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

Health and Wellbeing Board

The meeting will be held at **2.00pm** on **26 November 2020**

Microsoft Teams (Virtual Meeting)

Membership:

Councillor Halden (Chair), Councillor Mayes, Councillor Gledhill and Councillor Fish
Corporate Director of Adults, Housing and Health * (Roger Harris)
Corporate Director of Children's Services * (Sheila Murphy – Corporate Director for Children's Services)
Director of Public Health* (Ian Wake)
Interim Deputy Accountable Officer: Thurrock NHS Clinical Commissioning Group* (Mark Tebbs)
Chief Operating Officer HealthWatch Thurrock * (Kim James)
Chair: Thurrock NHS Clinical Commissioning Group or a clinical representative from the Board (Dr Kallil)
Executive Nurse: Thurrock NHS Clinical Commissioning Group (Jane Foster-Taylor)
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)
Adult Safeguarding Partnership senior representative (Jane Foster-Taylor, Thurrock CCG)
Chair Thurrock Local Safeguarding Children's Partnership or their senior representative (Revolving Chair - currently Jane Foster-Taylor)
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)
HM Prison and Probation Service (Karen Grinney)
Interim Joint AO for Mid and South Essex CCGs (Anthony Mckeever)

Agenda

Open to Public and Press

Page

1 Apologies for Absence

2 Minutes **5 - 12**

To approve as a correct record the minutes of the Health and Wellbeing Board meeting held on 8 October 2020.

3 Urgent Items

To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.

4 Declaration of Interests

5 Active Places Strategy **13 - 60**

This item will be introduced by Julie Rogers, Thurrock Council. A presentation will be provided by David McHendry, KKP Consultants.

Today's meeting papers includes reports and supporting documentation for this item

6 Initial Health Assessments for Looked After Children **61 - 68**

This item will be introduced by Sheila Murphy and Naintara Khosla, Thurrock Council.

Today's meeting papers includes reports and supporting documentation for this item

7 Worklessness and Health JSNA **69 - 154**

This item will be presented by Andrea Clement, Thurrock Council

Today's meeting papers includes reports and supporting documentation for this item

8 Regional Care Market Workforce Strategy **155 - 228**

This item will be introduced by Ceri Armstrong, Thurrock Council

Today's meeting papers includes reports and supporting documentation for this item

9 Delegated Primary Care Commissioning **229 - 232**

This item will be presented by Nicola Adams and Rahul Chaudari, Thurrock CCG

Today's meeting papers includes reports and supporting documentation for this item

10 Think 111 Campaign

This item will be introduced by Mark Tebbs, Thurrock CCG

This is a verbal item not supported by a report

Queries regarding this Agenda or notification of apologies:

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

Agenda published on: **18 November 2020**

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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?**

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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.

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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 8 October 2020 10.00am-12.00pm

Present:	Councillor James Halden (Chair) Councillor Tony Fish Councillor Allen Mayes Roger Harris, Corporate Director for Adults, Housing and Health Ian Wake, Director of Public Health Sheila Murphy, Corporate Director for Children's Services Julie Rogers, Chair Thurrock Community Safety Partnership Board/Director of Environment and Highways Tania Sitch, Integrated Care Director Thurrock, North East London Foundation Trust (NELFT) Mark Tebbs, Deputy Accountable Officer, Thurrock NHS Clinical Commissioning Group Dr Anil Kallil, Chair of Thurrock CCG Nigel Leonard, Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT)
Apologies:	Councillor Robert Gledhill Andy Millard, Director for Place Karen Grinney, HM Prison and Probation Service Preeti Sud, Executive Member of Basildon and Thurrock Hospitals University Foundation Trust Michelle Stapleton, Interim Director of Operations, Basildon and Thurrock University Hospitals Foundation Trust Tom Abell, Deputy Chief Executive and Chief Transformation Officer, Basildon and Thurrock University Hospitals Foundation Trust Andrew Pike, Executive Member, Basildon and Thurrock Hospitals University Trust Kim James, Chief Operating Officer, Healthwatch Thurrock Kristina Jackson, Chief Executive, Thurrock CVS Anthony McKeever, Interim Joint Accountable Officer for Mid and South Essex CCGs Jane Foster-Taylor, Executive Nurse, Thurrock NHS Clinical Commissioning Group
Guests:	Helen Farmer Thurrock CCG Diane Sarker BTUH Rebekah Bailie Essex County Council Teresa Kearney, NHS Basildon and Brentwood CCG. Tricia D'Orsi, NHS Basildon and Brentwood CCG

1. Welcome, Introduction and Apologies

Apologies were noted.

2. Minutes

The minutes of the Health and Wellbeing Board meeting held on 8 October 2020 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. BTUH CQC outcome for maternity services

This item was presented by Diane Sarker Chief Nursing Officer, Mid and South Essex NHS Foundation Trust. Key points included:

- 6 incidents were reported as a cluster whereby 6 babies were sent for cooling. Incidents were proactively reported to CQC.
- The CQC carried out an inspection of maternity services at Basildon University Hospital on Friday 12 June 2020. Following this inspection, and a review of Trust incident reports, the CQC published its report on Wednesday 19 August 2020. This rated the service as Inadequate. Key findings included:
    - Poor multi-disciplinary working
    - Training was not always up to date Training has been introduced to monitor women and babies. It had been reported to CQC that not all doctors had completed training which was not the case.
    - Staff shortages
    - Safety concerns were not always identified and escalated
    - Junior medical staff were not supported sufficiently
    - High-risk women were giving birth in a low-risk area
    - Incidents were not always graded correctly

- Members learned that following the Inspection report 9 women wanted care transferred to Southend hospital following the report.
- Members were asked to note that while a number of improvements that had been made which include:
    - A new senior management team has been recruited. An interim Director of Midwifery has also now been appointed.

    - £1.8m has been invested in new staff, including an additional 20 Midwives
    - Three more delivery beds have been created for high risk women
    - A 24hour triage service has been created to ensure women can be seen immediately when they need hospital support.
    - Currently in the process of developing a new birthing pool
    - Building work completed to drug rooms to ensure better medicine management safety
    - Improved security to protect mothers and children
- It was acknowledged that there is still more to do, particularly around internal governance arrangements to ensure there are robust reporting and monitoring arrangements, underpinned by the new leadership team.

During discussions the following points were made:

- Members welcomed the thorough feedback and the substantial action being taken, as reported.
- The importance of engaging patients and families and capturing the views of women, mothers and people that use the maternity was acknowledged. Members were advised that feedback is currently sought from a sample of 10 women per day on what is going well and not so well, which is reported to the CQC on a weekly basis. No substantial concerns raised with most comments being positive and happy with their experience. BTUH is also working closely with the maternity voices partnership who provide feedback on surveys that they complete. Any concerns raised are reported to the Head of Midwifery who investigates and provides feedback to women and families on their concerns.
- It was made clear that Southend are not in the same position as BTUH. Members noted the challenges experienced at BTUH Maternity Suite when compared to the wider trust across Mid and South Essex.
- It was acknowledged several references to poor culture and colleagues not getting on and performance should not be attributed to a high risk cohort of patients. Organisational development work is being undertaken with teams and individuals, ensuring that professionalism is maintained.
- Sought commitment from BTUH to continue to engage Children's Social Services. A new Safeguarding team is now in place and their role is to provide effective safeguarding and engaging partners.
- It was agreed that a further report would be provided to the Board at its meeting in January 2021.

RESOLVED: Members noted and commented on the report.

6. Update report from SEND Improvement Board to include SEND stretch targets

This item was introduced by Sheila Murphy. Key points included:

- Report focusses on Written statement of actions, highlighted in the report following Ofsted inspection
- WSOA will be inspected again by Ofsted in due course. Multi-agency operational group and improvement board have been established to support the delivery of the Written Statement of Actions which includes a comprehensive action plan.
- Some delays experienced due to COVID-19 whereby statutory guidelines have been suspended. Statutory guidelines and timescales have now recommenced.
- Progress has been reported in members' papers (pages 48/49)
- Timeliness of EHCP are now being delivered above the national average, ensuring children's needs are being identified earlier and appropriately and their needs are being met sooner
- Additional SEND case workers have been recruited, enabling them to manage approximately 150 cases each, in line with other SEND services.
- Further work to be done around quality assurance to underpin a timely
- Lots of work on participation on engagement and we are in the process of reenergising participation
- We are now meeting target of EHCP which has resulted in a reduced number of complaints being received.

During discussions the following points were made:

- The positive report and that we are responding to calls within 48 hours to parents was welcomed
- Concerns were raised that two stretched targets not included relate to outcomes of the plan itself, to ensure the plan supports the delivery of improved outcomes for individual children
- Plans are now written to reflect the needs of individual children and young people, a multi-agency group considers EHCPs to consider whether plans are addressing the needs of children and young people.
- Reassurance was given that quality assurance processes have been established for the plans which but also consider how the plan is sufficiently ambitious for that child. It was agreed that we need to ensure that plans are designed to support young people.
- Some plans need to be informed by professional opinion. COVID impacted on children attending school. For example some children with emerging SEND needs and were in the process of assessments being undertaken were no longer attending school, which reduced the ability to undertake assessments, a national issue. In terms of SEND during COVID-19 the authority were required to evidence reasonable

endeavours had been undertaken to ensure assessments were taking place. Now schools have returned assessments have recommenced.

RESOLVED: Health & Wellbeing Board members scrutinised the work that has been undertaken during this period and offered challenge and support.

7. Economically Vulnerable Task-Force update

This item was presented by Roger Harris, Corporate Director, Adult's Housing and Health. Key points included:

- Initiative set up by Chair of HWB. Four meetings have been held to date. The Group meets monthly and aims to bring together partners to ensure that as a result of COVID those people that are economically vulnerable
- Group of people who traditionally find it hard to access mainstream full time employment
- Report provides progress update and additional report provided which was approved by Cabinet
- Initiatives include
    - Understanding the data – claimant count. Working closely with DWP to ensure coordinated activity
    - Programme of work funded through World of Work we provided additional funding between now and March 2021, work with people with learning disabilities to support them with work, employment and training.
    - Inspire supports post 16 young people linking up services across Southend and Thurrock.
- recognise that there will be potential challenges of young people gaining employment
- Concerns for young people around mental health – Individual placement and support being supported by Health Partners.

During discussions the following points were made:

- Members noted that Inspire supports post 16 young people linking up services across Southend and Thurrock.
- Members recognised that there will be potential challenges of young people gaining employment
- Members acknowledged that employment is a key determinant of health and wellbeing.
- It was acknowledged that employers can have unconscious bias regarding people with learning and wider disabilities.
- The Economic Development Strategy makes substantial references to people with learning and wider disabilities. Members recognised the merits of working closely with local businesses and will engage the local business board. DWP are also working directly with businesses around placements and wider opportunities.

- EPUT are attending HOSC in November to provide an update on mental health and EPUT have a team of employment specialists specifically focussed on supporting people with mental health with employment
- Consider the Anchor institutions work which focusses on the role of public sector agencies as employers

RESOLVED: Members noted the content of this report and agree to a further progress report in six months' time.

8. Greater Essex LeDeR Annual Report

This item was introduced by Rebekah Bailie, LD Health Commissioner, Essex County Council. Key points included:

- People with learning disability across Southend Essex and Thurrock die on average 20 years younger than other people in the population and experience health inequalities which impact on their quality of life.
- Between the beginning of the programme in SET and the end of the 19-20 year there were 272 deaths of people with Learning Disability. At the end of March 137 reviews had been completed with 318 recommendations identified. (These are summarised by organisation and cross-system issues in the LeDeR Themes document)
- Pneumonia is the leading direct cause of death (on part 1a of a death certificate) often as part of a pattern of early frailty and deterioration (45 years onwards). Aspiration pneumonia (caused by swallowing difficulty) was the second cause and cancer the third. Underlying cardiac issues were prevalent and need further investigation.
- More people with learning disability die in hospital than in the rest of the population and there needs to be earlier and better end of life planning.
- We have a small number of people from BAME backgrounds and need to have better understanding and representation of issues which impact. All but one of the BAME deaths were of children.
- Most care was good or satisfactory. There are some examples of excellent care, but a similar level of very poor care which impacted on the death. We need more established processes to alert quality and safeguarding issues to councils and CCGs.
- 318 recommendations have been made and it is important to understand all of the recommendations. Four themes have been identified comprising Annual health checks frailty dynamic support and case management

During discussions the following points were made:

- Learning disabled – substantial backlogs in NHS regarding cancer treatment. Members agreed that there is a need to

ensure that the learning disabled are not over burdened by delays in accessing care due to COVID-19. It was agreed that consideration should be given to how implications of health decisions are explained to people.

- LeDeR has been very positive on raising awareness and highlighting challenges experienced by people with a Learning Difficulty. There were improvements being made regarding health action plans. It was recommended that HWB considers a more comprehensive overview about our strategic thinking regarding learning disabilities at the meeting scheduled for January 2021.
- Members welcomed the significant work undertaken on LeDeR and acknowledged that the reduction in sepsis may be a result of training programme provided to carers
- Reasonable adjustments and communications. It was agreed that Patricia would engage the patient group to consider how people with learning disabilities can be effectively communicated with and engaged.

Action Patricia Dorsey

- Annual health checks were recognised as important. LD health checks are now being prioritised following Simon Stephens phase 3 letter.
- During the first wave of COVID a patient list was compiled whereby some people have poorly managed health conditions – GP's were effectively supporting people who did not wish to attend hospital.

- The meeting finished at 11:17am.

CHAIR……..

DATE……

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26 November 2020	ITEM: 5
Health and Wellbeing Board	
Thurrock Active Place Strategy	
Wards and communities affected: All wards	**Key Decision:** Key
Report of: Rob Cotter, Principal Policy Officer/Grant Greatrex, Sports and Leisure Policy and Development Manager	
Accountable Assistant Director: Leigh Nicholson, Interim Assistant Director of Planning, Transport and Public Protection/Darren Spring, Assistant Director of Environment, Highways and Counter Fraud.	
Accountable Director: Andy Millard, Director of Place/Julie Rogers, Director of Environment, Highways and Counter Fraud.	
This report is public	

Executive Summary

As part of the preparation of the new Local Plan the Council commissioned the 'Thurrock Active Place Strategy' (APS), a suite of studies to act as an up to date evidence base and to help inform future decision-making processes. The Local Plan, once adopted, will replace the currently adopted 'Core Strategy and Policies for Management of Development' (Core Strategy) and will become the statutory planning document for Thurrock. The new Local Plan will identify where future development in Thurrock will be located and set out the policies which will be used to assess future planning applications. It will also identify specific sites for development for a wide range of uses, including open spaces and indoor and outdoor sports facilities, as well as the optimal sustainable routes from and between both existing sites and future development sites.

The APS consists of four discrete strands covering Open Space and Play areas; Indoor and Built Sports Facilities; Playing Pitch and Outdoor Sport; and an Active Travel Strategy, each of which includes a separate assessment of current provision and a strategy (standards for open space) report setting out strategic recommendations and targeted specific actions for how each can be improved/increased/delivered over the Local Plan period (the Active Travel Strategy combines assessment and strategy into a single report). The documents will help inform the requirements for such forms of provision with regard to future housing need and consequent population growth.

The APS has not only been developed within the context of the Council's Corporate Plan and vision for Health and Wellbeing, but also within the context of consultation

with key partners who will share the responsibility for the delivery of the strategic outcomes.

In delivering each of the studies all relevant national guidance and methodology has been followed to ensure that Thurrock has a robust evidence base that informs future planning policy, the Council's wider investment decisions and how the Council can best position itself to attract inward investment into the Borough.

Having this APS in place and adopted as a robust evidence base to the Local Plan will also allow the Council to fulfil and deliver on its broader health and well-being objectives, deliver on its sports and recreation facility objectives over the Local Plan period, and also strongly position the Council in bidding for any government or organisational funding to support these objectives, as well as negotiating for funding through future development proposals.

1. Recommendation(s)

1.1 **Health and Well Being Board are requested to note the content and recommendations contained within this report.**

2. Introduction and Background

2.1 The National Planning Policy Framework (NPPF) sets out the planning policies for England, detailing how these are expected to be applied to the planning system and providing a framework to produce distinct local plans reflecting the needs and priorities of local communities. It states that the purpose of the planning system is to contribute to the achievement of sustainable development and establishes that to do this the planning system needs to focus on three themes: economic, social and environmental.

2.2 Under paragraph 73 of the NPPF, it is set out that planning policies 'should be based on robust and up-to-date assessments of the needs for open space, sports and recreation facilities, and opportunities for new provision'. Specific needs and quantitative and qualitative deficiencies, as well as surpluses in local areas, should also be identified to inform what provision is required in an area.

2.3 Paragraph 74 of NPPF further states that existing open space, sports and recreation sites, including playing fields, should not be built on unless:

- An assessment has been undertaken, which has clearly shown the site to be surplus to requirements; or
- The loss resulting from the proposed development would be replaced by equivalent or better provision in terms of quantity and quality in a suitable location; or
- The development is for alternative sports and recreational provision, the needs for which clearly outweigh the loss.

2.4 Responding primarily to the need to have a robust evidence base in place from which to develop sound and suitable policies for open space and sports

provision in the emerging Local Plan, in November 2015 the Council commissioned consultants Knight, Kavanagh & Page (KKP) to prepare the APS. Working alongside KKP is a multi-disciplinary steering group including senior officers of key departments within the Council (Planning, Transport, Health, Environment and Education) as well as external agencies as and when relevant (Sport England, Public Health England).

2.5 Formal approval and adoption of the updated APS by Cabinet would signal endorsement of the strategy as the basis of robust and sound policy development as well as for providing the strategic direction of future open space and sports facilities provision for the Borough. Furthermore, a formally approved APS offers the robust basis from which to secure funding from Sport England, central Government and other relevant bodies for the improvement/provision of such facilities within the Borough.

2.6 All of these strategies were developed before the outbreak of COVID 19. However, the strategies retain the flexibility to address emerging issues and changing trends through the ongoing and further development of the strategic recommendations. Furthermore, the APS will be subject to regular and periodic review as the Local Plan progresses and as new development coming on stream may begin to offer opportunities for leisure, recreation and new open space through the more detailed place-making processes. Additionally, with specific reference to playing pitches and the strategy the Sport England guidelines requests a review every two years, which will also offer the opportunity for updated Facilities Planning Modelling (FPM) work to also be input into regular assessment of facility need, ensuring flexibility of the overall strategy as development and new facilities come on stream.

2.7 These strategic documents set out the longer term needs assessments and resulting recommendations for facilities and infrastructure. However, it is recognised that this will need to be underpinned with targeted and accessible interventions and activities to encourage, support and promote physical activity to all sections of the community.

2.8 It must be remembered that the Active Place is a long term ambitious strategy and will not be delivered over night. The recommendations will take many years to deliver against and will evolve over time to take account of and respond to changing circumstances and opportunities.

3. Issues, Options and Analysis of Options

3.1 As set out in paragraphs 2.2 and 2.3 above, in order to comply with NPPF it is incumbent upon a local authority to demonstrate that it has carried out an up to date assessment of its open space, sports and recreation facilities. In the absence of having such assessments and strategic steer in place as evidence to the Local Plan, the risk to the Council would be that at Examination in Public the plan would most likely be found unsound by an inspector as any policies on open space or sporting facilities would have no evidential base. This would

have considerable financial implications to the Council by way of time and investment allocated to the plan making process.

3.2 A further considerable advantage in having an approved APS in place is that it will position Thurrock strongly when bidding for central government funding for open space and sports facilities improvements or any other funding opportunities that may become available from, for example, national governing bodies or sporting institutions, as well as when seeking Section 106 contributions from development towards open space and sports facilities provision.

3.3 Sport England, a member of the APS steering group, has recently been engaged in significant investment programmes throughout the nation and has indicated that a Council-endorsed strategy in place for sports facilities and playing pitches greatly increases the opportunities for funding. The FA has also been engaged on a large-scale investment programme and is seeking suitable locations with evidence bases in place for playing pitch strategies with identified need.

3.4 Working collaboratively with such a range of key partners and within the context of corporate priorities, the following common vision across the APS has been established:

To create a network of high quality, accessible and sustainable sport and leisure facilities, which offer inclusive services for all; enabling the inactive to become active and more residents to fulfil their potential by participating in sport and physical activity, thus improving their long-term health and well-being.

4. Reasons for Recommendation

4.1 The reasons for recommendation are:

- To give Council approval to the evidence base to be used for relevant sound policy development in the Local Plan;
- to set the strategic framework for the improvement/enhancement of open space, sports facilities, playing pitches and active travel routes in the Borough;
- to have a Council endorsed APS in place that can be used to assist funding bids from national and governmental bodies for open space and sports facility improvements in the Borough; and
- to have a robust evidence base in place when securing Section 106 contributions from developers for provision of/improvements to the local open space and sports facilities infrastructure.

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

5.1 Each of the strands making up the APS was subject to extensive consultation/engagement as part of their initial development (the Playing Pitch Strategy element being formally signed off by Sport England as well as all of the participating National Governing Bodies). In advance of this

recommendation to Cabinet for approval of the APS the respective initial strategies (with assessment overview provided for information) were also subject to a more general six-week consultation via the Council website, for which the respective Reports of Consultation are included in Appendix 2.

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

6.1 Approving the APS and engaging the suggestions in the strategy will have a direct positive influence on one of the Council's five key priorities and an indirect positive influence on two others. 'Improve health and well-being' will be directly addressed by both improving and enhancing the open spaces and sports facilities throughout the Borough as well as by providing connections between key destinations in the Borough that can be connected and accessed via sustainable travel networks. There will also be the direct effect on this priority by working to encourage non-active people to become active and by providing a wider range of facilities and activities more suited to existing and future populations.

6.2 There will also be the indirect impact on two further Council priorities, those of to 'Create a great place for learning and opportunity' and 'Protect and promote our clean and green environment'. The consequence of both direct and impact impacts of these Council priorities would be a broad overall positive impact on the present and future communities of Thurrock.

7. Implications

7.1 Financial

Implications verified by: **Rosie Hurst**

Interim Senior Management Accountant

The APS work has been commissioned and funded as part of the Local Plan evidence base to meet the requirements of NPPF. There are no direct financial implications arising from the APS or any of its four strands. At a later stage there will be financial implications arising from the development of the respective recommendations included within them, but these will be subject to their own discrete financial assessments and respective business cases at that time.

The approval of the APS will position the Council strongly for providing the basis for policy development in the emerging Local Plan as well as providing a robust evidence base for sourcing external funding and investment and additionally for being able to negotiate Section 106 contributions arising from development within the Borough and with a direct bearing on the supply and/or need for provision for open space and/or sporting facilities.

7.2 **Legal**

Implications verified by: **Tim Hallam**

Deputy Head of Law and Deputy Monitoring Officer

This report sets out how the preparation of the APS is necessary to provide the requisite evidence for the development of the Local Plan as per the relevant requirements of the National Planning Policy Framework.

7.3 **Diversity and Equality**

Implications verified by: **Roxanne Scanlon**

Community Engagement and Project Officer

This report sets out how the preparation of the APS has been undertaken in a manner consistent with meeting wider corporate objectives as well as the Council's vision for health and well-being, all of which is underpinned by promoting equality of opportunity. General consultation exercises were undertaken on all of the final draft documents, details on responses are contained in appendix 2, they were open to all members of the community for feedback and comment though it is noted that response rate was low.

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

Health – the strategy sets out recommendations that if pursued can help lead to a broad improvement to the health and wellbeing of residents of Thurrock.
Sustainability – the strategy sets out recommendations that if pursued can lead to a network of open spaces, sports facilities and active travel connections that can play a major part in the future sustainability of the Borough.

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

None.

9. Appendices to the report

- Appendix 1 – Executive Summary to APS
- Appendix 2 – Consultation undertaken on APS

Report Author:

Rob Cotter, Principal Planning Officer, Growth & Strategy

THURROCK COUNCIL

ACTIVE PLACE STRATEGY: EXECUTIVE SUMMARY

AUGUST 2020

Integrity, Innovation, Inspiration

1-2 Frecheville Court ◂ off Knowsley Street ◂ Bury BL9 0UF
T 0161 764 7040 ◂ **F** 0161 764 7490 ◂ **E** mail@kkp.co.uk ◂ **www.kkp.co.uk**

Quality assurance	Name	Date
Report origination	Steve Wright, Christopher MacFarlane, Clare MacLeod	14.08.2020
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THURROCK COUNCIL
ACTIVE PLACE STRATEGY: EXECUTIVE SUMMARY

INTRODUCTION

Thurrock Council in its preparation of a new Local Plan for Thurrock commissioned a suite of studies to provide an up to date evidence base and to help inform future decision-making processes. The Local Plan, once adopted, will replace the currently adopted 'Core Strategy and Policies for Management of Development' (Core Strategy) and will become the statutory planning document for Thurrock. The new Local Plan will identify where future development in Thurrock will be located and set out the policies which will be used to assess future planning applications. It will also identify specific sites for development for a wide range of uses, including open spaces, indoor and outdoor sports facilities.

Each study is intended to help inform and guide decision making processes relevant to that element and should help inform the requirements for such forms of provision with regard to future housing and population growth.

The documents developed include the following:

- Open Space and Play areas study
- Indoor and Built Sports Facilities Strategy
- Playing Pitch (and outdoor sport) Strategy
- Active Travel Strategy

The key focus for the documents is that the initial three studies (open spaces, indoor sports facilities and playing pitch strategies) provide the planning related evidence base across Thurrock and identify a clear strategy to develop improved facilities for residents. The Active Travel Strategy seeks to ensure that Thurrock is connected in such a way that residents can be active in their daily lives and to ensure that local communities are connected with key physical activity and cultural destinations.

In delivering each of the studies KKP has followed the relevant national guidance and methodology which ensures that Thurrock has a robust evidence base which informs future planning policy and wider investment decisions.

The documents have been developed within the context of the Council's Corporate Plan vision and objectives: '*Thurrock: a place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish'.*

- Create a great place for learning and opportunity
- Encourage and promote job creation and economic prosperity
- Build pride, responsibility and respect
- Improve health and well-being
- Promote and protect our clean and green environment

A key consideration for the Council, its partners and stakeholders is to deliver on its vision for health and wellbeing: '*Add years to life and life to years'*. Improved infrastructure is required to enable residents to be physically active and to enable partners to achieve the following five goals:

- Opportunity for all
- Healthier environments
- Healthier for longer
- Quality care centred around the person
- Better emotional health and wellbeing

Collaborative approach

Although Thurrock Council has taken the lead in developing the above strategic documents as part of its Local Plan evidence base, it is recognised that it alone is not responsible for delivering all of the recommendations and actions. The Council requires a collaborative approach with its national, regional and local stakeholders to deliver the key recommendations and health and wellbeing outcomes that the documents identify.

The strategies do not apportion direct responsibility for specific recommendations and actions to single organisations. In some instances these will be Council led but supported by external stakeholders, whereas in others they will be led by local clubs and organisations in partnership with their respective national governing bodies of sport and where the Council has no specific role to play.

A key aspect of the combined Active Place Strategy is to guide infrastructure developers in understanding the wider needs and opportunities across Thurrock when developing new housing and infrastructure projects. This seeks to ensure that as much as possible, a holistic approach to delivering health and wellbeing outcomes is achieved from new development in the Borough.

National strategic context

Revised National Planning Policy Framework 2018

The National Planning Policy Framework (NPPF) sets out planning policies for England. It details how these changes are expected to be applied to the planning system. It also provides a framework for local people and their councils to produce distinct local and neighbourhood plans, reflecting the needs and priorities of local communities.

It states that the purpose of the planning system is to contribute to the achievement of sustainable development. It identifies the need to focus on three themes of economic, social, environmentally sustainable development.

A presumption in favour of sustainable development is a key aspect for any plan-making and decision-taking processes. In relation to plan-making, the NPPF states that local plans should meet objectively assessed needs. It is clear about sport's role delivering sustainable communities through promoting health and well-being. Sport England, working within the provisions of the NPPF, wishes to see local planning policy protect, enhance and provide for sports facilities based on robust and up-to-date assessments of need, as well as helping to realise the wider benefits that participation in sport can bring.

The *promoting healthy communities* theme identifies that planning policies should be based on robust, up-to-date assessment of need for open space, sports and recreation facilities and opportunities for new provision. Specific needs, quantitative/qualitative deficiencies and surpluses should be identified and used to inform provision requirements in an area.

Sporting Future: A new strategy for an active nation

The Government published its strategy for sport in December 2015. This strategy confirms the recognition and understanding that sport makes a positive difference through broader means and that it will help the sector to deliver five simple but fundamental outcomes: physical health, mental health, individual development, social and community development

and economic development. In order to measure its success in producing outputs which accord with these aims it has also adopted a series of 23 performance indicators under nine key headings, as follows:

- More people taking part in sport and physical activity.
- More people volunteering in sport.
- More people experiencing live sport.
- Maximising international sporting success.
- Maximising domestic sporting success.
- Maximising the impact of Major Events.
- A more productive sport sector.
- A more financially and organisationally sustainable sport sector.
- A more responsible sport sector.

Sport England: Towards an Active Nation

Sport England's response to the Government's strategy was to develop Towards an Active Nation. Sport England has identified that it will invest in:

- Tackling inactivity
- Children and young people
- Volunteering – a dual benefit
- Taking sport and activity into the mass market
- Supporting sport's core market
- Local delivery
- Facilities

It is clear that increasing participation in sport and physical activity and the health and wellbeing benefits that this delivers is the key driver for Thurrock Council and its partners. This is particularly important in the context of getting the inactive to become active and ensuring that interventions are targeted at under-represented groups.

Sport England is in the process of reviewing its Active Nation Strategy (2016-2021). It is undertaking an extensive consultation process to understand stakeholder views and to gain input into the strategy development. Initial engagement on the strategy indicates that a key focus will be to build on existing principles and to ensure that movement and physical activity in all their forms are key to future delivery.

The big issues that consultees suggest Sport England should play a role in are:

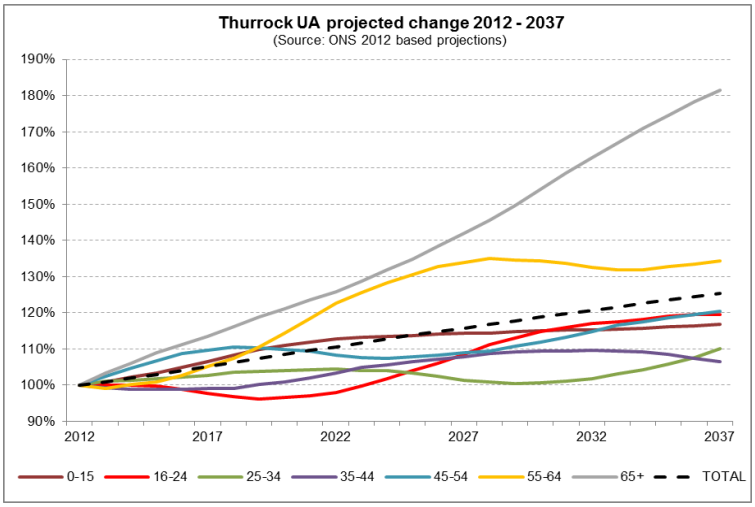
- Tackling inequalities – for a long time, it's been evident that the way sport and activity experiences are designed and delivered typically meets the needs of some people more than others. Partners are clear that some people need more support to get active and stay active than others, and that it will take a determined and co-ordinated effort to tackle inequalities in sport and physical activity.
- Climate emergency – partners have told us that this represents some tangible threats, as well as opportunities to be part of the solution.
- Connecting with health and wellbeing – a sense of unlocked potential, especially around social prescribing into sport and activity.
- Digital and data – concern that sport and leisure has fallen behind other sectors in terms of the digital experience and needs to catch up.
- Workforce – how we can sustain, grow, develop and diversify the professional workforce and volunteers.
- Active environments – creating the spaces and places for people to be more active and planning to make it more joined-up for people.
- Diminishing local resources and capacity – fears about ongoing reductions in local government spending on activity, sport and leisure. A sense that places are losing capacity and capability to make strategic long-term decisions.
- School experiences – often the first and most equal opportunities that children and young people have access to - which shape their relationship with movement for the rest of their lives – are felt to be low priority for many schools.

About Thurrock

Demographics and socio-economics

Thurrock has a population of 168,428 (2016 estimate) which is anticipated to increase by 22.9% (30,000) to 2037. The current population is younger than the East Region average; however, it is the change to the population profile in the future that is a key consideration.

Figure 1: Projected population change to 2037



Thurrock's changing population will have implications for the Council and partners in delivery of physical activity opportunities and health and wellbeing programmes. The key changes include 38% more 55-64 year olds, 55% more 65+ year olds and 27% more 16-24 year olds.

Thurrock's ethnic composition closely reflects that of England, with circa 14% of the population belonging to BME groups.

In addition to this, the Tilbury and South Ockendon areas are popular with traditional travelling and show communities.

Life expectancy in Thurrock is similar to the national figure (males 79.3 compared to 79.6 for England and females 82.6 compared to 83.2[1]). However, for those living in the most deprived areas of the Authority, life expectancy is 9.3 years lower for men and 7.4 years lower for women, whilst 6,590 children live in absolute poverty. *Source: PHE Thurrock Health Profile August 2019*

Adult and child rates for the overweight or obese are above national and regional levels. The adult obesity rate is c.8% above the national average. In common with other areas, obesity rates increase significantly between the ages of 4 and 11. In Thurrock, 10.8% are obese in their Reception Year at school and 11.8% are overweight. By Year 6 this rises to one quarter (25.6%) obese and 13.9 overweight.

Sport England's Active People Survey consistently demonstrates that adults from higher socio-economic groups are more likely to take part in sport than the converse. Currently the most popular sports in Thurrock are walking (for leisure), structured programme classes, athletics, fitness and cycling. Athletics and fitness are the only activities which perform better than national averages (and this is only slight). Walking for leisure, for example, is significantly below that of regional and national averages.

There is a strong relationship between physical inactivity and health and wellbeing challenges in Thurrock. Thurrock has high numbers of residents with long term conditions

[1] *Office of National Statistics: Life Expectancy at Birth by local areas in the United Kingdom, 2013.*

which could be prevented or managed more effectively by physical activity interventions. Therefore, it is important for residents to be able to access high quality local places and environments to play sport and be physically active and have a positive experience which will increase the likelihood that they participate regularly.

Housing and infrastructure

The Council is currently preparing a new Local Plan that will set out the amount and spatial distribution of new development across the Borough. The Council's approach to growth is that it should be community-driven, infrastructure-led and make a key contribution to high quality place making. The need to plan for future housing and economic provision due to population growth and the impact of wider socio-economic and environmental factors means that Thurrock will change considerably over the next 20-30 years. Having an up-to-date Development Plan is a key component in ensuring that the borough grows in a sustainable way with the necessary supporting infrastructure in place.

Following a successful bid to the Ministry of Housing, Communities and Local Government for support, the Council were chosen as one of two Local Authorities to pilot the potential use of Design Charrettes as a means helping local communities influence the future planning and development of their area and to ensure the delivery of better standards of design and quality of place. Funded by MHCLG, the Princes Foundation was commissioned to assist the Council in facilitating a stakeholder engagement process and masterplan visioning exercise for Aveley to explore how any new growth could potentially act as the catalyst for the regeneration of the village centre and its surrounding communities.

Following the Aveley Design Charrette, the Council is now set to roll out a series of Design Charrettes across the Borough. The outcome of the Charrettes process will include a vision and set of principles for each location that will guide the future development of the area and, in doing so, help inform the preparation of more formal place-making planning policy documents, including the Local Plan and any associated Inset Plans, Master Plans or Development Frameworks.

This process will also help identify the necessary infrastructure improvements (including leisure facilities) required to support the delivery of the place-making strategy, and by involving key stakeholders and the community in the planning and design of their community, the charrettes approach can help to build confidence and collective enthusiasm for the vision and it's delivery and implementation. It should be noted that the Council sees facilities brought about largely by the private sector as part of new development proposals via the Local Plan.

It is also important to recognise that strategic growth takes time but if done properly and in a considered way, it can bring about significant benefits to local communities. This strategy will help inform and shape the future of the borough in terms of the built environment and also improve lifestyle choices, helping to reduce obesity and associated health issues in the borough.

APPROACH

Open space study

Methodology

The methodology used in the open space assessment is based on that originally set out in Planning Policy Guidance 17 (PPG17) Companion Guide; Assessing Needs and Opportunities published in September 2002. Whilst PPG17 has been replaced by the National Planning Policy Framework (NPPF), it is still recognised as best practice providing a sound methodology.

This study is intended to assist in the Council in preparing a new 'Local Plan'. Given the potential scale of growth, and the implications this may have on existing provision, it is important for the Council to have clarity about existing levels of open space and what types of provision should be delivered via the strategic growth proposed (whether through onsite or offsite contributions).

All open space sites (including provision for children and young people) have been identified, mapped and assessed to evaluate their value and quality. Only sites publicly accessible are included (i.e. private sites or land, which people cannot access, are not included). Each site is classified based on its primary open space purpose, so that each type of space is counted only once. The audit, and the report, utilise the following typologies in accordance with best practice:

1. Parks and gardens
2. Natural and semi-natural greenspace
3. Amenity greenspace
4. Provision for children and young people
5. Allotments
6. Cemeteries/churchyards
7. Civic space

The provision of formal outdoor sports is contained within the associated PPS. The amount and quality of such provision is not included in the total figures for open space (as a different methodology is prescribed).

Consultation

The results of the consultation undertaken as part of the previous open space review in 2016 are utilised. An on-line and paper survey was conducted as a key element of the assessment. The survey ran for a 9 week period and was publicised through the Council website, in public buildings and through contacts of the project's steering group. It invited members of the public to:

'Tell us about the open spaces that you visit and outdoor recreational facilities you use in Thurrock; what you think of their quality and accessibility, how often you use them and what improvements could be made'.

The survey secured the views of 207 respondents, with a general interest in the provision of open spaces in Thurrock. In addition to the survey, face-to-face meetings were undertaken with key council officers and community groups (e.g. Friends of groups, community forums) as well as external stakeholders to help inform opinions towards open space provision. This ensures a robust approach to the assessment of need in the area.

Playing pitch strategy

Sport England's guidance details a stepped approach to developing a PPS. These steps were followed throughout the process and are separated into five distinct stages:

- Stage A: Prepare and tailor the approach
- Stage B: Gather information and views on the supply of and demand for provision
- Stage C: Assess the supply and demand information and views
- Stage D: Develop the strategy
- Stage E: Deliver the strategy and keep it robust and up to date

The following outdoor sports facilities were included within the PPS:

- Football pitches
- Hockey pitches
- Bowling greens
- Cricket squares
- Tennis courts
- Netball courts
- Rugby union pitches
- Third generation turf (3G)
- Athletics tracks

NB. Golf was not included within the scope of the study. Four courses in Thurrock are privately operated with the only public course being Belhus.

The quality of provision was determined via a combination of non-technical assessments (determined by NGBs) and consultation with stakeholders. This not only relates to the pitch itself but also to the ancillary facilities.

In addition, a variety of consultation methods were used to collate demand information about leagues, clubs, county associations and national/regional governing bodies of sport. Response rates exceeded Sport England's guidance and ensures that Thurrock has a robust evidence base:

Sport	Total number	Number responding	Response rate	Methods of consultation
Football clubs	69	41	59%	Face to face, Online Survey
Football teams	262	214	82%	
Cricket clubs	4	4	100%	Face to face
Rugby union clubs	4	4	100%	Online survey
Hockey clubs	1	1	100%	Telephone consultation
Tennis clubs	2	2	100%	Online survey
Bowls clubs	12	8	67%	Online survey, postal survey
Athletics clubs	1	1	100%	Telephone consultation
Colleges	1	1	100%	Face to face
Secondary schools	11	11	100%	Face to face
Primary schools	39	22	56%	Online survey

Indoor and built sports facilities

Sport England's ANOG guidance (Assessing Needs and Opportunities Guide for Indoor and Outdoor Sports Facilities) details a stepped approach to developing this study. These steps were followed throughout the process and are separated into four distinct stages:

- Stage A - Prepare and tailor the approach
- Stage B - Gather information and views on the supply of and demand for provision
- Stage C - Assessment, bringing the information together
- Stage D - Application of the assessment and development of the Strategy

The following indoor and built sports facilities were included within the study:

- Sports halls
- Squash courts
- Gymnastics
- Ice sports
- Swimming pools
- Indoor bowls
- Sports arenas (Athletics)
- Community halls
- Health and fitness
- Indoor tennis
- Cycling

The approach to delivering the study included an assessment of the following key elements:

- Quantity of individual sports facilities across Thurrock.
- Quality assessment of each facility and activity area.
- Accessibility of each facility to the local community (e.g. how far they need to travel).
- Availability of facilities for community use.

In addition to the above KKP also undertook face to face consultation with a range of local and regional stakeholders including health partners, operators, NGBs, clubs and a wide range of Council officers. Sport England was a key partner in the delivery of all elements of the study and contributed significantly to the overall scrutiny of the approach.

Active Travel

An Active Travel Strategy is a strategic document focusing on the supply and use of an active travel network, in specific relation to walking and cycling. The active travel network refers to a system of on-road and off-road cycle routes, footpaths, bridleways, restricted byways and byways open to all traffic. The Active Travel Strategy can therefore also act as a bridge linking the Active Places documents together in order to help provide a strategic and connected network of appropriate leisure and recreational facilities across Thurrock.

It is widely recognised that walking and cycling are beneficial in terms of our physical and mental health. Therefore, encouraging more journeys through active travel (e.g. commutes to work, school etc) will help to improve health, quality of life and the environment. It will also benefit economically, helping to support local economies and reduce public expenditure surrounding issues of poor health.

It will also ensure the Council is well placed to maximise any opportunities for funding in relation to active travel as funding opportunities are often with short notice. It will therefore help to identify clear priorities for the future ensuring the Council can capitalise on any forthcoming opportunities.

In 2017 the Government published its first Cycling and Walking Investment Strategy, which sets out the Government's ambition to make walking and cycling the natural choices for shorter journeys or as part of longer journeys.

The Department for Transport offers guidance on the recommended approach to be taken when planning for cycling and walking as part of its technical guidance for local authorities set out in its *Local Cycling and Walking Infrastructure Plans* (LCWIP). A range of tools and supporting guidance is provided to ensure robust plans and schemes are in place. The LCWIP recommends a six-step process as set out in the table below.

Local Cycling and Walking Infrastructure Plan Process

Step	Name	Description
1	Determining Scope	Establish the geographical extent of the LCWIP, and arrangements for governing and preparing the plan.
2	Gathering Information	Identify existing patterns of walking and cycling and potential new journeys. Review existing conditions and identify barriers to cycling and walking. Review related transport and land use policies and programmes
3	Network Planning for Cycling	Identify origin and destination points and cycle flows. Convert flows into a network of routes and determine the type of improvements required
4	Network Planning for Walking	Identify key trip generators, core walking zones and routes, audit existing provision and determine the type of improvements required
5	Prioritising Improvements	Prioritise improvements to develop a phased programme for future investment
6	Integration & Application	Integrate outputs into local planning and transport policies, strategies, and delivery plans

The focus for Thurrock is on active travel to growth areas and key 'destinations'. This is undertaken in context of the links to key destinations, anticipated growth areas and ability to increase walking and cycling to develop a set of priorities for active travel.

A number of nationally recognised methods and tools are used to do this including:

- Mesh density
- Propensity to Cycle Toolkit
- Key destinations/ trip generators

Active travel is relatively new and Thurrock is somewhat ahead of the curve in this respect, but in considering this approach specific reference is made to the Active Design principles which Sport England has identified. Therefore, it is not sufficient just to have destinations connected, those connections need to be of high quality and well designed to ensure that residents feel safe and secure using them throughout the full year.

KEY FINDINGS

Open space study

There is a total of over 1,387 hectares of open space in Thurrock. The largest contributors to provision are natural and semi-natural greenspace (1,064 hectares) and amenity greenspace (194 hectares); accounting for 77% and 14% respectively.

Open space typology	Number of sites	Total amount (hectares)[2]	Hectares per 1,000 population
Allotments	26	29	0.17
Amenity greenspace	104	194	1.13
Cemeteries/churchyards	11	20	n/a
Civic space	5	3	n/a
Natural & semi-natural greenspace	38	1,064	2.23
Park and gardens	24	68	0.40
Provision for children & young people	96	8	0.05
TOTAL	**304**	**1,387**	**-**

For open spaces, provision standards are established and used to determine deficiencies and surpluses. These are set in terms of quantity, quality and accessibility.

Of assessed open space sites, the quality of over half of provision (56%) rates above the thresholds set for quality. However, 44% of sites are of a lower quality which is significant and slightly higher than in comparison to other similar studies undertaken by KKP.

It is understandable for amenity greenspace to have fewer sites scoring above the quality threshold due to the wider range and forms of provision of this type, often with no features, poor appearance or maintenance.

However, Thurrock also has significantly mixed results for play and parks and gardens which are more relevant to local residents. In most instances this is due to the low quality maintenance, general appearance, poor pathways and a lack of ancillary facilities. In relation to play facilities over 40% of facilities in some analysis areas are below the threshold for quality which tends to reflect the poorer condition or limited range of equipment available at a site

However, the majority of all open spaces (91%) are assessed as being above the threshold for value. This reflects the importance of open space provision and its role offering social, environmental and health benefits.

The public consultation reinforced these findings with key deterrents to using open spaces being the standard of the facility, personal safety, toilets and car parking and lack of information. Furthermore, the key site characteristics most important to respondents of a good quality site were maintenance and cleanliness.

[2] Rounded to the nearest whole number

In summary, 26% of respondents are very satisfied with the amount of space for local parks yet only 12% are very satisfied with the quality of that space. Similarly, only 7% of people are very dissatisfied with the amount and availability of outdoor networks but 15% are very dissatisfied with the quality of them.

Therefore, Thurrock has a key challenge in relation to the amount and quality of open space across the area and the application of the provision standards identifies that there are deficiencies and shortfalls in terms of quantity, quality and accessibility. In some cases, owing to the limited value the open space will provide, there will clearly be merit in exploring options for development. However, the key focus for the Council is to maintain current open space standards wherever possible and on improving existing open space for more multi-purpose outcomes.

Playing pitch strategy

The key findings from the assessment of playing pitches across Thurrock is summarised as follows:

Football

- There is a total of 143 football pitches across 47 sites, 113 pitches available, at some level, for community use across 33 sites.
- Of the pitches available for community use, 10 are assessed as good quality, 52 as standard quality and 51 as poor quality.
- Basic maintenance regimes are a key factor for pitches assessed as poor or standard quality, particularly at council and school sites.
- The overall assessment of changing facilities rated 32% as good quality, 32% as standard quality and 36% as poor quality.
- The demolition of the changing facilities at Blackshots Recreation Ground is a significant problem as it means the site can no longer be used for adult matches.
- A total of 262 teams consisting of 67 men's, four women's, 106 youth boys', 13 youth girls' and 72 mini teams are recognised as playing within Thurrock across 69 clubs.
- Security of tenure is a key issue for many clubs
- Current shortfalls are evident across the majority pitch types, except for mini 5v5 pitches, and are particularly significant for adult pitches (32.5 match sessions).
- Future demand results in a shortfall of mini 5v5 pitches and increased shortfalls of all other pitch types.

3G pitches

- There are three full size 3G pitches (at Aveley Football Club, St Clere's School and Lakeside Sports Ground) within Thurrock, all of which are available to the community, floodlit and approved for competitive matches.
- In addition, there are four smaller sized 3G pitches, with a pitch at Harris Academy Riverside particularly important given its larger size.
- All full size 3G pitches are rated as good quality as all three have been provided or refurbished fairly recently.
- All of the 3G pitches are used at or close to capacity, not only for affiliated activity but also for recreational football and small-sided commercial leagues.
- For football, there is a current shortfall of four full size 3G pitches and a future shortfall of five.

- In addition, given the shortfalls identified on grass rugby pitches, evidence suggests that World Rugby compliant provision would be of benefit.

Cricket

- There are 11 grass wicket squares in Thurrock, all of which are available for community use.
- There are non-turf pitches (NTPs) accompanying grass wicket squares at four sites and five standalone NTPs.
- There are disused or lapsed wickets at Blackshots Recreation Ground, June Ridgewell Ground, Pegasus Club, Billet Recreation Ground, Orsett Heath, Impulse Leisure (Belhus Park), Daisyfield and Thurrock Rugby Club.
- The audit of cricket pitches found three squares to be good quality, six to be standard quality and two to be poor quality.
- Changing facility issues are highlighted at North Stifford Recreation Ground, Corringham Recreation Ground and Orsett Cricket Club.
- In total, there are four clubs in Thurrock generating 24 senior men's, one senior women's, 21 junior boys' and four junior girls' teams.
- There is a substantial current shortfall of grass wicket squares for senior cricket amounting to 105 match sessions and 159 match sessions when accounting for future demand.
- The picture is similar when analysing junior demand, with a current overall shortfall amounting to 115 match sessions and a future shortfall amounting to 127 match sessions.

Rugby union

- There are eight sites containing a total of 16 senior, one junior and two mini rugby union pitches, with 12 senior and both mini pitches are available for community use.
- Of the pitches available to the community, there are 12 pitches assessed as standard quality and two assessed as poor quality; no pitches are assessed as good quality.
- The Council pitches servicing Thurrock RUFC are at risk due to the proposed development of Orsett Heath Academy; these pitches require protection or replacement on an equivalent/improved basis as part of any mitigation proposals.
- In addition, latest consultation proposals for the Lower Thames Crossing may have at least a temporary impact on two of the club-owned pitches at the site; Sport England and the RFU want to resist any impact on the pitches, or, if this cannot be achieved, secure appropriate mitigation.
- The clubhouse facilities at Thames Rugby Club are assessed as poor quality
- Four rugby union clubs play within Thurrock, consisting of 10 senior men's, four senior women's, 11 junior boys', three junior girls' and 11 (mixed) mini teams.
- There is an overall shortfall of pitches amounting to six match sessions currently and 12 match sessions when accounting for future demand.

Hockey

- There are three full size (sand based/dressed) AGPs in Thurrock (at the Gateway Academy, Harris Academy Chafford Hundred and Palmers College, all of which are fully available to the community and floodlit).
- Only Palmers College is used for hockey, by Thurrock HC (the only club playing in Thurrock).

- Thurrock HC expresses demand to have its own clubhouse at Palmers College or access to a more suitable space; a draft lease agreement is in place for the Club to redevelop and occupy existing hall space within the School.
- Neither Palmers College nor Harris Academy Chafford Hundred have been resurfaced since they were first provided in 2002 and 2005 respectively, with quality issues prominent.
- Both current and future demand can be met on the current stock of pitches, providing quality improvements take place at Palmers College.

Tennis

- There are 39 tennis courts identified in Thurrock located across 16 sites, with 33 courts categorised as being community available across 14 sites.
- Of provision that is currently available for community use, 12 courts are assessed as good quality, seven are rated as standard and 14 are rated as poor.
- All courts have a macadam surface, although Thurrock TC is looking to resurface its courts to an artificial surface within the next five years.
- The courts servicing Thurrock TC are not floodlit, which limits participation at the Club.
- Storm Fitness TC is the only other club in Thurrock; it uses Palmers College and has demand for dedicated clubhouse space.
- Both current and future demand can be met on the current stock of courts.

Bowls

- There are 10 flat green bowling greens in Thurrock provided across eight sites.
- In addition, there are disused greens at the Billet Recreation Ground and Aveley Sports & Social Club, as well as a lapsed green at Pegasus Club following its decommission in 2014.
- Concerns have also been raised over the future of the green at The Springhouse as all other elements of the site are unusable.
- Of the 10 bowling greens, eight are assessed as good quality and two are assessed as standard quality.
- Corringham Recreation Ground is adjudged to have poor quality ancillary facilities due to a dated clubhouse.
- There are 12 clubs using bowling greens in Thurrock; where membership is known, there are 268 senior male, 138 senior female and two junior members.
- Both current and future demand can be met on the current stock of greens.

Athletics

- There is one track in Thurrock, located at Thurrock Athletics Stadium.
- There is one athletics club, Thurrock Harriers Athletics Club, which has just over 200 members.
- The Club assesses its facility as good quality overall, but states that the track is coming to the end of its lifespan.
- There is one Run Together Group, with Chafford Hundred Running Group gathering three nights a week.
- A Park Run event is held every Saturday at Pyramid Centre.
- Both current and future demand can be met on the existing supply of provision.

Netball

- There are 42 netball courts in Thurrock across 15 sites, of which 35 courts are available for community use across 13 sites.
- Only 14 courts are serviced by floodlighting, which limits availability during winter months for those that are not.
- Of the courts, two are assessed as good quality, 25 are assessed as standard quality and 15 are assessed as poor quality; all have a macadam surface.
- The South Essex Thurrock Netball Association accesses the courts at Hassenbrook Academy as a central venue for all of its league matches; the Association caters for 80 senior teams and 54 junior teams.
- Back to Netball sessions are also delivered at Hassenbrook Academy, making it a key venue for netball in the region.
- Both current and future demand can be met on the current stock of courts.

The existing position for all sports is either demand is being met or there is a shortfall, whereas the future position shows the exacerbation of current shortfalls and the creation of some shortfalls where demand is currently being met. Where demand is being met, this does not equate to a surplus of provision, with any spare capacity instead considered as a solution to overcoming shortfalls. As such, there is a clear need to protect all existing outdoor sports provision, including pitches/sites that are no longer in use, until all demand is met, or there is a requirement to replace provision to an equal or better quantity and quality before it is lost.

For the most part, shortfalls can be alleviated by better utilising current provision, such as through improving quality, installing additional floodlighting, improving ancillary facilities and enabling access to existing unused provision, such as at unavailable school sites or at disused sites.

Notwithstanding the above, where there are significant shortfalls e.g. for football and cricket, additional provision may be required, such as in the example of 3G pitches. With resources to improve the quality of grass pitches being limited, an increase in 3G provision could also help reduce grass pitch shortfalls through the transfer of play, which in turn can aid pitch quality improvements.

Indoor and built sports facilities

Strategic decision making and long-term investment in indoor facilities for sport and recreation throughout Thurrock has been limited for a number of years. External influences such as the recession, cancellation of the Building Schools for the Future programme, the disbandment of the Gateway Development Corporation and budget restrictions have impacted upon internal priorities for Council investment. The result is dated and aging community sports facilities that residents accept and ‘make do’ with. This has also resulted in Thurrock having a modest sports club infrastructure and performing below the national and regional averages within all aspects of sports participation. As such, there is a need to transform the existing leisure portfolio and create inspiring, modern and fit for purpose venues that can stimulate participation.

School sports facilities play a key role in providing venues in which Thurrock's residents can participate in indoor sports. The education sector supplies the full sports hall stock for the area. Since 2016, there has been investment in new schools which has seen an improvement in the quality of sports halls with three out of 12 sports halls requiring investment to bring them up to an acceptable standard for both school and community use (down from six).

Given the location of sports halls, none are available during the school day, which is when the increasing older population would wish to access facilities. Additional sports hall provision will be required to accommodate the 20% increase in population and the opportunity exists to develop some of this supply through the provision of new secondary schools or through new stand-alone sports facilities. Two facilities (William Edward School and South Ockendon Academy) have 'community use agreements' (aligned to funding); therefore, continued access to (other) schools for community use is a risk that will need to be addressed.

The analysis identifies that the projected increase in demand from population growth in Thurrock will result in a shortfall in supply of sports halls to meet demand in 2037 so there is a need to increase supply.

Thurrock's swimming provision is insufficient to meet current and future demand with existing pools fully programmed and operating at capacity during peak periods. The age of the Thurrock swimming pool stock is a major concern and, unless addressed, will impact on the viability, sustainability and net cost of operating these facilities.

Thurrock is in urgent need of new swimming pool provision to replace the existing stock and to meet the needs of a growing population. Without investment in new facilities there is a danger that Thurrock could be left with no public pools, as the existing pool buildings are already beyond their anticipated life expectancy and are becoming increasingly difficult to maintain and keep open.

In order to accommodate the increased demand for swimming pools generated by the projected increase in population, it is anticipated that Thurrock will require additional pool water space to accommodate this. Ideally this should be delivered by replacing existing pools with larger provision prior to identifying additional provision in the area.

Analysis indicated that Purfleet, Tilbury and East Tilbury are very poorly resourced with regards to sport and physical activity facilities. All three areas have potential opportunities to address this as a result of either housing growth or the development of integrated healthy living centres.

Thurrock also has a number of specialist sports facilities and a small selection of strong clubs that contribute to the overall network of provision in the area. The main challenge for clubs is gaining access to facilities at the right price and the general poor quality of those facilities. There will be a need to protect and enhance these resources in order that they continue to thrive.

Thurrock has a limited commercial health and fitness sector (e.g. with swimming pools and equivalent sports hall space), which means that there is an important role on the public sector to provide access to facilities. There are two other key facilities in the borough that do provide limited capacity for residents in the area.

Within any new sports facility developments the Council will also need to design in financial viability through the development of high quality health and fitness provision and other key income generating activities in order to offset the cost of operating facilities such as swimming pools and sports halls.

Emerging opportunities

In relation to its indoor provision, Thurrock has a number of emerging opportunities from which to facilitate the development of new and improved sport and physical activity facilities.

New housing developments: Thurrock is a strategic housing growth area and its objectively assessed need sets out that it is expected to deliver c.30,000 new homes to 2037. However, there is significant competition for land within the area, primarily from distribution centres and warehousing. Therefore, it is anticipated that the Council will have limited options to deliver these homes unless it seeks to expand the urban area into the green belt.

As part of any such urban extensions and the linked increases in population, there will be an expectation placed upon the development industry to provide necessary supporting infrastructure as part of any development proposal and there would also be the scope to use planning gain funding (i.e. Section 106 or Community Infrastructure Levy) to develop additional and improved sport and physical activity facilities. The scale of the increase in population will determine the demand for facilities. This process presents an opportunity to address current deficiencies in facility size and quality.

New schools: Alongside new housing growth and increased population comes the requirement to deliver new schools, especially secondary schools. The research findings have identified that there is considerable community use of the majority of schools in Thurrock. Therefore, the opportunity exists to design new schools in such a way that community use is easily delivered or alternatively to expand the offering and develop community sport and leisure facilities alongside school sports facilities.

Integrated medical centres: Thurrock's Health and Well-Being Strategy (2016-2021), identifies the need to develop four integrated medical centres in the key areas of Tilbury, Purfleet, Corringham and Grays. The relationship between poor quality health and physical inactivity is clear and the development of these facilities presents a clear opportunity to integrate physical activity alongside health facilities. This approach also reflects the wider aspirations of strategic funding agencies such as Sport England.

Wider service integration: Thurrock Council continues to face the same financial challenges as most other local authorities throughout the UK and will be seeking to minimise the number of buildings that it owns and manages. There is, thus, an opportunity to integrate or co-locate services within a single venue. Services such as libraries, community police offices and community contact centres have successfully been integrated into/with leisure facilities throughout the country.

Active Travel

The Active Travel Strategy utilises a variety of techniques.

Mesh density

In a properly joined-up cycle network, cyclists should not have to travel more than 400 metres to get to a parallel route of similar quality. This attribute of a cycle network is known as 'mesh density'. It describes whether the grid of cycle routes is tighter (with more route choice) or looser (less extensive)[3].

There are some noticeable areas with higher population densities which do not meet the recommendation. The two significant 'gap' areas are Purfleet/West Thurrock and South Ockendon. Potential gaps are also noted to Stanford-le-Hope, East Tilbury, Aveley and Chadwell St Mary. These gaps can be considered as strategic priorities.

Propensity to Cycle Toolkit

The national Propensity to Cycle Toolkit (PCT) is used to identify desire lines of commuter cycle flows. The PCT is a Department for Transport funded project designed to show the flow of cycle users. It is also important to note that the PCT data is only based on the commuting results of the census. It does not take into consideration other trip generators such as leisure or schools. Consequently, it is possible that other routes may exist outside of those highlighted.

It also allows various potential future scenarios to be explored. It enables comparison between current known cycling patterns to scenarios such as the Government's draft Cycling Delivery Plan target (to double cycling in a decade), Gender Equality (if the same amount of women were to cycle as men) and the more ambitious 'Go Dutch' scenario (whereby Dutch cycling levels are reached in England). Consequently, changes in driver numbers, CO^2 emissions and deaths per year can be estimated to demonstrate the impact such target scenarios could produce.

The desire lines identified through the scenario modelling demonstrate that noticeable changes can be experienced as a result of increased cycling. Both the Government Target and Go Dutch scenarios represent significant changes if they were to be met.

The following desire lines/routes are identified as offering the greatest impact due to being highlighted against multiple scenarios.

[3] London Cycling Design Standards

Desire lines highlighted from scenario modelling

Line ID	Start/end areas	Identified as part of scenario modelling		
		Government target	Gender equality	Go Dutch
2	South Ockendon - Purfleet	✓		✓
5	Aveley – Purfleet	✓	✓	✓
6	Stifford Clays – Grays		✓	
9	Purfleet/West Thurrock – Grays	✓		✓
12	Purfleet – Stifford Clays	✓	✓	✓
13	Purfleet – Grays/Little Thurrock	✓		✓
14	Purfleet - Tilbury	✓	✓	✓

Key destination/trip generators

A focus of the work is on the linkages between key destinations and how individuals may journey to such places via active travel methods. For the purposes of the Active Travel Strategy, key destinations are considered to be:

- Strategic leisure, sports and open spaces (as identified in Active Place Strategies)
- Retail centres, key workplaces and transport hubs
- Education facilities (e.g. colleges and secondary schools)
- Community hubs

STRATEGIC RECOMMENDATIONS

Open space study

A number of recommendations are provided that seek to address the shortfalls and deficiencies identified as part of the study. These are:

Recommendation 1
Explore low quality sites and their potential for enhancement or development

The policy approach to these sites should be to enhance their quality to the applied standards (i.e. high quality) where possible. This is especially the case if the site is deemed to be of high value to the local community. Therefore, they should initially be protected, if they are not already so, in order for their quality to be improved. Where the site is not deemed to be of high value to the local community and does not serve any beneficial purpose as open space (in line with the other recommendations), such sites should also be considered for development.

The policy and implications summary of the quality and value matrix set out in the Standards Paper identifies those sites that should be given consideration for enhancement if possible. Priority sites should be those highlighted as helping or with the potential to serve gaps in provision

Recommendation 2
Sites helping or with the potential to serve areas identified as having gaps in catchment mapping should be recognised through opportunities for enhancement

These sites currently help to meet the identified catchment gaps for other open space typologies. Often this is related to parks, amenity greenspace and natural and semi-natural greenspace. The Council should explore the potential/possibility to adapt these sites through formalisation and/or greater provision of features linked to other types of open space. This is to provide a stronger secondary role as well as opportunities associated with other open space types. This may also help to minimise the need for creation of new provision to address any gaps in catchment mapping.

Such sites should be viewed as being key forms of open space provision. It is important that the Council looks to maintain sites of this classification to as high a standard as possible.

Recommendation 3
Ensure low quality/value sites helping to serve potential gaps in accessibility catchments are prioritised for enhancement

The approach to these sites should be to enhance their quality/value to the applied standards (i.e. high quality and/or value). It should be considered whether the site may be of benefit being recognised and changed to a different type of open space (See Recommendation 4).

Recommendation 4
Sites in areas with sufficient provision of open space may be able to meet the need for other types of open space or could potentially be considered surplus

If no improvements can be made to sites identified as lower quality and value, then a change of primary typology should be considered (i.e. a change of role).
If no shortfall in other open space types is noted, or it is not feasible to change the primary typology of the site, then the site may be redundant/ 'surplus to requirements'.

Recommendation 5
Keeping data, report and supporting evidence base up to date in order to reflect changes over time

The Open Space Standards and Assessment Report are a snapshot in time. Whilst significant changes are not as common for open space provision, inevitably over time changes in provision occurs through creation of new provision, loss of provision and/or alterations to site boundaries and management. Population change and housing growth are also another consideration to review when undertaking any form of update as this may impact on quantity provision levels and standards.

Playing pitch strategy

The following overarching, strategic recommendations have been identified from the PPS analysis. These are based on Sport England's key themes of protect, enhance and provide:

OBJECTIVE 1
To **promote** and **protect** the existing supply of outdoor sports facilities where it is needed for meeting current and future needs

Recommendations:

- Ensure, through the use of the PPS, that playing fields and pitches are protected through the implementation of local planning policy.
- Secure tenure and access to sites for high quality, development minded clubs, through a range of solutions and partnership agreements.
- Maximise community use of education facilities where there is a need to do so.

OBJECTIVE 2
To **enhance** outdoor sports facilities and accompanying ancillary facilities through improving quality and management of sites.

Recommendations:

- Improve quality
- Adopt a tiered approach (hierarchy of provision) to the management and improvement of sites.
- Work in partnership with stakeholders to secure funding
- Secure developer contributions.

OBJECTIVE 3

To **provide** new outdoor sports facilities where there is current or future demand to do so

Recommendations:

- Identify opportunities to add to the overall stock to accommodate both current and future demand.
- Rectify quantitative shortfalls through the current stock.

Linked to the strategic recommendations, the following recommendations are made for each sport:

Football

- Protect existing quantity of pitches, including pitches/sites that are no longer in use (unless replacement provision of equivalent or better replacement provision in terms of quantity and quality is agreed upon and provided).
- Where pitches are overplayed and/or assessed as poor quality, prioritise investment and review maintenance regimes to ensure it is of an appropriate standard to sustain use and improve quality.
- Use the LFFP as a guide to further determine suitable sites for grass pitch investment.
- Following discussions with Essex FA and the Council, consider the feasibility of bringing Blackshots Recreation Ground back into use to act as a hub site for football in the Borough.
- Transfer play from sites which remain overplayed to alternative sites with spare capacity, sites which are not currently available for community use, or to 3G provision.
- Work to accommodate future demand as well as expressed exported, unmet and latent demand at sites which are not operating at capacity or at sites not currently available for community use that could be moving forward.
- Secure tenure for clubs using unsecure school sites through community use agreements.
- For unsecure, non-education sites, seek to gain access and ensure appropriate mitigation should the provision fall out of permanent use.
- Work to bring disused sites back into use or, if this is not possible, ensure appropriate mitigation should the provision fall out of permanent use via the creation of hub sites.
- Ensure all teams are playing on the correct pitch sizes and explore reconfiguration of pitches to better accommodate youth 11v11 demand, where possible.
- Improve ancillary facilities where there is a demand to do so and where it can benefit the wider footballing offer, using the LFFP as a guide.
- Consider rationalisation of low value sites if contributions can go towards creating larger, better quality multi-pitch sites (providing there is no net loss of playing pitch space).
- Ensure that any large housing developments are provided for and assess the need for new pitch provision through master planning on an individual basis.
- Where a development is of a size to justify on-site football provision, focus on the creation of multi-pitch sites that reduce existing shortfalls, with accompanying clubhouse provision included given that single pitch sites without appropriate ancillary facilities can be unsustainable.

- Where a development is not of a size to justify on-site football provision, consider using contributions to improve existing sites within the locality, using the PPS as a guide to inform suitable sites.
- If required, explore ground sharing possibilities across Thurrock and the wider South Essex region that can provide a more sustainable long-term future for the senior club network, particularly in the case of clubs that currently wish to relocate.

3G pitches

- Protect current stock of 3G pitches.
- Ensure the pitch at Lakeside Sports Ground is appropriately mitigated if it is lost as a result of development.
- Using the LFFP as a guide, develop additional 3G pitches to alleviate identified football training shortfalls.
- Consider an addition to the LFFP project list based on increased demand in the West Analysis Area and also consider amends to the list given new aspirations held by Tilbury FC and at Thurrock Football Club.
- Support creation of additional 3G pitches above and beyond football training shortfalls if it can satisfy rugby demand as well as football demand; or explore creation of 3G pitches that are both football and rugby appropriate when alleviating shortfalls.
- Ensure South Essex sub-regional needs are considered when developing new 3G pitches to reduce deficiencies across all the local authorities via a partnership approach; for example, a potential new 3G pitch in the new Dunton Hills settlement bordering Thurrock could cater for some of the Borough's demand.
- Carry out consultation with EH when deciding upon the location of new 3G pitches to ensure the sustainability of existing sand based AGPs.
- Ensure that any new 3G pitches are constructed to meet FA/RFU recommended dimensions and quality performance standards to meet performance testing criteria.
- Ensure all 3G providers have a sinking fund in place for long-term sustainability.
- Encourage more match play demand to transfer to 3G pitches, where possible.
- Ensure that any new 3G pitches have community use agreements in place.
- Where a housing development is of a size to justify on-site football provision, consider the potential for 3G provision on multi-pitch sites and as a minimum requirement, design new sites so that they could accommodate 3G provision at a later date, if required.

Cricket

- Protect existing quantity of cricket squares, including squares/sites that are no longer in use.
- Following discussions with the ECB and the Council, consider the feasibility of bringing squares at Blackshots Recreation Ground back into use to reduce shortfalls as part of master-planning for the site. This will require a square/s being reinstated, ancillary provision being re-provided and security being improved.
- Support the Council to provide a new cricket square at Hall Road in Aveley if, following consultation with the ECB, there is a need for additional provision to meet local demand.
- Work with clubs and groundsmen to review quality issues on squares assessed as poor and standard to ensure appropriate quality is achieved and to alleviate overplay.
- Improve communication between clubs and the Council to determine best practice in relation to maintenance and to develop playing opportunities in the right areas that will target the right audience.
- Work to eradicate overplay at sites assessed as good quality via the transfer of demand to NTPs.

- Ensure future demand can be accommodated either outside of the peak period or via access to alternative (and potentially new) provision.
- Improve ancillary provision and outdoor practice facilities where it is required.
- In line with the Indoor Sports & Leisure Strategy, improve the stock of indoor cricket provision and ensure continued, protected access to the facility at Harris Ockendon Academy.
- Explore potential sites for non-traditional cricket offerings and seek to develop cricket within communities that more commonly play informal formats of the game.
- Support the growth of cricket through programmes such as All Stars and Dynamo's as well as via women's and girls' softball cricket.
- Ensure tenure remains secure for all clubs and seek community use agreements for clubs that use education sites.
- Ensure that any large housing developments are provided for and assess the need for new pitch provision through master planning on an individual basis.
- Where a development is of a size to justify on-site cricket provision, ensure that any proposals for new squares will attract adequate demand.
- Where a development is not of a size to justify on-site cricket provision, or if sufficient demand cannot be attracted, consider using contributions to improve existing sites within the locality.

Rugby union

- Protect existing quantity of rugby union pitches, including pitches/sites that are no longer in use.
- Improve quality of pitches, prioritising those at sites with identified overplay.
- Ensure any loss of pitches at Thurrock Rugby Club is appropriately mitigated in accordance with NPPF; the Club requires continued provision of five senior pitches (with two floodlit), or a full size World Rugby compliant AGP and three senior pitches (providing that the 3G pitch is also accessible for all midweek rugby demand).
- Ensure a strategic approach is taken regarding the developments affecting Thurrock Rugby Club (i.e. Orsett Heath Academy and Lower Thames Crossing) rather than the impacts being considered in isolation.
- Support Pegasus Palmerians RUFC in its proposed transfer to Palmers College (Storm Fitness) and ensure the level and quality of provision is sufficient to meet its needs.
- Secure tenure for the Pegasus Palmerians RUFC via a community use agreement at St Clere's School or Palmers College if the Club is to move sites.
- Explore installation of permanent floodlighting to service Thames, Stanford-le-Hope and Pegasus Palmerians rugby clubs.
- Improve quality of ancillary provision where it is required i.e. at Thames Rugby Club.
- Ensure ancillary facilities for Thurrock RUFC provided at Orsett Heath Academy are made available to the Club, with a secure agreement in place for access.
- Seek to increase the length of Thames RUFC's lease to improve its security of tenure and to assist with any future funding bids.
- Retain supply of rugby pitches at all school sites for curricular and extra-curricular purposes and encourage secure community availability should demand exist in the future.
- Ensure that any large housing developments are provided for and assess the need for new pitch provision through master planning on an individual basis.
- Where a development is of a size to justify on-site rugby provision, ensure that any proposals for new pitches will attract adequate demand.

- Where a development is not of a size to justify on-site rugby provision, or if sufficient demand cannot be attracted, consider using contributions to improve existing sites within the locality.

Hockey

- Retain the AGP at Palmers College (Storm Fitness) as hockey suitable and resurface the pitch as soon as possible.
- Consider creation of a business plan for the pitch (and wider site) and ensure a sinking fund is in place for long-term sustainability.
- Seek to provide Thurrock HC with better quality and more appropriate ancillary facilities i.e. changing rooms and social space.
- Explore if there is a need for pitches at Harris Academy Chafford Hundred and The Gateway Academy to satisfy hockey-based demand in neighbouring local authorities.
- Should the provision at Harris Academy Chafford Hundred and The Gateway Academy continue to not be needed for hockey purposes, consider for potential 3G conversion (via agreement with EH).

Tennis

- Protect courts used for competitive play and sustain quality through appropriate maintenance regimes.
- Support Thurrock TC to ensure it can continue to accommodate its demand and further explore access to St Clere's School.
- Provide Storm Fitness TC with better quality clubhouse facilities in order to drive an increase in demand.
- Improve court quality and potentially quantity at non-club sites assessed as poor and standard quality to increase informal demand, focusing on strategic provision.
- Seek to improve wider tennis offering at sites through improved ancillary provision.
- Utilise technology to better manage community tennis bookings.

Bowls

- Improve green quality at sites assessed as poor or standard quality and sustain quality at sites assessed as good.
- To aid quality improvements and sustainability, support clubs with self-management.
- Seek to improve ancillary facility quality where it is necessary.
- Support users of the greens at Blackshots Recreation Ground to ensure demand continues to be met, given high levels of membership.
- Mitigate any permanent loss of greens at disused and lapsed sites through equivalent/better replacement provision or through appropriate enhancements to other facilities.
- Support clubs with plans to increase membership so that growth can be maximised.

Athletics

- Protect Thurrock Athletics Stadium and consider providing new, improved facility within the wider development of Blackshots Recreation Ground.
- If retained in its current form, explore funding options to resurface the track to ensure long-term sustainability.
- Support running groups, events and England Athletics initiatives such as Park Run and pursue increased participation.

- Look to provide recreational athletics facilities in new developments through circular running routes, ensuring new parks can accommodate Park Run type events or connecting to/enhancing existing running routes.

Netball

- Improve court quality at Hassenbrook Academy given the importance of the site and the level of netball usage received.
- Explore improving court quality at school sites where sufficient demand exists for curricular and extra-curricular activity.
- Support and look to develop England Netball initiatives such as Back to Netball and Walking Netball.

Indoor and built sports facilities

The following vision and strategic recommendations have been identified for Thurrock's indoor and built sports facilities:

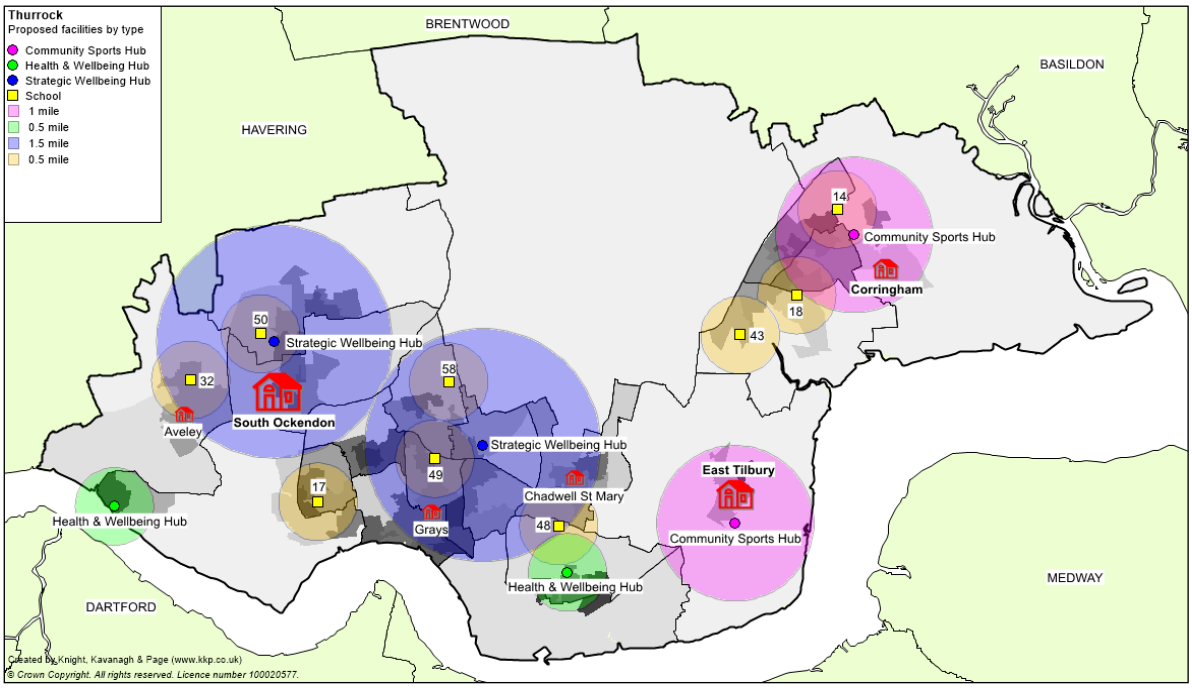
To create a network of high quality, accessible and sustainable sport and leisure facilities, which offer inclusive services for all; enabling the inactive to become active and more residents to fulfil their potential by participating in sport and physical activity, thus improving their long-term health and well-being.

The following strategic recommendations have been identified to deliver the above vision over the period 2020 – 2037. They provide strategic direction for Thurrock Council, its partners and stakeholders which provide facilities and opportunities for residents to pursue sport and recreation as a means to engage in physical activity.

- ***Strategic recommendation 1:*** *To develop a fit for purpose network of better quality (indoor and outdoor) facilities in strategic locations in order to meet the sport and physical activity needs of existing communities and new residents in Thurrock; maximising opportunities in respect of:*
  - *Potential sports facility development as part of Thurrock's investment in new school stock.*
  - *The development of sport and physical activity facilities aligned to planned integrated medical centres.*
  - *Engagement with other services and where possible the creation of multi-agency hubs via the co-location of services*

This objective builds on a range of strategic drivers such as the need for Thurrock's existing sports facilities to be replaced, the substantial growth in population, the need for facilities to contribute to addressing health inequalities, new schools and integrated medical centres and major areas of housing growth.

The visual presentation of the new indoor facility network is detailed below.



The key infrastructure projects required in order to deliver a network of facilities which are fit for the future can be summarised as follows:

*Aligned to the development of a new integrated medical centre in **Tilbury**, investigate the option to deliver a community health and fitness facility.*

Tilbury will see development of the first integrated medical centre. The Council and health partners have an opportunity to develop a community health and fitness facility aligned to the hub within a key area of deprivation. This facility could fill an identified local gap in provision. Ideally this should be a smaller scale development consisting of the following, but with a shared reception and entrance point for the integrated medical centre:

- 50 to 60 station fitness suite
- Group fitness studio
- Changing rooms

*Aligned to the anticipated housing growth in **East Tilbury** and the likely requirement for a new primary school, investigate the potential to develop a community sport and wellbeing hub aligned to the new school development.*

It is anticipated that a significant number of new homes will be developed in East Tilbury – sufficient to justify an additional secondary school. This could incorporate additional community use facilities available not only at evenings and weekends, but also during the school day. It is proposed that adding the following be considered (to complement the school's requirement to develop a 4 court sports hall and drama facility):

- 40 to 50 station fitness suite
- Group fitness studio

- Changing rooms
- Floodlit full size 3G pitch (dependent on the outcome of the PPS and needs of the school)

*In line with the potential requirement for a significant number of new homes in **South Ockendon**, investigate the potential to develop a strategically significant community sport and wellbeing hub to serve the Aveley and South Ockendon community.*

The South Ockendon area, which is currently served by Ockendon Academy and Belhus Park Golf and Country Club, is likely to see a requirement for a significant number of new homes and probably require a new school. The Ockendon Academy 6-court sports hall is primarily geared to provision for cricket so a sports hall facility is needed to serve the wider sporting needs of this significantly growing community.

The Council should commit to investigating the opportunity for Leisure to work with health and other partners to create a new facility on an appropriate site. Ideally, from both community servicing and viability perspectives consideration should be given to this including the following mix of school and community facilities:

- 8 lane 25-metre swimming pool
- Teaching pool (with a moveable floor)
- 100 – 120 station fitness suite.
- 2 x group fitness studios
- 1 x full-sized floodlit 3G football turf pitch
- 2 x meeting rooms
- Tennis/netball court area.
- Ancillary facilities for school and community
- Explore the possibility of developing a gymnastics centre as part of the facility mix.

If the location is appropriate, consideration should also be given to the inclusion of other civic services, such as library within this new development.

If and when this is developed, the Council should rationalise the swimming and fitness facilities at Belhus Park Golf and Country Club. The decision on the future of Ockendon Academy swimming pool will need to be determined by the location of the new facility.

*Replace **Blackshots** Leisure Centre with a strategically significant community sport and wellbeing hub (Blackshots Sports Village) investigating how a replacement facility should be located and operate in the context of the existing park facilities.*

Blackshots Leisure Centre is beyond its anticipated life span and needs to be replaced. There is an opportunity to develop a larger scale, strategically important sports facility to serve the needs of the Grays community and, concurrently, consider development of the wider adjacent park. Orsett Heath Academy is due to open in 2022 on the same site. In addition, an interim academy is being built adjacent to Thurrock Rugby Football Club, also on King George's Field.

This combination of options provides a 'window of opportunity' for a full master planning exercise; taking account of education, leisure, physical activity, wellbeing and cultural needs. It should encompass consideration of a new indoor facility, refurbishment of the athletics stadium, outdoor pitches and general access to the park facilities. It should consider formal and informal sport and physical activity opportunity within any feasibility and master planning.

The Council also needs to consider potential replacement of the Civic Hall, whether this can be included within the proposed facility mix, or if it needs to have a wider town centre regeneration role. A point to note is that there are clear examples of where the combined programming of sport and arts within a single main indoor sports hall space can impact negatively on participation and user experience (e.g. Sands Centre, Carlisle).

The key challenge is, thus, the juxtaposition of sports facilities and the management of the overall site for the benefit of local residents. Consideration should, therefore, be given to the following facility mix:

- 8 lane 25-metre swimming pool as a minimum
- Teaching pool (with a moveable floor)
- 150 – 200 station fitness suite.
- 2 x group fitness studios
- Dedicated spin studio
- 8 court sports hall
- 1 or 2 x floodlit 3G pitches
- Grass pitches
- 2 x meeting rooms
- Athletics track
- Outdoor changing facilities
- Children's play facilities and skatepark
- Walking and running routes around the park.
- (Civic hall functions).
- Explore the possibility of developing a gymnastics centre as part of the facility mix.

Replacement of Blackshots Leisure Centre and the master planning of the recreation ground should be Thurrock's priority project and the catalyst for other developments to follow. It has the potential to combine provision for indoor and outdoor sports facilities plus informal physical activity, open space and play, making it a significant and highly contemporary strategic facility.

*Aligned to any potential housing growth in **Corringham**, investigate the potential of developing a community sport and wellbeing hub aligned to any new school development that might be required to support growth.*

Corringham is another location in the Borough that could accommodate new homes. It is relatively close to Basildon Sporting Village, although (at six kilometres away) this is perceived to be too distant to fully serve the town. The Corringham area still needs a community sports facility, but potentially not one as large as those proposed for the larger population centres of Grays and South Ockendon

It is possible, depending on the scale of development, that a new school and health facilities would be required and there is an opportunity to develop a strategically important community sport and wellbeing hub, potentially on a school site.

The Council should, thus, commit to investigating the opportunity for Education, Health and Leisure to work together to create a new facility on an appropriate site with the following facility mix:

- 6 lane 25-metre swimming pool
- Teaching pool (with a moveable floor)

- 150 station fitness suite.
- 2 x group fitness studios
- 4-6 court sports hall
- 1 x floodlit 3G pitch (dependent on the outcome of the PPS)
- 2 x meeting rooms
- Tennis/netball court area.
- Ancillary facilities for school and community
- Integrated medical centre.
- Explore the possibility of developing a gymnastics centre as part of the facility mix.

If the location is appropriate, consideration should be given to including other civic services, such as a library. A new facility (if and when developed) could replace Corringham Leisure Centre.

*Aligned to the development of a new integrated medical centre in **Purfleet**, investigate the opportunity to deliver a community health and fitness facility.*

There is a (medium term) aspiration to develop an integrated medical centre in Purfleet. The Council and health partners have an opportunity to develop a community health and fitness facility aligned to the hub to strategically align health and physical activity - in a key area of deprivation. This facility will fill an identified provision gap.

The focus will be wider development of physical activity opportunity directly aligned to specific local health improvement ambitions, specific interventions for targeted groups and for improved links and transition between health and community programmes. It would enable the operator and health partners to target employers in the area to deliver workplace health improvement initiatives; a key focus for targeting specific types of employee who might be a higher health risk. This should be a smaller scale development consisting of the following, but within a shared reception and entrance point for the integrated medical centre:

- 50 to 60 station fitness suite
- Group fitness studio
- Changing rooms

Work with the local gymnastics clubs to develop appropriate opportunities for a permanently set out gymnastics facility for the area.

The Thurrock Gymnastic Academy (TGA) aspires to develop a permanently laid out gymnastics facility in the area. TGA has in excess of 660 members with a waiting list of c.500 and is in real need of a dedicated facility, either standalone or part of a larger leisure facility.

British Gymnastics (BG) is keen to work to support the club and to work in partnership with the Council to tackle the current situation. Development of a new facility will need to proceed hand in glove with work to increase the available qualified coach workforce and volunteer base to underpin existing provision and enable future expansion.

The BG strategy for increasing participation in the sport has seen a drive to develop more permanently set out gymnastics facilities at industrial units. However, it is also worth noting that this has the potential to conflict with local planning policy in relation to the protection of higher tier industrial units for employment use. It is, therefore, not as simple as identifying

potential industrial units, as the demand for these types of facilities is outstripping supply in Thurrock.
Within the above context there is a need for the Council to consider how it could work with the NGB and club to identify facilities where equipment could be permanently set out, thus enabling the TGA to meet unmet demand and grow opportunity in the sport. It is conceivable that development of a permanent gymnastics facility could be aligned to one of the new sports/leisure facilities in the area or one of the academies; however, this will require input from key partners including the club and BG.

Strategic recommendation 2: To work with colleagues in Education to ensure that any new schools or improvements to sports facilities in existing schools are accompanied by a community use agreement.

William Edwards, Ockendon Academy and Harris Riverside Academy have clear community use agreements. William Edwards has received funding from Badminton England, whilst Ockendon Academy has received funding from the ECB. These agreements will require the schools to be available for community use and the delivery of badminton and cricket development opportunities and club sessions throughout the full year.

It is expected that St Clere's School will have such an agreement with its new 4-court sports hall but no other schools have such agreements and their availability cannot be guaranteed. They are, therefore, more susceptible to being altered based on the needs of the school or the personal perspective of the headteacher or school governors. There is, as a consequence, a need for Leisure and Education to work in partnership to get as many schools as possible to sign up to a comprehensive, binding and effective community use agreement and work with them to achieve maximum possible availability and use.

Strategic recommendation 3: To work with selected schools to increase their availability for community use.

In general, those schools that provide community access to their facilities do so for between 30 to 40 hours per week. This presents a reasonably good level of access to school sports facilities and includes weekend as well as weekday evening access. Schools are extensively used throughout these hours by a range of sports clubs and activity groups.

Two specific schools (Gateway Academy and St Clere's) have been identified as having significant capacity to provide additional community use; although this may have changed following the development of a new 4-court sports hall at St Clere's. Newer schools also need to be targeted to ensure their availability to the community and the capacity at a number of older schools also needs to be fully utilised.

Strategic recommendation 4: Use the development of new facilities as a catalyst for requiring the Council's leisure management contractor to have a wider focus on health inequalities.

The development of new facilities in Thurrock, either as replacements or additional facilities, presents the opportunity for the Council to review its current leisure management arrangements. The Council created the trust in 2000 and awarded it a 30-year buildings lease to manage its facilities. However, in the intervening 20 years, local government has changed dramatically with significant cuts in public service funding and the expansion of responsibility to deliver health and wellbeing services for communities.

There will be a need for the leisure operator to develop wider relationships and networks beyond the walls of its facilities in order that it is fully engaged with the appropriate partners and communities. This will also require it and the Council to develop a business model which recognises that high income generating activity should cross subsidise other physical activity interventions with targeted groups which enable the Council and its partners to address health inequalities.

Strategic recommendation 5: To plan additional new provision to accommodate continued increases in population beyond the life of this current strategy.

The above recommendations regarding sports halls and swimming pools are only sufficient to accommodate the resident population of Thurrock through until 2037, linked to the Local Plan. Therefore, the Council needs to consider its longer-term planning beyond the life of this strategy and the Local Plan period. This is specifically in relation to swimming pools where there will be a need to plan for the provision of smaller scale community pools beyond this date.

Active Travel

The strategic vision for active travel in Thurrock is:

To create a high quality, accessible and sustainable network which positively contributes to the economy and quality of environment, enabling the inactive to become active and more people to realise their potential by participating in walking and cycling activity, thus improving their long-term health and well-being.

The following goals are identified to work towards the strategic vision:

- Improve environments
- Enable people to be healthier for longer
- Opportunity for all

To achieve the vision and goals a series of priorities are identified. The priorities are based on their suitability, links to growth areas and key destinations as well as the potential to increase levels of active travel.

Priorities are categorised into two types:

- **Physical** - improvement and connection of routes
- **Addressing mental barriers** - measures to tackle the common mental barriers.

Physical priorities

Priority 1: West / East Connections
Analysis of desire lines from the Propensity to Cycle Toolkit (PCT) identifies that many start and end of journeys run west / east across the Borough. This can predominantly be attributed to the number of destination and trip generators able to be accessed via travelling in these directions. Promoting greater levels of active travel along these directions of travel would also help to challenge the busy road networks (i.e. London Road and Arterial Road) as well as associated congestion and air quality levels. The scenario modelling also highlights that a number of these desire lines/routes can offer the greatest impact in terms of change in driver numbers, CO^2 levels and deaths per year. Furthermore, mesh density analysis highlights a significant gap in the Purfleet/West Thurrock area, which is a key contributor to the west/east directions of travel.

Priority 2: South Ockendon
Analysis of desire lines from the PCT identifies that several start and end of journeys run to and from South Ockendon. The scenario modelling also highlights that a key desire line/route can offer the greatest impact in terms of change in driver numbers, CO2 levels and deaths per year. Furthermore, mesh density analysis highlights a significant gap in South Ockendon.

Priority 3: Purfleet – Aveley
Analysis of desire lines from the PCT identifies that several start and end of journeys run to and from Purfleet. Many of these desire lines and routes are covered as part of Priority 1: West / East Connections. This priority is specific to the north / south connection between Purfleet and Aveley (with the connection able to further link to South Ockendon). The scenario modelling highlights that key desire lines/routes can offer the greatest impact in terms of change in driver numbers, CO^2 levels and deaths per year. Furthermore, mesh density analysis highlights a significant gap in the Purfleet/West Thurrock area, which is also a key contributor to Priority 1: West / East Connections.

Priority 4: Stanford-le-Hope
Analysis of desire lines from the PCT identifies that a noticeable start and end journey runs between Stanford-le-Hope and Corringham. The scenario modelling highlights the desire line/route has the ability to offer some impact in terms of change in driver numbers, CO^2 levels and deaths per year. However, the area has a number of other key trip generators outside of the PCT data. Furthermore, mesh density analysis highlights a gap in the Stanford-le-Hope area.

Priority 5: Chadwell St Mary
Analysis of desire lines from the PCT identifies a start and end journey running between Chadwell St Mary and Tilbury. It may therefore offer some impact in terms of change in driver numbers, CO^2 levels and deaths per year; as evidenced from the scenario modelling. The area also has a number of other key trip generators outside of the PCT data. Furthermore, mesh density analysis highlights a gap in the Chadwell St Mary area.

Priority 6: Blackshots
Analysis of desire lines from the PCT identifies a number of start and end journeys running to and from the Blackshots area. Routes may therefore offer some impact in terms of change in driver numbers, CO^2 levels and deaths per year; as evidenced from the scenario modelling. The area also has a number of other key trip generators outside of the PCT data.

Priority 7: Coastal route
Analysis of desire lines from the PCT identifies a number of key start and end journeys running along sections of the coastal network. The scenario modelling also highlights that these desire lines/routes have the ability to offer the greatest impact in terms of change in driver numbers, CO^2 levels and deaths per year. The area also has a number of other key trip generators outside of the PCT data.

Addressing mental barriers

In addition to the physical improvements to the network, it is important to challenge the mental barriers facing active travel. Initiatives and programmes should follow the three core principles of tackling mental barriers and look to:

- Promote
- Educate
- Incentivise participation and awareness.

The approach to tackling mental barriers facing active travel needs to be multifaceted and delivered strategically and locally. Active travel improvements and initiatives will need to be undertaken in partnership with a variety of Local Authority departments and external partners (e.g. England Health, Transport for London, local groups) and should help to inform other strategic documents and programmes.

A number of design principles, best practice examples and initiatives are given as methods to tackle the mental barriers of active travel. Other best practices and initiatives may exist which can contribute to challenging the mental barriers of active travel; consequently, a flexible approach will also be needed.

Several initiatives challenging the mental barriers of active travel already exist locally. The majority of these intend to promote and encourage more active travel participation. These cost-effective and fun ways of learning about active travel including bike and walking safety should be regarded as practical solutions for reaching out to people of different ages, abilities and backgrounds. A summary of some of the more prominent and successful initiatives already in place and/or planned across Thurrock are set out in the Active Travel Strategy.

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Appendix 2: Consultation undertaken on APS

Open Space Assessment – an online and paper survey with general public as consultees (more than 200 responses received).
Open Space Standards – *not* an independent strategy document, therefore no consultation/consultees.

Playing Pitch Assessment – Chairman - Aveley FC; Chairman - Corringham Athletic FC; Chairman - Corringham Cosmos FC; Chairman - East Thurrock United FC; Club Secretary - Essex Comets YFC; Club Secretary - Lakeside YFC; Chairman - Linford Wanderers FC; Chairman - Stanford Wanderers FC; Club Secretary - Thurrock FC; Chairman - Orsett & Thurrock CC; Chairman - Stanford-le-Hope CC; Fixture Secretary - Horndon on the Hill CC; Chairman - Belhus CC; Chairman - Thurrock HC; Club Secretary - Thurrock Tennis Club; Chairman - Thames RUFC; Director - Pegasus Palmerians RUFC; Club Secretary - Thurrock RUFC; Club Secretary - Stanford-le-Hope RUFC; Chairman - Thurrock Association Sunday League; League Secretary - Shepherd Neame Essex League; League Secretary - T Rippon Mid Essex League; General Secretary - Thurrock & District Bowls Association; Development Officer - Essex Country Cricket Board; Head of PE - William Edwards School; Head Teacher - The Ockendon Academy; Acting Principal - Ormiston Park Academy; Head of PE - St Clere's School; Academy Manager – Hassenbrook Academy; Head Teacher - Grays Convent High School; Assistant Principal - Harris Academy Chafford Hundred; Head of Faculty - Gable Hall School; Assistant Principal - Palmers College; Business Manager - Gateway Academy; Business Manager - Hathaway Academy; Site Manager - Impulse Leisure (Belhus Park); Site Manager - South Ockendon Recreation Ground.

Playing Pitch Strategy – signed off by all NGBs and clubs/organisations involved in the assessment, as well as by Sport England.
Both documents also subject to a general public consultation on the Council website from 30 June to 11 August 2017 – 16 responses received.

Indoor and Built Facilities Assessment – Sport England – Planning and Relationship Manager; Active Essex – CEO; Active Essex – Strategic Lead Business Operations; Active Essex – Club Link Maker; England Athletics – South Area Manager; Archery Development Manager (Participation); Basketball England – Facilities Manager; Badminton England; British Gymnastics – Business Support Officer; Tennis Services Assistant East Region; Goalball UK Development Officer; Boccia Development Officer (Clubs & Safeguarding); Indoor Bowls Association; ASA Head of Facilities; Head Coach of Thurrock Swimming Club; Move It Dance School; Teddy Toes; MD New Horizons Childcare Services Ltd; Athletics Coach/U3A; Thurrock Swimming Club; W.A.D.E.R.S.; Thurrock Gymnastics Academy; Alfa Shotokan Karate Club; Belhus Park Boxing Club; East Thurrock Badminton Club; Essex Kickboxing Academy; HGD Wadokai Karate Association; Jay's Gymnastics; J.S.C. Judo Club; Mayes Martial Arts Club; Seitou Ryu Karate (West Thurrock); Thurrock Volleyball Club.

Indoor and Built Facilities Strategy – was subject to a general public consultation (alongside the assessment report) on the Council website from 10 November to 22 December 2017 – 2 responses received.

Active Travel Strategy – multi-disciplinary steering group included representation from Public Health England. Ramblers Association were consulted through presentation to the Local Access Forum as strategy was being developed. Public consultation on the Council website from 10 November to 22 December 2017 – 4 responses received.

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26 November 2020	ITEM: 6
Health and Wellbeing Board	
Initial Health Assessments – Progress Report	
Wards and communities affected: All	**Key Decision:** Non Key
Report of: Naintara Khosla, Strategic Lead, CLA	
Accountable Head of Service: Joe Tynan, Assistant Director of Childrens Social Care and Early Help	
Accountable Director: Sheila Murphy, Corporate Director of Childrens Services	
This report is Public	

Executive Summary

During the Ofsted Inspection in November 2019, Ofsted highlighted the delay in completing timely Initial Health Assessments. Ofsted acknowledged the work between Social Care and Health colleagues to resolve the delay but that the pace of change was too slow and said the timeliness of Initial Health Assessments for all children coming into care needed to improve.

This is an updating report for Members of the Board on Thurrock's timeliness of Initial Assessments and should be read in conjunction with the full Report provided to the Board in July 2020.

1. Recommendation(s)

1.1 That the Members of the Board are informed about the efforts made by Health and Children's Services to improve the timeliness of Initial Assessments for Children Looked After.

1.2 That Initial Assessments and their timeliness is placed on the agenda of the Health and Wellbeing Board and any associated Development Plan.

2. Introduction and Background

2.1 When a child or young person comes into care, they must have an Initial Health Assessment (IHA). This is a statutory health assessment. The assessment is to be completed within 28 days of the child coming into care. Childrens Social Care provide the referral, notifying health of a child becoming looked after, within 5 days. A paediatrician or an appropriately trained medical practitioner completes the assessment.

3. Issues, Options and Analysis of Options

3.1 The Local Authority and Health, through their Corporate Parenting responsibilities, have a duty to promote the welfare including the physical, emotional and mental health of Children who are Looked After, including those who are children placed in pre-adoptive placements.

3.2 Every Child who is Looked After must have an up to date health assessment so that a health care plan can be developed to meet the child's health needs and contribute to the child's overall Care Plan.

Review Health Assessments (RHA) are a statutory requirement and must be carried out at a minimum period of:

- 6-monthly for babies and children under 5 years of age; and
- Annually for those aged 5 years and over.

3.3 The Clinical Commissioning Group (CCG) have arrangements in place to support the Local Authority to complete statutory health assessments for Children Looked After within statutory timescales, irrespective of whether the placement of the child is an emergency, short term or in another CCG area.

3.4 The Local Authority should always advise the CCG when a child is initially accommodated. Where there is a placement, which will require the involvement of another CCG, the child's originating CCG, and receiving CCG should be informed, as well as the child's GP. Any changes in placement whilst the child is looked after are also notified to the CCG.

3.5 Performance between October 2019 and October 2020

Initial Health Assessments and Review Health Assessments

There has been significant review of the processes for managing Initial Health Assessments (IHAs) and Review Health Assessments (RHAs). The weekly meeting to review IHAs and RHAs, which includes Service Managers from across the Childrens Services, is also attended by Health senior leaders. The meeting ensures the children who are entering care are tracked and the paperwork is sent to health immediately upon their placement with carers. The performance with IHAs reflects some improvements for the requests being provided to Health within 5 days with 83.3% in August 2020; however the Initial Health Appointments were not completed within the 20 days and all appointments were outside of the expected timescales (20 days).

In September 2020 there were 3 IHAs (37.5%) that were not notified to health within the 5 days (due to a Thurrock administrative error); however all the assessments sent to Health (within 5 days) were completed by health within the 20 working day timescales.

There remains areas for improvement for Childrens Services to ensure the 5 day referral to health is attained for IHAs. Partnership work continues to ensure a focus

on the sufficiency of appointments within timescales; there is significant improvement with health colleagues providing appointments within the 20 days.

Table 1 Provides the total number of CLA Initial Health Assessments over a 12 month period.

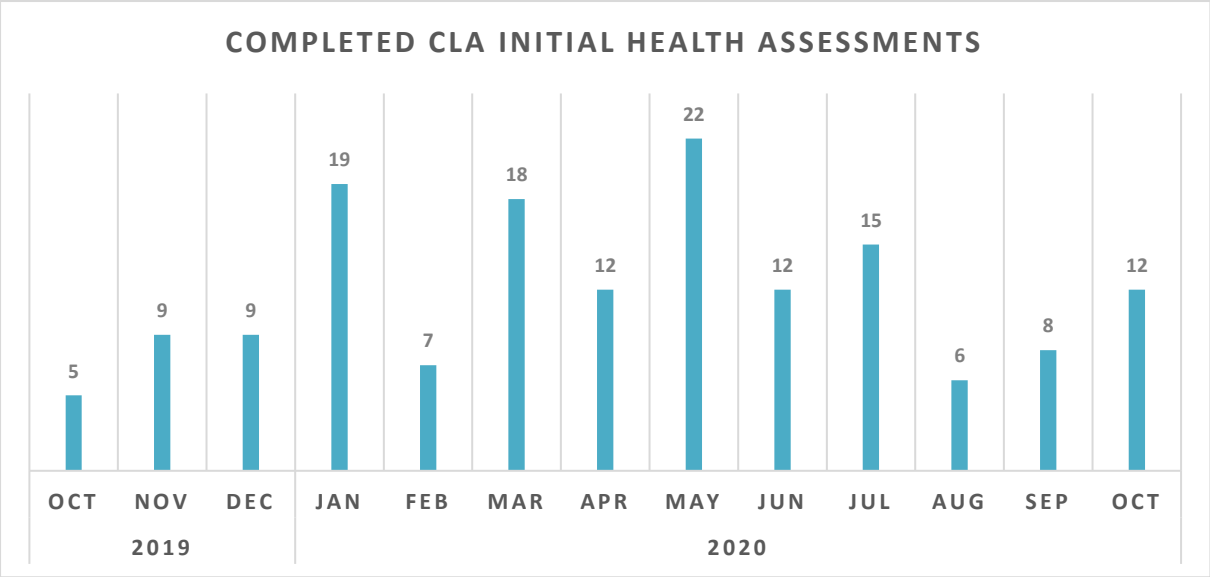


Table 2 Reflects IHAs in time and out of time for a 12 month period.

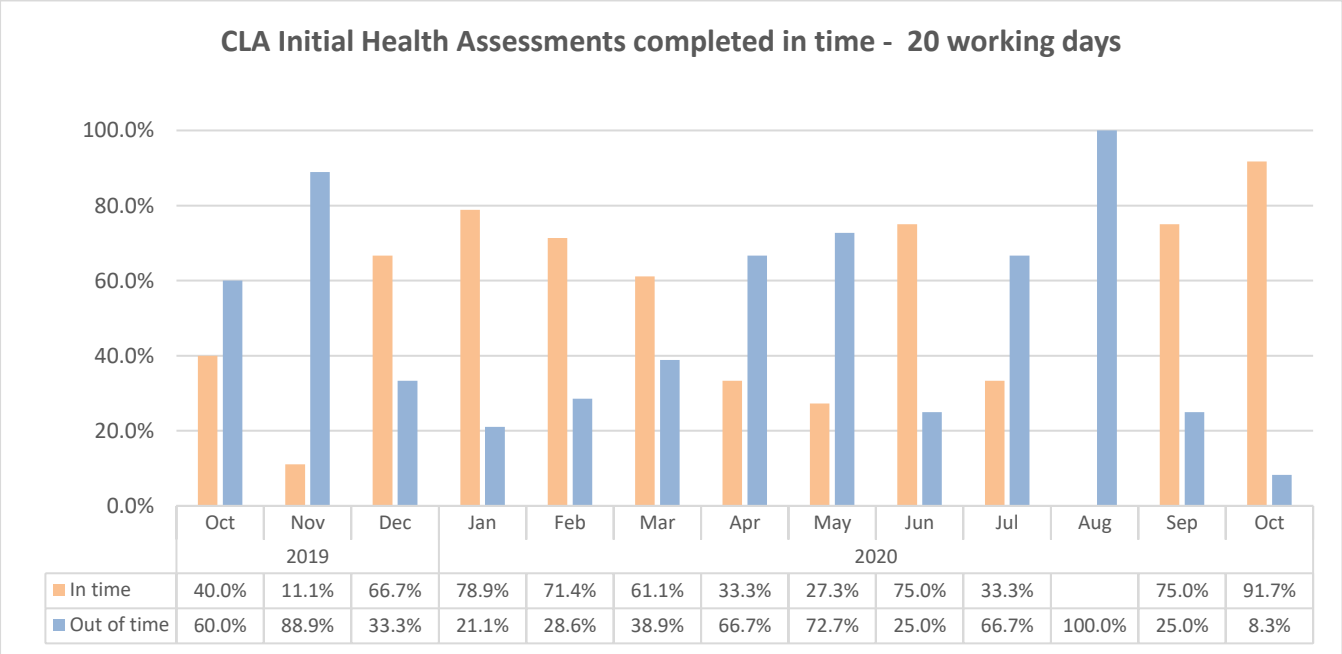
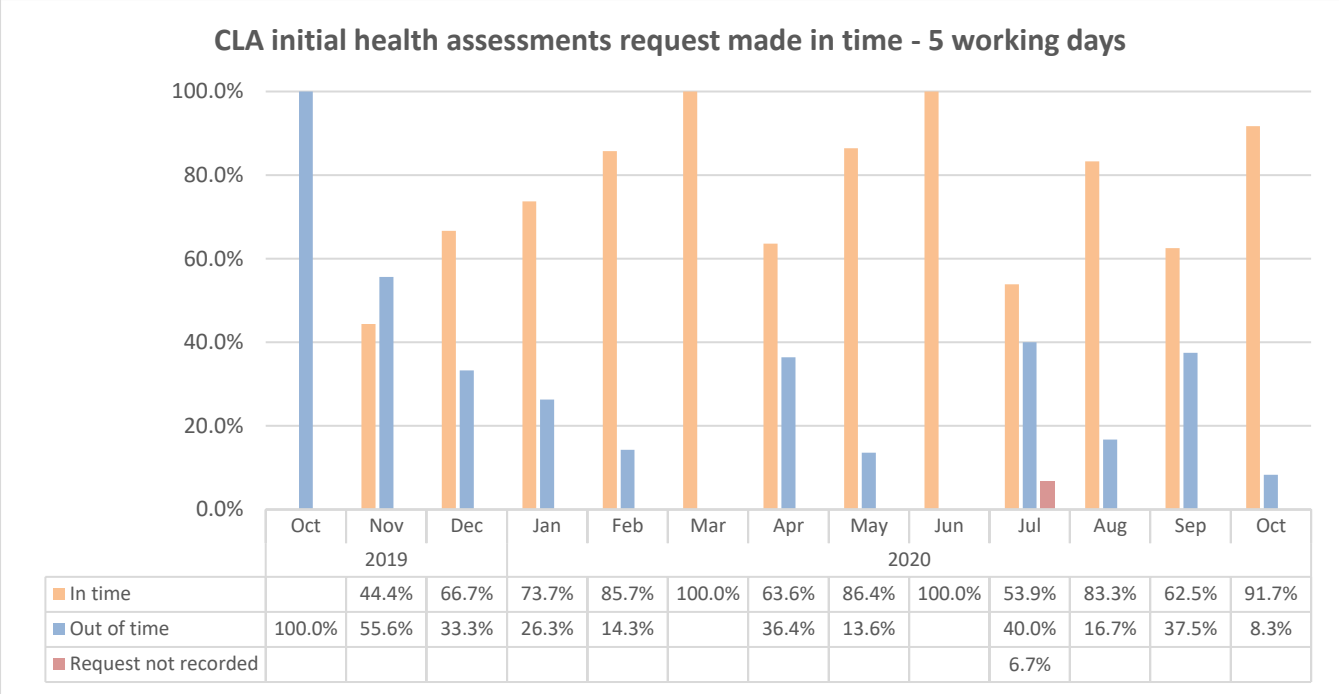


Table 3 Provides the information for the referrals made to Health from Social Care within the 5 days.



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
	2019			2020									
In time		44.4%	66.7%	73.7%	85.7%	100.0%	63.6%	86.4%	100.0%	53.9%	83.3%	62.5%	91.7%
Out of time	100.0%	55.6%	33.3%	26.3%	14.3%		36.4%	13.6%		40.0%	16.7%	37.5%	8.3%
Request not recorded										6.7%			

3.6 Prior to Ofsted's visit in November 2019, a review was undertaken of the Initial Health Assessment process to identify blockages and issues preventing timely assessments and actions to address these:

- Information held by Health and Social Care is now jointly reviewed and both agencies agree on the information. The data review is undertaken in the weekly meeting with a shared spreadsheet to review information. The Teams Meetings have been very positive and beneficial for ensuring accurate information and resolving delays in processing of information between Childrens Social Care and Health

- Consent to Initial Health Assessment is now always sought. There has been one case, in October 2020, where consent has not been provided by parents where was child accommodated under S20 Children Act 1989 Accommodation and a court order was sought.

3.7 The impact of the actions taken by both social care and health has been to significantly improve the timeliness of IHA referrals to health. In the report provided in July 2020 a shortage of timely Paediatric capacity was noted in the Thurrock area. There have been no capacity issues in the Initial Health Assessments since September 2020 for those children in the Thurrock area.

Where children are placed outside the local health area there had been some challenges as out of area Health Authorities had not prioritised the offer of an Initial Health Assessments or had long waiting lists. This has been escalated within the CCG and arrangements have been made for children to be brought back to Thurrock for their assessments where appropriate**.** There is a clear escalation process to ensure that Thurrock children receive the appropriate appointments and local children are not prioritised over out of area children.

Teenagers aged 16 and over who are accommodated continue to be a group where professionals (both health and social workers) try to engage and persuade young people to have an IHA. Where the local authority does not share parental responsibility with the parent they are not able to give consent to the health assessment if the parent refuses until they either gain shared parental responsibility or the parent changes their mind. This is a legal issue and not easily resolved

Additional identified actions;

- Health assessments are regularly discussed and actions identified at the Monthly CLA Health Steering Group.

- Weekly tracking meetings continue to be held to discuss outstanding Initial Health Assessment and referrals from social care. This includes tracking the receipt and upload of the reports as they are completed. The out of area referrals are also known and escalated if there is an issue of delay identified.

- Cancelled (not required) paediatrician appointments could be used for children waiting for an appointment as standby appointments. This will be followed up with Health colleagues.

3.8 Outcomes

Following the actions identified above being implemented there has been a significant and sustained improvement in the timeliness of referrals for assessments.

4. Reasons for Recommendation

4.1 Members of the Board are aware of the Statutory Duty to complete Initial Assessments for all children and young people who come into care and how we are meeting these duties.

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

5.1 Overview and Scrutiny and the Corporate Parenting Committee are aware of the issues and the timeliness of Initial Health Assessments.

5.2 Health colleagues have been consulted in improving the performance in achieving timely initial health assessments.

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

6.1 None

7. Financial Implications

7.1 There are no financial implications in this report.

Implications verified by: **Michelle Hall**

Management Accountant

There are no financial implications to this report.

7.2 **Legal**

Implications verified by: **Judith Knight**

Interim Deputy Head of Legal (Social Care and Education)

The Council has general duty to safeguard and promote the welfare of any child that its looks after under Section 22(3) of the Children Act 1989 and it must have regard to the Corporate Parenting Principles in Section 1(1) of the Children and Social Work Act 2017.

The Care Planning, Placement and Case Review (England) Regulations 2010 set out the detailed legal requirements in caring for Looked after Children. The timescales for health are set in regulation 7 which provides for the Council to make arrangements by the child's first review for the health assessment to take place as soon as reasonably practicable.

7.3 **Diversity and Equality**

Implications verified by: **Rebecca Lee**
Team Manager – Community Development and Equalities.

The Service is committed to practice, which promotes inclusion and diversity, and will carry out its duties in accordance with the Equality Act 2010 and related Codes of Practice and Anti-discriminatory policy.

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):

- None

Report Author:

Naintara Khosla

Strategic Lead – Children Looked After

Children's Services

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26 November 2020	ITEM: 7
Health and Wellbeing Board	
Worklessness and Health Joint Strategic Needs Assessment	
Wards and communities affected: All	**Key Decision:** Non-key
Report of: Andrea Clement, Assistant Director and Consultant in Public Health	
Accountable Head of Service: Andrea Clement, Assistant Director and Consultant in Public Health	
Accountable Director: Ian Wake, Director of Public Health	
This report is Public	

Executive Summary

The Worklessness and Health Joint Strategic Needs Assessment (JSNA) has been developed to gain an understanding of the relationship between worklessness and health and the scale of this issue in Thurrock. The focus of the JSNA is Employment Support Allowance (ESA) claimants with mental health and/or musculoskeletal (MSK) conditions. The JSNA aims to understand the barriers to employment in this group and to identify support to overcome these. The importance of assisting people to return to work has benefits from both a wellbeing and economic perspective.

The JSNA describes that some types of MSK conditions in Thurrock are on the rise, which is in line with national trends, and there is a significantly higher prevalence of common mental health conditions in Thurrock compared to the East of England. There is variation across the borough in numbers of ESA claimants for these conditions, with areas of higher deprivation having larger claimant numbers.

The JSNA found that key barriers to work for this group can include: stigma, pain, low expectations, and lack of understanding / education of employers.

The local specialist offer is reasonably comprehensive for people with mental health conditions, ranging from services such as Individual Placement Support (IPS), which supports people with severe mental health conditions to access and sustain work, to Signpost, which helps all unemployed people with training and work readiness. There is also community support around volunteering and shadowing, which can have a large impact on confidence and self-esteem as well as skills development. Conversely, no community offer, apart from the CCG specialist service for individuals with MSK, was identified.

The JSNA identified several key gaps; notably that there appears to be no overall strategic approach to worklessness and health. Additionally, whilst there are a variety of local services for worklessness in general and for mental health, access to support can be unclear and disjointed and services were not always identified to be person centred or flexible in their approach.

The JSNA report makes recommendations for addressing the gaps identified in the JSNA. These can be broadly categorised into three overarching high level recommendations. These are:

- Development of a worklessness and health strategy with a framework of actions which encompasses both prevention and assisting timely return to work.
- The development of a clear pathway that joins up all services and allows claimants to be signposted to the most relevant services in a timely and appropriate process.
- Development of a healthy workplace accreditation scheme for Thurrock that ensures good practice in relation to health at work and promotion of good health.

1. Recommendation(s)

1.1 That the Health and Wellbeing Board note and comment on the content and recommendations contained within the report.

1.2 That the Health and Wellbeing Board approve the publication of this JSNA report.

2. Introduction and Background

2.1 The Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of the local community. It is intended to provide a shared, evidence-based consensus about key local priorities and support commissioning to improve health and well-being outcomes and reduce inequalities. It brings together detailed information on local health and wellbeing needs and looks ahead at emerging challenges and projected future needs.

2.2 The Worklessness and Health JSNA aims to establish a shared understanding and demonstrate the different considerations relevant to the workless population in Thurrock aged 18-67 with musculoskeletal and/or mental health conditions by providing a comprehensive evidence and data analysis of the health and wellbeing needs of this population group.

2.3 This JSNA provides an evidence based consensus on the needs of the workless population with MSK and/or mental health conditions, identifies key local priorities, and identifies the gaps in support available for this group to either keep them in work, or assist them in returning to work.

2.4 This JSNA will support the Thurrock Health and Wellbeing Strategy goals of creating 'Opportunity for All' and "Healthier for Longer" for the working age population of Thurrock by providing an evidence base upon which to build a worklessness and health strategy.

3. Issues, Options and Analysis of Options

3.1 These are set out in detail in the JSNA report itself.

4. Reasons for Recommendation

4.1 To update the Board and seek their views and input and approval for publication prior to developing a Worklessness and Health Strategy and taking forward the outlined recommendations for implementation.

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

5.1 A number of stakeholders from Thurrock Council, the Economic Development and Skills Partnership, and ESA claimants themselves were consulted with and were invited to support in the development of this JSNA report. Input from these stakeholders was vital in ensuring a holistic picture of the landscape in Thurrock was captured and accurately reflected within the report, and the recommendations developed from this. Stakeholders will also be consulted with as the worklessness and health strategy is developed for the reason outlined above.

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

6.1 This JSNA report will support in delivering the Council's vision and priorities in terms of health and wellbeing Goal A "Opportunity for all" and Goal E "Healthier for Longer. It will also indirectly support Goals B "Healthier Environments", C "Better emotional health and wellbeing" and D "Quality care centred around the individual".

7. Implications

7.1 **Financial**

Implications verified by: **Rosie Hurst**

Interim Senior Management Accountant

The report details a series of opportunities for improving access to employment for people with mental health conditions and musculoskeletal conditions. Modelling from Public Health England suggests that there may be considerable savings to be made, shared across the NHS, Local Authority and Central Government for each workless adult who returns to employment. Decisions arising from recommendations of the JSNA that may have a future

financial impact for the council would be subject to the full consideration of the relevant boards before implementation.

7.2 **Legal**

Implications verified by: **Tim Hallam**

Deputy Head of Law and Deputy Monitoring Officer

There are no immediate, direct legal implications arising from this report; this report and the attached JSNA document have been compiled to help support and inform local planning and commissioning. Relevant national policy is outlined in the attached JSNA document. Legal Services will be able to advise on any legal implications arising as necessary in due course.

7.3 **Diversity and Equality**

Implications verified by: **Natalie Smith**

Strategic Lead – Community Development and Equalities

The analysis and evidence base in this report seeks to understand inequalities in health in the borough and makes recommendations to further understand and take action to tackle these.

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

N/A

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):

- Detailed references are given in the full report.

9. Appendices to the report

- Worklessness and Health Joint Strategic Needs Assessment

Report Author:

Andrea Clement

Assistant Director and Consultant in Public Health

Public Health

Worklessness and Health Joint Strategic Needs Assessment

2020

Contents

Authors

Sue Bradish	Thurrock Council
Katie Powers	Thurrock Council
Karen Balthasar	Thurrock Council
Maria Payne	Thurrock Council

Editors

Sue Bradish	Thurrock Council
Helen Horrocks	Thurrock Council
Phil Gregory	Thurrock Council

Acknowledgements

Helen Horrocks	Thurrock Council	Ceri Armstrong	Thurrock Council
Wendy Robertson	Thurrock Mind	Lisa Burscheidt	Aubrey Keep Lib
Jaki Bradley	TACC	Gemma Curtis	Thurrock CCG
Jack Tindale	Connect Health	Kelly Clarke	Thurrock Council
Bernice Barning	One Community	Billy Masters	Thurrock Council
Charlie Blackburn	Thurrock Careers	Phil Gregory	Thurrock Council
Renee Hepker	Inclusion Thurrock	Rebecca Price	Thurrock Council
John Clark	Port of Tilbury LL	Venetia Daly	Thurrock Council
Alyson Poynton	Job Centre Plus	Mykela Pratt	Thurrock Council
Mike King	Job Centre Plus	Steve Hudson	Thurrock Council
Harinder Bhamra	Thurrock Council	Kerry Riley	Thurrock Council

*Evidence research papers were supplied by Aubrey Keep Library service.

Glossary of terms:

TC	Thurrock council
TACC	Thurrock Adult Community College
JSNA	Joint Strategic Needs Assessment
MSK	Musculoskeletal
MENTAL HEALTH	Mental Health
ESA	Employment Support Allowance
JCP	Jobcentre Plus
PHE	Public Health England
EDSP	Economic Development Skills Partnership
CCG	Clinical Commissioning Group
DWP	Department of Works and Pensions
NHS	National Health Service
SC	Social Care Services
IPS	Individual Placement Support
UC	Universal Credit
HWB	Health and Wellbeing Board
ROI	Return on Investment
MAC	Multi Agency Centre
GP's	General Practitioners

LTC	Long Term Conditions
RTW	Return to Work
IMC's	Integrated Medical Centres
CLLD	Community Local Led Development
LAC	Local Area Coordinator
QOL	Quality of Life measure
DALYs	Disability Adjusted Life Years
CMENTAL HEALTHD	Common Mental Health Disorders
DEA	Disability Employer Advisor
QOF	Quality and Outcomes Framework
WHO	World Health Organisation
B&ME	Black & Minority Ethnic
VCS	Voluntary and Community sector
DHSC	Department of Health and Social Care
NELFT	North East London Foundation Trust
EPUT	Essex Partnership NHS Foundation Trust
IAPT	Improving Access to Psychological Therapies
ESP	Extended Scope Practitioner (Physiotherapy)
ESF	European Social Fund
MPFT	Midlands Partnership Foundation Trust
SMI	Serious Mental Illness
ACAS	Advisory, Conciliation and Arbitration Service
CV	Curriculum Vitae
SEQOHS	Safe, Effective, Quality Occupational Health Service
NCVO	National Council for Voluntary Organisations
ERDF	European Redevelopment Fund
SELEP	South East Local Enterprise Partnership

Executive Summary

The Worklessness and Health Joint Strategic Needs Assessment (JSNA) has been developed to gain an understanding of the relationship between worklessness and health and the scale of this issue in Thurrock. The report is aimed at professionals who commission mental health and MSK services, the EDSP partnership, including the Jobcentre Plus (JCP) and organisations both statutory and community that provide support services for gaining employment. The focus of exploration is Employment Support Allowance (ESA) claimants with mental health and/or musculoskeletal (MSK) conditions. The decision to focus on mental health and MSK was made because these are the two main conditions seen within ESA claimants, both nationally and locally, therefore a reduction in these would have the most impact.

Within Thurrock this is seen as a relatively small cohort of people and only those who are deemed likely, with the right support, to be able to regain employment are included. The JSNA seeks to understand any barriers to employment and the support available to overcome these.

The importance of assisting people to return to work is viewed from both, an individual wellbeing and an economic viewpoint

The national cost of sickness absence due to poor health is over £100 billion annually, with mental health cost within this figure estimated at being £35 billion and MSK £7 billion.

The cost for the total number of ESA claimants in Thurrock is £47,417,900.00.

Wellbeing costs to the individual are the likelihood of becoming depressed and socially isolated which in turn may make them more susceptible to other health conditions.

The identification of and investment in, both services and solutions is important. Existing assets within the community can help to support people back to work, for example volunteering or attending groups to build confidence. Support around the early return to work for people with mental health and MSK conditions has been identified within the report as a means of addressing or reducing worklessness and improving wellbeing. As part of this, examples of projects that could result in cost savings in benefit claims and work absence have been reviewed and contribute to the recommendations within the report.

From the individual's perspective, returning to work after a time of ill-health related worklessness is vital to their ongoing recovery and to their overall sense of wellbeing. By being in work, the chronic physical and mental ill-health effects that can arise from mental health and MSK conditions, such as higher levels of depression, higher medication intake and a shorter lifespan can be significantly reduced or mitigated. The report finds that

workplace health is key to supporting people with MSK or mental health conditions to stay well and remain in employment – including helping avoid an escalation of ill health which can result in worklessness.

Thurrock datasets were analysed around MSK and mental health adding local context to this review. Two of the most important findings from these datasets were that some types of MSK conditions in Thurrock are on the rise, which is in line with national trends. There is also a significantly higher prevalence of common mental health conditions in Thurrock compared to the East of England. The data also highlighted the variation across the borough of ESA claimants for these conditions, with areas of higher deprivation having larger claimant numbers. Added to this, a comparison was undertaken between Thurrock services and projects for assisting people back into work against those from other areas to identify what worked and what could potentially be adopted.

The local specialist offer is reasonably comprehensive for people with mental health conditions, ranging from services such as Individual Placement Support (IPS), which supports people with severe mental health conditions to access and sustain work, to Signpost, which helps all unemployed people with training and work readiness. There is also community support around volunteering and shadowing, which can have a large impact on confidence and self-esteem as well as skills development. Conversely, no community offer, apart from the CCG specialist service for individuals with MSK, was identified. This gap was also noted within evidence searches.
Key and emerging themes and gaps have helped to form the recommendations that follow:

The main gaps noted are:

- No overall strategic approach to worklessness and health was identified.
- Whilst a variety of local services are noted for worklessness in general and for mental health, access to support is unclear and disjointed.
- The services appear to operate in silos and are not person centred or flexible.
- There is a very limited offer around MSK services.
- Fit notes do not always detail what a person may safely be able to undertake on return to work without exacerbating their health condition.
- There is no overarching workplace health accredited framework within Thurrock employers.
- The Disability Confident accreditation scheme has a limited uptake.

The main recommendations are:

- A strategy around worklessness and health that should be co-produced by the EDSP partnership that will have a solution based approach on what matters to the individual.
- A single point of access for all services and community opportunities should be developed to provide a solution and joined up focus.
- A sustained funding model for services should be developed.

- A communication plan for the Disability Confident scheme roll out is formed.
- Specialist packages of support for ESA claimants around suicidal ideation are identified.
- Information sessions for relevant professionals around fit note completion are given.
- A healthy workplace accreditation scheme is explored with Thurrock employers and championed by Thurrock Council.
- A more standardised data collection method to be developed to allow comparison of activity and evidence of outcomes.

There is also some work to be undertaken in identifying employment support for people with mental health conditions that fall outside of the IPS service.
A limited evidence base was identified around the worklessness and health agenda so learning from this work and projects such as the Tilbury Community Led Local Development (CLLD) will be taken forward as an additional recommendation.

Conclusion

Overall the JSNA has identified that the solution to worklessness and health relating to mental health and MSK is not the responsibility of one service or section of the community. It requires a system-wide approach from all sectors including: primary and community health; Job Centre Plus; the Third sector; the community; and employers to ensure a cultural shift is achieved that focuses on solutions and outcomes as opposed to services and outputs. Accessing good quality work is one of many factors which supports good health and helps in alleviating other health determining factors such as poor housing, child poverty and low educational attainment.

The recommendations contained within the report seek to increase the health and wellbeing of people by reducing the numbers reliant on ESA and who are out of work because of enduring mental health or MSK conditions.

One of the strengths identified within Thurrock is the close relationships between statutory and community organisations and groups, employers and the worklessness and health regional Public Health England (PHE) network group. One example of this is the EDSP partnership.

Full information and recommendations can be found within the JSNA document.

The limitations

This JSNA had some limitations, one of which was the ability to collect current data around ESA claimants. This was due to the phasing in of the new Universal Credit benefit that, as reported by the Job Centre Plus, does not yet allow for collection of data around health conditions. There was also a lack of national evidence around any

successful community MSK services. Thurrock CCG has recently commissioned a new community MSK service (early 2020), there is no performance data available at this time but this could inform any future work on this agenda.

It is suggested that an impact assessment be undertaken to understand the effects of both the move over to Universal Credit for claimants and the Covid 19 pandemic on worklessness and MSK/mental health conditions. The findings from this can then be used to realign or refresh the current recommendations as required. Service availability will also require reassessing due to the economic stressors of the pandemic.

Chapter 1 Background and introduction

Key Points

- **The combined costs from worklessness and sickness absence across the UK amount to approximately £100 billion annually.**
- **Good quality employment is seen to be a key factor in maintaining and fostering good physical and emotional health in both existing and potential employees.**
- **It is identified that MSK and mental health are the highest reasons for worklessness within ESA claimants.**
- **MSK and mental health conditions have a complex and reciprocal relationship.**
- **Key barriers to work can include: stigma, pain, low expectations, and lack of understanding / education of employers.**

1.1 Introduction and background

Health related worklessness is an important issue both at a local and national level, with the national costs from worklessness and sickness absence exceeding £100bn annually (32). Worklessness can be linked to an increased risk of mortality and morbidity, including life limiting illness, and poor mental health. There is also the personal cost of being workless due to a long term condition, as work is seen to give us a sense of pride and identity, financial security and allows us to play an important part in society (50).

The purpose of this JSNA is to provide a Thurrock focus on the relationship between worklessness and health. Examining the borough's residents who are workless due to long term health conditions.

This focus will be specifically around those with:

- Musculoskeletal (MSK) and mental health conditions
- Those who are claiming Employment Support Allowance (ESA) benefit and identified as potentially able to return to work given appropriate support.

These two conditions were identified as the most prevalent within the worklessness population, both nationally and locally.

The focus includes people of:

- Working age (18 to 67 years)
- All genders and ethnicities as identified within data searches of ESA claimants.

Job seekers without these health conditions or volunteers not receiving ESA are not included.

Workplace health will be discussed briefly as this is an important setting for promoting health and wellbeing and can help to reverse the harmful effects of long term unemployment, worklessness and prolonged periods of ill health. (13)

The findings will help to support the development of a strategic approach to worklessness and health, helping to devise appropriate pathways that will assist in a return to work. This will sit within the Thurrock Economic Growth Framework and the Population Health Management strategy. The findings will also support the delivery of the following goals outlined in the Thurrock Health and Wellbeing Strategy (HWBS), namely goals, A2, D2, B3, E3, A4 and C4 as shown below:

Figure 1: Thurrock Health and Wellbeing Strategy Goals

Thurrock Health and Wellbeing Strategy Goals				
A. Opportunity for all	**B. Healthier environments**	**C. Better emotional health and wellbeing**	**D. Quality care centred around the person**	**E. Healthier for longer**
A1. All children in Thurrock making good educational progress	B1. Create outdoor places that make it easy to exercise and to be active	C1. Give parents the support they need	D1. Create four integrated healthy living centres	E1. Reduce obesity
A2. More Thurrock residents in employment, education or training	B2. Develop homes that keep people well and independent	C2. Improve children's emotional health and wellbeing	D2. When required, services are organised around the individual	E2. Reduce the proportion of people who smoke.
A3. Fewer teenage pregnancies in Thurrock	B3. Building strong, well-connected communities	C3. Reduce social isolation and loneliness	D3. Put people in control of their own care	E3. Improve the identification and management of long term conditions
A4. Fewer children and adults in poverty	B4. Improve air quality in Thurrock.	C4. Improve the identification & treatment of depression, particularly in high risk groups.	D4. Provide high quality GP and hospital care to Thurrock	E4. Prevent and treat cancer better

Source: Thurrock Health and Wellbeing Strategy review 2018

The Health and Wellbeing strategy was for the period of 2016 to 2021. This has been refreshed on an annual basis and is due to be rewritten in 2020. During this refresh goals and priorities will be reviewed and employment, as a health improvement factor, could gain more prominence.

1.2 Aims and objectives

The aims of the JSNA are:

- To establish the economic, societal and human costs of health-related worklessness, as observed through the lens of MSK and mental health ESA claimants.
- To make recommendations around any evidence gaps and examples of good practice that can be considered for Thurrock. This will be achieved through the objectives outlined below.

Figure 2: Objectives of Worklessness Joint Strategic Needs Assessment

To gain an understanding of the disease burden of both MSK and mental health in Thurrock relating to worklessness, through the lens of ESA claimants.
To understand the demographics of these groups and any variation that may exist across Thurrock.
To understand the pathways for ESA claimants.
To understand the economic, health, and Social Care (SC) costs of ESA claimants in Thurrock.
To understand the barriers to work for people with mental health and MSK that may exist, both actual and perceived.
To understand what services for mental health and MSK are available in Thurrock, e.g. health, employment support etc.
To understand how services and activities could help those with MSK or mental health conditions who are claiming ESA to return to work.
To identify strategies and good practice for staff retention once in work – with a focus on healthy workplaces.
To produce recommendations that could improve the service offer and employment opportunities for residents with MSK or mental health conditions.

Source: Worklessness JSNA scoping document 2019

1.3 National picture for health and worklessness

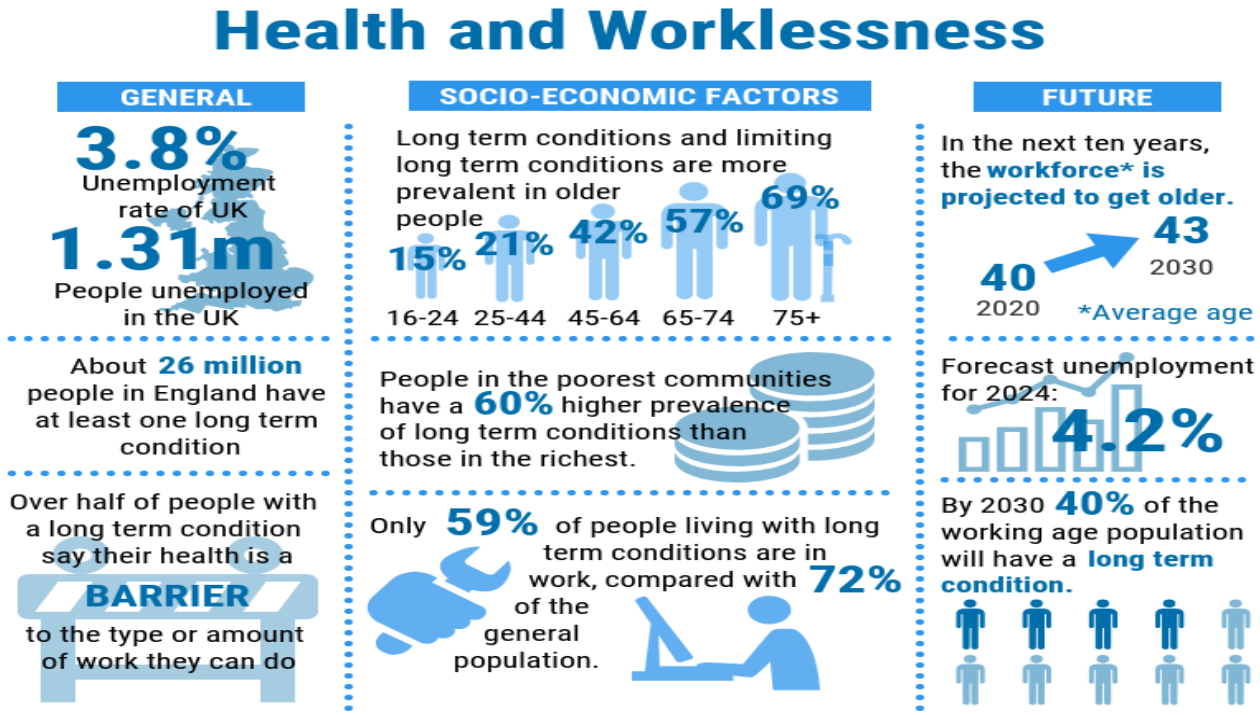
The UK workforce is changing. It is becoming increasingly diverse with people working past retirement and women now making up nearly half the workforce. The number of people with disabilities employed has increased, between 2018 and 2019 this group grew by 1.9% (1). However, employment is not equally distributed amongst all groups with some finding it harder to gain employment than others, including those with health conditions such as MSK and poor mental health.

Figure 3 below identifies that:

- In the UK, in 2019, 3.8% of the working age population were currently unemployed and that this is predicted to rise to 4.2% by 2024
- The more deprived communities have higher levels of long term conditions (LTC). This agrees with the findings of the Marmot paper, and the more recent 2020 review, which both identified that the lower one's social and economic status, the poorer one's health is likely to be (2)(2).
- Of the people with long term conditions, over half state that this is a barrier to work.
- Only 59% of people with LTC are in employment compared to the general population employment rate of 72%.

Some of these findings are discussed within this chapter.

Figure 3 Health and Worklessness England 2019



Source: Health Matters, ONS 2019

*

As identified above *, nationally by 2030 40% of the working age population will have a long term condition. If we calculate this for Thurrock, based on local ONS population projections, it is estimated that the number of working age residents with a long-term condition by 2030 will be **49,592**. If nothing is done to reverse this trend it will result in greatly increased economic, health, and social care costs locally.

1.4 ESA

Employment and support allowance (ESA) replaced incapacity benefit.

Potential ESA claimants enter the benefit system through either loss of previous employment, or because they have never worked. This could be due to a variety of reasons including ill health. The only contact that the JCP have (at present), with the healthcare system is through the review of fit notes provided by GPs or Allied Health Professionals. Fit notes provide information about any health conditions a claimant has and should contain information about the possible impacts on the claimant's ability to undertake daily and work related activities. If a fit note is not completed in full, this removes the opportunity for an informed discussion about the claimant's condition(s); including what they would be able to undertake in a work situation.

Once a claim is received by the JCP a work capability meeting takes place and, if eligible for the benefit, the claimant is placed into either:

- The work-related activity group, or
- The support group (not suitable to return to work due to severity of their condition)

If placed in the **work-related group**, the claimant attends regular interviews with a JCP work coach who helps to increase work readiness and supports looking for work. This is the group that the JSNA is focused on.

Whilst receiving ESA, these claimants can earn up to £131.50 per week and still be entitled to their benefit. This enables people to start back into volunteering or reduced employment whilst building their confidence and skills but still retain the safety net of benefits.

1.5 MSK

Musculoskeletal (MSK) disorders are conditions that can affect your muscles, bones, and joints. They are common within the population and prevalence increases with age, although conditions may be present across the life course. The severity of MSK conditions can vary and in some cases they cause pain and discomfort that can limit daily activities, including employment.

The national Global Burden of Disease 2017 study, identified MSK conditions as the leading cause of years lived with disability and the third largest cause of disability adjusted life years (4).Musculoskeletal conditions affect over 10 million people in the UK with 8.5 million

people having osteoarthritis, this is expected to rise to 17 million people by 2030 (3). Within this cohort of people with MSK conditions it has been found that:

- Low back and neck pain are the leading causes of MSK morbidity (4) and account for 20% of England's GP consultations. Low back pain was ranked as number one of the top 10 causes of years lived with disability (5).
- Musculoskeletal conditions are associated with a large number of co-morbidities, including depression and obesity.
- Only around 63% of working age adults with an MSK condition is in work compared to 72% of people with no health condition.
- Those with MSK conditions are less likely to be in work than people without health conditions, and are more likely to retire early.
- Two risk factors that often coincide are increasing age and reduced physical activity. As people age, they take part in less physical activity - in the 19 to 24 year age group 76.6% of people are physically active compared to 24.7% in individuals aged over 85 years (7).
- Other risk factors include being overweight or obese and smoking.

There is a complex and reciprocal relationship between MSK and mental health conditions which means those with these conditions may be even less likely to be able to work. Living with back pain can lead to depression and anxiety while, on the other hand, psychological distress and depression can worsen pain. This pain, along with limited activities, can lead to a loss of confidence, work, social life, and work life balance. People with long term physical health conditions are four-times more likely to experience mental health problems with this co-morbidity affecting motivation and the ability to self-manage. The likelihood of depression in people with symptoms of back pain have been shown to be 50% higher than in those without (5).

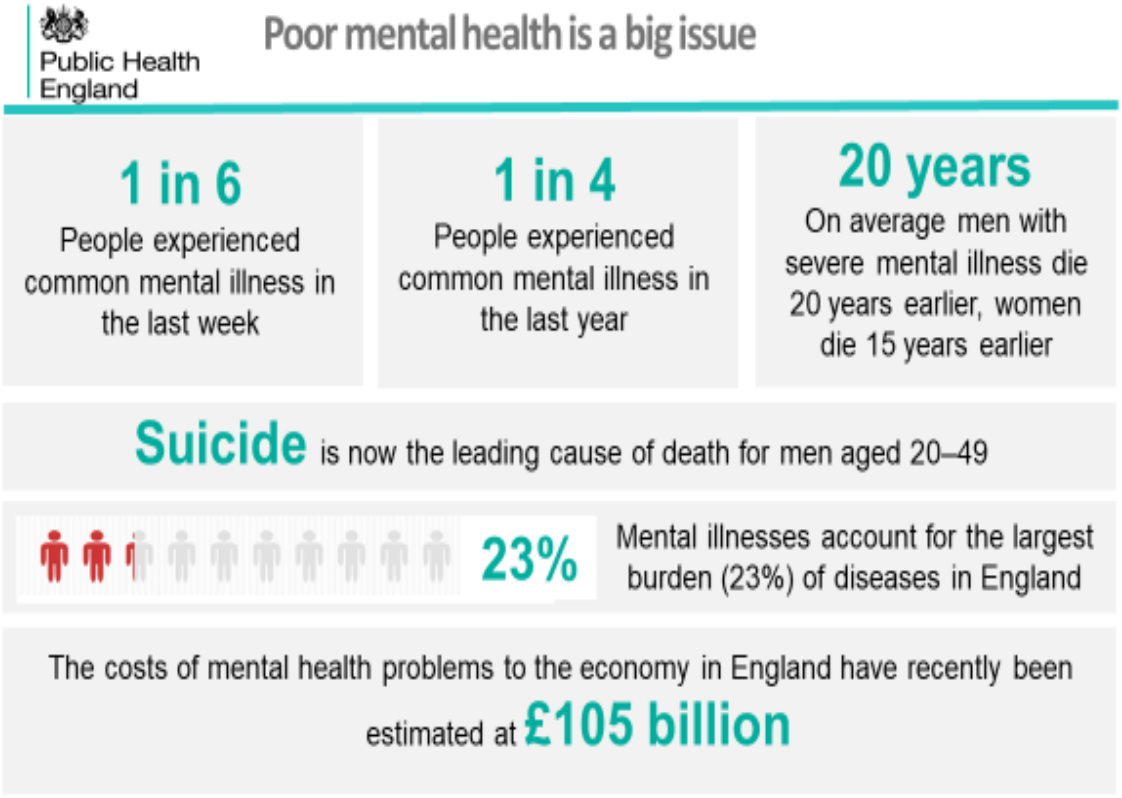
1.6 Mental ill health

Mental ill health is the single largest cause of disability-adjusted life years (DALYs is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death) in the United Kingdom, contributing up to 22.8 % of the total burden of morbidity. Current figures suggest that one-in-four people will experience a mental health condition during their lifetime (6).

As described above, people with mental health problems are also at higher risk of experiencing significant physical health problems.

The overall cost of mental ill-health in England has been estimated to be £105 billion annually, of which £30 billion is attributed to work related sickness (7).

Figure 5: Poor mental health is a big issue



Source: Public Health England

Figure 5 (above) shows why poor mental health is an issue, and some of the areas it impacts upon.

300,000 people with a mental health condition leave employment every year in the UK (18), this indicates the importance of appropriate services and support around these issues.

1.7 Why working is good for your health

Being employed is one of the identified protective determinants for good health. The impacts of employment are reflected positively in the employee, their family, and their community. It is noted in the Waddell et al 2006 report, Is Work Good for your Health, that being in work tends to lead to happier and healthier lives than for those who are workless.

Physical and mental health is generally improved through work; people recover from sickness quicker and are at less risk of long term illness and incapacity. Therefore, these health benefits identify that people should be encouraged to return to, or remain in, work if their health condition permits it (50).

In Dahlgren and Whitehead's model of the wider determinants of health, figure 6, it shows that living and working conditions can have a significant impact on an individual over their life span. Waddell and Burton also state that working is beneficial to our health and

wellbeing, contributing to our happiness, confidence, self-esteem and our financial and community status (13).

Figure 6: Dahlgren and Whiteheads model of the wider determinants of health

Source: Dahlgren, G., and M. Whitehead. 1991, Kings Fund

Working is seen to be good for our physical and mental health but as outlined in Dame Carol Black's Review:

'Jobs need to be sustainable and offer a minimum level of quality, to include not only a decent living wage, but also opportunities for in-work development, the flexibility to enable people to balance work and family life, and protection from adverse working conditions that can damage health' (8).

1.8 Barriers to work

Research indicates that there is a complex web of reasons that an individual may struggle to find or remain in employment (Figure 7) (9). Those with long-term physical and mental health conditions and the long-term unemployed face particular difficulties when seeking employment. A study carried out by Working Links (10) , looking at barriers to employment for the long-term unemployed, found;

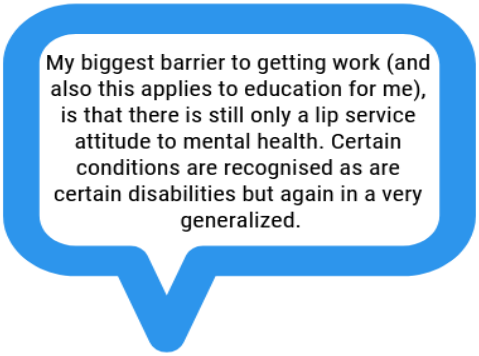
Source JSNA focus group

- There was a significant lack of confidence among out-of-work-benefit claimants.
- That more assistance with acquiring new skills and "confidence coaching" is needed.
- Financial support is needed to support the transition into employment.
- Psychological obstacles such as depression were particularly difficult to overcome.

- There was generally a negative experience of job centres which was echoed in some of our user feedback.
- Practical concerns such as access to public transport also featured highly (please see appendix 1 for more detail).

Figure 7: General barriers to employment

1.9 Barriers to work for ESA claimants with Mental Health or MSK complaints



Source JSNA focus group

Those with MSK conditions face all of the same barriers to employment as the general population and in addition face further physical difficulties relating directly to their condition.

As with people who have an MSK condition, those with mental health issues face a unique set of barriers alongside general barriers to employment. People with mental health conditions report numerous barriers including discriminatory attitudes of employer's low expectations of health professionals, and ineffective models of supported employment.

1.10 Potential impacts on MSK and mental health from not returning to work

Not returning to or being able to access work can be detrimental an individual's health, emotional wellbeing, and social interactions. This is particularly pertinent to people with existing MSK and mental health conditions. As identified through conversation with the

JCP, the longer these cohorts are on ESA the more likely their health is to deteriorate which could lead to them being placed in the Support Group for ESA. Being placed in the Support Group category would mean that they were identified as having little potential for returning to work and would not necessarily receive support around this.

1.11 Economic burden

While sickness and worklessness are an individual problem, they also have wider implications for society, business and the economy. The cost of ill health to the UK government is estimated to be around £100billion a year, as a result of benefit payments, additional health costs, and loss of tax and National Insurance contributions (32).

Using the PHE Movement into Employment return on investment tool, it was calculated that savings of £12,035 per person can be made if they gain employment for one year. This can be seen in Figure 8 (below).

Figure 8: National economic impact of worklessness and sickness absence

Source: PHE England – Health Matters

Modelling this assumption for Thurrock, it was seen that:

If we returned **10%** of the eligible ESA claimants for MSK and mental health to work, it would be an annual saving of:

- £25,380 to Thurrock Council
- £3,995 to the NHS
- £536,270 to the government per year

The total would be **£565,645** which could be a significant amount of savings for all contributors of these services.

Chapter 2 Policy Context

Key Points

- **The government has pledged to see one million more disabled people in work over the next ten years (2017 to 2027).**
- **The 2019 MSK framework encourages the building of relationships between the care sectors, third sector, and people with MSK conditions.**
- **The Government's aim is that the proportion of people with a long-term mental health condition who leave employment each year is reduced.**
- **Employees in all types of employment will have "good work", which contributes positively to their mental health, our society, and our economy.**

Within this chapter there is an overview of the national past and present research, policies, and recommendations that have shaped the worklessness agenda. Workplace health is also identified and some information around the local policy development through the EDSP group. The recommendations relevant to this chapter can be found at the end of the section.

2.1 National policy

The link between worklessness and health, as referred to in chapter one, was identified in the 2006 study by the Department of Works and Pensions (DWP) as an important factor in helping to reduce health inequalities. It identified that employment is beneficial to health but should be of a suitable nature and quality to fit with any health limitation of the employee (11). In 2008 the DWP commissioned another review by Dame Carol Black. This went further in identifying the economic costs of sickness absence, showing that these were greater than the NHS budget of the time and therefore unsustainable. The wider human costs were discussed alongside the financial burden in a competitive global economy. Recommendations were made for areas of reform and long term change to ensure the protection of the health of the future working-age population, using an integrated community approach (8). This work led to the convening of the Health and Work Network, to facilitate the development of workplace health offers and models of accreditation. The government's response to the recommendations was to plan changes to promote workplace wellbeing, get more people into work and change any negative attitudes to the positive benefits that working has on health (12).

The Work and Health Unit, which is still in existence, has two main outcomes which are relevant to this piece of work for Thurrock:

- Improve health outcomes for working age people with health conditions and disabilities, to improve productivity and labour market participation.

- Improve employment outcomes for people with health conditions and disabilities, to contribute to halving the disability employment gap.

These are supported by six objectives which are also echoed within this work:

- To create a more integrated and supportive individual journey through the work and health systems.
- To encourage work to be seen and embedded as a health outcome within the health and care system.
- To create cultural change so that individuals, employers and wider society recognise the importance of work and health.
- To influence employers so that they support health in the workplace thus improving productivity, and also recruit and retrain people with health conditions and disabilities.
- To use the resources currently expended by the employment and health care systems where they make the most difference.
- To develop delivery models that support and incentivise the outcomes we want.

Leading on from this, the 2010 Marmot review (2) added weight to the argument around the link between worklessness and ill health. It identified that it results in an increase in health inequalities, stating that 'good work and meaningful activity can help to improve an individual's health and wellbeing'. The 2017 white paper, *Improving Lives: The future of Health, Work and Disability*, then strengthened ambitions by pledging to see one million more disabled people in work over the next ten years. The paper explored a range of strategies for long-term reform including improving and a joining up across the welfare, workplace, and healthcare systems to provide support for those who need it, whatever their health condition (2).

Further reports, specifically relating to mental health, identified proposals for services to assist people back into work, including:

- Increased vocational opportunities and group work to build self-efficacy and confidence
- On-line access to mental health and work support
- Jobcentre Plus to commission third parties to provide a telephone-based specialist psychological and employment-related support (13) .

The Five Year Forward View for Mental Health (2016) advocates the expansion of the individual placement support (IPS) approach (see Ch. 5, 5.4). Enabling the individual to be in charge of decisions around the programme and to accessing both health and work opportunities (14).

The Musculoskeletal Health: 5 year prevention strategic framework (2019) set out a commitment to promote good MSK health and prevent MSK conditions across England. The framework encourages the building of relationships between the care sectors, third

sector, and people with MSK conditions to ensure best practice from lessons learnt and systems improvement (6).

Two of the main learnings from these reviews were; the importance of a cultural shift in identifying the value of work in achieving health outcomes and the need for clear pathways between services.

2.2 Workplace Health

Figure 9: Health and work cycle

Source: Health Matters

While the focus of this JSNA is around increasing health through moving people away from the ESA benefit system, workplace health plays an important role in the process by ensuring good employment practices that enable people to regain and retain employment.

There have been several government reviews into this subject including *Health at Work*, which recommended a system change around current sickness absence, the sharing of the costs of this, and how people were retained in work (15). A further review by Stevenson and Farmer (16) looked at how employers can better support all employees including those with poor mental health or wellbeing to, remain in and thrive at work. Using good practice and evidence where it exists, this review set out some mental health core standards that included:

- Employees in all types of employment will have "good work", which contributes positively to their mental health, our society, and our economy.

All organisations will be:

- Equipped with the awareness and tools to not only address but prevent mental ill-health caused, or worsened, by work;
- Equipped to support individuals with a mental health condition to thrive, from recruitment and throughout the organisation;
- Aware of how to get access to timely help to reduce sickness absence caused by mental ill health;
- The proportion of people with a long-term mental health condition who leave employment each year is reduced (16).

Most recently the NHS Five Year Plan set out the changes that are envisioned for the NHS over a long term. It discusses changes to health services including suggestions around employee health as well as what will be delivered for patients (17).

As identified in the evidence section, it was suggested that policies around pre-employment checks, return to work (RTW) and staff retention should be developed by an interdisciplinary team of professionals who hold different roles and skillsets. This could include members of staff from key organisational parties such as occupational health, RTW coordinators, union reps, and HR managers (18).

Elements of this policy evidence have been used to form the recommendation that can be found in chapter eight of the document. This includes the embedding of work and volunteering as a health outcome in health and social care practices.

2.3 Local policy and strategy

One of the strengths within Thurrock around the worklessness agenda is the Economic Development Skills Partnership (EDSP), a collaborative group of engaged partners within Thurrock that assist in devising the local strategy and policy for Thurrock. The group brings together partners from local employers, Education, DWP, and community employment support services. They plan strategically for the future employment of Thurrock residents and report to Thurrock's Business Board. An action plan maps the needs of the borough and supports the development of local employment, skills, and training opportunities. This work feeds into Goal 1 Opportunities for all – 1B, More Thurrock Residents in Employment Education and Training of the Health and Wellbeing strategy. A subset of this partnership is a delivery group that undertakes the work plan developed by the EDSP partnership.

The 2019 Thurrock EDSP action plan outlines their different priorities such as:

Skills and employment:

'EDSP to support the implementation of IPS (Individual Placement & Support) employment model in Thurrock, to be delivered by Inclusion Thurrock'

Business support, retention and development:

'There will be provisions in place to support people to stay mentally healthy at work. Thurrock's Public Health team will engage with EDSP and its delivery group, using existing data (through JSNA's) e.g. and the work and wellbeing events.

Employers who are members of the EDSP act as 'champions' for initiatives around supporting health in the workplace.

The recommendations below have been identified from within the evidence of this chapter.

Recommendations;

- **To identify opportunities for work and volunteering to be recognised as health outcomes.**
- **Learning from the Thurrock approach to be added to local and national evidence base.**

Chapter 3 Local Need

Key Points

- **Just over 16.9% of respondents reported having a long-term Musculoskeletal (MSK) condition in the GP Patient Survey in 2018/19.**
- **There is an increasing prevalence of some types of MSK conditions in Thurrock, such as osteoporosis.**
- **There is a significantly higher prevalence of Common Mental Health Disorders (CMHDs) in Thurrock compared to the East of England region.**
- **There are a higher number of ESA claimants, who are claiming for Mental Health conditions compared to claimants for MSK conditions.**
- **There is variance in the rate of ESA claims for MSK conditions across all wards in the borough, ranging from 0.7 per 1,000 population in East Tilbury to 7.9 per 1,000 population in Tilbury St. Chads**
- **There is variance in the rate of ESA claims for Mental Health conditions across all wards in the borough, ranging from 3.1 per 1,000 populations in South Chafford to 18 per 1,000 population in Belhus.**

This chapter provides the statistical evidence for Thurrock around the worklessness and health status. It describes the mental health and MSK prevalence within the borough and then aligns these to the ESA claimant data to give an overall picture.

3.1 Musculoskeletal Conditions Prevalence

Results from the GP Patient Survey conducted by NHS England in 2018/19, found that 16.9% of respondents in Thurrock reported having a long-term MSK problem during that year. This was similar to the national average and in line with the results observed across many of Thurrock's statistical neighbours[1].

The figure below illustrates prevalence of various types of MSK conditions in Thurrock and England. The figures are taken from numerous sources and were collected at different time points; therefore, it is not possible to get a full and accurate view of the picture in Thurrock. However, the data does give an insight into the prevalence of MSK conditions in the borough.

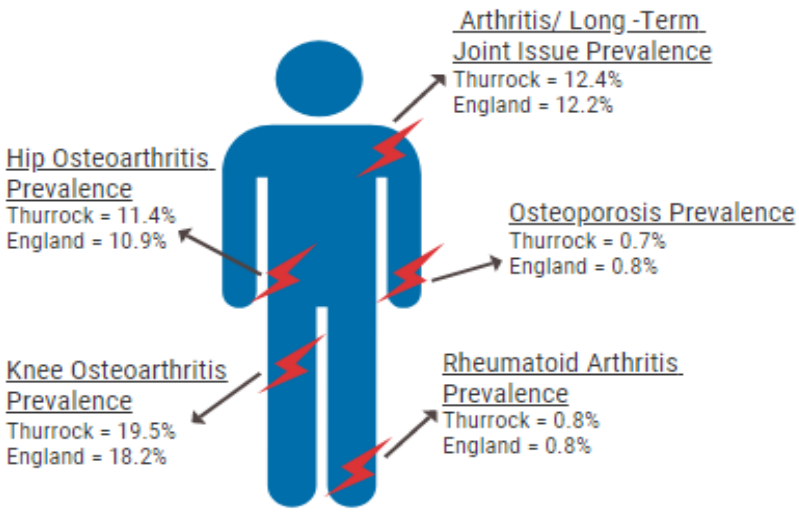
[1] Public Health England/NHS England – GP Patient Survey. (2018/19). Musculoskeletal Conditions. Available at: https://fingertips.phe.org.uk/profile/msk/data#page/3/gid/1938133186/pat/6/par/E12000006/ati/102/are/E06000034/iid/93377/age/168/sex/4/nn/nn-1-E06000034

The prevalence of knee osteoarthritis in those aged 45 and over was significantly higher in Thurrock (19.5%) when compared to England (18.2%) during 2012[2]. Although this data is quite old, osteoarthritis of the knee is one of the most common forms of arthritis (19). Taking into account population growth, an ageing population and the fact that, although people are living for longer, they are not necessarily living healthier lives, it is likely that the prevalence has and will continue to increase.

Similarly, the percentage of people (aged 50+) being diagnosed and recorded as having osteoporosis on the disease register (QOF) has been steadily increasing, rising from 0.2% in 2012/13 to 0.7% in 2018/19[3]. This is in line with the prevalence observed nationally for the same time period.

Based on this, it is likely that the prevalence of some types of MSK conditions in Thurrock will continue to increase and it will be important to consider how workplaces, employers, and the wider system can support in the prevention and management of these conditions. This will enable people to remain in employment as well as halt or reduce the number of people becoming workless. Thurrock Council has begun some role demand analysis around this that will provide learning. Access to work can also provide some support around this; https://www.gov.uk/access-to-work.

Figure 10: Prevalence of different MSK conditions in Thurrock; various sources & years.



Source: QOF, NHS Digital 2018/19, MSK Calculator, Imperial College London 2012 & GP Patient Survey 2016/17

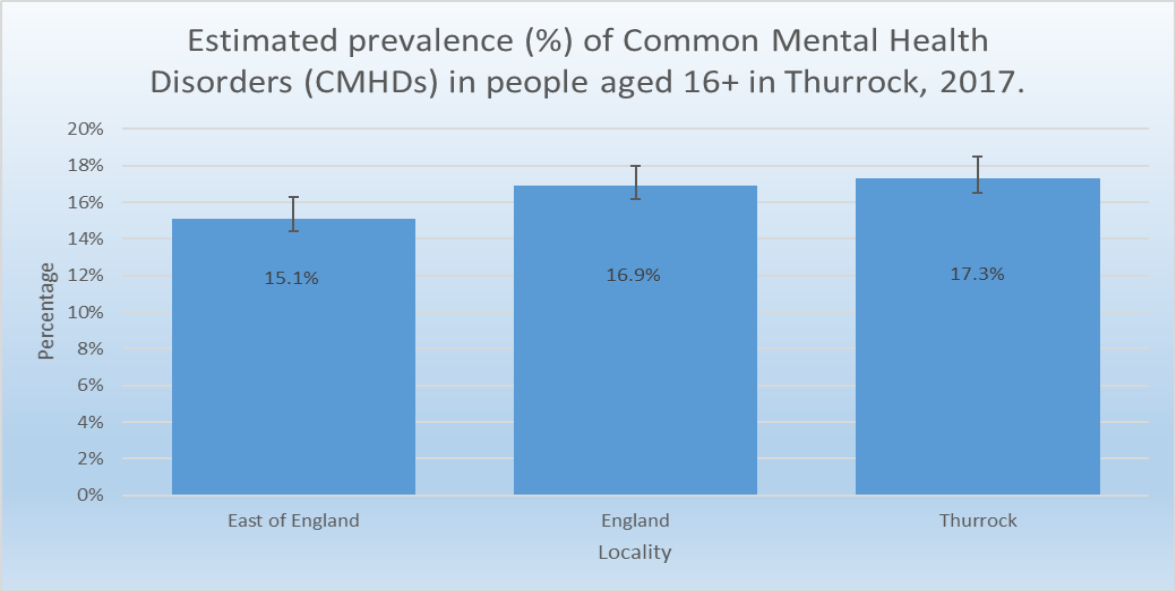
[2] Public Health England/Imperial College London. (2012). Musculoskeletal Conditions. Available at: https://fingertips.phe.org.uk/profile/msk/data#page/3/gid/1938133149/pat/6/par/E12000006/ati/102/are/E06000034/iid/90443/age/239/sex/4/nn/nn-1-E06000034

[3] Public Health England/NHS Digital. (2012/13 - 2018/19). Musculoskeletal Conditions. Available at: https://fingertips.phe.org.uk/profile/msk/data#page/4/gid/1938133149/pat/6/par/E12000006/ati/102/are/E06000034/iid/90443/age/239/sex/4/nn/nn-1-E06000034

3.2 Mental Health Conditions Prevalence

Quantifying the burden of mental ill-health in Thurrock is complex as this can include anyone experiencing poor mental wellbeing, ranging from common mental health disorders (CMHDs), such as depression or anxiety, to those with more serious mental illnesses (SMIs), e.g. those with schizophrenia, bipolar associative disorder, or other forms of psychosis. Additionally, a number of people may be undiagnosed and are not accessing appropriate support or treatment. Nationally, research suggests that up to 15% of people may be experiencing mental ill-health at any one time (20). The estimated prevalence of CMHDs in those aged 16+ in Thurrock was 17.3% in 2017. This was similar to the England figure but significantly higher than the East of England prevalence (see Figure 11 below).

Figure 11: Estimated Prevalence of Common Mental Health Disorders (CMHDs) in people aged 16+ in Thurrock, 2017



Source: APMS/PHE Fingertips – Common Mental Health Disorders

Conversely, the percentage of Thurrock residents who have a recorded diagnosis of an SMI on the disease register (QOF) was significantly lower in Thurrock (0.70%) compared to both regional and national averages (0.87% and 0.96% respectively) in 2018/19. SMI in this context is defined as patients of any age who are diagnosed with schizophrenia, bipolar associative disorder or other psychoses.[4]

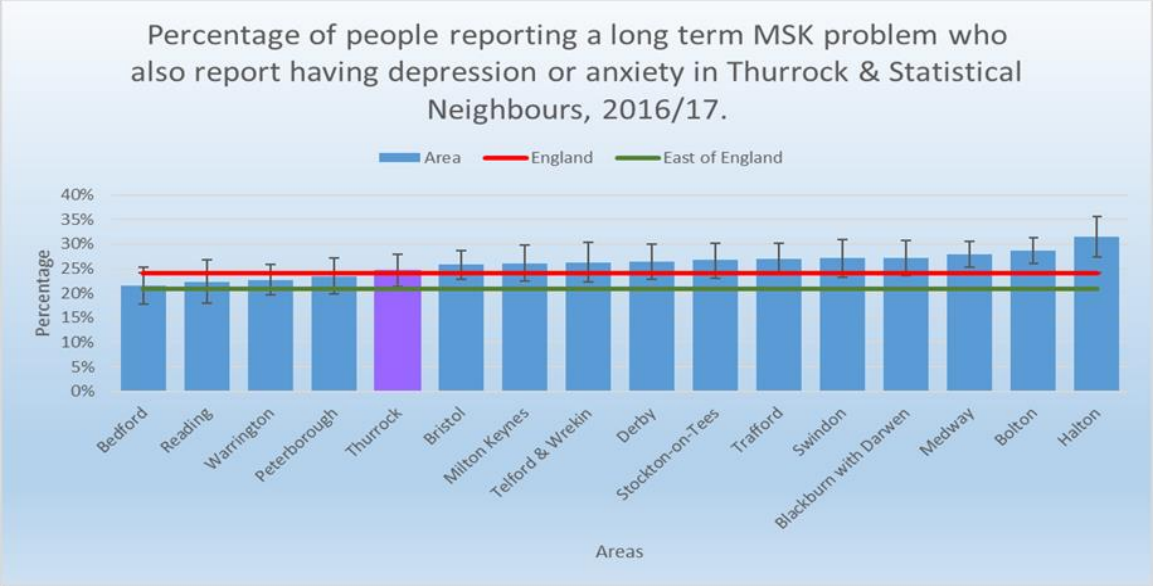
3.3 Co-morbidities between MSK and Mental Health

The percentage of people who reported having both an MSK condition and depression or anxiety as part of the GP Patient Survey in 2016/17 was 24.6%. Although this was similar to the England average, it was significantly higher than the East of England as a whole (see

[4] NHS Digital (2018/19). QOF prevalence of Mental Health Conditions (SMIs). Available at: https://fingertips.phe.org.uk/profile/general-practice/data#page/3/gid/2000003/pat/46/par/E39000046/ati/165/are/E38000185/iid/90581/age/1/sex/4

Figure 12 below). Both the Quality of Life (QOL) and mental wellbeing of people with MSK are important considerations in any work with this population. As employment is one of the most protective factors for good health and wellbeing, supporting people with MSK conditions and/or mental health needs to remain in or return to employment will be vital.

Figure 12: Percentage of people reporting a long term MSK problem who also report having depression or anxiety in Thurrock, 2016/17



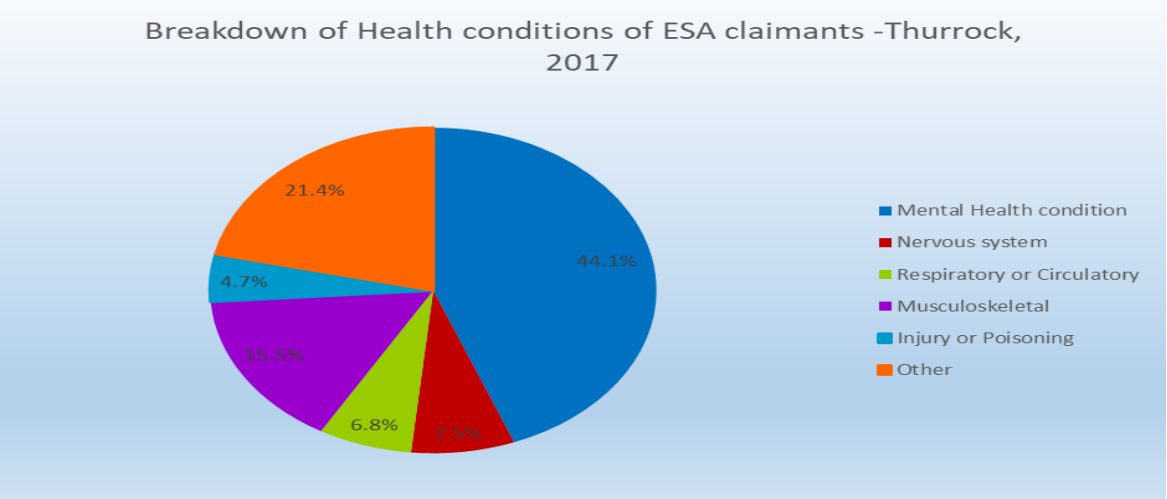
Source: GP Patient Survey/PHE Fingertips – Musculoskeletal Conditions.

3.4 Claimant data

As previously outlined in the introduction chapter, although Universal Credit will be replacing ESA, this is being undertaken in a phased manner; as such, full data is not yet available. Therefore, for the purpose of this JSNA, ESA claimant data relating to those with an MSK and/or mental health condition(s) will be used to demonstrate the impact of worklessness in Thurrock. However, it is recognised that ESA claimant data is limited in its scope.

In November 2018 there were 3,760 people aged between 18-67 years claiming ESA in Thurrock who can be considered to be experiencing worklessness. This represents 3.4% of the total working age population aged between 18 and 67 year olds (in accordance with the Jobcentre's definition of working age). Of those claiming ESA, 600 people are claiming due to a MSK condition and 1,720 people due to a mental health need. The breakdown of ESA claimants by health conditions in Thurrock during 2017 is included in Figure 13 (below).

Figure 13: Breakdown of health conditions of ESA claimants in Thurrock



Source: Nomis 2017

As shown above, the main health conditions for which people are claiming ESA include:

- 44.1% claiming in relation to mental ill-health (including Common Mental Health Disorders and Serious Mental Ill-Health)
- 15.5% of claimants report one or more Musculoskeletal (MSK) conditions
- 21.4% of claimants report having other health conditions

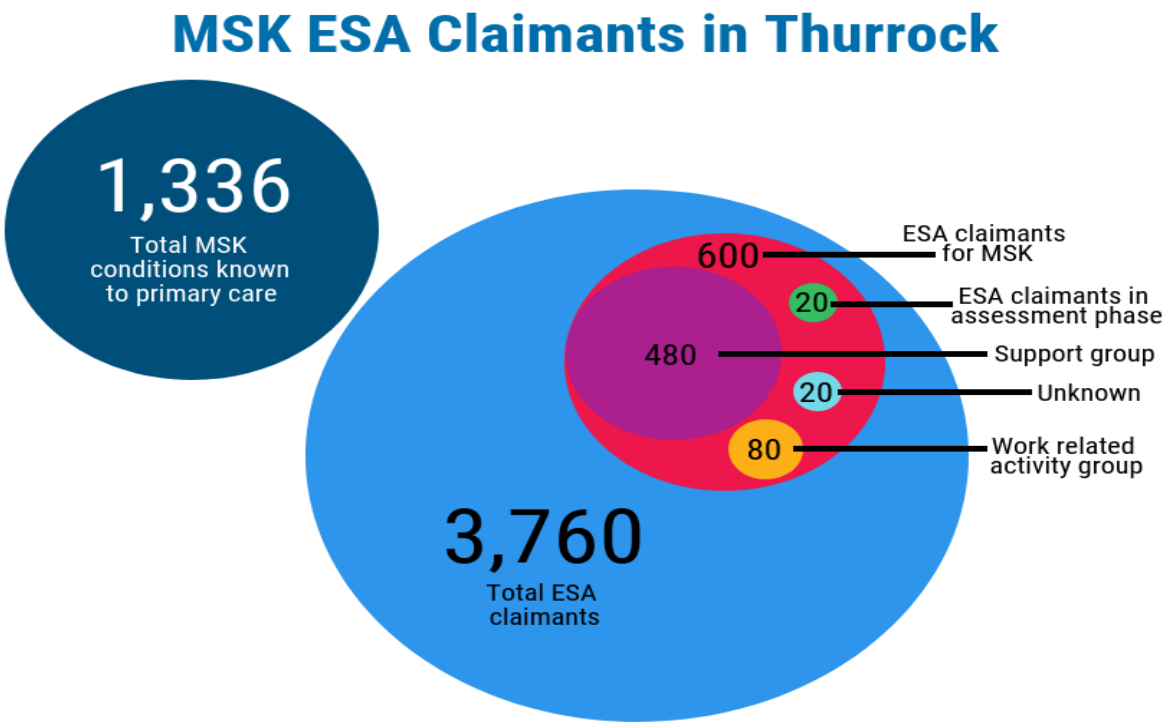
Employment Support Allowance claimant data are reported in four phases:

- **Assessment phase**- Number of potential claimants that are currently being assessed
- **Work related activity group**- Claimants who are currently seeking employment
- **Support group**- Most severely disabled claimants who are unlikely to return to work
- **Unknown**- Phase data not available

3.4.1 MSK claimants

In Thurrock, amongst people (all ages) registered at a GP practice in 2019, 1,336 have a recorded diagnosis of one or more MSK conditions on the disease register (QOF). As highlighted above in November 2018 there were 600 people aged between 18-67 years claiming ESA due to an MSK issue(s). As outlined in the introduction section of this report, the focus of this JSNA is to look at the issue of worklessness in relation to the cohort of residents claiming ESA for either MSK or Mental health conditions who may be able to return to employment if given the right support. There are approximately 80 residents who form this MSK cohort (see Figure 14 below) (21).

Figure 14: Outline of ESA claimants for MSK conditions for Thurrock 2018



Source: Nomis

When broken down at ward level, it can be seen that there is variance in the rate (per 1,000 populations) of ESA claimants who are claiming due to MSK conditions across wards within the borough (see Map 1 below). The map is rated using a traffic light rating called RAG (from dark green to red) to denote the wards that have lower rates or higher rates of ESA claimants[5].

As can be seen the highest rate of claimants (red on the map) reside in Chadwell St. Mary (6.8 per 1,000 population) and Tilbury St. Chads (7.9 per 1,000 populations). The lowest rates of claimants (dark green on the map) live in: East Tilbury, (0.7 per 1,000; Little Thurrock Rectory, (0.8 per 1,000 populations); Orsett, (0.8 per 1,000 populations); Chafford and North Stifford, (1.2 per 1,000 populations); and South Chafford (1.3 per 1,000 populations).

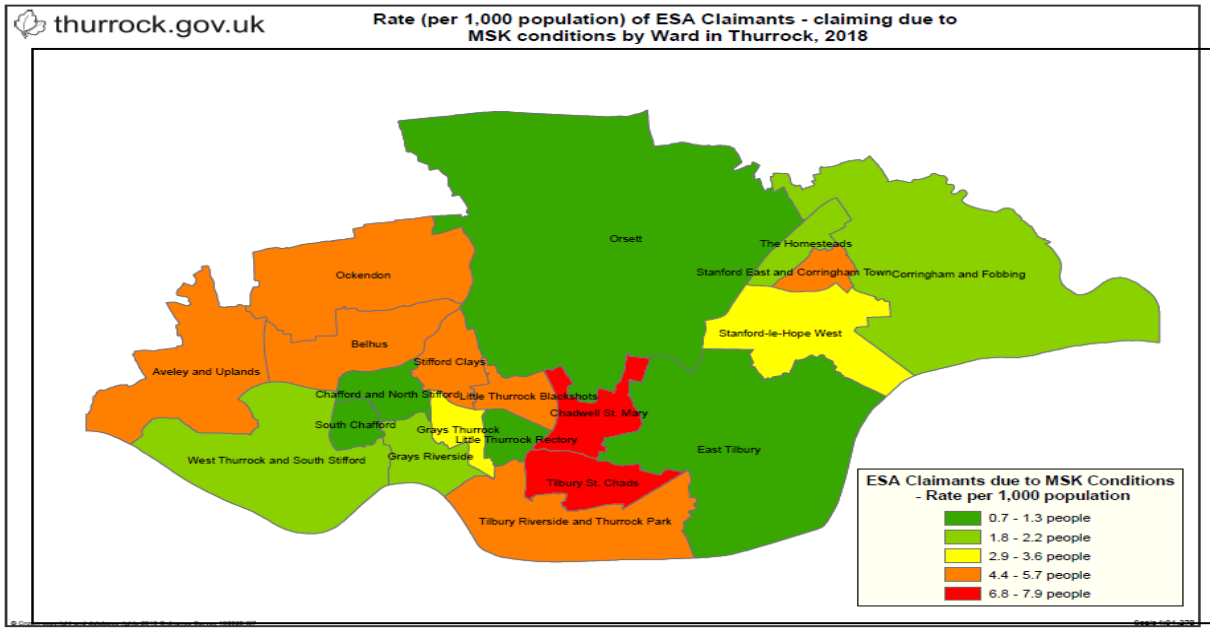
The areas with highest rates of claimants for MSK conditions appear to be in the wards which experience higher levels of deprivation (Chadwell St. Mary and Tilbury St. Chads) with areas of lower deprivation accounting for the lower number of claimants (e.g. South

[5] The rate was calculated by using the number of ESA claimants due to an MSK condition(s) in each ward (2018), divided it by the total population of each ward (number) and multiplied by 1,000.

Chafford and Little Thurrock Rectory) [6]. Furthermore, some of the areas that have lower rates of claimants also tend to have a lower prevalence of residents from black and ethnic minority groups (BME), for example, Orsett and East Tilbury[7]. Black and ethnic minority groups are under-represented in the ESA claimant data, with data largely relating to people from white ethnic groups. In terms of the gender breakdown of MSK claimants in Thurrock, the majority of claimants are female and are aged between 50 and 60+. This is in line with the national picture[8].

Understanding which wards have the highest rates of ESA claimants for MSK conditions and the possible reasons for this, relating to demography and other factors within each ward is important in determining where to target services and interventions aimed at reducing worklessness in the borough.

Map 1: Rate (per 1,000 populations) of ESA Claimants- claiming due to MSK conditions by ward in Thurrock, 2018



Source: Nomis, 2018

3.4.2 Mental Health Claimants

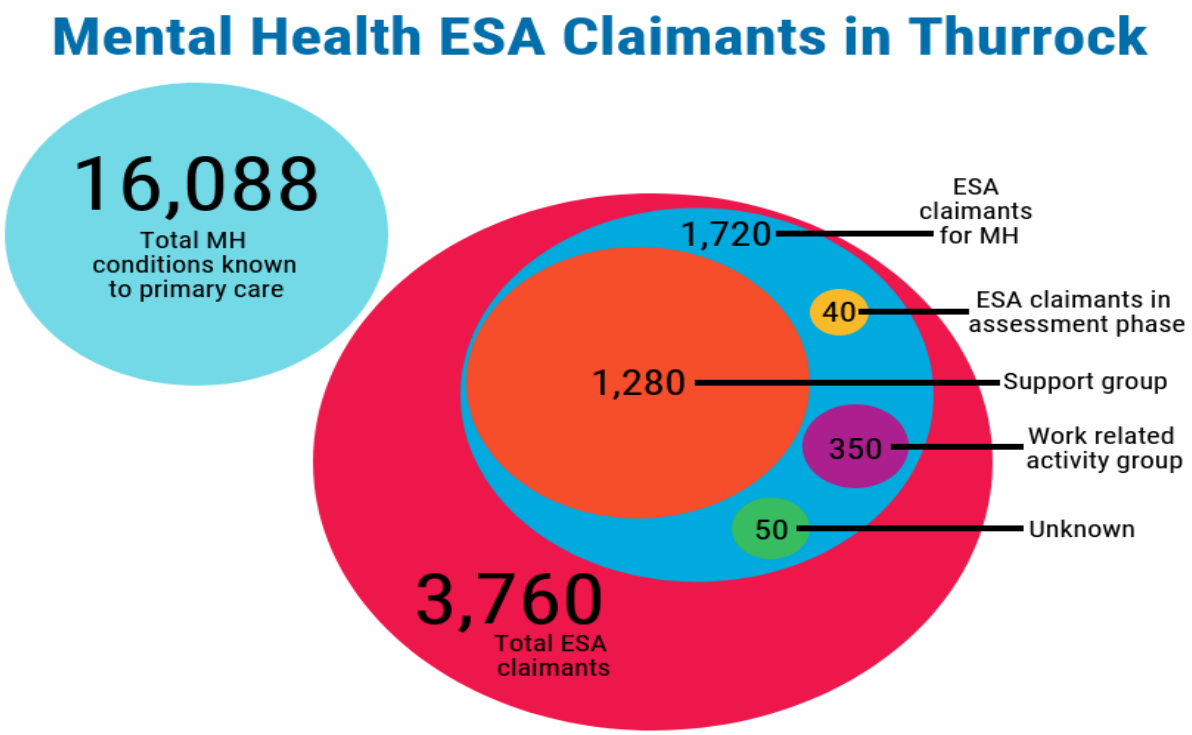
Figure 15 (below) shows the total number of Thurrock residents, who are registered at a Thurrock GP practice, with a diagnosed mental health condition as recorded on the disease register (QOF). Within this group, figure 15 shows the absolute number of ESA claimants

Source: Nomis, 2018

[6] Department for Local Government and Communities/Local Health (2019). Deprivation IMD Score by Ward in Thurrock.
[7] ONS/Local Health. (2011). Percentage of Black and Minority Ethnic Groups by Ward in Thurrock.
[8] NOMIS (2018). Benefit Claimants – Employment Support Allowance. Available at: https://www.nomisweb.co.uk/query/construct/summary.asp?reset=yes&mode=construct&dataset=134&version=0&anal=1&initsel=

(aged between 16-67 years) for mental health (1,720) and the number of claimants who could be supported to return to work and cease being workless as a result of this JSNA report (N =350).

Figure 15: Outline of claimants for Mental Health conditions in Thurrock 2018



Sour e: Nomis 2019 [9]

When broken down by ward, it can be seen that, as with MSK claimants, there is variance in the rate of claimants (per 1,000 populations) due to mental health conditions in each of the wards in Thurrock (see Map 2 below). As above, the map is RAG rated, (from dark green to red), to denote the wards that have lower or higher rates of ESA claimants[10].

The lowest rate of ESA claimants (dark green on the map) reside in: The Homesteads, (4.2 per 1,000 population); Grays Riverside, (3.8 per 1,000 population); and South Chafford, (3.1 per 1,000 population).

The areas with highest rates of claimants for mental health needs appear to be in areas of higher deprivation (including both wards that comprise Tilbury) with areas of lower deprivation accounting for the lower number of claimants (e.g. South Chafford and The

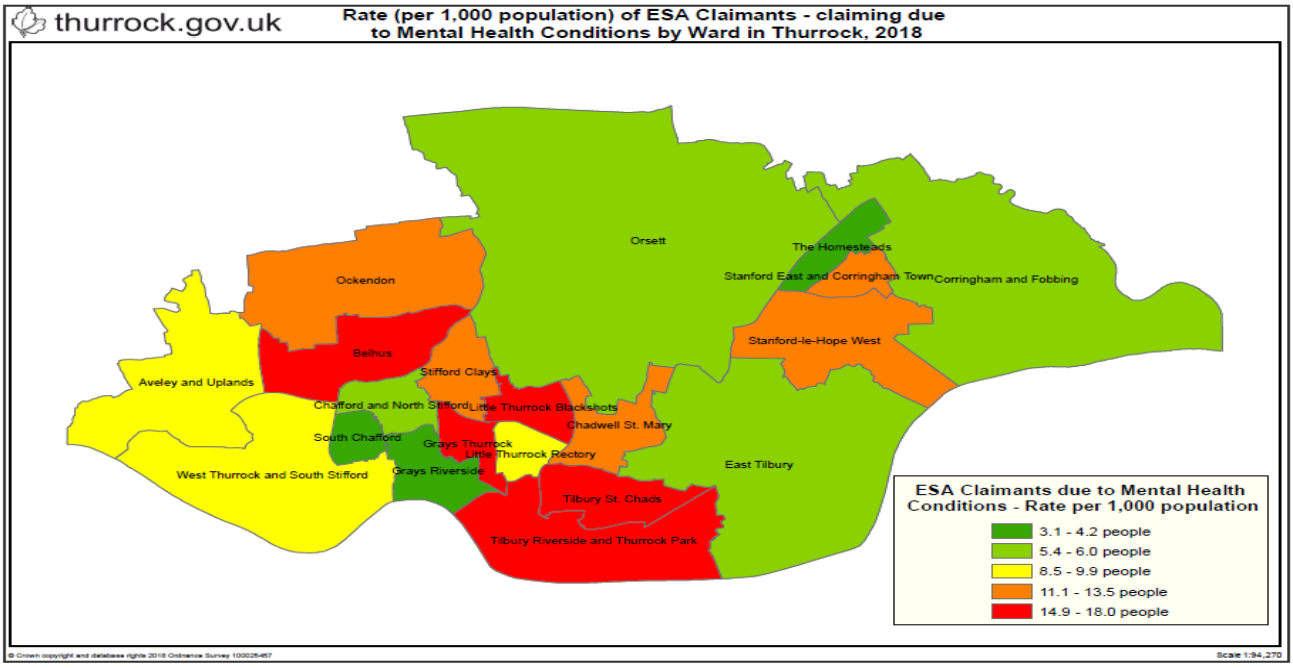
[9] The change in welfare reforms and how these conditions are counted has had an impact on the way these figures are captured.

[10] The rate was calculated by using the number of ESA claimants due to a Mental Health condition(s) in each ward (2018), divided it by the total population of each ward (number) and multiplied by 1,000.

Homesteads) [11]. Furthermore, some of the areas which have lower numbers of claimants also tend to have a lower prevalence of residents from BME groups, for example, The Homesteads[12]. Black and minority ethnic groups are under-represented in the ESA claimant data, with data largely relating to people from white ethnic groups. In terms of the gender breakdown of mental health claimants in Thurrock, there were more male claimants than females; usually aged between 25-44 years. This is in line with the national picture[13].

Understanding which wards have the highest rates of ESA claimants for mental health and the possible reasons for this relating to demography and other factors within each ward is important in determining where to target services and interventions aimed at reducing worklessness in the borough.

Map 2: Rate (per 1,000 population) of ESA claimants - claiming due to Mental Health Conditions by Ward in Thurrock,



Source: Nomis, 2018

Information contained in this JSNA indicates that males aged 25-44 years are a common group claiming benefits for mental health reasons. Research also indicates that men are more likely to commit suicide than females with 76% of suicides in 2017 being men, most of which were aged 30-59 years.

Modelling undertaken by Nordt et al (22) found that 1 in 5 suicides were linked to unemployment. The cost per suicide of a working aged individual is estimated to be £1.67million (23), meaning there is a large potential saving should even one of these be

[11] Department for Local Government and Communities/Local Health (2019). Deprivation IMD Score by Ward in Thurrock.
[12] ONS/Local Health. (2011). Percentage of Black and Minority Ethnic Groups by Ward in Thurrock.
[13] NOMIS (2018). Benefit Claimants – Employment Support Allowance. Available at: https://www.nomisweb.co.uk/query/construct/summary.asp?reset=yes&mode=construct&dataset=134&version=0&anal=1&initsel=

prevented. This study only looked at suicides associated with unemployment around the time of economic recession. As with other health conditions being in work is protective of mental health and better mental health protective of suicidal thoughts/ideations/attempts, so therefore returning to or retaining good employment is likely to lead to a reduction in suicide attempts.

It is identified that the majority of suicides are from people who aren't actively engaging with health/mental health professionals about their thoughts/feelings at all (hence the importance of a wider approach than just focussing on mental health treatment): "statistics show that 72% of people who died by suicide between 2002 and 2012 had not been in contact with their GP or a health professional about these feelings in the year before their suicide") (24)

"There are some very worrying levels of poor mental health among people receiving Employment and Support Allowance. Two thirds report common mental health problems and the same percentage report suicidal thoughts, with 43.2% having made a suicide attempt and one third (33.5%) self-harming, indicating that this is a population in great need of having targeted support." (24)

If we assume that 66% of the Thurrock population of ESA claimants (3,760) have a common mental health disorder, this would mean that approximately 2,482 have these (even if they are not all claiming for this as their primary reason). Applying the national assumptions above for those who have attempted suicide and who are self-harming would give us 1,624 and 1,260 claimants respectively.

Recommendation;

- **Development of a specialised support package for earlier identification of suicidal ideation**.

Chapter 4 Existing Service Provision

Key Points

- **The Thurrock Economic Development Skills Partnership group plan strategically for employment.**
- **The VCS play an important role in providing support for getting people back into employment.**
- **PHE have provided guidance around a workplace health accreditation scheme.**
- **There is a good offer of services for claimants with mental health conditions.**
- **New guidance around fit notes has been released by PHE for health professionals**
- **There is only the CCG physiotherapy offer, based within the health hubs, identified for MSK.**
- **There is a lack of connectivity across the services; consequently there is no clear pathway for claimants and professionals.**
- **The Disability Confident employer's scheme only has 46 members out of 7,680 Thurrock businesses.**

Thurrock has many examples of good practice in helping people to be work ready, including: statutory, third sector, community, and charitable organisations. This chapter will explore these services, including user feedback and case studies where relevant. As part of gaining more insight to the local picture, focus groups were undertaken with users of the Physiotherapy, mental health, and Jobcentre Plus services. Some of the responses to these have been placed within the relevant sections of the document and help to evidence further the validity of the findings and support some of the recommendations (see appendix 1 for fuller details of feedback responses). The recommendation relevant to this chapter can be found at the end of the section.

4.1 The claimant's journey

Once in the ESA benefit system it is the aim of the JCP to help the claimant to either obtain or return to work as this is beneficial to the individual in protecting health and increasing financial independence. Once assessed if the claimant is judged to be fit for work, they are supported by a work coach and DEA to identify services that can help them to find and access work. This could include community services and volunteering opportunities. There is a real possibility that people will be passed between services, if support with accessing work is not handled in an appropriate manner or fit notes are not explicit enough; hence the JCP cannot adequately support claimants to find work which meets their needs and abilities.

Overall the claimant pathway from initial assessment to finding suitable employment is not clear cut; this leads to confusion for both professionals and claimants and can result in individuals falling through the gaps in what is a complex system.

> The development of a clear pathway which is aligned to the evidence base alongside a more robust data collection process will allow connectivity between services, community offer, professionals and claimant. It will increase the ease a claimant can move through the system. This in turn will lead to better outcomes for these individuals in terms of their health and wellbeing.

The EDSP group and the other identified stakeholders for this work will be instrumental in bringing some of these partners together. To enable this a specific strategic approach around worklessness and long-term conditions is required. There is also a reported lack of long-term funding for the voluntary and community sector services which is disruptive to both the providers and the users. The strategy will include development of a clear service pathway, and will address short-term funding issues through a shared investment approach (as recommended by the NCVO).

4.2 Jobcentre Plus

The Jobcentre plus (JCP) in Thurrock is centrally located in Grays. The JCP ethos aspires to treat everyone as an individual, putting them at the centre of every conversation; all people should have the appropriate support to enable them to move either closer to or into sustainable employment.

The JCP offer specialist assistance to support disabled claimants and people with LTC, Disability Employment Advisors (DEAs). The DEAs provide in-depth support for claimants with both physical and mental health conditions. This includes a joint interview with work coaches and claimants and case conferences to discuss supporting someone appropriately, considering the needs within their disability.

Source JSNA focus group

The DEAs also have a small number of claimants that they work with under an Advocacy Pathway to assist the JCP work coach with more complex issues and motivational support. The DEA will also support in the following ways:

- facilitating regular group case conferences
- individual peer-to-peer coaching proactively sharing knowledge and information about health and disability local provision, services, training and employment opportunities
- supporting work coaches' job-broking skills, including with employers who are signed up to The Disability Confident Scheme

- up-skilling work coaches to identify which claimants on their caseload would be more likely to benefit from additional support
- supporting Employer Advisers by upskilling on complex retention issues

To assist the DEA in identifying the correct help for the claimants a JCP District Provision Tool, which holds information on services for signposting to, is used. This helps to develop a complex needs plan for the claimant that notes additional helps with needs such as debt and homelessness.

The following are also part of the JCP offer;

- "Stepping up" is a group that is provided for people that are socially isolated.
- A JCP support worker is placed within the Thurrock's Brighter Futures Early Help children's service to assist families back into work and out of poverty.
- Advice and administration of claimants benefits

There is a local work and health programme, as identified in the 2017 white paper (25), run in partnership with the JCP and Shaw Trust. The service offers assistance to people with health conditions to gain work and be supported in this role. There are limitations to this service; a random allocation tool is used to decide who will receive this help so the people who would benefit most are not necessarily receiving the help. National data shows that 566 people were assisted 18/19, this is not broken down any further, and there is no localised data available at this time. A review of the national programme is being undertaken by Anglia Ruskin University which will provide further information.

4.3 Health

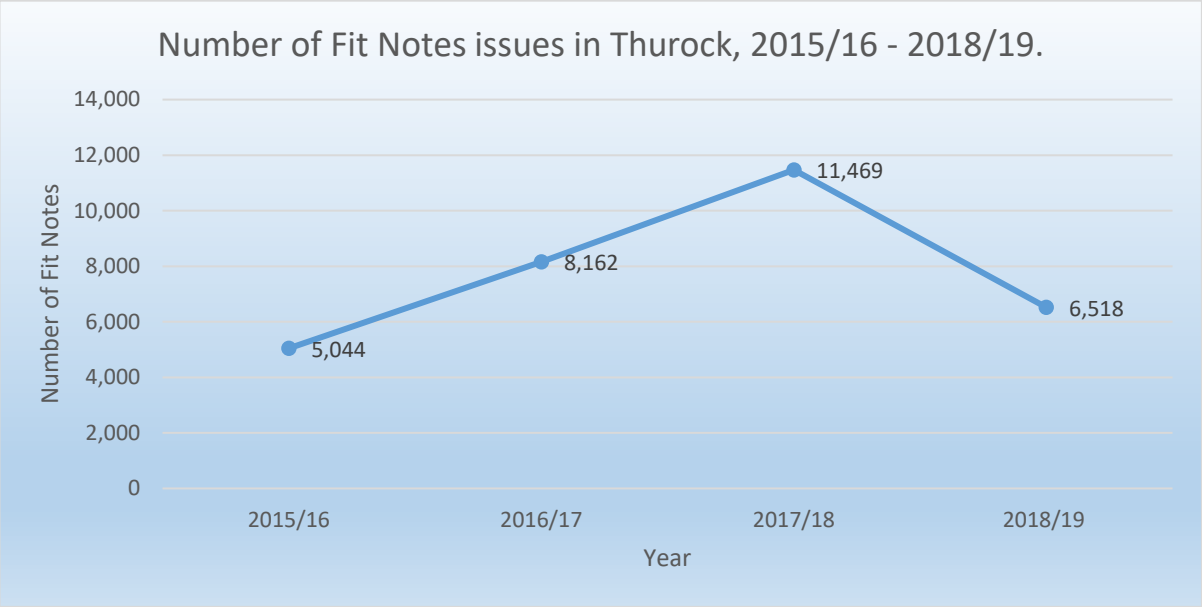
4.3.1 Fit note versus a sick note- helping people back into employment

In the 2008 Working for a Healthier Tomorrow report (10), it was recommended that the old style GP sick note used to record sick absence be replaced. In April 2010, the government introduced a new Statement of Fitness to Work or 'fit note' for patients requiring time off of work or adaptations to their work due to illness. Fit notes replace the old Med 3 Sick Note. Doctors are asked to indicate that either the patient is 'not fit for work' or that they 'may be fit for work' taking into account modifications to their hours or duties. Responsibility for issuing a fit note lies with the doctor who has clinical responsibility for the patient.

In 2018/19, there were 9,463,273 fit notes issued in England. The number of fit notes issued in Thurrock has fluctuated between 2015/16 and 2018/19 ranging from 5,044 in 2015/16 to 6,518 in 2018/19. The highest number of fit notes were issued between 2017/18 (11,469). (See Figure 16). Of the 6,518 fit notes issued during 2018/19 in Thurrock, 10.5% had a primary diagnosis of mental or behavioural disorders, and 5.3% had a primary diagnosis of musculoskeletal conditions. In Thurrock of the fit notes issued 6.59% were for individuals claiming ESA for mental health and MSK conditions. However, the majority of both

national and Thurrock fit notes did not have a diagnosis of what a patient was fit to do listed. A national review of the use of fit notes in 2016 (26) identified that not all GP's had undertaken training around this and that there was confusion from both health professionals and employers about the use of these.

Figure 16 number of fit notes issued in Thurrock



Source: NHS Digital

More recently it is still reported by employers and employment services that a significant number of fit notes do not detail what a person returning to work can be expected to be able to undertake. This lack of detail can lead to a delayed, or even, no return to work which can have a detrimental effect on the individual's mental health. At present only GPs can complete a fit note but the government has stated an intention to legislate for the extension of fit note certification powers to other health professionals. Allied Health Professionals (AHP) can complete a form 'AHP Health and Work Report' which provides employees, employers, and GPs with information which can be used to determine whether an individual can remain or work or whether they will be signed off for a specified time period (25). To assist with this PHE released some guidance in completing the fit notes in October 2019 (please see appendix 6).

There is a growing use of fit notes in Thurrock. Although the data shows that fit notes are being completed by GPs, feedback from businesses and the Jobcentre indicate that very few are noting what a person could do upon returning to work and tend to state that the person is not fit for work. This may be due to GPs lacking confidence in using fit notes, or the specialist knowledge required to determine what duties an individual may be able to undertake if they return to work. Capacity issues could also mean that GPs do not have enough time to gain an understanding of a patient's health needs and/ or job role, and so do not feel equipped to make an informed decision about whether it is safe for an individual to return to work. As work has been seen to be protective of health it is important that an individual's capability to return to some form of work is identified for their long term health outcomes.

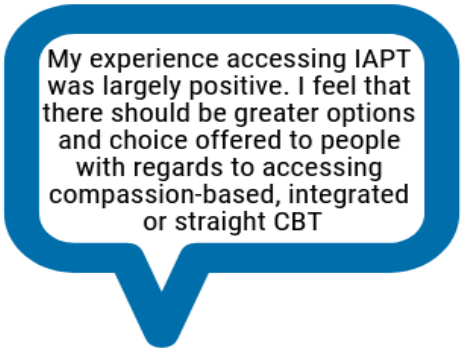
4.3.2 Adult mental health services in Thurrock

Adults experiencing poor mental health in Thurrock can access support through their GP, including prescribing or a review of medication, as well as wider support options. In Thurrock, the majority of GP practices have social prescribers within their practices who often provide signposting and referrals to other support agencies. In 2018/19 social prescribers saw 541 individuals who reported to have poor mental health.

People can also self-refer or be referred by a professional to Inclusion Thurrock, the commissioned provider of IAPT support in Thurrock. IAPT stands for Improving Access to Psychological Therapies, and provides evidence-based talking therapies for adults aged 18+ registered at a Thurrock GP practice that have a common mental health problem such as anxiety or depression.

IAPT for those with long term conditions – this is a newer service that aims to provide IAPT therapy to those whose physical long-term condition is a contributor towards their mental ill-health, or where their mental health negatively impacts the management of their long-term health condition.

User feedback for IAPT was collected from a focus group with Recovery College participants.



Source JSNA focus group

Feedback was generally positive, although there was some suggestion that more options for accessing the service should be available. It should be noted that this feedback was collected prior to the COVID-19 pandemic and since then, the IAPT service has expanded its use of virtual technologies for delivering services.
Feedback for IAPT is collected through an online service:
https://www.careopinion.org.uk/opinions?nacs=rrex4&frompopulation=ookg

Data from 2018/19 found that Inclusion Thurrock received 4,554 referrals (a 7.7% increase from the previous year). Referrals are set to increase in line with the mandate from the *Five Year Forward View for Mental Health*, which stipulates that 25% of those with common mental health disorders should be receiving IAPT treatment by 2021 (7).

Secondary mental health care is provided by EPUT (Essex Partnership University Foundation Trust). They provide a range of specialist treatment services including: First Response, Assertive Outreach, and Personality Disorder and Eating Disorder specialist services.

As of August 2019, there were 3,585 Thurrock residents in contact with EPUT services and employment status was recorded for 1,560 of these. Of EPUT service users 210 were on the Care Programme Approach, and 25 of these were in employment (11%). This is slightly higher than the national average of (9.06%).

A further service available is the Recovery College. Recovery College, provided by Inclusion, a directorate of Midlands Partnership Foundation Trust (MPFT), and Thurrock & Brentwood Mind, provides a well-being service for Thurrock residents, their carers and those employed in Thurrock. The service provides a relaxed, informal educational approach to well-being and recovery, helping people to come together to learn ways to live healthier, happier and more fulfilling live. The majority of this is through courses which have been delivered within the communities across Thurrock.

Source JSNA focus group

All aspects of the Recovery College are co-produced meaning that the lived experience of staff, volunteers and students is valued equally to theoretical or clinical aspects of well-being. People & communities are seen as assets which hold their own solutions & resources.

Individual Placement and Support (IPS) is an evidenced approached project that supports people with severe mental health difficulties into employment. Thurrock IPS Employment service is run locally as a partnership with Inclusion, EPUT and Thurrock & Brentwood Mind. It involves intensive individual support, a rapid job search followed by a placement in paid employment, and time-unlimited in-work support for both the employee and the employer. This service has only recently commenced in Thurrock and therefore performance data is currently unavailable.

IPS has been shown to be more effective the more closely it follows these principles:

1. It aims to get people into competitive employment.
2. It is open to all those who want to work
3. It tries to find jobs consistent with people's preferences.
4. It works quickly.
5. It brings employment specialists into clinical teams.

6. Employment specialists develop relationships with employers based upon a person's work preferences.
7. It provides time unlimited, individualised support for the person and their employer.

4.3.3 Adult musculoskeletal services

It is planned that a new CCG commissioned, community based physiotherapy and musculoskeletal (MSK) service will be delivered through the Thurrock Health Hubs from early 2020. The physiotherapy and MSK appointments at the Health Hubs will be available at locations across Thurrock throughout the week, including weekday evenings and at the weekend.

These will provide a service for a whole range of soft tissue and skeletal problems such as:

- Sprains, strains and sports injuries
- Problems with muscles, ligaments, tendons or bone e.g. carpal tunnel, tennis elbow etc.
- Back and neck pain
- Pain in arms and legs, including nerve symptoms e.g. pins and needles or numbness
- Changes to walking
- Post-orthopaedic surgery

Source JSNA focus group

Physiotherapy and MSK appointments can be accessed by anyone registered at a Thurrock GP Practice and the referral process will be the same as for the previous service.

The previous provider for physiotherapy services in Thurrock, Connect Health, will continue to provide the Pain and Rheumatology Services. Previous data from this service for September 2019, showed that the service had treated 2,497 patients for physiotherapy of which 652 had received clinical specialist physiotherapy (ESP). There was no outcome data available from the service around success of the interventions or work status of referrals.

4.4 Thurrock council offer

Thurrock Council lead on a number of initiatives to support people who are workless including services that address other compounding factors such housing and environment. Although these do not necessarily target MSK and mental health directly they all aim to help people to increase their work readiness.

The economic development department of Thurrock Council has a number of projects that aim to increase work skills and employment opportunities across the borough. Some of these are funded through European funding (predominantly European Redevelopment Fund (ERDF) and support businesses and communities through grant funding. Most of these programmes are SELEP wide, meaning they cover the South East Local Enterprise Partnership region. These include community cohesion opportunities like the Tilbury

Community Led Local Development (CLLD) project. This is an ESF funded project that's aims to support unemployed people in Tilbury back into work through skills and experience building. Tilbury is recognised as an area of high worklessness and high rates of long-term health conditions. The CLLD project will help to address these through a range of projects that work with a holistic approach in addressing all aspects of the determinants of health as shown in the Dahlgren and Whitehead model. One of these projects will focus on physical health improvement and a second on mental health conditions.

Thurrock Council offer a fully funded service of 1-1 support to start-up and grow businesses in the borough, some of these are projects aimed at enabling people to develop their own businesses at their own pace, such as the **School for Social Entrepreneurs** and **Thurrock Soup,** which offers a participatory community opportunity to bid for a small pot of money to develop a project. **Thurrock Micro Enterprises** also help people to develop their own small businesses that provide services within their local communities enabling people with existing skills to be able to reuse these after being out of work (please see appendix 2 for further information on these).
An extra offer of support is provided for educational attainment and social problems that can exacerbate the likelihood of worklessness through the **Local Area Coordination** (LAC) service and the **Thurrock Adult Community College**. **Libraries and hubs** also provide support through job clubs and help with form filling.

A case study from a micro enterprise participant

"Early in 2017, I was introduced to a 44 year old man who had worked for a local authority as a gardener and forestry worker but because of poor health he was made unemployed. This had a major impact on his life as this was the first time that he had found himself in this position. His health problems that caused him to lose his employment were investigated by consultants at the hospital and a diagnosis was made and he received the treatment that he needed to make a full recovery. He is now fully fit with no job. This made him feel depressed and anxious about the future. I connected him with the Micro Enterprise Co-Ordinator and he was given the support to start up a small gardening business, so that he could help people with gardening needs.

4.5 Third sector, community and voluntary services

There is a wide offer available in Thurrock to assist people wanting to return to work through the third sector and community offer. Some of these services provide a broader offer around issues identified in the wider determinants of health spectrum that may affect a decision to return to work (see chapter 1). These services include support on issues such as the fear of potential benefit and housing loss, whilst others support with training, job searching and building up self-esteem, confidence and life skills.

There are some agencies that specialise in helping people with mental health and well-being. There are no services identified for MSK problems within the third and community sector. Some of these are summarised below. User voice is also identified within these through case studies (further information on these services can be found in appendix 2).

The two main advice services that help with a range of issues are the Disability Information and Advice Line (**DIAL)** and the Citizens Advice Bureau (**CAB)**. These services have been established in Thurrock for many years and the JCP signposts into these for issues around disability, finance, and housing, amongst other problems. This helps people to feel able to access work by assisting with other issues that can be seen as barriers as described in chapter two.

Volunteering can provide a pathway into employment. Volunteer Centre Thurrock, a project of Thurrock CVS, work alongside voluntary sector organisations and agencies to ensure volunteering opportunities are available to help increase confidence and provide the opportunity to train and learn new skills.

As identified before, Tilbury is an area of high worklessness and the **One Community Development Trust** is a Tilbury based organisation that provides a local offer to Tilbury and Chadwell residents around work clubs, training, and confidence building.

World of Work is a local service that is delivered through Thurrock Coalition. Their service includes specialist support for people with disabilities. The programme helps people not only get back into work but also works with employers to ensure that work is retained. The mental health element of this service was delivered through Mind until the IPS service was launched in October 2019. However, it is acknowledged that the IPS service may not meet the full spectrum of mental health need previously supported by World of Work.

Go Train works with local Jobcentre Plus, Work & Health Programme Providers, Charities and many other organisations to support their customers and clients into work.

Heads up and **Employability** are Essex wide organisations that specialise in assisting people with mental health problems to get back into work.

Signpost and **4SX** are also Essex wide, with 4SX specialising in assisting carers back into employment while Signpost is available for all. Signpost is one of the services that the JCP refers to however the funding for this service is uncertain at this time.

Thurrock & Brentwood Mind is part of the national Mind organisation and is a long term locally based mental health service. They provide a garden project, giving opportunities for volunteering, supported work placements and volunteering within their local charity shop. Mind work closely with the JCP.

Case study: Signpost

I first came upon Signpost in February 2019, following a referral from the local job centre. I had been out of work for 2.5 years and suffering with both anxiety and lack of confidence.
Signpost has also helped me fill an employment gap in my CV, eliminating one of my biggest obstacles when potential employers would look at my CV.

Over time, I've been helping numerous people from different backgrounds, growing in confidence and finding my feet. I have since taken up employment in my local council, being offered 3 interviews at the council in quick succession for separate positions. I could not have done this without the help from Signpost. Life changing events get talked about far too lightly. However, in this case my experience with Signpost was positively life changing, not just for me but for my family. We have gone from a family of no employment to have not just one, but potentially both parents in work and providing.

4.6 Local examples of workplace health initiatives

Good work, as described by Dame Carol Black as providing opportunities for work that is both productive and delivers a fair income, is important as it helps to raise self-esteem and confidence and rewards us socially, promoting full participation in society (27). To prevent people from falling into worklessness through ill health, all employers should be considering how they can prevent and support good mental health and MSK within their workplaces. It is identified that having good MSK health maintains co-ordination and mobility and enables workers from all sectors to retain economic independence through employment. (28)
People with mental health conditions often account for a high turnover of staff, some of which can occur through workplace stress, so it is important for employers, both in terms of retention of skilled workers and economically, to identify good workplace health practices around this. (29)

Figure 20: Action for Employers to ensure good workplace health

Source PHE 2019

As identified in Figure 20, a good workplace health offer should contain most or all of these elements and ensure an equitable offer for all employees. An accredited workplace strategy, such as the PHE one, would identify good practice, including an annual health needs assessment, to understand achievement against standards. This should be developed around the 2010 equality act to ensure long term conditions such as MSK and mental health are treated equally.

4.6.1 Disability Confidence

Disability Confidence is a nationally accredited scheme that was rolled out by the DWP through Jobcentres. Launched in 2016, the government pledged to have one million more people with disabilities or long term conditions in employment by 2027.

There are three levels to the scheme and the accreditation lasts for three years. Employers are encouraged to think about how they employ, retain, and develop these staff.

Thurrock has 7,680 businesses (ONS figures) and of these only 46 are signed up to the Disability Confident accreditation. The government's national list of employers who have signed onto the scheme shows these are a mixture of bigger employers, such as Thurrock Council, EPUT and the Port of Tilbury, smaller individual organisations, such as Bold Security Services and Denise Quality Child care, and national organisations, such as Go Train and KFC. Many of the smaller organisations are local charitable ones. The JCP support employers to guide them through the signing up process.

4.6.2 PHE workplace health guidance scheme

PHE have produced guidance about developing a workplace accreditation scheme (30). The guidance helps to identify standards for evidence based healthy workplace offers and encourages organisations to develop an accreditation scheme of their own in line with their ethos and existing workplace offer.

The guidance links into PHE's Business in the Community toolkit and includes a self-assessment tool that can be used to assess an organisation's mental and MSK health provision.

The five local examples that follow include an overview of the health and wellbeing practices within three of our larger employers whose workforces include a high percentage of local people. The fourth example is from a local third sector organisation and highlights their support around emotional wellbeing. The fifth example is a mental health provider. The organisations below identify a high number of sickness absences due to MSK and mental health and have differing workplace offers.

4.6.3 North East London Foundation Trust (NELFT)

NELFT provides an extensive range of community health services for people living in South West Essex, including Thurrock. They employ around 6,000 staff across London, Essex, Kent, and Medway, and are one of our anchor institutes employing many local people.

The cost of sick absence within NELFT is high with MSK accounting for 31% of absences and mental health 28% of absences. To counter their health and wellbeing offer has a cohort of 96 Health and Wellbeing Ambassadors, in house physiotherapy services and counselling service across the Trust.

NELFT have an in-house occupational health service but no accredited workplace health scheme. They provide an extensive health and wellbeing programme including an Employee Assistance Programme.

4.6.4 Thurrock Council Workplace Offer

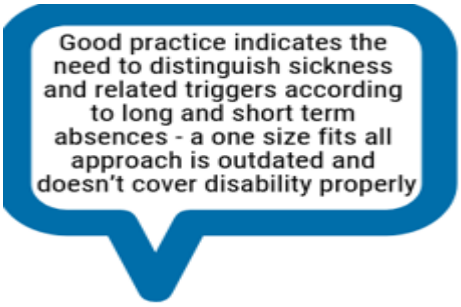
Thurrock Council is also one of the larger employers within Thurrock and is another of our anchor institutes, with almost 70% of employees being local. The council are a Disability Confident scheme member.

Overall sickness absences for 18/19 shows that MSK accounts for 8% and mental health 6% of all absences. The council run an extensive health and wellbeing programme for staff run by accredited providers including posture clinics for MSK and have recently recruited employees to be Mental First Aiders to help guard against workplace stress.

The council can pay for physiotherapy for MSK if recommended, i.e. work place injury or a delay in GP treatment, but do not have an in-house physiotherapy service. There are stress relieving sessions within the health and wellbeing programme provided but no in-house

counselling service, although this is provided through the Employee Assistance Programme. This support is preferred by many employees because it is seen as independent of the employer whereas an in-house service could be subject to mistrust by employees – particularly those with mental health issues.

Flexible and agile working is welcomed where appropriate. There is an in-house occupational health (OH) provision which has recently been audited for inclusion in the SEQOHS accreditation and is awaiting the outcome, but there is no overall workplace health accreditation.



Source JSNA focus group

Data around sickness absence is collected but not triangulated with other areas. This would help to understand the picture more fully and evidence the health and wellbeing programme and other service provision. It would be of interest to look at methods to gain an understanding of the lifestyle factors of staff such as smoking status etc., to equate this against reasons for sickness absence, this could be done on a voluntary basis.

4.6.5 Port of Tilbury London Ltd

The Port of Tilbury is located on the River Thames at Tilbury. The Port employs 650 workers, many of whom are local residents. Three percent of these are manual workers. The Port of Tilbury is a Disability Awareness scheme member.

The Port of Tilbury has its own Occupational Health (OH) service. Return-to-work interviews often pick up on other issues, such as stress in an employee's private life. Sickness absence data for the 12 month period up to October 19 indicates that MSK is the highest reason for absence 19% with mental health being 5%.

There is an offsite independent counselling service which takes referrals from OH. This is for general counselling and is funded by the Port. There is also a physiotherapy service that is funded through the Port and OH provides posture clinics. The reports from these are shared with the port doctor. The doctor sees employees with sick absence and if a fit note has been presented (for more serious long-term illness) the doctor makes the final decision on what the employee can be expected to do at work even if this disagrees with the GP's fit note.

4.6.6 Thurrock & Brentwood Mind and Inclusion

Thurrock & Brentwood Mind is a local third sector mental health charitable organisation that is affiliated with the national Mind organisation. They work in partnership with EPUT services in Thurrock and are part of the Thurrock Coalition, a user led organisation that provides information and advice to disabled and older people. The World of Work offer is

also part of the coalition's service and until recently Mind delivered mental health support to this. Thurrock & Brentwood Mind is a Disability Confident workplace.

Thurrock & Brentwood Mind use the national Mind resource, Introduction to Mentally Healthy Workplaces which contains advice on mental health approaches (available on the national Mind website https://www.mind.org.uk/workplace). Thurrock & Brentwood Mind have a three pronged approach to their staff health and wellbeing:

1. Promote wellbeing
2. Tackle the causes of mental ill health
3. Support staff with mental health problems

Inclusion is a directorate of MPFT and, in partnership with other local providers, including Mind, provide a number of community mental health and substance misuse services within Thurrock– Inclusion Thurrock IAPT, Inclusion Recovery College Thurrock, Thurrock IPS Employment Service and Inclusion Visions Thurrock. As part of a large NHS Foundation Trust, Inclusion regularly monitors the health and well-being of staff through absence reporting and in supervision & annual appraisal processes.

Staff have access to occupational health services and an employee assistance programme (including advice and guidance as well as psychological therapies options)

Summary

As identified above, there are a variety of services and community offers within Thurrock for people with mental health conditions. There is an evident lack of these to assist MSK claimants back into work, although this may be partly addressed through the introduction of the new CCG physiotherapy health hub offer.

It is clear from the information above that a whole system approach is required to ensure that claimants receive the best opportunities to be able to either obtain or retain work. This does not only mean the existing health, JCP and community services that are available but also the inclusion of equitable and supportive employers.

The five workplace health offers are seen as good examples, they have different elements that if combined within a workplace health framework would offer a model of good practice for Thurrock employers.

The main recommendations from this section are around the development of a claimant's pathway through services and a joined up approach to increase the take up of the disability confident scheme for employers. These recommendations are found in chapter eight.

4.6.7 User Voice

To ensure that voice of service users was included within the JSNA, it was decided to undertake a series of focus groups of service users. These were carried out within the Recovery College, MSK service, and the JCP; it included some current and previous ESA

claimants. In total 26 people took part with 14 of these having the status of being unemployed, 6 were employed, 3 were retired (1 though ill health), 1 was self-employed, and 2 were on sickness absence. The format was one of open questions and the responses were themed into; barriers to gaining work, barriers to retaining work, support into work, support to stay in work, experience of workplace health and experience of local services. These subjects mirrored the evidence base that was used. The main barriers to work were stated as:

- A lack of confidence
- Lack of training
- Lack of understanding and support
- Constant pain

Support that could help with getting back to work:

- Understanding employers
- Work trials
- Volunteering

Experiences of workplace health were both positive and negative with training for managers around mental health and MSK seen as necessary.

The mental health services were seen as good and the MSK service was identified as one of the things that could help to get back into work. The JCP offer had a mixed response with some people having a negative unhelpful experience and others having a positive service.

Source JSNA focus

The feedback recurrently centred on the perceived lack of employers both in seeking a job and in maintaining work. Local residents suggested that there is a need for professionals such as staff, managers, and recruiters (including those working at the JCP) to undertake training about different health conditions and how to support people to manage these conditions. This is echoed in the evidence review and within National Institute of Health and Care Excellence (NICE) guidance (see section 5.2). A liaison support worker role who would act a mentor was also suggested as something that may help people to remain in work. Opportunities for volunteering or work placements were also mentioned. Micro-enterprise and entrepreneurial opportunities were seen as being a useful RTW option as it allowed people to use their skills in a manner that suited their circumstances. HR staff with appropriate skills were also seen as useful in providing support for either RTW or maintaining work.

An important element that arose was that of ensuring that equality and non-discrimination practices for people with long term conditions are not only recognised within policy but are also practiced within the workplace e.g. in terms of sickness absence.

Some of these responses resonated with the national findings and experiences (see appendix 1 for more responses).

Recommendations developed from the evidence in this chapter are included below:

Recommendations;

- **To develop a claimant's pathway into and between all services and community offers.**
- **To develop a communication plan to increase the uptake of the Disability Confident scheme.**
- **To undertake research with GP's and Allied Health Professionals to understand any barriers to fit note completion.**
- **Robust evaluation of CLLD project to inform future projects.**
- **To deliver in partnership information sessions on the new PHE guidance for fit note completion.**
- **Development of a sustained funding model.**
- **Development of an overall data, outcomes collection framework.**
- **Policies and processes relating to managing sickness absence are developed and implemented in line with the 2010 Equality Act.**
- **Standardised workplace health data collection framework for all areas of workplace wellbeing to allow triangulation of data within the workplace and across other organisations.**

Chapter 5 Evidence Base and Best Practice

Key Points

- **A strategic joined up approach will ensure the best outcomes for ESA claimants experiencing worklessness.**
- **Other areas are running effective projects aimed at supporting individuals who are experiencing worklessness due to MSK and mental health conditions to return to work. Learning from these projects can be used to develop 'best practice' interventions and services in Thurrock.**

Several evidence reviews were undertaken to develop an understanding of what interventions and services currently exist to support individuals with MSK or mental health conditions to return to work following a period of worklessness. The evidence searches were undertaken by the Aubrey Keep Library Service. The searches focussed on different elements of the Worklessness and Health landscape and the methodology for each is described below. All of the literature found as part of the evidence searches has been reviewed and scoped in or out, depending on their relevance to the topic. The recommendation relevant to this chapter can be found at the end of the section.

5.1 Evidence review

The evidence searches included the following:

The barriers to work for, ESA claimants with Mental health or MSK complaints, (7th May 2019).

The inclusion criteria for this search were: any papers published between 2014 and 2019 that were written in English; and contained the keywords mental health, work, employment, MSK, ESA, and, or. Four different databases were searched including: EMBASE, HMIC, Google and PHE. The search produced 13 different research papers, and 2 national guidance papers. Of these, information from one of the guidance papers and one research paper were included in the development of this JSNA.

The results of this research produced little evidence that dealt directly with the topic of interest and tended to cover the subject in a wider context only. The papers within this search outlined interventions that were effective in helping claimants.

Successful strategies and projects to help people with ill health return to work (27th August 2019)

The parameters for this search included papers which were published between 2013 and 2019; were written in English; and contained the keywords: mental health, MSK, ESA, and or. Four different databases were searched including: Cochrane Library, Campbell Collaboration, TRIP database and CRD Web. Two synopses or summaries, 17 systematic reviews and seven original research papers were found. Of these, one systematic review, and five research papers were used to inform this JSNA.

Good principles of a healthy workplace (23rd August 2019)

The inclusion criteria for this search: was any paper published between 2013 and 2019, written in English; and contained the keywords, wellbeing, health, workplace; and retention. Four different databases were searched including: Gov.UK, HSE, NHS employers and PHE. The search produced 11 original research papers and six national guidance reports including a meta-analysis. There was a wealth of guidance available around healthy workplaces including the PHE accreditation guidance. Two guidance reports were included in the evidence base for this report.

Further evidence

Further web searches were undertaken by the author who examined successful interventions for supporting the cohort of interest to return to work. Information was also gathered from conducting searches into what other areas, similar to Thurrock (e.g. statistical neighbours) and local services are doing in relation to tackling worklessness. This was to develop a deeper understanding of the topic. Information was also collected from a series of webinar presentations, which were produced by members of the PHE Worklessness and Health Regional Network group.

To gain an understanding of residents' perspectives three focus groups were undertaken with users of MSK, mental health and JCP services. Some of their responses are included within this document and an overview can be found in section 4.6.7.

The main findings of these evidence reviews are threaded throughout the report to inform and add value to the local picture of worklessness.

Below is a brief summary of the reviews:

What Works?

The authors of each research paper used different methods that were found to be successful in supporting participants to return to work (RTW). Some concluded that success is more likely with people with physical rather than mental health conditions as physical adjustments can be more easily undertaken than organisational change. Furthermore, all of the programmes included in this review found that there were only moderate changes in early and sustained RTW from all the interventions.

Returning to work

The evidence suggests that supporting employees to return to work following a period of sickness absences due to a physical condition are perceived by employers to be easier to achieve. This is because environmental adaptations can often provide a solution. Supporting employees with mental health needs requires a different approach. A change in working hours/pattern, workload or role can help, but a more flexible approach is needed to fit individual conditions. It may require more than one component of these strategies for a successful and timely RTW to be achieved (31).

There was moderate evidence to suggest that, for MSK, a graduated physical activity approach, combined with a psycho-educational support, aimed at increasing both physical and emotional strength and increase endurance would be effective. This could include such exercise as walking, stretching and CBT (32).

Thurrock has an Exercise on Referral scheme for people with LTC and Active Thurrock who have recently funded a variety of different activities. These should be identified as part of a pathway into work.

Motivational interviewing was investigated and results found it to be of moderate success in supporting people back into employment (33).

It should be noted that supporting any employee (regardless of health need/status) back into work, should be discussed and agreed with the individual and should focus on their individual needs, rather than a one size fits all approach.

Sickness absence

It was identified within the research papers that coaching and work modifications were seen to have a moderate success in reducing sickness absence for depression. CBT therapy also helped moderately and a special care programme designed around mental health also had moderate results. Problem solving therapy for adjustment disorders had a moderate effect on partial return to work (34) (35).

Brief intervention in the workplace which comprised of clinical examination and reassuring advice, when compared against longer counselling intervention, was seen to result in reduced sickness absence length and was also a less expensive measure (36).

Workplace Health Strategies

Training designed to teach staff and managers about different health conditions and how they may affect individuals can help to create a culture of understanding and support (32).

Limitations of the evidence review

The overview of the search was that there was a wealth of high level reviews on return to work that identified that workplace interventions help workers get back to work and reduce duration of sickness absence. This fitted in with other evidence which found moderate quality evidence to the same. However the evidence around these interventions having an effect on a lasting return to work was low quality, sparse in outcomes and differed depending on if for mental health or MSK. It is envisioned that work undertaken in Thurrock will contribute to this evidence base going forward.

5.2 National Guidance

NICE have developed a set of guidelines around workplace health (see Appendix 3). These guidelines are for all organisations and set out suggestions for good practice in staff health and wellbeing.

One of the overarching elements relates to the need for 'organisational commitment' to the health and wellbeing of staff; this is of real importance in relation to developing a workplace health ethos within an organisation. The main components should centre on quality standards, equality, and engagement. The importance of the physical work environment in promoting good mental health and wellbeing are the main threads running throughout the guidance.

The importance of informed and compassionate leadership and managerial styles are described and training for these around health and wellbeing is highlighted. Appropriate job descriptions for manager selection should be included as part of the wellbeing agenda and continued monitoring and evaluation should be undertaken around all of the factors identified to ensure adherence to the PHE workplace accreditation guidelines as described below, (see further details in appendix 3). This is also identified as an important element by the ACAS service described below.

The Safe, Effective and Quality Occupational Health Service (SEQOHS) is a set of standards and a voluntary accreditation scheme for occupational health services in the UK and beyond. Accreditation through SEQOHS is the formal recognition that an occupational health service provider has demonstrated that it has the competence to deliver against the measures in the SEQOHS standards. This is the accreditation that Thurrock council is aligned to.

The Advisory, Conciliation and Arbitration Service (ACAS) is also established to improve both organisations' and employee working life through better employment relations. As identified within the research they also suggest that greater understanding of different conditions from managers and staff can be achieved through appropriate training and recruitment.

The Gensby et al systematic review (18) recommends that policies around return to work (RTW) and staff retention should be developed with an interdisciplinary team with a varied skillset made up from key parties such as occupational health, RTW coordinators, union

reps, and HR managers. This good practice recommendation has been taken forward by Thurrock council, using staff networks to feedback on these developments.

5.3 Examples of successful projects nationally

The following are examples of projects relating to reducing worklessness that have been undertaken and evaluated in other areas of the UK. Further projects reviewed within the evidence searches had either, not succeeded or had no outcome information and were disregarded. Some of these are based on worklessness in general, while some include mental health. No evidence around successful projects for MSK provision was identified from the evidence review.

The following examples had been subject to some evaluation, although most of this evidence is anecdotal rather than data driven; data has been provided where found. These projects have the potential to be adapted and implemented in Thurrock. Suggestions on how these could be incorporated into Thurrock are included and where appropriate and have been identified as recommendations in chapter eight. If these and other projects were developed within Thurrock any data and outcomes would improve this evidence base giving increased weight to effectiveness of these approaches.

Leeds City Council: retaining jobs as well as finding them Workplace Leeds

This project was commissioned by the CCG and run by Leeds Mind in partnership with local mental health, social care, and housing services. Workplace Leeds offered a range of services and support to help people experiencing mental health problems to stay in work or find new employment. The range of help available for people searching for new employment included: peer support, workshops, and CV writing and interview skills. The second element of the project was a job retention service for people experiencing difficulties at work. Participants could have been off sick or at risk of losing their job when they entered the service. The evaluation of the project showed that nine out of ten people who were helped through the job retention service managed to stay in their jobs, including nurses, teachers, and IT professionals.

Service user outcomes were seen to be positive as a result of the Job Retention Service, with the largest changes relating to managing relationships at work, awareness of warning signs and triggers, and the awareness and implementation of coping strategies. Clinicians were hopeful services like this would reduce the use of medication or anti-depressants.

Critical ingredients associated with the success of this element of the project included: staff's expert insight into mental health and employment, neutrality, manageable caseloads, and a calm and peaceful setting.

The development of a service such as this could be part of the recommendations for the workplace health framework. It could complement some of the IAPT and Recovery College work that is already happening within Thurrock.

Coventry City Council: creating a healthy workplace

Workplace Charter Scheme

Coventry City Council is part of the PHE endorsed national Workplace Wellbeing Charter. The council works with experts to run sessions organised by Coventry's Business Investment Team to keep employers engaged with its workplace charter scheme, which is based on the PHE workplace guidance. There are over 40 organisations involved in the charter, with those taking part reporting reductions in sickness rates and improvements in staff morale. Businesses are also referred to the NHS Health Check service or to the Public Health funded 12-week healthy lifestyle courses which are offered free to those taking part in the charter and involve instructors going into workplaces to run a whole range of activities.

Feedback from those taking part in the workplace charter shows the support is having an impact. Of the businesses signed up, many are making significant changes to their workplaces to improve the health and wellbeing of employees such as policy changes and wellbeing activities. This has resulted in a reduction of 2.25 lost days per year (2009 to 2016), equivalent to £4.5m in cost reductions.

The development of a workplace wellbeing framework, using the PHE guidance, within Thurrock could help to ensure that there is a nationally met standard of offer for employees within our local businesses.

Portsmouth City Council and Southampton City Council: twinning support with regeneration - Solent Jobs Pilot

The Solent Jobs Pilot aimed to support 1,000 of the long-term unemployed back into work and formed a key part of the £1 billion Southampton and Portsmouth regeneration programme. The programme was targeted at people with health problems (both physical and mental) who had left the Government's past Work Programme without gaining employment.

Intermediate outcomes reported by participants included: increased confidence and motivation, recognition of their transferable skills, gaining new skills, improvements to their health and wellbeing, and feeling more ready to enter employment. Just over 10% of participants registered to take part in a work taster; of these participants, 78.5% completed the work taster and the others found employment. Just over a fifth of successful

participants then registered to take part in a work placement. The work placement was viewed as key to engagement and outcomes being achieved.

It is apparent that appropriate support for an identified health condition during a work placement can lead to positive outcomes.
In Thurrock there is the IPS service support for severe mental health and World of Work also offers some wider support in this area. This existing provision should be expanded on and funded appropriately to fill the gap.

Inclusive employment in Gloucestershire
Going the extra mile (GEM) project

This social initiative project is jointly funded through Lottery and European Social Funding (ESF). It aims to engage with, and support individuals within Gloucestershire who are currently dealing with circumstances that are potentially causing barriers to work. The objective is to support these individuals towards re-entering education, training, volunteering or work; including self-employment and community businesses.

This programme is a unique and unprecedented partnership of over 30 community based organisations, managed by Gloucestershire Gateway Trust on behalf of Gloucestershire County Council. Each partner has committed to work collaboratively to help individuals with a variety of needs to overcome any barriers they may have, supporting them to improve their lives. This voluntary programme understands that everyone is unique, with different needs and requirements, and offers tailored support to every individual through a personalised action plan, providing dedicated support and access to a wide range of options.

Of the 1,200 people that were involved in the project 55% reported living with a disability or health condition. To date the project has helped 365 people gain employment and a similar number into education and volunteering. To ensure commitment to the programme there is a comprehensive pre-engagement process.

The offer in Thurrock, although varied, is lacking a joined up approach. Using the successful elements of this partnership pilot should help in developing a clear pathway for claimants towards employment by removing some of the barriers to identifying the appropriate service for them.

Harlow Multi Agency Centre (MAC)

The Multi Agency Centre (MAC) was started in Harlow in 2015. Partners included JCP, Harlow Council, Citizens Advice Bureau, Mind in West Essex, Integration Support Services, Family Mosaic (now Peabody), Administration for Community Living ACL, and the Credit Union.

The aim was to provide a safe, friendly space that was open to all, on a purely drop in basis. Information sharing protocols were agreed to ensure real joint working and to reduce individuals from feeling like they were being 'passed around between agencies'.

The service has expanded to include other agencies such as Universal Credit, Harlow Advice Service, Safer Places (Changing Pathways now), Streets2homes, Open Road, Fire Service, Physical Health, and Training Provisions.

Case study from a MAC service user

A customer was struggling with both health and mobility issues and domestic abuse. Using the MAC gave her access to services including, JCP, Peabody (housing support) and Safer Places (domestic abuse advice). The ongoing support in a location close to where she lived, allowed the customer to manage a move into her own accommodation. She started volunteer work, her health and confidence improved and she went into paid employment. She no longer relies on benefits and her Work Coach felt that the MAC made a big difference to her outcome.

People that use the service are often in crisis, fleeing domestic abuse, experiencing homelessness, poor mental health, or debt. They are not usually on benefits so their basic needs are addressed first, prior to any discussion relating to worklessness being raised. The MAC does not collect outcome data but have anecdotal case studies such as the one above. The Mac concept has been rolled out in Loughton, Saffron Walden and Colchester. This type of joined up approach is a gap that is seen in Thurrock.

This project again highlights that a joined up approach can provide the best chances for a successful return to work. This style of coproduced service combined with a more community level approach would enhance the ABCD approach that exists within Thurrock. More robust data collection around outcomes will be required if this is duplicated.

Recommendations developed from the evidence within this chapter are below:

Recommendations;

- **To develop a worklessness and health strategy.**
- **To develop an accredited framework for workplace health.**
- **To develop a single point of access portal.**
- **Further research to be undertaken around the need for employment support for those that fall outside of the IPS remit.**

Chapter 6 Impact of Change

Key Points

- **Modelling was identified around a gap in provision for MSK services.**
- **The Movement into Employment ROI tool was used to model the savings identified.**
- **The modelling was undertaken for Thurrock Council MSK sickness cost and the JCP ESA benefit cost.**
- **If nine JCP ESA claimants were returned to work the cost of the project would be negated.**

This chapter identifies some potential projects that, if piloted in Thurrock, could potentially make economic savings for services and employers. These projects would also have added value in providing a direct and timely MSK service to individuals which would increase their health and wellbeing outcomes. A recommendation regarding the development of projects around this are shown at the end of this chapter.

6.1 Modelling the impact of applying best practice in Thurrock

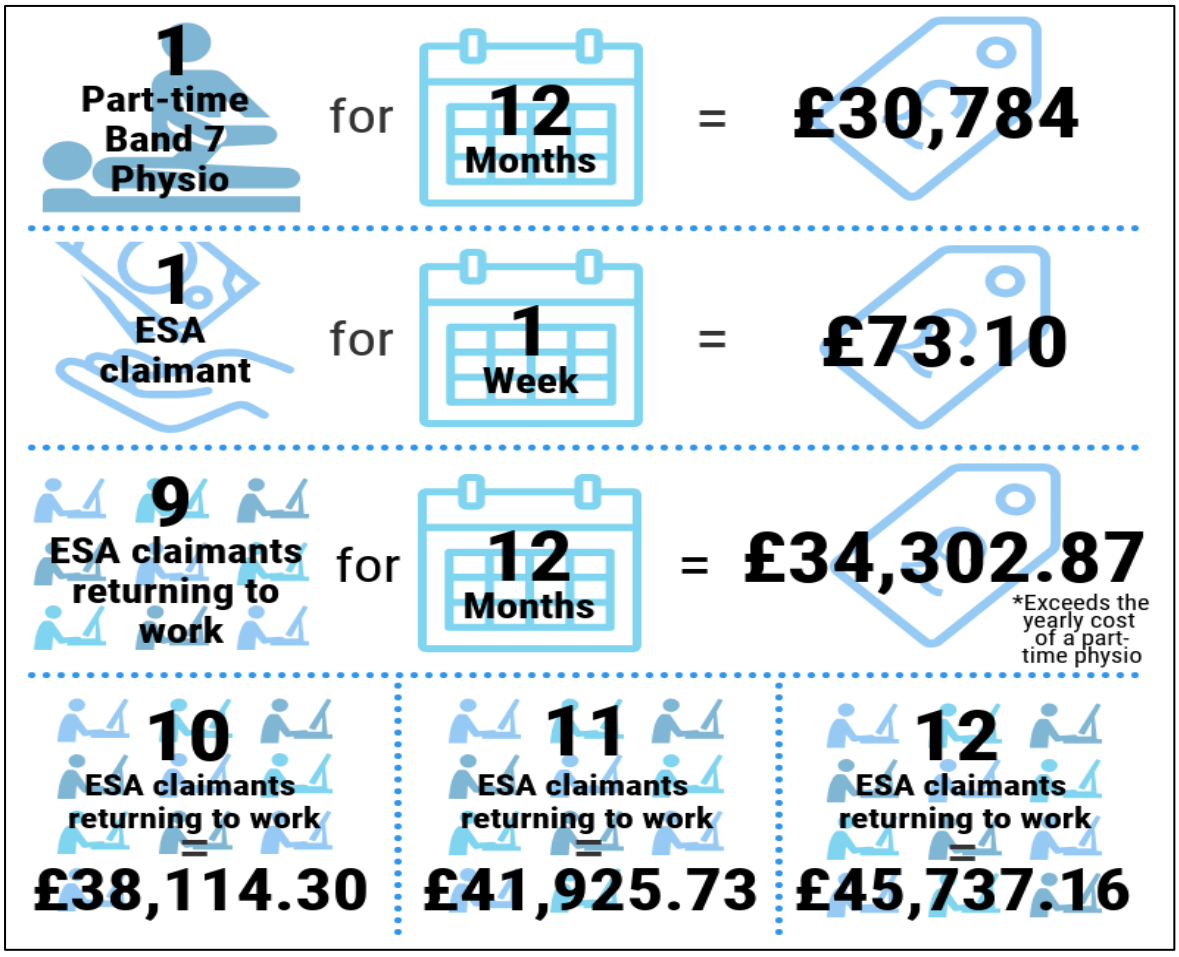
As part of the understanding around available provision for enabling people to get back into (and retain) work, a gap was identified around the joining up of MSK services with employers and the JCP. Although little formal evidence was available around the effectiveness of this joined up approach, there is a good practice example from the Port of Tilbury who have an in house physiotherapy provision that feeds results straight to the in house doctor service. This then informs the doctor's decision on what work the employee can be reasonably expected to undertake. The suggestion of including an MSK service within the JCP centres has also been discussed at regional worklessness and health meetings as a potential area for trialling. This would identify what an MSK claimant might be able to do on return to work. These have been modelled below for Thurrock Council and JCP.

The following modelling exercise was developed around the cost of ESA claimants for MSK conditions. The savings were conservatively hypothesised on the premise that they would only been claiming the basic ESA benefit at a rate of £73.10 a week, no other allowances, and the savings of benefits would be for one year.

The modelling looked at the annual cost of a part-time physiotherapist offer at £30,784 (annual cost for 18 hours a week provision) against the benefit costs. A part-time provision was modelled on 18/19 figures for Thurrock council that showed 240 employees on sickness absence for MSK and 600 claimants of ESA for MSK in the JCP. This would allow for the council employees to receive three hours of assessment and JCP claimants 1.5 hours.

It should also be noted that the cost for the physiotherapy provision are employment costs only and there could be an opportunity for the development of an offer from the MSK community provision recently developed by the CCG.

Figure 22: Modelling best practice to Thurrock ESA claimants



Returning just 9 ESA claimants to work for 12 months would save £34,302.87 in benefits; this just exceeds the yearly cost of a part-time physiotherapist. Savings would continue for each additional claimant who is returned to work resulting in further surplus to the cost of a physiotherapist. The physiotherapist would identify what type of work a claimant could undertake with suitable adjustments. ESA claimants can earn up to £140 per month through work which could help with easing back into the workplace.

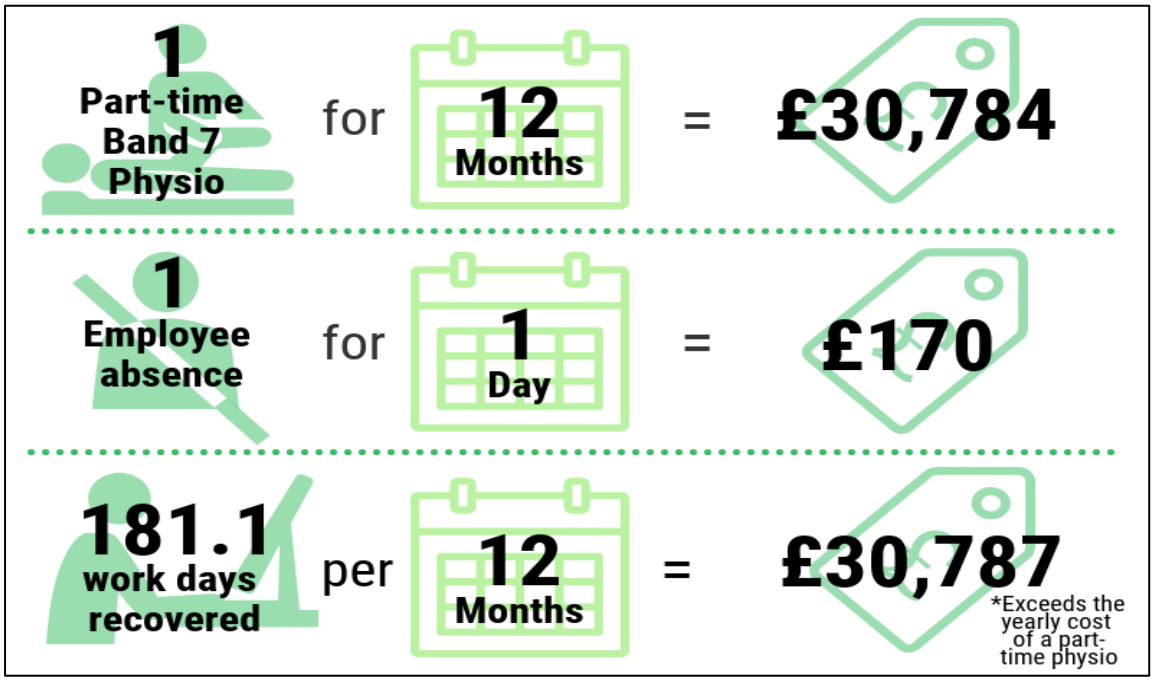
The JCP would be responsible for the monitoring of this service. To evidence success outputs around the number of claimants getting back into work and their improved health and wellbeing should be collected. This would allow for the scaling up or down of future provision.

The total cost of MSK related absences for Thurrock Council over 1 year is estimated at £396,922. This is assuming an approximate cost of £170 per-employee per-day based on an average salary.

Figure 23: Estimated annual cost of MSK absence to Thurrock Council

If a part-time physiotherapist were able to prevent 8% of MSK sickness absences, this would cover the cost of their employment. This would be achieved by identifying what work the employee was able to undertake with suitable adjustments.

Figure 72: Modelling physiotherapist employment to Thurrock Council



Thurrock council would be responsible for the monitoring of this service. Outcomes around the number of employees being back at work and their improved health and wellbeing would evidence success and the scaling up or down of future provision.

This example has identified the savings that these two proposed projects could provide and it is recommended that if any further projects identified from the recommendations within the JSNA are agreed that a ROI modelling should be undertaken to ensure value for money as part of the planning.

With the new MSK community health hub provision it may be possible to access this services which could generate further savings in staffing costs.

Whilst this modelling identifies potential cost savings there is also the health and wellbeing benefits for people who are able to return to or retain in some form of work. This is seen to result in significant physical and mental health improvements and measures to capture this should be developed to add some softer outcomes to these projects (50).

Below is the recommendation developed from modelling undertaken within this chapter:

Recommendation;

Physiotherapy service is included in the JCP and Thurrock Council OH offer. This could result in a swifter return to work and increased health outcomes.

Chapter 7 Summary and Recommendations

7.1 Key Findings

The key findings of the JSNA are noted in the table below:

The worklessness and health agenda has become an important area, with government national strategy being developed around mental health and MSK that make recommendations to health, local government, Job Centre Plus (JCP) and the voluntary and community sector about how worklessness can be addressed.
Workplace health has been identified as having an important part to play in the retention of employees with long term conditions.
Good quality employment is a key factor in maintaining and fostering good physical and emotional health in both existing and potential employees.
The annual national cost to the wider system of sickness absence due to poor health is £100 billion, therefore investment in services that support early return to work will result in cost savings relating to benefit claims and work absence. The cost of the total of ESA claimants alone in Thurrock equates to a £47,417,900.
New guidance has been developed by Public Health England (PHE) to improve the quality of information recorded within fit notes to support people back to work.
There is a higher proportion of females claiming ESA due to MSK conditions compared to males. The majority of these female cohorts are aged between 50 and 60 years.
There tend to be more male ESA claimants, claiming due to mental health conditions compared to females. Of this male cohort the majority are aged between 25-44 years.
The Economic Development Skills Partnership (EDSP) which has been developed in Thurrock helps to identify the future needs around skills and education.

7.2 Gaps Identified

During the development of this document the following gaps in both strategic overview and local provision were identified:

No overall strategic approach to worklessness and health in Thurrock's was identified.	Ch. 5

The role of work or volunteering is not always identified as a health outcome within the health and care system.	Ch.3
There is a very limited offer around MSK. The only identified offer is the physiotherapy service commissioned by the Clinical Commissioning Group (CCG).	Ch. 5
There is a reasonable offer around mental health provision but this is fragmented.	Ch. 5
There is no clear linked pathway for claimants and professionals to access appropriate services or community offers to aid return to work.	Ch.5
Services were not always identified to be person centred or flexible in their approach.	Ch.5
Knowledge of all available services offered locally appears to be fragmented with service providers often not being aware of where they can signpost residents to.	Ch.5
There are a number of workplace health schemes being run by employers across Thurrock. However, these schemes are not accredited and as such quality assurance is lacking. At present there is no identified way to assess whether these schemes follow best practice or meet quality standards.	Ch.5
Although fit notes are being issued by Thurrock GPs, these contain limited information on diagnosis and ongoing treatment and time line. They also provide limited to no guidance about what reasonable adjustments could be made to support a patient to either remain or return to work, e.g. light duties, special equipment or phased return.	Ch.6
Although there is some training around sickness absence, mental health, MSK and other long term conditions there can be a variation in how this is managed by managers, staff and service providers.	Ch. 5 & 6
The Department of Works and Pensions (DWP) Disability Confident employer's scheme has a limited uptake in Thurrock. There are 7,680 employers with only 46 who have joined the scheme to date.	Ch.5

Potential strategies and projects to address these gaps are included as part of the recommendations below:

7.3 Recommendations

The Findings	Strategic Recommendations	Action owner
A whole system approach to worklessness and health is lacking. There are elements of good practice but no overarching strategic direction for Thurrock. For example Thurrock's Health & Wellbeing Board (HWWB) signed the Prevention Concordat for better mental health in July 2019, but this is limited to mental health rather than an overarching ill health prevention pledge.	Building on the EDSP partnership a task and finish group should be formed to co-produce a worklessness and health strategy for Thurrock which identifies the roles that all partners are required to undertake. The strategy will prioritise the: • Understanding and development of a targeted approach for the reduction of worklessness due to health conditions e.g. Workplace Heath programme. • To ensure appropriate claimant pathways into/ between all services and the community offer are established, including for physical activity opportunities. • Provide an overall data collection framework that will enable evidence for return on investment (ROI), quality or provision and possible future funding applications • To develop opportunities for commissioners to identify accessing and maintaining good work and volunteering as health outcomes.	EDSP

The Findings	Non-Strategic Recommendations	Action owner
Learning from the Leeds project and the JCP Multi Agency Centre's (MAC) approach, identifies that a combined approach to the various strands that	Development of a single point of access portal which will incorporate a range of services and community offers supporting those to return to work. This could be run via the Community Hub programme.	JCP/CVS/ Communities

affect health and wellbeing is seen to remove these barriers into employment.		
The offer for getting people work ready in Thurrock is broad but most agencies do not have long term funding streams which is disruptive for both users and referring services.	EDSP partners should develop a sustained funding model as identified by NCVO. https://knowhow.ncvo.org.uk/funding	EDSP/ CVS
The uptake of employers in the Disability Confident accreditation scheme is low.	A communication plan to be developed Which will aim to increase uptake of the Disability confident scheme.	JCP/ EDSP
Specific support options available for those with mental health needs who might want to return to work were identified. However, more information is needed to ascertain if there is sufficient provision available for those outside of the IPS setting in sustaining work once obtained.	Further research to be undertaken specifically around the need for employment support for those with mental health needs who do not meet the IPS criteria.	JCP/PH
Modelled estimates show that the potential cost of suicide attempts in ESA claimants could be high.	Specialised package of support to be developed for ESA claimants in partnership with JCP to help earlier identification of likely suicidal ideation and improved referral routes into appropriate support services.	JCP/PH

There is a limited evidence base around this specific topic.	Learning from the Thurrock approach to this topic is added to the evidence base both locally and nationally through the regional networks.	EDSP/PH

The Findings	Professional Training/ Information	Action owner
There is a need to understand any hesitation around completing fit notes to indicate work capability.	Undertake research with GPs and Allied Health Professionals to understand barriers to fit note completion and strategies to improve completion quality going forward.	CCG/ PH
Completion of fit notes that indicates what a person can do on return to work is low.	Information and training sessions to be delivered to GPs and Allied Health Professionals incorporating the new guidance from PHE around how to complete fit notes. To include importance of the correct coding of LTCs on the notes.	CCG/PH/JCP

The Findings	Pilot scheme recommendations	Action owner
The costs for MSK sickness absence is high for both workplaces, the benefit system and the individual.	Recruitment of a physiotherapy worker jointly between JCP and Thurrock Council on a pilot basis. This worker would give more specialised support and advice to those with MSK conditions to enable return to work and link in to the newly-commissioned physiotherapy offer within health services. Outcomes to include softer measures around health improvement.	JCP/TCOH/CCG
To assist in expanding the offer for support in returning to work to all areas, especially where there are significant health inequalities. Return to work projects have been funded in Tilbury through the Community Led Local	Robust evaluation of existing CLLD projects to be used to inform future funding bids and projects in other areas of Thurrock.	EDSP

Development (CLLD) fund. One of these is specifically around mental health.		
Fit notes that are being received by employers and the JCP are not evidencing what a person can do upon returning to work.	A pilot fit note project to be developed with the CCG, JCP and Thurrock Council which builds on the PHE guidance to evidence effectiveness of the role in fit notes for early RTW.	JCP/CCG/TC

The Findings	Workplace health recommendations	Action owner
In terms of workplace health, there is currently no quality assurance in place to ensure best practice and quality standards are being identified. Although there is some evidence that employers hold elements of specialist accreditation, it would be beneficial to have a more consistent approach.	Utilising the PHE guidance, and the Coventry pilot findings, a Healthy Workplace accreditation scheme to be developed for Thurrock in partnership with other Thurrock employers and employees. This will set a kite mark for Thurrock employers. The framework should identify a suite of different approaches relevant to different conditions including: • Use of digital devises and prompts. • Stress/anxiety to form a standing agenda item at all team meetings. • Regular organisation feedback around stress/anxiety. • Robust data collection that enables triangulation of information. • Supportive sickness absence processes with a consistent approach which recognises the need for equality for LTC absences.	EDSP/HR

	• Management training around LTCs and condition management. This should be co-produced with appropriate employees.	
There are elements of local policy and guidance that give opportunities for promoting positive health and wellbeing but this needs to be identified within all relevant policies.	Audit of current relevant policies and strategies to identify baseline. Then, incorporation of health & wellbeing into strategies to ensure overarching good practice processes and assist with staff retention. Thurrock Council to lead the way in this and cascade this good practice out to further Thurrock employers.	PH/HR
Data is being collected by workplace health and occupational health services. There is little evidence that this data is being collected in a way that allows for triangulation across departments and other agencies to allow for a true picture of sickness absence costs.	HR departments to agree a standard data collection framework around sickness absence to allow alignment and comparison across organisations in order to better understand the issues around staff sickness absence and its link to potential future worklessness. This will enable comparison and triangulation of data across both the council and other organisations.	PH/ ODHR
A one size fits all work place health process does not fit the needs of the whole workforce and there should be the ability to adjust these to suit different situations.	Policies and processes related to managing sickness absence are developed and implemented in line with the Equality Act 2010. This includes the implementation of reasonable adjustments that specifically affect employees (e.g. long-term conditions).	HR

7.4 Summary

In summary, the JSNA has used an evidence based approach to identify both national and local good practice around the worklessness and health agenda, with a focus on MSK and mental health, using ESA claimants for these conditions as the sample group.

The size of the problem in Thurrock was described and, although not dissimilar to other areas, the cost was seen to be high both economically and for individuals with LTCs.

To gain a local perspective around barriers to gaining and sustaining work, service user feedback was added to the learning from national evidence. Many of these are similar and were predominantly around lack of confidence, both in the person and their ability, but also in an employer's understanding and support of their conditions. The benefits to individuals of working, such as better physical and mental health outcomes were described and, as part of the modelling of projects to return people to work, it was suggested that these outcomes be collected to add to the understanding of the human side of these.

One of the largest issues discovered was around the fragmentation of the services and the lack of a clear pathway for claimants and professionals to access appropriate services and ongoing support. The development of a collaborative of local provider organisations was suggested to ensure a whole system approach to this agenda, led by the EDSP group. Information on successful projects both locally and in other areas highlighted potential ways of achieving this and these form part of the recommendations.

The data used in this JSNA is limited at present due to the new Universal Credit benefit. This is a benefit payment for people in or out of work that has replaced some other past benefits including ESA. Universal Credit is still being adapted and slowly rolled out across the country (due to be completed by 2023). One of the problems identified is the present difficulty in identifying disability and long-term conditions as there are no data collection markers within the system for this, but this is being updated regularly.

A good workplace health offer has also been seen to play an important role in both employment opportunities and staff retention. Included in this is the need for greater understanding of LTCs, in this instance MSK and mental health, and how people with these can be supported by management and staff.

Overall the work has identified that there is a need to ensure a cultural shift around how worklessness and health is viewed. Thurrock has many strength that already exist around this agenda and one of these is the close networks and partnerships that have been developed through the EDSP group and the economic development employer networks. The evidence from the report developed recommendations that need to be strategically focused around this agenda.

With this in mind the main overarching recommendations from the JSNA are for the development of:

- A strategy for worklessness and health with a framework of actions to assist timely return to work.
- The development of a clear pathway that joins up all services and allows claimants to be signposted to the most relevant services in a timely and appropriate process.
- A healthy workplace accreditation scheme for Thurrock that ensures good practice and equity of access for people with LTCs

7.5 Continued progress

Going forward there is a continued interest and engagement in this agenda. NHS England/Improvement, the joint DHSC/DWP and Health Unit, and PHE are working together to explore how individuals can be supported to find and/or remain in 'good' employment. There will be a report in mid-2020 on their findings.

Top level highlights from this work will be:

- Common enablers
- Strong leadership from senior figures, shared strategic vision and objectives
- Integrated working
- Using data to make the case, plan and evaluate – linking data sets

All of this has been noted within the JSNA findings and recommendation. A range of resources will be produced and shared on the Future NHS website to support local areas in the development of a health and employment support offer.

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Appendices

Appendix 1: Consultation Responses

Mental Health:

Worklessness and Health focus group questions -

Focus Groups: Mental Health, MSK, JCP.
Focus Group Participants: 11, 3, 10 = 24 participants in total.
Open questions

1. What do you think (in your experience) are the barriers to getting into/back to work?

- *Education, Child Care. Lack of confidence. Lack of belief in one's own abilities. Lack of interviewing practise and age. Cost of training.*
- *A lack of training to actually do the job, discrimination if you have suffered mental or physical health issues.*
- *Insufficient tailored support to meet specific needs e.g. LD; staff with insufficient training to understand disability*
- *Chronic Pain, depression, disability, worried about making things worse*
- *Worried about needing to take more time off*

What do you think are the barriers to retaining work?

- *Self-sabotage, not believing your capabilities, not enough support, stress of new routine, tiredness in wanting to 'prove' your worth!!*
- *Mental health, pressures put on people with unrealistic deadlines, high expectation of employers expected extra hours to be worked (often unpaid) and this is in spite of them saying all the right things like the importance of "work life balance"*
- *Stress and Anxiety, poor management, poor senior management, not understanding what makes you want to work and no empathy. Fear of being open about your health – due to concerns for confidentiality. Fear of stigma and discrimination from managers & colleagues*
- *Organisational cultures that don't allow flexibility around health conditions & disabilities. HR & managers not sufficiently trained to deal with disability in workplace*
- *Poor work-related stress policies and procedures or not well translated by management to staff.*
- *A lack of support within the benefits system to get people into appropriate voluntary work. Financial – having the resources needed, like a car.*
- *Pain is worse at work so coping /managing*

3. What do you think could support you to get back into work?

- *More support in staggering length and intensity of work for a while, or the ability with the employee to have a liaison support worker within a company*
- *Volunteering, support tailored to my needs*
- *Help with employment specific skills such as interview skills*
- *Contacts with employers, job trials/ job shares*
- *I found CBT courses with Inclusion/ Recovery College and Silver cloud /Be-mindful programmes run by Inclusion have helped me the most.*
- *Physiotherapy being more fit/active*

4. What do you think in your experience are the barriers to staying in work once you have a job?

- *Sometimes situations become too stressful, tiredness sets in, then perhaps ill health both physically and mental. The workload and managing pain.*
- *Having things in place in workplace to support people with long term conditions.*
- *Benefits – fear of loss of benefits, parking & travel costs.*
- *Poor use of reasonable adjustments, confidence to ask for what you need*
- *Employers with fixed ways of working, lack of organisational growth in line with evidence on employee engagement & workplace well-being, lack of flexible working*
- *Work trials and opportunities to move into traineeships/ apprenticeships for adults, with support to fill that gap from being out of work for so long*

5. What do you think would help you to stay in work?

- *Financial help for first few weeks, less bureaucracy.*
- *Constant support from management. Use of flexible working*
- *Employers seeking feedback and evaluation from employees.*
- *Employers to participate in healthy workplace initiatives, team building exercises.*
- *Working in a supportive environment with a culture of being open about mental health and viewing lived experience as an asset.*
- *Managing my pain and easing into it*

6. **If you are at work or were at work what was your experience of the workplace help offer? (Positive and negative)**

- *HR with the correct skills & experience can be really supportive*
- *Sometimes it feels that HR is not on the side of staff only of management*
- *Workplace counselling can be good but fears of confidentiality if accessing*
- *Lack of information can be negative*
- *OH not seen as supportive rather used as punishment/ OH can be supportive if you are well informed. Negative due to lack of understanding.*

7. If you have used the local mental health (EPUT IAPT) or MSK or Job Centre Plus services what was your experience of these?

- *Musculoskeletal service I'd say average at best/ pain management service good.*
- *Training at Job Centre Plus to help them identify when people are genuinely depressed.*
- *The job centre were helpful, though only the disability employment advisors.*
- *My experience accessing IAPT was largely positive. Greater options and choice offered to people with regards to accessing compassion-based, integrated or straight CBT*
- *Recovery College has helped me make more progress in the last year, than in the previous 10 of seeking various support and counselling.*
- *Volunteering and the courses on the recovery college have helped develop skills.*
- *My experience with EPUT was dreadful. I was just a name on a list, called back in very occasionally to tick a box to see if I was still alive*
- *I have used an employment service for returning to work that support mental health needs and they talked about CVs on the first day which wasn't the help I needed.*
- *Job centre, quick easy, polite staff, able to answer all my questions, supportive, good at explaining things, treated my relative who is very fragile with dignity and kindness.*

Appendix 2: Supplementary information on service provision in Thurrock

Thurrock Council

Tilbury CLLD

A programme to help people overcome barriers to employment and get back into work in Tilbury. http://www.strongertogether.org.uk/Tilbury_Grants_25384.aspx

Thurrock Soup

Thurrock Soup is a series of events for people who've had a business idea to benefit the local community, and want to find out if it can be achieved. https://www.thurrock.gov.uk/local-schemes-to-benefit-businesses/thurrock-soup-your-business-ideas.

School for Social Entrepreneurs

A course, based on self-employment, designed to help people start up their own social enterprise businesses. https://www.the-sse.org/about-school-for-social-entrepreneurs/

Thurrock Opportunities

A one-stop website containing all the jobs, apprenticeships and training opportunities in the borough (and just outside). The portal is aimed at getting local people into work and employers an easy place to list their vacancies www.thurrockopportunities.co.uk

Local Area Coordinators (Social Care)

Local area coordinators (LACs) help vulnerable people find ways to a better life. Local area coordinators help people avoid reaching a crisis in their life. www.strongertogether.org.uk

Thurrock Micro Enterprises - "Ordinary people doing extraordinary things"

As of this month, there are over 100 Micro Enterprises (MEs) now delivering a wide range of services. Some are voluntary but others are paid. www.strongertogether.org.uk

Thurrock Adult Community College

The college has over 1600 part time adult learners a year. In 2019 39.4% of learners on courses moved into sustained employment as a result and 11.8% into training and 4.6% into volunteering. A further 12.4% were looking for employment.
https://www.thurrock.gov.uk/community-college/introduction

Voluntary and Community Organisations

Thurrock MIND

Thurrock MIND runs a variety of groups to help people with mental ill health to recover. These include, wellbeing groups and activities and peer mentoring and groups. Also the Stepping Stones gardening programme. www.thurrockmind.org.uk

One community

One Community is based in Tilbury. They help with advice, skills development and access to training, life coaching and work clubs. www.onecommunity.org.uk

Ngage

Volunteer Centre Thurrock support people into accessing volunteering opportunities to help them to gain experience and to learn new skills. They work closely with the Job Centre.
https://thurrockcvs.org/ngage-thurrock

DIAL South Essex

DIAL provides a confidential information and advice service on all issues affecting disabled people's everyday lives. www.dialsouthessex.co.uk

Citizens Advice Bureau (Thurrock CAB)

Citizens Advice Bureau offer free, confidential, impartial and independent advice around problems with debt, benefits, employment, housing, consumer, and many more issues.
https://www.citizensadvice.org.uk/local/south-essex

Go Train

Go Train in a training provision that works closely with the Job Centre
www.go-train.co.uk/contact/

Heads Up

We work with people who are out of work and have experienced common mental health problems. https://eput.nhs.uk/our-services/essex/essex-mental-health-services/adults/heads-up

Employ-Ability

Employ-Ability is a specialist employment support charity working with people experiencing mental health problems. http://employ-ability.info/

4SX

4SX, a consortium of voluntary sector partners are supporting carers in Essex, Southend and Thurrock through their programme 'The Way to Work'. www.4sx.org.uk

Thurrock Libraries and Hubs

Libraries and Hubs' stock a wide range of books on careers, writing CVS and preparing for interviews and there are two job clubs in the libraries. https://www.thurrock.gov.uk/libraries

World of Work

Thurrock Centre for Independent Living (TCIL) supports people who wish to gain, or return to, employment the project is also available to adults with learning difference and autistic spectrum disorders. www.tcil.org.uk/wow.html

Signpost

Signpost works to support people in deprived communities with a focus on unemployment. We use empowerment as a mechanism of change. www.sign-post.info

Appendix 3: Nice Standards

https://www.nice.org.uk/guidance/ng13

The guidelines include information on:
Organisational commitment

- Quality standards
- Equality and engagement
- Role and leadership style of line managers
- See also what NICE says on promoting mental wellbeing at work.
- Monitoring and evaluation
- Training

Appendix 4: PHE fit note guidance

15/10/2019 PHE East of England

A Case Study of a GP and Jobcentre Plus Working Together in the East of England

"Health and wealth are two sides of the same coin… For those out of work, the best public health intervention would be to help them get a job." – ***PHE Annual Business Plan, 2018-19***

Paper 2

Example of a Statement of Fitness for Work

Paper 3

Health and Work: A Resource for Primary Care

Paper 4

A Brief Overview of Jobcentre Plus Services

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26th November 2020	ITEM: 8
Health and Wellbeing Board	
Eastern Region Care Market Workforce Development Strategy	
Wards and communities affected: All	**Key Decision:** Non-key
Report of: Ceri Armstrong, Senior Health and Social Care Development Manager	
Accountable Head of Service: Les Billingham, Assistant Director of Adult Social Care and Community Development	
Accountable Director: Roger Harris, Corporate Director of Adults, Housing and Health	
This report is Public	

Executive Summary

The care provider market is extremely fragile. Taking a new and innovative approach to workforce development will help to reduce and manage the market's fragility level. The Eastern Association of Directors of Adult Social Services' (ADASS) Market Development Group commissioned a Regional Care Market Workforce Development Strategy in recognition of the vital link between the social care workforce, market stability, the provision of high quality and personalised care and the ability to overcome some of the causes of market instability and inflexibility.

The Strategy outlines the Region's vision for a thriving care workforce and therefore a thriving care market.

In addition, workforce development and sustainability is also being considered at a Mid and South Essex Health and Care Partnership level – with the recent production and sign-off of the Mid and South Essex Health and Care Partnership Integrated Workforce Strategy. Given the similarity and mutual dependency of issues facing both the NHS and Social Care, the Care Partnership's Workforce Strategy has a system focus and has been developed with significant input from the three upper-tier local authorities in the Mid and South Essex area.

Both Strategies are mutually dependent on each other and are, as a result, appended to this report for review, comment and endorsement.

1. Recommendation(s)

1.1 That Thurrock Health and Wellbeing Board note and endorse the Regional Workforce Strategy; and

1.2 Notes and endorses the Mid and South Essex Care Partnership's Workforce Strategy.

2. Introduction and Background

2.1 Over the years, local authorities have relied heavily upon the externally provided care sector to meet people's assessed social care needs – predominantly through the commissioning and provision of domiciliary and residential care. The development of the personalisation agenda has led to some diversification through an increase in the number of people seeking a direct payment and a 'different' solution that challenges more traditional types of provision.

2.2 With 177,000 jobs in the Eastern Region Adult Social Care sector (Skills for Care 2019) and the vast majority of those jobs being within the Independent sector (81%), market development cannot be successful without workforce development.

2.3 Over recent years, the care sector has faced a number of significant challenges – many of these leading to the collapse of contracts or of providers themselves. High on the list of challenges is the market's ability to attract and retain staff and to provide the skills required to meet challenging demands and requirements. The Covid-19 pandemic has shone a light on the fragility of the care market and the extent to which it underpins the ability of the health and care system to function. This has helped reignite the challenges faced by and importance of the care sector at a national level.

2.4 The philosophy underpinning health and social care is shifting. People want to be able to continue to achieve what is most important to them in their lives regardless of their health and care 'needs' or 'condition'. This has meant a fundamental change in what is required of the social care and health workforce and of the market place – ensuring that it shifts from a 'one size fits all' approach to one that recognises the importance of flexibility, plurality and most importantly the ability to deliver 'what matters' to the person requiring support.

2.5 The Eastern Region Care Market Workforce Development Strategy reflects how these challenges will or should be addressed, describes the workforce required in to the future, and identifies the Region's role in delivering or influencing the changes required.

2.6 An element of the Regional Strategy considers how it can both influence health workforce development strategy and also ensure that any health and social care workforce strategies are mutually beneficial. As such, Thurrock,

Southend and Essex Councils (Ceri Armstrong, Sarah Baker and Fiona Wilson) have worked with the Mid and South Essex Care Partnership via its Local Workforce Action Board (now People Board) to consider and develop an integrated workforce strategy.

2.7 Both the Eastern Region Care Market Workforce Development Strategy and Mid and South Essex Care Partnership Integrated Health and Care Workforce Strategy are attached for review, comment and endorsement.

2.8 Endorsing both strategies does not indicate a 'one size fits all' approach, but an approach that recognises the importance of developing, sharing and influencing certain issues and solutions as a broader entity – where it makes sense to do so. The principle of subsidiarity still remains and local areas will develop approaches that reflect place-based needs and strengths.

Priorities

2.9 The strategies brought to the Health and Wellbeing Board for review, comment and endorsement focus on the following mutually beneficial priorities:

Eastern Region Care Market Workforce Development Strategy:

Mid and South Essex Care Partnership Integrated Workforce Development Strategy Priorities:

Employment Brand and Offer	Flexible integrated teams (FIT)	System leadership and talent development
Making mid and south Essex the best place to work and live	Rotational role development	Leadership compact embedded across system
Targeted attraction and retention strategies	Passport to enable staff to work across organisational boundaries	System wide approach to talent management and talent mapping
Influencing the development of affordable housing and improved transport infrastructure for staff	Joint roles allowing flexible deployment across our integrated system	Bring leaders across professional groups and organisations together – system leadership alumni network
Improving our culture	**Filling difficult gaps, role and career development**	**Digital and technological innovation**
System wide approach to embed the right culture and behaviours	Mid and south Essex Partnership school of health and care	Support staff to implement new technology
Role modelling of behaviours by all staff, compassionate and respecting others	Career development framework across health and social care	Enable technology to work anywhere within the system
Inclusive, diverse workforce	Developing our staff to work differently	Increase productivity and capacity by adopting technology

3. Issues, Options and Analysis of Options

3.1 Both Strategies are mutually beneficial and allow the opportunity to develop a system-wide and innovative approach to developing the workforce required for now and the future.

3.2 Further work will be carried out to identify what will be done at a regional or Mid and South Essex level compared to at a local level. A local strategy or position statement is now required which will clarify the local authority's role and also link to the two strategies attached to this report. All strategies will operate around a common set of principles designed to deliver the best outcomes for individuals.

4. Reasons for Recommendation

4.1 To ensure that Thurrock is able to have the best chance at securing a care workforce that reflects the future of adult social care, that impacts upon the sustainability of the care market, and is able to provide the best outcomes for those people relying on the market for support.

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

5.1 Both Strategies have been consulted on via respective local authorities and also the Mid and South Essex Care Partnership. Further consultation will take

place as appropriate when identifying key actions and activities as part of an implementation plan.

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

6.1 The Strategies discussed within and appended to this report will influence the Council's ability to deliver good outcomes for people relying on the care market.

7. Implications

7.1 Financial

Implications verified by: **Rosie Hurst**

Interim Senior Management Accountant

Any implementation will be carried out through existing budgets or via the successful application for external funding.

7.2 Legal

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

There are no legal implications. How the workforce is developed may influence the commissioning landscape both in terms of what is provided, how it is provided, and how it is commissioned and procured.

7.3 Diversity and Equality

Implications verified by: **Natalie Smith**

Strategic Lead for Community Development and Libraries

A significant proportion of the existing care workforce are female (83%) and over the age of 55 (25%). Equality of pay between care staff and NHS staff remains an issue. The Strategies look at ways to encourage a broader cohort of staff.

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

None identified

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):

- Skills for Care – Analysis of Social Care Workforce

9. Appendices to the report

- Appendix 1 – Eastern Region Care Market Workforce Development Strategy;
- Appendix 2 – Mid and South Essex Integrated Health and Care Workforce Strategy; and
- Appendix 3 – Presentation on Eastern Region Care Market Workforce Development Strategy and Mid and South Essex Integrated Health and Care Workforce Strategy.

Report Author:

Ceri Armstrong
Senior Health and Social Care Development Manager
Adults and Community Development

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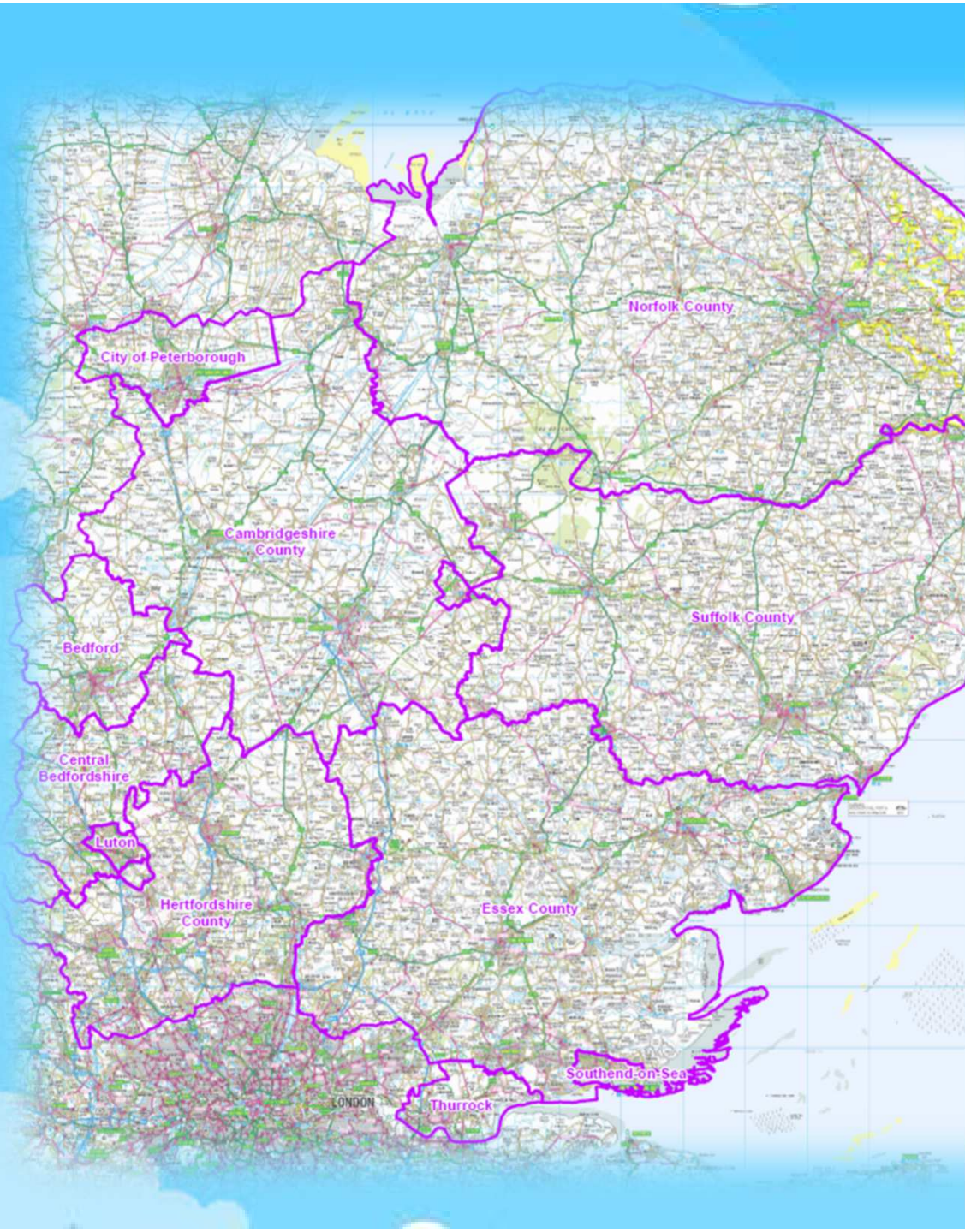
20 - 2025



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We want a health and care system that ensures people can achieve their version of a 'good
at any point of their life.

Over the years, local authorities have relied heavily upon the externally provided care secto
meet people's assessed social care needs – predominantly through the commissioning and
provision of domiciliary and residential care. The development of the personalisation agend
led to some diversification through an increase in the number of people seeking a direct pa
and a 'different' solution that challenges more traditional provision. The sector has also div
through different models of care such as extra care housing.

With 177,000 jobs in the Eastern Region Adult Social Care sector (Skills for Care 2019) and
vast majority of those jobs being within the Private, Voluntary and Independent Sector (81%
market development cannot be successful without workforce development.

Over recent years, the care sector has faced a number of significant challenges – many of
leading to the collapse of contracts or of providers. High on the list is the market's ability to
and retain staff and to provide the skills required to meet changing demands and requireme
The Covid-19 pandemic has shone a light on the fragility of the care market and the extent
which it underpins the ability of the health and care system to function. This helped to reign
challenges face by and importance of the care sector at a national level. Britain's exit from
Europe will add to the challenges faced.

The philosophy underpinning health and social care is shifting. People want to be able to
continue to achieve what's most important to them in their lives regardless of their health ar
'needs'. This has meant a fundamental change in what is required of the social care and he
workforce and of the market place – ensuring it shifts from a 'one size fits all' approach to o
recognises the importance of flexibility, plurality and most importantly the ability to deliver w
matters to the person requiring support.

This Strategy reflects how these challenges will be addressed, describes the workforce req
into the future, and identifies the region's role in delivering or influencing the changes requi

r Vision

‘A profession to which people are ttracted, are able to progress and wish o remain. A profession that enables the people it supports to achieve what’s important to them’

Our Priorities

- ecruitment and retention
- Career pathways
- Skills & values
- Wellbeing, Equity & Diversity
- Sector promotion
- Parity of esteem

he Purpose

It is important that the Strategy's starting point is to define the purpose of the social care workforce (external or internal) – from the individual's perspective. Our vision encompasses this.

A person wishes to be able to live their version of a 'good life' regardless of their need for health or care support. They want to have a good relationship with whoever is supporting them built on mutual interests where possible and for this to span both health and social care. They want as few as possible professionals in their lives. They want support to fit in with them and not the other way around. They want to be seen as a human being, and not just a 'task'. Most importantly, they want support to focus on delivering what matters to them rather than solely focusing on their condition or situation.

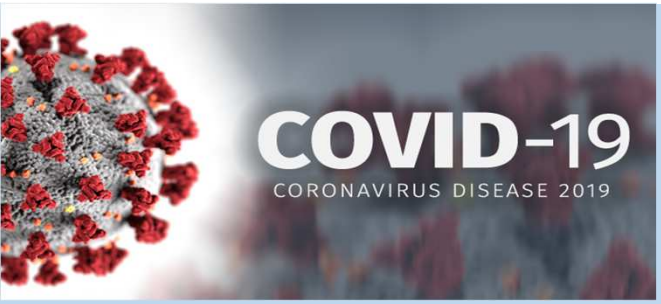
For the workforce itself, achieving this purpose will give them a fulfilling and valued career, and a career that people want to be a part of.

What are the characteristics of a workforc that delivers this purpose?

- Provides joined-up solutions across health and social care around a place
- Is flexible, innovative and creative and has the skills to act in this way
- Is not driven by time and task
- Is recruited against key values and life experience and not just skills or care experience
- Has the freedom and is trusted to deliver what matters to the person
- Works in partnership across similar organisations
- Works hand in hand with the community
- Has varied career and progression opportunities
- Feels valued and invested in
- Is proud to be part of the care sector
- Represents all walks of life
- Has equity with equivalent NHS and Local Authority roles
- Is able to focus on prevention

orted person	Care Practitioner	Provider	Commissioner
a good relationship with rers and feel they take a nterest in me	I focus on what matters to the person I am supporting and use time flexibly to do so	I work in partnership with the Local Authority, other providers and the community	I work in partnership with providers and trust them to deliver what's needed
rer(s) knows what matters and focuses on how I can ve it	I am valued and wish to stay in the sector	I am empowered to use allocated funding as I see fit – alongside the cared for person and workforce	I reduce bureaucracy to free provider time for increased to-face support
rer(s) has time to spend me	I have good career opportunities across both health and social care	I recruit according to values and can attract a wide range of individuals	I provide adequate resource which supports parity of es
my care flexibly depending w I feel and what I want to	I am invested in and have good opportunities for training and development	I am able to provide opportunities for staff with good training and development available	I attract a wide range of pro who are focused on place a delivering the best outcome people
ive high quality support makes a difference to how about life	My terms and conditions are fair and contribute to me wishing to stay in the sector	I have the resource to deliver fair terms and conditions	I enable a system-wide app to health and care by worki conjunction with health par and developing joint aims a deliverables
mily are confident that I am happy, fulfilled and am ving what matters most to	I feel proud to work for the care sector	I feel that I am able to provide good quality care and deliver that care flexibly to achieve what matters to the cared for person	I am able to provide creativ solutions and move away fr 'time and task'

Where are we now?



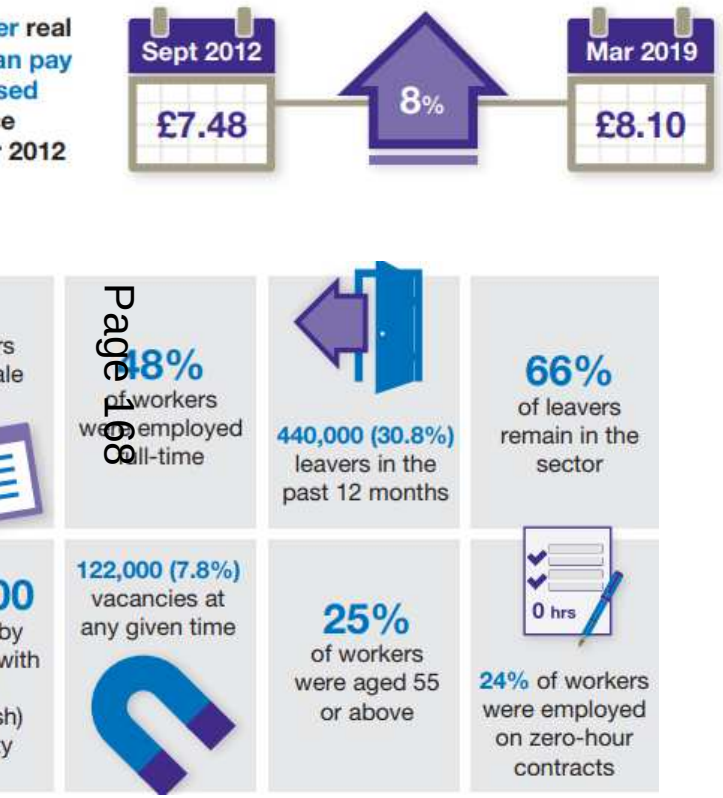
nce starting to draft this Strategy, the world has xperienced and continues to experience the direct and direct impact of Covid-19.

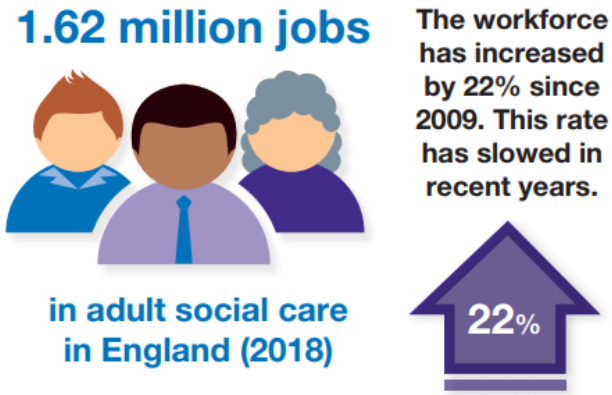
or the Care Market and its workforce this has ghlighted a number of issues, and some opportunities:

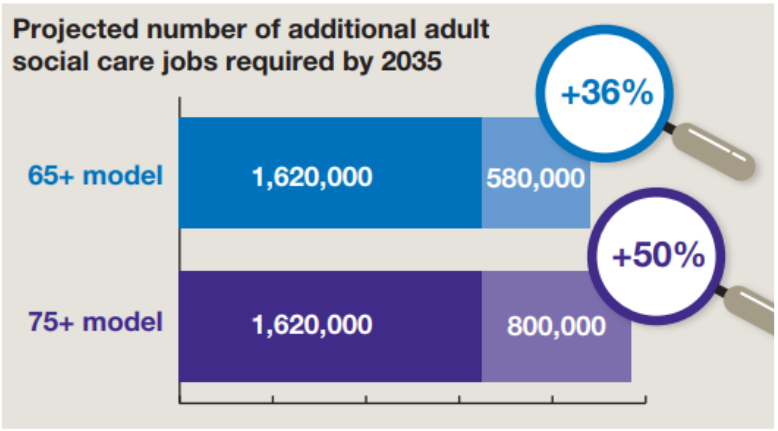
- The development of new ways of working – for example through technology
- The reliance on the care sector – both in terms of keeping people away from health settings, preventing and managing outbreaks and enabling quick discharge
- The strengthening of close partnership working between providers and local authorities
- The increased recognition that some merged and integrated roles are a possibility
- The disparity between health and social care workers and sectors
- The number of placement vacancies now arising in care homes – and what this might mean for the future function of residential care and also the demand for and cost of placements
- The increased public and national recognition of the role of the care sector and its workforce in keeping some of our most vulnerable citizens safe
- The expectations placed on care staff and care providers during the pandemic
- Possible opportunities for recruitment where people in other sectors have become unemployed
- Possibility of a reappraisal of the value of care roles in modern society – both in terms of recognition and pay
- The impact on and management of the health and wellbeing of the workforce – in particular people from Black, Asian and Minority Ethnic (BAME) backgrounds

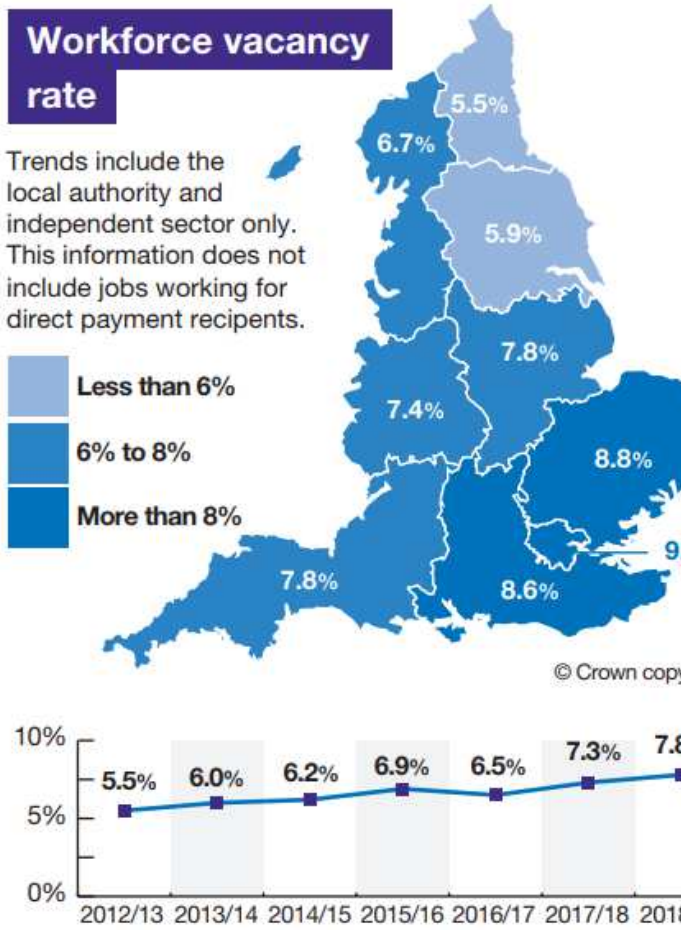
This Strategy looks at the issues and opportunities to aris from Covid-19 and reflects what they mean to the workforce through the delivery of the Strategy's priorities and actions. This will be reviewed as more is known about the ongoing impact of the virus.

tional Workforce Summary (Ref. ls for Care 2019)

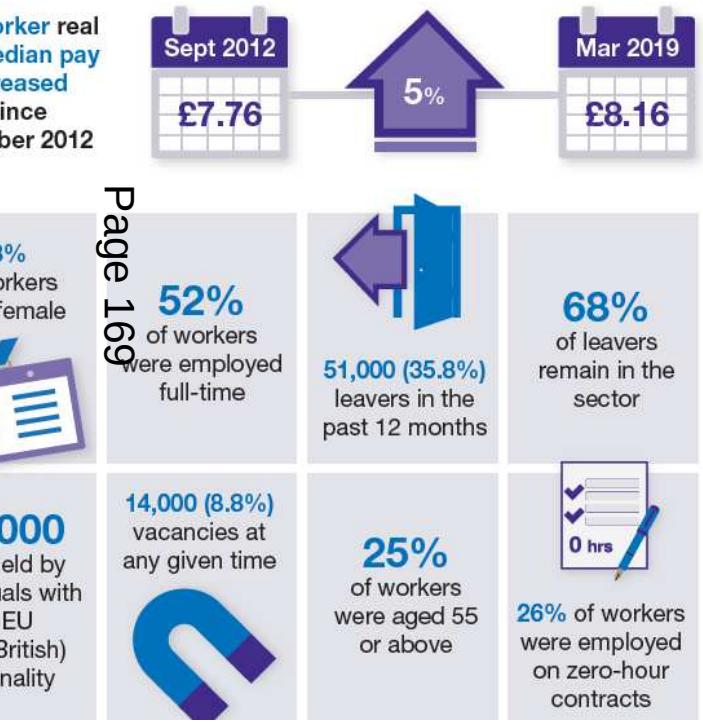


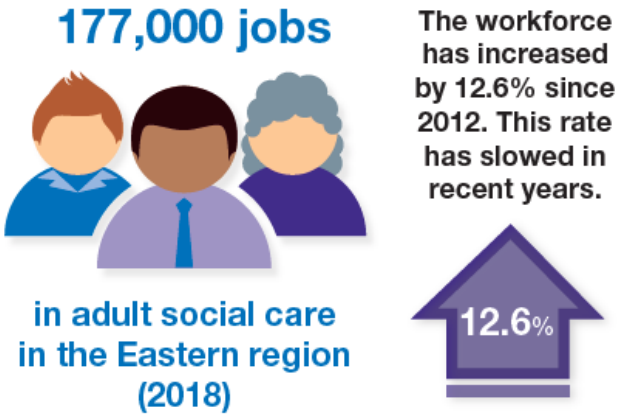


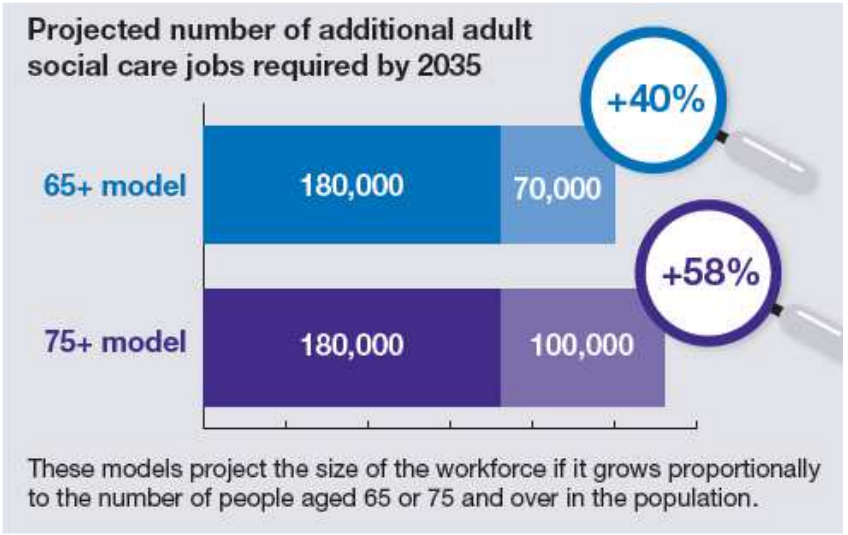


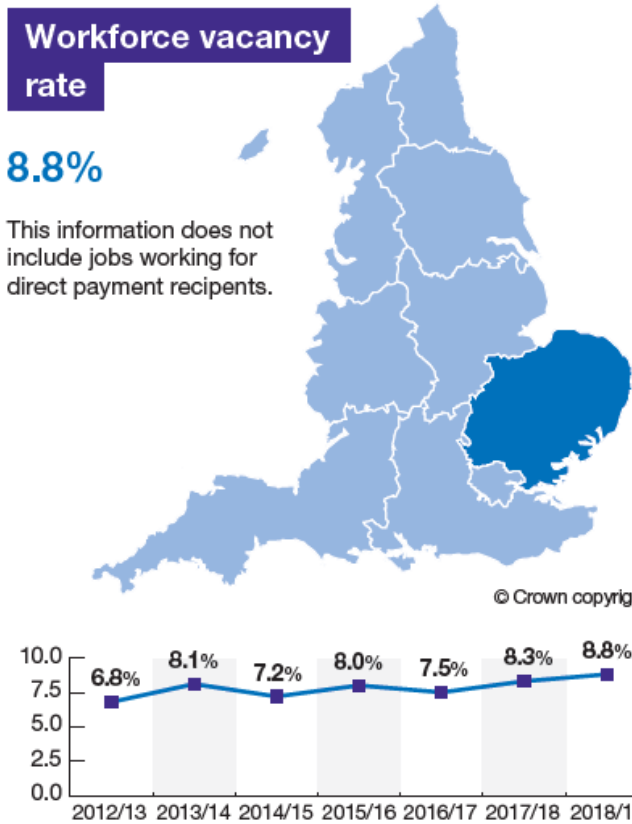


Eastern Region Workforce Summary
(Ref. Skills for Care 2019)









Eastern Region Care Market (ref. Skills for Care 2019)

1950

The number of organisations providing or organising care

58% → Non-Residential Care (inc. domiciliary care and day centres)

42% → Residential Care

87% → Fewer than 50 employees

2/3 → Regulated by Care Quality Commission

4100

Establishments providing or organising care

40% → Increase in non-residential care establishments

8% → Decrease in residential care establishments

81%

ASC Jobs are in the Private, Voluntary and Independent Sector

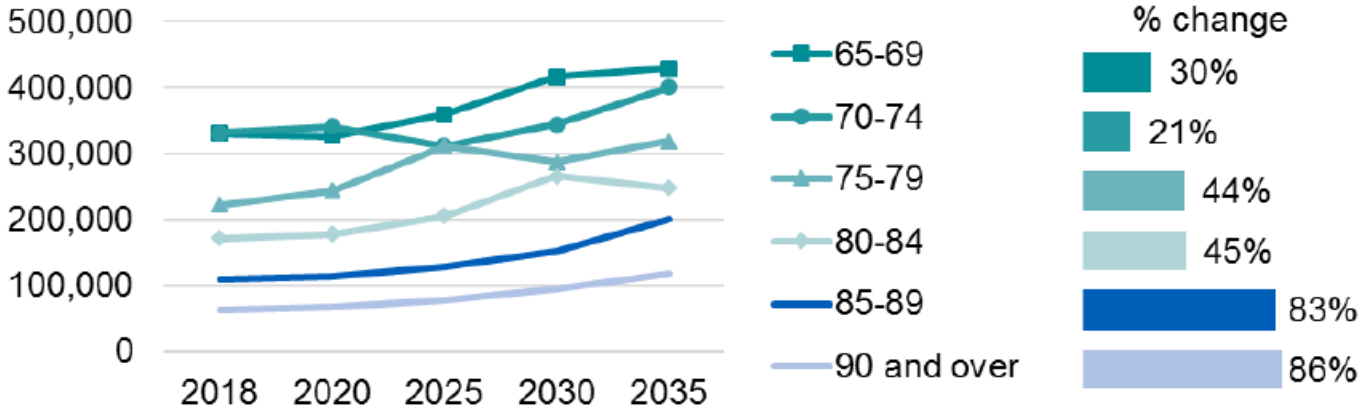
8% → Of those are provided by a Direct Payment

mographic Change

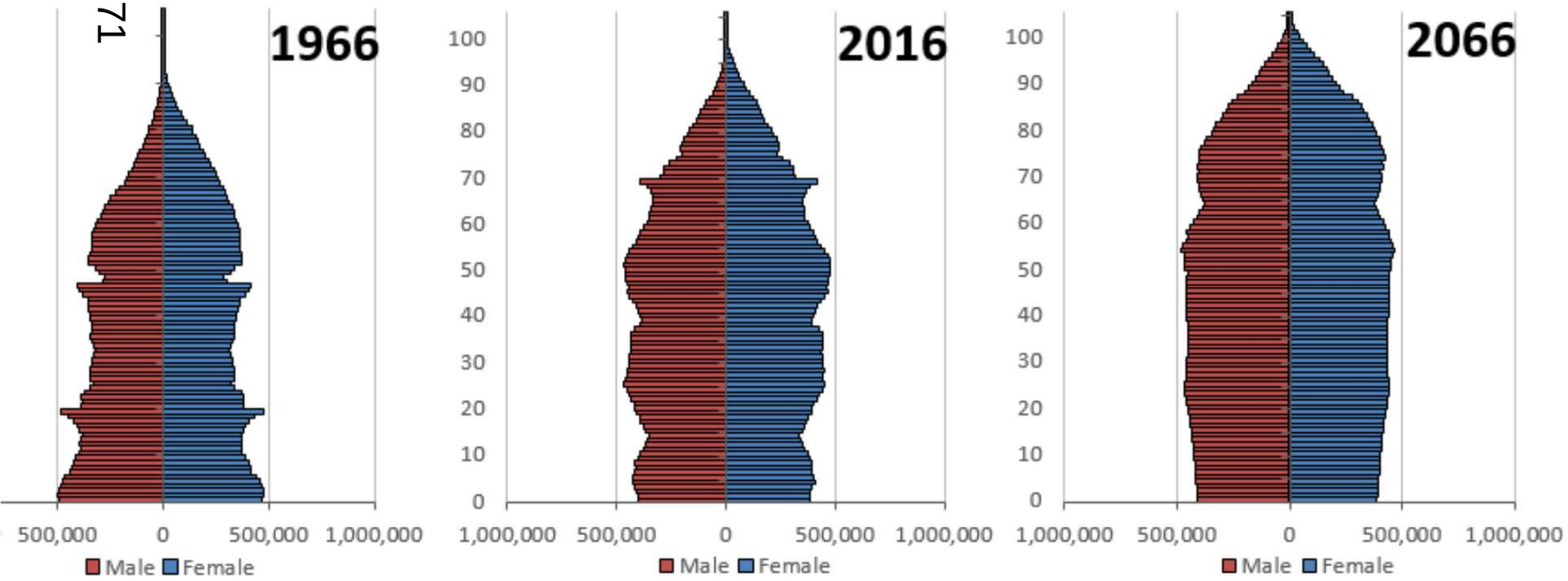
percentage change in the ber of people living over the of 65 – and particularly over age of 75 will place additional sures on the sector and its kforce.

Chart 62. Estimated population aged 65 and above in the Eastern region, 2018 to 2035

Source: Projecting Older People Population Information



[62] Projecting Older People Population Information, www.POPPI.org.uk
[63] Projecting Adult Needs and Service Information, www.PANSI.org.uk

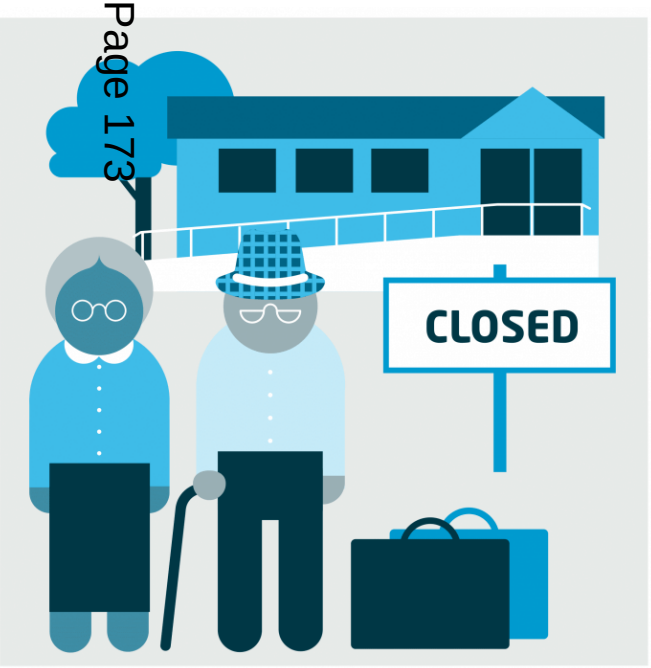


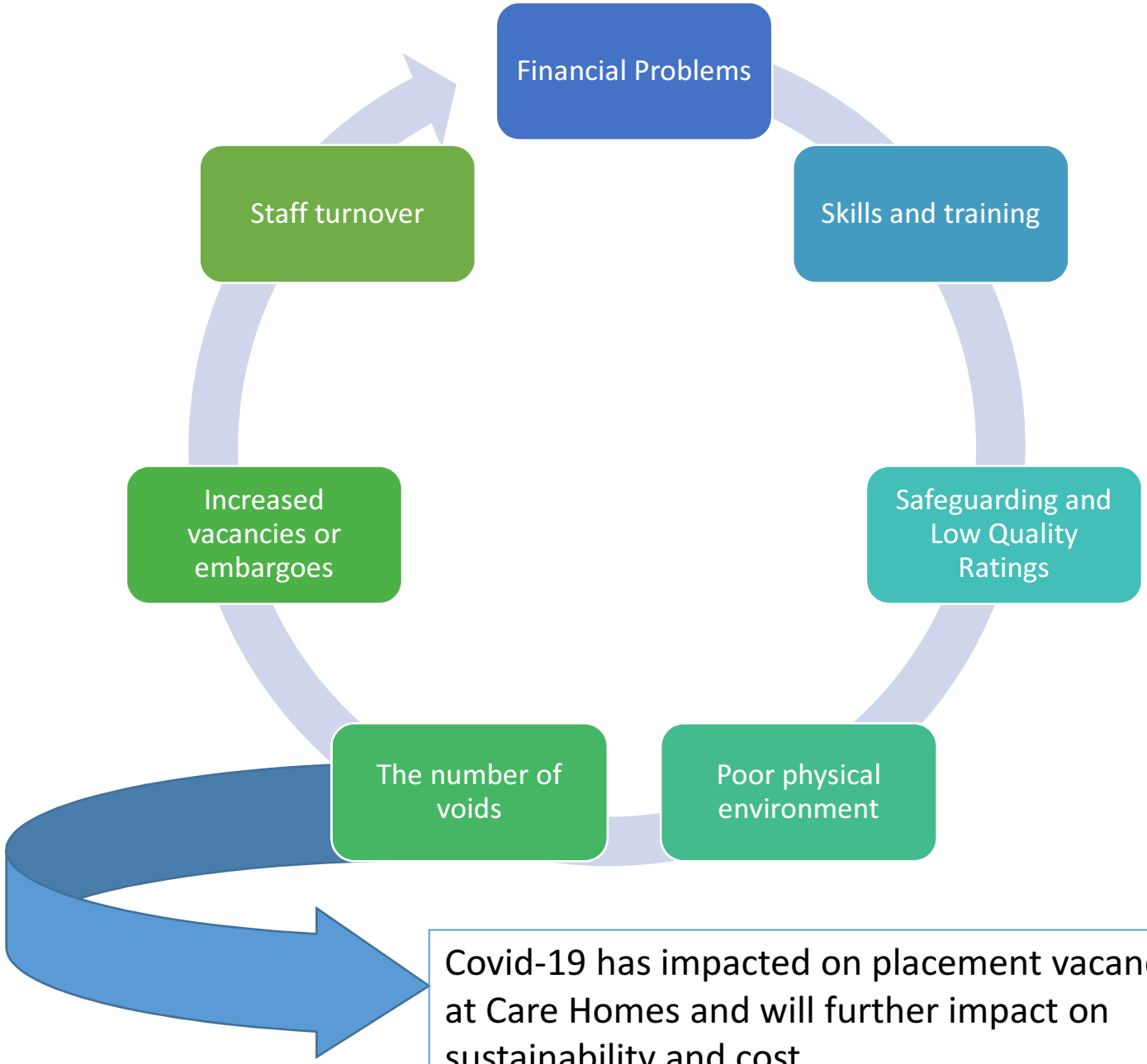
Key Drivers

National	Regional	Local
Emerging National Social Care 'People' Strategy (LGA, ADASS, SfC)	Similarity of challenges across the region	Risk of provider failure
Social Care Task Force	ICS geography and workforce strategies – regional People Board	Ability to achieve the best outcomes for people requiring support
Social Care Green Paper	Local Economic Partnership priorities	Economic downturn
NHS People Plan	Capacity within LAs to resolve challenges alone	Demographic change
Covid response	Demographic Change	EU Exit
EU Exit	Covid Response	New models of care
Demographic change		Health and Social Care integration

rovider Failure – key causes

rovider failure and closure has ecome more common. There are number of reasons for this and nany of them resulting in dditional workforce challenges – or example staff retention.





Covid-19 has impacted on placement vacanc at Care Homes and will further impact on sustainability and cost

hat's preventing us from achieving our purpose?

ority	Issue
cruitment and retention	• Ageing workforce – 25% over 55 • 35.8% turnover rate – but majority of 'new starters' come from within the sector • Rate of pay minimum/national living wage and benefits – comparable to retail sector • Terms and conditions – split shifts, zero hours, mileage not always included etc. • Skills-focused rather than value-based • Divide between care and health roles • Not seen as a 'career' option – with little career progression • Reputation of the care sector • EU Exit – Points system for immigration does not cover care roles
reer Pathways	• Very little opportunity for progression either within the carer role or across health and social care • Reputation compared to NHS roles • Difficult for the Sector to get the funding to invest in training
lls & values	• Focused on delivering a 'time and task' approach • Limited opportunity to upskill – including across health and social care • Little investment within the PVI sector – apart from the minimum requirements • Skills-focus out of kilter with a workforce able to deliver 'what matters' • Skills limited to care rather than spanning health and care

What's preventing us from achieving our purpose?

ority	Issue
rket Shaping	• Commissioning and re-commissioning of traditional models of care delivery • Commissioning focus has driven down price • Commissioning approach often favours large national organisations with no room for small or local providers – and therefore lack of investment in local economy • Lack of partnership working with providers – traditional 'commissioner' and 'provider' relationship • Too few opportunities to encourage new and smaller providers, including Persona Assistants – e.g. through innovative ways of commissioning • Focus on time and task – with performance often against hours delivered rather than outcomes achieved • Direct Payments offer insufficient choice – often used to buy existing provision
ctor Promotion	• 'Poor relation' compared to NHS roles and carer roles within the Local Authority • Perception of the sector and roles within the sector is poor and undervalued • Too few opportunities for smaller, grass roots organisations which may be more attractive to the local workforce
ity of Esteem	• Rates of pay between the Independent Sector and Local Authority • Rates of pay between NHS Health Care Assistant roles and Carer roles • Perception of the carer role when compared to similar roles within the NHS

National, Regional, Local….

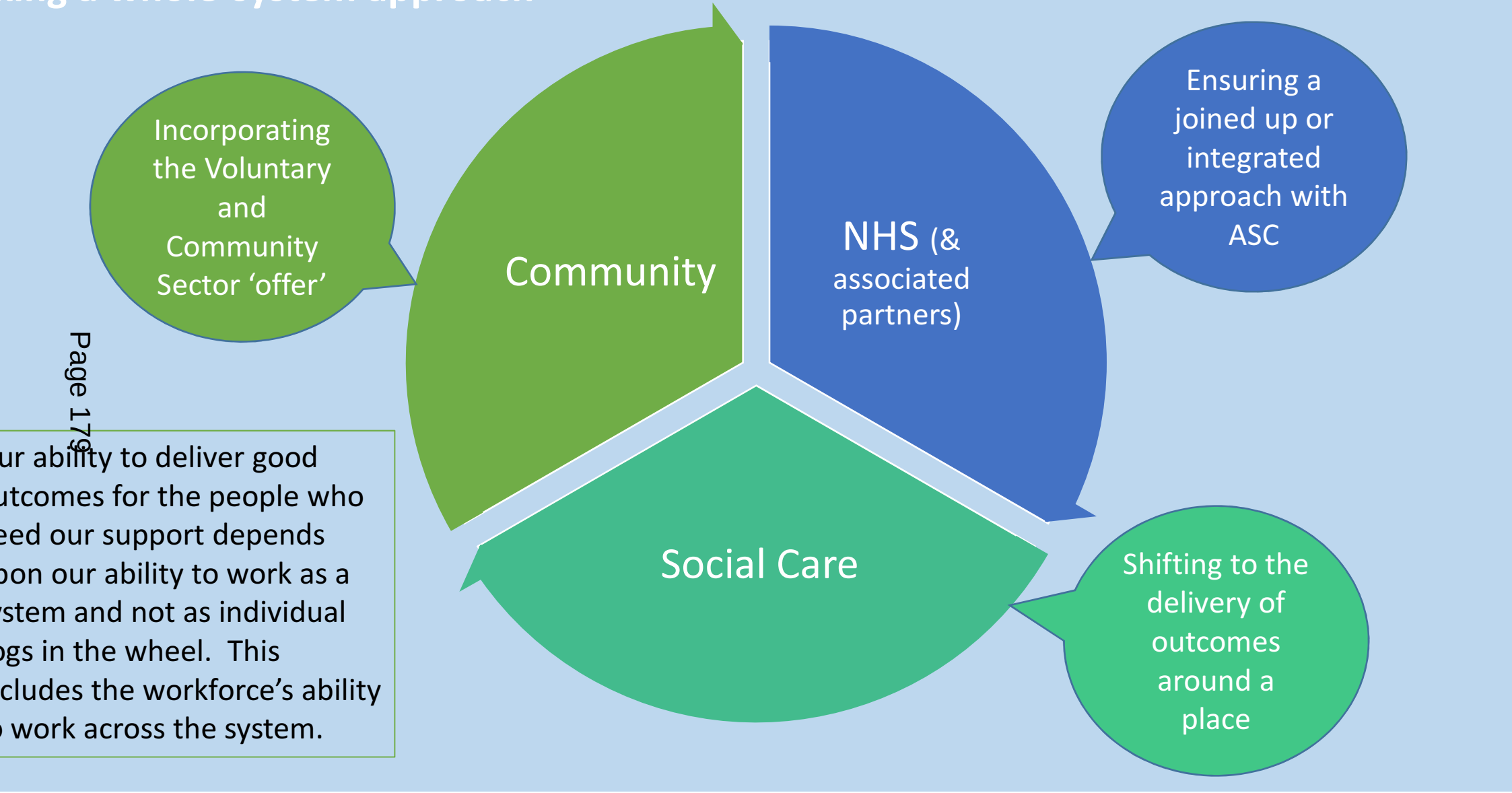
elivering the Strategy

Our vision for the care market and its workforce cannot be delivered in isolation. We will work in partnership with or seek to influence those who play a part in our Strategy's delivery and success.

National	Regional	Local
• Delivery of the Adult Social Care funding review (Green Paper) • Reducing inequity between NHS workforce and Care workforce • Grants and funding opportunities for skills and training opportunities – both within Adult Social Care and across health and social care (e.g. promotion of merged roles) • Removal of legislative or regulative barriers to furthering integrated roles • National ASC 'People' Plan in development	• Establish vision and priorities • Lobbying and influence of Government and national and regional bodies (inc. NHS) • Representing the region's views on the future of the care workforce • Identifying and sharing best practice • Developing region-wide initiatives, approaches and research where it makes sense to do so	• Translation of vision and priorities in to action – reflecting local and place-based requirements • Testing new ways of working – and sharing learning • Identifying barriers that a regional approach can help to unlock or raise on an authority's behalf • Identifying issues best taken forward at a regional level

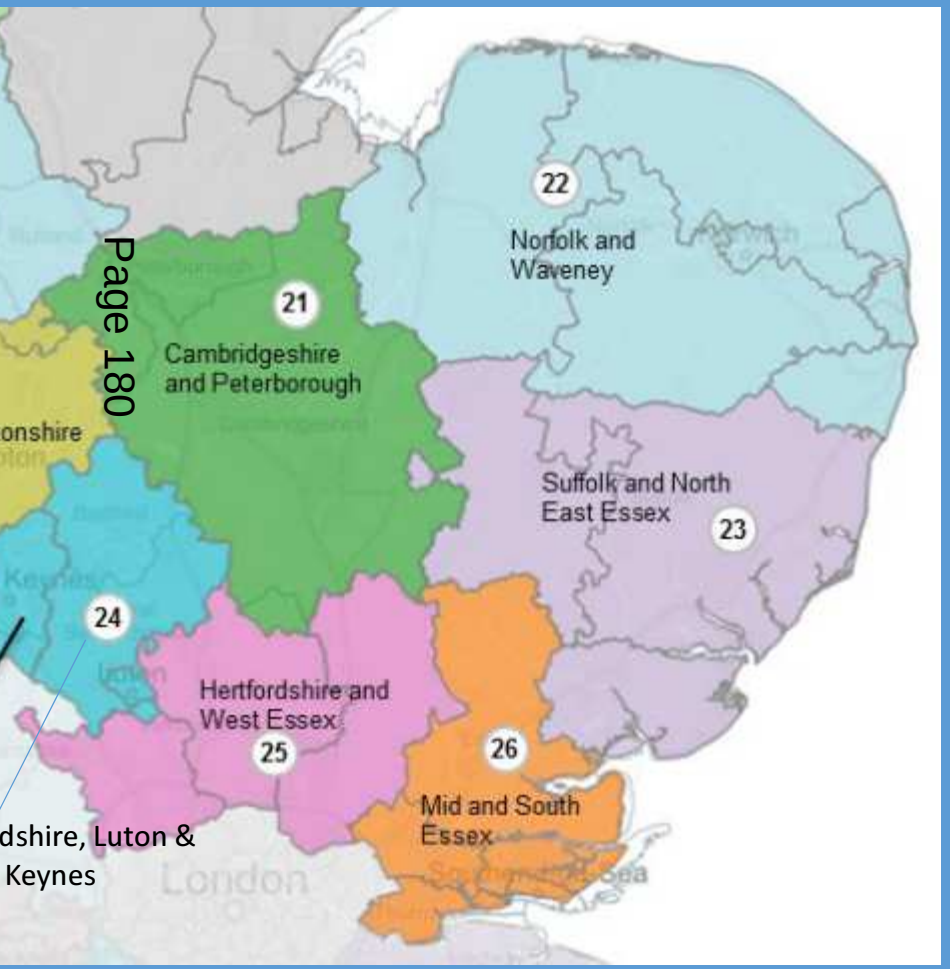
Taking a whole-systems approach

king a whole-system approach



ur ability to deliver good
utcomes for the people who
eed our support depends
pon our ability to work as a
ystem and not as individual
gs in the wheel. This
cludes the workforce's ability
work across the system.

Health and Social Care in the Eastern Region



There are six Integrated Care Systems spanning the East of England Region, and a number of Local Authorities have relationships with more than one of them – e.g. Essex relates to three. Six People Boards mirror the ICS geography.

There are similar challenges facing both the health and social care workforce – e.g. turnover of staff and vacancies.

If the ultimate vision is to establish a population-health approach to health and wellbeing based around place, the workforce too needs to be seen as system-wide and not organisation or sector-wide.

Integrated workforce strategies are being developed by ICSs. This Strategy will seek to influence these to ensure that they truly reflect a system-wide approach.

Priorities and High Level Activity

ecruitment
d retention

r Strategy will focus on the e sector being able to ract, recruit and retain eptional staff and ensuring t the sector is one that ople desire to work in and Whilst turnover of staff is h, the majority of staff who ve remain within the sector. will develop an approach t recruits people once and bles them to not only move oss the care sector, but oss the entire health and e system.

High level activity
Recruitment campaigns – based on national 'every day is a different day' campaign
Integrated approach to recruitment of certain roles including 'blended' roles – for example across health and social care, and at a regional level where this makes sense
Develop a value-based approach to recruitment and to the roles required
Test and implement incentives – e.g. interest free loans, relocation packages, key wo housing etc.
Consider and test the development of a regional integrated health and care 'brand'
Review and development of existing care roles – shifting away from 'time and task' a towards 'outcome-based' and ensuring that roles are fit for the future system and de what people want them to deliver
Influence and test new models of care that move commissioning and provision to ad a place and outcome-based approach – leading to the development of different roles
Programme of work for schools and colleges to encourage a broader cohort of peopl apply for care roles – including joint with health

Career pathways

r Strategy will focus on the ablishment of career and velopment pathways for the e sector – including those t span the health and social e system. Similar to plans recruitment and retention, ff should be able to move oss health and social to ess opportunities available l should feel invested in ough being able to access ding for training and velopment – regardless of o they are employed by.	High level activity
	Development of 'blended' and flexible roles that span health and social care
	Work with NHS colleagues to test the development of secondment or placement programme across health and social care
	Developing career pathways that attract a younger cohort in to the care sector – e.g. through regional health and care apprenticeships, university placements that include social care
	Test the development of 'academies' – ideally across health and social care
	Develop succession planning tool – including spanning health and social care and including a 'grow your own' initiative
	Identification and delivery of qualifications required by the sector – including for specialisms and including education passport
	Identify funding opportunities that could sit within a regional or integrated fund
	Identify the added value of developing health and care pathways

Skills & values

r Strategy will aim to ensure t we have a workforce that t for the future – not just a rkforce that has the skills to iver care, but the core ues required to build ationships and to deliver at matters to the person ng supported. The skills t someone in the sector ns should be available to the ole sector and not just their ployer – for example cialisms that enable people provide an enhanced level care should be available to 'place' and not the vider.	High level activity
	• Identify a development programme based on the skills and values required by the sector – co-designed by people who are supported by the care sector and includir those skills and values common to health and social care (common framework)
	• Explore developing an integrated development programme across health and soci care – development of 'one' approach (workforce academy)
	• Develop an 'enhanced' skills programme – e.g. to enable the care sector to keep people at home and to reduce the requirement for health intervention (e.g. enha health in care homes approach but replicated across domiciliary care)
	• Open up the approach to PAs, volunteers and the Voluntary and Community Secto to broaden the reach of health and care support to beyond the sector and to firm embed within the community
	• Ensure a strength-based approach is at the centre of all training and development
	• Develop an offer that enables staff to deliver a wide range of technological solutio (beyond assistive technology)
	• Clarify and confirm the skills and values required by the future workforce

Wellbeing, equity and diversity

e Covid-19 experience has ught a number of issues ncerning the health and care rkforce to the fore. This ludes the additional stress t working in an extremely llenging environment ngs. Ensuring and porting the emotional llbeing of staff remains a ority for this strategy. ually important is ensuring t staff feel valued alongside ilar sectors for the valuable rk that they do, and that as esult a broad cohort of ople consider a career in the e sector	High level activity
	Identify the elements required to support and ensure staff wellbeing and audit the extent to which these are in place and/or require development
	Focus on learning points from Covid in particular for people with a BAME backgrounc
	Use lobbying opportunities to raise the issue of disparity between roles and sectors
	Identify invest to save opportunities e.g. through the development of merged roles a the reduction of turnover, vacancy and recruitment costs
	Development of roles and recruitment to roles that attracts a broader cohort of applicants – e.g. value based recruitment, shift to new roles and new ways of workin etc.
	Integrated approach to develop and recruit certain roles alongside NHS, across place rather than by provider, and the possibility of across LAs
	Development of commissioning to attract a wider range of providers, establish differe ways of working, to build partnerships, and to encourage innovation and creativity

Sector promotion

s Strategy aims to ensure t the Care Sector is seen as employer of choice and an ployer that people have de in working for. We will ed to work alongside the S to ensure that working hin the Care Sector is seen equal to working for the S. We will working with ools and colleges to ensure t young people see a career he Care Sector as a good ice from an early age and a ice they aspire to.	High level activity
	Recruitment campaigns that highlight the new career pathways and development opportunities available across and within health and social care
	Consider the value of regional branding – across health and social care sector
	Terms and conditions that promote parity of esteem for the care sector
	Engagement strategy including providers and staff
	Linking with schools, colleges and universities to promote the sector and roles availal within it
	Look to identify and target other industries that may have staff with the values and transferable skills required

Parity of esteem

rrently, those working for vate, Voluntary and ependent providers or as sonal Assistants attract the vest rates of pay and terms l conditions across the tor. This is typically the ional living wage. For the e Sector to become an ployer of choice', we have address the parity of esteem llenge. This includes dressing parity of esteem cerning the reputation of care sector versus the utation of the NHS.

High level activity
• Identify and define the terms and conditions that would enable roles within the c sector to enjoy parity of esteem with 'in-house' roles and with similar NHS roles
• Promotion of the sector and an integrated approach to promoting health and soci care – including clear career paths across the two
• Carry out work to establish the economic value of the care sector to the local, reg and national economy
• Identify ways of improving parity of esteem across the sector regionally – e.g. reduction in turnover and recruitment will provide additional efficiencies which c be used to invest in carer terms and conditions
• Identify the impact of carers undertaking tasks and functions currently carried out health colleagues and the savings that could then lead to additional investment w the sector
• Identification of best practice – e.g. via new models of care and commissioning
• Identify the cost of providing equity and how this could be achieved – e.g. alongsi similar NHS roles

Best Practice

BEST PRACTICE

There are a number of examples of best practice across and beyond the region. These will be explored and influence how the priorities within this Strategy are achieved. A number of the examples will act a 'test and learn' pilots on behalf of the region.

Suffolk & Norfolk

- European Social Funding – overall programme is £7.5M programme desig to retain carers and focusing on an upskilling programme

Thurrock

- New models of care designed to develop the care market – including Mi Enterprises and self-managed care teams

Hertfordshire

- Partnership working with providers through the establishment of Hertfordshire Care Partnership Association, with a Care Academy set up improve skills

Luton	• The establishment of a careers pathway across social care
Cambridgeshire and Peterborough	• A System Leadership Programme that spans health and social care
Essex	• Establishment of Care Provider Information Hub
Central Bedfordshire	• The Bath Spa University Healthier Outcomes at Work (H.O.W) App and wellbeing toolkit were developed with input from practitioners and went live in October 2019. and keyworkers with care and support services, including external care homes and housing services.
Bedfordshire	• 'Building Champions' programme – aimed at care homes to prevent hospital admissions

Next Steps and Implementation

Next Steps and Timescales

ern Region Market Shaping and missioning Group	Eastern Regional Workforce Development	Eastern Region Local Authorities
pprove the Strategy October/November 2020) evelop Regional Market evelopment Strategy October – ovember overnance and report via Market haping Group from January 2021	• Development of action plans – including short and long term actions (October – December 2020) • Identification of groups to take forward or lead on key themes or issues (October 2020)	• Take the Regional Strategy throug internal Governance by Septemb 2020 • Link the Regional Strategy to loca Workforce Plans and to ICS Integrated Health and Care Workforce Plans (September 202 • Identify best practice to inform th regional strategy (on-going activi • Take through ICS People Boards • Endorsement from HWBBs as appropriate

Glossary of terms

rm	Meaning
ADASS	Association of Directors of Adult Social Care
ult Social Care Green Paper	An anticipated paper from government setting out proposals o how Adult Social Care is funded in the future
re Market	Made up of organisations and individuals who are contracted b the Council to provide care and support for people who qualify Council-provided Adult Social Care. Also referred to as Care Se
re Practitioners	A person employed to carry out care and support (also referre as 'carer')
mmissioner/Commissioning	A person employed by the Council to identify and develop Adu Social Care provision required and to then commission organisations or individuals to deliver that provision.
C	Care Quality Commission – Adult Social Care regulator
ect Payment	Resource provided directly to an individual for them to use to meet their agreed outcomes – e.g. some people may directly employ a care practitioner
tra Care Housing	Independent living but including the provision of care

Glossary of terms

rm	Meaning
house	Care that is provided directly by the Council rather than provid via an externally commissioned organisation or individual
egrated Care System	NHS Commissioners and Providers coming together to commis and provide healthcare across a certain geographical area
arket Shaping	A commissioning function that looks to ensure that the 'care market' is able to provide what is required and how it is requir by people needing care and support
n-Residental	Care that is not provided within a residential care setting – e.g domiciliary care and day care
tcome-based	Delivering care and support and commissioning care and supp against the outcomes required by individuals and communities
ople Plan	An NHS document outlining plans for developing and sustainin existing and future workforce
rsonal Assistant	Someone employed directly by the individual to provide care a support for them

Glossary of terms

rm	Meaning
rsonalisation Agenda	Services and solutions that are tailored to the individual and ai deliver what matters to them
ovider	An organisation or individual commissioned to carry out care a support on behalf of the local authority
sidential Care	Care provided within a care home environment
n-Residential Care	Care that is not provided within a residential care setting – e.g domiciliary care and day care
lls for Care	Skills for Care is an independent registered charity working wit adult social care employers in England to set the standards and qualifications for social care workers.
engths-based	An approach that focuses on what people and communities ca rather than the starting point being what they cannot do and w their needs are
stem-wide	The range of organisations and individuals required to deliver g health and social care and prevent, reduce and delay the need health and care support

Glossary of terms

rm	Meaning
ne and Task	Care provided according to time and frequency with set tasks being carried out during the allocated time and on the allocate occasions. The majority of care has traditionally been commissioned and provided on a 'time and task' basis.
lue-Based Recruitment	Recruiting people according to the values they possess and tha are required for the role as opposed to just their skills and experience

Mid and South Essex Health and Care Partnership

Integrated Health and Care Workforce Strategy

February 2020

we will enable our workforce to deliver health and care solutions that are right for our community

Welcome from the Joint Chairs of the Mid and South Essex Local Workforce Action Board

As Joint Chairs of the Mid and South Essex Local Workforce Action Board (LWAB), we are delighted to present our integrated health and care workforce strategy to you. Over the past few months we have actively engaged with a wide range of local stakeholders, seeking their views on what should be the key focus of our workforce strategy and how they can help us to embed this strategy in our Partnership across mid and south Essex. This has enabled us to develop our vision for the workforce in our system as follows: ***we will enable our workforce to deliver health and care solutions that are right for our community"***.

The LWAB has strategic oversight of the wider system workforce transformation programme and is responsible for overseeing the implementation and delivery of the national workforce programme identified in the Long Term Plan, the Interim People Plan and Health Education England's mandate. Working closely with colleagues in Social Care we have developed a strategy and associated action plan with a clear set of expected outcomes that will be monitored in a number of ways i.e. improvements in national staff survey results as well as key metrics on workforce data.

There have been a significant number of successful workforce transformation programmes that the LWAB have supported over the past three years and all the programmes are aimed at making the best use of the available workforce, and supporting them to achieve fulfilling careers in our system and we will continue to support a range of innovative programmes to attract new staff and retain the existing. Our integrated workforce strategy identifies a number of key innovative programmes to support the delivery of our Partnership's ambitious 5 year strategy on the way that we will deliver health and care services for our communities to offer high quality care and an easily accessible route to getting help. If we are to achieve this aspiration then our workforce - the single most important factor in the quality of care and the way in which it is delivered - will be at the heart of this change and integral to realising our Integrated Health and Care Strategy ambition to be a fully Integrated Health and Care System by 2021.

We commend this strategy to you and look forward to working with our partners on the wider system workforce transformation programmes.

Sally Morris
CEO Essex Partnership University
NHS Foundation Trust
Joint Chair MSEHCP LWAB

Phil Carver
Regional Director
Health Education England
Joint Chair MSEHCP LWAB

Executive Summary

Our health and care system has set out an ambitious strategy that delivers high quality, person centred and proactive care whilst focusing on preventing, reducing and delaying the need for support. We are changing the way we work together as organisations to harness the power our communities and residents have to take more control of their lives and wellbeing. Our system will be joined up, improve outcomes, and increase value. We will harness new technologies that offer an opportunity to deliver health and care on a more effective and tailored basis than ever before. We will deliver this by working together, as a single system, at greater scale where it makes sense to do so and in a more integrated way.

The Mid and South Essex healthcare system has considerable challenges in terms of maintaining a sufficiently sized, stable and appropriately skilled adaptable workforce. This is due to both its' geography and its' demographics as well as the nature of the health and care local system. Our staff is our most important asset; the lack of available personnel to fill vacant posts is also our biggest risk. Securing a sufficiently skilled workforce is a challenge for all partners in our system. In the NHS, vacancy rates are high, and this is creating pressures both in relation to service provision and finance (the locum /agency staff rate of 14% is higher than the average across the East of England). We are in close proximity to London, and trained, experienced staff are often attracted to work there; this is exacerbating our workforce pressures.

In social care, there are significant workforce challenges, particularly within the domiciliary care market, where there is a high turnover of staff and a number of provider failures. Attracting nursing staff and managers to work in care homes is also very challenging. It is often difficult to attract younger workers into the care market when they can obtain similar or higher salaries outside of care.

The LWAB has identified the following workforce transformation priorities to be taken forward in our system during 2020 - 2024:

- **Development of our Integrated Health and Care Workforce Strategy –** to develop a strategy for adoption and implementation in early 2020. To support the implementation of this strategy we will develop a high level action plan to be taken forward within health and care organisations and monitoring arrangements will be established on the agreed key workforce metrics.

- **Supply and retention –** improve retention and recruitment rates and monitor across the system; review current retention plans and develop rotational roles programme, adopt best practice examples from other employers; implement the NHSI retention model across all system NHS partners. We will conduct a thorough analysis of workforce intelligence across the system exploring to what extent utilisation of new workforce roles and skill mix changes can help current and future supply issues. Influence the local labour markets and engage with local communities by *growing our own*, focusing on *widening participation* and developing the associated public engagement necessary to provide greater clarity and understanding of career options in health and care.

- **School for health and care** – we will develop a virtual school that will encompass opportunities for system-wide education and transformation, engagement with local schools offering work based placements, development of a system career framework to support development through level one - level five apprenticeships with a whole career pathway. This will better clarify the career pathways and options for nursing staff in order to deliver on the ambition that all staff have the opportunity of embarking on a 'career and not just a job'. The school will also host our talent academy, high potential programme and our preceptorship programme and develop over the next 4 years.

Our Workforce Strategy has been developed around 6 key themes:

- Employment brand and offer
- Creating flexible integrated teams and roles
- System leadership and talent development
- Improving our culture
- Filling difficult gaps through role and career development
- Digital and technological innovation

Our strategy identifies a range of actions and initiatives to be delivered at a system level and those to be taken forward by individual partners and at local place based level. A detailed action plan and outcomes framework supports implementation of the strategy with an agreed a set of key metrics to monitor and provide assurance to the LWAB.

Our workforce strategy covers the broad range of professionals that contribute towards the health and wellbeing of our population:

- This includes staff working in health and social care, and also recognises the close links we must make with voluntary, community and private sector organisations - whose capacity and capabilities will need to be harnessed to deliver the best outcomes for our residents.

- We recognise and support the vital contribution that volunteers, carers and families make as part of our workforce.

- We will also need to work closely with other partners, in particular schools, universities, and other academic institutions to secure and upskill our workforce.

- Our workforce strategy sits alongside, and is aligned to national strategies such as the Long Term Plan (LTP) and the Interim People Plan as well as local workforce strategies including local authority social care workforce strategies and those of individual NHS organisations and the Primary Care strategy.

Workforce Core Principles

To deliver our vision of having an ***enabled workforce providing health and care solutions that are right for our community*** we have developed an agreed set of core principles to be adopted by all Partner organisations working in mid and south Essex. We will support our workforce to:

- Be capable and competent to deliver evidence-based, person centred services across the whole pathway;
- Embody the values of care and compassion, dignity and respect, openness, honesty and responsibility in everything they do;
- Be motivated, confident, compassionate and respected;
- Be rewarded and recognised for the contribution they make;
- Reflect the values, behaviours, diversity and character of our local community;
- Have the right number of people with the right skills in the right place;
- Work in new ways and have the flexibility, skills and expertise to respond to system requirements regardless of organisational boundary and setting;
- Be supported and encouraged to access education, training and other learning opportunities;
- Take advantage of opportunities provided by technology and innovation;
- Have effective leadership which drives partnership working, integrated care and engages and empowers people to thrive throughout their career.

Our 6 Key Themes

In agreement with our key stakeholders our workforce strategy is built around the following key themes:

Employment brand (s) and offer

Nurturing a vibrant employment environment that makes mid and south Essex the best place to work for health and care professionals. Developing a standardised approach across mid and south Essex to attract people to come and work in health and care to ensure that our local communities are engaged in potential careers. Supporting the development of '*anchor institutions*' across the Partnership to develop employment policies with the explicit intention of supporting local recruitment and addressing population health and community needs.

Creating flexible integrated teams and roles

Increasing the flexibility and mobility of workforce groups across multiple organisations and settings, developing our Employment Licence to enable this to happen. The entry of millennials into the workforce has already resulted in changing expectations around work-life balance, flexible careers, rewards and incentives, relationships with employers and the use of technology.

System leadership and talent development

Supporting the development of compassionate system leaders to be the best they can be and to establish robust talent management principles to foster our approach to growing our own and retaining our high potential staff.

Improving our Culture

To develop a culture that redistributes power through enabling greater autonomy at all levels, modelling positive inclusive behaviours and distributive leadership.

Filling difficult gaps through role and career development

Take co-ordinated action to address specific skills and capacity shortages across health and care by growing our own and expanding career paths and entry routes, identify the future supply and building capacity on system approach to workforce planning, modelling and forecasting.

Digital and technological innovation

To upskill our staff to enable them to deliver personalised health and care and solutions that enable people to 'live well', giving patients and citizens more control over their health and wellbeing. Genomics, digital medicine and AI will have a major impact on patient care in the future. There is a need to raise awareness of genomics and digital literacy among the health and social care workforce. The latter requires the development of the skills, attitudes and behaviours that individuals require to become digitally competent and confident. Workforce engagement with the planned use of new technology is critical to success and without this it will fail and no improvement will be achieved. We will ensure that our workforce are educated, equipped and enabled to be successful in using technology that allows them to focus on caring for patients and citizens. As new services are designed with users in mind, making the systems intuitive to use and

adoption less of a hassle is important to ensuring the safety of the people being cared for is not overlooked.

Our key themes are aligned to the Long Term Plan and Interim People Plan criteria and ensures that our workforce strategy is robust as we develop into an Integrated Care System.

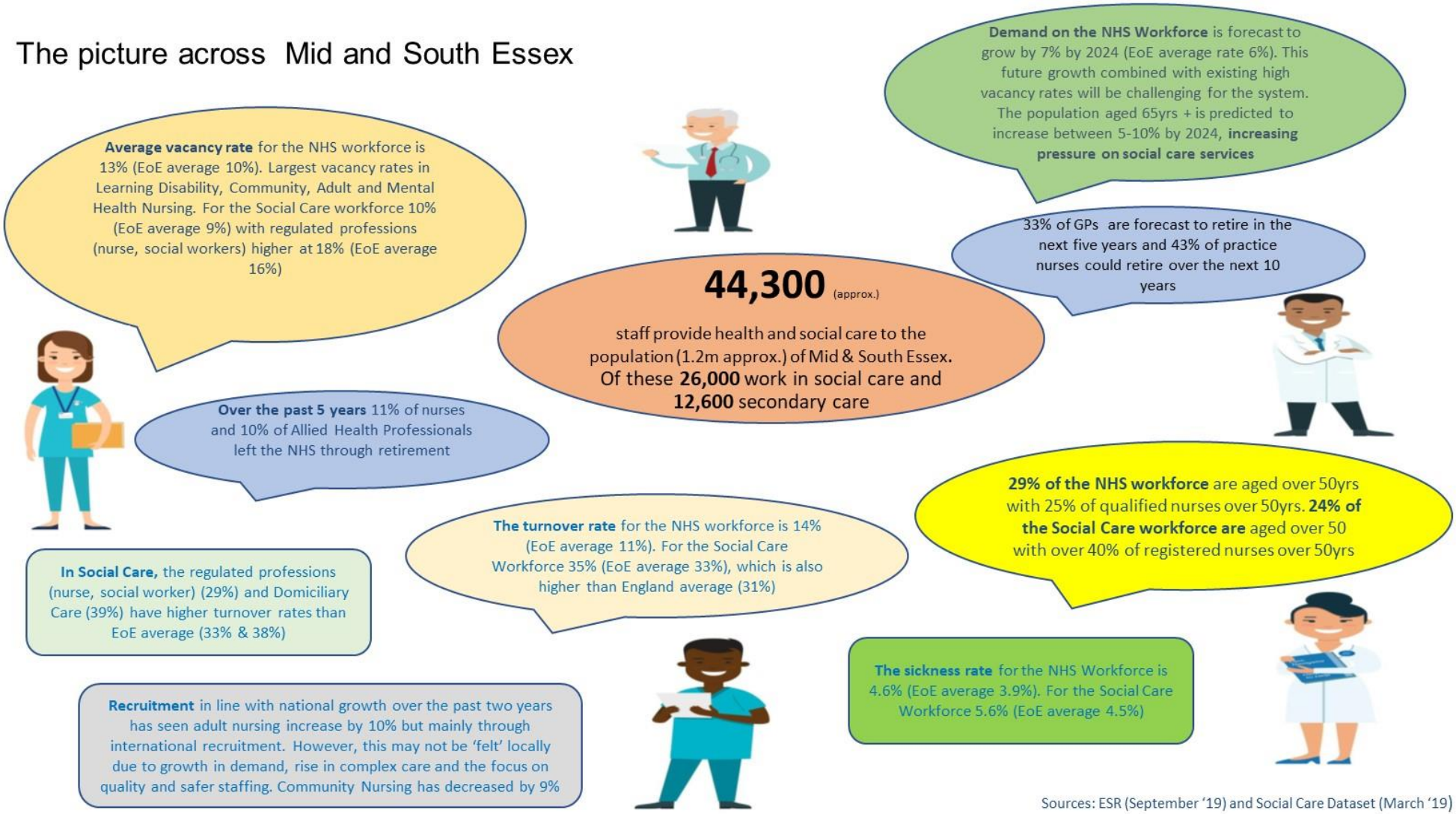
Interim People Plan Priorities:	**LTP Workforce Priorities:**
1.Making the NHS the best place to work 2.Improving the leadership culture 3.Tackling the nursing challenge 4. Delivering 21st Century Care 5. A new operating model for workforce	**1.** Workforce Implementation Plan 2. Expanding the number of nurses, midwives, AHPS and other staff 3. Growing the medical workforce 4. international recruitment 5. Supporting current staff 6. Enabling productive working 7. Leadership and talent management 8. Volunteers

Our Workforce Strategy on a page

Employment Brand and Offer	Flexible integrated teams (FIT)	System leadership and talent development
Making mid and south Essex the best place to work and live	Rotational role development	Leadership compact embedded across system
Targeted attraction and retention strategies	Passport to enable staff to work across organisational boundaries	System wide approach to talent management and talent mapping
Influencing the development of affordable housing and improved transport infrastructure for staff	Joint roles allowing flexible deployment across our integrated system	Bring leaders across professional groups and organisations together – system leadership alumni network
Improving our culture	**Filling difficult gaps, role and career development**	**Digital and technological innovation**
System wide approach to embed the right culture and behaviours	Mid and south Essex Partnership school of health and care	Support staff to implement new technology
Role modelling of behaviours by all staff, compassionate and respecting others	Career development framework across health and social care	Enable technology to work anywhere within the system
Inclusive, diverse workforce	Developing our staff to work differently	Increase productivity and capacity by adopting technology

we will enable our workforce to deliver health and care solutions that are right for our community

Our Current Workforce – (information provided by Health Education England)



we will enable our workforce to deliver health and care solutions that are right for our community

OUTCOMES FRAMEWORK AGAINST THE SIX KEY THEMES

We have developed a workforce outcomes framework to help us track our progress against our six key themes where we believe, by working together in partnership, we can make a difference. Below is a selection of indicators that we will use to monitor our progress.

(NB: when we refer to data we will use the system data from the Qlik tool, NHS staff survey results, Primary Care workforce data, GP Maslach Survey, data from HEE to benchmark with other systems, Skills for Care (social care workforce data).

THEME	How will we know we have made a difference?	What metrics will be used to track progress?
Employment brand and offer	We will have a more diverse and inclusive workforce representing the communities we work with There will be a greater number of local people working in health and care We will have a comprehensive work based placement scheme in place and greater engagement with local schools/colleges We will have more staff return to practice sharing their wealth of knowledge and experience Standardised recruitment and on-boarding/induction process in place across system partners, reducing duplication and improving efficiency We will have a greater level of participation with the voluntary, third-sector workforce	How are we making MSE a better place to work? System workforce data on: • Reduction in turnover rates • Retention rates improve • Reduction in vacancies and long term vacancies • Reduction in sickness absence • Reduction in agency costs • International recruitment • Return to Practice data NHS Staff Survey Results • Higher level of engagement rate with the national NHS staff survey across the system • Equality, Diversity & Inclusion • Health and wellbeing • Immediate Managers • Morale • Staff Engagement

THEME	How will we know we have made a difference?	What metrics will be used to track progress?
	Realisation and delivery of affordable housing scheme for health and care workers Influence private and independent sectors – recognise our roles as market makers and our ability to influence the private sector through commissioning	• Team Working • Safe Environment, Bullying & Harassment • Safe Environment, Violence Social Care Data – responses to surveys can be included.
Flexible integrated teams and roles	Partnership sign-up and participation in the Employment Licence Greater number of staff working across organisational boundaries Rotational roles programmes adopted for higher number of professional staff groups Adoption of new roles to support changes in service delivery Higher number of joint health and care roles working in primary, secondary and care settings Greater flexibility around system finances – funding follows the role	• Number of partners in the Employment licence scheme • Number of staff given the licence/applying for the licence • Range of new roles in place and workforce planning data reports use of new roles • Number of staff on the specific rotational roles programmes • Number of clinical support staff moving into professional roles
System leadership and talent development	Establishment of a system talent board All partners have a robust approach to recognising and supporting potential/talent management Career coaching conversations taking place across all partners	• Reduction in the turnover of Executive roles/Board level vacancies • Proportion of partners rated outstanding for leadership – CQC well led or other review • Leadership stability across the system

THEME	How will we know we have made a difference?	What metrics will be used to track progress?
	Compassionate leadership becomes the norm Collaborative partnership working across health and care with integrated teams Success of the high potential pilot Success of the system leadership alumni	• Higher number of participants on the Regional Aspire together Executive Development Programmes • Participation rates on system leadership development programmes • System talent map and future pipeline review
Improving our culture	More diverse workforce Greater awareness of unconscious bias Compassionate leadership becomes the norm Demonstrating respect Nolan Principles and NHS Constitution lived experiences People actively listening and being present Leadership compact behaviours role modelled Greater levels of staff engagement and wider opportunities for staff to become engaged	NHS Staff survey results • Equality, Diversity & Inclusion • Health and wellbeing • Proportion of partners rated outstanding on leadership • Reduction in the number of bullying and harassment grievance claims System workforce data on: • Reduction in turnover rates • Retention rates increase • Reduction in vacancies and long term vacancies • Reduction in sickness absence • Reduction in agency costs

THEME	How will we know we have made a difference?	What metrics will be used to track progress?
	Improved communications across the system, simplified and easy to find information on system level programmes Greater awareness of how our system works what our priorities are	• WRES data outcomes • % of total workforce in leadership roles from protected characteristics
Filling difficult gaps, role and career development	Targeted attraction and retention strategies – best practice learning adoption so that we do all we can to make staff want to join and stay in our system. School of health and care established Local career development framework implemented Improved education and training, training portfolios and pathways System passport capturing training, experiential learning to aid movement across organisations into new roles Ensure full apprenticeship levy utilisation across the system and consider pooled levy options Development of joint apprenticeships across the system Closing the gap between supply and demand Specific targeting on roles such as Band 5 nurses, domiciliary care workforce	System workforce data: • Greater number of GPs and practice staff • Review of apprenticeship levy spend/accrual • Monitoring of staff accessing coach/mentor from system network • Monitor no. of new roles such as care navigators • Growth in advanced clinical practice roles • Growth in clinical support roles • Growth in other clinical roles in general practice i.e. clinical pharmacists • System workforce plan and future supply modelling in place • Finance, activity and workforce triangulation reporting from operational planning

THEME	How will we know we have made a difference?	What metrics will be used to track progress?
	System approach to developing the nurse associate role Reduce the grade creep between primary and secondary care for similar roles Developed our system wide approach to workforce planning, financial investment and activity planning Standardisation of the internal transfer scheme Standardisation on system leadership programmes delivered Coaching and mentoring network in place across the system	
Digital and technological innovation	An agile workforce enabled by technology to work anywhere within the system Effective adoption of digital healthcare technologies at scale, with a focus on clinical outcomes and on promoting effective and consistent staff engagement. Improved knowledge of our population health management information and how we can use this to improve patient outcomes and assist in the design of new models of care. IT systems will be compatible across the partnership and shared care records will be in place	• Staff survey results • Internal staff engagement forums • Induction feedback reviews • Assess implications of national review and initiatives such as Model Hospital and Carter Review • As outlined in the Topol Review see an increase in the number of clinician, scientist, technologist and knowledge specialist posts working in partnership with academia and/or the health tech industry to design, implement and use digital, AI and robotics technologies.

THEME	How will we know we have made a difference?	What metrics will be used to track progress?
	Greater use of technology in delivery of care at home IT will be of an overall standard for the whole workforce, easy to access, sharing of information and standardisation of systems talking to each other Using technology to work more efficiently and sustainable reducing unnecessary travel Greater use of teleconferencing across the system. Implementation of new technology such a genomics, digital medicine and artificial intelligence.	

KEY METRICS AGREED FOR MONITORING PURPOSES UNTIL 2024

Current Position

As a system to support delivery of our Partnership 5 Year Strategy and meet the requirements of the Long Term Plan we have forecast that in line with demand our overall growth in workforce needs to increase by just over 7% by 2024. This is slightly higher than the average rate across the East of England (6%) but as at March 2019 we had the highest number of vacancies at 13.4% than the East of England average at 10.4%. The forecast of this growth has been driven by the MSE Group and Essex Partnership University NHS Trust. This future growth combined with existing high vacancy rates will be challenging for our system to provide enough supply to meet future demand.

Currently the overall vacancy rate for registered Nurses and Midwives is above the EoE average, with the largest vacancy rates in Learning Disability nursing, Community nursing, Adult nursing and Mental Health Nursing.

Although there are variances between the three local authorities (direct care vacancy rates are 12 % in Essex, 10% in Southend and 3 % in Thurrock) we are all experiencing an increased difficulty in filling care and support roles within Social Care. Although nearly two thirds of workers remain in care, there is significant turnover of those role providing direct care (Essex 33%, Southend 39% and Thurrock 50%).

This coupled with the increased need for existing and new roles needed to support the growth in those 65 + (especially those presenting with a greater complexity of needs including both physical and mental ill health) means that recruiting and retaining a Social Care workforce will remain a significant and ongoing challenge.

The recruitment and retention of domiciliary care workers, care home management and registered nurses in care homes is a significant issue within Adult Social Care.

Forecast Growth

Our predictions in our forecasting highlight areas of significant growth are in Adult nursing, Paediatric nursing and Registered Midwives;

The workforce skill mix is also forecast to change, with the ratio of registered nurses to consultants increasing and above the EoE average. Further work needs to be undertaken across the system in forecasting the growth of new roles such as nursing associates, IAPT Practitioners, ACPs and Physician Associates.

We also anticipate that the demand for apprentices will increase for registered Nursing and Midwifery, STT staff, Support to Clinical staff and NHS Infrastructure Support staff; however in all known apprenticeship roles, our system lags behind regional forecast demand.

Adult social care is looking to develop a number of new roles and increasing our work with partners to develop roles that can span across health and social care.

We are expecting to see significant growth in the Primary Care workforce as a result of the newly negotiated GP contract, the Network DES and the Additional Roles Reimbursement Scheme. Through this scheme groups of practices, as PCNs, are able receive 100% reimbursement for roles covered by the scheme up to their financial envelope. These roles will be identified and agreed by each PCN to help them deliver the contractual requirements and improve practice sustainability.

Across Mid and South Essex this could equate to almost 200 additional roles being appointed within and across General Practice in 2020/21, rising to circa 550 by 2023/24. Over the next year we will work with Clinical Directors and Primary Care Networks to understand their desired workforce and provide support where appropriate and required to recruit to these roles. This could take the form of bulk recruitment, shared employment and/or rotational roles dependent upon local needs.

It is proposed that to support implementation of our workforce strategy and associated interventions under each of the key themes we monitor the following metrics and set ourselves these ambitious goals:

AGGREGATED AT SYSTEM LEVEL

Metric	2020/21	2021/22	2022/23	2023/24
Vacancy Rate NHS	12%	11%	10%	9%
Vacancy Rate Direct Care	22%	21%	20%	19%
Absence Rate NHS	4%	3.5%	3%	2.5%
Absence Rate Direct Care	5%	4.5%	4%	3.5%
Turnover/attrition NHS	13%	12%	11%	10%
Turnover/attrition Direct Care	40%	39%	38%	37%

Additional metrics will be developed when the People Plan and Standard Operating Framework are fully published. This will enable us to provide assurance as an ICS on the wider workforce transformation agenda.

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thurrock.gov.uk

Health and Social Care – Workforce Development

Regional Care Market Workforce Development Strategy 2020

Ceri Armstrong

The state of the adult social care sector and workforce in England

Key findings

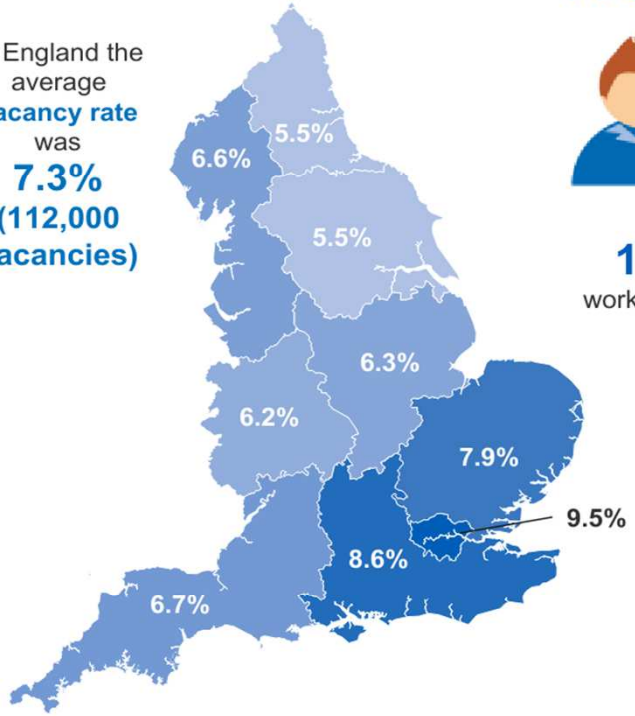
Source: Skills for Care workforce estimates, 2019/20

Download PowerPoint

Press here to explore the data

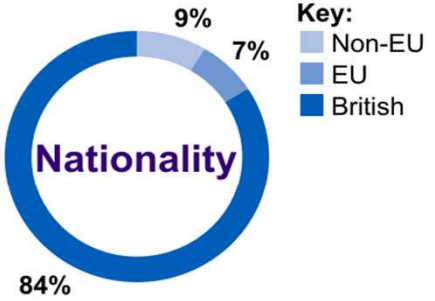
Workforce vacancy rate

In England the average **vacancy rate** was **7.3% (112,000 vacancies)**



1.65m jobs

1.52m people working in adult social care in 2019/20



7% (113,000) of the workforce in England held an **EU nationality**

Care worker real term median hourly pay

Please note this refers to care workers in the independent sector only

24% of jobs were on **zero-hours contracts**

27% were **aged 55 and above**

67% of leavers **remained in adult social care** in 2019/20

The average **turnover rate** was **30.4%** (430,000 leavers in last 12 months)

Summary of the adult social care workforce Thurrock

This summary of the adult social care workforce in **Thurrock** includes jobs in local authority and independent sectors as well jobs for direct payment recipients. **Please note that the other pages refer to jobs in the local authority and independent sector only.**

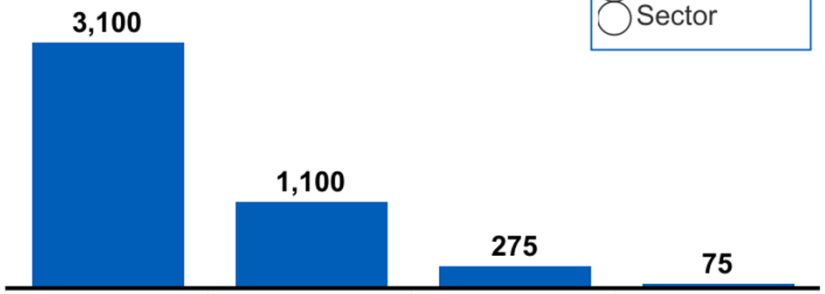
There were **4,500** jobs in **Thurrock** across the **independent sector**, **local authority** and **jobs working for direct payment recipients**.

There are **79**

CQC regulated establishments in **Thurrock**

Jobs by service

Select a view:
- (●) Service
- ( ) Sector



In **Thurrock** there were...

2,800 **Direct care** jobs

275 **Managerial** jobs

100 **Regulated professionals**

There were also...

850 **Jobs working for direct payement recipients**

All Sectors

The **turnover rate** in 2019/20 was **29.1%** (or **900 leavers**).

2.5% vacancy rate **(75 jobs)** in 2019/20.

78% of leavers **remained within the sector**.

Independent Sector

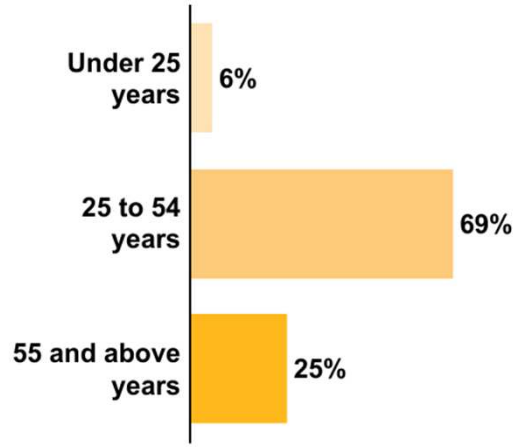
The **turnover rate** in 2019/20 was **32.9%** (or **850 leavers**).

1.7% vacancy rate **(50 jobs)** in 2019/20.

74% of leavers **remained within the sector**.

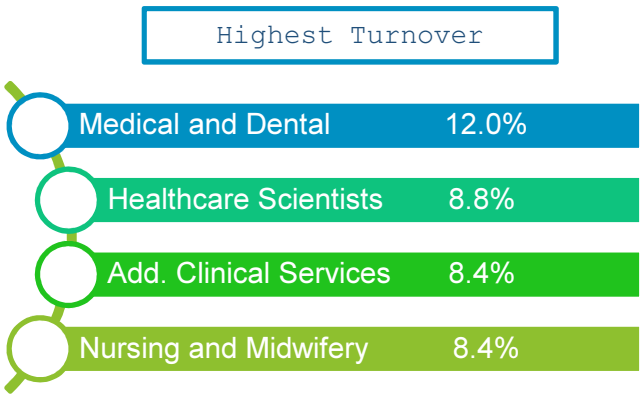
Age

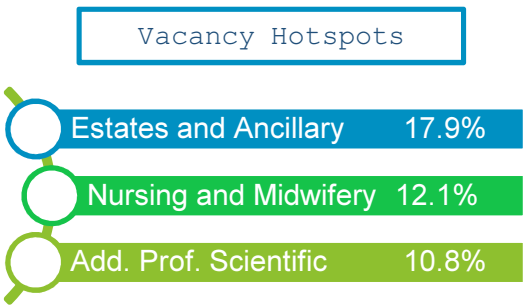
44 years average **age** of a worker



Vacancy & Turnover Data – NHS Providers

AUGUST 2020		STP
Add Prof Scientific	APS	-10.8%
Additional Clinical Services	ACS	-6.2%
Administrative and Clerical	A&C	-8.6%
Allied Health Professionals	AHP	-8.9%
Estates and Ancillary	E&A	-17.9%
Healthcare Scientists	HCS	-0.7%
Medical and Dental	M&D	-10.0%
Nursing and Midwifery	N&M	-12.1%
OVERALL VACANCY		-9.8%

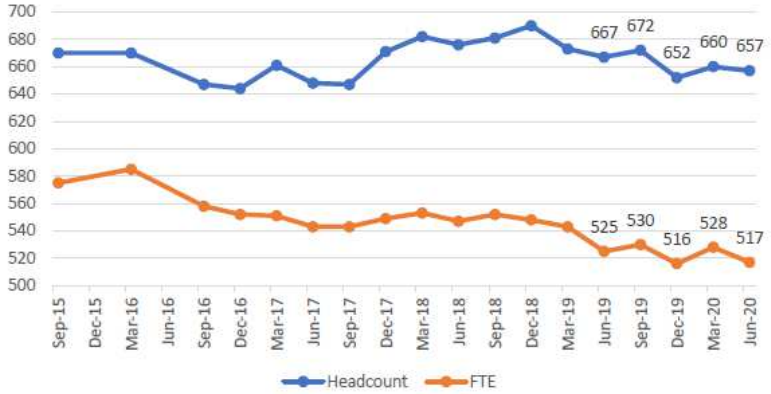




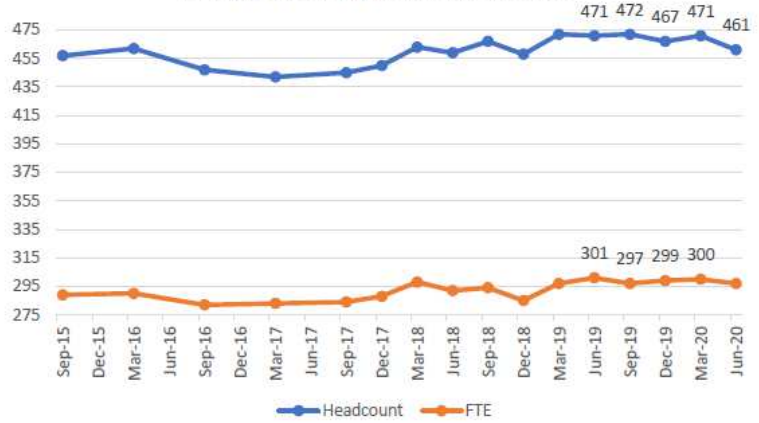
Mid and South Essex

Mid and South Essex Health and Care Partnership

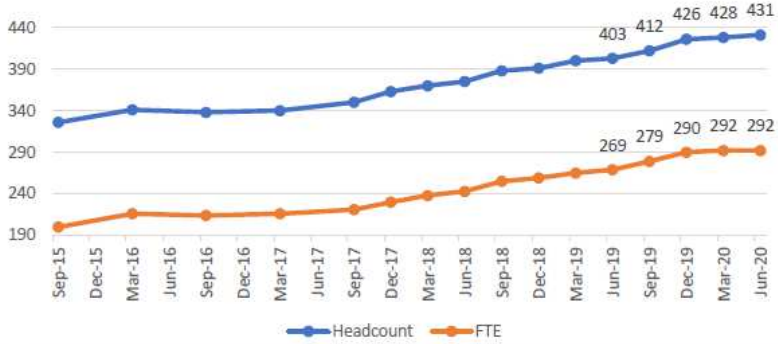
Total GPs (excl. Registrars) - Mid & South Essex HCP



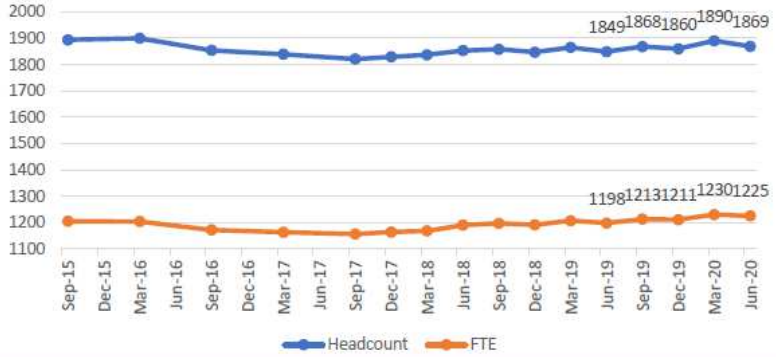
All Nurses - Mid & South Essex HCP



All Direct Patient Care Staff - Mid & South Essex HCP

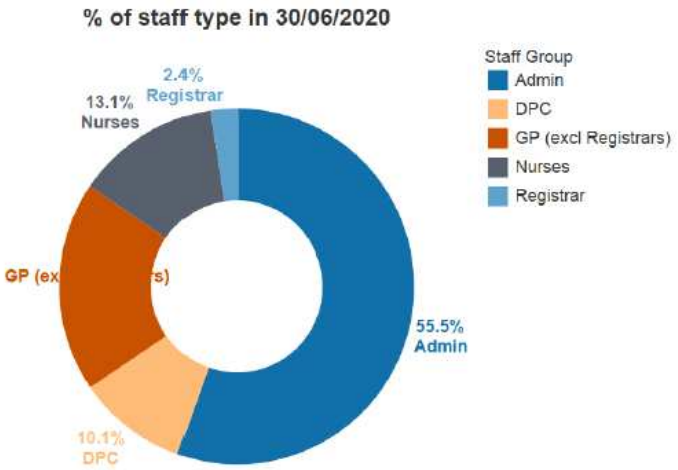


Admin & Non-Clinical Staff - Mid & South Essex HCP



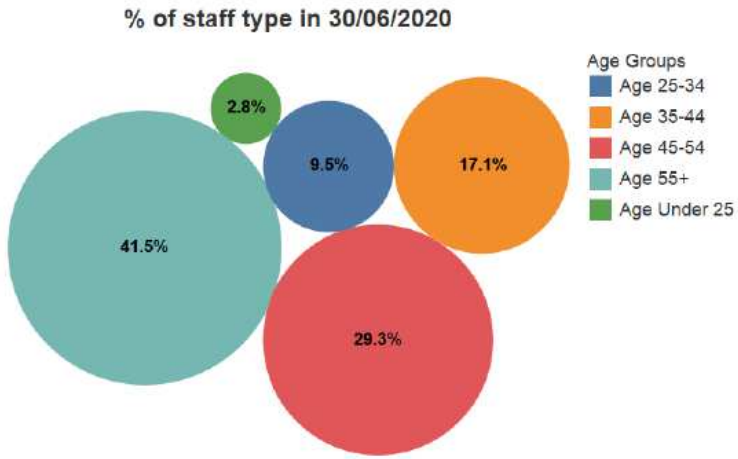
Mid and South Essex

Mid and South Essex Health and Care Partnership



Staff Group	Percentage of the workforce in M&SE
GPs (excl. Registrars)	19%
Nurses	13.1%
DPC	10.1%
Admin	55%
Registrar	2.4%

Age Band	Percentage of the workforce in M&SE
25-24	9.5%
35-44	17.1%
45-54	29.3%
55+	41.5%
Aged Under 25	2.8%



Our 6 Key Themes

In agreement with our key stakeholders our workforce strategy is built around the following key themes:

1

Employment brand (s) and offer

Nurturing a vibrant employment environment that makes mid and south Essex the best place to work for health and care professionals. Developing a standardised approach across mid and south Essex to attract people to come and work in health and care to ensure that our local communities are engaged in potential careers. Supporting the development of 'anchor institutions' across the Partnership to develop employment policies with the explicit intention of supporting local recruitment and addressing population health and community needs.

2

Creating flexible integrated teams and roles

Increasing the flexibility and mobility of workforce groups across multiple organisations and settings, developing our Employment Licence to enable this to happen. The entry of millennials into the workforce has already resulted in changing expectations around work-life balance, flexible careers, rewards and incentives, relationships with employers and the use of technology.

3

System leadership and talent development

Supporting the development of compassionate system leaders to be the best they can be and to establish robust talent management principles to foster our approach to growing our own and retaining our high potential staff.

4

Improving our Culture

To develop a culture that redistributes power through enabling greater autonomy at all levels, modelling positive inclusive behaviours and distributive leadership.

5

Filling difficult gaps through role and career development

Take co-ordinated action to address specific skills and capacity shortages across health and care by growing our own and expanding career paths and entry routes, identify the future supply and building capacity on system approach to workforce planning, modelling and forecasting.

6

Digital and technological innovation

To upskill our staff to enable them to deliver personalised health and care and solutions that enable people to 'live well', giving patients and citizens more control over their health and wellbeing. Genomics, digital medicine and AI will have a major impact on patient care in the future. There is a need to raise awareness of genomics and digital literacy among the health and social care workforce. The latter requires the development of the skills, attitudes and behaviours that individuals require to become digitally competent and confident. Workforce engagement with the planned use of new technology is critical to success and without this it will fail and no improvement will be achieved. We will ensure that our workforce are educated, equipped and enabled to be successful in using technology that allows them to focus on caring for patients and citizens. As new services are designed with users in mind, making the systems intuitive to use and adoption less of a hassle is important to ensuring the safety of the people being cared for is not overlooked.

Our key themes are aligned to the Long Term Plan and Interim People Plan criteria and ensures that our workforce strategy is robust as we develop into an Integrated Care System.

Interim People Plan Priorities:	LTP Workforce Priorities:
1 Making the NHS the best place to work	1 Workforce Implementation Plan
2 Improving the leadership culture	2 Expanding the number of nurses, midwives, AHPS and other staff
3 Tackling the nursing challenge	3 Growing the medical workforce
4 Delivering 21st Century Care	4 International recruitment
5 A new operating model for workforce	5 Supporting current staff
	6 Enabling productive working
	7 Leadership and talent management
	8 Volunteers

Our Workforce Strategy on a page

Employment Brand and Offer	Flexible integrated teams (FIT)	System leadership and talent development
Making mid and south Essex the best place to work and live	Rotational role develpment	Leadership compact embedded across system
Targeted attraction and retentions strategies	Passport to enable staff to work across organisational boundaries	System wide approach to talent management and talent mapping
Influencing the development of affordable housing and improved transport infrastructure for staff	Joint roles allowing flexible deployment across our integrated system	Bring leaders across professional groups and organisations together - system leadership alumni network

Improving our culture	Filling diffifult gaps, role and career developemnt	Digital and technological innovation
System wide approach to embed the right culture and behaviours	Mid and south Essex Partnership school of health and care	Support staff to implement new technology
Role modelling of behaviours by all staff, compassionate and respecting others	Career development framework across health and social care	Enable technology to work anywhere within the system
Inclusive, diverse workforce	Developing our staff to work differently	Increase productivity and capacity by adopting technology

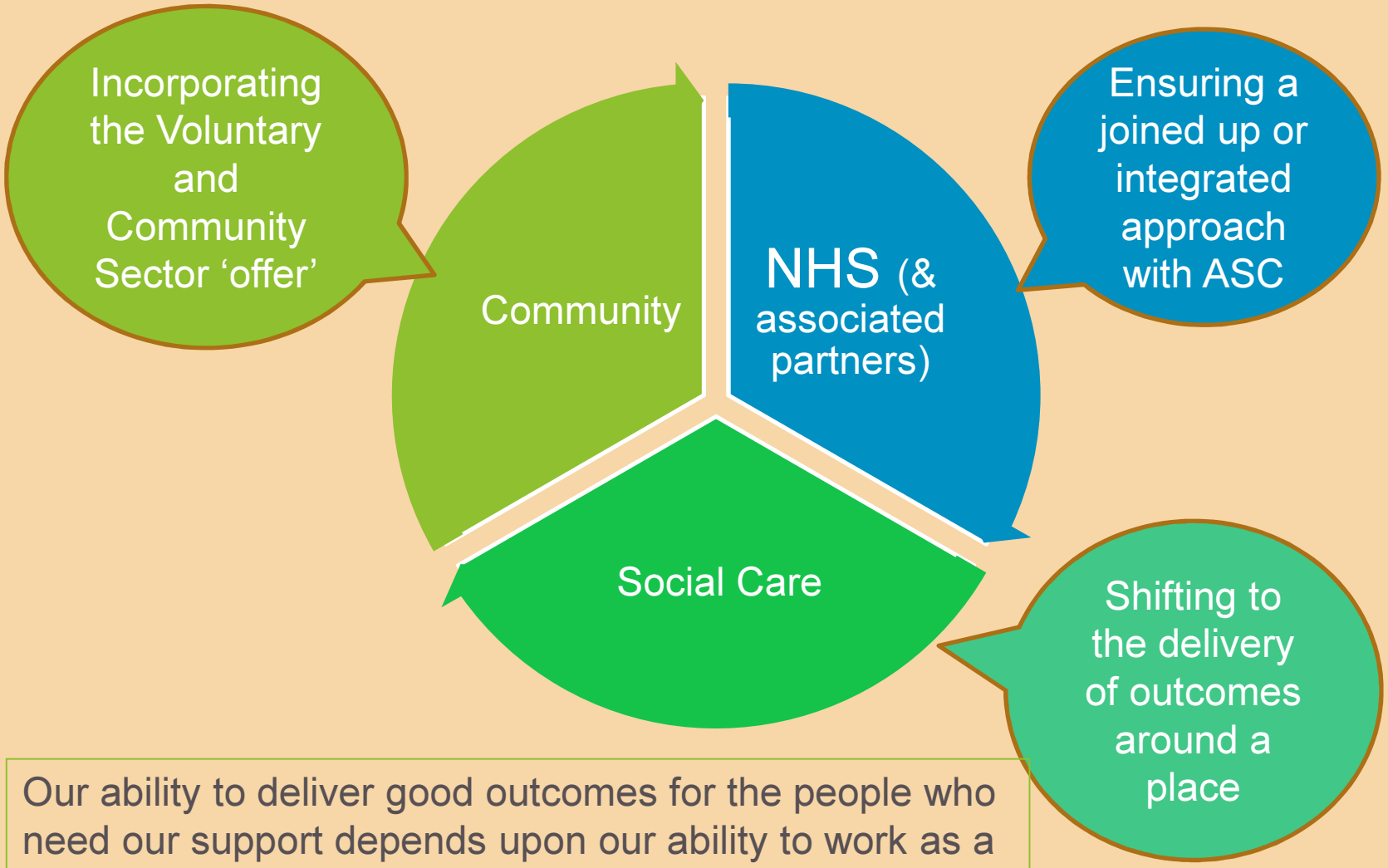
Our Vision

‘A profession to which people are attracted, are able to progress and wish to remain. A profession that enables the people it supports to achieve what’s important to them’

Our Priorities

- Recruitment and retention
- Career pathways
- Skills & values
- Wellbeing, Equity & Diversity
- Sector promotion
- Parity of esteem

Taking a whole-system approach



Our ability to deliver good outcomes for the people who need our support depends upon our ability to work as a system and not as individual cogs in the wheel. This includes the workforce's ability to work across the system.

Mid & South Essex Health & Care Partnership - Integrated Health & Care Workforce Strategy

Eastern Region Market Shaping & Commissioning Group - Adult Social Care Market Workforce Development Plan

Theme	Recruitment & Retention	Career Pathways	Skills and Pathways	Wellbeing Equity Diversity	Sector Promotion	Parity of Esteem
1 Employment Brand and Offer	Y				Y	
2 Creating flexible integrated teams and roles	Y	Y	Y			Y
3 System leadership and talent development		Y	Y			Y
4 Improving our culture				Y	Y	
5 Filling difficult gaps through role and career development	Y	Y	Y		Y	Y
6 Digital and technological innovation		Y	Y			

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26th November 2020	**ITEM: 9**
Thurrock Health and Wellbeing Board	
Primary care Delegation Stake holder Engagement	
Wards and communities affected: N/A	**Key Decision:** N/A
Report of: Rahul Chaudhari, Director of Primary Care Thurrock CCG	
Accountable Head of Service: Mark Tebbs, NHS Thurrock Alliance Director	
Accountable Director: Mark Tebbs, NHS Thurrock Alliance Directorp	
This report is public	

Executive Summary

The paper aims to

- Provide an overview of the current CCG position on the commissioning of primary medical services and gain support from the stakeholders to take on fully delegated commissioning responsibilities for primary care from April 2021.

1. Recommendation(s)

1.1 Members are requested to take note of the contents of this paper

2. Introduction and Background

2.1 NHS England is the commissioner for primary care medical services in Thurrock and the CCG intends to take on the delegated duties for general medical services in Thurrock from 1st April 2021.
The purpose of this paper is to

- Provide an overview of the current CCG position on the commissioning of primary medical services.
- Articulate advantages and the disadvantages of taking on fully delegated commissioning.
- Gain support from the stakeholders to take on fully delegated commissioning responsibilities for primary care from April 2021.
- Advice the group on the timescales

2.2 What is delegated Primary Care commissioning

- Day to day management of GP practices becomes the responsibility of the CCG instead of NHS England.
- NHS England still 'holds' GP contracts and some functions are not delegated, e.g. GP performance, GMS contract terms, national incentive schemes
- CCG will be solely responsible for agreeing contract variations (e.g. mergers and closures) and management of budgets, discretionary payments, etc.
- Since 2015 the CCG has been jointly working with NHS England on some of these matters but in a limited capacity, where the final decision and financial control stays with NHS England.
- CCGs will not be responsible for the performance management of individual GPs, including the medical performers' list, appraisal or revalidation.
- CCGs will not have any additional powers over the commissioning of dental, community pharmacy and eye health. NHS England will retain this role for the foreseeable future.

Table 1 below provides a summary on the responsibility of the CCG on the various aspect of general practice service delivery once it takes on delegation function.

Function	CCG	NHSE	Comments
Directed Enhanced Services	X		In line with National Directives
QOF/Local Incentive Schemes	X		In line with National Directives and national QOF must also be available
Management of GMS/PMS and APMS contracts, including CQC measures and actions	X		Expert advice provided by NHSE
Monitoring of above	X		Expert and advice provided by NHSE
Additional APMS monitoring	X		
FOI, media enquiries, parliamentary and MP questions, correspondence and Parliamentary Hub enquiries	X		
Premises (excluding ETTF)	X		
Premises – ETTF		X	Retained Function
PMS Review contractual actions	X		
PCSE contracts		X	Retained Function
Winter Planning	X		
Workforce Census	X		
PES Results	X		
FFT	X		

Commissioning Intentions	X		
GP Recruitment incentive Scheme	X		
CAS Alerts		X	Retained Function
Clinical waste		X	Retained Function
Occupational Health		X	Retained Function
GP IT Functions (other than RA) including IG advice and NHS mail accounts	X		
GPFV national and regional and local initiatives	X	X	The CCG/STP and NHSE will agree where specific workstreams lie

2.3 Why do we want to move to fully delegated commissioning?

- One of last 3 CCGs in England that has not taken this step (also Mid Essex and Basildon & Brentwood CCGs)
- Commissioning of primary care services bring in a number of advantages, including:
  - more integrated and joined up views for primary care services
  - Greater involvement of patients in shaping and improving services
  - Improved relationships with member practices
  - Greater local ownership of the development of services
  - Increased clinical leadership, supporting enhanced participation and local decision making
  - Autonomy on how investments are planned and reinvested on any aspect of underspend in primary care.

2.4 Why are we 'last in the queue'?

- Previously the CCG had significant challenges in primary care and it was thought taking on delegation will prevent the CCG from doing the transformation and developmental work with primary care.
- Although there still remain significant challenges in primary care but the CCG now feels primary care is relatively stable compared to 2015 when the primary care development team was first put in place in the wake of overnight closures of GP practices by the CQC

2.5 Timescales

- Patient engagement Sept and Oct 2020
- Board engagement Sept and Oct 2020
- PCN CD engagement Oct 2020
- Stake holder engagement Oct- Nov 2020
- Formal application submission date - 6 November 2020
- Confirmation of outcome to CCGs - 27 November 2020

- Commencement of fully delegated commissioning – 1 April 2021

3. Issues, Options and Analysis of Options

N/A

4. Reasons for Recommendation

N/A

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

5.1 CCG has undertaken various stake holder engagement events during September, October and November.

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

N/A

7. Implications

7.1 Financial

N/A

7.2 Legal

N/A

7.3 Diversity and Equality

N/A

7.4 Other implications

N/A

Report Author:

Rahul Chaudhari
Director of Primary Care
NHS Thurrock CCG