

15 February 2019		ITEM: 9
Thurrock Health and Wellbeing Board		
Thurrock Health and Wellbeing Strategy Goal 2 'Healthier Environments' proposal		
Wards and communities affected: All	Key Decision: To approve an amendment to Thurrock Health and Wellbeing Strategy Goal B, Healthier Environments	
Report of: Councillor James Halden, Portfolio Holder for Education and Health and Chair of Thurrock Health and Wellbeing Board		
Accountable Head of Service: N/A		
Accountable Director: Steve Cox, Corporate Director Place Julie Rogers, Corporate Director of Environment and Highways		
This report is Public		

Executive Summary

The Health and Wellbeing Strategy 2016-2021 was approved by the Health and Wellbeing Board in February 2016 and the CCG Board and Council in March 2016. The Health and Wellbeing Board monitors and scrutinises progress being made in achieving Strategy outcomes by way of an annual report.

Board members have also previously agreed to consider reports by exception. This helps to ensure that the Health and Wellbeing Strategy remains focussed on the right areas to improve health and wellbeing outcomes for the population of Thurrock, remains fit for purpose and addresses emerging priorities and challenges.

This paper sets out proposals for amending Goal 2 of the Health and Wellbeing Strategy, Healthier Environments to help ensure that consideration is given to providing healthier and safer environments.

1. Recommendation(s)

- 1.1 The Board is asked to approve amendments to Goal 2 of the Health and Wellbeing Strategy to help ensure that we are creating healthier environments that are safe for Thurrock residents and that the perception of those environments amongst Thurrock residents is that they are safe.**

2. Introduction and Background

- 2.1. Thurrock's Health and Wellbeing Strategy comprises five strategic goals which make the most difference to the health and wellbeing of the people of Thurrock. Each of the Goals is defined by four objectives.
- 2.2 The Health and Wellbeing Strategy is not static and is regularly reviewed to ensure it continues to address the wider determinants of people's health and wellbeing. This is demonstrated by the Board previously approving proposed amendments to two of the objectives that underpin the Strategic Goals.
- Objective 2A was previously amended from Create outdoor places that make it easy to exercise and to be active to 'Create Spaces that make it easy to exercise and be active'. This facilitated reporting action being taken to improve indoor health and leisure activities.
 - Objective 3D has been amended from 'Improve the identification and treatment of depression, particularly in high risk groups' to 'Improve the Identification and treatment of mental ill-health, particularly in high risk groups'. This helped to ensure that the Strategy is not solely focussed on depression and captures activities, policies and programmes that support individuals with a wider range of mental health issues.
- 2.3 A snapshot of the Health and Wellbeing Strategy's Goals and Objectives is provided on the following page for member's easy reference.

GOALS →	1 OPPORTUNITY FOR ALL	2 HEALTHIER ENVIRONEMENTS	3 BETTER EMOTIONAL HEALTH AND WELLBEING	4 QUALITY CARE CENTRED AROUND THE PERSON	5 HEALTHIER FOR LONGER
Objectives	1A All children in Thurrock making good educational progress	2A. Create Spaces that make it easy to exercise and be active. Amended from: Create outdoor places that make it easy to exercise and to be active	3A. Give parents the support they need	4A. Create four integrated healthy living centres	5A. Reduce obesity
	1B More Thurrock residents in employment, education or training	2B. Develop homes that keep people well and independent	3B. Improve children's emotional health and wellbeing	4B. When services are required, they are organised around the individual	5B. Reduce the proportion of people who smoke
	1C Fewer teenage pregnancies	2C. Build strong, well-connected communities	3C. Reduce social isolation and loneliness	4C. Put people in control of their own care	5C. Significantly improve the identification and management of long term conditions
	1D Fewer children and adults in poverty	2D. Improve air quality in Thurrock	3D: Improve the Identification and treatment of mental ill-health, particularly in high risk groups. Amended from: Improve the identification and treatment of depression, particularly in high risk groups	4D. Provide high quality GP and hospital care to Thurrock	5D. Prevent and treat cancer better

3. Issues, Options and Analysis of Options

- 3.1 The statutory duty for working with partners to reduce crime and promote public safety in Thurrock falls to Thurrock Community Safety Partnership (CSP). Thurrock Council is a statutory member of the CSP, as are the Clinical Commissioning Group (CCG) and the Chair of the CSP is a member of the Health and Wellbeing Board.
- 3.2 The relationship between health and crime is well documented and evidenced. Offenders are more likely to experience multiple inequalities when compared with the general population. The potential to become a victim of crime will affect the public's behaviour and impact on their health and

wellbeing and there can be long lasting consequences on a victim's mental and /or physical health. Crime rates and the perception of crime impacts on the public's likelihood of utilising local facilities, in particular, outdoor open spaces.

- 3.3 The built environment plays an important role in crime and disorder. Situational and environmental crime prevention approaches aim to design and manage the built environment to make crime more difficult and less rewarding. It is not only concerned with reducing physical opportunities to commit crime, but also about influencing perceptions about an area and reassuring people that the area is safe.
- 3.4 Amending Goal 2 to include safety will reinforce existing links between the two Strategic Partnerships by ensuring activities undertaken as part of improving health and wellbeing outcomes for the population of Thurrock consider the impact of crime and anti-social behaviour as appropriate. For example:
- As part of creating healthier spaces exercise equipment is provided in local parks. However, if the equipment is vandalised or the park is perceived to experience Anti-Social Behaviour it is less likely that residents will use the facilities available to them. Increasing the number of cycle paths and walkways will only be effective if members of the public feel safe to use them.
 - As part of developing homes that keep people well and independent it is important for developers to reflect guidance provided within the National Planning Policy Framework which states that planning policies and decisions should aim to achieve healthy, inclusive and safe places which:
 - (a) promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighbourhoods, and active street frontages;
 - (b) are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of clear and legible pedestrian routes, and high quality public space, which encourage the active and continual use of public areas; and
 - (c) enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.

- Thurrock has suffered an increasing rise in reports of drugs and the associated gang related activity. There is an emerging picture of the activity and there has been considerable focus on the C17 gang, which was impacting on people using Grays High Street and park.
- The consequences of an increase in violent crime, particularly where offensive weapons are involved, also has an adverse impact on our emergency health services, although as yet BTUH are reporting low numbers of A & E admissions: 200 recorded assaults to A & E between Jan and September (inclusive) 2018, a decrease of 7% on previous year and 8% involved a blade.
- The Thurrock Housing ASB Team has seen an increase in the reports of young people misusing communal areas and smoking 'skunk cannabis'. Emerging issues include those of individuals, often known to the police, gaining access to vulnerable tenant's properties often by coercion but also misplaced 'friendships'. Widely known as 'cuckooing' the result is often criminal activity including drug dealing and gang-related aggressive behaviour on estates. It is likely that this would have had an adverse impact on residents' mental health and wellbeing.
- Violence Against Women and Girls is another high priority for the CSP and the cost to victim's health is well researched and documented.
- Latest data from the Community Rehabilitation Company who supervise 299 offenders in Thurrock indicate that 36% have alcohol problem, 32% use drugs and 16% have a mental health issue.

4. Reasons for Recommendation

- 4.1 Health and Wellbeing Board members are responsible for driving forward Thurrock's Health and Wellbeing Strategy and ensuring it remains fit for purpose while having a positive impact on health and wellbeing outcomes. Given the evidence provided at paragraph 3.4 it makes sense to incorporate safety and security into the Health and Wellbeing Strategy as part of Goal 2, Healthier Environments.

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

- 5.1 Not applicable.

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

- 6.1 The Health and Wellbeing Strategy is the means through which the priorities for improving the health and wellbeing of Thurrock's population are identified.

6.2 An increased focus and awareness through the Health and Wellbeing Board will contribute to the CSP priorities.

7. Implications

7.1 Financial

Implications verified by: Jo Freeman, Management Accountant Social Care & Commissioning, Corporate Finance

There are no financial implications. The priorities of the Health and Wellbeing Strategy will be delivered through the existing resources of Health and Wellbeing Board partners.

7.2 Legal

Implications verified by: Sarah Okafor - Barrister (Consultant)

There are no legal implications. The Council and Clinical Commissioning Group have a duty to develop a Health and Wellbeing Strategy as part of the Health and Social Care Act 2012.

7.3 Diversity and Equality

Implications verified by: Roxanne Scanlon, Community Engagement and Project Monitoring Officer, Adults, Housing & Health

Action will need to be taken to improve the health and wellbeing of Thurrock's population and reduce inequalities in the health and wellbeing of Thurrock's population. Being successful will include identifying sections of the population whose health and wellbeing outcomes are significantly worse, and taking action that helps to ensure the outcomes of those people can improve. Thurrock Health and Wellbeing Strategy aims to reduce health inequalities.

The Community Safety Equality Impact Assessment has highlighted:

1. There is a need to focus on the vulnerable within our communities as they are at greater risk of serious harm
2. Older people are at greater risk of distraction burglary and rogue traders
3. Young people are at greater risk of sexual exploitation, cyber bullying and gang related violence.
4. Hate crime within the disabled, transgender, and sexual orientation communities continues to have low rates of reporting.
5. Learning disabled are at risk of being "cuckooed" in relation to gang violence.
6. Females are more likely to be a victim of domestic and sexual violence/abuse
7. There is a gap around information with regards to same sex domestic abuse victims
8. Hot spot areas for crime are West Thurrock and South Stifford, Grays Riverside, Ockendon and Aveley and Uplands wards.

- 7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)
The proposals in this paper facilitate closer working relationships between Thurrock Health and Wellbeing Board and Thurrock Community Safety Partnership and contribute to the council's statutory duties with regards to S17 of the Crime and Disorder Act and to reduce re-offending.
8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):
- Thurrock Community Safety Partnership Delivery Plan 2018/19
9. **Appendices to the report**
- None

Report Author:

Darren Kristiansen, Business Manager, Adults Housing and Health Directorate, Thurrock Council in conjunction with Michelle Cunningham (Community Safety Partnership Manager) and Joanne Davies (Anti-Social Behaviour Services and Strategy Manager)