

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 **10.30am** on **14 December 2023**

The Council Chamber. CO3 Building. Civic Offices, New Road, Grays, Essex, RM17 6SL.

Membership:

Elected members

- Cllr G Coxshall (Chair)*
- Cllr B Johnson
- Cllr E Rigby
- Cllr V Morris-Cook (replaces Cllr S Shinnick)

Wider membership

- Executive Director of Adults, Housing and Health * (Ian Wake)
- Executive Director of Children's Services * (Sheila Murphy)
- Director of Public Health* (Jo Broadbent)
- Executive Lead Mid and South Essex Health and Care Partnership & Joint Accountable Officer for its 5 CCGs (Vacant)
- NHS Thurrock Alliance Director, MSE ICP (Aleksandra Mecan)**
- NHS Thurrock Alliance Deputy Director (Margaret Allen)
- Chief Operating Officer HealthWatch Thurrock * (Kim James)
- Director level representation of Thurrock, North East London Foundation Trust (NELFT) (Gill Burns)
- Chair of the Adult Safeguarding Partnership or their senior representative (Jim Nicolson)
- Thurrock Local Safeguarding Children's Partnership or their senior representative (Sheila Murphy)
- Partnership Director, Thurrock Council, EPUT and NELFT (Rita Thakaria)
- Mid and South Essex NHS Foundation Trust (Michelle Stapleton – Acting Managing Director – Care Group 4; Fiona Ryan – Action Managing Director Care Group 1 and Hannah Coffey, Acting Chief Executive.
- Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT) (Alex Green)
- Chief Executive Thurrock CVS (Mark Tebbs)
- Essex Police (Chief Superintendent Jenny Barnett /Chief Constable BJ Barrington)
- Assistant Director for Counter Fraud and Community Safety (Michael Dineen)

Agenda

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To approve as a correct record the minutes of the Health and Wellbeing Board meeting held in October 2023.	
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4 Declaration of Interests	
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This item is supported by a PowerPoint presentation	
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This item is supported by a PowerPoint presentation, included within the meeting papers and to be presented during the meeting	
9 Better Care Fund 2023/25 Quarter 2 Quarterly Report	51 - 56
This item is supported by a covering report. A detailed Microsoft Excel Spreadsheet also supports this item. This will be provided to members separately with the meeting papers.	
Members of the public can request a copy of the Spreadsheet from Secretariat by contacting D.Kristiansen@Thurrock.Gov.uk	

10 Health and Wellbeing Strategy in focus - Domain 5 Housing and the Environment 57 - 80

This item is supported by a covering report and a PowerPoint presentation that is included within the meeting papers and will be presented during the meeting.

Queries regarding this Agenda or notification of apologies:

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

Agenda published on: **6 December 2023**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

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

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

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

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



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

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

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- 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.

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

Non- pecuniary

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



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

Our Vision and Priorities for Thurrock

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

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

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

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

Agenda Item 2

PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 19 October 2023 10.30am-12.30pm

Present: Councillor G Coxshall (Chair)
Councillor Johnson
Ian Wake, Executive Director for Adults, Housing and Health
Jo Broadbent, Director of Public Health
Sheila Murphy, Executive Director for Children's Services
Michael Dineen, Assistant Director for Counter Fraud and Community Safety
Margaret Allen, Deputy Thurrock Alliance Director
Sharon Hall, Northeast London Foundation Trust (NELFT)
Kim James, Chief Operating Officer, Healthwatch Thurrock

Apologies: Councillor Morris-Cook
Councillor Rigby
Aleksandra Mekan, Thurrock Alliance Director
Rita Thakaria, Partnership Director, Thurrock Council, EPUT and NELFT
Jeff Banks, Director of Strategic Partnerships, Mid and South Essex Integrated Care System
Michelle Stapleton, Integrated Care Pathway Director, Mid and South Essex NHS Foundation Trust
Fiona Ryan, Managing Director, Mid and South Essex NHS Foundation Trust
Gill Burns, Director of Children's Services, Northeast London Foundation Trust (NELFT)
Alex Green, Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT)
Hannah Coffey, Acting Chief Executive, Mid and South Essex NHS Foundation Trust
Jim Nicolson, Adult Safeguarding Board
Mark Tebbs, Chief Executive, CVS
BJ Harrington, Chief Constable, Essex Police
Jenny Barnett, Chief Superintendent, Essex Police

Guests: Rebecca Lawrence, Thurrock Council
Andrew Graham, Essex County Council
Karen Balthasar, Thurrock Council
Jo Ferry, Thurrock Council
Helen Horrocks, Thurrock Council

1. Welcome, Introduction and Apologies

Colleagues were welcomed and apologies were noted. Margaret Allen provided representation from the Thurrock Alliance and Sharon Hall attended on behalf of Gill Burns.

2. Minutes / Action Log

The minutes of the Health and Wellbeing Board meeting held on 31 August 2023 were approved as a correct record.

The action and decision log were considered and updated accordingly.

3. Urgent Items

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

4. Declaration of Interests

There were no declarations of interest.

5. Virtual items for consideration

There were no items to be considered by the Board outside of the meeting.

6. Thurrock Integrated Sexual Health Needs Assessment

This item was introduced by Rebecca Lawrence, Thurrock Council. Key points included:

- Under legislation, Local Authorities are required to provide or secure the provision of open access sexual health services in their area. It is recognised good sexual health enables healthy relationships, planned pregnancies, and prevention of disease.
- Sexual health services can be accessed throughout the country by anyone in need. It is vital that services in Thurrock are comparable to those elsewhere, ensuring a high standard of care for those living in or visiting the borough.
- The sexual health service contract for Thurrock was extended for one year and is due to expire on 31 March 2024. To inform the re-procurement process, the Public Health Team has completed a Sexual Health Needs Assessment with a view to addressing several areas of need, including:
 - Condom distribution;
 - Late diagnosis HIV and treatment;
 - New and emerging threats/issues;
 - STI testing and prevention;
 - Contraception including long-acting reversible contraception (LARC);
 - Reducing teenage pregnancy and repeat terminations;
 - Accessibility of services;
 - Service engagement with stakeholders, GPs, and pharmacies.
- The Integrated Sexual Health Needs Assessment was completed using a mixed methodology of qualitative and quantitative sources

such as interviews with professionals and service users, national datasets, and a literature review. The findings and recommendations are outlined within the report and these have been used to develop the service specification for the new Integrated Sexual Health Service.

During discussions, the following points were made:

- Members welcomed the report and were reassured that the Local Authority is working with providers to improve key areas of sexual health. An overarching action plan is being driven forward as part of a delivery mechanism.
- It was recognised that sexual health services are unique as individuals can receive treatment and advice from other areas, for example some choose to have treatment outside of the borough rather than access services at Orsett. Due to this, a cross charging policy is in place with other areas.
- Colleagues raised concerns regarding limited engagement with schools in relation to sexual health education and condom distribution. Members noted further work has been identified within this area, including reduction of teenage pregnancies. Providers will be working closely with headteachers regarding staff training and support services. This is also important for primary schools to reduce the taboo of discussing sexual health and healthy relationships.
- Members noted Young Healthwatch ambassadors will be trained in this area and will be able to promote services amongst their peers, particularly condom distribution.

Decision: Members noted the contents of and agreed to the publication of the Thurrock Integrated Sexual Health Needs Assessment 2023 on the Council website.

7. Southend, Essex and Thurrock (SET) LeDeR Annual Report 22/23.

This item was introduced by Andrew Graham, Essex County Council. Key points included:

- The LeDeR programme reviews all deaths of people with a learning disability and / or autism whose deaths are notified. It seeks to identify improvements to health and social care which could prevent premature deaths and deliver equity of access to services, so that people with a learning disability and / or autism can live long and good quality lives.
- In 2022/23, 113 people with learning disability and / or autism died (seven children/young people) within the Southend, Essex and Thurrock (SET) footprint. The median average age at death for adults across SET in 2022/23 was 57. This is a reduction on the average age of death in the 2021/22 report.
- The report highlights there may still be an impact of the pandemic on notifications and across health provision. One explanation for the reduction in the average age at death is that some of the oldest adults died during the pandemic who might otherwise have died in 22/23.
- Themes arising from recommendations in the 22/23 report confirms findings from previous years and highlights additional items to explore. These recommendations are either already being explored by existing workstreams or will be actioned this financial year.

- Pneumonia and aspiration pneumonia remains the main direct causes of death for people with learning disability in SET. This is not the same for the rest of the population.
- One of the main areas of integration and progress in 22/23 continues to be early aging and frailty in people with learning disability. Specialist learning disability health services are working with partners to implement change and are increasingly involving relevant mainstream health services.
- A further three year LeDeR plan is due to be developed by refreshing the current 2021-24 plan. This will provide an opportunity to embed the latest learning of LeDeR, target specific change and continue to reduce health inequalities for people with learning disabilities and / or autistic people.

During discussions, the following points were made:

- Members welcomed the report and the holistic approach taken, particularly the training for staff and the inclusion of deaths of those with autism.
- It was noted following five reviews, the average age of deaths for those within Thurrock is slightly higher (47-69 years old).
- Members recognised the strong links with Public Health innovations, including health checks, specialised sexual health learning disabilities nurses, healthy weight services, immunisation plans and commissioning support from Peabody.
- The refreshed plan will include joint ownership across the SET footprint and will target specific areas as outlined within the report.

Decision: Members noted the LeDeR End of Year report and associated documents and support the development of a further 3-year LeDeR plan and to refresh the current 2021-24 plan.

8. A Health in All Policies approach to Place Shaping

This item was introduced by Karen Balthasar, Jo Ferry and Helen Horrocks, Thurrock Council. Key points included:

- This guidance document represents aspirations for healthy place-shaping for existing and future residents of the borough, as set out in the Health and Wellbeing Strategy (2022- 2026) and within the context of the Local Plan and broader place shaping agenda.
- The 'framework for creating change' detailed in the report encapsulates the key themes related to place shaping: Neighbourhood Design, Housing, Food Systems, Natural Environments and Transportation Networks. The report highlights the resident voice on these specific areas.
- Healthy neighbourhood design is facilitated by land use decisions which prioritise complete, compact and connected and sustainable communities. The report highlights superzones as a key innovation as they create healthy zones in the immediate vicinity around a primary or secondary school and are often located within the most deprived wards. The aim is to embody the 'Health in All Policies' approach through the integration of Health Impact Assessments with Community Equality Impact Assessments.
- Housing is recognised as a key element of place shaping, including increasing the provision of affordable, accessible, and diverse

housing. This includes improving the quality of housing, improving the energy efficiency and climate resiliency of current and future housing stock.

- The food systems element of the framework focuses on the accessibility and affordability of healthy sustainable foods which can be supported through land use, planning and design.
- For natural environments, the aim is to improve access to and engagement with the natural environment for mental health and wellbeing. This includes adapting to climate change, increasing participation in physical activity, and reducing exposure to air pollution.
- The transport networks aspect aims to increase cycling and is intrinsically linked with Thurrock's wider work on Active Travel.
- The document highlights the complexities of climate change, sustainability, and subsequent health impacts such as food supply considerations and price increases.

During discussions, the following points were made:

- Following publication of the Health and Wellbeing Board papers, the legal implications were verified by Jayne Middleton-Albooye, Interim Head of Legal Services as follows:
 - Section 2B of the National Health Service Act 2006 requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area. The recommendations set out in this report will assist in meeting this requirement.
 - The Council has a duty under section 149 of the Equality Act 2010 (the public sector equality duty) in the exercise of its functions to have regard to the need to:
 - Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - Advance equality of opportunity between persons who share a relevant protected characteristics and persons who do not share it;
 - Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- Members welcomed the comprehensive document and the focus on health being at the forefront of place shaping. This health outcomes focus is also linked with the ongoing work of the Local Plan. Furthermore, there has been extensive engagement across the organisation and partners.
- It was noted Health Impact Assessments (HIAs) are not routinely completed in Thurrock; however Public Health is working with the Housing and Planning Advisory Group to provide guidance on planning applications, particularly large developments.
- Members discussed the importance of enshrining HIAs in policy and considered the benefits of including a HIA section on planning applications. This would explicitly highlight any implications to committee members.

Action: Helen Horrocks to liaise with the Planning Team regarding incorporating Health Impact Assessments (HIAs) within planning applications.

- Colleagues considered the role of impact assessments across the organisation and how to embed this focus into all aspects of the Local Authority.
- Members were advised this is an aspirational document and the topics covered will take longer to implement through intergenerational change, however these will have the biggest impact.
- The Board considered the need for an outcomes matrix as part of accountability, and it was noted an upcoming workshop will consider this level of detail further. However, there is already a place shaping influence through the Design Charter and the Local Plan therefore ongoing progress in these areas can be used as evidence of embedding the aspirations of this report.

Action: A Health in all Policies outcomes matrix / framework and timeline of key milestones is to be considered at a future Board meeting.

- Members noted the links between the 2023 Annual Public Health report on fuel poverty and the place shaping agenda. A project has been established to support council tenants and other residents who are at risk due to fuel poverty. A rapid change is unlikely, however there is considerable ongoing activity to support this cohort.
- Colleagues referenced the ICB Primary Care Teams, the Community Health Services and the acute trusts that can assist with the continued work in this area.
- In relation to the work on superzones, colleagues within Children's Services welcomed the opportunity to be involved due to their access to schools and the Family Hubs workstreams. It was noted alignment of resources and a community enabled approach is being considered in conjunction with what is already being delivered through other means such as the Local Plan.

Decision: Members noted the contents of and agreed to the publication of the 'Health in All Policies approach to Place Shaping' on the Council website.

9. Health and Wellbeing Strategy - Domain 6 in focus: Community Safety

This item was introduced by Michael Dineen, Thurrock Council. Key points included:

- The aim for Domain 6 is ensure that Thurrock is a place where people feel and are safe to live, socialise, work and visit. It also aims to ensure that victims/survivors of crime can access support to cope and recover from their experiences, should they need it. This is linked to the reduction of violence against the person.
- Goal 6A relates to children living safely in their communities and includes implementing a Public Health approach to Youth Violence

and Vulnerability. It is important to note the small cohort numbers involved in youth offending and gang behaviours.

- Goal 6B focuses on partnership working to reduce local levels of crime and opportunities for crime to take place, including a focus on combatting drugs / substance misuse.
- Goal 6C aims to improve the local response to supporting victims/survivors of abuse and exploitation to improve their health and wellbeing.
- Goal 6D focuses on protecting residents from being the victims of crime, with a focus on those with increased risk of experiencing exploitation and abuse. This will be achieved via the refreshed Violence Against Women and Girls (VAWG) Strategy and the Thurrock Safeguarding Adults Board 'Transitions Plan'.
- Commitments for year two for the domain includes:
 - Developing a local Thurrock Action Plan in response to the serious Violence Duty and Essex wide strategy aligned to the Health and Wellbeing Strategy. This is to be implemented from April 2024;
 - Implementation of the street pastors scheme in Grays;
 - High visibility patrols with police and enforcement officers;
 - Redesign of services in relation to domestic abuse across Essex;
 - Increase the number of completions of the new sexual abuse training product and the domestic abuse and stalking offer internally and across the wider partnerships.

During discussions, the following points were made:

- Members noted MSE ICB colleagues are involved with specific elements of this domain such as the Drugs Strategy whereby the Deputy Chief Nurse and the Mental Health Lead for EPUT have been engaged. The Health Protection Board is also a key governance route for this work and encompasses a wider membership.
- The complexities regarding prescription opioids were considered, as illicit drug use can be influenced by the availability of substances on the dark web.
- Members discussed the Annual Public Health report of 2019 which focused on various risks for children in Thurrock. This report used data available through Xantura for modelling. A similar approach was used within London and was criticised therefore colleagues have sought advice from the Information Commissioners Office regarding the governance implications of using this data for modelling purposes.
- In relation to gangs and county lines activity, it was noted activity is often identified by the Community Police Team, however it is challenging to identify the gangs involved. As part of supporting this work, Essex Police has a disruptor team for anti-social behaviour, and this is monitored to gain intelligence and behavioural patterns of certain groups or gangs.
- Members were advised the Youth Crime Governance Board reviews preventative measures to assist schools in relation to gangs and those at risk of exclusion. Additional funding has been received to fund an outreach worker, via the Olive Academy. This worker will liaise with

both primary and secondary schools to work with those at risk of imminent exclusion.

- A knife protocol has been updated and agreed by schools, which has prevented several exclusions. It is recognised these young people require support rather than punishment and the Youth Offending Service is involved with ongoing targeted work regarding bladed articles. A practical approach is welcomed rather than further mapping exercises as there is considerable information regarding cohorts of children and young people who are at risk.
- Members noted the positive work of street pastors within Southend and the roll out into Thurrock is welcomed. Anecdotal feedback was also provided for the scheme in Sutton as pastors waited with vulnerable teenagers until they secured transportation home at night.

Action: Cllr Coxshall and Ian Wake to attend a future street pastor session.

Decision: Members noted year one achievements and agreed the year two commitments.

The meeting finished at 11:38am.

CHAIR.....

DATE.....

Date of Meeting 14th December 2023	ITEM: 6
For consideration at Thurrock Health & Wellbeing Board	
Report Title: Right Care Right Person	
Wards and communities affected: All	Key Decision: Not applicable – for discussion
Report of: Assistant Chief Constable Kevin Baldwin / Detective Superintendent Natalia Ross	
Accountable Director: Chief Constable of Essex Ben-Julian Harington	
This report is Exempt due to operational police processes	

Executive Summary

This report provides an update around the ongoing work and proposed timeline in the delivery of the Right Care Right Person (RCRP) principles in partnership with Essex agencies.

1. Recommendation(s)

- 1.1 All agencies to consider how they support and implement the RCRP program both as individual organisations and as multi-agency partners.
- 1.2 All agencies to consider appointing strategic and tactical leads for program development across the system to support the RCRP recommendations.

2. Introduction and Background and Proposal

- 2.1 RCRP is an approach designed to ensure that people of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training, and expertise to best meet their needs.
- 2.2 At the centre of the RCRP approach is guidance to assist police in making decisions about when it is appropriate for them to respond to incidents. This guidance supports the purpose of Police (save life, prevent & detect crime, and maintenance of the Kings Peace) and is further supported by legislation and cases tested in the Courts. In general terms the threshold will usually mean:
 - to investigate a crime that has occurred or is occurring; or
 - to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm.

- 2.3 The approach involves consistent use of the RCRP guidance to determine whether the police are the most appropriate agency to respond at the point at which the public or other professionals report an incident (e.g., via a call made to the police). While the decision to attend an incident is determined by assessing that the incident meets the RCRP threshold, the decision to use powers is made by an officer at the scene of an incident. Partnership arrangements governing police involvement at pre-planned interventions will continue to be managed at a local level, e.g., police attendance at section 135 MHA warrants.
- 2.4 The RCRP guidance should be used in a way that is responsive to dynamic and changeable situations. For example, there may be occasions where a call handler initially judges that there is no clear and immediate risk of serious harm, but the situation escalates. As with all other types of incidents, the police will apply a continuous risk assessment approach, and respond as required to any change in risk, considering any information provided by local partners. Likewise, when the police have responded to an incident, but the threshold is no longer reached, there should be a timely transfer of support to the most appropriate agency, with local areas working towards timely handovers.
- 2.5 Importantly, RCRP may be used in conjunction with appropriate joint-working models that are set up between the police and health agencies locally. These services, which have a role in ensuring people access the right support, are separate from and can co-exist alongside the use of the RCRP approach.
- 2.6 The College of Policing has developed a national toolkit, covering topics including decision-making in relation to the RCRP guidance for police response, partnership working, training requirements, and data standards and evaluation. In tandem, NHS (National Health Service) England are coproducing guidance with multi-agency professionals and people with lived experience.
- 2.7 Cross-agency partnerships should be established to implement the RCRP approach for people with mental health needs and work together on achieving the following:
- Agreeing a joint multi-agency governance structure for developing, implementing, and monitoring the RCRP approach locally. People with lived experience of the urgent mental health pathway, including those from ethnic minorities, should form part of the governance structure and be actively engaged in considering how RCRP is implemented. In addition, from a health system perspective, Integrated Care Boards will play a key role in coordinating the approach to supporting the implementation of RCRP.
 - Reaching a shared understanding of the aims of implementing RCRP locally and the roles and responsibilities of each agency in responding to people with mental health needs. Given that 'mental health needs' covers people with a broad spectrum of needs, this should include agreeing what is the remit of health services (primary care and secondary mental health services), local

authority services (including social care and substance misuse services), and voluntary, community and social enterprise organisations.

- Enabling universal access to 24/7 advice, assessment, and treatment from mental health professionals for the public (via the NHS111 mental health option), as well as access to advice for multi-agency professionals, including the police, which can help to determine the appropriate response for people with mental health needs. Plans should be put in place to communicate the availability of this advice to the public and other organisations/professionals locally, who may otherwise call the police as their first point of contact.
- Putting in place arrangements to work towards ending police involvement in the following situations, where the RCRP threshold is not met:
 - initial response to people experiencing mental health crisis.
 - responding to concerns for welfare of people (i.e., undertaking welfare checks)
 - instances of missing persons from mental health facilities, and walkouts of people with mental health needs from other health facilities (e.g., the Emergency Department).
 - conveyance in police vehicles.
- Embedding multi-agency ways of working that can support decision-making about which service or services are most appropriate to respond to an incident reported to the emergency services (e.g., whether it is police, ambulance, or mental health services, or a joint agency response).
- Ensuring arrangements are in place to minimise delays to handovers of care between the police and mental health services. Currently, there can be significant delays in accessing appropriate mental health expertise and facilities. These delays are detrimental to the person with urgent mental health needs and the family or friends supporting them. Systems should look to reduce these delays as far as is safe to do so
- Developing an approach for police and health systems to work together to quickly and efficiently identify the best place to take a person detained under section 136 of the MHA, to reduce time spent on conveyance.
- Developing local escalation protocols for situations including: significant system delays that result in people being inappropriately under the care of the police when they should be accessing mental health support; detentions in custody (all areas should be ending the practice of detaining people with mental health needs in police cells); and reoccurring situations where health partners feel the RCRP threshold is met but a police response is not provided.
- Establishing effective mechanisms to support data collection and sharing across agencies, to inform the development and implementation of RCRP, including any changes required to ways of working and wider-system resourcing. The data should enable an understanding of local urgent and emergency mental health need, current levels of police involvement in mental health related pathways, and the impact of the changes introduced under RCRP, both operationally and in terms of the experiences and outcomes of people requiring urgent mental health support.
- Developing multi-agency training to support decision making and understanding of roles and responsibilities in relation to RCRP, as well as the Mental Health Act.

2.8 This presentation outlines Essex Police multi-agency governance process for the implementation of RCRP. It sets out the rationale for implementation, the current Essex wide context from a policing perspective and proposals to take forward RCRP as a partnership.

3. Issues, Options and Analysis of Options

3.1 None at present

4. Reasons for Recommendation

4.1 This is part of a National Home Office Agreement and has been tasked to be implemented.

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

5.1 This has been presented to various partnerships and boards throughout Essex.

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

6.1 This is likely to have some impact on policies and procedures which will need to be reviewed by the respective agencies.

7. Implications

7.1 Financial

This may have financial or resource implications for system partners to Consider.

7.2 Legal

Extensive legal advice is available alongside the College of Policing RCRP Toolkit

7.3 Diversity and Equality

Local equality Impact assessment to be completed jointly with partner agencies.

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

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

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):

[National Partnership Agreement: Right Care, Right Person \(RCRP\)](#)

[Right Care Right Person toolkit | College of Policing](#)

9. **Appendices to the report**

Report Author:

Detective Superintendent Natalia Ross. Essex Police

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FAMILY HUBS START FOR LIFE PROGRAMME

**Departments for Education (Family Hubs Division) and
Health & Social Care (Start for Life Unit)**

**Clare Moore Head
of Service YOS and
Prevention**

**Health & Wellbeing
Board**

Family Hubs Start for Life Programme

Overview of the Programme

Vision

Family Hubs

Best Start for Life: A Vision for the 1,001 Critical Days

Funded elements

Programme requirements & timetable

Family Hubs & Start for Life Programme

Vision

Family Hubs provide non-stigmatising single points of access helping families navigate & receive universal & targeted services

Families receive the support they need when they need it

Think Family / whole family approach

Partnership working including voluntary sector & community / faith groups & co-location in localities

Strengthened familial & professional relationships

Co-production with parents / carers & young people

Building an evidence base of what works

Family Hubs Start for Life Programme

Aims to improve a range of health, wellbeing & education outcomes for children aged 0-19 / to 25 with SEND & parents / carers

Aligned with existing programmes eg Supporting Families

75 LAs eligible to join the programme & funding is subject to meeting the

The programme grant is for specific funded elements and comprises a fixed rate for all LAs

Core services (unfunded) to be met from existing budgets

Best Start for Life: a vision for the 1001 Critical Days

Dame Andrea Leadsom 2021

Family Hubs

Services will be delivered through a Family Hubs network

Hub and spoke model with a network of services and providers

Offer needs to be face to face, community outreach, virtual & published

Co-production

Peer support

Focus on reaching seldom heard groups & fathers

Branding requirements

There are 3 key Family Hub principles:

Access - single points of access for universal & targeted early help services and information gateways

Connection

families only having to tell their story once, co-location, data sharing, shared outcomes, shared governance

Relationships

strengths based approach and strong professionals relationships

Funded Elements of the Programme

Funded elements focus on Start for Life services:

- Perinatal Mental Health/Parent-Infant Relationships
- Infant Feeding
- Parenting Support
- Early language & Home Learning Environment (3/4yrs)
- Parent & Carer Panel
- Published Start for Life Offer
- Family Hubs transformation

Aim is to provide a smooth transition to parenthood, development of secure attachments and school readiness, and reduce the need for specialist support

Family Hubs programme funding is intended to pay for the change process eg:

transformation team

local consultation / co-production

workforce development & training

development of a digital & data strategy

local population needs assessment

evaluating the impact of the family hub implementation

Capital element funding examples:

adapting existing buildings to improve accessibility /
space

to enable multi-agency working eg IT upgrades

equipment including specialist clinical equipment

Programme Funding - Funded Elements

Funding should enhance & expand Start for Life services

eg by:

- launching recruitment initiatives / employ staff
- reviewing and/or expand existing workforce & train them
- strengthening data-sharing arrangements
- further developing integrated pathways
- meeting programme overheads

Family Hub Core Services (Annex F)

Activities for children 0-5

Birth registration

Debt & welfare advice

Domestic abuse support

Early childhood education & care / financial support

Health visiting

Housing

Intensive targeted family support including Supporting Families

LA 0-19 public health services

Mental health services

Midwifery / maternity

Nutrition & weight management

Oral health improvement

Reducing parental conflict & support for separating parents

SEND support & services

Stop smoking support

Substance (alcohol / drugs) misuse support

Delivery Plan

Completed on 6th January 2023 and agreed by DfE and DHSC

included:

overall ambition for change over 3 years

milestones for opening hubs in 1st half of 2023 & ongoing transformation

financial modelling for funded services

plan to undertake / update local needs assessment

when Start for Life Offer will be published

when a Parent Carer Panel will be established

Regional leads will support LAs to develop plans

Programme Reporting Requirements

Programme delivery returns quarterly updates re progress of the Delivery Plan; share risks & challenges, success & good practice; **annual return** - qualitative information

Financial returns interim & annual statements of grant usage (1st interim statement early April 2023 then midway between each FY)

Management Information and Self Assessment started from Q3, returns will be required quarterly; some will be strand specific; possibly aligned with Supporting Families data collection

Programme Timetable

2022/23 counts as Year 1

Sign up by 31.10.22 & meet all minimum requirements by end Yr 3

Submit Delivery Plan by January 2023

Establish a Parent & Carer Panels by June 2023

Conduct a local population needs assessment by 31.12 .23

Expected to open Family Hub(s) & start to deliver visible change by 28th April 2023 with Tilbury, Chadwell, Stanford, Aveley, Purfleet, Ockendon and Thameside initially.

Our Family Hub network of the Sunshine Centre, Inspire and Tilbury Youth Hubs, East Tilbury Village Hall and the IMWC will come on board by June 2023.

Stifford Family Hub will start delivery from end of July 2023

Work To Date

High level mapping exercise & ongoing discussions with services to understand the existing local offer and gaps in service delivery

Sign Up form and Delivery Plan completed

Sharing management information

Regular meetings with Programme regional leads

Family Hubs Board set up and meetings held monthly

Numerous sub groups set up and meet at least monthly

Workshops held with CVS

Consultation with parents on the development of the Start for Life website

LA- Family Hubs, Early Help, SEND, Early Years Education

Basildon Hospital- midwifery and audiology

Thurrock Adult Community College

NELFT- Speech and Language, Health Visiting, CAMHS,
Infant Feeding

EPUT-PNMH/PIR

DWP- Job Centre Plus

Public Health Commissioned Services- Parents 1st

(neo natal group)

Thank you and any questions



Mid and South Essex ICB

Integrated Neighbourhood Teams

Delivering better joined-up care across local health and care organisations

Briefing for Thurrock Health & Wellbeing Board

December 2023

www.midandsouthessex.ics.nhs.uk

Why develop Integrated Neighbourhood Teams (INTs)?

Dr Claire Fuller is a GP and was until recently the Chief Executive Officer of Surrey Heartlands ICB.

She was asked by DHSC, to carry out a review of primary care provision across England titled the Fuller Stocktake.

One of the key recommendations in the report was to create INTs

As part of the work that Dr Fuller undertook, she focussed her attention on residents in her ICB who had complex presentations and who were at risk of admission to hospital or permanent placement in a care home.

600 people with complex care needs were identified.

When the case notes were reviewed, she found that in 1 year, the 600 people had:

1800 presentations at A&E

450 outpatient appointments

400 inpatient stays, and

??? GP contacts



Why develop INTs? (contd)

Surrey Heartlands ICB has a resident population of 1.1m, like Mid and South Essex at 1.2m

Additionally, the University of Manchester study (2021) found that 40% of attendances at GP surgeries are with frequent attenders, with many attendances not being for medical reasons.

Thurrock is one of the most under-doctored areas in England, and although work is being carried out to increase the number of GPs in the borough and to increase access to primary medical services, the impact on local people.

Of the 178,000 Thurrock residents, 21,271 (11%) are in the Core20 PLUS 5 categories

Current working arrangements across the system reflect more traditional approaches, with large

The intention is to work smarter, to deliver improved outcomes for local people



The first activity of the ICB was to develop a framework that PCNs could respond to when thinking how they would like to work with partners to develop an INT in their locality.

The framework was based on some key principles.

Design

As Thurrock has 4 PCNs it was agreed that there should be 4 INTs, each covering the same area as the PCNs currently do.

Design: Comprehensive care across health, care and societal pillars.

Design: INT design is co-created with the community, fostering shared ownership and

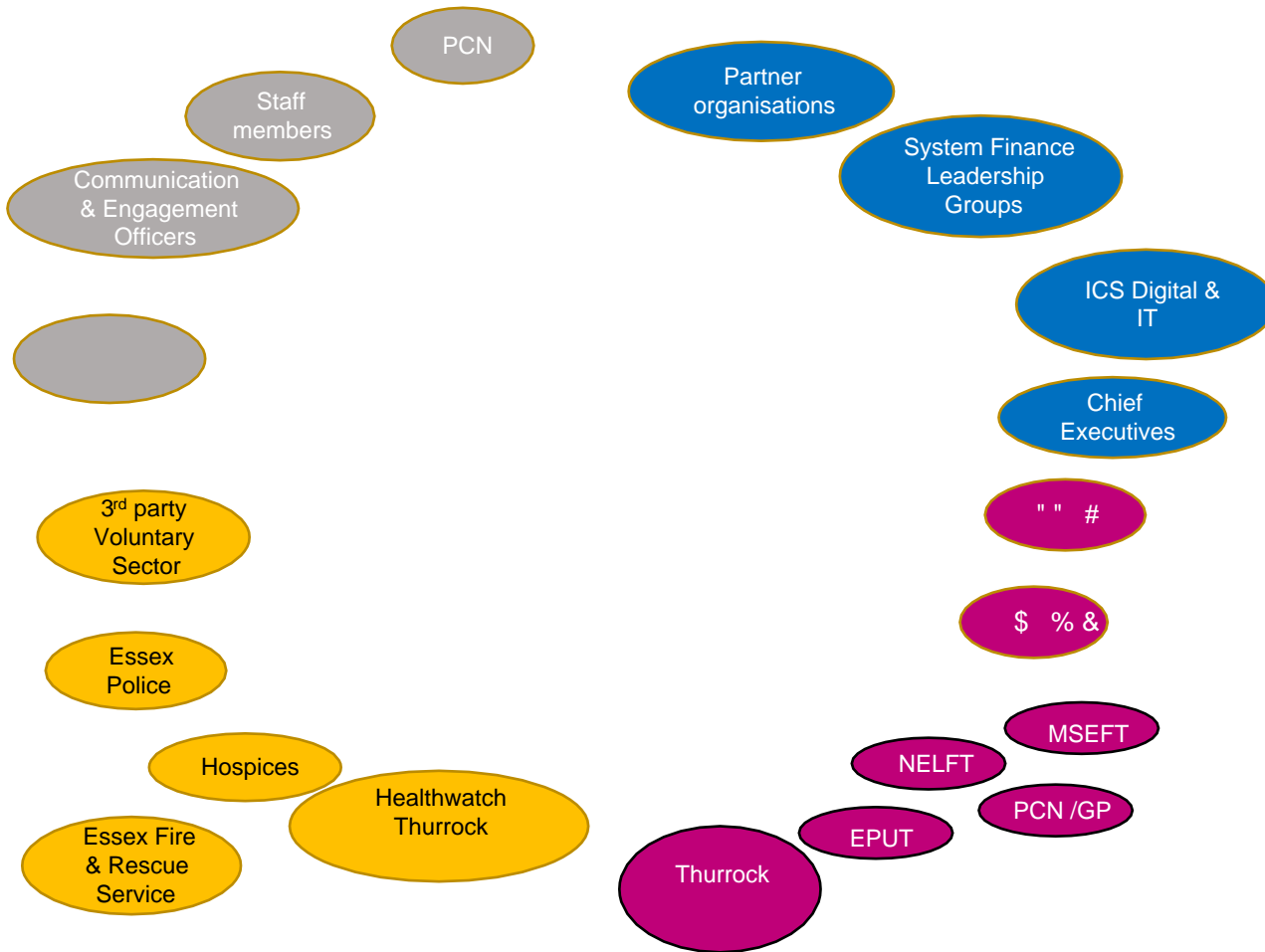
Management: An incremental journey based on shared learning.

Management: Mutual accountability for service outcomes.

Workforce: Investing in workforce development to enhance skills, competency and capacity within the INT.



WHO ARE OUR STAKEHOLDERS?



Our Colleagues

only achieve our strategic vision and objectives with the full support and

we hope to identify 'champions' within our teams who will provide peer-to-peer support and be advocates for promoting the INTs and the many benefits they will bring.

Our Service Users

Residents, patients, service users, carers and families are at the heart of the INT developments. We need to continue to involve them as we strive to demonstrate the benefits of the development from their perspective.

Our Partners

We are committed to working closely with our partners across the Mid and South Essex Integrated Care System (ICS) to deliver the INTs in local communities.

Our Places and Communities

Our partnership with the Voluntary, Community and Social Enterprise Sector (VCSE and Healthwatch) will help to provide vital insight and reach into groups with particular needs across our communities so that our implementation through various pathways of care and personalisation (HLS), can contribute to the benefits realisation of the INTs. We will continue to engage positively with local media and social media so that we share our progress.

What does an INT look like?

As INT developments are organic and relevant to the priorities of local communities, there may be some degree of variation, but overall, there should be a recognisable shape and definition to all INTs

The Vision - Building our services and aligning our resources around our neighbourhoods

Integrated Neighbourhood Teams:

Are fully integrated teams working as one with single leadership support

They will manage the needs of their populations, health, social and societal

Have direct patient access to the most appropriate professional

Is digitally enabled and has a single record for an individual

Has a single set of intended outcomes and measures of success

Create a single budget/organisation responsible for all of primary and community care (the NHS element of the INTs).

Building from a core of General Practice; PCN roles (ARRS); Pharmacy; all community services; Adult Social Care; and other services (# ")
expanding from a coalition of the willing.



What does an INT look like? (contd).

The Teams could consist of (not an exhaustive list)

GPs / Practice and Community Nurses

Community Providers / Mental Health Providers / IAPT Services

Childrens Services

Social Care

Local VSCE members

ARRS / Social Prescribers

MSK Practitioners

Domiciliary care / care homes

Reception Teams / Help Lines

Pharmacy / community pharmacists

Housing and welfare benefits services

Community Leaders (inc. faith organisations)

Emergency services



An example INT in development



An example INT in development



Date of Meeting 14 December 2023	ITEM: 9
Report Title: Better Care Fund 2023/24 2nd Quarter Report	
Wards and communities affected: All	Key Decision: Not applicable
Report of: Cllr George Coxshall, Cabinet member for Health, Adult Social Care, Community and Public Protection	
Accountable Assistant Director: Les Billingham, Assistant Director Adult Social Care and Community Development	
Accountable Director: Ian Wake, Corporate Director of Adults Housing and Health	
This report is Public	

Executive Summary

This report concerns the requirement for the Health and Well-Being Board to sign off Better Care Fund reports submitted to NHS England.

The report provides commentary on the performance metrics in the Thurrock Better Care Fund 2023/25 Quarterly Q2 Report submitted on 31 October 2023, and the Quarterly Report is attached as an Appendix. Performance continues to be good with the system either achieving or almost achieving its targets for the BCF metrics.

Commissioner Commentary

The Commissioners have given approval for the Thurrock Better Care Fund Plan 2023/25.

1. Recommendation(s)

- 1.1 The Board is asked to note progress on integration and the Better Care Fund.
- 1.2 The Board is requested to sign off Quarter 2 report on the Better Care Fund 2023/24.

2. Introduction and Background

- 2.1 The Better Care Fund (BCF) is a pooled fund between Thurrock Council and the Mid and South Essex NHS Integrated Care Board. In 2023/24, the value of the Thurrock BCF pooled fund is £49,139,875. It is anticipated that the value of the fund will increase in 2024/25.

- 2.2 The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).
- 2.3 The key purposes of BCF reporting are:
- 1) To confirm the status of continued compliance against the requirements of the Better Care Fund;
 - 2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans;
 - 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics;
 - 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements.
- 2.4 NHS England advise BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.
- 2.5 BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website. Unfortunately, because of the timescales between the publication of the national reporting template and the availability of the national datasets to complete this quarterly report, it was not possible to bring the completed report to HWB ahead of the submission date of 31st October 2023. The report has been submitted in line with the due date, subject to sign off from the Board.

3. Issues, Options and Analysis of Options

- 3.1 The Q2 Quarterly Report (attached as an Appendix to this report) contains a series of national metrics which are used to measure progress. These metrics are published in the Better Care Fund Policy Framework 2023-2025.
- 3.2 This section provides a further commentary on the metrics contained in the Q2 Quarterly Report. The information is derived from the regular monthly scorecards produced by the Quality Assurance Officer, Performance, Quality & Business Intelligence, and the Alliance Performance and Planning Lead, Basildon & Brentwood Alliance.

3.3 In late 2022 Thurrock requested the LGA to undertake an independent appraisal of its BCF Plan as part of their NHS England commissioned programme of support. The appraisal was undertaken between July and September 2023. The appraisal noted performance appears good for 2022/23, with the system either achieving or almost achieving its targets for the BCF metrics. The Quarterly Report shows performance continues to be good.

3.4 The LGA has now agreed to support Thurrock in an appraisal of each of the schemes in the Better Care Fund and this will also involve a re-evaluation of the metrics in the scorecards to determine what outcomes and key performance measures can be attached to each scheme, in addition to the core BCF metrics. This evidence would bring confidence that services perform well and are value for money, or provide evidence that some changes need to be made. A report on the outcome of the appraisal of each of the schemes in the Better Care Fund will be presented to the Board when the work has been completed.

3.5 Healthcare metrics

Number of unplanned hospitalisations for chronic ambulatory care sensitive conditions.

- Target set as a 5% improvement on 2021/22 average quarterly value of 200 admissions per 100,000 population. 190 per 100,000 population.
- 333 unplanned admissions per quarter (numerator) with and the population estimate of 175,500 (Denominator).
- NOTE: 22/23 outturn - national data has been refreshed
- Data source: Better Care Exchange datapack
- <https://future.nhs.uk/bettercareexchange/view?objectId=116035109>

Percentage of People in Thurrock who are discharged to their usual place of residence

- Ambition to continue to exceed the national average performance of 92.6%.
- Target set as a continuation of the 2021/22 performance of 94.9%.
- SUS data provided by Arden & GEM BI team
- Data updated on SUS on 26/27th of the following month

Emergency hospital admissions due to falls in people aged 65 and over, directly age standardised rate per 100,000

- 15% in the year to end September
- Target set against 21/22 national average of 2100 per 100,000
- HES data provided by Arden & GEM BI team
- Data source: Better Care Exchange datapack

3.6 Adult Social Care metrics

Rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population

- There were 71 new permanent admissions to residential/nursing care for people 65+ in the year to end September, which equates to 296.4 per 100,000 population. This is 7 under target. In the same period last year there were 87 admissions; therefore there has been a reduction of 16.
- In the reporting period, 24 individuals paid the full cost of their care (34%). If those individuals were not included there would be 47 admissions, a rate of 196.2 per 100,000 population.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation

- In Quarter 2, 69 out of 80 people aged 65+ discharged from hospital into re-ablement/rehabilitation were at home 91 days later, which equates to 86.3%. This is 1.4% below target. Although under target, this is still 4.5% higher than the latest national average and 3.4% higher than the latest regional average (both from 21/22).
- Of the 11 people discharged but not at home 91 days later, 5 had passed away, 5 were in hospital and 1 had moved to permanent residential care. If the deceased were not counted in the cohort, the performance would have been 92%.
- Of the 11 not at home, 9 had their reablement service ended early due to being admitted to hospital, and 1 had their service ended after only 3 days as the service user stated that they did not need the care. The remaining individual went to long term care. The average age at the start of reablement was 79 years old. The average length of stay in reablement was (broken down by reason not at home):
 - Hospital = 21 days
 - Residential care = 18 days
 - Diseased = 18 days
 - Overall = 19 days
- Whilst reablement aims to improve independence to keep individuals at home for longer, some individuals have health conditions that might mean that full independence is not possible. Individuals can also have a loss of independence during reablement (causing the reablement to end earlier than planned), or after reablement has taken place, due to new or worsening conditions. Therefore, even though some individuals may not be at home on the 91st day, this is not necessarily a reflection of the effectiveness of the service.

3.7 The submitted Q2 Quarterly report also contains the required refresh of information in the Capacity and Demand plans.

4. Reasons for Recommendation

4.1 Better Care Fund Reports submitted to NHS England are required to be signed off by Health and Well-Being Boards.

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

5.1 A specific consultation on the establishment of the pooled fund to drive through the integration of health and social care services, as required under the terms of the Health and Social Care Act 2012, was held in September and October 2014.

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

6.1 A key aim of the Better Care Fund, and the Discharge Fund, is to reduce emergency admissions, which brings within it the potential to invest in services closer to home to prevent, reduce or delay the need for health and social care services or from the deterioration of health conditions requiring intensive health and care services. This will contribute to the priority of 'Improve Health and Wellbeing' and the vision set out within the refreshed Health and Wellbeing Strategy.

6.2 Achieving closer integration and improved outcomes for patients, services users and carers is also seen to be a significant way of managing demand for health and social care services, and so manage financial pressures on both the NHS MSE ICB and the Council.

7. Implications

7.1 Financial

Implications verified by: **click this box once and type name of the officer who has verified the implications**

click this box once and type the job title of the officer who has verified the implications

There are no financial implications arising from this report.

7.2 Legal

Implications verified by: **click this box once and type name of the officer who has verified the implications**

click this box once and type the job title of the officer who has verified the implications

There are no legal implications arising from this report.

7.3 Diversity and Equality

Implications verified by: **click this box once and type name of the officer who has verified the implications**

click this box once and type the job title of the officer who has verified the implications

There are no diversity implications arising from this report.

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

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

None

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

- 2023 to 2025 Better Care Fund policy framework 2023-25, Published 4 April 2023 Available via the following link: 2023 to 2025 Better Care Fund policy framework - GOV.UK (www.gov.uk)
- Better Care Fund planning requirements 2023-25, Published 4 April 2023 Available via the following link: PRN00315-better-care-fund-planning-requirements-2023-25.pdf

9. Appendices to the report

- Thurrock HWB BCF Quarterly report Q2

Report Author:

Christopher Smith
Programme Manager
Adults, Housing and Health

14 December 2023	ITEM: 10
Health and Wellbeing Board	
Thurrock Health and Wellbeing Strategy 2022-26 – Overview and annual progress report for Domain 5, Housing and the Environment	
Wards and communities affected: All	Key Decision: None
Report of: Ryan Farmer, Housing Strategy Manager, Adults, Housing and Health Helen Horrocks, Head of Public Health – Healthy Placemaking, Public Health Team, Adults, Housing and Health	
Accountable Director: Ewelina Sorbjan, Assistant Director Housing Management and Development Jo Broadbent, Director of Public Health Ian Wake, Executive Director of Adults, Housing and Health	

Executive Summary

This paper provides an overview of Thurrock Health & Wellbeing Strategy (HWBS) 2022-26 and provides a specific update on progress made with implementing domain 5 of the Strategy, Housing and the Environment.

1. Recommendation(s)

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

2. Introduction and Background

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

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

3. Overview of the Refreshed HWBS 2022-26

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

4. Consultation outcomes

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

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

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

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

5. Governance

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

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

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

6. Domain 5 – Housing and the Environment

6.1. Appendix A provide the Board with a detailed overview of Domain 5, Housing and the Environment.

7. Reasons for Recommendation

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

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

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

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

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

9. Implications

9.1 Financial

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

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

9.2 Legal

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

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

9.3 Diversity and Equality

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

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

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

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

8. **Appendices to the report**

Appendix 1. Domain 5, Housing and the Environment. Overview, progress report and commitments for year two.

Report Authors: Ryan Farmer, Housing Strategy Manager
Helen Horrocks, Head of Public Health – Healthy Placemaking

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Thurrock Health And Wellbeing Strategy 2022-2026

Year 2 report to Thurrock Health and Wellbeing Board
Domain 5 Housing and the Environment

Domain 5 Housing and the Environment

Domain Aims and Ambitions

To ensure fewer people will be at risk of homelessness, and everyone will have access to high quality affordable homes that meet the needs of Thurrock residents. The aim is to make homes and places in Thurrock, environments where everyone feels safe, healthy, connected and proud.

What we want to achieve

In Thurrock, the increase in house prices has been greater than in surrounding areas, which has a knock-on impact on people seeking rental properties, the cost of rents and the availability of social housing. It can be challenging for some residents of Thurrock to afford high quality, suitable, secure homes. We want housing across the borough to be affordable and of good quality, and for all people across the borough to have access to a high-quality environment and open spaces.

The aim is for people on low incomes, in receipt of benefits and living in more deprived wards to have improved access to high quality, suitable homes and high-quality environments. We want to reduce the numbers of people at risk of homelessness and improve the opportunities for people who are homeless to move to better housing solutions.

How this Domain levels the playing field

This will Level the Playing Field by:

Ensuring fewer people will be at risk of homelessness and those who are, will have access to a variety of support options to improve their life circumstances

The quality of low cost private rental properties and social housing being improved, so that residents on low income and in receipt of benefits will be at less risk of poor health due to their housing

People who have or are experiencing domestic and/or sexual abuse being able to move to homes that allow them to move on from their experiences

People living in more deprived areas of Thurrock having better access to good quality parks and open spaces, making it easy to exercise and be active

Reducing antisocial behaviour in all communities

Ensuring communities are connected and resilient, and the built environment is designed to support people to live health and active lives

Ensuring fewer households experience fuel poverty and the associated health impacts

Domain 5 Housing and the Environment

Domain Goals

- 5A Reduce homelessness and increase the supply of affordable housing in Thurrock
- 5B Facilitate and encourage maintenance of good quality homes in Thurrock to promote the health of residents, protecting them from hazards such as cold, damp and mould
- 5C Provide safe, suitable and stable housing solutions for people who have or who are experiencing domestic abuse/violence and/or sexual abuse/violence
- 5D Regeneration and future developments will seek to improve physical and mental health, reduce exposure to air pollution, reduce antisocial behaviour and to build community resilience

Goal 5A Reduce homelessness and increase the supply of affordable housing in Thurrock

What we want to achieve

All Thurrock residents to have a secure, stable and affordable home.

Some key challenges

There have been significant changes in the housing market in Thurrock that have led to increased challenges surrounding affordability in the borough for both residents attempting to find secure accommodation and for the council to fulfil its rehousing duty. For example:

Between 2014 and 2019 the average house price increased by 50%, a greater rise compared to other parts of the East of England.

Approximately 52.9% of Thurrock households would not meet the affordability requirements to purchase the smallest types of property available on the housing market.

The average weekly cost to rent in Thurrock has also increased over the past five years.

Current local housing allowance rates are not sufficient for average rental values in Thurrock.

A number of households are being placed in Thurrock by other local authorities, either within temporary accommodation or as a final placement. This impacts upon the availability of accommodation for the council to secure as accommodation for its own residents, but also has an impact on the resources of other local partners.

The outcome of these challenges is:

Homelessness and people being at risk of homelessness has increased in Thurrock since the introduction of the Homelessness Reduction Act in April 2018.

Thurrock has a greater rate of households owed a duty under the Homelessness Reduction Act compared to the England average (16.9 per 1,000 in Thurrock versus 12.3 per 1,000 England average)

The proportion of the population renting from the council is much higher than the regional average.

While many people are living in privately owned homes, there is a significant proportion of people who are unable to afford their own homes or who are unable to privately rent. This means there is an increased risk of home insecurity within this group, an increased risk of eviction, increased risk of overcrowding or poor living conditions and an increased risk of homelessness. All of these may contribute towards poor health.

Goal 5A Reduce homelessness and increase the supply of affordable housing in Thurrock

How we will achieve this Goal

This priority will primarily be achieved by:

Identifying people at risk of homelessness early, preventing homelessness by adopting a holistic offer across services, and addressing the health and wellbeing needs of this group. This will focus on enabling people to progress to housing that offers more security, stability and is more suitable for their needs than their current situation delivers.

Provide appropriate and timely support for people experiencing rough sleeping and homelessness by sharing knowledge between partners to help identify those individuals. By reducing out of borough Temporary Accommodation (TA) placements and reducing time in TA to the statutory two months.

Use Development Management, the Housing Strategy and the Local Plan as vehicles for delivering a minimum provision of 35% of the total number of residential units built to be affordable housing. Consideration should be given to affordable rents, establishing Thurrock Affordable Rent levels, and matching social housing supply to demand.

Development should be encouraged to include shared ownership and first homes as suitable affordable housing products for Thurrock residents who wish to own their own homes, alongside key worker housing.

council-owned affordable rental properties.

The Local Plan will identify major development sites across the borough that are capable of delivering 10 or more additional homes and set out targets for the mix of units in terms of type, size and tenure.

What will we do differently under this strategy?

Deliver appropriate and timely support by reducing out of area Temporary Accommodation (TA) placements and reducing the time spent in TA placements

alongside increasing council-owned affordable rental properties.

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Goal 5A Reduce homelessness and increase the supply of affordable housing in Thurrock

Reporting against our commitments for year 1.

	Progress made
Deliver the Homelessness Prevention and Rough Sleeping Strategy 2020-2025.	There was a need for more in borough TA placements. Additional stock was purchased within Thurrock for use as TA. Alongside this, work has been undertaken with the private sector to ensure further consistent housing provision. Through this approach, out of borough placements have reduced as a proportion of TA provision and ensured greater support and stability for local families experiencing homelessness.
Ensure timely interventions are in place to reduce and address homelessness	A pre-eviction panel and evolution of the management move panel has fostered a multi-agency approach to preventing homelessness amongst Council tenants. The approach has shifted from ensuring due process is followed to enforce eviction to focusing on preventing eviction, as well as minimising the costs and impact associated with eviction and homelessness.
Ensure all households owed a duty of care under the Homelessness Reduction Act receive support.	The key principles of the Homeless Reduction Act 2017 have been embedded into service delivery, ensuring that appropriate needs assessments are undertaken and housing options are tailored to households.
Ensure new residential developments offer a minimum provision of 35% affordable residential units.	All council owned new build developments are anticipated to be delivered within affordable rent level 35% affordable housing was provided on land south of the A1303, Stanford-le-Hope.

Commence work on developing Homelessness Prevention and Rough Sleeping Strategy 2025-2030

Develop system-wide approach using HLS principles to reduce and address homelessness

Continue to ensure all households owed a duty of care under the Homelessness Reduction Act receive support

Goal 5B. Facilitate and encourage maintenance of good quality homes in Thurrock to promote the health of residents

What we want to achieve

All Thurrock residents will live in homes that are suitable for their needs, keep them healthy and protect them from hazards such as cold, damp and mould.

Some key challenges

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The performance of the housing stock in Thurrock compared to the England average as set out in the English Housing Survey (EHS) is mixed. The social housing stock is generally better than the private sector stock. This tends to be thermally efficient and better insulated owing to the requirements placed on social housing providers. The private rented stock has a higher proportion of low income households compared to the owner-occupied stock.

The outcome of these challenges is that:

We need to focus on improving the least energy efficient housing stock occupied by low income and vulnerable households. Although this is challenging it would contribute to progressing towards the Government target of improving as many fuel poor homes as reasonably practical to Energy Performance Certificates (EPC) band C by 2030, with an interim milestone of band D by 2025.

Goal 5B. Facilitate and encourage maintenance of good quality homes in Thurrock to promote the health of residents

How we will achieve this Goal

The priority will be achieved through collaboration with private sector landlord and utilising the Well homes initiative as a baseline for these discussions.

Specific aims for this priority include:

Ensuring that all properties are of good condition (safe, suitable) in the public sector and also work with private sector landlords to achieve this through the Well Homes initiative. This will increase renewable

undertaking options appraisal for wider estate regeneration to improve the quality of homes and neighbourhoods for residents.

Ensuring that new homes are developed that will keep people well and independent. Based on recognised quality design standards e.g. Sport England Active by Design and Police Secure by Design policies.

What will we do differently under this strategy?

We will influence the quality of private housing stock through work such as the Well Homes programme and ensuring that these programmes reach priority groups such as people living with long term conditions, mental health needs and learning disabilities.

We will target and remove significant health and safety hazards from private rental sector properties by using the full extent of enforcement powers available to the council

We will reduce fuel poverty by investing in council housing and accessing the Green Homes Grant to make energy improvements to the private housing sector, or by incentivizing improved EPC ratings across the borough.

Goal 5B. Facilitate and encourage maintenance of good quality homes in Thurrock to promote the health of residents

Reporting against our commitments for year 1.

	Progress made	
<p>Deliver the Housing Asset Management Strategy</p>	<p>& # * + () , - . * the appointed contractor.</p>	<p>! / 0 / 1 2</p>
<p>Deliver the Thurrock Housing Strategy</p>	<p>A notable workstream is the transformation pilot within the Stanford and Corringham locality. Using the Corringham Integrated Medical and Wellbeing Centre as a ! (the community. From the success of this pilot further initiatives have been established</p>	
<p>Improve the condition of housing in the public and private sector through access to programmes such as Well Homes ensuring that high priority groups are targeted</p>	<p>PSH has visited 121 owner occupiers and 76 vulnerable residents in the PRS in / 0 // 3 / " + 4 5 6 7 8 9 Following those inspections, the service improved 82 dwellings by removing or reducing Category 1 and 2 Hazards identified under the Housing Health Safety Rating System under Part 1 of the Housing Act to assess conditions and enforce housing + (residents against potential risks and hazards to health and safety from any deficiencies identified in dwellings.</p>	<p>+</p>
<p>Address fuel poverty through enhancing access to Financial Inclusion Officers to help households in need apply for financial support and developing a coordinated corporate approach to rising cost of living challenges facing residents</p>	<p>A corporate steering group and operational group have both been established to tackle Fuel Poverty. Work to identify households at risk of fuel poverty is ongoing, with Financial Inclusion Officers interacting with residents on a case-by-case basis to offer + & 4 ! * " 6 ! < of or experiencing fuel poverty.</p>	<p>: # ; 0 !</p>

Work to secure funding to deliver further decarbonisation and energy efficiency improvements to council owned homes

Explore opportunities to strengthen protections and standards for residents living in the private rental sector

Continue to deliver the Housing Strategy and Housing Asset Management Strategy

Goal 5C. Provide safe, suitable and stable housing solutions for people who have or who are experiencing domestic abuse/violence and/or sexual abuse/violence

What we want to achieve

To provide safe and secure homes for people who have or who are experiencing domestic abuse and/or sexual abuse allowing them to move on from their experiences.

Some key challenges

Some of the specific challenges regarding the provision of safe and stable housing for those fleeing abuse include:

A lack of safe accommodation to meet the demand of specific groups.

No long term funding to extend safe accommodation buildings.

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Turning to private sector renting can contribute to financial instability and insecure tenure.

Engagement with specific groups requires different approaches to improve underreporting.

The outcome of these challenges is that:

The scale of the number of housing units needed is not accurate due to the underreporting of domestic abuse/violence and/or sexual abuse/violence in some sectors of the community.

Lack of funds and suitable housing units for both immediate safety and for longer term needs for victims/survivors may hinder their ability to move on from their experiences and in extreme cases leave them at risk of further abuse.

Goal 5C. Provide safe, suitable and stable housing solutions for people who have or who are experiencing domestic abuse/violence and/or sexual abuse/violence

How we will achieve this Goal

The key delivery mechanisms for this priority are through streamlining support both in terms of funding and providing a single resource for those that have or who are experiencing domestic abuse/violence and/or sexual abuse/violence. Specific actions include:

Delivering expert advice through a single route to support regarding housing, skills, employment and other needs of people experiencing or who have experienced domestic and/or sexual abuse and/or violence.

Reviewing and revising the existing protocol for supporting those at risk of homelessness because they are fleeing domestic and sexual abuse. We will ensure access to a range of housing options and initiatives tailored for domestic abuse to give people experiencing domestic and sexual abuse or violence the choice to either relocate or remain in their existing accommodation.

Improve public awareness of how victims/survivors can seek housing support.

What will we do differently under this strategy?

departments are aware and applying this. The policy will reflect the challenges of supporting individuals to maintain networks of friend and community relationships.

Brighter Futures Programme and Safe Accommodation new burdens fund to create one services provider.

Goal 5C. Provide safe, suitable and stable housing solutions for people who have or who are experiencing domestic abuse/violence and/or sexual abuse/violence

Reporting against our commitments for year 1.

	Progress made	
Domestic Abuse Policy	<p>The Housing Domestic Abuse Policy has been completed and updated to include changes to legislation brought about by the = / 0 / 4 + = ? outside the housing service.</p> <p>The Sexual Abuse (SA) and Domestic Abuse (DA) Homeless Protocol has been updated to reflect changes to legislation brought = / 0 / 4 + ? sign-off by local partners South Essex Rape and Incest Crisis - - > @ 8</p>	A +
Improve access to safe and stable housing for victims/survivors of domestic abuse and/or sexual abuse through access to a range of housing options and initiatives with access to safe housing across all tenure types	<p>Access to safe and stable housing for survivors of DA across all 8)</p> <p>includes trauma focused therapy for adults and children, regular tutoring sessions for children in refuge and drop-in sessions at refuge facilitated by Inclusions Thurrock. Community outreach to survivors and their families is provided through property target hardening and one to one support.</p>	+

- Raise awareness of Housing Domestic Abuse Policy and SA and DA Homeless Protocol
- Explore joint procurement of domestic abuse victim and perpetrator services in partnership across the SET area
- Deliver expert advice regarding housing, skills, employment, and other needs of people experiencing or who have experienced domestic or sexual abuse or violence
- Develop system-wide approach using HLS principles to support those experiencing or who have experienced domestic or sexual abuse or violence

Goal 5D. Regeneration and future developments will seek to improve physical and mental health

What we want to achieve

Access to green spaces will increase physical activity, promote mental wellbeing and reduce exposure to air pollution for residents. A high quality built and green environment will support net-zero ambitions, promote community resilience and social capital, and reduce antisocial behaviour.

Some key challenges

ONS analysis found that people on lower incomes report greater dissatisfaction with the quality of their green space than those on higher incomes. The study suggested the quality of nearby green space might have affected the way people spent their time during lockdown.

The quality of the local environment is impacted in part by antisocial behaviour in Thurrock:

Complaints about noise are higher than the England average (Thurrock 8 complaints per 1,000 population versus England average of 6.4 per 1,000 2019/20).

Antisocial behaviour such as dog fouling, littering, nuisance vehicles and drug dealing and use can impact on perceptions among the community of safety and the interest in communities to enjoy their local area.

High numbers of HGVs and high traffic flows on strategic and local roads may adversely impact on local air quality, CO2 emissions and congestion. The latest data shows that Thurrock currently remains within legal limits for key pollutants although significant growth could potentially compromise this.

Cycling levels in Thurrock are significantly lower than for England. Levels of walking and cycling are not reaching their full potential, missing key opportunities to improve physical and mental health.

The outcome of these challenges is that:

Worsening air quality resulting from high traffic levels will exacerbate respiratory and cardiovascular problems, whilst increasing congestion could harm job creation and economic performance.

Missing opportunities to improve levels of walking and cycling leads to loss of key opportunities for levelling the playing field by increasing access for those who do not own a car, developing economic growth and reducing road traffic congestion.

Goal 5D. Regeneration and future developments will seek to improve physical and mental health

How we will achieve this Goal

This will be achieved through embedding health and wellbeing considerations including levelling the playing field, in Local Plan policies, alongside ensuring Health Impact Assessments (HIAs) for major new developments consider the full range of health and wellbeing considerations. These include:

> alongside an accessible and sustainable public transport system to reduce car dependency and minimise traffic growth.

B ! when working on new schemes as well as prioritising park maintenance and improvements in existing spaces especially in areas with poor health outcomes.

C - - level Energy and Climate Strategy, including consideration of extreme weather resilience.

((D behaviour to ensure estates and communal areas remain safe. In addition ensure the design of new neighbourhoods focus on opportunities to enhance community resilience and social capital.

What will we do differently under this strategy?

Local Plan policies and Health Impact Assessments for major new developments will consider a full range of health and wellbeing issues.

8 = . - 2 = housing Strategy and the Local Plan to reduce anti-social behaviour and enhance community resilience. Implement the council Climate Change Strategy and the borough high level Energy and Climate Strategy.

Goal 5D. Regeneration and future develops will seek to improve physical and mental health

Reporting against our commitments for year 1.

	Progress made
Revise the Air Quality and Transport Strategy in line with any new legislative requirements	<p>Air Quality Modelling is underway in Thurrock and is due for completion by October 2024.</p> <p>This modelling will inform the development of the Air Quality Strategy and Action Plan in Thurrock, which is planned to be updated and refreshed by end of 2024.</p> <p>The new Air Quality Strategy and Action Plan will have regard for the new standards set in the Environment Act 2021 and the subsequent Air Quality Strategy: Framework for Local Authority Delivery published in April 2023.</p> <p>The emerging Thurrock Transport Strategy (TTS) and future Local Transport Plan (LTP) will have a focus on improving AQ. The TTS sets out how the council must enable increased sustainable and active travel options and link opportunities for walking and cycling and PT / Mass Rapid Transit to existing and proposed growth areas.</p>
Ensure that Local Plan Design Principles, Policies and Strategies incorporate opportunities to increase physical activity, promote mental well being, reduce exposure to air pollution, enhance community resilience and reduce anti-social behaviour	<p>A Health in All Policies (HiAP) Place Shaping Guidance document has been produced and approved for publication to Thurrock Councils website in 2023.</p> <p>The HiAP will be used to inform the Thurrock Local Plan. The current iteration of the Local Plan sets out a clear vision and priorities on improving the health and well-being of the Thurrock population. The initial proposals document has been subject to an integrated impact assessment, which includes a health impact assessment.</p> <p>The Thurrock Design Charter, awaiting consultation before it is finalised, sets out</p> <p>E 7 > F ></p>

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Update and refresh the Air Quality Strategy and Action Plan for Thurrock by December 2024.

Continue to support the development of the new Local Plan, the Design Charter, borough-wide design code and any associated technical evidence to ensure that HiAP guidance is appropriately embedded.

Further develop internal processes to require all strategic development, and developments where potential population health impacts are likely to arise, to be supported by a Health Impact Assessment.

Reporting progress against Domain 5 Monitoring Framework

Indicator	Delivery/Monitoring	Outcome Term	Progress Report
Goal 5A: Reduce homelessness and increase the supply of affordable housing in Thurrock			
Deliver the Homelessness Prevention and Rough sleeping strategy.	Via Homelessness Prevention Board	Short	Strategy is in place and being delivered
A minimum provision of 35% of the total number of residential units in new developments to be affordable	Using Development Management, the Housing Strategy and the Local Plan	Medium	All council-owned developments are 100% affordable
7 homelessness reduction act	Via Homelessness Prevention Board	Long	Presentations have increased by approximately 22% from last year
Goal 5B: Facilitate and encourage maintenance of good quality homes in Thurrock to support the health of residents, protecting them from hazards such as cold, damp and mould			
Delivery of Housing Asset Management Strategy Delivery of the Thurrock Housing Strategy	Via Thurrock Council Housing Team	Short	Strategies are in place and being delivered
Increase access to the Well Homes programme, in order to benefit to priority groups such as people with LTCs, physical disabilities and mental health needs	Via Thurrock Council Housing Team	Medium	197 Health and Wellbeing assessments completed in 2022/23
Reducing the % of fuel poor homes not reaching EPC band C by 2030, with an interim milestone of band D by 2025	Via Thurrock Council Housing Team	Long	39% of Council stock is EPC C or above (as reported in Housing Strategy)
Goal 5C: Provide safe, suitable and stable housing solutions for people who have or who are experiencing domestic abuse / violence and / or sexual abuse / violence			
Policy		Short	Policy has been updated and requires embedding
100% of people experiencing domestic and sexual abuse or violence being given access to a range of tailored housing options and initiatives.	Review and revise the existing joint protocol for supporting those at risk of homelessness because they are fleeing domestic and sexual abuse.	Medium	Joint protocol has been updated for those at risk of homelessness due to DA/SA
Improve access to safe and stable housing for survivors of domestic (DA) and sexual (SA) abuse and violence, across all housing tenure types (social, private rented and private ownership). No. of Category 1 & 2 Hazards Removed as a Direct Result of Private Sector Housing Team Intervention	Domestic Abuse Policy, delivered by the Housing Safeguarding Team and will be overseen by VAWG	Long	A range of housing options and housing related support is being made available to survivors of DA and SA. 44 # 0 < increase against 2021/22

Reporting against Domain 5 Monitoring Framework

Indicator	Delivery/Monitoring	Outcome Term	Progress Report
<p>Goal 5D: Regeneration and future developments will seek to improve physical and mental health, reduce exposure to air pollution and to build community resilience and reduce antisocial behaviour</p>			
<p>Revision of Air Quality and Transport Strategy in line with any new legislative requirements and WHO good practice guidance</p> <p>Development of a Local Cycling and Walking Infrastructure Plan</p> <p>Development and implementation of Council Climate Change Strategy and the Borough high level Energy and Climate Strategy</p>	<p>Through Thurrock Council Planning Team</p>	<p>Short</p>	<p>Air Quality Modelling due for completion by October 2024. This modelling will inform the development of the Air Quality Strategy and Action Plan in Thurrock, which is planned to be updated and refreshed by end of 2024.</p> <p>The LCWIP is currently in development and will be finalised in Q4 2023/24.</p> <p>Both the Council's own Estate Net-Zero Strategy and the Borough-Wide Climate Change Strategy are being reviewed in light of the Council's current financial situation, with a decision being made about how these +</p>
<p>Local Plan Design Principles, Policies and Strategies include opportunities to:</p> <ul style="list-style-type: none"> increase physical activity, promote mental wellbeing, reduce exposure to air pollution, enhance community resilience, and 	<p>Delivery of the Local Plan</p>	<p>Medium</p>	<p>A Health in All Policies Place Shaping Guidance document has been produced and approved for publication to Thurrock Councils website in 2023.</p> <p>The Local Plan will have regard to the HiAP in its evidence base. The Thurrock Design Charter, awaiting its four key Principles for Thurrock.</p>
<p>Achieving Government ambitions for cycling</p> <p>All Council-led new build schemes comply with Secured by Design standards</p>	<p>Through Active Travel Strategy and Local Cycling and Walking Infrastructure Plan</p> <p>Delivery of the Local Plan</p>	<p>Long</p>	<p>The LCWIP is currently in development and will be finalised in Q4 2023/24.</p> <p>The emerging Thurrock Transport Strategy (TTS) sets out how the council must enable increased sustainable and active travel options and link opportunities for walking and cycling to existing and proposed growth areas.</p>

