Thurrock: A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish

Health and Wellbeing Board

The meeting will be held at **10:30am – 12.15pm on Friday 20 September 2019**

Committee Room 1, Civic Offices, New Road, Grays, Essex, RM17 6SL

Membership:

Councillors Susan Little (Chair), Robert Gledhill, James Halden, Luke Spillman and Tony Fish

Mandy Ansell, Accountable Officer, Thurrock NHS Clinical Commissioning Group
Dr Anjan Bose, Clinical Representative, Thurrock CCG
Andy Millard, Corporate Director for Place
Dr Anand Deshpande, Chair of Thurrock NHS CCG Board
Jane Foster-Taylor, Executive Nurse Thurrock NHS CCG
Roger Harris, Corporate Director of Adults, Housing and Health / Interim Director for Children's Services
Kristina Jackson, Chief Executive Thurrock CVS
Kim James, Chief Operating Officer, Healthwatch Thurrock
Nigel Leonard, Executive Director of Community Services and Partnerships South Essex Partnership Foundation Trust
Alan Cotgrove, Independent Chair of Local Safeguarding Children's Partnership
Andrew Pike, Managing Director Basildon and Thurrock Hospitals Foundation Trust
Tania Sitch, Integrated Care Director Thurrock, North East London Foundation Trust
Michelle Stapleton, Director of Integrated Care, Basildon and Thurrock University Hospitals Foundation Trust
Ian Wake, Director of Public Health
Julie Rogers, Chair Thurrock Community Safety Partnership / Director of Environment and Highways
Adrian Marr, NHS England - Essex and East Anglia Region.

Agenda

Open to Public and Press

Queries regarding this Agenda or notification of apologies:

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

Agenda published on: **12 September 2019**

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If you wish to film or photograph the proceedings of a meeting and have any special requirements or are intending to bring in large equipment please contact the Communications Team at CommunicationsTeam@thurrock.gov.uk before the meeting. The Chair of the meeting will then be consulted and their agreement sought to any specific request made.

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- You should connect to TBC-CIVIC
- Enter the password **Thurrock** to connect to/join the Wi-Fi network.
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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

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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

PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 28 June 2019 11-1pm

Present:	Councillor Susan Little (Chair) Councillor Luke Spillman Mandy Ansell, Accountable Officer, Thurrock NHS Clinical Commissioning Group (Thurrock CCG) Roger Harris, Corporate Director of Adults, Housing and Health and Interim Director of Children's Services Malcolm McCann, Executive Director of Community Services and Partnerships South Essex Partnership Foundation Trust Kim James, Chief Operating Officer, Healthwatch Thurrock Trevor Hitchcock, Patient and Public Lay Member (CCG) Ian Wake, Director of Public Health Maria Payne, Strategic Lead – Public Mental Health & Adult Mental Health Systems Transformation, Thurrock Council Christopher Smith, Programme Manager for Health and Social Care Transformation, Thurrock Council Jo Cripps, Programme Director (Interim), Mid & South Essex Sustainability and Transformation Partnership Brid Johnson, Director of Operations, Essex and Kent (North East London Foundation Trust)
Apologies:	Councillors James Halden, Robert Gledhill and Tony Fish Jane Foster-Taylor, Executive Nurse Thurrock NHS CCG Andrew Pike, Managing Director BTUH Julie Rogers, Chair Thurrock Community Safety Partnership / Director of Environment and Highways David Archibald, Independent Chair of Local Safeguarding Children's Board Kristina Jackson, Chief Executive Thurrock CVS
Did not attend:	Dr Anand Deshpande, Chair of Thurrock CCG Dr Anjan Bose, Clinical Representative, Thurrock CCG Tom Abell, Deputy Chief Executive and Chief Transformation Officer Basildon and Thurrock University Hospitals Foundation Trust James Nicolson, Independent Chair of Thurrock Adults Safeguarding Board
Representation:	Tania Sitch was represented by Brid Johnson (Director of Operations, Essex and Kent (North East London Foundation Trust).

1. Welcome and Introductions

Members were invited to introduce themselves and explain their role.

Cllr Little formally thanked Cllr Halden for the work he had done on driving forward the work of the Health and Wellbeing Board and Health and Wellbeing Strategy as the previous Chair of the Board.

Members were advised that there would be a short break during the meeting for refreshments and indeed for future meetings.

Senior officers who no were no longer members of the Health and Wellbeing Board were formally thanked for the contributions they had made: these were Steve Cox, Corporate Director for Place (Thurrock Council), Rory Patterson (Corporate Director for Children's Services (Thurrock Council), Jeanette Hucey Director of Transformation (Thurrock Clinical Commissioning Group) and Malcolm McCann (Executive Director of Community Services and Partnerships (Essex Partnership University NHS Foundation Trust). It was noted that this would be Malcolm McCann's last meeting and that EPUT would be represented in future by Nigel Leonard.

Apologies were noted.

2. Minutes

The minutes of the Health and Wellbeing Board meeting held on 15 February 2019 were approved as a correct record.

3. Urgent Items

There were no urgent items raised in advance of the meeting.

4. Declaration of Interests

There were no declarations of interest.

5. Sustainability and Transformation Partnership Update

This item was presented by Jo Cripps, Programme Director (Interim), Mid & South Essex Sustainability and Transformation Partnership. Key points included:

- The Mid and South Essex Sustainability and Transformation Partnership is a partnership of key organisations and groups within the mid and south Essex footprint, including:
    - Five Clinical Commissioning Groups (Thurrock, Basildon & Brentwood, Mid-Essex, Southend and Castle Point and Rochford)
    - Three Local Authorities (Thurrock Council, Southend-on-Sea Borough Council and Essex County Council)
    - Three acute hospitals (Basildon & Thurrock, Southend and Broomfield)
    - Three community and mental health providers (North East London Foundation Trust, Provide and Essex Partnership University NHS Foundation Trust)
    - Three Healthwatch organisations (Thurrock, Essex and Southend)
    - Chairs of the Sustainability and Transformation Partnership Service User Advisory Group and Clinical Cabinet.

- As part of considering the reconfiguration of Acute Care a Decision Making Business Case was considered and approved by a Clinical Commissioning Group Joint Committee, which included proposals to close Orsett Hospital.
- Both Thurrock Council and Southend Health Overview and Scrutiny Committees referred the decisions of the Clinical Commissioning Group Joint Committee to the Secretary of State of Health and Social Care for independent review. Thurrock Council's concerns related specifically to the closure of Orsett Hospital and the quality of the consultation that had been undertaken to inform proposals made in the Decision Making Business Case.
- The Sustainability and Transformation Partnership are required by NHS England to develop a 5 year strategy, working with colleagues within the Partnership to recognise place based plans which will be reflected in the final strategy.
- The draft strategy is to be developed over summer and members were reassured that an update would be provided at the Health and Wellbeing Board in September.

Action STP Team

- Healthwatch Thurrock are leading and coordinating engagement on the NHS Long Term Plan, which will ensure that action taken is informed by the residents of Thurrock.
- It was highlighted that the independent Chair of the Sustainability and Transformation Partnership, Dr Anita Donley OBE, had announced her intention to stand down from the role. Interviews are being scheduled for 22 July.

During discussions the following points were made:

- Members noted the lack of clarity being provided on the definition of Integrated Care Systems and that the Mid and South Essex does not correspond with any other geographical boundaries other than that of the acute hospitals.
- Members were advised that the Health Overview and Scrutiny Committee referral was submitted in January 2019 regarding the closure of Orsett hospital. The referral was being considered by an Independent Reconfiguration Panel and a report is expected to be provided to the Secretary of State by 9 July 2019.
- Members were also updated that the Mid and South Essex Sustainability and Transformation Partnership had been asked to financially contribute to Cambridgeshire and Peterborough Sustainability and Transformation Partnership due to their negative financial position. This had been discussed at the Health and Wellbeing Overview and Scrutiny on 13 June 2019. Members were concerned about how the reduction to Thurrock CCG's budget would impact on planned service provision which included a delay in developing the personality disorder service and a 24 hour crisis team.
- Reassurance was sought that any feedback provided by Thurrock residents will inform proposals for the Sustainability and Transformation Partnership 5 year plan given concerns that were raised about the consultation exercise that had previously taken place regarding the proposed closure of Orsett Hospital and whether feedback that had been provided by Thurrock residents had been reflected in the final proposals to close Orsett Hospital.

- It was agreed that future versions of the data pack that will be used to inform the 5 year Strategy will include the identification and treatment of cancer.

RESOLVED: The Health and Wellbeing Board noted, considered and commented on the current work of the Sustainability and Transformation Partnership, along with the resignation of the independent chair.

6. Defining the roles, responsibilities and governance of a Thurrock Integrated Care Partnership in the context of the Mid and South Essex Sustainability and Transformation Partnership and local transformation.

This item was presented by Ian Wake, Director of Public Health.
Key points included:

- The paper recognises the various Governance Structures with the Sustainability and Transformation Partnership footprint and the need to ensure that the appropriate focus is provided to planning and commissioning of service at the STP, Place and locality geographical levels.
- The Kings Fund report, 'A year of integrated care systems' undertook a qualitative evaluation of 'vanguard' Integrated Care Systems sites in England. The purpose of their study was to understand how the early adopter Integrated Care Systems are being developed and identify lessons learned. The Kings Fund reported there is no 'blueprint' for developing an Integrated Care Systems. Although, the best governance arrangements related to a focus on the place level (Thurrock) as most integration was not carried out at the Sustainability and Transformation Partnership level.
- The paper provides a proposed revised governance structure which brings together the Thurrock Integrated Care Alliance, the Integrated Commissioning Executive under single one partnership board and with Integrated Medical Centre Programme Board and Mental Health Transformation Board reporting into it. The Better Care Together groups have been merged into one board in order to build on the locality workings and 4 new locality model delivery groups have also been proposed.

During discussions the following points were made:

- Members welcomed a Memorandum of Understanding regarding governance, and the commitment provided by the Sustainability and Transformation Partnership of avoiding duplication.
- It was noted this paper related to emerging thinking within Thurrock. Members learned about the previous reservations regarding the growing centralisation and decision making remit of the Sustainability and Transformation Partnership. However, it was recognised that Thurrock is part of a wider system and it is important to ensure that all partners have a commitment to working together to ensure the planning and commissioning of services is managed effectively.
- Members welcomed the inclusion of children's services being considered as part of the report.

RESOLVED: Health and Wellbeing Board members supported the recommendations made within the paper.

A refreshment break was held from 11.55am-12.10pm

7. Integrated Medical Centres Progress Report

This item was jointly presented by Roger Harris, Corporate Director for Adults, Housing & Health and Interim Director for Children's Services, and Christopher Smith, Programme Manager for Health and Social Care Transformation. Key points included:

- The council entered into a Memorandum of Understanding (May 2017) with Basildon and Thurrock Hospitals NHS Foundation Trust, Essex Partnership University NHS Foundation Trust, North East London NHS Foundation Trust, and Thurrock Clinical Commissioning Group. A dedicated programme management resource, reporting to an alliance of the council and health partners, has recently been commissioned to oversee delivery of the Integrated Medical Centres.
- The Integrated Medical Centres will serve local populations and will be situated in the following locations:
    - Grays - Thurrock Community Hospital has been designated as the location for the new Integrated Medical Centre for Grays, and is the only site which will be predominantly a refurbishment of an existing healthcare facility rather than an entirely new-build development.
    - Tilbury/Chadwell - The council, Thurrock Clinical Commissioning Group and health service providers have worked collaboratively to develop a schedule of accommodation that can be provided at Tilbury and Chadwell Integrated Medical Centre. This accommodation includes provision for:
        - Multi-functional consultation and examination rooms;
        - Therapy rooms;
        - Treatment rooms;
        - Interview rooms;
        - Group rooms;
        - Phlebotomy bay;
        - Mobile imaging docking bay;
        - Shared workspace;
        - Library;
        - Community hub; and
        - Public access meeting rooms.
    - Purfleet – this Integrated Medical Centre is at an earlier stage as it is part of the wider Phase 1 development proposal submitted by Purfleet Centre Regeneration Ltd. The schedule of accommodation is being finalised with partners and detailed design work will then commence. The funding strategy is still to be finalised and delivery is anticipated to be by 2022.
    - Stanford and Corringham - The delivery of the Stanford and Corringham Integrated Medical Centre is being led and funded by North East London NHS Foundation Trust. Planning consent was secured in 2016 and amended in 2018 to extend the proposed opening hours. A decision on the Business Case for the development is expected to be taken by the North East London NHS Foundation Trust Board imminently. The

site has consented development plans, therefore there is a lesser dependency on the outcome of the referral of the decision to close Orsett Hospital. However, there had been a delay in securing primary care input, however this is now progressing. It is anticipated that this Integrated Medical Centre could be operational from late 2021.

During discussions the following points were made:

- The Secretary of State referral regarding the closure of Orsett hospital would need to be resolved/clarified before Integrated Medical Centres business cases can be approved.
- Members queried if there was an alternative plan if the Orsett hospital closure did not go ahead or was delayed. Members learned that the Stanford and Corringham site was less dependent on the Orsett hospital closure as the footprint was fixed due to planning permissions already granted although there would be an element of redesign. This was similar to Purfleet which could be redesigned quickly. However, the Tilbury and Chadwell and Grays Integrated Medical Centres would require a fundamental redesign of the buildings due to the proposed services and the minor injuries unit to be located there.
- Members observed that travelling to the Integrated Medical Centres would be easier as bus routes were being reviewed to accommodate the locations.
- Members were reassured that the building of integrated medical centres benefits Thurrock residents by providing services and buildings that are fit for purpose and easily accessible.
- If there was a delay in the Orsett hospital closure, it was acknowledged that work on the minor injuries unit needed to be considered as it is not in a good location therefore alternative locations would need to be reviewed. The need for patient safety and the quality of the estate was reiterated, for example the minor injuries unit is isolated and there are often issues with parking.

RESOLVED: The Health and Wellbeing Board considered and noted the content of this report.

8. Prevention Concordat Better Mental Health

Maria Payne, Strategic Lead – Public Mental Health & Adult Mental Health Systems Transformation presented this item. Key points included:

- The Prevention Concordat for Better Mental Health was launched in 2018, and is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health is shown to make a valuable contribution to achieving a fairer and more equitable society.
- The concordat promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities, and encourages actions that impact on the wider determinants of mental health and wellbeing.
- The concordat is intended to provide a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches across:
    - Local authorities
    - NHS

    - Public, private and third sector organisations
    - Educational settings
    - Employers

- It represents a public mental health informed approach to prevention, as outlined in the NHS Five Year Forward View, and promotes relevant NICE guidance and existing evidence-based interventions and delivery approaches, such as 'making every contact count'.
- Any partnership, organisation, community or alliance who has a commitment to prevention of mental health problems and promoting good mental health can become a signatory.
- The rationale for Thurrock to sign the Concordat is that the council are already working collaboratively in a manner which the Concordat endorses and there is evidence of partnership working.

During discussions the following points were made:

- Members endorsed and welcomed the signing of the Concordat, commenting that it was a positive and would need to be embedded in the wider council policy and practice.
- Additional evidence was provided, particularly in terms of looked after children whereby they are given a passport which contains relevant numbers and support.
- Positive examples were also provided regarding the mental health services in Grays, specifically MIND and Inclusion which work in partnership with each other.

RESOLVED: The Health and Wellbeing Board agreed the following:

- To endorse the activity outlined in the Prevention Concordat submission
- To sign the Prevention Concordat for 2019/20
- To be the named lead signatory.

9. Work Programme

- Members discussed the work programme for the next meeting in September.
- The Chair requested for those individuals who do not regularly attend to be contacted; this would be taken forward by Darren Kristiansen.

Action Darren Kristiansen

- Apologies were received in advance of the September meeting for Mandy Ansell & Ian Wake.

The meeting finished at 12.55 hours.

CHAIR……..

DATE……

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Mid & South Essex Health & Care Partnership

Working Together for Better Lives

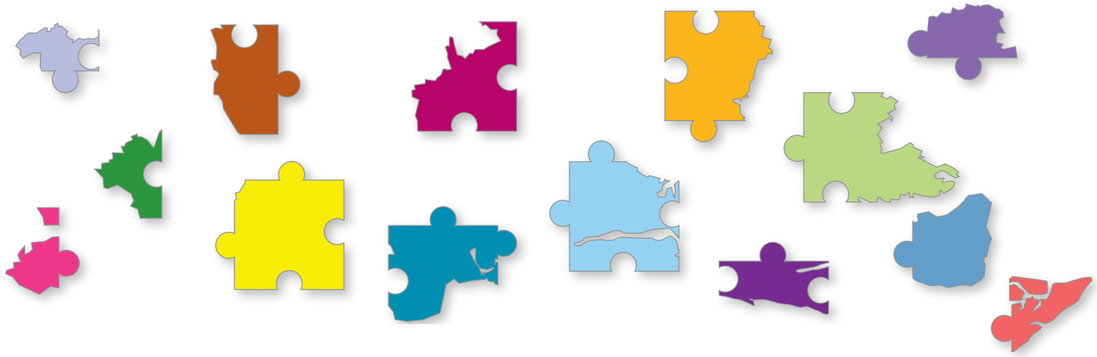
CREATING A 5 YEAR STRATEGY TOGETHER

The Mid and South Essex Health and Care Partnership

1.2 million population

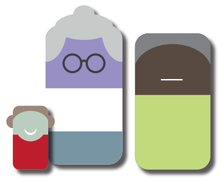
17 organisations –

Working together for better lives



one plan

Health



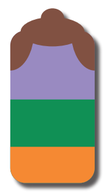
Social Care

Housing

Education

Transport

Your community



You

Using innovation and technology to help us all live well now and in the future

Our story so far....

2015

2020

2015
Essex Success Regime

2016
Sustainability & Transformation Partnership formed

OCTOBER 2016
STP plan published

DURING 2017
Pre-consultation engagement on acute hospital improvements

NOVEMBER 2017
Publication of pre-consultation business case for acute hospital improvements

Chancellor's autumn budget statement secures £118m capital funding for hospitals in mid and south Essex

NOVEMBER 2017 - MARCH 2018
Public consultation

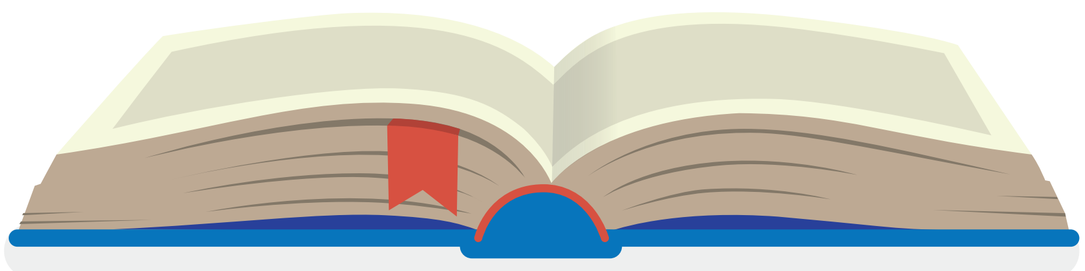
JULY 2018
CCG Joint Committee decision on acute hospital improvements

JULY 2018
STP Primary Care Strategy approved, with investment of £30m

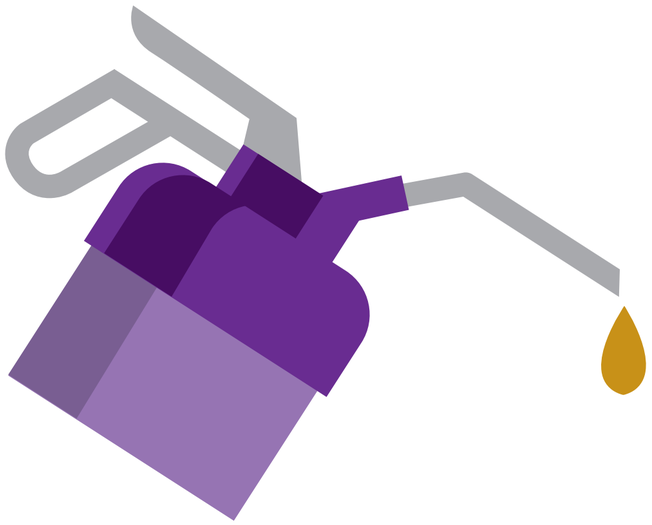
JANUARY 2019
Publication of NHS Long Term Plan

MAY 2019
Healthwatch organisations - local engagement with communities on NHS Long Term Plan

AUGUST 2019
Approval from Secretary of State for Health & Social Care to implement acute hospital improvements



Where we are now....



Hospital improvements in train

Locally led engagement and insight to inform plans

Local health and care plans informed and overseen by Health & Wellbeing Boards

Joint approach to ensuring local delivery of NHS Long Term Plan commitments

Reduce unwarranted variation

Work at "system level" (1.2m population) to:

Agreement to develop a 5-year strategy for the Health & Care Partnership, using local health and care plans as the foundation

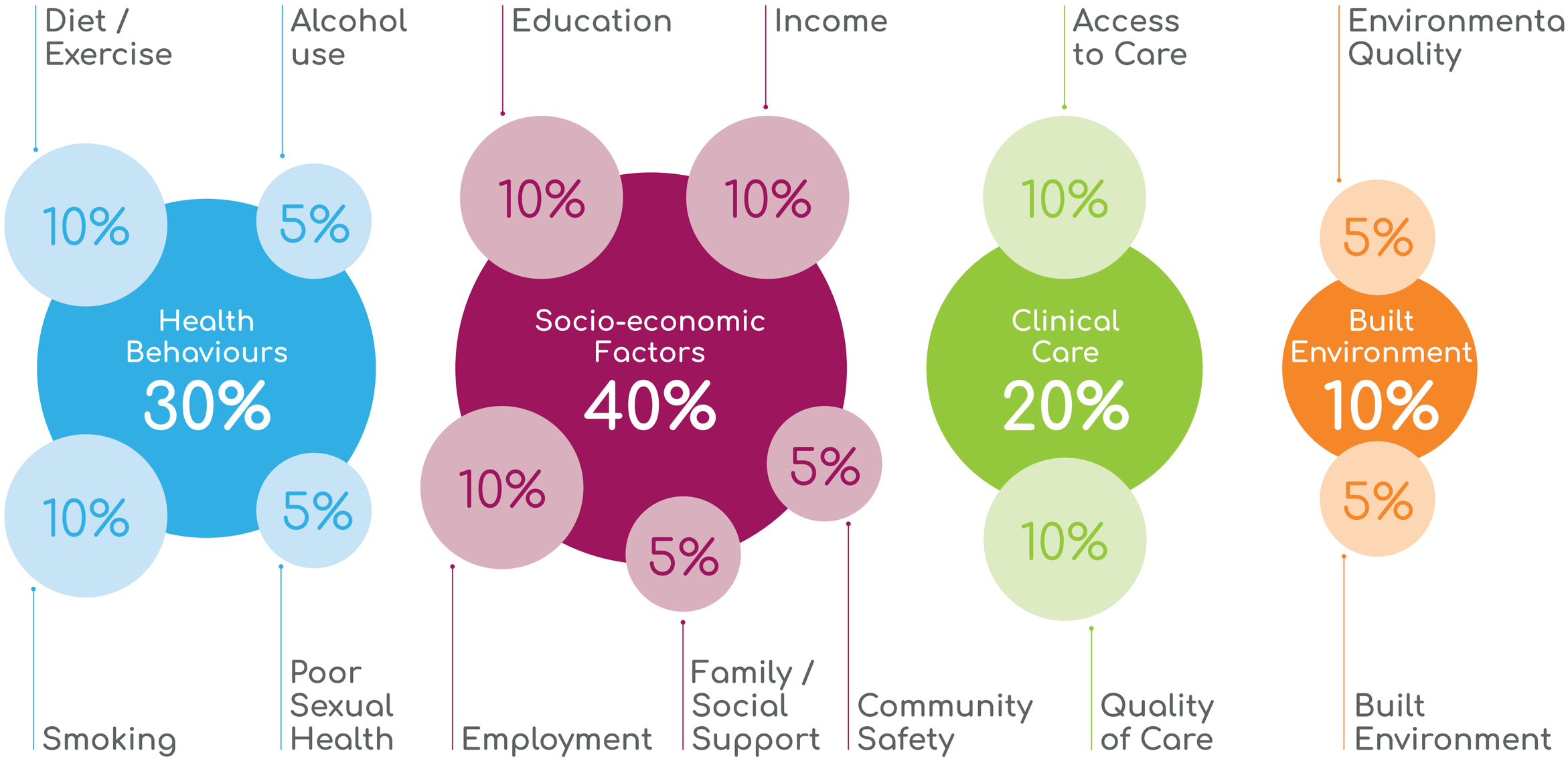
Maturing relationships across all sectors based on strength of local partnership working

Enable and support local plans through joint work on eg. estates, workforce, digital transformation

Share good practice and resolve common issues

Impacting Lives

Access to, and quality of, clinical care contributes just 20% to the wider determinants of health, and that's why we need to work together...



SOURCE: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

Outcomes we want to achieve

Creating Opportunities:
Education, Employment, Housing & Growth

Supporting Health & Wellbeing:
Healthy Lives & Healthy Behaviours

Transforming & improving:
Our health & care servies

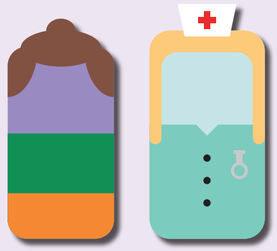
Ensuring Equality:
Address inequalities & reduce unwarranted variation

Guiding principles

Our residents have told us...

Through consultation and engagement, we have identified what is important to people in our communities:

Access to the help and treatment I need when I want it.



Choosing the right treatment is a joint decision between me and the relevant health and care professional

I want to be able to stay in my own home for as long as possible

I can talk to my doctor or other health care professional when I need to

People with long-term conditions have identified that they value:

Good post-diagnosis support

Information on how to manage their condition(s)

Better communication between health and care professionals

Knowledge about local support available, both from health and care professionals, and also from community and voluntary organisations

The data tells us:

We have an ageing population; 1 in 7 people will be aged over 75 years in 2039.

Housing growth is significant with Thurrock expected to have the largest demand for dwellings.

Homes have become up to 58% less affordable over the last decade.

Deprivation has increased across the STP, mostly in Chelmsford and Basildon.

Life expectancy gap between local authorities has decreased by up to 0.59 years among males and 0.35 years among females.

Southend-on-Sea and Basildon are forecast to continue having the highest and largest increasing proportion of overweight or obese adults

Basildon and Southend-on-Sea have the highest prevalence of mental health conditions among adults and children.

We have low numbers of GPs compared to nationally.

Our emergency hospital admissions are above the national average.

We have low rates of uptake of screening for breast and cervical cancers

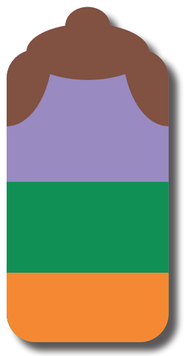
More people than expected die from cancer, cardiovascular and respiratory disease in our area

NHS Long Term Plan

Identifies priorities for:

- // Prevention
- // Reducing health inequalities
- // Integration of health and care to services at populations of 30-50k
- // Enhancing and supporting the workforce
- // Investing in innovation and technology
- // Tackling waste and inefficiency
- // Improving service sustainability

Working in partnership at every level...



You

Your family, friends and social networks

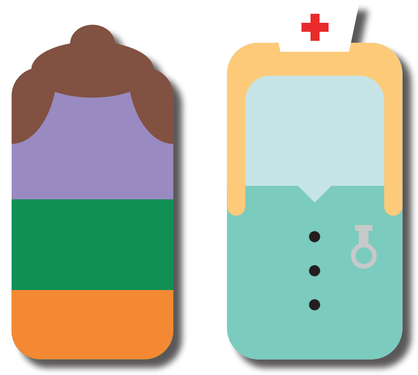
Your neighbourhood

A community focussed approach to supporting up to 50,000 residents.

Community, mental and physical health and social support delivered through networks of GP practices.

Your Place

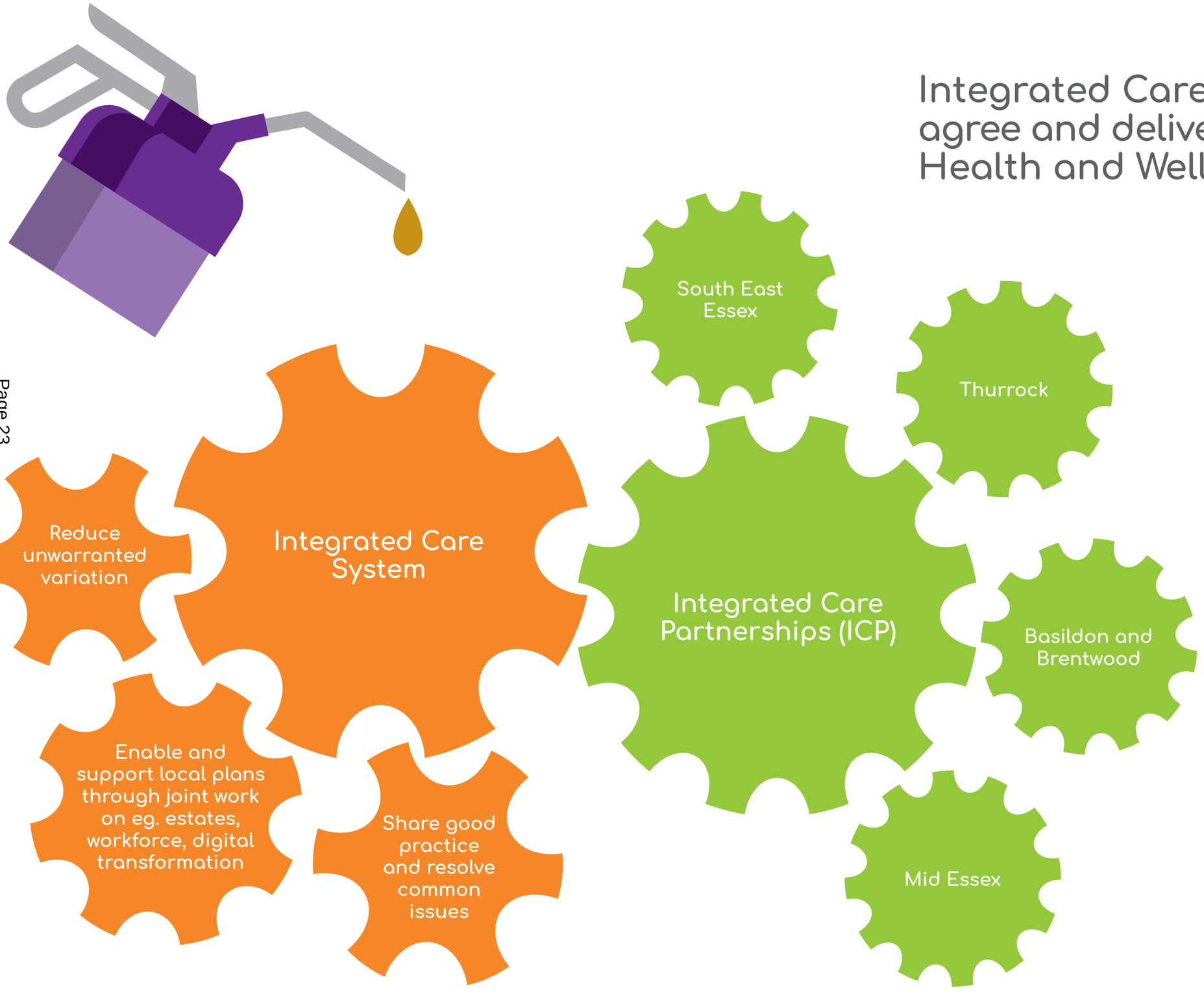
Partnership working focussed on planning and delivering health and care services to support populations of up to 500,000.



Our System

Supporting health and care services in neighbourhoods and places by sharing good practice and resolving common issues.

Where we will be in the future....



Integrated Care Partnerships will agree and deliver plans, overseen by Health and Wellbeing Boards, for:

- // Prevention
- // Self Care support
- // Physical and mental health services
- // Care and support services
- // Community and voluntary sector services
- // Primary Care Networks

Areas of Focus

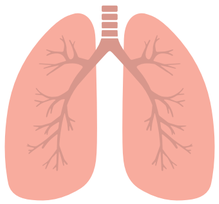
Access to primary care – bringing a range of services closer to home

Improving mental health services

Improving access to and quality of hospital services

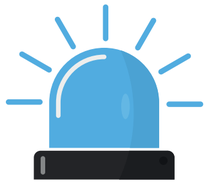
Improving our cancer survival rates through early detection and faster access to treatment

Detecting and treating people with cardiovascular disease



Preventing the development of respiratory disease through improved housing and air quality, and supporting those with respiratory problems to better manage their care.

Delivering on the commitments made in Better Births and ensuring children have the best start in life.



Improving our urgent & emergency care services

Through working together we will...

- // Support people to live well and to be independent for as long as possible
- // Focus on prevention and self-care
- // Ensure that residents have the right information and tools to support them
- // Ensure that services are available to support people when in need
- // Ensure the highest standards of health and care service provision

Next Steps

2019 — SEP — OCT — NOV — DEC — JAN — 2020

NOVEMBER 2019
STP Board approval of 5-year Strategy

DECEMBER 2019
Publication of five year strategy

JANUARY 2020
Journey towards becoming an integrated care system (ICS)

SEPTEMBER – NOVEMBER 2019
Further engagement on draft five year strategy

DECEMBER 2019 ONWARDS
Continued engagement on delivery of the strategy

Recap

- Local plans are the foundation of the strategy and are built upon engagement with local communities
- Work together at system level to enable local plans (eg. through estates, workforce and digital work), address unwarranted variation and resolve common issues.
- The NHS Long Term Plan prescribes a number of commitments that overlap with our own priorities.

Discussion

Does this resonate with your thinking?

Where would you place the highest priority?

Are there elements missing?

Send to:

england.midsouthessexstp@nhs.net

by 28 October

20 September, 2019	ITEM: 6
Thurrock Health and Wellbeing Board	
Consequential amendments to the Health and Wellbeing Board's Terms of Reference and membership	
Wards and communities affected: None	**Key Decision:** Non-key
Report of: Councillor Sue Little, Portfolio Holder for Adult and Children's Social Care and Chair of Thurrock Health and Wellbeing Board	
Accountable Head of Service: n/a	
Accountable Director: Roger Harris, Corporate Director for Adults, Housing and Health and interim Director for Children's Services	
This report is Public	

Executive Summary

The Health and Wellbeing Board is a committee of the Council. As such, its terms of reference are agreed by Council and are contained within the Council's Constitution.

Statutory provisions for Health and Wellbeing Boards are contained within the Health and Social Care Act 2012. This includes provisions about changes to Board membership which require Council approval, following approval from the Health and Wellbeing Board. The Monitoring Officer has the authority pursuant to Article 15 Paragraph 3.4 of the Constitution to make consequential amendments to the Constitution including the current clarifications to the Board's Terms of Reference and changes in legislation to ensure that the Constitution is up-to-date.

Once Health and Wellbeing Board members have considered recommendations in this report the Monitoring Officer will be requested pursuant to Article 15 to incorporate these consequential amendments into the Constitution.

This paper asks the Health and Wellbeing Board to agree to the following consequential amendments to its Terms of Reference. Key changes proposed are:

- Minor amendments to the Board's membership to ensure that the TOR reflects the current membership
- A review of the frequency and length of meetings with a view of meetings taking place on a quarterly basis instead of bi-monthly. It is also proposed the length of meetings is shortened from 2 and a half hours to 2 hours, with the introduction of a 15 minutes refreshment break taking place during the meeting.
- Revisions to the relationship between the Health and Wellbeing Board and the Executive Committee and proposals for the Health and Wellbeing Board to delegate some decision making powers to the Executive Committee – enabling the Health and Wellbeing Board to consider matters of most relevance.

- The introduction of reviewing the Chair of the Health and Wellbeing Board on a bi-annual basis (with next review due in 2021).

1. Recommendation(s)

1.1 That the Health and Wellbeing Board agrees to:

- The changes to the Terms of Reference as outlined within the report.
- Delegating authority for some decision making powers to be delegated to the Health and Wellbeing Board Executive Committee
- Meetings being less frequent, more focussed and shorter in length

2. Introduction and Background

2.1 The Health and Wellbeing Board is a statutory partnership board governed by s194 of the Health and Social Care Act 2012 (the Act). The Act specifies who must be a member of the Board and specifies how additional Board members are to be appointed. The Act states that at any time after a Health and Wellbeing Board is established, the Local Authority must, before appointing another member of the Board or amending the Terms of Reference, consult the Health and Wellbeing Board.

2.2 A commitment provided in the Board's Terms of Reference is that it will be reviewed and refreshed on an annual basis. The purpose of this report is to ask the Health and Wellbeing Board to agree the recommended amendments prior to them being considered by the Council's Monitoring Officer for inclusion in the Council's Constitution as consequential changes pursuant to Article 15 Paragraph 3.4.

3. Issues, Options and Analysis of Options

3.1 Amending the functions and job titles for Board membership will ensure that the Terms of Reference continues to accurately reflect the roles of existing members of the Health and Wellbeing Board. Positions amended are as follows:

- Cllr Sue Little is now Chair of the Board. Cllr Halden remains a member of the Board.
- Cllr Luke Spillman is now a member of the Board. Cllr Barbara Rice is no longer a member
- The Corporate Director for Children's Services, a statutory member of the Board, will be represented on an interim basis by the Corporate Director for Adults Housing and Health and Interim Director for Children's Services, Roger Harris.
- The Corporate Director for Place Directorate, a non-statutory member will be represented by the Interim Director for Place Directorate, Andy Millard.
- The executive member of Basildon and Thurrock University Foundation Trust will continue to be Andrew Pike, Managing Director, who will now be supported as necessary by the Head of the Strategy Unit at BTUH, Preeti Sud.

- Ann Radmore will be invited to future Board meetings as a Director level executive representing NHS England, Midlands and East of England Region, replacing Adrian Marr.
- The Executive Director of Essex Partnership University Trust will be Nigel Leonard, replacing Malcolm McCann.
- Trevor Hitchcock will be invited to future Board meetings as lay member, patient participation, Thurrock NHS CCG.
- A new member will be invited onto the group representing HM Prison and Probation Service. This proposal is in response to an approach made by HM Prison and Probation Service who wish to become members of the Board.

3.3 Amending the frequency and length of meetings will improve attendance at meetings due to reduced capacity required for members. It will be important to ensure that all items that would have previously been considered by the Health and Wellbeing Board still be considered and approved as necessary. To facilitate this it is proposed that members also approve the proposal to delegate some decision making powers to the Health and Wellbeing Board Executive Committee, a sub-group of the Board comprising strategic officers across the council and key partners.

3.4 It is proposed that strategic items that require input or approval from Health and Wellbeing Board members continue to be considered at Health and Wellbeing Board meetings. Operationally focussed items will be considered by the Health and Wellbeing Board Executive Committee members. For example, the Whole System's Obesity Strategy would be considered by the Health and Wellbeing Board during its development and when final approval is being sought. Follow up action plans and frameworks that focus on operational delivery would be considered by the Health and Wellbeing Board Executive Committee.

3.5 To ensure the Health and Wellbeing Board are sighted on decisions taken by the Executive Committee a standing item would be included on future Health and Wellbeing Board meetings that reports decisions taken by the Executive Committee. This would provide for the Health and Wellbeing Board to be aware of and scrutinise further decisions taken by the Executive Committee should members wish.

3.6 As part of ensuring the Board has the capacity to consider all necessary items going forward it is proposed that items previously considered at Board meetings for information will be circulated electronically. Again this would provide members with an opportunity to request that further information is provided about specific items at future board meetings if they wish.

3.7 It is proposed that the Chair of the Health and Wellbeing Board is reviewed bi-annually. This will enable the Chair to be mindful of the commitment they are making when they agree to Chair the Board and understand the commitment that they are providing before they accept the position.

4. Reasons for Recommendation

4.1 As set out in section 3, the recommendations aim to ensure that the Terms of Reference for the Health and Wellbeing Board accurately reflect members' roles and functions and ensures appropriate representation; meet as regularly as required to consider strategic issues that impact on the wider determinants of health and wellbeing, with support from the Executive Committee, a sub group of the Board which will take decisions focussed on operational delivery on its behalf.

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

5.1 The report is being provided to Health and Wellbeing Board as part of consulting members about proposed changes.

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

6.1 The Health and Wellbeing Board leads on the community and corporate priority 'improve health and wellbeing'. It is important that its membership is appropriate to influencing and setting that agenda and allows health and wellbeing in Thurrock to be improved and inequalities in health and wellbeing to be reduced.

7. Implications

7.1 **Financial**

Implications verified by: Roger Harris, Corporate Director, Adults Housing and Health

There are no financial implications.

7.2 **Legal**

Implications verified by: Roger Harris, Corporate Director, Adults Housing and Health

The membership of the Board is in keeping with the requirements of the Health and Social Care Act 2012. The process for amending the Board's membership also complies with the Health and Social Care Act 2012 and Article 15 of the Council Constitution.

7.3 **Diversity and Equality**

Implications verified by: Roger Harris, Corporate Director, Adults Housing and Health

The Board's membership ensures representation is able to identify and respond to diversity and equality implications for Thurrock to ensure that all Thurrock citizens can achieve good health and wellbeing outcomes.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)
None

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

- Not applicable

9. Appendices to the report

- Health and Wellbeing Board Terms of Reference

Report Author:
Darren Kristiansen, Business Manager, Adults, Housing and Health Directorate

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Appendix A

Thurrock Health and Wellbeing Board
Revised Terms of Reference

	THURROCK HEALTH AND WELL-BEING BOARD
Appointed by: The Council under section 102 of the Local Government Act 1972	**Number of Elected Members:** Five
Chair and Vice-Chair appointed by: The Chair will be a Portfolio Holder as determined by the Council.	**Political Proportionality:** There is no requirement for elected Members to be appointed in accordance with Political Proportionality
Quorum: One quarter of the whole number of Board Members, provided that in no case shall the quorum of a Committee be less than three	**Co-opted Members to be appointed by Council:** None

Membership:

- Leader of the Council* (Cllr Robert Gledhill) - Conservative
- Portfolio Holder for Education and Health (Chair) (Cllr James Halden) – Conservative
- Portfolio Holder for Children's and Adult Social Care (Cllr Sue Little) - Conservative
- Cllr Luke Spillman (Thurrock Independents)
- Cllr Tony Fish - Labour
- Corporate Director of Adults, Housing and Health * (Roger Harris)
- Corporate Director of Children's Services * (Roger Harris – Interim Director for Children's Services)
- Director of Public Health* (Ian Wake)
- Accountable Officer: Thurrock NHS Clinical Commissioning Group* (Mandy Ansell)
- Chief Operating Officer HealthWatch Thurrock * (Kim James)
- Clinical Representative: Thurrock NHS Clinical Commissioning Group (Dr Anjan Bose)
- Chair: Thurrock NHS Clinical Commissioning Group or a clinical representative from the Board (Dr Deshpande)
- Executive Nurse: Thurrock NHS Clinical Commissioning Group (Jane Foster-Taylor)
- Lay Member Patient Participation: Thurrock NHS Clinical Commissioning Group (Trevor Hitchcock)
- Corporate Director – Place (Andy Millard, Interim Director for Place)
- Director level Executive, NHS England Midlands and East of England Region (Ann Radmore)
- Chair Thurrock Community Safety Partnership Board / Director – Environment and Highways (Julie Rogers)
- Chair of the Adult Safeguarding Board or their senior representative (Jim Nicholson, Independent Chair or Jane Foster-Taylor, Thurrock CCG)
- Chair Thurrock Local Safeguarding Children's Partnership or their senior representative (Alan Cotgrove)
- Integrated Care Director Thurrock, North East London Foundation Trust (NELFT) (Tania Sitch)
- Executive member, Basildon and Thurrock Hospitals University Foundation Trust (Andrew Pike / Preeti Sud)
- Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT) (Nigel Leonard)

- Chief Executive Thurrock CVS (Kristina Jackson)
- Member to be confirmed. HM Prison and Probation Service

* denotes mandatory organisational representation

Our Vision

- Adding Years to Life and Life to Years:

Our Principles

- Reducing inequality in health and wellbeing
- Prevention is better than cure
- Empowering people and communities
- Connected services
- Our commitments will be delivered
- Continually improving service delivery
- Continuing to establish clear links between health and education services, improving accessibility for all

Our Goals

- Opportunity for All
- Healthier Environments
- Better Emotional Health and Wellbeing
- Quality Care Centred Around the Person
- Healthier for Longer

1. Purpose

1.1 To improve health and wellbeing and reduce inequalities in health and wellbeing;

1.2 To develop and facilitate the delivery of transitional arrangements to meet statutory requirements within the emerging health agenda; and

1.3 To determine the health improvement priorities in Thurrock.

1.4 To oversee the development and implementation of Thurrock's Health and Wellbeing Strategy

2. Functions

2.1 Identify and join up areas of commissioning across the NHS, social care, public health, and other services directly related to health and well-being and reducing health inequalities;

2.2 Encourage and develop integrated working – for the purpose of advancing the health and well-being of and reducing health inequalities amongst Thurrock people;

2.3 Oversee the on-going development and refresh of the Joint Strategic Needs Assessment (JSNA);

2.4 Oversee the on-going development, refresh, and implementation of Thurrock's Health and Well-Being Strategy (HWS) – ensuring that it provides an overarching framework for commissioning plans related to Health and Well-Being and Health Inequalities;

2.5 Sign-off key commissioning plans, strategy, and policy related to Health and Well-Being;

2.6 Oversee the development of the pharmaceutical needs assessment; and

2.7 Performance manage the achievement of and progress against key outcomes identified within the JHWS and against key commissioning plans.

3. Meeting Frequency

3.1 The Board will meet quarterly.

4. Governance and Approach

4.1 The Board will function at a strategic level, with priorities being delivered and key issues taken forward through existing partnership arrangements – which may at times include the establishment of task and finish groups.

4.2 The Board has delegated operation decisions to the Health and Wellbeing Board Executive Committee, a subgroup of the Board. A standing item will be included at Health and Wellbeing Board meetings which provides for the Executive Committee to inform the Board of decisions that have been taken.

4.2 Only a small number of permanent sub-groups will exist to support the work of the Board:

- **Health and Wellbeing Executive Committee**, a strategic group that supports the Health and Wellbeing Board
- **Integrated Commissioning Executive** (ICE). ICE is a decision making body responsible overseeing the delivery of the Better Care Fund Plan, and the wider health and wellbeing transformation agenda in Thurrock. The ICE meets monthly and minutes are a standing item at Health and Wellbeing Board meetings.
- **Housing and Planning Advisory Group** (HPAG). HPAG supports the Board with influencing plans for the built environment and the potential impact of those plans on health and wellbeing of the population of Thurrock. It does this by looking at significant development plans (major) at the earliest possible stage to enable full consideration to be provided to the potential impact of new developments on people's health and wellbeing. HPAG reports to the HWB on an annual basis.
- **Thurrock Integrated Care Alliance** comprises different organisations from the health and care system who work together to improve the health of their local population by integrating services and tackling the causes of ill health.
- **Thurrock Drug and Alcohol Action Team (DAAT)**. Commissioning drug and alcohol treatment and support services for young people, adults, families and carers throughout Thurrock.
- The **Health and Wellbeing Engagement Advisory Group.** Aims to ensure that the health and care system is responsive to meeting the needs of Thurrock's population and that that residents have the opportunity to engage with, influence and shape that system.

4.3 Decisions taken and work progressed will be subject to scrutiny by the Health and Well-Being Overview and Scrutiny Committee – and other Overview and Scrutiny

Committees as appropriate (note: HealthWatch has a scrutiny function)

4.4 The development of the Health and Wellbeing Board and its agenda is a dynamic process. As a result, the Board's Terms of Reference continue to be reviewed at least annually and altered to reflect changes as appropriate.

4.5 Elected members will be nominated by the Leader of the Council

4.6 The Local Authority may nominate additional Board members in consultation with the Health and Wellbeing Board

4.7 The Board may appoint additional members as it thinks appropriate

5. Wider Engagement

5.1 The Board will ensure that the decisions it makes and the priorities it sets take account of the needs of all of Thurrock's communities and groups – particularly those most in need

5.2 The Board will ensure that stakeholders including providers are engaged, with a Health and Well-Being Stakeholder Network established to assist with this purpose

Functions determined by Statute

The Health and Wellbeing Board will operate in accordance with the provisions of the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The Health and Wellbeing Board may appoint one or more sub-committees of the Board to advise it with respect of any matter relating to the discharge of functions by the Board. Functions of the Health and Wellbeing Board may also be discharged by a sub-committee of the Board or by an officer of the authority.

Schedule 2, paragraph 19(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) require the Health and Wellbeing Board to make representations to NHS England on the effect of the proposed removal of premises from the pharmaceutical list, usually provided through an application to consolidate pharmacies. The Health and Wellbeing Board have delegated authority to respond on its behalf to Public Health.

20th September 2019	ITEM: 7
Health and Wellbeing Board	
Thurrock Better Care Fund Plan 2019-20	
Wards and communities affected: All	**Key Decision:** Non-key
Report of: Roger Harris, Corporate Director of Adults, Housing and Health; and Mandy Ansell, Accountable Officer NHS Thurrock Clinical Commissioning Group	
Accountable Head of Service: n/a	
Accountable Director: Roger Harris, Corporate Director of Adults, Housing and Health; and Mandy Ansell, Accountable Officer NHS Thurrock Clinical Commissioning Group	
This report is Public	

Executive Summary

The Better Care Fund provides the mechanism for joining up health and social care planning and commissioning, bringing together budgets from Clinical Commissioning Group funding allocations, the Disabled Facilities Grant (DFG), Winter Planning monies and funding paid directly to local government for adult social care services – the Improved Better Care Fund (IBCF).

All local areas are required to have Better Care Fund Plans in place to set out how health and adult social care will deliver their integration agenda and how services for local people will be improved. The Plan is subject to a regional assurance process with final sign-off expected in the week commencing 18 November 2019. This will follow a submission deadline of 27th September.

Thurrock's Better Care Fund was originally focused on people aged 65 and above who are most likely to be at risk of hospital or residential home admission, with this being the cohort who will benefit most from the development and delivery of an integrated approach to health and social care. As such, the BCF encompasses all out of hospital adult social care and community health budgets for that age group. As a consequence of the opportunities provided by the Better Care Fund, Thurrock has been developing an integrated approach to redesigning the health and care system known as Better Care Together Thurrock. The approach is population-wide and focuses on ensuring that people can achieve the outcomes that matter most to them. This means a greater focus on early intervention, prevention, and the pivotal role housing and the built environment and the community plays in supporting people to stay well and stay connected. As a result, the direction of travel for the Better Care Fund has shifted from being focused solely on the over 65s, to being directed

more on the whole population within a place. It is important that the Better Care Fund Plan embodies our approach to health and care transformation.

The value of the Fund for the year 2019-20 has increased from £43.274m in 2018-19, to £48.623m.

The Fund and how it is spent is governed by a Section 75 agreement, the arrangements for which have been agreed for 2019/20 but will be updated to incorporate changes in the Fund's value and also to reflect the detail of the updates to the schemes contained within the Plan.

1. Recommendations

That the Health and Wellbeing Board:

1.1 Agree Thurrock's Better Care Fund Plan for 2019-20; and

1.2 Agree to delegate the approval of any minor changes made to the Plan after the 20th September Board meeting to the Board Chair, Corporate Director of Adults, Housing and Health, and Thurrock CCG Accountable Officer.

2. Introduction and Background

2.1 The Better Care Fund requires Clinical Commissioning Groups and local authorities to pool their budgets and to agree an integrated spending plan for their Better Care Fund allocation.

2.2 Thurrock's 2017-19 Plan focused on people aged 65 and above, totalled £43.274 million and contained four key schemes:
1 – Prevention and Early Intervention
2 – Out of hospital community integration
3 – Intermediate Care
4 – Disabled Facilities Grant

2.3 The Better Care Fund Planning Requirements for 2019-20, published on 18 July 2019, set out the requirements for all Better Care Fund Plans. Key changes this year include:

- A requirement to produce a 1-year plan;
- Incorporation of all elements of the Plan into a shorter single template;
- Removal of the requirement to submit separate plans for Winter Pressures grant;
- Removal of separate reporting on iBCF schemes and initiatives; and
- A single format for scheme-level planning and reporting.

2.4 The introduction of the Improved Better Care Fund (IBCF) in 2017-18 has enabled additional investments to be made consistent with grant conditions that are: meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they

are ready; and ensuring that the local social care provider market is supported.

2.5 The 2019-20 Plan now incorporates Winter Pressures grant monies so that planning can take place at an earlier point in time, and schemes put in place the previous year can continue if having the desired impact on the system. It should be noted that pressures which in past years occurred during the winter period now tend to occur throughout the year.

2.6 The report asks the Board to approve Thurrock's Better Care Fund Plan for 2019-20, and also asks the Board to agree to delegate the approval of any minor changes to the Board's Chair, Corporate Director of Adults, Housing and Health, and the CCG's Accountable Officer.

3. Issues, Options and Analysis of Options

Focus

3.1 Since 2015-16, the focus of our Better Care Fund has been on developing an integrated approach to health and social care for people aged 65 and above. We know that frail older people and people with long-term conditions account for the majority of spend across the health and care system, and are the group that would respond best to coordinated, proactive and integrated health and social care. The Fund has been added to year on year so that in 2017-19 it contained the vast majority of the community health and adult social care budget for that cohort – this was an ambition set out in our 2016-17 Plan.

3.2 Whilst it was important to focus on the over 65s as a cohort, Thurrock's health and care transformation programme (Better Care Together Thurrock) aims to redesign health and social care so that it is population-wide and focused on place. The introduction of a mixed-skill primary workforce in Tilbury and Chadwell, place-based social care (Community-Led Support), and the testing of an alternative delivery model for domiciliary care alongside existing place-based schemes (e.g. Local Area Coordination) has helped to create a very different health and care model. The model has a far greater emphasis on prevention and early intervention – aiming to shift activity away from the acute sector and 'up stream' to community based settings, and provide care closer to home. Doing this involves developing an approach to well-being which includes a significant role for the community, and which also embraces healthy place making principles. As a result, the emphasis within the BCF Plan has shifted so that it has a greater focus on population and place and on prevention and early intervention. This is reflected within the narrative of the Plan.

3.3 The key components of the 17-19 Plan will involve whole-system change and delivery of a population-health and place-based approach which will incorporate:

- the development of four Integrated Medical Centres inter alia honouring the commitment to relocate services provided by Orsett Hospital;

- specialised housing and a new model of residential care for older people, and the development and delivery of Better Care Together Thurrock; and
- with forthcoming organisational changes affecting commissioning within the NHS, including NHS Thurrock CCG, Thurrock's BCF Plan reflects our ambitions and plans for Thurrock's population.

Schemes

3.4 There are four schemes contained within the 2019-20 Plan. These are:

1 – Prevention and Early Intervention – initiatives, such as the successful Hypertension Detection Project, which focus on preventing, reducing and delaying the need for health and social care, as well as enabling early identification and management of long-term conditions.

2 – Out of Hospital Community Integration – the scheme focuses on the development of locality-based integrated health and care system. The scheme for 2019-20 will focus on continuing to develop and deliver new models of care and scaling up across the rest of Thurrock, enabling a shift in investment from acute to community settings. For 2019-20, this will include the scaling up of Community-Led Support (place-based social work), the development of place-based Community Health, the continued roll-out of mixed-skills workforce for Primary Care, and developing phase II of the alternative model to domiciliary care – which will explore how Wellbeing Teams can work alongside Community and Primary Care and the community to provide a streamlined offer.

3 – Good discharge – A significant focus of the 2017-19 plan was on preventing and reducing delayed transfers of care – through the delivery of 'good discharge'. This Plan will continue that focus, with Thurrock performing extremely well both nationally and regionally. This includes initiatives such as investment in a Bridging Service, 7-day Hospital Social Care Team, "By Your Side" voluntary sector home service, and investment in Occupational Therapy. Some of the existing schemes will be reviewed to ensure maximal on-going impact and value for money.

4 – Disabled Facilities Grant – This scheme contains the funding received for the specific purpose of providing adaptations for people with disabilities and any other social care capital project jointly agreed between the Council and NHS Thurrock Clinical Commissioning Group.

The scheme totals are detailed below:

Scheme	Scheme Name	Amount

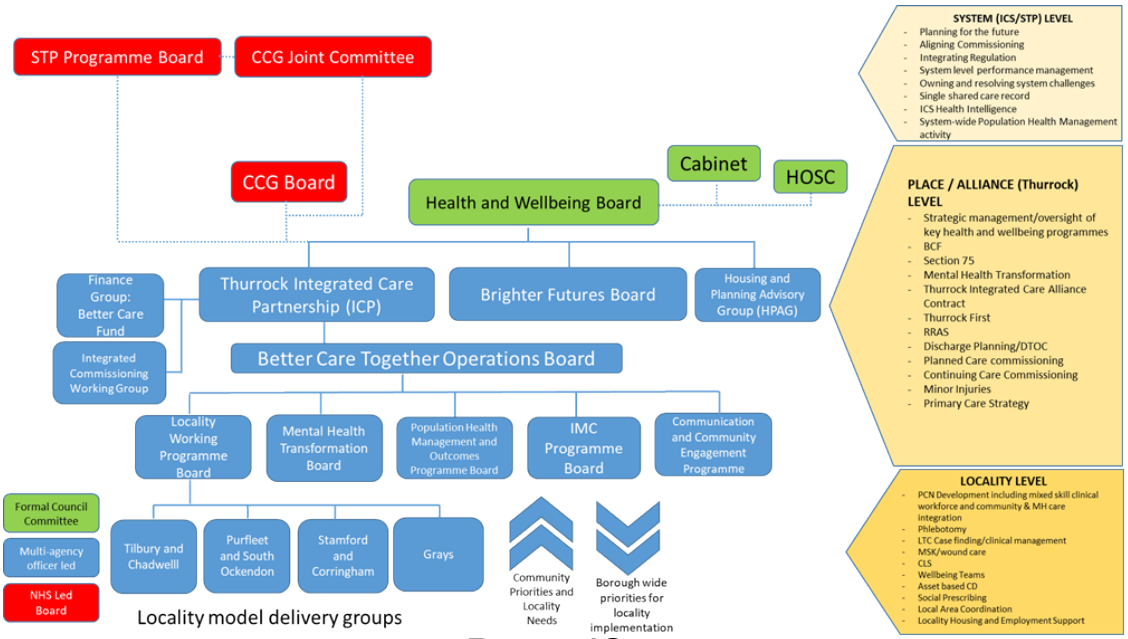
Ref		£m
1	Prevention and Early Intervention	£3.910
2	Out of Hospital Community Integration	£34.154
3	Delivering Good Discharge	£8.964
4	Disabled Facilities Grant	£1.162
		£48.623

Governance

3.5 A paper presented to the Health and Wellbeing Board at its 28 June 2019 meeting titled 'Defining the roles, responsibilities and governance of a Thurrock Integrated Care Partnership in the context of the Mid and South Essex STP and local transformation' reviewed existing governance arrangements ensuring they remained fit for purpose and reflected local ambitions for health and care.

3.6 The paper stated that there were 'a number of issues with the current arrangements' which included the Integrated Commissioning Executive and Better Care Fund management sitting in parallel silos to the Integrated Commissioning Care Partnership (TICA) and Better Care Together Steering Group. The paper stated that 'moving forward, the Better Care Fund [needed] to act as the strategic financial delivery mechanism for integrated commissioning and locality budgets' and that 'current arrangements [did] not adequately support this'.

3.7 The paper presented to the July Board recommended some changes to existing arrangements.



3.8 Consequently, from the later part of 2019, governance arrangements relating to the Better Care Fund Plan 2019-20 will be via the Thurrock Integrated Care Partnership (TICP). Current responsibilities overseen by the Integrated Commissioning Executive will be subsumed within the Terms of Reference for TICP.

Next Steps

3.9 The deadline for the Plan to be submitted to NHS England is the 27th September 2019. Following the submission, all plans will be subjected to a regional assurance process. Areas are expected to find out if their plans have been approved during the week commencing 18 November 2019.

3.10 Following approval, Thurrock's Section 75 Agreement for the Better Care Fund will be updated to reflect amounts for 2019-20 Better Care Fund and also to reflect the updated schemes. The Better Care Fund Planning Requirements published on 18 July require all Section 75 agreements to be signed and in place by 15 December 2019.

4. Reasons for Recommendation

4.1 All Clinical Commissioning Groups and local authorities in every single area are required to pool budgets and set out how they will use their Better Care Fund allocation.

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

5.1 The direction of travel for health and social care embodied within the Better Care Fund Plan reflects or takes in to account feedback received from consultation and engagement already carried out. For example via For Thurrock in Thurrock and the Health and Wellbeing Strategy. Specific elements of the Plan, including new services and changes to services, may be subject to further consultation and engagement as they progress.

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

6.1 The Plan contributes to the Council's priorities for Thurrock as follows:

People – a borough where people of all ages are proud to work and play, live and stay.

This means:

- 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; and

- communities are empowered to make choices and be safer and stronger together.

It also contributes towards the delivery of the Health and Wellbeing Strategy 2016 – 2021.

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**

Management Accountant

The Better Care Fund is made up of contributions from the Council and Thurrock CCG. The mandated amount is £10.833m for Thurrock CCG and £1.162m for Thurrock Council. In addition, contributions for IBCF and Winter Pressures monies equate to £5.406m. Additional contributions for 2019-20 equate to £31.222m.

The nature of the expenditure is an agreed ring-fenced fund. Financial risk is therefore minimised and governed by the terms set out in the Section 75 agreement and closely monitored through the monthly ICE committee meetings.

7.2 Legal

Implications verified by: **Lindsey Marks**

Principal Solicitor Safeguarding

Entry of the Council into the Better Care Fund Agreement is governed by S75 of the NHS Act 2006. The procurement of specific services by the Council utilising the Better Care Fund is a separate process for consideration and will be the subject of a further report. Legal Services will ensure its continuing availability to support the Corporate Director of Adults, Housing and Health and appropriate colleagues.

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**

Strategic Lead, Community Development and Equalities

The vision of the Better Care Fund is to improve outcomes for people through the provision of an integrated health and care system focused on population and place. The commissioning plans developed to realise this vision will be developed with due regard to equality and diversity considerations.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

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

- Better Care Fund Planning Requirements for 2019-20

9. Appendices to the report

- Thurrock Better Care Fund Plan 2019-20

Report Author:

Ceri Armstrong

Senior Health and Social Care Development Manager

Adults, Housing and Health

Health and Wellbeing Board:	Thurrock
Completed by:	Ceri Armstrong
E-mail:	carmstrong@thurrock.gov.uk
Contact number:	01375 652179
Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor Sue Little

Will the HWB sign-off the plan after the submission date?	No
If yes, please indicate the date when the HWB meeting is scheduled:	

Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
Health and Wellbeing Board Chair	Councillor	Sue	Little	slittle@thurrock.gov.uk
Clinical Commissioning Group Accountable Officer (Lead)		Mandy	Ansell	mandy.ansell@nhs.net
Additional Clinical Commissioning Group(s) Accountable Officers		None	None	mandy.ansell@nhs.net
Local Authority Chief Executive		Lyn	Carpenter	lcarpenter@thurrock.gov.uk
Local Authority Director of Adult Social Services (or equivalent)		Roger	Harris	rharris@thurrock.gov.uk
Better Care Fund Lead Official		Ceri	Armstrong	carmstrong@thurrock.gov.uk
LA Section 151 Officer		Sean	Clark	sclark@thurrock.gov.uk

Better Care Fund 2019/20 Template

3. Summary

Selected Health and Wellbeing Board: Thurrock

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£1,162,050	£0	£1,162,050
Minimum CCG Contribution	£10,832,817	£0	£10,832,817
iBCF	£4,751,506	£0	£4,751,506
Winter Pressures Grant	£654,204	£0	£654,204
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£17,400,577	£0	£17,400,577

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£3,078,379
Planned spend	£0

Planned spend is less than the minimum required spend

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£3,851,054
Planned spend	£0

Planned spend is less than the minimum required spend

Scheme Types

Assistive Technologies and Equipment	£0
Care Act Implementation Related Duties	£0
Carers Services	£0
Community Based Schemes	£0
DFG Related Schemes	£0
Enablers for Integration	£0
HICM for Managing Transfer of Care	£0
Home Care or Domiciliary Care	£0
Housing Related Schemes	£0
Integrated Care Planning and Navigation	£0
Intermediate Care Services	£0
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£0
Prevention / Early Intervention	£0
Residential Placements	£0
Other	£0

Total	£0

HICM >>

		Planned level of maturity for 2019/2020
Chg 1	**Early discharge planning**	Mature
Chg 2	**Systems to monitor patient flow**	Mature
Chg 3	**Multi-disciplinary/Multi-agency discharge teams**	Mature
Chg 4	**Home first / discharge to assess**	Mature
Chg 5	**Seven-day service**	Mature
Chg 6	**Trusted assessors**	Mature
Chg 7	**Focus on choice**	Mature
Chg 8	**Enhancing health in care homes**	Mature

Better Care Fund 2019/20 Template

4. Strategic Narrative

Selected Health and Wellbeing Board: Thurrock

Please outline your approach towards integration of health & social care:

When providing your responses to the below sections, please highlight any learning from the previous planning round (2017-2019) and cover any priorities for reducing health inequalities under the Equality Act 2010.

Please note that there are 4 responses required below, for questions: A), B(i), B(ii) and C)

Link to B) (i)
Link to B) (ii)
Link to C)

A) Person-centred outcomes Your approach to integrating care around the person, this may include (but is not limited to):
- Prevention and self-care - Promoting choice and independence

B) HWB level

(i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):
- Joint commissioning arrangements - Alignment with primary care services (including PCNs (Primary Care Networks)) - Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

(ii) Your approach to integration with wider services (e.g. Housing), this should include:
- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the (Regulatory Reform Order 2002)

C) System level alignment, for example this may include (but is not limited to):

- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans
- A brief description of joint governance arrangements for the BCF plan

Better Care Fund 2019/20 Template

5. Income

Selected Health and Wellbeing Board: Thurrock

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Thurrock	£1,162,050
Total Minimum LA Contribution (exc iBCF)	**£1,162,050**

iBCF Contribution	Contribution
Thurrock	£4,751,506
Total iBCF Contribution	**£4,751,506**

Winter Pressures Grant	Contribution
Thurrock	£654,204
Total Winter Pressures Grant Contribution	**£654,204**

Are any additional LA Contributions being made in 2019/20? If yes, please detail below	<Please Select>

Local Authority Additional Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	

CCG Minimum Contribution	Contribution
NHS Thurrock CCG	£10,832,817
Total Minimum CCG Contribution	**£10,832,817**

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	<Please Select>

Additional CCG Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding

Total Addition CCG Contribution	**£0**	
Total CCG Contribution	**£10,832,817**	

	2019/20
Total BCF Pooled Budget	**£17,400,577**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Better Care Fund 2019/20 Template

6. Expenditure

Selected Health and Wellbeing Board: Thurrock

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£1,162,050	£0	£1,162,050
Minimum CCG Contribution	£10,832,817	£0	£10,832,817
iBCF	£4,751,506	£0	£4,751,506
Winter Pressures Grant	£654,204	£0	£654,204
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£17,400,577	£0	**£17,400,577**

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£3,078,379	£0	£3,078,379
Adult Social Care services spend from the minimum CCG allocations	£3,851,054	£0	£3,851,054

Better Care Fund 2019/20 Template

7. High Impact Change Model

Selected Health and Wellbeing Board:	Thurrock

Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including: - Current performance issues to be addressed - The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan - Anticipated improvements from this work
Early discharge planning - working with Southend Council to act as Trusted Assessors when Southend residents are at Basildon Hospital and when Thurrock residents are at Southend Hospital. We have implemented a new information portal to allow trusted assessors to upload assessment information on to the Council's system. We will also be carrying out discharge planning pre-admission to enable early discharge. Systems to monitor patient flow - we will be extracting information from our information system Mede Analytics which will allow us to monitor patient flow and to analyse activity Trusted Assessors - we are broadening our approach to Trusted Assessors. We are piloting Domiciliary Care providers as trusted assessors and also working with Southend Council as a trusted assessor.

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020	If the planned maturity level for 2019/20 is below established, please state reasons behind that?
Chg 1	Early discharge planning	Mature	Mature	
Chg 2	Systems to monitor patient flow	Mature	Mature	
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature	Mature	
Chg 4	Home first / discharge to assess	Established	Mature	
Chg 5	Seven-day service	Established	Mature	
Chg 6	Trusted assessors	Established	Mature	
Chg 7	Focus on choice	Established	Mature	
Chg 8	Enhancing health in care homes	Established	Mature	

Better Care Fund 2019/20 Template

8. Metrics

Selected Health and Wellbeing Board: Thurrock

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	**Collection of the NEA metric plans via this template is not required** as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	CCG to complete (email from Ann)

8.2 Delayed Transfers of

Care

	19/20 Plan	Overview Narrative
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	8.3	Our BCF Plans over the last couple of years have already been very successful in reducing delayed transfers of care in Thurrock. In 18/19 our outturn was 6.7 average delayed days per day (daily delays), which was 1.6 below the 8.3 target. Our plans for 19/20 are to continue to build upon this work to effectively manage transfers of care. The key schemes and initiatives contributing to our management of DTOC are as follows: - Bridging Service - which is enabling people to be discharged from hospital when they are medically fit to do so but unable to go home; - Additional investment in domiciliary care to build sufficient capacity and reduce the likelihood of people waiting for care; - The provision of intermediate care beds; - Investment in a scheme known as 'By Your Side' which ensures people's homes are ready for them when they come out of hospital - Recruitment of a DTOC coordinator - implementation of 7 day working - for example the Hospital Social Work Team

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
	Annual Rate	689	637	Our target for 19/20 is to have no more than 156 permanent admissions to residential/nursing care for people aged 65 and over. Please note that as this is also a national ASCOF indicator, nationally and regionally the Mid-Year Population Estimates are used rather than the Sub-National Population Projections as used in this template. The latest 2018 Mid-Year Population Estimate for Thurrock is 23,788, therefore under ASCOF our target rate would be 656
	Numerator	164	156	
	Denominator			

				rather than 637. The schemes and initiatives that will contribute to the delivery of this stretching target are as follows: - Transformation of Health and Social Care - all of the work contributing to our transformation programme is designed to keep people out of residential and nursing care and in their community. There is a significant focus on early intervention and prevention. The BCF contributes to this through initiatives such as Community Led Support social work teams and Wellbeing Teams (an alternative model to Domiciliary Care moving away from time and task and focusing on outcomes); - Investment through the BCF in reablement and occupational therapy ensures that people have the best chance of staying at home when they come out of hospital; - Plans for 2019-20 include redesigning the community health offer so that it is place based and works alongside place-based social care and mixed-skill primary care teams; - The BCF has invested in a stretched QoF for GP surgeries to identify a greater number of long term conditions and also the management of long term conditions in the community - investment through the BCF in a Dementia Crisis Support Team

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	91.3%	86.3%	Although we are proposing to reduce the target in 2019/20 compared to 2018/19, this represents an increase in the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation. In 2018/19 we did not achieve the 91.3% and our final ASCOF figure for 2018/19 was 82.5%. We also did not reach our target denominator of 103, but only achieved 97. The reason for the lower denominator than planned was due to improved recording in year to identify those who had reablement upon discharge from hospital (as opposed to home care support). This year we have plans to continue to improve our recording through improvements to our ICT system, which we expect will have a slight reduction in those being recorded as receiving reablement upon discharge from hospital, but which we also expect will improve the proportion still at home 91 days later. Our proposed target of 86.3% is a 3.8% increase on last year's outturn, and is also 3.4% above the current national average (82.9% 2017/18). This new target is more realistic with what we expect to be able to achieve. The BCF will contribute to achieving the above target as follows: - Investment in an integrated reablement service; - Implementation of an alternative domiciliary care delivery model designed to focus on outcomes and reablement; - additional capacity for domiciliary care; - investment in a domiciliary care night service;
	Numerator	94	69	
	Denominator	103	80	

				- Bridging Service - to ensure that when people go home they are ready to do so; - By Your Side service designed to ensure that people's homes are ready for when they come home; - investment in Occupational Therapy; - remodelling of community health to move to a place-based model of health and social care designed to enhance the care provided and focus on outcomes; - Technology Enabled Care programme which looks at the application of a broad range of technological solutions

Better Care Fund 2019/20 Template

9. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Thurrock

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	**Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?** Has the HWB approved the plan/delegated approval pending its next meeting? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Do the governance arrangements described support collaboration and integrated care? Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?	Yes	

	PR2	**A clear narrative for the integration of health and social care**	**Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers:** - Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care? - A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care? - A description of how the local BCF plan and other integration plans e.g. STP/ICSs align? - Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description of local priorities related to health inequality and equality that the BCF plan will contribute to addressing. Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?	Yes	
	PR3	**A strategic, joined up plan for DFG spending**	**Is there confirmation that use of DFG has been agreed with housing authorities?** Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home. In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?	Yes	

NC2: Social Care Maintenance	**PR4**	**A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Yes	
NC3: NHS commissioned Out of Hospital Services	**PR5**	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?**	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Yes	
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	**PR6**	**Is there a plan for implementing the High Impact Change Model for managing transfers of care?**	**Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care?** Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes? Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM? Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system? If the current level of implementation is below established for any of the HICM changes, has the plan included a clear explanation and set of actions towards establishing the change as soon as possible in 2019-20?	Yes	

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Have the planned schemes been assigned to the metrics they are aiming to make an impact on?Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated)Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box)Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter?**Has funding for the following from the CCG contribution been identified for the area?**- Implementation of Care Act duties?- Funding dedicated to carer-specific support?- Reablement?	<Please Select>	
	PR8	**Indication of outputs for specified scheme types**	Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)	<Please Select>	
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric? Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics? Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements? **Have stretching metrics been agreed locally for:** - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement	<Please Select>	

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20th September 2019	ITEM:8
Health and Wellbeing Board	
Suicide Prevention in Thurrock – update report	
Wards and communities affected: All	**Key Decision:** Non-key
Report of: Maria Payne, Strategic Lead for Public Mental Health and Adult Mental Health System Transformation	
Accountable Head of Service: Not Applicable, Ian Wake, Director of Public Health	
Accountable Director: Ian Wake, Director of Public Health	
This report is Public	

Executive Summary

The devastating impact of suicide on family, friends, work colleagues and the wider community is well documented. There are a vast range of underlying factors involved, including health, social, economic, geographical, demographical and societal, all of which are contributors to increasing the likelihood for those at risk. This report aims to provide an update on the current position in Thurrock with regard to suicide prevention and the proposed next steps aligned with nationally identified priorities. It also describes the proposed governance approach across Thurrock in collaboration with Essex and Southend colleagues.

1. Recommendation(s)

1.1 To note the contents of this paper and the attached SET Suicide Prevention Strategy update report.

1.2 To agree the [draft] Southend Essex and Thurrock [SET] Prevention Steering Board Terms of Reference and authorise that the Steering Board has decision-making responsibility on behalf of the Health and Wellbeing Board as appropriate.

1.3 To support the next steps proposed.

2. Introduction and Background

1.1. The devastating impact of suicide on family, friends, work colleagues and the wider community is well documented. In 2012 the Government pledged its commitment to reducing the number of suicides in England as set out in the National Suicide Prevention Strategy, *Preventing Suicide in England*.

1.2. More recently the Five Year Forward View for Mental Health set out an ambition to reduce the number of suicides in England by 10 percent by 2020/2021, and the NHS Long Term Plan reaffirms the NHS' commitment to making suicide prevention, implementing approaches to real-time surveillance and provision of suicide bereavement counselling a priority.

1.3. The complexity around suicide prevention is compounded by the fact that no single organisation can tackle this alone, (and that to some extent some contributing factors are beyond reach, e.g. breakdown of personal relationships). What is required, is a whole system, cohesive, multi-agency approach, which brings together local government, primary and acute healthcare settings, including Mental Health, the criminal justice system, emergency services, workplaces, communities and the voluntary sector.

1.4. Perhaps indicative of these complexities, is the fact that in 2017 the Health Select Committee recommended a need for improvement to the implementation and governance of the National Strategy. By way of response, in January 2019 the Government published its Cross Government Suicide Workplan (Government Workplan), detailing a comprehensive set of actions across sectors, intended to drive the implementation of the National Strategy. These include embedding local suicide prevention plans in local authorities, addressing the highest risk groups including middle aged men and other vulnerable groups, and improving support for those bereaved by suicide.

1.5. The National Suicide Prevention Strategy Delivery Group (NSPSDG) which is responsible for coordinating and supporting delivery of the Government Workplan, have identified key themes across sectors, and potential opportunities for joint learning, namely:

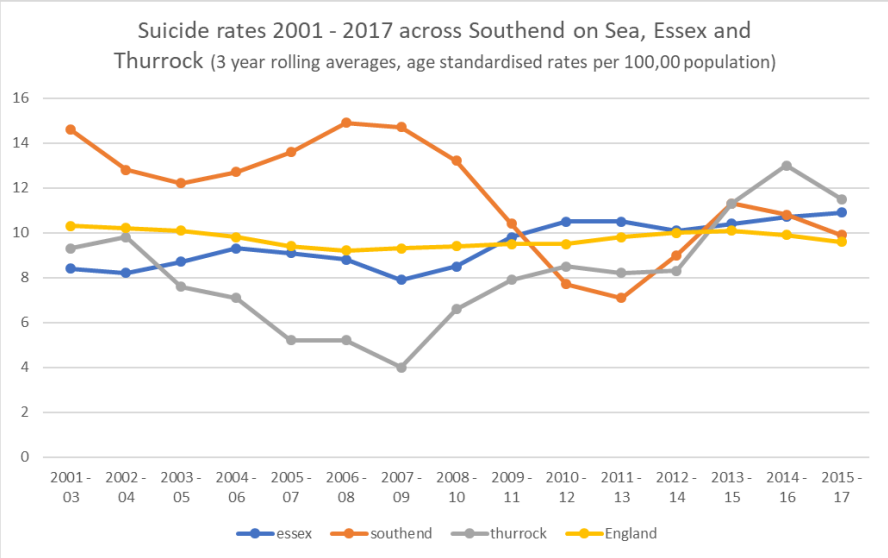
i. Data and information sharing
ii. Training
iii. Self- harm

3. Local Context

3.1 In 2018, there were 10 deaths due to suicide in Thurrock – which is broadly similar to the 8 deaths due to suicide in 2017. This low number makes it difficult to ascertain particular characteristics or patterns amongst suicides to direct preventative actions, so in August 2018, an audit of 141 coroner-determined suicides and open verdicts for those aged 18 and above in Southend, Essex and Thurrock individuals was undertaken by partners. This identified the following characteristics across all deaths:

- The suicide rate in Southend-on-Sea, Essex and Thurrock is broadly in line with the East of England and England's rate. Rates of suicide in Southend-on-Sea have declined over the years, while Essex rates have increased.
- There are no statistically significant differences in rates between Southend-on-Sea, Essex and Thurrock.
- Known risk factors including relationship issues, social isolation, financial issues, legal issues, unemployment/employment issues and ill health were noted in the cases reviewed.
- 73% of suicides involved males. The most prevalent age range for males was between 40 and 49 years and between 40 and 44 years for women.
- 83% of suicides in people aged 18-25 years involved substances such as drugs and alcohol. In over 36 year olds, 31% involved a history of alcohol misuse and 21% involved a history of drug abuse.

Figure 1: Suicide Rates in Southend, Essex and Thurrock, 2001-2017



3.2 The above audit only looked at suicides for those aged 18 and over. Regarding children and young people, the difficulty with ascertaining true incidences of suicides lies with the fact that they are often given open verdicts rather than recorded to be suicides.

3.3 The Health and Wellbeing Board should take note of the *Maughan* decision by the Court of Appeal in April 2019, which now changes the understanding of the required standard of proof required to return a conclusion of 'suicide' in an inquest from the criminal court standard "beyond reasonable doubt" to the lower civil court standard "on the balance of probabilities." This may result in more deaths being recorded as suicide, which may mean a statistical increase in reported incidence of suicide in future years across the whole country.

4. Southend, Essex and Thurrock Suicide Prevention Steering Board

4.1 It was recognised that there are already multiple forums and a lot of activity being undertaken, which although not specifically directed at suicide prevention, is nonetheless targeted at the same high risk groups and indirectly intended to achieve the same outcome. Key examples in Thurrock are Safeguarding Boards, the Mental Health Transformation Board, and the Brighter Futures Steering Board.

4.2 However, in order to coordinate and drive forward the suicide prevention agenda in line with the national focus, Southend, Essex and Thurrock Councils have convened a Suicide Prevention Steering Board to provide system-wide leadership and expertise across the Local Authority and STP footprint. The Board is chaired by the Essex Director of Public Health. The Board will identify priorities and make recommendations on key areas including the development and monitoring of the SET Suicide Prevention Strategy and Action Plans, data collection and audit. At its first meeting in April 2019, Board members identified suicide prevention training as one area to prioritise.

4.3 The Steering Board has established Terms of Reference detailing its purpose and key outcomes, which the Health and Wellbeing Board is asked to review and approve. The Board accountability is to the three SET Health and Wellbeing Boards and the three STPs. The Board will require authorisation from the three HWBs to assume decision making responsibility on behalf of the HWB as appropriate. This responsibility will determine its authority to direct others to deliver against those priorities identified in the SET Suicide Prevention Strategy 2019, and for them to be accountable to the Steering Board.

4.4 To support the Steering Board a suicide prevention working officers group led by the three local authority public health suicide prevention leads and mental health leads for both adults and children from the Clinical Commissioning Groups, has been established to support the delivery of activity.

5. Actions against identified priority areas

5.1 Thurrock colleagues have been working with Essex County Council and Southend Council colleagues in a joint approach to aspects of suicide prevention, and jointly developed an update report to the previous SET Suicide Prevention Strategy from 2017. The figure below depicts the types of agencies identified as required to support this work:

Figure 2: The Southend Essex and Thurrock approach to suicide prevention

5.2 The joint actions and priority themes are listed in the attached report, but they are listed again below along with the Thurrock-specific context aligned to each where applicable:

People at higher risk Statistically, three in four deaths by suicide are by men. In 2017 in Essex suicides were highest among males aged between 40 and 49 years.	**Action:** The findings from the SET suicide audit will help direct our actions. In Thurrock this will include continued community approaches and support to micro-enterprises, some of which aim to support individuals in high-risk groups. Public Health also offer a targeted programme for men called *Shift the Timber*, which, whilst commissioned to improve physical health, will also impact on mental wellbeing. In addition, the theme of World Mental Health Day this year (October 10th) is on the topic of Suicide Prevention, and this also presents opportunities to promote these support options particularly towards those at higher risk of attempting suicide.
Factors that increase the risk of suicide The strongest identified predictor of suicide is previous episodes of self-harm. However, other factors including mental	**Action:** There is a large amount of mental health transformation underway both across Essex and within Thurrock which has previously been presented

ill-health, drug and alcohol misuse are also contributors.	to this Board. Part of this work will incorporate a review of drug and alcohol support both within the hospital and as part of the mental health treatment pathway. The proposed actions around self-harm are included further below. Within Thurrock, there is also a large amount of activity underway to improve the diagnosis rate of depression and anxiety, and to support residents to access support. One example of this is the screening of diabetes patients at pilot GP practices for depression during their condition management reviews. This approach is also looking to embed better mental health education and improve referral pathways in other non-clinical front line professionals.
Supporting people bereaved by suicide Compared with people bereaved through other causes, individuals bereaved by suicide have an increased risk of suicide and thoughts of suicide, depression, psychiatric admission as well as poor social functioning.	**Action:** This is a priority area identified within the NHS Long Term Plan also; and in partnership with wider stakeholders, we will work towards developing a central resource that will help to direct people bereaved or affected by suicide to appropriate support. Southend Council are leading a work stream relating to this.
Responsible media reporting and online safety for children Research shows that inappropriate reporting of suicide may lead to imitative or 'copycat' behaviour.	**Action:** It is important to work with local media to encourage reference to and use of guidelines for reporting of suicide. Essex County Council will be leading a piece of work to organise a summit with local press and media organisations, and to provide information to professionals on sensitive reporting of suicide.
Training The need for suicide prevention/awareness training has been identified at a national level.	**Action:** The SET Suicide Prevention Board has identified this as an initial priority area. We have collaboratively been scoping the relevant types of training that have been or are being delivered across the county, and Essex County Council are leading a work-stream to further advise on and promote the

	most robust options. In Thurrock, we have a number of staff who have undertaken Mental Health First Aid training across relevant organisations, and a mixture of other options. We recognise that we have an opportunity now to further promote training options through our new School Wellbeing Service. At STP level, a bid has been put forward for funding from Health Education England for training monies for the primary care workforce and we are waiting to hear if this has been successful.
Intelligence Good understanding of who, where, when and how will help us plan appropriate interventions in order to target those most at risk.	**Action:** As mentioned above, Thurrock participated in a suicide audit with Essex and Southend councils, and it has been proposed to continue undertaking these. In addition, the NHS Long Term Plan highlights a commitment to exploring approaches for more real-time intelligence sharing. There will be an opportunity for either the Essex Centre for Data Analytics work on data sharing, or the Thurrock-specific solution offered by Mede Analytics to provide better predictive intelligence of those at highest risk.
Reducing access to means of suicide This is key to suicide prevention and can include physical restrictions as well as improving opportunities for intervention.	**Action:** Continuing to undertake suicide audits will alert us to common means of suicide that are used locally. The low numbers in Thurrock each year make it difficult to identify any trends or definitive patterns, which is why we will continue to work in partnership with Essex and Southend colleagues. There is also a new Drowning Prevention Strategy published by the Tidal Thames Water Safety Forum, and in light of our proximity to London and the presence of the Thames in our borough, there could be sections within this pertinent to Thurrock.
Crisis intervention The Government has committed to	**Action:** EPUT have set out their approach

addressing suicide prevention in mental health settings including for those in crisis and identified at immediate risk of suicide.	towards the Zero Suicide ambition plan, and we will work collaboratively with them as part of the SET Steering Group. The large amount of mental health transformation work underway has previously been described - it is felt that the transformation of the mental health crisis pathway, including the introduction of a 24 hour crisis response element, will greatly contribute towards this. It is intended for the service to go live in April 2020.
Children and young people According to national research, suicide is the cause of 14% of deaths in children and young people between the ages of 10 and 19 years. We need to focus on addressing those factors which may contribute to children and young people being at higher risk of suicide.	**Action:** Across the county, the Children's Commissioning Forum are working with schools to promote awareness of the risk of suicide and self-harm and to promote and embed the use of a self-harm toolkit in all schools. This is very much in its early stages locally, as in Thurrock we have not yet begun to distribute this to schools but will be looking to do this shortly. The new School Wellbeing Service will be instrumental in this by focussing on prevention and early intervention, along with supporting schools to complete the Brighter Futures Survey which will enable gathering of ongoing intelligence on the local prevalence of these risk factors. In addition, the inclusion of funding for new 'Mental Health Support Teams for schools and colleges' in the NHS Long Term Plan will provide extra capacity for early intervention and ongoing help, aligned with our existing Emotional Wellbeing & Mental Health Service.
Self - harm The National Suicide Prevention Strategy has been updated to include the need to address self-harm as a key issue.	**Action:** It is important that NICE guidance on aftercare provided following presentation at emergency departments following self-harm is adhered to. This has been identified as an area to focus on by the pan-Essex Mental Health Whole System Transformation Group for 2020/21, which contains the

	key stakeholders to drive this forward.

6. Reasons for Recommendation

6.1 A death by suicide has a profound impact on individuals, families, and communities and preventing such deaths is a government and Thurrock priority.

6.2 A joint approach with Essex and Southend partners aligned around the national priority areas allows us to work more effectively, reducing duplication and creating better outcomes for our populations, whilst allowing for local flexibility. It recognises the role of multiple organisations in suicide preventative activities rather than it falling to one organisation or team. This approach will be managed by the SET Suicide Prevention Steering Board.

6.3 This multi-agency, preventative approach is very much in alignment with the principles within Public Health England's *Prevention Concordat for Better Mental Health* – to which Thurrock Health and Wellbeing Board became a signatory last month.

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

7.1 As the strategy and report contents reflect the ongoing and intended work of organisations and partnerships, no consultation has been undertaken specifically on this report.

7.2 Southend Health and Wellbeing Board received the attached Southend, Essex and Thurrock update report and draft Terms of Reference at their meeting on 12th June, and were in support of the approach proposed.

7.3 Essex Health and Wellbeing Board received the attached Southend, Essex and Thurrock update report and draft Terms of Reference at their meeting on 17th July and particularly voiced their support for the whole-system approach and recognition of the existing fora in place to drive this work.

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

8.1 The approach outlined in this report and the SET Suicide Prevention Strategy Update report 2019 aligns with the 'People' priority [*People – a borough where people of all ages are proud to work and play, live and stay*.]

This means:

- high quality, consistent and accessible public services which are right first time
- building 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

8.2 It also aligns with Goal C of the Health and Wellbeing Strategy 2016-2021 [*Better Emotional Health and Wellbeing*].

9. Implications

9.1 Financial

Implications verified by: **Roger Harris, Corporate Director, Adults Housing and Health**

There are no direct financial implications arising from this report. Specific pieces of work that may arise from the contents of the strategy will be subject to full business cases.

9.2 Legal

Implications verified by: **Tim Hallam**

Acting Head of Law

There are no known legal implications arising from this report.

9.3 Diversity and Equality

Implications verified by: **Natalie Warren**

Strategic Lead - Community, Development and Equalities

The National Suicide Prevention Strategy, *Preventing Suicide in England* and the Cross Government Suicide Workplan recognise the importance of tailoring approaches towards high-risk groups. The work areas described in this report should reduce these inequalities and promote population wellbeing. A Community and Equality Impact Assessment will be undertaken to ensure we capture any impacts for protected groups from future actions we may undertake.

9.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

The next steps proposed in this report should improve health and wellbeing in the local population.

10. 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):

- Southend, Essex and Thurrock Audit of Suicides, 2017
- National Suicide Prevention Strategy, *Preventing Suicide in England,* 2012

11. Appendices to the report

- Southend, Essex and Thurrock Suicide Prevention Strategy Update Report 2019
- Southend, Essex and Thurrock Suicide Prevention Board Terms of Reference

Report Author:

Maria Payne
Strategic Lead for Public Mental Health and Adult Mental Health System Transformation
Public Health Team

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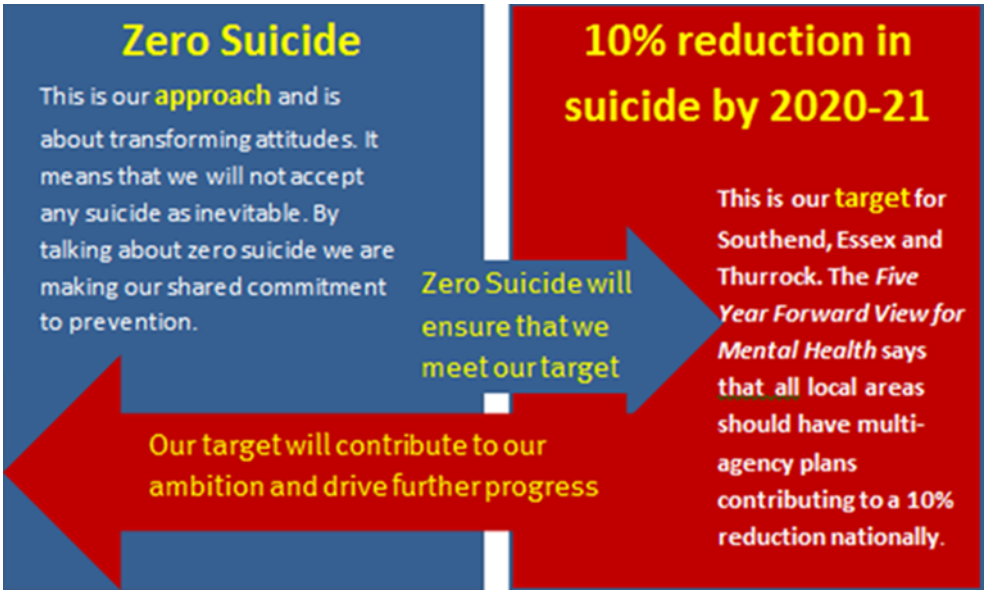
Southend, Essex and Thurrock Suicide Prevention Strategy update report 2019



Introduction

We are pleased to produce this updated report of the Southend on Sea, Essex and Thurrock Suicide Prevention Strategy, which is a collaboration between public health, health, social care and the third sector, to address suicide within our communities.

Contrary to perceptions by both professionals and the public, much can be done to reduce the rate of death by suicide.

First of all, we need a strong primary prevention strategy of improving wellbeing, reducing social isolation and loneliness, promoting an active and healthy lifestyle for the whole life span. There is the National Suicide Prevention Strategy, *Preventing Suicide in England*, as well as our own, bringing investment into perinatal, early years, children's and young people's wellbeing, as well as looking at transition into adulthood which will support this work.

Secondary prevention arises once people begin to experience some of the adverse factors in their lives which can contribute to suicidal thoughts. It is vital that people have the confidence to ask how a friend, neighbour or co - worker is feeling, and how to help if they are feeling vulnerable. Just as we have taught members of the public to carry out basic life support and first aid, the same can be achieved around risks of suicide, hence the importance of large scale training both for professionals and members of the wider community.

We know that people who are isolated, have lost their jobs, who are separating from partners, who are suffering depression and anxiety, are more at risk. Middle aged

men and the old are at particular risk, and of course, in Essex, we have a particular focus on young people and prevention.

We have embraced an ambition around Zero Suicide. Most suicides occur outside of contact with secondary care mental health services. So this is, indeed, everybody's business to be aware, and to develop solutions collaboratively to support safe systems of support, which can be non - medical such as safe havens, social prescribing to reduce isolation, or working with employers to reduce risk and with schools to engender wellbeing. We are well placed to make use of additional funding for urgent and emergency mental health crisis care too, meaning that when people are in crisis they will receive evidence based therapeutic care, and that families and friends are included in the care process.

Finally, it is vital to have in place support for people after a suicide, termed *postvention*. There are significant increases in the risk of suicide in those bereaved by suicide, and we plan to have a consistent approach to this important area.

As part of this strategy, we need to demonstrate the impact, and will seek to co-produce solutions with people who have experienced suicidality, and also with carers and families. The national Government target is to reduce suicide the rate of suicides by 10% by 2020/2021. We are more ambitious than that; we need to have a firm focus on significant reduction of an event which is catastrophic both for the individual but also for all that know that person.

Mike Gogarty – Director Public Health, Essex
Ian Wake – Director Public Health, Thurrock
Krishna Ramkhelawon – Director Public Health, Southend on Sea
Caroline Dollery – GP and Clinical Champion for Suicide Prevention

National Context

In 2012, the Government pledged its commitment to reducing the number of suicides in England as set out in the National Suicide Prevention Strategy, *Preventing Suicide in England* (National Strategy).

More recently, the Five Year Forward View for Mental Health set out an ambition to reduce the number of suicides in England by 10 per cent by 2020/2021, and the NHS Long Term Plan reaffirms the NHS' commitment to making suicide prevention a priority. The NHS Long Term Plan noted various actions including transition between child and adult services, crisis care including post crisis support, support for those who self - harm, and ambitions for mental health inpatient quality and safety.

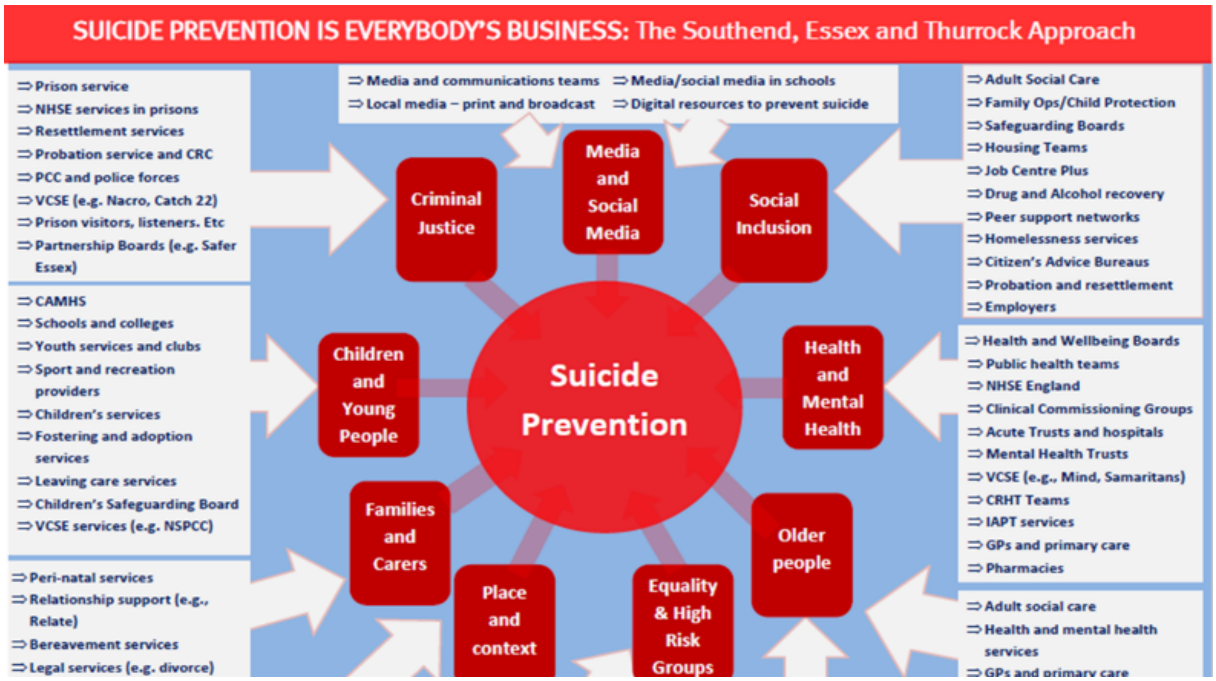
Suicide is complex and challenging, due the vast range of underlying factors, including health, social, economic, geographical, demographical and societal, all of which are contributors to increasing the likelihood for those at risk. What is required, is a whole system, cohesive, multi - agency approach, which brings together local government, primary and acute healthcare settings, including mental health, the criminal justice system, emergency services, workplaces, communities and the voluntary sector.

In January 2019, the Government published its Cross Government Suicide Workplan (Workplan), detailing a comprehensive set of actions across sectors, intended to drive the implementation of the National Strategy. These include embedding local suicide prevention plans, addressing the highest risk groups, including middle aged men and other vulnerable groups, and improving support for those bereaved by suicide. The Workplan identified priorities around training, information sharing and self-harm.

The six national priorities for action are:

1. Reduce the risk of suicide in key high-risk groups;
2. Tailor approaches to improve mental health in specific groups;
3. Reduce access to the means of suicide;
4. Provide better information and support to those bereaved or affected by suicide;
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour;
6. Support research, data collection and monitoring.

Local Context



The approach above shows that we recognise suicide prevention to be everybody's business – i.e. that whilst the planning responsibilities were given to upper tier and unitary authorities, in order to implement change, a large number of partners need to be involved.
The planning and coordination work is being led by the three public health teams for Southend-on-Sea, Essex and Thurrock (SET) Councils. The SET Suicide Prevention Strategy was published in 2017, and cross referenced the actions of supporting forums and action, for example, the Mental Health Crisis Care Concordat and the Essex Safeguarding Boards.

More recently, Sustainability Transformation Partnerships (STPs) are expected to report on their action plans, and potentially funding will be allocated on this basis. Adult

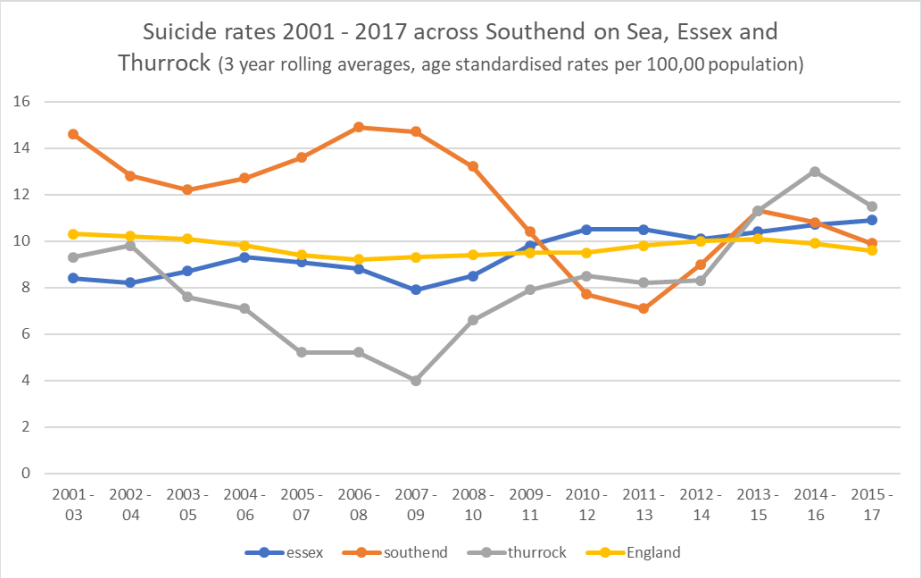
mental health commissioning arrangements are transforming to mirror the new STP footprints. The arrangements for children's and young people's mental health treatment currently remains on the SET footprint.

A new SET Suicide Prevention Steering Board (Steering Board) has been proposed to oversee the SET Suicide Prevention Strategy and implementation by the various forums involved in its delivery. The Board is formed of the three Directors of Public Health for SET, the three STP Senior Responsible Officers for Mental Health, the clinical champion for suicide prevention and ECC Director for Children and Families. The intention is to invite representation from the police and higher education. It is also intended that a virtual stakeholder group will be formed.

The Steering Board is supported by a lead officers' group comprising the three SET lead Public Health officers and health. Southend on Sea and Thurrock had already set up their own local suicide prevention steering groups to oversee local implementation. The officers are also part of a regional suicide prevention network which is facilitated by Public Health England.

Suicide Prevention Target

The national ambition is to reduce the suicide rate in England by 10 per cent by 2020/21 from 16/17 baseline. There is no combined SET measure; Southend on Sea has declined over the last few years, whilst Essex has increased.



Audit of Suicides in Southend on Sea, Essex and Thurrock 2017

An annual audit of suicides amongst individuals aged 18 and over in Southend on Sea, Essex and Thurrock is undertaken. The latest audit undertaken in 2017 found that the demographics and risk factors mirrored the national picture.

Suicide prevention key findings and recommendations from the Audit

The table below lists the high-level conclusions reached from the audit data and recommendations proposed by the audit authors. These should be considered in conjunction with the full actions and recommendations table at the end of this report.

Finding	Recommendation
The suicide rate in SET is broadly in line with the East of England and England's rates. There are no statistically significant differences in rates between Southend on Sea, Essex and Thurrock and few frequently used locations were identified.	The audit showed that SET has few frequently-used locations which merit extensive intervention; however continued undertaking of the audit will enable us to monitor the use of public places and waterways for any emerging risks or trends, and explore partnership working with agencies such as the coastguard to optimise opportunities for prevention and signposting.
Known risk factors including relationship issues, social isolation, financial issues, legal issues, unemployment/employment issues and ill health were noted in the cases reviewed	Given the breadth of risk factors encompassing social and medical factors, training on suicide awareness should be offered to agencies that support those likely to be at higher risk (e.g. those identified in the diagram on page 3) in order to intervene earlier and prevent suicide being attempted. This also underlines the importance of involving these agencies in the approach to suicide prevention.
Involvement of medicines and drugs was more prevalent in the young person age group	Identify potential training needs and/or safeguards to be put in place around analgesic medications targeted towards this age group.
Use of technology and social media as a way of communicating intent especially among younger adults;	Work is required with social media organisations perhaps at a national level which educates the public that this medium is used in communicating intent. Locally there might also be the opportunity to use technologies and algorithms to better detect this and offer earlier targeted support.

The sections in the report below go on to detail some of the high-level activity that is taking place under each theme. It is recognised that this may not describe all current work programmes within each local area, but it provides an overarching summary position.

Bereavement and postvention

Bereavement and Postvention Support Group

A SET Bereavement Support Task and Finish Group (SETBS Task and Finish Group) was established in March 2018. Key priorities have been agreed with actions to focus on providing better information and support to those bereaved or affected by suicide. The group has:

- undertaken a comprehensive review of support organisations and resources at a local and national level;
- completed a pathway review of the response to a death by suicide;
- made progress with funeral directors that offer support to people bereaved by suicide; and
- are in the early stages of developing a reporting form to support families bereaved by a sudden death with Essex Police.

Actions for 2019 /20 for bereavement and postvention support group

The Group further aims to:

- establish a single point of online presence for bereavement by suicide resources and organisations; engage existing groups and networks supporting bereaved members of our communities to determine their immediate and longer-term needs in the aftermath of suicide;
- engage with individuals bereaved by suicide to share their stories to raise the profile of suicide prevention and mental wellbeing;
- determine the need for (and funding of) a SET bereavement and postvention support service, by reviewing the existing services available, undertaking an assessment of support needs of people bereaved by suicides, and develop options that meet the immediate a longer term needs of people bereaved by suicide. This is likely to include training to support people in contact with families bereaved by suicide.

Media

Building on previous campaigns, for the 2018 World Suicide Prevention Day, SET delivered a coordinated multi partner communications campaign underpinned by a

local communications tool kit for partners across all three areas, with suggested messages, aligned to national resources, through the use of social media such as Facebook and Twitter.

Promotion through Southend on Sea Borough Council social media platforms, in partnership with the Samaritans, has taken place for national campaigns including World Suicide Prevention Day; World Mental Health Day; Brew Monday; Mental Health Awareness Week, and Time To Talk Day. This promotion has highlighted the importance of mental wellbeing and seeking support from local agencies. Southend on Sea Association of Voluntary Services hosted a '*Let's have a conversation about suicide'* Question Time style event in September 2018, where an expert panel was invited to respond to audience questions about suicide and suicide prevention.

It is important that the press continues to report on suicide as this can assist in reducing stigma and increase public awareness of the issues surrounding suicide. We intend to explore the current usage of the *Samaritans Media Guidelines for Reporting Suicide* with the potential intention to adopt them across partners in order to ensure safe reporting.

Our audit identified that people are increasingly using social media to communicate intentions; as per the recommendation table, there is an opportunity to use technologies and algorithms to support earlier identification of those using these media in order to direct them towards support services and organisations.

Training for professionals and communities

Health Education England has published suicide and self-harm prevention competency frameworks for children and young people, adults and public health: https://www.ucl.ac.uk/pals/self-harm-and-sucide-prevention-competence-framework We will reference this framework in all training development going forward.

ECC led the pilot of suicide prevention training using a *Training the Trainer* approach. Four courses were delivered and although this proved not sustainable for various reasons, we have learned valuable lessons for future implementation. Organisations across Essex have invested in both suicide awareness and Mental Health First Aid training and nominated first aiders. ECC's work with community Facebook groups has included promotion of online suicide prevention awareness training, including the NHS Health Education England programme, in partnership with Public Health England, *Suicide Prevention – We need to talk about suicide;* and the Zero Suicide Alliance e learning training https://www.e-lfh.org.uk/programmes/suicide-prevention/ and https://www.zerosuicidealliance.com/

There are further future opportunities to expand upon training offered to front line professionals – see actions table at the end of this report.

Supporting research, data collection and monitoring

We are grateful to the Essex Coroner for continued access to the records to enable the annual audit of suicides in Southend on Sea, Essex and Thurrock. We are exploring with the Coroner the potential to undertake ongoing audit of deaths by

suicide on a more real-time basis which would enable us to monitor trends as they emerge and facilitate earlier action.

Data sharing agreements: the Essex Centre for Data Analytics – sponsored by ECC, Police Fire and Crimes Commissioner (PFCC), and University of Essex – has been set up to act as a coordinating function across the Essex system. Proof of concept has been demonstrated through pilot topics and mental health crisis is being established for wave two (see below). The aim is for the data centre to receive a regular flow of data from organisations across the County which will allow for analysis and targeted commissioning.

The mental health crisis data project aims to help identify Essex residents at risk through establishing a mental health crisis early warning system and to support agency collaboration around individuals towards prevention.

We will explore other measures for monitoring the impact on suicide beyond the national target.

Reducing access to the means of suicide

The audit identified no specific frequently used locations across wider Essex. However, it is intended that we will continue to monitor place of death and plan action in respect of any priority locations. Both Network Rail and Chelmsford City Council are exemplar organisations in terms of demonstrating good practice and improved support and monitoring.

Chelmsford City Council worked with the Samaritans to provide signage which provided a contact number for vulnerable persons to contact the charity and arranged for frontline officers to have a general awareness training session on suicide prevention. They upgraded their cctv to provide better coverage of the top floor of the car which included static perimeter cameras to alert cctv operators to activity around the top floor and more importantly the car park edges. Further funding was granted in 2018/19 to provide fencing for the all levels of the car park. These works were completed in the Autumn of 2018.

Network Rail & British Transport Police have a rigorous approach to prevention and crisis management including an escalation process with local partners when a number of suicides or attempts are made at specific locations on their network.

Their approach includes:

- training of railway employees to look out for and offer support to people who may be considering taking their own life on the railway;
- working in partnership with the Samaritans within the wider community to de-stigmatise suicide and promote help-seeking behaviour;
- using traditional mitigation measures, such as fencing, to prevent access to the railway tracks;
- developing new ways to meet the suicide challenge on the rail network, such as a smartphone app for customers to alert staff to those they consider to be at risk on the railway.

We could consider similar arrangements for notification and escalation with the coastguard and RNLI. We will have regard to the UK National Drowning Prevention Strategy 2016-20, and consider our role with respect to the Tidal Thames Water Safety Forum.

Crisis intervention and acute care mental health transformation joint working

The current arrangements for adult mental health are a joint effort between the seven CCGs and the SET local authorities. Increasingly, some arrangements are being planned and delivered on STP footprints in line with how national funding is being allocated, although locality-focussed approaches are favoured where possible. The NHS Five Year Forward View and NHS Long Term Plan set ambitions for mental health crisis care, including 24/7 single point of access and post crisis support, as well as support for families and staff affected by suicide.

The STPs and collaborations are each progressing:

- development of STP Mental Health Emergency response and crisis care pathway;

- Sections 135 and section 136 System Preparedness Plan – response to legislative amendments of the Mental Health Act 1983 by the Policing and Crime Act 2017 (amendments);

- Phase 1 - These amendments were enacted on 11 December 2017. A Pan Essex System Preparedness Plan was signed off in November 2016 by the seven Essex CCGs, five Acute Trusts, three Local Authorities, the Ambulance Service and Essex Police. This defined a centralised bed management system including the s136 suites and mainstreamed the Street Triage service, (subsequently secured as part of the integrated Essex Health and Justice Service) to provide the police with mental health expertise, divert detentions and reduce system including A&E;

- Phase 2 - Liaison mental health service in all of the acute hospitals meeting the Core 24 service standard. These services, which are delivered by a multi-disciplinary team comprising of medical staff, nurses, psychologists and support workers, aim to see patients in A&E within one hour and to discharge them from the A&E department to the clinically appropriate pathway within four hours. It provides an assessment, diagnosis, treatment and risk management model. The service philosophy is to ensure that, for all those attending the general hospitals, they have their mental health considered on par with their physical health, ensuring quality of care, respect and dignity. South Essex CCGs have commissioned enhanced Core 24 model psychiatric liaison services at BTUH and SUFHT. A Core 24 Light service was launched in MEHT on 21 December 2018;

- Phase 3 – Developing the 24/7 Crisis Response and Care pathway. The Mental Health Five Year forward View sets out that, by 2020/21, the NHS needs to commission Crisis Resolution and Home Treatment Teams (CRHTTs) across

England to ensure that a 24/7 community-based mental health crisis response is available in all areas, and that these teams are adequately resourced to offer intensive home treatment and not just assessment as an alternative to acute admission. Mid & South Essex STP is in an advanced stage with a business case going through CCGs governance for sign off for development and implementation of a 24/7 service model that will ensure access to responsive support in the least restrictive environment for individuals in a mental health crisis.

Mental Health Five Year Forward View (MHFYFV): Priorities for 2020/21

The MHFYFV has set priorities for increased access to psychological therapies, early intervention for psychosis, perinatal mental health care and care closer to home for tertiary level care. Local progress includes:

- Improvement on the access standard for Improving Access to Psychological Therapies (IAPT) and Early Intervention in Psychosis (EIP) with South CCGs being on track to be at level 3 standard of NICE concordant interventions;

- Review of the EIP offer to include Individual Placement and Support employment specialist with the teams;

- Essex wide perinatal mental health services in operation providing access to specialist perinatal mental health community services across the County;

- Development of Integrated IAPT (Long Term Conditions) services across the Mid & South STP CCGs with a focus on increased access for individuals with anxiety and depression whilst ensuring over 50% recover;

- Focus on IAPT expansion and co-location/delivery of modalities within practices as *an extension of primary care;*

- Development of new models of care with a focus on personality disorders.

Reducing the risk of suicide in High Risk Groups

Organisations across Essex are working on a number of programmes aimed at tackling social isolation and loneliness, and those with other risk factors as described earlier in the report. Examples differ between localities, but initiatives include:

Befriending, with a fresh focus on how we support people, including older people, those with learning disability and Autism, those with mental health conditions and those with caring responsibilities.

Live Well Link Well - this initiative draws together Community Agents and Social Prescribers to provide a single point of access for people who are socially isolated and or lonely, to signpost/link people to services/support within the community which is best suited to meet an individual's needs. This might include signposting or linking with community based support like Men's Sheds.

Men's Sheds offer a community space for men to get together and take part in practical activities such as woodworking, repairing items and various crafts. The new Chelmsford Shed, for example, aims to offer a space for older men to share skills, feel less isolated and become part of a community. There are a range of health benefits from being involved with a Shed project.

Southend on Sea intends to plan the 2019 *Let's have a conversation about Suicide* Question Time style event, in conjunction with World Suicide Prevention Day, with a focus on improving mental wellbeing and help seeking behaviour in men.

Microenterprises: Thurrock is supporting a number of small services run by 1-8 people which can deliver flexible support to people within the local community. These support people to live more independently, live a fuller life and keep well; and can offer an alternative to more traditional services. Microenterprises already up and working in Thurrock include care and support services, lunch clubs, mental health outreach café, nutritional advice, and sensory clubs with more in development. These are very much in alignment with Thurrock's asset-based approach within communities, the deployment of Local Area Coordination and community hubs, and the redesigned Community Led Support approach to providing adult social care.

Children and Young People

The arrangements for Children's and Young People's mental health treatment are planned on a collaboration between the seven CCGs and the three SET Local Authorities.

The Essex Children and Young People's Strategic Partnership brings together different agencies who represent children, young people and their families/carers, working together to drive change that will deliver better outcomes.

The Essex Early Help Offer ('Offer') (reviewed August 2018) is aimed at children and young people (and their families/carers) who require support, in particular those at higher risk of poor outcomes, for example, due to domestic violence, are in care / leaving care, young offenders, not in education, employment or training (NEET), or who have parents with mental health needs.

The Offer provides support to enhance skills and resilience to cope, rather than waiting for a child/young person to reach crisis point. Level of need is based on the Essex Effective Support Windscreen, ranging from low level (universal services) through to specialist, high level interventions often involving a statutory process.

There are a number of services which form part of the Offer, including those listed below and delivered via partnership delivery working between schools and academies, CCGs, police divisions, district/borough/city Councils and the unitary authorities of Southend on Sea and Thurrock, namely:

- Emotional Wellbeing and Mental Health Service (EWMHS)
- Essex Child and Wellbeing Service (ECFWS)
- Family Solutions
- Multi Agency Risk Assessment Team (MARAT)

- Missing and Child Exploitation (MACE)

The Essex Children's Safeguarding Board audit and thematic review (Thematic Review) was undertaken in 2018 in response to concern about a higher than expected number of suicides in young people. The audit found nothing to differentiate between the nine young people who took their own lives as compared to all the other young people with the same/ similar vulnerabilities who do not take /attempt to take their own lives. While the main focal point was suicide, at the crux of this is the emotional health and wellbeing of young people. Prevention of suicide requires societal change which addresses the increasing pressures faced by young people and supports them to become more resilient and equipped to cope with these pressures.

The response to the Thematic Review and work linking to the findings includes:

- Establishment of the Emotional Well-Being and Mental Health Board which will co-ordinate all support commissioned and delivered linked to supporting children and young people's emotional wellbeing and mental health. The Board will focus on and have oversight of a number of objectives including development of a clear action plan to implement the recommendations from the Thematic Review.

- Implementation of Self Harm Tool kit to support those working with young people in educational settings to raise awareness, increase understanding and awareness of emotional distress, risks and signs of self - harming. Work is currently underway to promote and embed use of the Tool kit in all schools across SET.

Other work with schools, which particularly relates to prevention of mental ill-health and promoting good wellbeing includes:

- The Emotional Well-being and Reducing Risk of Suicide guidance has been updated and shared with/promoted to all schools (September 2018);

- The Self-harm guidance / on-line portal is promoted to all schools at termly safeguarding briefings;

- Regular 'drip-feed' of information about mental health / emotional well-being in the termly safeguarding briefings for schools and a dedicated section on Essex School Infolink with information and resources to support schools;

- MHFA training for schools for Spring and Summer term 2019;

- Introduction of the Essex Approach to Understanding Behaviour and Supporting Emotional Wellbeing, incorporating trauma-perceptive practice (TPP) – this new approach focusses on the impact of trauma on the child and helps to understand behaviour and learning in that context. It is being piloted in Essex schools in the summer term 2019 and will be available to all schools across 2019/2020 to assist them in developing whole school approaches and systems to promote emotional wellbeing for all;

- Secondment of Educational Psychologists for one day per week to work within EWMHS quadrant teams (1 FTE post) to support the training offer to schools around emotional well-being and mental health;

- Recent Stay Safe quadrant 'Prevention of Suicide' conferences.

- Promotion of the use of Kooth online counselling and emotional wellbeing portal to young people across Essex

A Southend on Sea Children's Emotional Wellbeing and Mental Health Partnership Group, with a particular focus on self-harm and suicide prevention in school settings, has also been established.

Thurrock is due to launch the new Schools Wellbeing Service in Autumn 2019, which will aim to improve mental health and wellbeing, build resilience and ensure a mentally healthy school environment for children and young people. It will also drive the completion of the Brighter Futures survey which provides regular intelligence on the health of our local child population, and support delivery of the required actions.

Emerging themes in national policy and guidance since the SET strategy 2017

In the 2012 national strategy one of the key priority areas was reducing the risk of suicide in high risk groups. This includes those with mental health problems, self - harm and those in the criminal justice system. Each of these has gained more prominence in the last couple of years. Self - harm has become a seventh priority in its own right. The Government has set a Zero Suicide ambition for mental health inpatients. Similarly, the Prison Safety Programme has been emphasised in the wake of deaths in custody.

Self - Harm

Self - harm is a key indicator of risk of suicide within community, hospital and custodial settings. Self - harm has been raised as a key outcome in its own right as well as for its increase in risk for suicide. Various national strategies, including the Fourth progress report of the cross-government outcomes strategy to save lives and the NHS Long Term Plan, highlight the increasing importance of this interrelated topic to suicide prevention. Locally, self - harm has been found as a factor in the adult audit and the children's thematic review. We have mentioned above the work undertaken on self - harm in children and young people, and the NHS Long Term Plan sets out new expectations to manage self- harm.

Ensuring every mental health trust has a Zero Suicide ambition plan for mental health inpatients by the end of 2018/19 – Essex Partnership University Trust (EPUT)

EPUT has developed a strategic framework 2018-2020 which forms part of the Trust's Quality Strategy which sets out in full the Trust's new vision, values and strategic priorities.

Key actions include:

- By January 2020 we will implement the recommendations of our working groups on Suicide Prevention Clinical Practice; Suicide Prevention Learning and Communication, and Suicide Prevention Carer and Family Involvement;

- The Workforce Competency building is a rolling programme through alliance with the Connecting with People Ltd;

- We have linked with the Public Health suicide prevention strategy through Southend on Sea, Essex and Thurrock Councils. We continue to be a partner in the wider regional strategy;

- A group focussing on our identified at risk groups will follow on from the work above. There is already a proposal for a re-designed personality disorder pathway in collaboration with local CCGs;

- We have developed and embedded a mortality review process in keeping with the NHS Board recommendation in 2017 (and we would be happy to forward our policy and procedures document should it assist).

The next steps are:

- The Suicide Prevention Group is responsible for the overall delivery of the Suicide Prevention Strategy. An action plan will be developed to underpin each pledge within the document. Progress and actions will be monitored through the Group on a quarterly basis, with assurance provided to the Finance and Performance Committee on a six monthly basis;

- To have a Suicide Prevention dashboard by August 2019;

- Update the Suicide and Self-harm Trust policy by October 2019.

Prison Safety

The number of self - inflicted deaths has been increasing within the prison setting. Key elements of the national Prison Safety Programme include the recruitment of new prison officers; the roll-out of improved training for prison staff; the launch of an innovative Suicide Prevention Learning Tool; ongoing funding to the Samaritans to support the Listener scheme; and ongoing investment and modernisation of the prison estate.

NHSE East & Midlands have commissioned a new Improving Access to Psychological Therapy (IAPT) service for Chelmsford Prison which has within its specification and approach to proactively identify people who fall into the following categories, and approach them to offer their services, and include those:

- received in to prison for the first time;
- accused of an offence against a family member;
- recalled to prison;
- aged under 30 years.

The purpose of making contact will be to ask the prisoner how they are coping, answer any questions they may have, sign post to services which may support, such as mental health, Listeners, chaplaincy and give the direct message that the prison will provide support for anyone finding it difficult to cope. This has been commissioned as a two year pilot in response to suicides in Chelmsford Prison.

Summary and Actions

The table below illustrates the key themes from this report along with the key actions and next steps.

1	**Impact of suicide** In 2017, there were 140 deaths from suicide registered for adults in Southend on Sea, Essex and Thurrock.
	Action: The national target is to reduce suicide by 10% by 2020/21. Locally, we will commit to actions set out below to achieve this target and more. This will work will be overseen by the Southend on Sea, Essex and Thurrock (SET) Suicide Prevention Steering Board (Steering Board).
2	**Suicide is everyone's business** A whole system approach is required, with local authorities, health and criminal justice services, voluntary organisations and local people affected by suicide having a role to play.
	Action: The Steering Board will oversee the work of the strategy and other local plans to deliver those actions known to reduce the risk factors for suicide. This work will be the led by the Steering Board.
3	**People at higher risk** Men and women are at risk of suicide. Statistically, three in four deaths by suicide are by men. The highest suicide rate in England is among men aged 45-49. In 2017 in Essex suicides were highest among males aged between 40 and 49 years.
	Action: We are committed to supporting and helping to grow community-based initiatives which can provide critical but informal support in non-traditional /non clinical settings such as Men's Sheds. This work will be led jointly by the three SET Councils.
4.	**Factors that increase the risk of suicide** The strongest identified predictor of suicide is previous episodes of self-harm. However, other factors including mental ill-health, drug and alcohol

	misuse are also contributors.
	Action: We are changing the way mental health services are provided across Essex which will improve access to support for both adults and children, eg psychological therapies, as well as increased specialist support eg perinatal mental health services. This work will be led by the three STP mental health forums.
5.	**Supporting people bereaved by suicide** Compared with people bereaved through other causes, individuals bereaved by suicide have an increased risk of suicide and thoughts of suicide, depression, psychiatric admission as well as poor social functioning
	Action: We will work towards developing a central resource that will help to direct people bereaved or affected by suicide to appropriate support. We will work with partners to ensure that the *Help is at Hand* booklet is given to those bereaved or affected by suicide in a timely manner. This action will be led by Southend on Sea Council's Public Health team.
6.	**Responsible media reporting and online safety for children** Research shows that inappropriate reporting of suicide may lead to imitative or 'copycat' behaviour.
	Action: We will liaise with local media to encourage reference to and use of guidelines for reporting of suicide through a summit with local press and media organisations, and to provide information to professionals on sensitive reporting of suicide. This work will be led by Essex County Council's Public Health team.
7.	**Training** The need for suicide prevention/awareness training has been identified at a national level.
	Action: We will work to ensure that the local workforce and public understand the risks of suicide and their potential contribution to prevention. In line with the national suicide prevention strategy, we are prioritising suicide first aid training for professionals who are most likely to come into contact with individuals/ groups at risk of suicide. We will use Facebook and other social media channels as part of a wider communications plan for promoting suicide awareness training within our communities. This action will be led by Essex County Council's Public Health team.
8.	**Intelligence** Good understanding of who, where, when and how will help us plan appropriate interventions in order to target those most at risk.
	Action:

	We will seek to learn lessons from suicides and attempted suicides in our boroughs and put in place measures that reduce the likelihood of such circumstances reoccurring. We will establish processes, so that information from various sources is collated and analysed to improve our collective insight about suicide locally. This action will be led jointly by the three SET Council Public Health teams. Stakeholders from various parts of the local system (health providers, local authorities, police and crime) are working with the Essex Centre for Data Analytics to develop shared predictive intelligence in order to better target future preventative work. There is also the opportunity to explore technologies which use algorithms based on people's online activity to better identify those at risk of suicide and directing them towards appropriate support. Thurrock Council will begin to investigate this.
9.	**Reducing access to means of suicide** This is key to suicide prevention and can include physical restrictions as well as improving opportunities for intervention.
	Action: We are working closely with Network Rail as well Chelmsford City Council to identify and monitor frequently used locations in Essex. Where such a location is identified, action will be taken and resource focused to reduce means of access for others thus reducing risk. We will forge new networks to address the risks around our waterways. This action will be led jointly by the three SET Councils Public Health teams.
10.	**Crisis intervention** The Government has committed to addressing suicide prevention in mental health settings including for those in crisis and identified at immediate risk of suicide.
	Action: We are transforming the way support to those in crisis is provided including a 24 hour Liaison mental health service in our hospitals; with specialist mental health staff on hand to assess patients A&E. This work will be led by the Crisis Concordat / three STP mental health forums.
11.	**Children and young people** According to national research, suicide is the cause of 14% of deaths in children and young people between the ages of 10 and 19 years. We need to focus on addressing those factors which may contribute to children and young people being at higher risk of suicide.
	Action: We are working with schools to promote awareness of the risk of suicide and self- harm through sharing guidance and providing regular information and updates about mental health and emotional wellbeing. Work is also currently underway to promote and embed the use of a Self Harm Tool Kit in all

	schools across Southend on Sea, Essex and Thurrock. This work will be led by Essex County Council on behalf of the Children's Commissioning Forum.
12	**Self - harm** The National Suicide Prevention Strategy has been updated to include the need to address self - harm as a key issue.
	Action: We will implement NICE guidelines on self - harm, specifically ensuring that people who present at emergency departments following self - harm receive a psychological assessment. This work will be led by the three STP mental health forums.

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Essex Suicide Prevention Steering Board

Terms of Reference

Introduction

The establishment of the Essex Suicide Prevention Steering Board ('the Board') supports the national strategy which makes clear that no one organisation can directly influence all of those factors which may contribute to a person taking their own life and as such requires commitment and action across all sectors.

The establishment of the Board is intended to ensure closer partnership working between Essex, Southend-on-Sea, and Thurrock Councils, as well as our neighbouring counties Suffolk and Hertfordshire in line with the establishment of the STPs who are tasked with delivering the ambitions of the NHS as set out in the Five Year Forward View.

The Government's latest report, *Preventing suicide in England: Fourth progress report of the cross-government outcomes strategy to save lives* reiterates the ambition set out in the Five Year Forward View for Mental Health (FYFVMH) 2016 to reduce suicides by 10 per cent by 2020/21.

Implementing the vision set out in the Five Year Forward View for Mental Health the first Minister for Suicide Prevention in the UK will work across Government to lead the delivery of the National Suicide Prevention Strategy priorities which include:

- Delivery of ambition for zero suicide in mental health inpatients;
- Addressing the highest risk groups including middle-aged men and other vulnerable groups;
- Tackling the societal drivers of suicide such as indebtedness, gambling addiction and substance misuse and the impact of harmful suicide and self-harm content online;
- Addressing increasing suicides and self-harming in young people;
- Improving support for those bereaved by suicide.

Purpose

The purpose of the Board will be to provide leadership and expertise. The Board will provide direction and hold high level oversight of the various forums which plan and coordinate activities addressing the risk factors underpinning suicide.

The Board will identify priorities and make recommendations for action (taking into account national guidance and priorities for action). Key areas will include

- Development and monitoring of the SET Suicide Prevention Strategy and associated multi agency suicide prevention action plans
- Data collection and audit

The Board will focus on the six key areas for action as identified in the national strategy plus self harm:

1. Reducing the risk of suicide in high risk groups
2. Tailoring approaches to improve mental health in specific groups
3. Reducing access to means of suicide
4. Providing better information and support to those bereaved or affected by suicide
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour [query do we include as difficult to influence at local level]
6. Supporting research, data collection and monitoring
7. Reducing rates of self-harm as a key indicator of suicide risk

Key measurements

1. Reduce the rate of suicides by 10 per cent by 2020/2.
2. To develop a central resource that will help to direct people bereaved or affected by suicide to appropriate support by April 2020.
3. Other measures to be determined and approved by the Board.

Key measurements for 2019/2020:

4. Southend, Essex and Thurrock Suicide Prevention Strategy 2019 update to be provided to and approved by the three Health and Wellbeing Boards by Autumn 2019.
5. Suicide prevention/awareness training to be prioritised and rolled out in accordance with the direction given by the three Health and Wellbeing Boards.
6. Review of suicide prevention/awareness training to have been completed by October 2019.

Authority /accountability

The Board will be accountable to the three SET Health and Wellbeing Boards and the three STPs which cover wider Essex. The Board will provide updates on performance and outcomes as they may require.

The Board will identify priorities which will feed into an action plan, which in turn will be allocated to a named person/persons. They will be responsible for delivering outcomes against the actions/priorities. The actions agreed by the Board will be fed back and delegated to the other forums as may be appropriate, and similarly issues arising within those forums can feed into discussions and potential activity for the Board. Similarly therefore, those other forums and stakeholders which are tasked with actions will be accountable to the Suicide Prevention Board.

Membership and attendance at meetings

The membership of the Board reflects the lead role given to local authorities and the evolving responsibility of the STPs; between local authority and NHS representation at senior level there will be robust links back to the forums that represent the full range of stakeholders on this agenda.

The core membership of the Board is detailed below and will meet twice yearly, or more frequently as the Board may deem appropriate. The meetings will be chaired by one of the Directors for Public Health in rotation.

Other stakeholders will be invited to attend from time to time, for example, from the police, prisons, mental health trusts, voluntary sector etc.

Name	**Organisation**	**Role/responsibility**
Mike Gogarty	ECC	Director Wellbeing, Public Health and Communities
Chris Martin	ECC	Director Strategic Commissioning & Policy (Children &Families)
Ian Diley	Southend	Deputy Director Public Health & Chair of Southend Suicide Prevention Board
Ian Wake [or Mark Tebbs]	Thurrock	Director Public Health
Mark Tebbs	Mid and South Essex STP	Senior Responsible Officer Mental Health
Carolyn Fowler	Hertfordshire and West Essex STP	Deputy Director Safer Care and Standards
Andy Brogan	Suffolk and North Essex [and EPUT]	Senior Responsible Officer Mental Health
Gill Burns or Tina Russell	NELFT NHS Foundation Trust	Director of Children's Services NELFT Head of Children's Services EWMHS
Caroline Dollery	Mid Essex CCG	Chair of urgent MH forum
Essex Police		
Representative from the		

National Suicide Alliance		

Where the core Board members as listed below are not able to attend, they are responsible for ensuring that anyone nominated to deputise on their behalf has sufficient authority to represent and make decisions on behalf of their organisation.

The Board is keen to hear from the lived experience and will invite someone with lived experience to attend each meeting to share their story.

20 September 2019	ITEM: 9
Health and Wellbeing Board	
Homelessness Prevention and Rough Sleeping Strategy Report	
Wards and communities affected: All	**Key Decision:** None
Report of: Ryan Farmer – Housing Strategy and Quality Manager	
Accountable Assistant Director: Carol Hinvest – Assistant Director of Housing	
Accountable Director: Roger Harris – Corporate Director, Adults, Housing and Health	
This report is Public	

Executive Summary

There is a statutory duty on every Local Authority to have a Homelessness Prevention and Rough Sleeping Strategy which sets out the local authority's plans for the prevention of homelessness and for securing that sufficient accommodation and support are, or will be, available for people who become homeless or who are at risk of becoming so.

The local authority must ensure that all organisations whose work can help to prevent homelessness and/or meet the needs of homeless people are involved in the strategy.

The current homelessness strategy was adopted in Thurrock in 2015.

A new Homelessness Prevention and Rough Sleeping Strategy is now being developed which takes into account current homelessness in the borough, the introduction of the Homelessness Reduction Act 2017, the impact of recent welfare reforms, and new opportunities for preventing homelessness. The purpose of this paper is to advise Health and Wellbeing Board of progress to date, including the results of analysis, the identification of themes and to provide an opportunity for consultation with the Board on the development of the final strategy and action plan.

A draft of the refreshed Homelessness Prevention and Rough Sleeping Strategy will be brought to Housing Overview and Scrutiny Committee in December 2019.

1. Recommendation(s)

1.1. Health and Wellbeing Board are asked to note the contents of this report, and comment on the themes identified to develop a new homelessness prevention and rough sleeping strategy.

2. Introduction and Background

2.1. Following the introduction of the Homelessness Act 2002, every local authority was required to carry out a homelessness review, then formulate and publish a homelessness strategy based on the findings of the review.

2.2. The 2002 Act also requires local authorities to publish a new homelessness strategy, based on the result of further homelessness analysis, within five years of the publication of their last homelessness strategy. Local authorities are able to undertake homelessness reviews and publish homelessness strategies more frequently if circumstances change.

2.3. Thurrock Council last published its homelessness prevention strategy in November 2015. A kick-off paper was presented at Housing Overview and Scrutiny Committee in February 2019 which outlined the plans for the development of a refreshed document.

3. Homelessness Strategic Analysis

3.1. A range of strategic analysis has taken place, which considered the various factors affecting the provision of homelessness services across the borough. This analysis primarily looked at:

- national context, considering matters such as national trends, changing legislation/case law, welfare reform, and regional factors affecting homelessness
- local strategic context, considering the wider corporate priorities, and strategies from across the Council and other partner organisations
- local housing context, considering reasons and trends in homelessness across the borough such as rising levels of housing unaffordability in Thurrock, household composition, and the supply of accommodation across tenure types in the borough.

3.2. National Context

3.2.1. There have been a number of developments in case law and legislation since the homelessness prevention strategy was last published, most notably the enactment of the Homelessness Reduction Act 2017 which was widely welcomed by homelessness charities and support organisations. This Act amended and introduced a number of measures, including:

- Enhanced advice and information about homelessness and the prevention of homelessness

- New duties to prevent and relieve homelessness for all those who are eligible for assistance, regardless of intentionality or priority need

- An extension of the period of time where people are considered to be 'threatened with homelessness' by local authorities

- New personalised housing plans and assessments which outline the steps which both the individuals and the local authority will take to attempt to secure accommodation

- A new duty for specified public authorities, such as prisons and hospitals, to refer service users who they believe to be homeless or at risk of homelessness to local authority homelessness services

The primary function of the 2017 Act places greater emphasis on the prevention of homelessness and has significantly adjusted the criteria of those who approaching the Council who are eligible for assistance.

3.2.2. Other important changes to legislation include the Welfare Reform and Work Act 2016, which introduced a cap on the total amount of benefits which individuals and couples were eligible to claim, including aspects such as Universal Credit, Housing Benefit and Child Benefit.

3.2.3. In addition to this, a freeze of Local Housing Allowance (LHA) rates was announced in 2015 which was set to run for four financial years from April 2016 to March 2020. LHA rates vary regionally across the country and they determine the amount of Housing Benefit or Universal Credit housing element that a claimant is eligible to receive. Whilst LHA rates have remained at the same level since 2016, private rental costs have increased.

3.2.4. Finally, the full Universal Credit roll-out for new claimants began in Thurrock in October 2017, replacing 'legacy benefits' such as Housing Benefit. These factors have had substantial impact upon the ability of households to secure and sustain tenancies in the private rental sector.

3.3. Local Strategic Context

3.3.1. Work is currently underway to develop a new Welfare Reform Strategy for use across the Council, which will inform the action plan that is due to be published, managed and monitored alongside the Homelessness Prevention and Rough Sleeping Strategy.

3.3.2. In addition, the development of a refreshed Housing Strategy is due to begin imminently, with a kick-off paper elsewhere on the agenda for this meeting. Whilst the Homelessness Prevention and Rough Sleeping Strategy will go some way to addressing key issues affecting the provision of homelessness services, the Housing Strategy may be able to identify and tackle some of the wider factors that directly and indirectly affect the housing need of Thurrock's residents.

3.3.3. Peer reviews of the Council's homelessness services have recently taken place by two industry experts, namely Shelter and the National Practitioner Support Service (NPSS). Positive feedback was received regarding a number of elements. Additional areas have been identified for further development, which will feed into both the Homelessness Prevention and Rough Sleeping Strategy and the Housing Solutions Customer Excellence Programme.

3.4. Local Housing Context

3.4.1. Since the introduction of the Homelessness Reduction Act in April 2018 the Council has experienced an increase in the number of households which are homeless or at risk of homelessness that have approaching the Housing Solutions service for assistance.

	2017-18	2018-19	2019-20
April to July	437	523	690
April to March	1395	1605	2070 (forecast)

*Forecast

In 2018-19, the first year of the Homelessness Reduction Act, the number of households approaching the service increased by 15% compared to the year before. In the months between April and July 2019, the service has seen a 32% increase in approaches compared to the same period in 2018-19, and a 58% increase in approaches compared to April to July 2017.

3.4.2. Approximately 50% of households that approach the Council for assistance do so because of the termination, or risk of termination, of a tenancy in the private rental sector. Exclusion by family and friends accounts for the reason for homelessness cited by around 40% of households.

3.4.3. The Homelessness Reduction Act places greater emphasis on the Council assisting homeless applicants to prevent or relieve their homelessness. In some instances this is not possible, however the Council may still have a duty to secure accommodation if the applicant is eligible for assistance, is homeless or at risk of homelessness, has a priority need and is not intentionally homeless. In 2018/19, 58% of households owed this duty were comprised of a lone female parent with a dependent child or children, 15% were couples with a dependent child or children, and 3% were a lone male parent with a dependent child or children.

3.4.4. 85% of applicants owed the rehousing duty had an identified priority need as a result of dependent children or pregnancy within the household. 9% of households had an identified priority due to physical disability, and finally mental health illnesses accounted for 6% of the households.

3.4.5. There have been significant changes in the housing market in Thurrock during the lifetime of the current Homelessness Prevention Strategy. These have led to increased challenges surrounding affordability in the borough for

both residents attempting to find secure accommodation and for the Council to fulfil its rehousing duty.

3.4.6. Firstly, between February 2014 and February 2019 the average house price increased by 50%, from £199,666 to £298,694. Whilst the average house price in Thurrock remains lower than in the neighbouring South Essex boroughs of Basildon, Castle Point, Rochford and Southend, the percentage increase experienced in Thurrock between 2014 and 2019 is greater.

3.4.7. There have been increases in property purchase prices across all sizes and types in the above period, as illustrated in the below table.

Property Type	Feb 2014 Value	Feb 2019 Value	% increase	£ increase
1 bed flat	£97,725	£149,643	53.1%	£51,918
2 bed flat	£129,129	£197,865	53.2%	£68,736
2 bed house	£178,653	£279,051	56.2%	£100,398
3 bed house	£205,486	£316,043	53.8%	£110,557
4 bed house	£291,783	£438,840	50.4%	£147,057

3.4.8. Analysis of household income data indicates that 59.8% of Thurrock households have a gross income of £40,000 or less. Further analysis of property purchase affordability indicates that a household income of £35,000-£40,000 is required for a first time buyer to purchase a flat or maisonette in Thurrock. This means that approximately 52.9% of Thurrock households would not meet the affordability requirements to purchase the smallest types of property available on the housing market. For terraced houses, semi-detached houses and detached houses, the percentage of first time buyers in Thurrock that would not be able to afford to purchase these types of properties are 76.6%, 84.2% and 92.4% respectively.

3.4.9. The average weekly cost to rent in Thurrock has also increased over the past five years. The table below illustrates both the lower quartile (LQ) and average weekly costs of renting by property size in both 2014 and 2019.

	2014		2019		Increase %		Increase £	
Property Type	LQ	Average	LQ	Average	LQ	Average	LQ	Average
1 bed	£129	£139	£166	£172	29%	24%	£37	£33
2 bed	£162	£174	£207	£219	28%	26%	£45	£45
3 bed	£196	£218	£265	£276	35%	27%	£69	£58
4 bed	£277	£296	£336	£357	21%	21%	£59	£61

This data indicates that to rent an average one bed property for 52 weeks in 2019, a household would be paying £8,944, compared to £7,228 for 52 weeks in 2014. This represents an increase in housing costs of £1,716. The annual increase to rent a two, three or four bedroom property for 52 weeks between 2014 and 2019 is £2,340, £3,016 or £3,172 respectively.

3.4.10. The most recent earnings by place of residence dataset published by the Office for National Statistics gives the below mean gross salary for Thurrock. A calculator has been used to show the net income based on deductions for income tax and national insurance for the 2019-2020 financial year.

	Gross	Net (2019/20)
Thurrock Mean Salary	£28257	£22751

According to the Joseph Rowntree Foundation, the maximum Housing Cost to Income Ratio (HCIR) in order for accommodation to be considered to be affordable would be 1:3. This means that if a household is spending more than a third of its net income on accommodation costs, that accommodation would not be deemed to be affordable.

3.4.11. The below table illustrates the average housing cost affordability for households with one or two full-time earners in comparison with lower quartile and average rents

	Average weekly affordability (1x FT salary)	Average weekly affordability (2x FT salary)	1 bed	2 bed	3 bed	4 bed
Lower Quartile	£146	£292	£166	£207	£265	£336
Average Rent			£172	£219	£276	£357

3.4.12. This table indicates that for a household with a single full-time average income, weekly rents in the private sector are not affordable across all property sizes. A household with two full-time average incomes may find the private rental sector more affordable for properties with one or two bedrooms, however would experience less affordability with three or four bedroom properties.

3.4.13. There are also significant shortfalls between the maximum Local Housing Allowance (LHA) rate and current weekly rents in the private sector. The table below displays the current weekly LHA rates for one, two, three and four bedroom properties as well as the weekly shortfalls between the LHA rates and average rental costs.

	1 bed	2 bed	3 bed	4 bed
LHA Rate	£136	£171.08	£199.80	£266.65
Lower Quartile Shortfall	£30	£35.92	£65.20	£69.35
Average Rent Shortfall	£36	£47.92	£76.20	£90.35

3.4.14. As demonstrated in the above table, the current LHA rates are not sufficient for average rental values in Thurrock. A claimant in an average one bedroom

private rental property would have an annual shortfall of £1,872 between the cost of renting and the amount of Housing Benefit or Universal Credit housing element.

4. Homelessness Prevention and Rough Sleeping Strategy Themes

4.1.1. A series of stakeholder meetings have taken place so far in order to understand the issues affecting homelessness in the borough. The main causes of homelessness in Thurrock are the loss of a private sector tenancy and exclusion by family and friends, however the fundamental principle that has informed all activity to date is that homelessness is not simply a housing issue, but is instead a complex social problem.

4.1.2. The first theme that has been identified therefore focuses on true partnership and collaboration, not only between Council services but also with public bodies such as NHS Trusts, Police and neighbouring local authorities, as well as homelessness charities, registered providers and other organisations that support those who are homeless, or at risk of homelessness.

4.1.3. This approach is necessary, as homelessness can be both a cause and result of factors beyond the boundaries and knowledge of the Housing service. There are examples of local authorities establishing homelessness partnership boards that bring experience and expertise together to address these key issues and make a joint commitment to tackling all forms of homelessness, including rough sleeping.

4.1.4. A major factor currently experienced in Thurrock is the number of households being placed in the borough by other local authorities, either within temporary accommodation or as a final placement. This impacts upon the availability of accommodation for the Council to secure as accommodation for its own residents, but also has an impact on the resources of the partners listed above.

4.1.5. These partners may also be aware of households or individuals who are homeless or at risk of homelessness, but have not approached the Housing Solutions team for assistance. There may be a range of reasons for this, however increased relationships between organisations may help to encourage those who are often most vulnerable to seek assistance with the right support.

4.1.6. Lastly, new community groups, voluntary organisations and charities are set up which work with those who are homeless or at risk of homelessness, however the Housing Solutions team may not always be made aware. By establishing a cross-sector network, it will ensure that all partners can be kept informed of new developments across organisational boundaries.

4.1.7. A second theme will focus on the health and wellbeing of those who approach the Council's homelessness service for assistance. The uncertainty that the loss of secure accommodation brings and its effect on daily life can have a substantial impact on general wellbeing, however there

are often a number of other physical or mental health needs for which an applicant may require support.

4.1.8. Defined referral pathways between partners can be developed, redesigned or republished to help applicants to access the services that may be able to assist their wellbeing and provide support for specific needs. Opportunities can also be explored to allow improved access to health services, especially for those who are rough sleeping or have no fixed address.

4.1.9. Thirdly, a theme will be explored surrounding the provision and accessibility of accommodation for those who approach the Council for assistance. There are significant pressures on finding and securing affordable accommodation in Thurrock, not only in the private rental sector but within social housing as well. Demand far outstrips supply for the Council's own stock, although there are a number of ongoing new build schemes, and there is a disproportionately small amount of housing association properties within the borough as an alternative.

4.1.10. Affordability is a key factor in securing accommodation. Through the development of a partnership approach, it may be possible to improve financial inclusion or increase access to employment opportunities, thereby increasing the number of affordable options available to applicants.

4.1.11. Additional challenges in this area include competition to secure stock within Thurrock with other local authorities with greater financial resources. Work is ongoing to develop a local offer to engage with local landlords and reputable lettings agents in order to build positive and beneficial relationships for the supply of properties.

4.1.12. It may also be possible to explore new options for emergency, temporary and permanent accommodation. Work is underway to bring Brooke House into use as more in-borough temporary accommodation, and it may be possible to explore options for night shelter provision within Thurrock. Further engagement with housing associations is also due to take place, with a view that further development of new social housing may be undertaken.

4.1.13. Finally, an important factor in the delivery of the Homelessness Prevention and Rough Sleeping strategy, as well as the day-to-day service provision, are the homelessness teams themselves. Officers serve as a vital link between partners, other professionals, housing providers and the households approaching the Council for assistance.

4.1.14. It is recognised that intense levels of support are required for some applicants, including rough sleepers, as well as an understanding of complex legislation and guidance in order to make correct decisions within defined timeframes. A key part of the Housing Solutions Customer Excellence Programme, and therefore the Homelessness Prevention and Rough Sleeping Strategy, is ensuring that staff receive ongoing training and development.

4.1.15. Officers will need to build new connections as well as reinforce existing relationships between the service and its partners in order to make best use of the knowledge and expertise available. Further areas for development are outlined in the Housing Solutions Customer Excellence Programme report.

5. Action Plan

5.1. Once the themes have been finalised, an action plan will be developed to sit alongside the Homelessness Prevention and Rough Sleeping Strategy. Throughout all elements of partner engagement and consultation to date, it has been a shared aspiration that the action plan is a document which is jointly owned by partners to ensure that the best outcomes can be achieved by using the skills, knowledge and expertise of each organisation.

5.2. The action plan will be regularly monitored and updated to make sure that progress is made and that key actions are delivered within defined timeframes. A group will be responsible for this activity; formed either as a part of the existing Mental Health and Homelessness Forum or as part of a new partnership board which will be established. To ensure that there is appropriate oversight of the action plan, an annual update will be provided to Housing Overview on Scrutiny Committee.

6. Reasons for Recommendation

6.1. As outlined, the Council has a statutory duty to ensure that it carries out regular analysis of homelessness in the borough and publishes a refreshed homelessness strategy at least every five years. The current strategy therefore requires a published refresh by November 2020.

6.2. Due to the significant changes since 2015 in welfare reform, homelessness legislation and housing provision in the borough, it is recommended that a draft Homelessness Prevention and Rough Sleeping Strategy is brought to Housing Overview and Scrutiny Committee in late 2019 so that the document can be published ahead of the statutory deadline.

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

7.1. As set out in the Homelessness Code of Guidance published by MHCLG, the Council must consult public or local authorities, voluntary organisations and other people considered appropriate before adopting or modifying a homelessness strategy.

7.2. Consultation activity that has taken place so far includes face-to-face sessions with Council staff and partner agencies, statistical analysis, and presentations to other key Council services, committees and boards.

Close work has and will continue to take place with a range of partners and service providers, such as the membership of the Council's Homelessness and Mental Health Forum, including NELFT, St Mungo's, Open Door,

SERRIC, Mind, and Changing Pathways, and newer organisations such as the Friends of Essex and London Homeless.

7.3. As key themes have started to emerge, specific activity will take place with individuals that have engaged with the Council's Housing Solutions service. This will ensure that meaningful and appropriate actions can be identified to address these matters, and can therefore be included in an informed action plan that will sit alongside the strategy.

7.4. The final draft of the Homelessness Prevention and Rough Sleeping Strategy will be presented to members of the Housing Overview and Scrutiny Committee in December 2019 for a final review.

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):

- Homelessness Code of Guidance for Local Authorities, MHCLG

9. Implications

9.1. Financial

Implications verified by: **Mike Jones**

Strategic Lead, Corporate Finance

By undertaking work to analyse homelessness in the borough and developing a new strategy in line with the preventative aims of the Homelessness Reduction Act 2017, it is hoped that the costs associated with the provision of services will reduce.

9.2. Legal

Implications verified by: **Tim Hallam**

Acting Head of Law, Assistant Director of Law and Governance and Monitoring Officer

Section 1(1) of the Homelessness Act 2002, requires a Local Authority to review homelessness in its area and to produce a strategy under s1(3). Section 1(4) requires that the strategy is reviewed and updated every 5 years, although Local Authorities may do this earlier/more frequently than that. The Homelessness Reduction Act 2017 changes should be reflected in such a strategy. Thurrock Council must comply with the legal requirement of having an updated strategy within five years of publication of its last strategy.

9.3. Diversity and Equality

Implications verified by: **Natalie Warren**

Strategic Lead, Community Development and Equalities

As outlined within this report and set out in the Homelessness Code of Guidance, consultation activity must take place with other public bodies, voluntary organisations, service users and other identified stakeholders before a new strategy can be implemented. By undertaking a homelessness review, a broad range of stakeholders throughout the community can be identified and involved in the activity to develop a holistic strategy. The consultation results will help to inform a Community Equality Impact Assessment prior to implementation of the strategy to identify and address any issues affecting those within the protected characteristics.

9.4. Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

Not applicable

10. Appendices to the report

- None

Report Author:

Ryan Farmer

Housing Strategy & Quality Manager

Business Improvement - Housing

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20 September 2019	ITEM:10
Health and Wellbeing Board	
Thurrock Community Safety Partnership Update	
Wards and communities affected: All	**Key Decision:** Non Key
Report of: Michelle Cunningham – Community Safety Partnership Manager	
Accountable Assistant Director: Daren Spring, Assistant Director for Street Scene and Leisure	
Accountable Director: Julie Rogers, Director of Environment and Highways	
This report is Public	

Executive Summary

This report provides Health and Wellbeing Board the opportunity to review the performance, both qualitative and quantitative, of the Thurrock Community Safety Partnership (TCSP) in 2018/19 and provides insight into the priorities for the Partnership for 2019/20.

1. Recommendation(s)

1.1 That Health and Wellbeing Board note the performance of the Thurrock Community Safety Partnership for the year 2018/19

1.2 That Health and Wellbeing Board support the 4 priorities of the Community Safety Partnership for the year 2019/20, which are:

1. Tackling Offending
2. Violence and Vulnerability
3. Local Community and Visibility
4. Counter Extremism and Terrorism

1.3 That Health and Wellbeing Board recognise the links that have been made to Thurrock's Health and Well-being strategy.

1.4 That Health and Wellbeing Board he requirement to work collaboratively across Essex on the Police and Fire Crime Commissioners Violence and Vulnerability framework.

2. Introduction and Background

2.1 All crime in Thurrock increased by 19.9% for the year 2018/19, when compared with the previous year, with a total of 17,271[1] crimes committed. This is a consistent theme across Essex with Essex Police reporting an 18.3% change in crime rates. It should be noted that some of this reported increase is attributable to the change in recording rules, particularly in relation to violent crime. N.B. national data is not yet published

2.2 There were 4,546[2] incidents of Anti-social Behavior (ASB) reported to Essex Police in Thurrock in 2018/19; this is illustrating a decrease of 10.4%, 527 fewer recorded incidents, than in the previous year. This compares favorably to Essex, reporting a 5.9% decrease in ASB.

2.3 The reporting of an increase in recorded crime, in particularly violent crime substantiates the concerns being raised by partners and communities throughout the year, however the decrease in reported ASB does not correlate with what communities are telling us and confirms that a continued focus on police reporting is required.

2.4 The National perception, as measured by the Crime survey[3], of people saying that crime has gone up has increased annually since 2016. This is in line with public perception of Thurrock residents and is attributable to concerns over lack of visibility of Police. This is being addressed through the increase in Community Policing Team and the new Town Centre teams which are funded through the Police and Fire Crime Commissioner (increase in policing precept). Through this additional funding there are now 17 Community Policing Officers (including 2 children and young people officers), 7 Town Team Officers and 3 Sergeants. Whilst the increase in reporting is of Local and National concern it is envisaged that through the increased funding residents will start to see a positive impact. The Police Public Perception survey results are showing a quarterly increase in confidence in policing in Thurrock.

2.5 The Partnership Plan for 2018/19 identified 3 priorities from the partnership's Strategic Assessment. This allowed the opportunity to develop and plan our activities to address the priorities outlined in the assessment, whilst providing value for money, and an 'intelligence led' approach to community safety.

[1] . As recorded and reported by Essex Police statistics

[2] As recorded and reported by Essex Police statistics

[3] www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/adhocs/010241perceptionsofchangingcrimelevelsatanationalandlocallevelbyrollingquartersyearendingmarch2016toyearendingmarch2019

The priorities for 2018/2019 were:

1. **Reduce youth offending and re-offending of adults & young people:** With a focus on the priority of Violent Crime with Injury
2. **To reduce harm to and safeguard vulnerable victims from:**
    a. **Domestic Abuse**
    b. **Sexual Offences, including Rape**
    c. **Child Sexual Exploitation and Abuse**
    d. **Gang Related Violence**
    e. **Hate Crime**
    f. **Anti-Social Behaviour**
    g. **Cyber Bullying**
    h. **Honour Based Abuse i.e. Forced Marriage and Female Genital Mutilation**
    i. **Serious Organised Crime in relation to Modern Day Slavery & Human Trafficking.**
3. **Violent Extremism:** Delivering the Governments Counter Terrorism Strategy, 'Prevent', locally.

2.6 The priorities for 2019/20 have been refreshed in line with the findings of our strategic assessment and as a result, Thurrock Community Safety Partnership (CSP) will focus on four core priorities which will all support the Chief Constables vision with regards to a focus on the four V's, namely:

- Violence
- Vulnerability
- Visibility
- Victims

2.7 In delivering the four identified priorities the Community Safety Partnership will ensure that there is a Victim centered approach toward:

1. Tackling Offending

- Preventing youth offending
- Targeting repeat and prolific offenders
- Reducing victims of burglary

2. Violence and Vulnerability

- Tackle violence with injury
- Tackle gang related activity and offensive weapons
- Ensure a coordinated approach to safeguard against gangs and child criminal exploitation
- Support all victims of domestic abuse, sexual offences including rape, child exploitation and abuse, stalking and honour based abuse i.e.

forced marriage and female genital mutilation and target the perpetrators of those offences
- Tackle Violence Against Women and Girls in line with current strategy 2017/20

3. Local Community and Visibility
- Identify and tackle patterns, trends and hot spots for anti-social behaviour through increased visibility and enforcement
- Reduce harm to and safeguard victims from hate crime
- Community engagement

4. Counter Extremism and Terrorism
- Preventing violent extremism locally

2.8 In identifying these priorities we recognise the changing world we live in and will be closely monitoring any impact that the development of Thurrock's night time economy may have. We will be reviewing and refreshing the Violence Against Women and Girls strategy in 2020 to encompass all gender related abuse.

2.9 The Community Safety Partnership (CSP) must pay due regard to the Police, Fire and Crime Commissioner (PFCC) priorities which are laid out within the 2016/20 Police and Crime Plan which sets out 7 focus areas:

- More local, visible and accessible policing
- Crack down on ASB
- Break the cycle of domestic abuse
- Reverse the trend in serious violence
- Tackle gangs and organised crime
- Protect children and vulnerable people
- Improve safety on our roads

3. Issues, Options and Analysis of Options

3.1

Victim Based Crime	Offences			
Crime Type	**2017/8**	**2018/9**	**# diff.**	**% diff.**
Violence Against the Person	3940	5696	1756	44.6
Violence with injury	1297	1476	179	13.8
Violence without injury	1721	2257	536	31.1
Sexual Offences	315	344	29	9.2
Robbery	205	244	39	19.0
Burglary (all types)	1238	1134	-104	-8.4
Vehicle Offences (incl. Interference)	2012	2341	329	16.4
Theft [5]	3219	3388	169	5.3
Criminal Damage incl. Arson	1652	1801	149	9.0
Racial/Religiously Aggravated Offences	185	212	27	14.6
Possession of Weapons	119	170	51	42.9

Summary of crime performance for 1/4/18 to 31/3/19 compared to 2017/18[4]:

3.1.1 There continues to be a rise in Violence Against the Person (44.6%), of which 38.2% is domestic related (2176 incidents). This is comparable to an increase across Essex of 39.4%. The increase in possession of weapons is a worrying trend and is borne out by those coming into the Youth Criminal Justice System.

3.1.2 Whilst vehicle crime overall has increased there has been a 3% reduction in theft from a vehicle.

3.1.3 The increase in racial/religious offences follows a reduction seen in the previous year, however hate crime remains under reported. Based on the 2015/16, 2017/18 crime survey for England and Wales 53% of hate crime was reported to the Police[6].

3.1.4 There were 6 case reviews of ASB requested in the year to March 2019, of which 1 met the threshold. This was successfully resolved through a house move.

3.1.5 The priorities for 2018/19 continued to focus on “hidden crimes” which often go unreported, but have a huge impact on vulnerable victims and lead to long-term health and well-being concerns and ultimately can lead to safeguarding procedures. In relation to gang related violence, there has been an increase in vulnerable person’s property being “taken over” (cuckooed) for profit.

[4] As provided by Essex Police from STORM data
[5] Including theft from person, of a pedal cycle, shoplifting and other
[6] Home Office Hate Crime Report England and Wales 2017/2018

3.1.6 The partnership continues to raise awareness of these crimes within the community and has action plans, which are continuously reviewed, in place to address.

3.1.7 Residents, through forums, local Councillors and community engagement events, continue to tell us that whilst recorded ASB has fallen in the year, this is not the perception of residents. To address this funding has been made available through Council surplus in 18/19 to support the Council and Police with additional operations and resources to address ASB and gang related violence. There is an ongoing challenge to encourage reporting through a number of channels to either the Police, Council or anonymously to Crimestoppers.

3.1.8 The TCSP also has a statutory duty for re-offending and all partners are required to prioritise, through the Integrated Offender Management (IOM) Scheme, those causing most harm to the community. The reduction seen in burglary can in part be attributed to the work of the IOM team in Thurrock, crime prevention advice provided to residents (including sheltered housing tenants) about distraction burglary, improved security measures through Well Homes, target hardening and improvements to enhance residents security, as well as the use of CCTV and the ongoing contribution from use of ANPR cameras, activity of Neighbourhood Watch and Active Citizens.

3.1.9 The revised priorities for 2019/20 have a greater emphasis on Violence and Vulnerability, in particular in relation to tackling gang related activity and offensive weapons, as well as addressing community concerns regarding ASB and visible policing.

3.1.10 The Strategic Assessment conducted in 2018 is based on a risk matrix which considers varying factors such as public concern, seriousness, harm and cost, and has been used to validate these priorities.

3.2 Activity to deliver on priorities 2018/19

3.2.1 **Re-Offending**

Partners worked together at a workshop to refresh the Integrated Offender Management Scheme in Thurrock, with a revised action plan driven by data from the Community Rehabilitation Company (CRC). This has led to an improved partnership response to support offenders.

Thurrock has made 38 referrals to the Restorative Justice Service between April and January.

Youth at Risk programme has been delivered in 5 schools, to 60 of our most vulnerable pupils.

3.2.2 **Violence Against Women and Girls**

A Coordinator has been recruited to develop our local response to the National strategy. This has improved governance and partnership working.

Thurrock hosted J9 training with 153 attendees including business representatives.

SERICC were commissioned to develop a similar training programme for Sexual Abuse with 173 people attending our “Challenging Myths Changing Attitude Training”.

3.2.3 **Hate Crime**

There have been 25 referrals to our Locality Action Groups with actions in place to safeguard victims.

Pop Up community engagement events were held to promote reporting in 2 hot spot areas.

Awareness raising was added to our Prevent training with 120 attendees.

All Waste Operatives, Environmental Supervisors and Managers attended an awareness raising session, in response to incidents reported.

3.2.4 **Child Sexual Exploitation**

Training has been delivered to all licensed taxi drivers in Thurrock and is now being rolled out to hotel premises.

3.2.5 **Gang related Violence**

Gangsline delivered gang awareness in 6 schools and over 200 professionals attended their training.

Crucial crew included knife crime awareness sessions to 1100 year 6 pupils 11 injunctions were secured against members of the C17 gang alongside 2 criminal behaviour orders. A further 2 have been obtained in 2019.

Additional funding supported the Op Raptor Team, enabling them to conduct 14 proactive patrols and enforcement of C17 injunctions, 1 covert operation with 10 officers, and a joint operation with the fraud team which resulted in30 arrests and 6 breaches.

3.2.6 **Violent Extremism**

Prevent awareness workshops were delivered to 120 professionals.

The prevent duty toolkit has been completed and the action plan refreshed to reflect the learning from the training.

The Counter Terrorism Local Profile is being disseminated as appropriate and the risk assessment and action plan updated accordingly.

The Channel Panel has been refreshed and new process of referrals adopted.

3.2.7 **Anti-Social Behaviour**

Following concerns raised by residents, the Council allocated funding to encourage reporting and to support the activities of Op Raptor to tackle gang related violence and to develop initiatives to address anti-social behaviour.

Engagement with residents, partners from Police, Housing, Youth Services, PASS and community safety has resulted in a proposal being developed to address ASB in the borough through:

- Target Hardening areas to create barriers to causes of ASB
- Operations to increase visibility and enforcement
- Prevention to work with young people at risk of causing ASB, and;
- Engagement with residents

Essex Police completed additional hours of high visibility policing operations in Purfleet, Tilbury, Stanford Le Hope, Aveley and South Ockendon to combat ASB and for the period 1st October 2017 to 30th September 2018 they issued:

- 78 Community Protection Warnings,
- 6 Community Protection Notices and
- 2 Criminal Behaviour Orders

Improvements to CCTV to address ASB have been made on the Garrison Estate, in Derwent Parade and Seabrooke Rise

Enforcement of the Public Spaces Protection Order in Grays High Street, improved CCTV and additional resourcing of Op Raptor has led to a 44% reduction in ASB and 16% reduction in violent crime in Clarence St, The Mall, High Street and George St, between 2018 and 2017. This was supported by joint patrols of Essex Police Officers and Thurrock Environmental Enforcement Officers throughout the borough with a focus on Grays and Tilbury.

3.3 Thurrock Council now have four Quadrant Officers in place and are able to work effectively throughout the borough. The team attend to reported Environmental crime daily and are visible throughout the borough including completing area patrols. The Council's Environmental Enforcement Officers

and ASB Officers have now been accredited under a Home Office initiative that enables the Chief of Police for Essex to designate limited police powers to employees of non-police organisation, who are in a community safety role and contribute towards community safety while maintaining a high profile enforcement presence on the streets. To achieve this the officers were required to undergo training and pass assessments which were conducted by Essex police.

3.3.1 Under the Community Safety Accreditation Scheme, Environmental Enforcement officers and the ASB Officers can now use the following powers:

- Power to issue penalty notices for disorder
- Power to issue fixed penalty notices for cycling on a footpath
- Power to require giving of name and address
- Power to deal with begging
- Power to require name and address for anti-social behaviour
- Power to require persons aged under 18 to surrender alcohol
- Power to seize tobacco from a person aged under 16
- Power to issue FPN for persons believed to be causing harassment, alarm or distress
- Consumption of alcohol by a person under 18 or allowing such consumption

3.3.2 Last year 3,011 service requests were issued to officers who investigated and responded and resulted in some of the following:

- 166 Fixed Penalty Notices [FPN's] were issued because of fly tipping incidents – a total of £66,400
- 77 vehicles were assessed and deemed to meet the criteria for abandonment – a total of £15,400. Of these 14 vehicles were removed by our contractor
- 132 Community Protection Warnings (CPW) and 13 Community Protection Notices (CPN) were issued in respect of various nuisances that were causing a detrimental effect on the quality of life of those living in the locality
- 61 unauthorised encampments were reported, with the majority dealt with by the council in partnership using the court process

3.3.3 A number of businesses were found to be non-compliant with their waste duty of care resulting in FPN's being issued totally £5,100.

3.3.4 Officers are now equipped with both digital radios and body worn cameras. This has enabled them to work in much safer environment especially when lone working. It also gives them easier access to other officers in different teams whilst also being able to capture evidence at the scene.

3.3.5 The additional funding also supported Op Caesar to combat motorcycle nuisance in Thurrock which saw in nine months a 50% reduction through

Essex Police carrying out 120 actions against people carrying out these kinds of offences including;

- Six people arrested for various offences;
- 25 warnings issued about offences;
- Four letters sent to insurance companies reporting fraud;
- 41 people reported for having no insurance, driving without a licence and careless riding;
- Eight people receiving tickets for vehicle defects;
- 11 vehicles seized, two stolen vehicles received and one house searched;
- Six stop and search actions;
- One rider from South Ockendon banned and fined £1,040.

3.4 Work planned to deliver on priorities in 2019/20

3.4.1 Reduce Re-Offending

- Work with the Homeless Team to support access to housing through offenders and develop use of Well Homes project to support with intervention
- Develop work in children's social care to work with perpetrators of domestic abuse
- Support the Blue Light project to address alcohol as a high criminogenic need of our priority offenders
- Continue to promote restorative justice and improve positive outcomes

3.4.2 Tackle Gang Related Activity and Offensive Weapons

- Use the prevent, disrupt and enforce model to manage identified gang nominals who reside in Thurrock
- Continued use and enforcement of gang injunctions and Criminal Behaviour Orders
- Develop a plan to focus on criminal and sexual exploitation
- Develop and promote prevention & intervention programmes in schools
- Raise awareness of "cuckooing" amongst vulnerable communities

3.4.3 Tackle Violence against Women and Girls

- Refresh Thurrock VAWG action plan to reflect emerging trends and refresh our strategy in line with national changes.
- Continue to raise awareness of domestic abuse through J9 training
- Continue to raise awareness of sexual violence and abuse through Challenging Myths: Changing Attitudes training

- Support Thurrock Housing Safeguarding Team to obtain DAHA Accreditation; the benchmark for how housing providers should respond to domestic abuse in the UK
- Raise awareness of stalking with communities and professionals
- Engage with the community liaison officers within the Housing Safeguarding Team to deliver practical support to identified individuals requiring assistance

3.4.4 **Anti-social behaviour (ASB)**

- High risk victims shared with partners through our Locality Action Groups (LAGs) to enable safeguarding and victim focused outcomes
- Continue to enforce Public Space Protection Orders (PSPO's) in Grays and West Thurrock
- Direct visible out of hours patrols to address ASB hot spots
- Through the Park Engagement Officers deliver activities in the parks across the borough and become a visual presence, directly working with the community to improve behaviour
- Through Thurrock Council's Environmental Enforcement Officers we will have a visible presence to reduce litter, flyposting and fly tipping.
- Increased Policing in Thurrock, increasing visibility, in particular in Grays, Ockendon and Stanford Le hope where the 7 Town Centre Policing Officers have been allocated. .
- Joint tasking of Police and Environmental Enforcement Officers, in relation to CSP Objectives.
- Application for Unauthorised Encampment injunction.

3.4.5 **Hate Crime**

- Share high risk victims with partners through LAGs to enable safeguarding and victim focused outcomes
- Continue to engage with our diverse communities to build confidence to report
- Raise awareness of hate crime in schools
- Continue to promote the hate crime ambassador role and promote hate incident reporting centres through "stop it now" project

3.4.6 **Community Engagement**

- Host partnership Pop up events to engage with residents in hot spots
- Continue engagement with Essex Police through "Coffee with Cops"
- Work with CVS and community groups e.g. neighbourhood watch to promote the "Report it" campaign

3.4.7 **Counter Extremism and Terrorism**

- Identify local threats and monitor
- Encourage greater awareness and challenge within communities
- Safeguard those that are vulnerable to extremism
- Deliver appropriate intervention

3.5 The Community Safety Equality Impact Assessment has highlighted that there is a need to focus on the vulnerable within our communities as they are at greater risk of serious harm and that older people are at greater risk of distraction burglary and rogue traders. Young people are at greater risk of exploitation including sexual, trafficking, cyber bullying, radicalisation and gang related violence. Hate crime within the disabled, transgender and sexual orientation communities continue to have low rates of reporting. Learning disabled are at risk of "cuckooed" in relation to gang violence. Females are more likely to be a victim of domestic and sexual violence and abuse. There is also a gap around information about same sex domestic abuse victims.

3.6 The Thurrock Community Safety Partnership remains committed, through its members, to working with the PFCC to develop and implement innovative programmes to tackle crime, keep our communities safe and improve support for victims.

3.7 Trend analysis, which formed part of the research to develop these delivery plans, confirmed that whilst reported levels of ASB continue to fall, reported crime is increasing, and particularly the categories of violence against the person; vehicle offences; and robbery, however burglary continues to show a reduction in offences.

3.8 Our multi-agency groups, set up to tackle operational issues around crime, offenders and anti-social behaviour continue to deliver improvements in community safety for our residents, in particular our most vulnerable through close working with adult safeguarding teams.

3.9 The biggest challenge facing the CSP continues to be to improve public confidence to continue to report community issues either to the Police, Council or anonymously to crimestoppers.

4. Reasons for Recommendation

4.1 The purpose of this report is to update the board on the delivery of the Thurrock Community Safety Partnership (TCSP) priorities for 2018/19 and highlight the priorities and actions to deliver the priorities in 2019/20 based on the findings of the strategic assessment of 2018.

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

5.1 N/A

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

6.1 The Thurrock Community Safety Partnership is central to delivering Thurrock Council's priority of:

People – a borough where people of all ages are proud to work and play, live and stay.

This means:

- 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

6.2 The Health and Wellbeing Board agreed to amend Goal 2 of the Health and Wellbeing Strategy earlier this year and **Goal 2** is now Healthier *and Safer* Environment, however there are a number of areas that the CSP contribute to in ensuring residents of Thurrock are able to live healthier and safer.

6.3 The strategic assessment in identifying the 4 priorities took into account recent consultation with residents in some areas of the borough and it is our understanding that in many cases Anti-social behaviour is going unreported and therefore the reported reduction in ASB is not giving us an accurate picture.

7. Implications

7.1 Financial

Implications verified by: **Rosie Hurst**

Interim Senior Management Accountant

The CSP has a grant from the Police Fire and Crime Commissioner of £24,976, the same as last year and an £18,343 contribution from Thurrock Council. These funds have all been allocated to support delivery of the priorities.

A further £750K allocation of surplus funding 18/19 has been provided in response to resident concern and feedback, to tackle ASB and gang related violence across the borough over the next 3 years

The PFCC and partners have been successful in obtaining additional funds to support targeted work to tackle violence and vulnerability.

There are no financial implications from this report.

7.2 **Legal**

Implications verified by: **Tim Hallam**

Acting Head of Law, Assistant Director of Law and Governance and Monitoring Officer

There do not appear to be any direct legal implications arising from this report

7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**

Community Development and Equalities Manager

The Equality Impact Assessment (EIA) has been refreshed following the Strategic Assessment and the gaps identified in 3.5 are addressed within the action plans.

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

This report outlines the Council and its Partners commitment to ensuring they are delivering on Section 17 of the Crime and Disorder Act legislation.

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):

- Partnership Strategic assessment 2018
- Partnership Delivery Plan

  www.thurrock.gov.uk/community-safety-partnership/thurrock-community-safety-partnership

- Police and Crime Plan

  www.essex.pcc.police.uk/priorities-for-essex/police-and-crime-plan/

- ASB case review report:

  www.thurrock.gov.uk/sites/default/files/assets/documents/asb-scr-2018-v01.pdf

9. Appendices to the report

- Essex Violence and Vulnerability framework

Report Author:

Michelle Cunningham
Thurrock Community Safety Partnership Manager
Environment and Highways

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Meeting Planner

Health and Wellbeing Board

Health and Wellbeing Board Executive Committee

HWB Membership

Leader of the Council* (Cllr Robert Gledhill) Portfolio Holder for Children's and Adult Social Care **(Chair)** (Cllr Sue Little), Portfolio Holder for Education and Health (Cllr James Halden), Cllr Luke Spillman, Cllr Tony Fish, Corporate Director of Adults, Housing and Health / Interim Director Children's Services* (Roger Harris), Corporate Director of Children's Services * (currently covered by interim Director), Director of Public Health* (Ian Wake), Accountable Officer: Thurrock NHS Clinical Commissioning Group* (Mandy Ansell), Chief Operating Officer HealthWatch Thurrock * (Kim James), Clinical Representative: Thurrock NHS Clinical Commissioning Group (Dr Anjan Bose), Chair: Thurrock NHS Clinical Commissioning Group or a clinical representative from the Board (Dr Deshpande), Executive Nurse: Thurrock NHS Clinical Commissioning Group (Jane Foster-Taylor), Lay Member Patient Participation: Thurrock NHS Clinical Commissioning Group (Trevor Hitchcock), Corporate Director – Place (Andy Millard – Currently interim Director), Director level Executive, NHS England Midlands and East of England Region (Waiting for confirmation) Chair Thurrock Community Safety Partnership Board / Director – Environment and Highways (Julie Rogers), Chair of the Adult Safeguarding Board or their senior representative (Jim Nicolson or Jane Foster-Taylor, Thurrock CCG), Representative Thurrock Local Safeguarding Children's Partnership (David Archibald), Integrated Care Director Thurrock, North East London Foundation Trust (NELFT) (Tania Sitch), Executive member, Basildon and Thurrock Hospitals University Foundation Trust (Andrew Pike/Preeti Sud), Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT) (Nigel Leonard), Chief Executive Thurrock CVS (Kristina Jackson)

HWB Executive Committee membership

Roger Harris (Chair), Les Billingham, Jane Foster-Taylor, Kim James, Mandy Ansell, Michele Lucas, Ian Wake, Carol Hinvest, Julie Rogers/Michelle Cunningham

Meeting	Meeting date and time	Agenda Items	Deadlines
Executive Committee	**Wed 14 August 2019** **2-3pm** **3rd floor room 5** Invitations sent to members (2 July)	1. Welcome and apologies 2. September HWB Agenda 3. Health and Wellbeing Board TOR 4. Change of scope for HWB Executive Committee 5. Future meetings of Health and Wellbeing Board 6. AOB	
HWB	**20 September** **10:30 – 12:15** Chair's Briefing Session 9:30-10:25 (Reserved and invited Cllr Little, Roger and Ian) Room reserved. Invitations sent to members Refreshments to be ordered 15 minutes break	1. Welcome and Introductions 2. Minutes 3. Urgent Items 4. Declaration of Interests 5. STP five year plan (Jo Cripps) 6. Review of TOR for HWB **confirmed** **7.** Better Care Fund Plan 2019-2020 (Ceri Armstrong) **confirmed** 8. Suicide Prevention update. Maria Payne **confirmed** Break 9. Homelessness Prevention Strategy Strategic Data Analysis – Ryan Farmer. **Confirmed** 10. CSP delivery plan (Michelle Cunningham)	Meeting 20 September Publishing Deadline 12 September Papers for Imps: Mon 2 September **Papers requested on Friday 18 August**

Meeting	Meeting date and time	Agenda Items	Deadlines
HWB	6 December 11 – 1pm Chair's Briefing Session 10 – 10:55am Meeting rooms booked – invitations sent to members for HWB. Chairs briefing session also booked. (Reserved and invited Cllr Little, Roger and Ian)	1. Annual Director of Public Health Report (Ian Wake) 2. **Sexual Violence Joint Strategic Needs Assessment**. Sareena Gill /Maria Payne Break (15 mins) 3. HWB Strategy Annual Report 4. Possible item on leisure activity undertaken as discussed with Julie Rogers on 15 Feb (i.e. Park Rangers) 5. Breastfeeding JSNA (Teresa Salami-Oru) 6. Children's MOU for signoff as agreed at the Brighter Futures (Teresa Salami-Oru)	

Meeting	Meeting date and time	Agenda Items	Deadlines
HWB	March 2020	1. DAAT Annual Report 2. HPAG Annual Report 3. Looked after children JSNA (Teresa PH) 4.	
HWB	June 2020		
HWB	September 2020		
HWB	December 2020		
HWB	March 2021		