is proposed that local authorities are supported through the Delivering Better Value and the Safety Valve programmes and share the best practice from local areas with inclusive and sustainable high needs provision more widely.

The recommendations made in this report from the data analysis have been developed in the context of these key national policy plans.

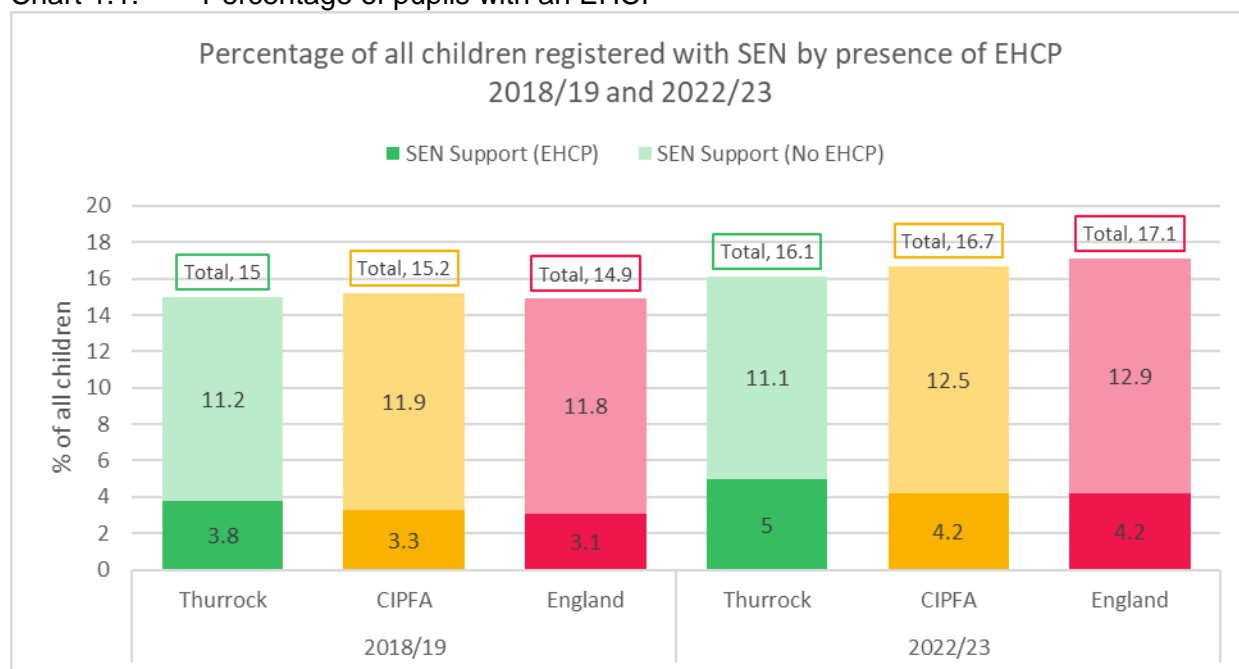
4.0 Local Picture

4.1 What is the scale of the issue in Thurrock?

In Thurrock, in 2022/23, of the 31,613 children and young people (CYP) on the school roll, there were 5,082 CYP with recorded SEND which is equivalent to 16.1% of all CYP on the school roll. This is statistically lower than England (17.1%) and CIPFA comparators (16.7%).

However, interestingly, in 2022/23, Thurrock had a significantly lower proportion of pupils identified as receiving SEN Support (11.1%, 3,507 CYP), compared to England and CIPFA comparators, and a higher proportion of CYP with an EHCP (5%, 1,575 CYP) than England and CIPFA comparators, as can be seen on Chart 1.1 below.

Chart 1.1. Percentage of pupils with an EHCP

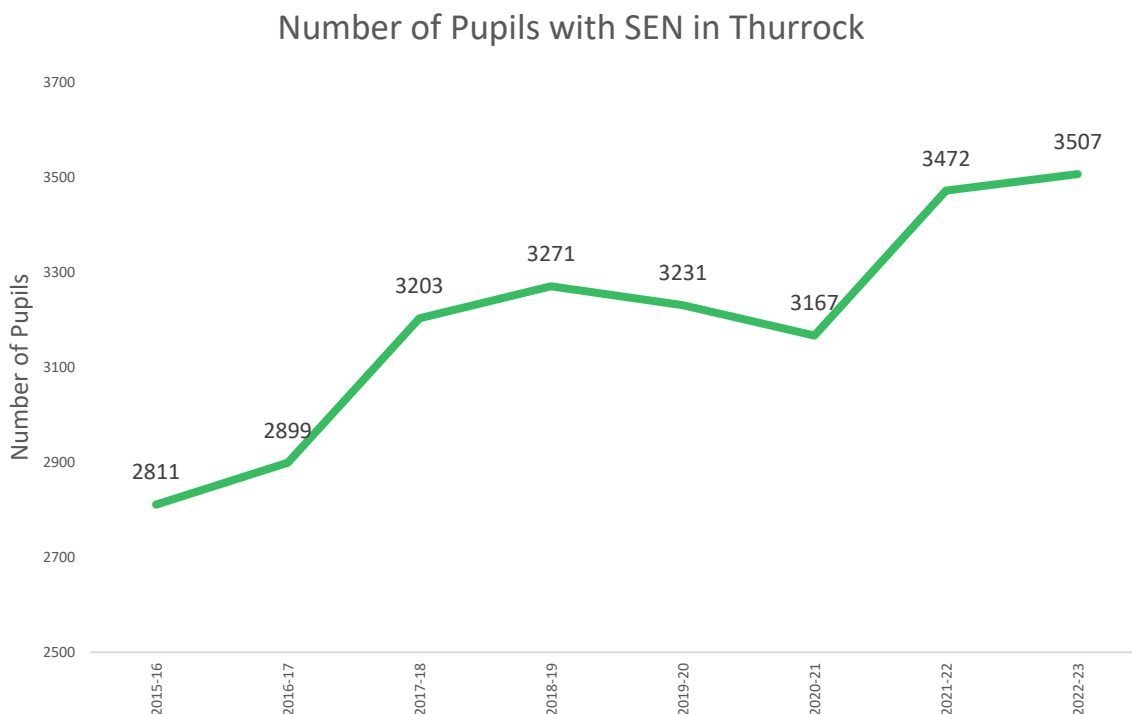


Over the past 5 years, the proportion of children on the school roll in Thurrock with recorded SEND has shown a statistically significant increase from 15.0% in 2018/19 to 16.1% in 22/23 as can be seen in Chart 1.1. An increase has also been seen across England and CIPFA comparators, and at a greater rate, with the England average for example seeing a statistically significant increase from 14.9% in 2018/19 to 17.1% in 2022/23.

Whilst the proportion of children on the school roll with SEND has increased, an increase in the number of children on the school roll in Thurrock has also occurred, so a 1.1% increase in Thurrock represents an increase of nearly 250 CYP in the actual number of children with SEND from 3,271 in 2018/19 to 3,507 in 22/23. The increase in actual numbers of children with SEND in Thurrock can be seen in Chart 1.2. This is important to be aware of in terms of

planning funding and resources for children with SEND as current service capacity needs to have sufficient resources and funding to be able to adequately meet this increase in need, both in terms of identification, diagnosis and support.

Chart 1.2 Number of Children on the School Roll with SEND



It is not possible to predict future changes in prevalence from this data. As can be seen on Chart 1.2, the year to year changes in numbers are small and are likely be more reflective of a number of components rather than a real change in prevalence. The reasons for changes in recorded prevalence could include changes in diagnostic criteria, increased awareness amongst parents/the public, and service/diagnostic capacities. The EHCP Deep Dive analysis conducted in 2020/2021 attempted to forecast changes in the numbers of children with EHCPs and calculated that there could be over 1860 children with an EHCP in the next five years. As a result of the global pandemic we have seen a significant increase in demand for EHCPs and therefore this figure has been surpassed.

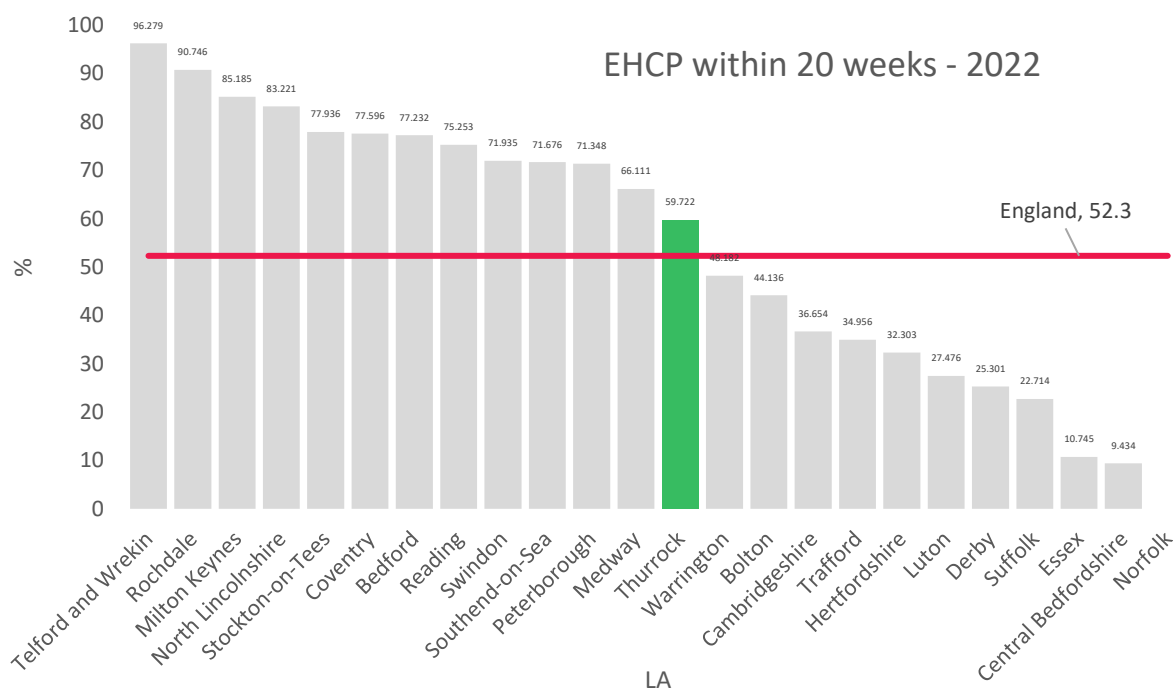
In relation to service/diagnostic capacities, it is well known that there are currently long waiting lists and long waiting times for diagnosis nationally. Diagnosis can assist in the process by providing an evidence base for the assessment. National data for ASD Assessments for all ages (Autism Waiting time statistics) is published online, showing waits of 13 weeks or more (with a target of 12 weeks). From the latest data available, in July 2022, 60 people aged 18+ in Thurrock had been waiting more than 13 weeks for an assessment diagnosis and 75 in total were on the waiting list; however no local data is provided for under 18's in this data set due to small numbers leading to the possibility of identification. Nationally, however, between 20-25% of children are waiting more than 13 weeks to be assessed and diagnosed with autism.

Although no other data is available, it is likely that the picture will be similar for ADHD and other conditions with some local health care providers quoting long waits of up to 18 months for completion of assessments.

Whilst available data for Thurrock does not show the overall average wait time for neurodevelopmental assessments, Thurrock Council does not solely rely on or wait for a diagnosis before issuing an EHCP where following a needs assessment it is necessary for special educational provision to be made, evaluating available evidence such as advice from professionals. However, this remains a significant risk for Thurrock. Children awaiting a diagnosis are likely to be at a higher risk of poor outcomes compared to both children without SEND and children with recorded SEND due to potentially not receiving the entirety of the support they require. Should additional resources and processes be put in place to reduce this waiting list, it is likely that the number of children with recorded SEND will increase and the Council will need to have the provision available to support these children. This therefore is a key area for Thurrock to address so as to minimise the risk of poor outcomes for these children by ensuring timely and appropriate support.

In Thurrock in 2022, once a decision has been made to issue an EHCP, 59.7% of EHCPs were then issued within the statutory 20 week timescale. Whilst this is significantly better than the England average (52.3%), this is lower than the last three years as can be seen from Chart 1.3. SEN support is still provided by the school during this time.

Chart 1.3 Proportion of children receiving an EHCP within 20 weeks



However, more recent local data from 2023 suggests that the proportion of EHCPs issued within 20 weeks is currently 89.3% which would mark a significant improvement.

The figures presented above only include those who are known to the Council or other services, and it is anticipated that there are some children and young people in Thurrock with SEND, who as of yet have not been identified as having SEND. The reasons why a child or young person has not yet been identified as having SEND are likely to be complex. It may be due to stigma, discrimination, lack of awareness, mistrust, poor access (e.g. infrastructure, opening times, location, digital literacy, language barrier, transport costs) or equally other reasons, as discussed above, such as long waiting times or complicated criteria for diagnosis. It may also be that the process of getting an EHCP, or getting the

correct support in place following a diagnosis or an EHCP is overly complicated or difficult for parents, and particularly difficult for parents who may have SEND themselves. A further piece of work is required to investigate this issue in the required depth and ensure that Thurrock Council and the LAP can become needs led, equitable and do what it can to address barriers to identification.

Summary and Recommendations

The data presented above indicates that both the number of children with SEND, and proportion of CYP on the school roll in Thurrock has increased since 2018/19. Thurrock has a relatively higher proportion of CYP with EHCPs, and a lower proportion of CYP requiring SEN Support than comparator areas.

The reasons for these increases are complex and cannot be identified solely from this data, however it appears that this trend is set to continue. One factor which will affect the numbers of children with an EHCP is the waiting time to diagnosis. Data on waiting times for diagnosis in Thurrock is largely unavailable however, what national data is available indicates that waiting times are long, which indicates that there could be significant unmet need.

Thurrock needs to be able to meet the needs of this increasing cohort of CYP, in terms of identification, diagnosis and then support. Children who do not get the support they require for whatever reason are at higher risk of poor outcomes as discussed in the following sections of this report. Therefore it is recommended that plans are developed to ensure that firstly, the Council is able to ensure that all children with SEND are identified and diagnosed in a timely manner, and to do this there needs to be a full understanding of the challenges associated with this, and secondly that the Council is able to manage and support the anticipated future increases in EHCPs being issued, to ensure that the increase in numbers does not negatively impact upon the availability and quality of support.

It is recommended that the Council explores these issues in greater depth, with particular focus on the identification, diagnosis of and assessment of children with potential SEND. This could include an engagement exercise with CYP with SEND and their families to identify specific challenges relating to the diagnosis and assessment process with the aim of identifying any changes that could overcome these.

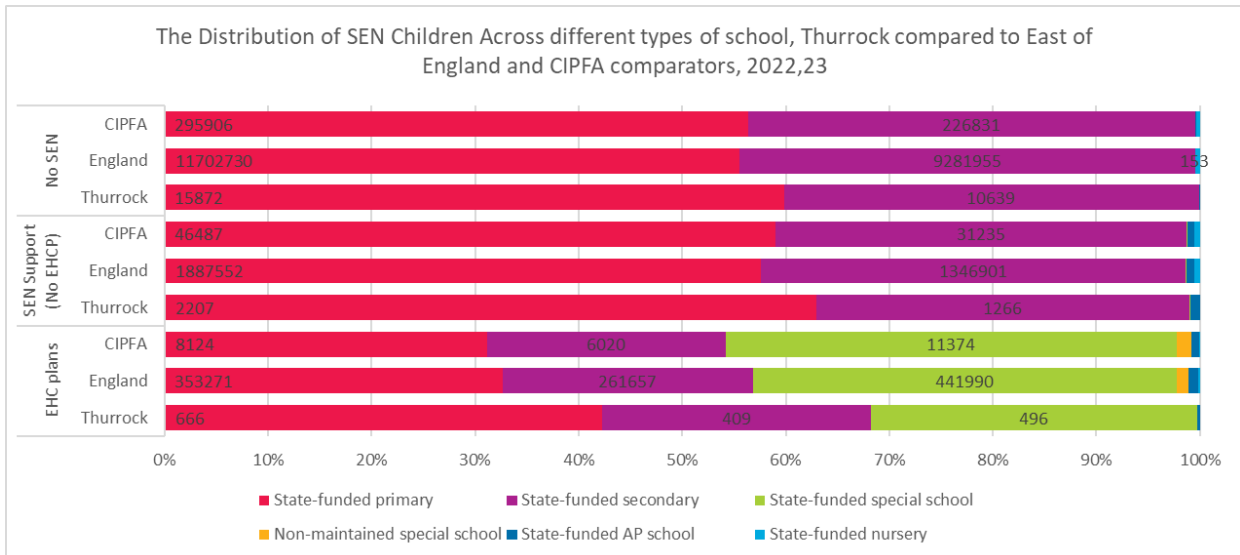
4.2 What are the needs of our Children with SEND?

SEND is a broad term which covers a range of needs and some children with SEND may have more than one type of need. To be able to effectively develop plans to appropriately meet this range of needs, it is important to understand what these needs are and how they may differ between different educational settings for example.

What types of setting are our CYP with SEND receiving their education in?

It is important to understand where our CYP with SEND are currently being educated so as to be able to effectively direct resources and support these settings in meeting the needs of CYP with SEND. Chart 1.4 below indicates that there are generally more children with SEND in primary schools than secondary schools, although this is likely due to there being more year groups in primary schools than secondary schools. In terms of special or alternative provision, there are very few children without an EHCP receiving special or alternative provision in Thurrock or elsewhere, and Thurrock also seems to have fewer CYP with an EHCP in special schools comparatively which suggests that mainstream schools in Thurrock may be more inclusive. Thurrock does not have any in Borough non-maintained special schools or state funded nurseries.

Chart 1.4 Comparison of the distribution of CYP with and without SEND in different settings



What type of needs to our CYP with SEND have?

As previously mentioned, there is a wide range of needs that can lead to a child being identified as having SEND, and clearly different needs within different children will require a different approach and support offer, so it is essential to understand what needs there are currently within this cohort, whilst recognising that even within the different categories of need, individual children may require individualised support.

Chart 1.5. Number of children by specific SEND need (either as a primary or secondary need), by school type in 2022/23

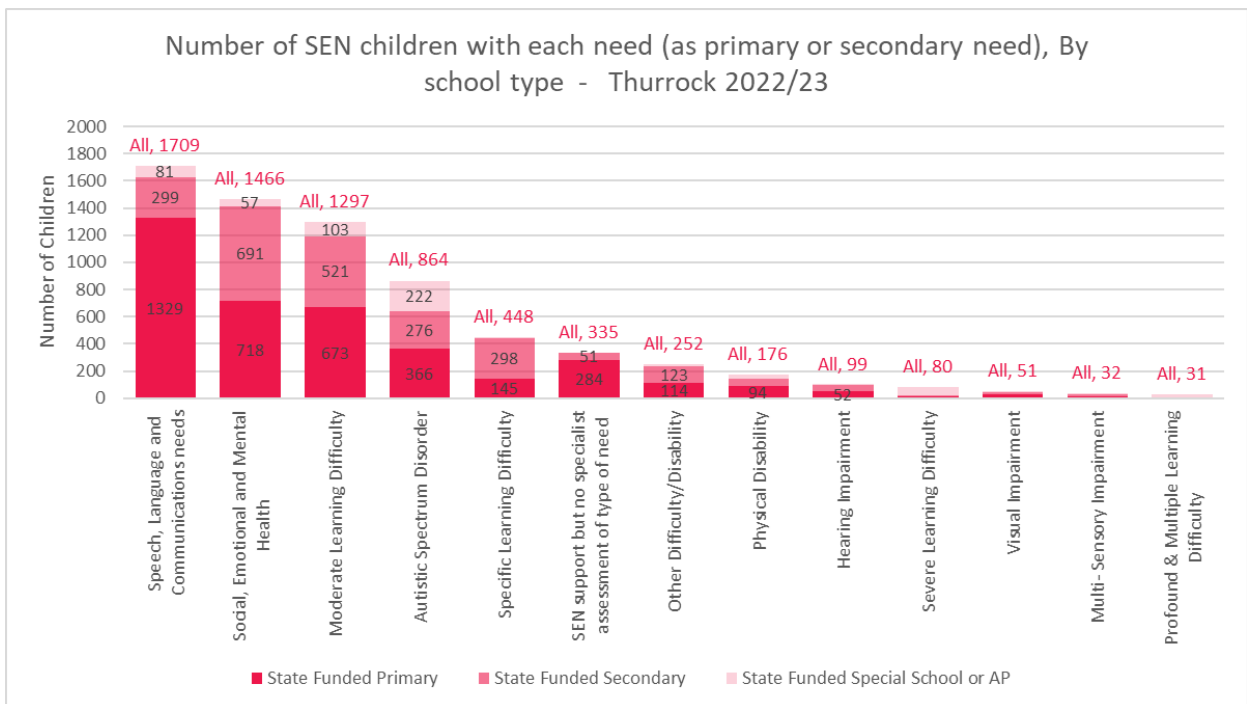
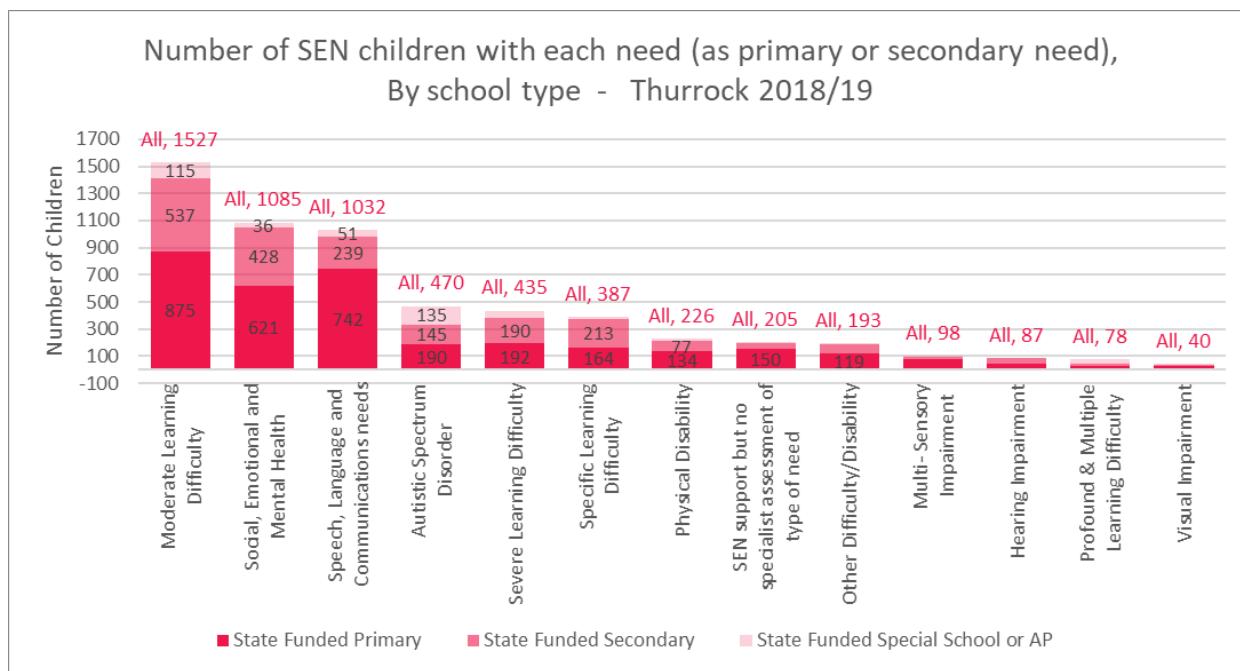


Chart 1.6. Number of children by specific SEND need (either as a primary or secondary need), by school type in 2018/19



Overall needs of CYP with SEND in Thurrock

As can be seen in Chart 1.5 above, in Thurrock schools the most common type of need (primary or secondary) is Speech, language and communication needs (17%, 1709 children), followed by social, emotional and mental health needs (14%, 1466 children) and then moderate learning difficulties (13%, 1297 children). This is broadly similar to the picture in 2018/19 (though the ranking in the most frequently diagnosed three needs has changed) when moderate learning difficulty (35%, 1527 children), social, emotional and mental health needs (25%, 1085 children) and then speech, language and communication needs (24%, 1032 children) were also the most common types of need (see Chart 1.6).

Primary School Needs

In Thurrock primary schools, the most common type of need (primary or secondary) is Speech, language and communication needs (46%, 1329 children), followed by social, emotional and mental health needs (25%, 718 children) and then moderate learning difficulties (23%, 5673 children) as can be seen in Chart 1.5. This is broadly similar to the picture in 2018/19 (though the ranking in the most frequently diagnosed three needs has changed) when moderate learning difficulty (34%, 875 children), speech, language and communication needs (29%, 742 children) and then social, emotional and mental health needs (24%, 621 children) were also the most common types of need (see Chart 1.6).

Secondary School Needs

In Thurrock secondary schools, as can be seen in Chart 1.5, the most common type of need (primary or secondary) is social, emotional and mental health needs (41%, 691 children) and then moderate learning difficulties (31%, 521 children) and speech, language and communication needs (18%, 299 children) [almost tied with Specific learning difficulties]. Again, this is broadly similar to the picture in 2018/19 as seen on Chart 1.6 (though the ranking in the most frequently diagnosed three needs has changed) when moderate learning difficulties (38%), social, emotional and mental health needs (30%) and then, speech, language and communication needs (17%), were also the most common types of need (primary and secondary combined).

State funded special schools and alternative provisions

In Thurrock special schools, as can be seen in Chart 1.5, the most common type of need (primary and secondary combined) is autistic spectrum disorder (42%, 222 children), followed by moderate learning difficulties (19%, 103 children) and speech, language and communication needs (15%, 81 children). This is a significantly different pattern to both CIPFA comparators and England as shown in table 1.1 below.

Benchmarking

Table 1.1 below shows the benchmarked distribution of needs against England and CIPFA comparators. As all needs a child with SEND has need to be met, for the purposes of this analysis, primary and secondary needs have been combined in this summary of the data.

Table 1.1 Benchmarking distribution of needs (primary or secondary) against England and CIPFA comparators

		% of SEND children with each condition as a Primary or Secondary Need												
		Speech, Language and Communication needs	Social, Emotional and Mental Health	Moderate Learning Difficulty	Autistic Spectrum Disorder	Specific Learning Difficulty	SEN support but no specialist assessment of type of need	Other Difficulty/Disability	Physical Disability	Hearing Impairment	Severe Learning Difficulty	Visual Impairment	Multi-Sensory Impairment	Profound & Multiple Learning Difficulty
All schools	CIPFA	37%	28%	24%	20%	14%	5%	6%	4%	3%	3%	2%	1%	1%
	England	35%	30%	22%	20%	16%	4%	7%	4%	2%	4%	2%	1%	1%
	Thurrock	34%	29%	26%	17%	9%	7%	5%	3%	2%	2%	1%	1%	1%
State-funded primary	CIPFA	47%	25%	23%	13%	10%	6%	5%	4%	2%	1%	1%	1%	0%
	England	46%	26%	22%	14%	12%	5%	5%	4%	2%	1%	1%	1%	0%
	Thurrock	46%	25%	23%	13%	5%	10%	4%	3%	2%	1%	1%	0%	0%
State-funded secondary	CIPFA	20%	35%	26%	20%	23%	4%	8%	4%	3%	0%	2%	1%	0%
	England	21%	37%	24%	18%	25%	4%	9%	4%	3%	1%	2%	1%	0%
	Thurrock	18%	41%	31%	16%	18%	3%	7%	3%	3%	0%	1%	1%	0%
State-Funded Special School or AP	CIPFA	37%	25%	25%	50%	5%	0%	9%	8%	3%	24%	3%	1%	8%
	England	35%	26%	20%	49%	5%	0%	7%	8%	2%	26%	3%	1%	6%
	Thurrock	15%	11%	19%	42%	1%	0%	3%	6%	0%	10%	1%	1%	5%

Legend

- Statistically Similar to both comparators
- Statistically significantly different to one comparator
- Statistically significantly different to both comparators

note: rows do acStatistically significantly different to both comparators

The benchmarking exercise shows that within the SEND cohort, the overall (all schools) distribution of needs (primary and secondary) is broadly similar to the CIPFA comparator group, especially in the most frequent three needs. However, In Thurrock we have significantly fewer Speech, language and communication diagnoses, ASD diagnoses, Specific Learning Difficulty diagnoses and hearing impairment diagnoses, and significantly more Social, Emotional and Mental Health diagnoses, moderate learning difficulties and SEN support but no specialist assessment of type of need within our SEN cohort.

The differences for ASD and are most evident in secondary schools and Special Schools whereas the differences for specific learning difficulties are evident in all school types, while speech, language and communication needs differ mainly in special schools and SEN support but no specialist assessment of needs in Thurrock's primary schools.

In our secondary schools we have significantly lower diagnoses of ASD and specific learning difficulty compared to the CIPFA comparator (also significantly lower than England for specific learning difficulties) but significantly higher levels of moderate learning difficulty and Social, emotional and mental health needs.

There are some large differences in our special schools but this is likely a result of the types and location of special schools influencing the data rather than real differences.

In addition to the above, Thurrock records significantly fewer secondary needs compared to both CIPFA comparators and England (35%, 48% and 48% respectively, not shown).

The reasons for the differences between types of need of Children with SEND in Thurrock compared to nationally and CIPFA comparators are unclear from the data presented here. It could indicate a difference in prevalence of need however as the overall prevalence is similar to the comparators, it is perhaps more likely that there are other differences affecting this which could include differences in practices, policies, criteria or processes. There would be value in investigating this further to understand why the picture in Thurrock differs, and if and how changes should be made.

Summary and Recommendations

There are a wide range of needs that CYP with SEND can have and to ensure that CYP with SEND in Thurrock are supported appropriately, it is important to understand what the different needs are and how they may differ between settings. Analysis of data shows that the most common types of need in different school settings differ and this has not changed significantly since 2018. Through comparing data on need with CIPFA and England data it is possible to identify if the distribution of need within Thurrock is what might be expected and illuminate where there may be a need to review the reasons for potential differences. The benchmarking exercise identified three key differences to our comparators.

Firstly, there are significantly more “SEN support but no specialist assessment of type of need” within our CYP with SEND cohort, both overall and within primary schools. If assessments are not taking place in this group there is a risk that the child’s needs may not be being met as well as they should and the child is then at greater risk of poor outcomes. This finding could indicate that there is a need for more assessments in primary schools, or that assessments take place quicker and earlier. It is recommended that this is explored further.

Secondly, in Thurrock secondary schools there are significantly lower diagnoses of ASD and specific learning difficulty compared to both comparators but significantly higher levels of moderate learning difficulty and Social, emotional and mental health needs. It is recommended that this finding is explored further, particularly to understand whether this is an underlying difference in prevalence or if, potentially more likely, given that overall prevalence of SEND is similar, that there are some differences in criteria or local implementation of this criteria which is influencing this finding.

Thirdly, Thurrock records significantly fewer secondary needs compared to both CIPFA comparators and England. This presents a risk to Thurrock because if the full extent of a Child’s needs are not identified, it is unlikely that the child is receiving the entirety of the support they need and therefore at risk of poor outcomes.

It is recommended that a review of assessments for SEND is undertaken with particular focus on criteria and processes to understand if there are any differences with CIPFA and national comparators which may explain these differences.

4.3 Who are our children with SEND and where do they live?

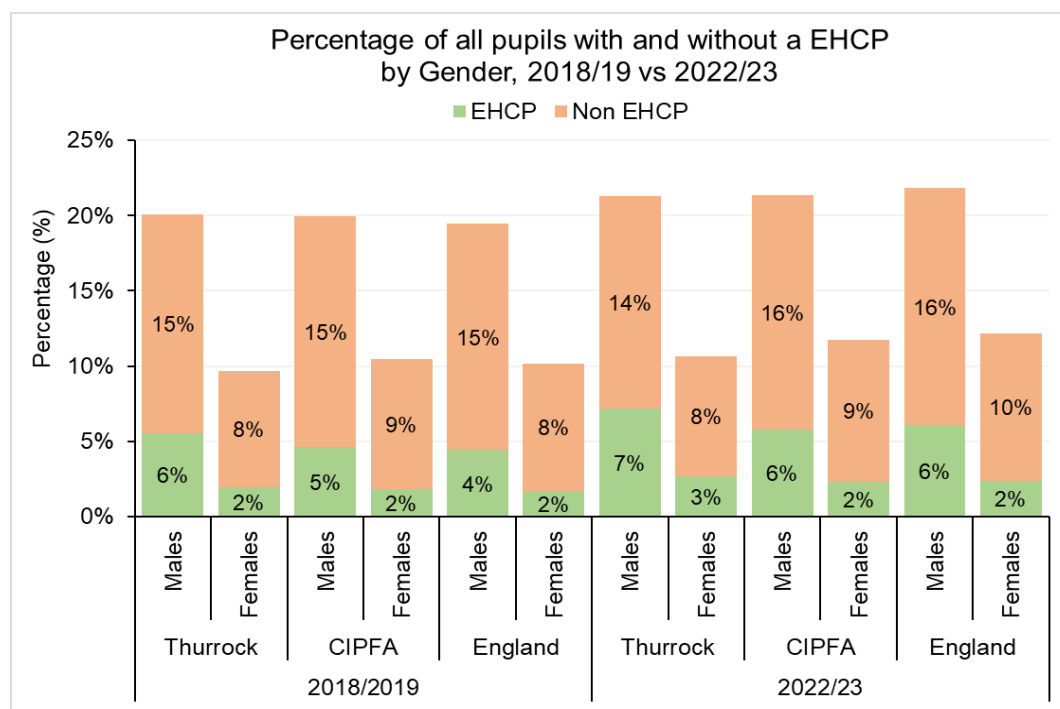
The 2018 JSNA identified differences in the prevalence of recorded SEND between groups of CYP and this is an area which has been the focus of previous and ongoing research. This section looks at the population make-up of our CYP with SEND, including where they live, and assesses whether there have been any changes since the publication of the 2018 JSNA.

Gender

There is clear gender disparity in the identification of SEND and nationally, recorded SEND remains more prevalent in boys than girls. As shown by chart 1.7, the local picture is not

dissimilar to what is being observed nationally, with a higher prevalence of recorded SEND in boys (21.3%) than girls (10.6%), and this has not changed substantially since 2018/19 (see Chart 1.8).

Chart 1.7 Percentage of CYP with SEND by gender (2022/23)



Denominator – All pupils on EHCP or receiving SEN support. Does not include pupils not receiving SEN support or on EHCP.

In terms of distribution, the School Census indicates that, in 2022/23, of the 5082 children attending a Thurrock school with recorded SEND, 68% (3434) were boys. This is very similar to the distribution observed in 2018/19 and mirrors what is observed nationally and in CIPFA comparators. In children with an EHCP, and even greater disparity is observed with 74% in boys, again mirrored nationally. The reasons for this gender disparity are unclear but likely to be complex, and evidence suggests that genetic, behavioural and social reasons are likely to play a part.³ As can be seen from Chart 1.7, this gender disparity appears to have not significantly changed within Thurrock since 2018/19, and therefore further ongoing work is required to understand and address this.

Ethnicity

The relationship between ethnicity and SEND is complex, with many other variables such as socio-economic status, gender, language and cultural barriers influencing children's outcomes. As can be seen from Chart 1.8, Gypsy and Roma and Traveller of Irish heritage groups had the highest prevalence of SEND in 2022/23 with 30.6% and 26.1% respectively. Whilst these two ethnic groups had the highest prevalence in 2018/19 also, this is a reduction in prevalence (from 38% in the Gypsy and Roma ethnic group, and 47% in the Traveller of Irish heritage group) as shown by Chart 1.9. Conversely, the prevalence in many other ethnic groups has slightly increased, for example, the prevalence in White and Black African children has increased from 10% to 14.8% between 2018/19 and 2022/23. There could be several reasons for this such as improved identification of SEND in these

³ <https://committees.parliament.uk/publications/941/documents/7292/default/>;

ethnic groups, or potential changes in diagnosis, assessment criteria or knowledge which have reduced possible overdiagnosis in the groups with highest prevalence.

Chart 1.8 Prevalence of SEND by ethnic group (2022/23)

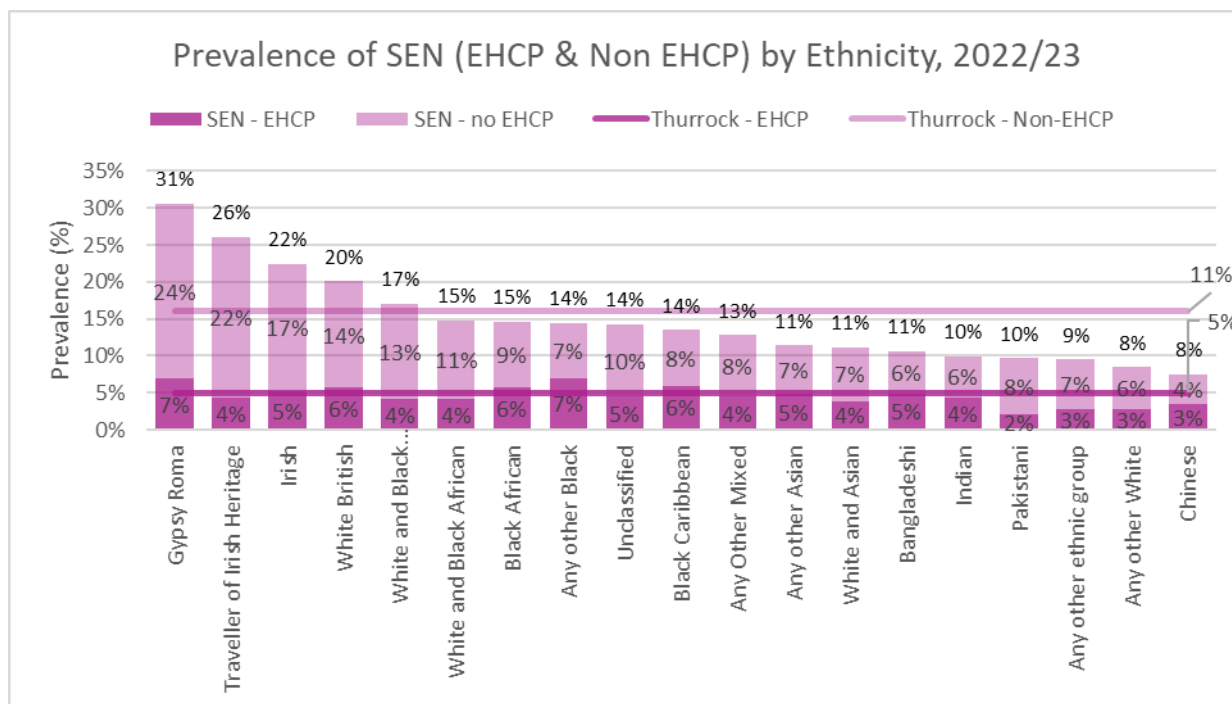
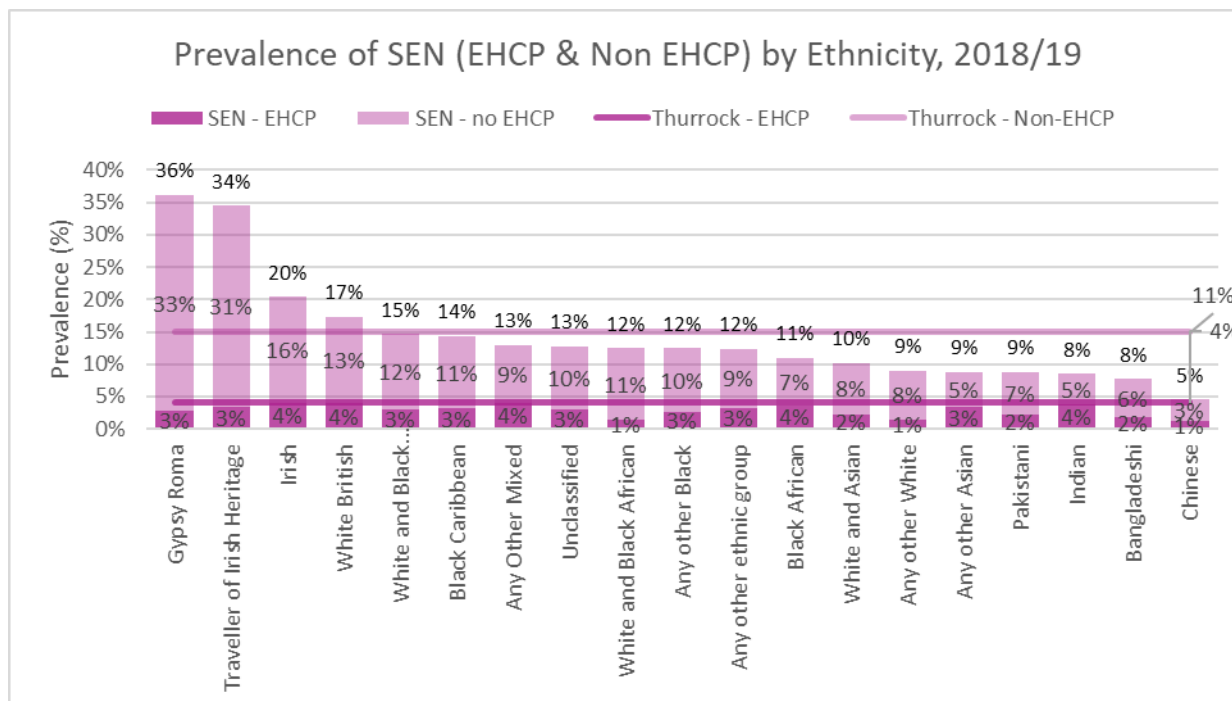


Chart 1.9 Prevalence of SEND by ethnic group (2018/19)



Geography and deprivation

The relationship between SEND and socio-economic status is also well known. A link between CYP with SEND and deprivation/living in poverty may exist either as a cause of or

result of poverty. Nationally, the percentage of children with a good level of development is higher for children who live in less deprived areas, and lower for children who live in more deprived areas (DfE 2022). In Thurrock, areas with the highest IMD scores are home to the largest numbers of children with an EHCP. Eligibility for free school meals (FSM) is another way of examining the relationship between deprivation and SEND.

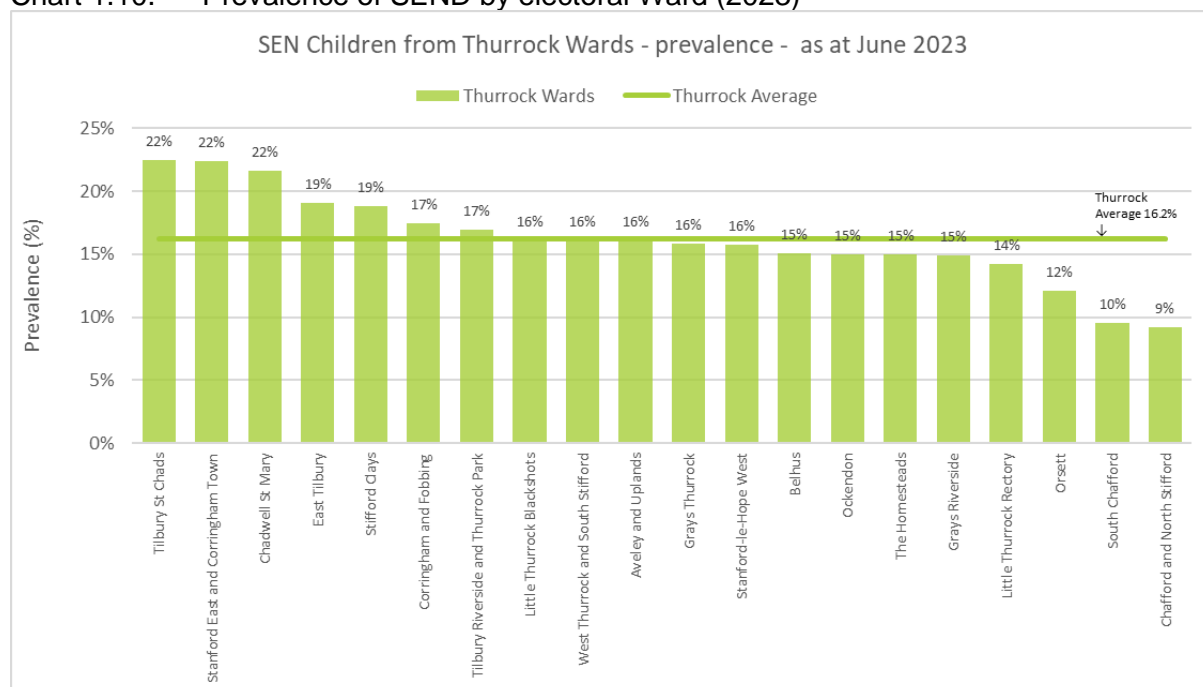
Table 1.2 Relationship between eligibility for FSM and SEND.

	2022/23				2018/19			
	Eligible for Free		Not Eligible for Free		Eligible for Free		Not Eligible for Free	
	Number	%	Number	%	Number	%	Number	%
SEN with EHCP	503	7.15%	1072	4.36%	254	6.50%	850	3.37%
SEN with No EHCP	1293	18.37%	2214	9.01%	781	19.99%	2490	9.86%
(Total SEN)	(1796)	(26%)	(3286)	(13%)	(1035)	(26%)	(3340)	(13%)
No SEN	5243	74.49%	21288	86.63%	2872	73.51%	21902	86.77%
Total	7039	100%	24574	100%	3907	100%	25242	100%

Table 1.2 above shows that in children eligible for FSM, approximately double the proportion of children have recorded SEND when compared to the proportion of children not eligible for FSM with SEND and that this pattern has not changed since 2018/19. The proportion of children with SEND in both the FSM and non-FSM groups overall appears to have remained stable between 2018/19 and 2022/22.

Chart 1.10 below shows the rate of CYP with SEND (EHCP or receiving SEN support) per 1,000 population by ward. It indicates that whilst the average rate of children with SEND in Thurrock is 16.2%, this ranges from 9.2% in Chafford and North Stifford to 22.4% in Tilbury St Chads, one of the borough's most deprived wards. The data was not available to compare this to 2018.

Chart 1.10. Prevalence of SEND by electoral Ward (2023)

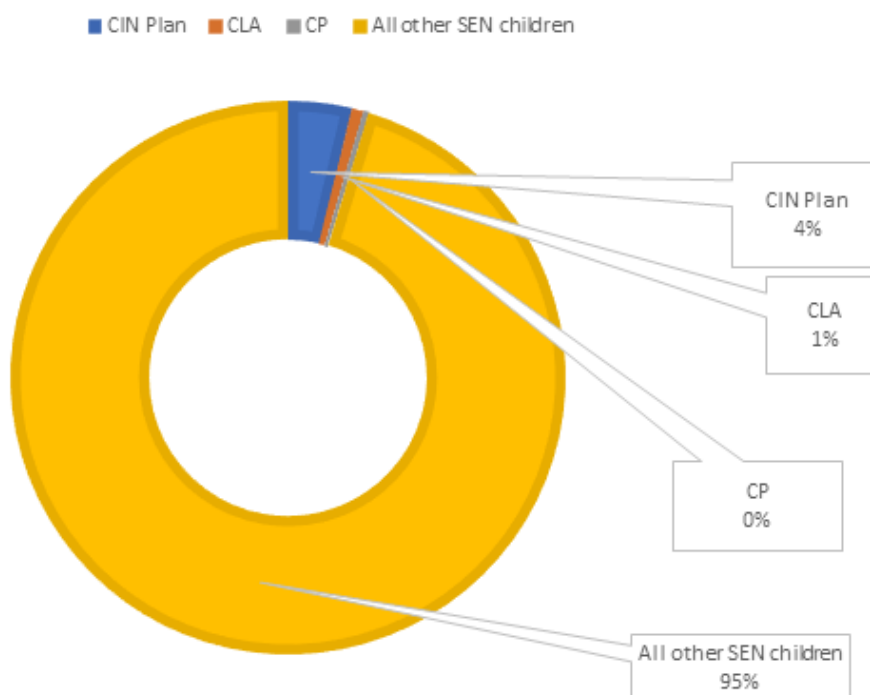


Vulnerable groups

Limited data was available for children with SEND by social care status, with only the most recent two years of data available. Chart 1.11 shows that the percentage of children with SEND in Thurrock who are on a Children in Need (CIN) Plan, Child Looked After (CLA), or on a Child Protection (CP) plan are relatively small (5% in total). However, given the vulnerability of this cohort of children and the additional challenges they face, this is an important group to consider when planning support. Table 1.3 below shows that the number of children known to social care is slightly less in 2022/23 (2011 children), compared to 2018/19 (2198 children), but as it is not possible to deduce a trend from this limited data, these numbers should be monitored closely moving forwards.

Chart 1.11 Percentage of Children with SEND with CIN/CLA/CP

PERCENTAGE OF SEN CHILDREN IN THURROCK WITH CIN/CLA/CP



	2022	2023
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Table 1.3 Status of All Pupils with SEND

Pupils with SEND Status During Academic Year		
Referral only	910	797
PASS	725	719
CIN	299	250
CIN Plan	175	175
CLA	59	49
CP	25	19
Care Leavers	3	
CLA 18+	2	2
Known to CSC	2198	2011
Not Known to CSC	2719	3103
All SEND Pupils	4917	5114

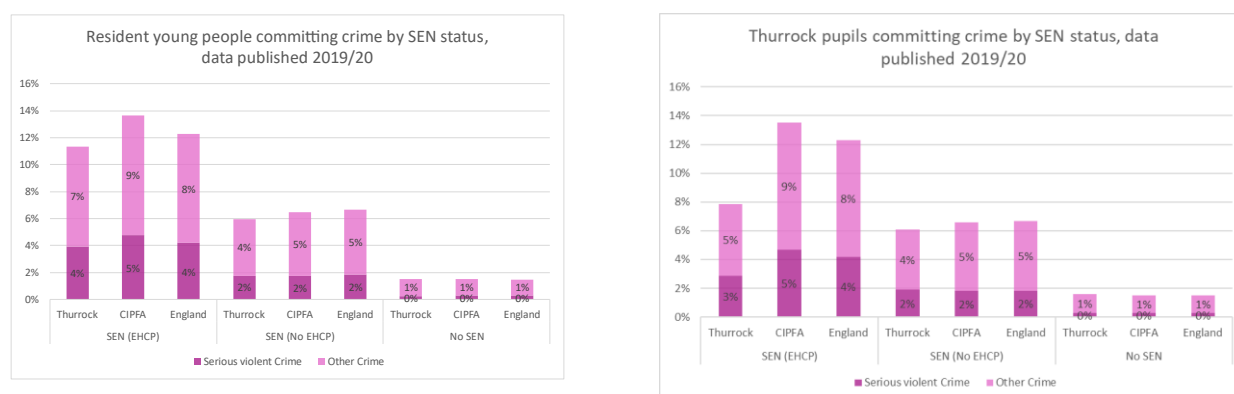
Youth Offenders

Data published on “explore education statistics” for the period 2019/20 suggests that significantly more young people with SEND offend than those without SEND and within this group, those with an EHCP are more likely to offend than those without an EHCP. We have presented the published data in two ways, the first for young people living in Thurrock and the second for young people who are at school in Thurrock (see charts 1.12a and 1.12b).

In Thurrock, patterns of offence for those with SEND (no EHCP) and those with no SEND are similar to both CIPFA and England in both groups but young people in Thurrock with an EHCP are less likely to offend than those in the CIPFA areas and England average.

We recommend that this is explored in more detail in a future JSNA publication.

Charts 1.12a and 1.12b: % young people who offend by SEND status and type of crime committed.



Source: Explore education statistics, gov.uk

Transition to Adults Services

Data sources for CYP with SEND are largely education based, which means there are gaps in our knowledge for CYPs between the ages of 16 and 25 who may no longer be in state-funded schools or in formal educational settings. There may be unmet need for CYP with SEND during the transition period. Further analysis is required to understand the complete picture of the needs of this age group to enable a positive experience of Preparing for Adulthood.

Summary and Recommendations

It is important to understand who our CYP with SEND are to be able to identify where to focus services in terms of both children identified with SEND and requiring support but also in terms of groups who may have a higher prevalence of CYP with SEND than the data shows but whom have not yet been identified.

Thurrock continues to have a higher prevalence of SEND in males compared to females and data also continues to show a notable difference in prevalence between ethnic groups, with the highest prevalence in Gypsy and Roma, and Travellers of an Irish Descent. The data also shows a higher prevalence of SEND in CYP living in the more deprived areas of Thurrock. There could be several reasons for this pattern including differences between groups in the presentation and/or identification of children with SEND, or an underlying difference in prevalence.

Aside from some changes in the prevalence in some ethnic groups, since the 2018 JSNA, the demographic make-up of CYP with SEND has remained largely the same, which suggests that actions taken to address these issues in that time do not appear to be bringing about a significant change. As part of the further exploratory work recommended in section 4.1, Thurrock Council should ensure sufficient focus on the groups highlighted in this section, including vulnerable groups such as CIN, CP, CLA and CYP known to the YOS, who are potentially affected by disparities (or the data is insufficient to determine this) in order to further understand the reasons for these and from that develop a plan to improve accessibility to assessment and support services for affected groups.

Also, included in this work should be due focus on transition to adulthood for CYP with SEND, in order to inform the refresh of the Council's Preparing for Adulthood Strategy and ensuring compliance with the 2nd key area of the national improvement plan.

Considering the higher level of inequalities faced by CYPs who live in the areas of higher IMD within the borough, the council should also develop a plan to ensure sufficient interventions and support are provided to CYP living in these areas to reduce inequalities.

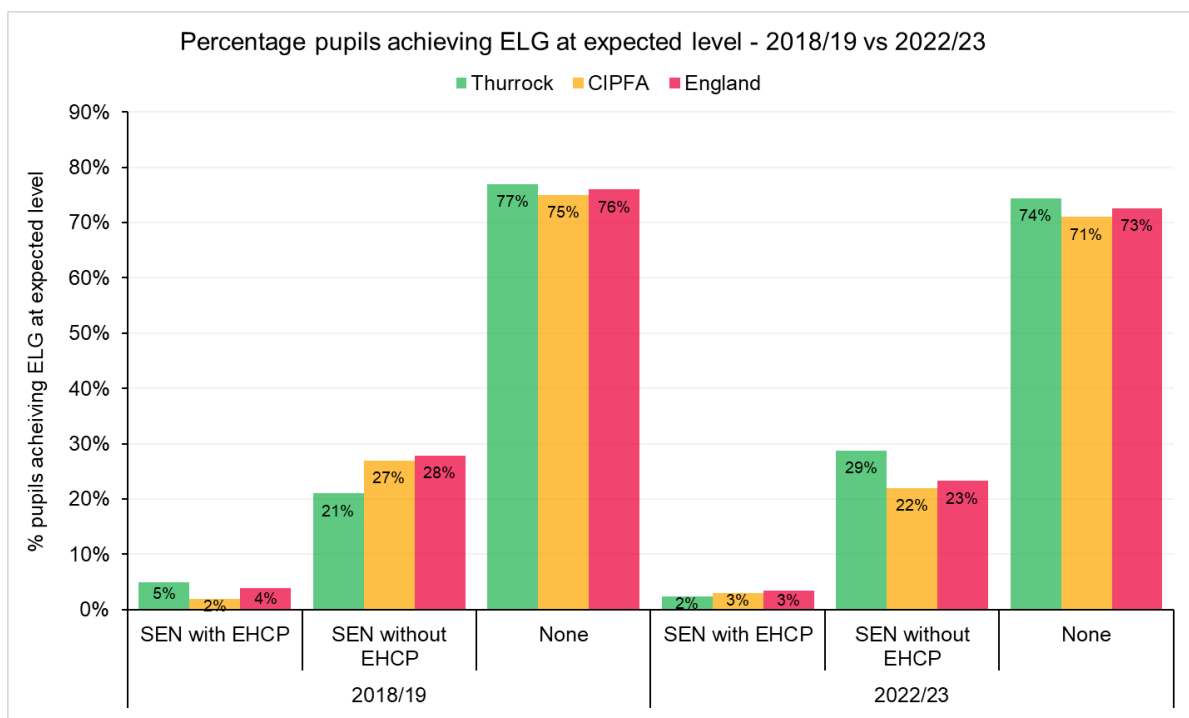
Thurrock Council could also explore further opportunities for more joined up/partnership working with settings to develop plans to reduce disproportionalities.

4.4 What outcomes do our children with SEND achieve?

It is widely known that children with SEND are at risk of poorer education and life outcomes than children without SEND. This section looks at the education and attainment outcomes experienced by this cohort of children in Thurrock and how this has changed since the 2018 JSNA was completed. It was not possible to do significance testing on this analysis due to limitations in the data.

The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of children's development at the end of the academic year in which the child turns five. The profile introduced in 2012/13 was revised significantly in 2021/22 to assess children in 7 areas of learning, covering 17 early learning goals (ELGs). A child is now rated as either at the 'emerging' or the 'expected' level. As can be seen in Chart 1.12, 29% of children receiving SEN Support (an increase from 21% in 2018/19) and 2% of children with EHCPs (a decrease from 5% in 2018/19) were achieving ELGs at the expected level in 2022/23 compared to 74% of children without SEND.

Chart 1.12 Percentage of pupils achieving ELG at expected level – 2022/23



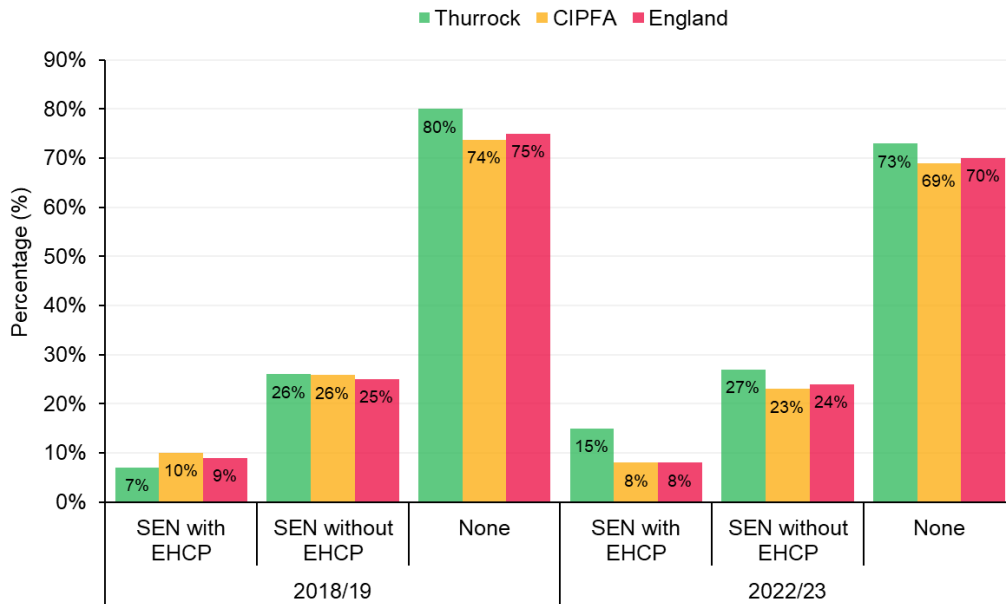
Source: Education Explore Statistics: [Browse our open data, Data catalogue – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)

In Key Stage 2, Thurrock has a higher proportion (15%) of KS2 children with SEND with an EHCP achieving the expected level than when compared to both CIPFA comparators (8%) and England (8%) as can be seen in Chart 1.13. This pattern is also observed in SEND pupils with no EHCP (27% in Thurrock compared to 24% nationally and 23% for CIPFA). As for EYFS, both groups have a lower percentage of children achieving the expected level than children without SEND and this is reflected nationally.

Chart 1.13 shows that the picture for children with an EHCP in KS2 is improving with the proportion of children with an EHCP achieving the expected level increasing from 7% in 2018/19 to 15% in 2022/23, an improvement which is not being seen nationally or in CIPFA comparators. Chart 1.13 also shows that for children with SEND without an EHCP, the proportion of children achieving the expected level has also slightly increased from 26% in 2018/19 to 27% in 2022/23, which is in contrast to England and CIPFA comparators where attainment has slightly decreased.

Chart 1.13 Proportion of Children achieving Expected Level at KS2 in 2022/2023 and 2018/19

Percentage of pupils meeting the expected standard KS2 in reading, writing and maths - 2018/19 vs 2022/23

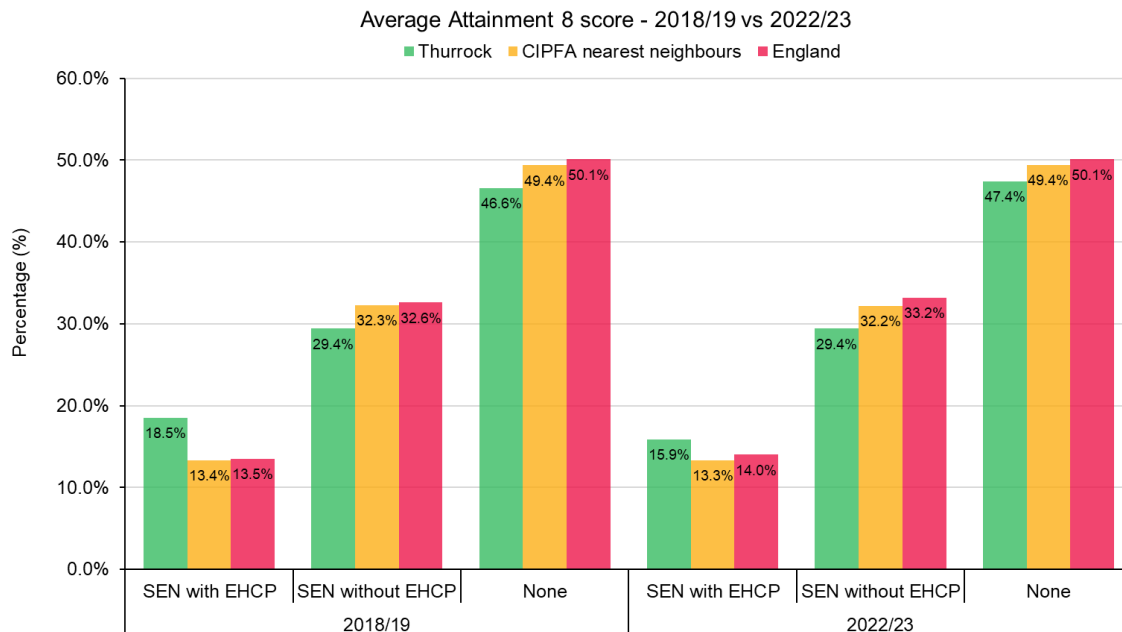


Source - [Percentage of pupils meeting the expected standard at the end of key stage 2 in reading, writing and mathematics - pupils with SEN without a statement in Thurrock | LG Inform \(local.gov.uk\)](#)

In Key Stage 4, Children in Thurrock with an EHCP are doing better than they are in CIPFA comparator areas or nationally. As can be seen on Chart 1.14, the average attainment 8 score, which measures a child's average grade across 8 subjects, in 2022/23 was higher for Thurrock's pupils with SEND who have an EHCP (15.9% compared to 13.3% and 14.0% for CIPFA Comparators and England respectively). However, this is not the case for SEND children with no EHCP, which for Thurrock was less than CIPFA comparators and England (30.5% in Thurrock compared to 32.2% and 33.2%).

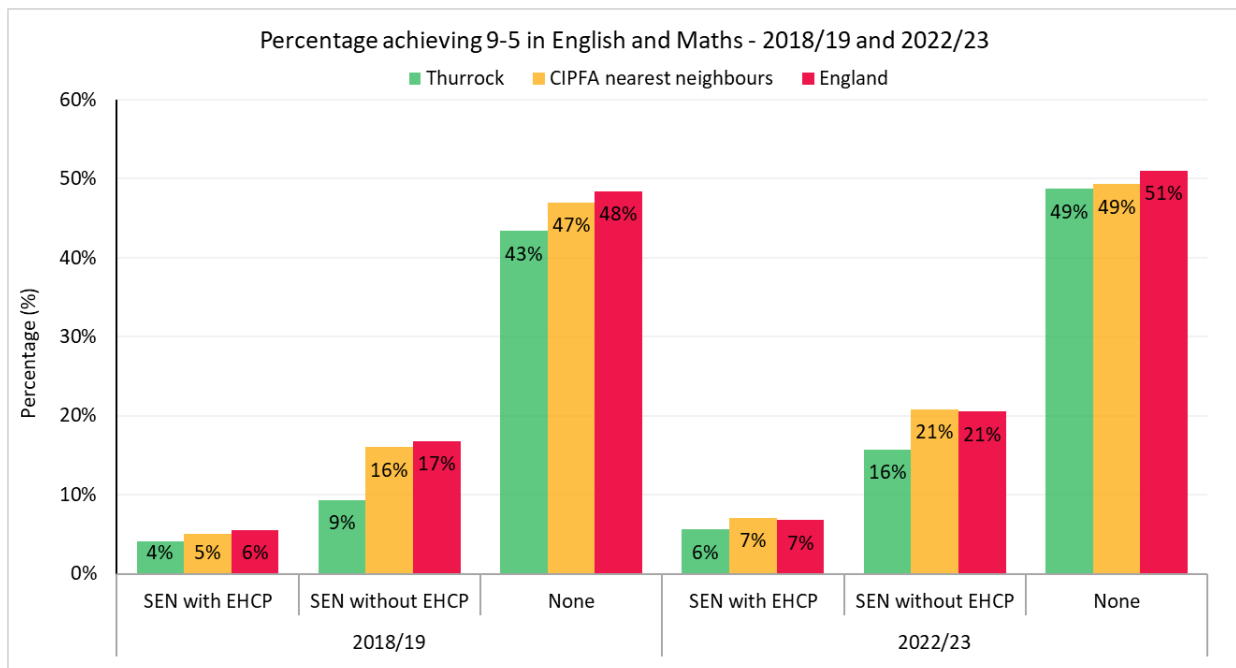
When compared to 2018/19, the average attainment 8 score has dropped in Children with an EHCP from 18.5% to 15.9% and remained stable in those receiving SEN support although these changes may not be significant. The England and CIPFA comparators appear to have remained fairly stable.

Chart 1.14 Average Attainment 8 score in 2018/19 and 2022/23



Looking at GCSE achievement, 6% of pupils with an EHCP and 16% of pupils receiving SEN support in Thurrock achieved grades 9-5 in English and Maths at GCSE and this is worse than both CIPFA comparators and the England average for both cohorts of children. As can be seen from Chart 1.15, when compared to 2018/19, attainment in children receiving SEN support has increased from 9% to 16%, and in children with an EHCP from 4% to 6%. These improvements are all mirrored in England and CIPFA comparators.

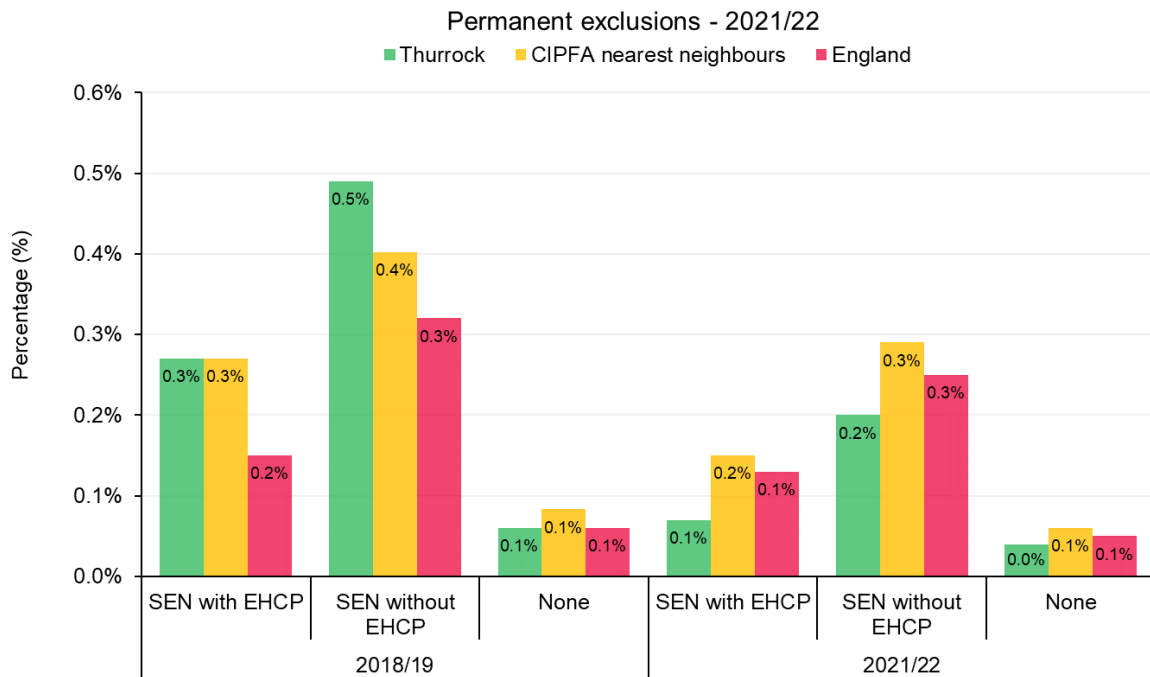
Chart 1.15 Percentage achieving 9-5 in English and Maths GCSE in 2018/19 and 2022/23



In 2021/22, Thurrock has a slightly lower rate of permanent exclusions for SEND children both with (0.1%) and without (0.2%) an EHCP than CIPFA comparators and England as can be seen from Chart 1.16. Note that these numbers are very small and therefore not likely to

be significant. However, these rates are higher than the rate of exclusions for children without SEND and children with an EHCP are doing better (ie being excluded less) than those without an EHCP.

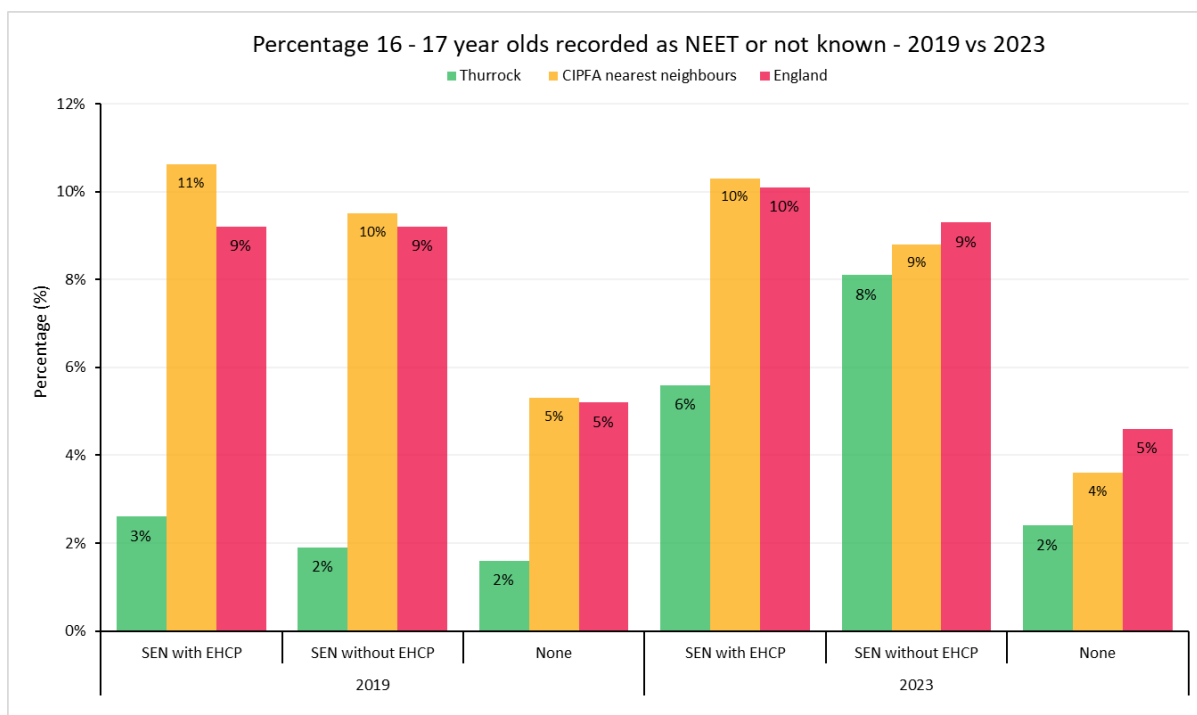
Chart 1.16 Rate of permanent exclusions in 2021/2022



As can be seen from the above chart, Thurrock currently has a lower level of permanent exclusions compared to both CIPFA comparators and England. This appears to have fallen dramatically since the 2018 JSNA report which demonstrated a higher level of exclusions compared to the England average and CIPFA. It will be important to understand and learn from the reasons for this so that the improvement can be sustained moving forwards.

Post 16, Thurrock appears to be performing better than CIPFA comparators and the England average for children with SEND. 6% of KS4 pupils with an EHCP were not in education, employment or training in 2023, compared to 10% in both England and CIPFA comparators. The same is true for KS4 pupils receiving SEN support, with 8% of Thurrock pupils not in education, employment or training compared to 9% in England and CIPFA comparators.

Chart 1.17 Percentage of 16-17 year olds recorded as NEET in 2019 and 2023



However, it appears the percentage of CYP with an EHCP who are NEET in Thurrock has increased in recent years from 3% to 6% as has the percentage of CYP receiving SEN support who are NEET, which has increased from 2% to 8% in the last 3 years as can be seen from Chart 1.17. Whilst the proportion of CYP both with and without an EHCP who are NEET remains lower than CIPFA and England, the reasons for these increases require further investigation.

One possible reason could be that this is an adverse consequence of the covid pandemic. The proportion of CYP without SEND in Thurrock who are NEET has remained stable although this is not reflected amongst CIPFA comparators where the proportion of CYP without SEND who are NEET has reduced since 2020. This suggests that there is unmet need for CYP in this age group in Thurrock. CYP in Thurrock may not be receiving the support they require to continue with education and training post-16.

For the current cohort of KS4 pupils there is a need to explore whether there are any service / support gaps currently, and for those that are already NEET and who were perhaps adversely affected by the Covid pandemic, steps should be taken to identify how this cohort can be supported to return to education, employment or training.

Summary and Key Points

CYP with SEND are likely to face additional challenges during their education that may have an impact on their attainment and future outcomes. As children with SEND are more likely to have poorer educational outcomes, such as lower educational attainment and more likely to be NEET, than their counterparts without such needs, they are at greater risk of poor outcomes. For example, they may leave school without the necessary qualification, which would limit their career choices and future earning potentials. This can become a burden to the local economy or lead to dissatisfaction in social status later in life, which can in turn increase the social issues in an area when this is considered for a large cohort.

Analysis of the most recent data indicates that, in Thurrock, whilst GCSE and KS2 attainment has improved across both cohorts, attainment for children with an EHCP has

worsened in terms of ELG and KS4 attainment 8 scores, whereas for children receiving SEN support it has improved in ELG attainment and remained stable in terms of attainment 8 scores.

This represents a significant risk for Thurrock's CYP. With increasing numbers of Children with SEND and attainment getting worse for some cohorts of children with SEND, this means that there is likely to be an increasing number of children in the borough who are at risk of not fulfilling their full potential and having poorer life chances and opportunities than children without SEND. This could also place additional pressures on the system as these children enter adulthood with lower qualifications and the resultant effect this has on their employment and economical situation and health and wellbeing in general.

Despite this worrying picture, Thurrock is however doing better than comparators in terms of both permanent exclusions and CYP who are NEET. That being said, Thurrock has seen an increase in the proportion of CYP with SEND who are NEET since 2019.

It is recommended that the LAP should further investigate the reduction in attainment of the specific cohorts of CYP with SEND identified above. Additionally, the LAP should investigate the reduction in the KS4 cohort in education, employment or training and subsequently develop an action plan to improve this outcome.

5.0 Progress against 2018 recommendations.

The below table outlines the progress made to date against the recommendations set out in the 2018 JSNA.

Table 1. Progress against 2018 recommendations

Overarching Recommendation	Detailed Recommendation	2018 JSNA page reference	Update on progress
Making a strategic decision for greater collaboration between education, health and social care services, and CYP and their families	There is a need for a strategy which pulls together work for children and young people. The Brighter Futures strategy is a great avenue to reinforce collaborative work between partner agencies and families. Also consider exploring further the ongoing Children and Young People Integrated commissioning strategy	59	This recommendation has been met through the Brighter Futures Children's Partnership which brings together the full spectrum of partners responsible for planning and delivering health and care to the children, young people and Families of Thurrock. It provides strategic leadership and direction for children's health and well-being at system, place and community level.
	A review and deep dive of speech and language therapy services to be completed to better understand the need for these services and explore joint commissioning opportunities between education, social care and health.	59	Outstanding
	Thurrock ICB (was CCG) and The LAP to make a strategic decision to invest in interventions for speech, language and communication needs that are evidence-based (where possible).	59	Outstanding – contingent on completion of previous recommendation

	Develop and consult on an overarching SEND Strategy which will provide a strategic vision towards provision of support for children in their early years, at school, college and work.	60	This recommendation has been achieved. The SEND Strategy has been in place for 3 years and is currently undergoing an evaluation and refresh with partners and stakeholders. A refreshed strategy will be in place for 2024.
	Ensure that CYP and their families are given a meaningful voice in decision making, service design and provision and evaluation of services, so that service provision truly reflects the services that local residents desire and that meets their needs.	60	This recommendation has been achieved. A pupil and student engagement strategy has been produced which outlines how children with SEND will be offered the opportunity to have their say. Additionally, the We are Listening Zone on the Ask Thurrock website provides updates on how services have improved as a direct result of feedback from CYP and their families.
Continue to improve SEND operational areas of work	It is recommended to maintain and continue developing and improving the Local Offer, most importantly working to develop a better and enhanced and comprehensive process of feedback by consulting with children, young people and their families.	60	This recommendation has been achieved. See previous recommendation.
	As part of the Local Offer, focus on re-commissioning the short break provision offer in Thurrock, based on the evidence provided within the 2018 JSNA and co-produce this element of the offer by consulting with CYP and their families.	60	This recommendation is in progress. The short break provision is going through a re-procurement process in 2024

			and CYP/Families will be consulted as part the process.
	<p>Guidance in the code of practice recommended that all children and young people with SEND on a School Action or Action Plus plan be converted to SEN statements or EHPC plans by March, 2018.</p> <p>An audit of case files of all children with SEND is recommended to ensure Thurrock is meeting this guideline. Consequently, if Thurrock has not transferred the identified children to an EHC plan by March 2018, actions need to be identified and taken to achieve this and ensure all children with SEND are receiving the right support.</p>	60	This recommendation has been achieved as all statements were converted to EHCPs within the timescales (and no audit was required).
	<p>Further develop effective transition between education phases including preparing for adulthood pathways.</p> <p>Transition of children and young people with SEND to adult services must be refined in collaboration with Preparation for Adult services. It is unclear if all children and young people with SEND are assessed and prepared for a smooth transition to adulthood. This should incorporate higher education opportunities (16-25 years), employment and training prospects, social activity provision and increasing the offer in terms of independent living opportunities.</p> <p>In terms of employment this could be achieved by improving employer/businesses sign up and uptake in the MiNT programme once evaluation has been undertaken.</p>	61	<p>This recommendation is partially achieved; however, the Preparing for Adulthood Strategy that was written covered 2019-2022 and needs to be refreshed for 2023 and beyond.</p> <p>Additionally, Thurrock Council should evidence how it has increased sign up and uptake in the MiNT programme.</p>
	<p>As recommended within the SEND Self-assessment conducted, improvements to Education Health Care Needs Assessments (EHCNAs) in schools with high requests and waiting times should be sought.</p>	61	<p>This recommendation has been achieved. EHCNAs are improved and waiting times are within statutory guidelines.</p> <p>Quality of EHCP is assessed to be good via QA activity and</p>

			<p>reports. Thurrock continues to perform better than England and East of England averages.</p> <p>In 2023, 89.3% of EHCPs were issued within 20 weeks.</p>
	Development of a School Wellbeing Service (SWS) should support and be the catalyst for reducing waiting times and demand on the EWMHS.	61	<p>This recommendation was achieved, and the SWS was operational for 3 years with joint funding from Thurrock Council and health. However, the SWS has now ceased, and the National Mental Health Support Teams are now operating in Thurrock.</p> <p>A CYP MH JSNA is due to be developed in 2024 and will include a review the effectiveness of the new arrangements.</p>
	There is a need for increased specialist support for children and young people with ASD residing in the borough. Additionally, it would useful to develop a screening tool for use with CYP with SEN involved in the youth offending service (YOS)	61	<p>Thurrock Council has worked collaboratively with partners and two new Autism Spectrum Conditions bases were opened in 2022 providing 20 additional places. Three more are planned to start between 2023-2025 and will provide 30 more places. Additionally, Treetops Free School opened in 2022 with 157 new specialist places while Treetops Special school also has increased provision to 318 places</p>

Continue to improve local data collection	Incorporate more robust projections to aid better understanding of need, ensure accurate spend as well as inform forward planning of children and health services for this cohort of children. It will also be important to enhance understanding of future projections and accurately begin to estimate the number of children and young people with SEND.	61	<p>Thurrock Council addressed this recommendation by completing the EHCP Deep Dive Data Analysis Report.</p> <p>Additional scrutiny is provided via the Dedicated School Grant Management Plan SEND growth predictions, which is based on percentage growth in pupil numbers and type of need. This is then reported to DfE, Schools Forum and Local Area Partnership Board.</p>
	A dedicated analysis should be undertaken which is focused on synergies between finance and SEND data. Further work needs to be done to produce an accurate SEND forecast through the Service Review board to provide a holistic and in-depth view. This can be supported by continuous monitoring of the demand and need for specific services, which will ensure that reducing budgets are used to invest in the right areas where need is highest.	61	This recommendation has been achieved through the Dedicated Schools Grant (DSG) Management plan.

Table 2. Proposed additional 2023 recommendations

Based on the data analysis contained within this report, the following new recommendations are proposed, in addition to the outstanding recommendations outlined in Table 1.

Theme	Recommendation	Rationale
National review of the SEND and Alternative Provision System	<p>Thurrock Council to commence planning for how to ensure minimal disruption to the education and wellbeing of children and young people in this group it moves towards the new Ofsted framework bringing together both SEND and AP.</p> <p>Thurrock Council to refresh the local SEND strategy to ensure that it is in line with the national SEND and AP Improvement Plan.</p>	<p>The UK Government is planning to publish a single national SEND and AP system. Thurrock Council has already developed and implemented a local offer for children with SEND and this local offer will need to be aligned with new national SEND and AP guidance, once published.</p> <p>The Government's SEND and Alternative Improvement Plan aims to improve the outcomes for CYP, improve experiences for families and deliver financial stability by focusing on some key areas.</p>
Local evidence base	<p>Thurrock Council to undertake further work to supplement this data analysis including:</p> <ul style="list-style-type: none"> • indepth review of issues highlighted in the following recommendations • literature review to understand the associations between SEND and health • stakeholder and CYP with SEND engagement exercise • service mapping and analysis of activity data 	<p>This review highlights areas where more information is needed in order to fully understand the current picture.</p> <p>These additional information sources will give a robust evidence base on which to develop long term plans.</p>
Identification of CYP with SEND.	<p>The LAP to undertake a review of both the process for medical diagnosis and the process of EHCP assessments to give a full understanding of the situation within Thurrock currently. This should include an engagement exercise with CYP with SEND and their families. Through a better understanding of the challenges associated identification, diagnosis and EHCP assessment, the LAP to develop plans to both address issues found and mitigate the risks associated with long waiting times for CYP.</p>	<p>The information on waiting times for medical diagnosis in Thurrock is patchy. However, the national picture suggests long waiting times are common. The longer a child waits for diagnosis and assessment, it is likely that the risk of poorer outcomes is greater.</p>

	<p>The LAP to undertake a review of assessments for SEND with particular focus on criteria and processes to understand if there are any differences with CIPFA and national comparators.</p> <p>The LAP to further explore the reasons for the noticeable differences in SEND identification in relation to the gender, ethnicity and age to ascertain what actions can be taken on a local level to address these. This could take the form of a stakeholder and resident consultation exercise. These actions should be incorporated into the refreshed SEND strategy, with a clear plan for how to support CYP in these groups.</p> <p>These actions could include exploring further whether there are opportunities for more joined up/partnership working with settings to develop plans to reduce disproportionalities.</p>	<p>There are differences in the prevalence of some needs in CYP with SEND in Thurrock compared to comparator areas, although the overall prevalence is similar. This suggests that there may be some differences in practice in Thurrock.</p> <p>This rapid update found strong evidence pointing to the existence of differences in identification of SEND especially in relation to gender, ethnicity, geographical areas, and complex needs. Whilst this does appear to be the trend nationally, this trend is largely unchanged since the production of the 2018 JSNA.</p> <p>This work links to the Delivering Better Value Programme (DBV) which the Council is taking part in.</p>
Transition to Adult Services	Thurrock Council to incorporate transition to adult services in the need for further work above, to ensure a clear understanding of the picture within Thurrock. Using this as an evidence base, the LAP to ensure that the Preparing for Adulthood Strategy includes clear transition planning between stages/phases and into adulthood for CYP with SEND.	Data sources for CYP with SEND are largely education based, which means there are gaps in our knowledge for are likely to remain in our knowledge especially for CYPs between the ages of 16 and 25 who may no longer be in state-funded schools or in formal educational settings. This means that there may be unmet need for CYP with SEND during the transition period. Complexities in the needs of CYP, mean that a coordinated response from various services including health, education and social care is likely to be required during transitional periods.
SEND Service offer	The LAP should develop plans to be able to manage and support the anticipated future increases in EHCPs being issued, to ensure that the increase in numbers does not negatively impact upon the availability and quality of support.	The number of children with EHCPs and receiving SEND support has increased over the last 5 years and this trend appears set to continue.

	<p>A deep dive of local data should be undertaken to better understand the link between SEND and the YOS, and subsequently the refreshed SEND Strategy should include plans to address any issues identified through this deep dive.</p> <p>The LAP to undertake a service user and/or stakeholder engagement exercise to better understand how well the current local service offer is meeting the needs of the local population, particularly amongst those groups identified as being at increased risk of poorer outcomes.</p>	<p>Published data on YOS and SEND is insufficient from which to understand the specific issues for this cohort.</p> <p>There is a need to understand how well the support available meets the needs of CYP with SEND and their families.</p>
Attainment	<p>The LAP should further investigate the reduction in attainment of specific cohorts of CYP with SEND in which attainment has reduced:</p> <p>The LAP to investigate the reduction in the KS4 cohort in education, employment or training and subsequently develop an action plan to improve this outcome.</p>	<p>Analysis of data in this report indicates that attainment has reduced since 2018 in the following groups:</p> <ul style="list-style-type: none"> • ELG attainment for CYP with an EHCP • Attainment 8 scores (KS4) for CYP with an EHCP <p>Children with SEND are less likely to be in education, employment or training post 16 and therefore require further support. It appears that the KS4 cohort that were in some form of education, employment and training dropped in 2020/21 to a 5 year low.</p>

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