

30 September 2020	ITEM: 12
Council	
Report of the Cabinet Member for Health and Air Quality	
Report of: Councillor Allen Mayes, Cabinet Member for Health and Air Quality	
This report is Public	

Executive Summary

It has been a privilege to become the Portfolio holder for the areas of Health and Air Quality earlier this year. The two parts were put together in recognition of the relationship between supporting people to make healthier lifestyle choices, having access to high quality services when they need them and the impact of air quality on their health and wellbeing.

There are also clear links with my fellow Cabinet Member and Portfolio Holder for Adult's and Children's Social Care as Chair of Thurrock's Health and Wellbeing Board of which I am a member. The Health and Wellbeing Board has a statutory responsibility to produce and oversee the implementation of Thurrock's Health and Wellbeing Strategy. The Health and Wellbeing Board played a key role in responding to changes to the NHS landscape and the creation of the Mid and South Essex Health and Care Partnership.

This report addresses the unprecedented impact of the COVID-19 Pandemic. It recognises the fantastic resilience, reactive and proactive action by taken by Council officers, Health, Third Sector partners and members of the public to protect and support the residents of Thurrock and beyond. Our Public Health Team has been an instrumental partner in establishing outbreak management protocols which respond and meet national expectations, while being tailored to the needs of the Borough.

This report also outlines what the Health and Place Directorates, working with our health professionals, environmental experts and the public, have done to contribute to improving wider health outcomes for the people of Thurrock.

There has been a great deal of positive work done with Mental Health services across the borough. However, with the Impact of the COVID-19 Lockdown and economic fallout, the challenges of supporting residents with their Mental Health are a fresh challenge, and one that effects any age group. We will establish a member led Mental Health, cross party steering group to discuss the challenges and look for ways forward.

I will now outline the strong successes achieved by the Departments and our plans for the future under the two main headings of 'Health' and 'Air Quality'.

PART 1 - HEALTH

1. Thurrock Health and Wellbeing Board and Health and Wellbeing Strategy

As the Cabinet Member and Portfolio Holder for Health and Air Quality I am now a member of Thurrock's Health and Wellbeing Board which is responsible for the development and oversight of Thurrock's Health and Wellbeing Strategy.

As a Board member I am committed to ensuring that the wider determinants of health such as Air Quality consider to be prioritised in the Strategy, due to be refreshed in July 2021.

2. COVID-19 Pandemic

Covid-19 has put pressure upon health and well-being systems across the UK to an extent never seen previously. Partners across the Health and Care system have implemented a number of measures to address the challenges which are being faced as a result of COVID-19, particularly in response to the announcement of the Government's 'Stay at Home' guidance on 23 March 2020.

Since this time, system partners have taken action to protect the health and wellbeing of both its staff and the public from the risks posed by COVID-19, whilst ensuring that critical services could continue to be delivered for those who are most at need. Close attention has been paid to statutory responsibilities, new legislation and Government guidance which has, on occasion, changed quickly.

There has been a substantial and comprehensive efforts across the Health, Social Care and VCS systems to understand and respond to COVID-19.

Reset and Recovery

It is becoming clear that we will not see a quick end to the pandemic. As such we need to consider how we begin to provide some services that have been paused, in the context of the increased risk to older and vulnerable people caused by Covid-19.

Set against this is the emerging evidence of the detrimental impact upon the health of vulnerable people as a consequence of the isolation imposed to counter the virus. We also need to be mindful of the impact of service reduction on the health and wellbeing of family carers and their ability to be able to continue to provide levels of care required by loved ones.

Adding to the need to reopen services is the impact of a large number of health professionals, such as community nurses, being re-deployed across the system to support the front line response to the pandemic. This has caused a growing backlog

of service interventions the consequences of which have led to a growing number of health issues and the potential of an increased requirement for social care support. These services will need to be re-set in very different conditions to those that pre-existed Covid 19. How to deliver these much needed services safely, whilst living with the potential for another spike of the pandemic, will require an understanding of the risk and significant mitigation to be put in place. A system rather than service response will be key to responding effectively and safely to demand and unmet need.

There is evidence of potentially significant un-met need building up in our communities as a consequence of the changes necessarily enacted to meet the current crisis a system issue that requires a whole system response.

We will also need to be mindful of the ongoing impact following the pandemic as a result of the economic impact Covid-19 has had on our residents and service users.

Work is now beginning that seeks to understand the full extent of un-met need and the requirements of delivering a response in a world where Covid 19 is still with us. Locally the Thurrock Integrated Care Partnership, which has representation of all of the key partners including crucially Public Health, will lead the re-set programme.

Our success in delivering a response to Covid 19 leaves us in a strong position to manage the re-set process effectively; there is however no room for complacency as this challenge is equal to that initially presented by the first wave of the pandemic.

3. COVID and its impact on Thurrock

Due to a number of complex factors including a lack of access to sufficient data, it is not possible to undertake detailed analysis and compare Thurrock's performance in tackling COVID with that of other comparable authorities. I have therefore provided some key statistical information on the Impact of COVID on Thurrock residents.

Between March 1st and August 27th 2020 a total of 17,393 coronavirus tests have been carried out for Thurrock residents.

There have been changes in testing practice and criteria throughout the Pandemic. Since May an increasing number of testing has been made available to the community. Currently the usual criteria for obtaining a test in the community is that symptoms are present.

Once somebody has tested positive they should enter the NHS test and trace database to allow contact tracing to take place and request any contacts to self-isolate for 14 days. This is our primary defence against seeing a second wave of similar proportions to the first in Thurrock so it is vital that testing is conducted when and where it is needed to support this process.

Confirmed Cases¹

As of 4th September 2020 there had been 631 confirmed cases of COVID-19 in Thurrock. However due to restrictive testing criteria because of lab capacity early in the pandemic, we know that there would have been more cases than this. During the peak months of the pandemic, March to early May 2020, confirmed cases totalled approximately 359. Figures for July 2020 and August show 74 confirmed cases.

To date, over the course of the Pandemic the case rate per 100,000 population in Thurrock (366 cases per 100,000) has been lower than that of the East of England region (434 cases per 100,000).

At present, we currently have very few new confirmed cases in Thurrock; typically have a maximum of three new confirmed cases on a given day. The current seven day average rate for cases per 100,000 is 7.46 cases. This places Thurrock 110th out of 149 authorities in England, where a rank of 1 represents the highest rate and 149 the lowest

The average age of those infected has fallen considerably from earlier in the pandemic. Currently most new cases are in young adults who are at low risk of serious health complications from becoming infected.

Deaths

As of August 14th 2020 there had been a total of 149 deaths involving COVID-19 amongst Thurrock residents. Fortunately mortality levels have subsequently fallen and we have had no deaths involving COVID-19 since the week ending 17th July 2020 for Thurrock residents.

Observed patterns in Thurrock are very similar to what has been observed at a national level.

¹ PHE Covid-19 Situational Awareness Explorer report

BTUH Intensive Treatment Unit (Critical Care)

Basildon hospital's Intensive Treatment Unit (ITU) reached its peak with COVID-19 cases during April 2020 (46 occupied beds).

The number of COVID-19 patients in ITU beds gradually declined from May onwards and has been consistently at or close to 0 for the last two weeks. See Figure 2. This is good news as it means that we are managing to protect our most vulnerable groups from the virus.

Figure 2: BTUH ITU Beds



Source: Basildon and Thurrock University Hospitals

4. Outbreak Control Plan and the Health Protection Board

On 24 May 2020, central government informed all top tier local authorities that they were required to produce and publish Outbreak Prevention and Control Plans (OPCP) by 1 July 2020. Thurrock Council has received £1.054M from central government to support the plan.

A series of detailed setting based protocols that set out arrangements for prevention, early detection and management of COVID-19 in a range of high risk settings sit under the OPCP. Settings Based Protocols have been completed for:

- Schools and Early Years
- Care Homes
- Workplaces, Businesses and Public Venues
- High Risk Residential Settings
- Domiciliary Care
- Vulnerable Communities
- Primary Care

Four settings based hubs (below) have been set up and are overseeing the protocol implementation and acting as a reference point for a dedicated setting specific communications plan for each protocol.

- Health and Social Care
- Schools and Early Years
- Workplaces and Business
- Communities.

For example, deaths from COVID-19 in Care Homes have been highlighted in the national media. In Thurrock, we mobilised an enhanced care home offer early in the epidemic and developed and implemented a protocol that set out how we would prevent outbreaks from occurring in care homes, detect and manage outbreaks promptly to prevent their spread and provide additional support to care home managers, staff and residents.

Our multi-agency 'Health and Social Care Hub' has met three times a week to implement the protocol. Work has included enhanced weekly testing of all care home staff to check their negative status, twice weekly 'support' telephone calls to every care home manager, step up/step down facilities for COVID-19 positive residents at Oak House and enhanced clinical support and care planning through a GP Locally Enhanced Service. The latest data shows that Thurrock's rate of care home deaths is the fifteenth lowest of all district/borough areas in England.

An overarching Communications Plan for the OPCP is being developed and an Intelligence and Surveillance Cell has been set up and has produced a Thurrock COVID-19 Dashboard. The dashboard reflects surveillance data currently being received by Thurrock Council including mapping of positive test results by postcode across the borough

A staffing structure including future contact tracing responsibilities are set out in the main plan. We have established contact tracers to ensure integration with existing assets that can support vulnerable residents to self-isolate.

The Thurrock Council contract tracing function commenced in August 2020. Thurrock Council now has access to data that can be used to support this. Our local service (Tier 1) service (comprising of our local team and the Public Health England Local Health Protection Team) has a contact follow up success rate of 98.7% compared to 55.1% from the national contact tracing architecture.

Thurrock council is working with partners to build a local contact tracing database that will triangulate case and contact data with local intelligence in our Xantura linked database. The system will be completed by mid-September and will further enhance our local ability to contact trace at pace.

On the 17th July the Government laid additional regulations giving further powers to Local Authorities to close settings and some restrictions on use of open spaces, other powers to close settings and wider restrictions on movement are retained by the Secretary of State.

Governance Arrangements comprise of an officer/professional led Thurrock COVID-19 Health Protection Board and a Member Engagement Board that provides political overview and scrutiny that meets on the time cycle of the Health and Wellbeing Board. Both boards report to the Health and Wellbeing Board. Details are set out in the OPCP.

The Thurrock Covid-19 Health Protection Board meets at least fortnightly and comprises of a range relevant officers from Thurrock Council and stakeholder organisations including the designated PHE Consultant in Communicable Disease Control. This board is chaired by the local Director of Public Health.

The main function of the Health Protection Board is to provide operational and clinical oversight of implementation of the Thurrock OPCR and oversight of actions to track, prevent and control the COVID-19 epidemic in Thurrock. The Thurrock Covid-19 Health Protection Board reports to the Health and Wellbeing Board and provides regular reports to the Member COVID-19 Engagement Board.

A Member COVID-19 Engagement Board has been established and currently meets approximately every six weeks. The main function of the Member Engagement Board is to provide political oversight and scrutiny of the strategic plans to track, prevent and control COVID-19 in Thurrock and to act as a mechanism through which to engage and communicate with residents. The Member Engagement Board is also a sub-group of the Health and Wellbeing Board.

Responsibility for decision making and management of arrangements on prevention, local testing and surveillance rests with the Director of Public Health. Tier 1 routine management of positive cases and contact tracing is a joint responsibility between the Director of Public Health and Public Health England. Precise details are set out in the setting specific protocols.

In a more significant outbreak situation in settings or localities, an Outbreak Control Team of appropriately qualified and relevant officers including Council and PHE Public Health staff will be formed who will devise an Outbreak Control Plan that will set out how the outbreak will be managed. The Outbreak Control Team will be responsible for decision making on how best manage the outbreak.

The Outbreak control plan and governance arrangements were approved by myself and other members of the Health and Wellbeing Board at our meeting of 31 July 2020.

NHS England reset and recovery expectations

On 31 July 2020 NHS England issued a letter to CCGs which sets out expectations for the Third Phase of the NHS response to COVID-19 which includes accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available until the winter. NHS partners are also preparing for winter demand pressures, alongside continuing vigilance in the light of further possible Covid spikes locally and possibly nationally.

The third phase of the NHS response to COVID-19 includes intentions to:

- Restore full operation of all cancer services
- Recover the maximum elective activity possible between now and winter
- Restore service delivery in primary care and community services.

Officers continue to work closely with NHS colleagues to ensure Thurrock is coordinate, considers the priorities of partnership organisations while meeting national expectations.

5. Data Linkage

To ensure that all local stakeholders are working together efficiently for our residents in a way that is sustainable for future generations it is vital that we have access to data from all relevant services that is both up-to-date and integrated. In doing so, this enables us to both plan services better and to evaluate their effectiveness. It also allows us to produce risk stratification models that enable caregivers to identify residents for the most suitable and efficacious treatments and interventions.

In the last year we have taken significant steps towards making this aim a reality. We now have successfully linked data relating to Adult Social Care, Hospital activity, Mental Health Services and Primary Care. In total, 25 of our local GP practices are now flowing data into our linked data system, allowing us to understand patient activity across the wider health and social care system.

6. Mid and South Essex Health and Care Partnership

The Mid and South Essex Health and Care Partnership is one of 44 such partnerships across England. The Partnership brings together local organisations (acute hospitals, community and mental health providers, CCGs, our three local authorities (Essex County Council, Southend-On-Sea Borough Council and Thurrock Council, our three Healthwatch organisations (Essex, Thurrock and Southend) along with clinical and service user representatives to work together to improve the health and care of a population of 1.2 million people.

The challenge for the Partnership is to manage these expectations while also working together as equal partners. In response to this a Memorandum of Understanding (MoU) has been developed to strengthen existing joint working arrangements.

The Mid and South Essex Health and Care Partnership Board approved the Memorandum of Understanding in June 2020. As a member of Thurrock's Health and Wellbeing Board I supported the approval of a Mid and South Essex Health and Care Partnership Memorandum of Understanding on 31 July 2020.

The MOU provides mutual accountability framework involving key strategic health and care partners at different geographical levels that all impact on the people of Thurrock. It also acknowledges the critical work of Health and Wellbeing Boards and Health and Wellbeing Overview and Scrutiny Committees within the Mid and South Essex Health and Care Partnership footprint.

The MOU is built on a number of number of principles and as such supports and reinforces the place agenda within Thurrock and while it is not a legal document it has been developed to formalise and build on existing partnership arrangements and relationships.

7. Integrated Medical Centres (IMCs)

The council and partners remain committed to creating four Integrated Medical Centres across Thurrock. Work on three of the four Integrated Medical Centres has continued to progress well during the Covid-19 pandemic: This has been possible because design work can be undertaken remotely, and to date little work on site has been necessary. The current status of the IMCs is as follows:

Corringham IMC (Graham James site)

The site is owned by NELFT and on 24th March 2020 the Trust Board signed off and approved the Full Business Case for the development.

In recognition of the priority on public health communications, NELFT and the IMC Strategic Programme Board have agreed to pause any external communication during the emergency period.

The Programme plan has been updated and reviewed. As the development has already received planning consent, construction is expected to start on site in November 2020 ensuring full compliance with guidance on construction during the COVID-19 pandemic. It is anticipated the IMC will be operational by early 2022.

Tilbury IMC: (Civic Square site)

Architects Pick Everard are working with the Schedule of Accommodation, agreed by the Council and its health partners in February 2020, to produce a feasibility layout.

The integrated vision for the Tilbury site includes a circa 6,000 list size surgery, a suite of flexible clinical rooms to enable various health and care services to make use of the facility, along with community elements such as the library and community hub.

Initial design options and floor plans for the IMC will be circulated to Committee for its consideration and comment. It is anticipated the IMC will be operational by the end of 2023.

Purfleet IMC: (Purfleet Town Centre)

The developer, Purfleet Centre Regeneration Limited, is working with the Schedule of Accommodation agreed by the Council and its health partners in February 2020 and liaising closely with the Director of Primary Care Estates for the Mid and South Essex Health and Care Partnership.

Initial design options and floor plans for the IMC are being developed. An on-line community design panel held on 12 May engaged 30 local people.

Site investigations have resumed after a pause and ensuring full compliance with guidance on construction during the COVID-19 pandemic. The Government recently awarded the project £75m from the Housing Infrastructure Fund.

It is anticipated the IMC will be operational by the end of 2023.

Grays IMC (Thurrock Community Hospital site)

The IMC at Thurrock Community Hospital was always going to be a slightly different offer – the site already has an extensive range of existing services, and it is likely to be the site chosen for those services which can only realistically be offered in one location – e.g. potentially an Urgent Care Centre and Renal Dialysis.

A Master Planning exercise for the whole the current site has been undertaken, and a range of options have been considered. The layout of the site is felt to lend itself to the zoning of two main areas: a "Health Village", incorporating quieter and more long-term activities, and a "Day Hub", the space where patients would come for appointments and more short term activities.

Thurrock Community Hospital has played a key part in the local health response to Covid-19 and consequently work on the Grays IMC has been paused since mid-March. The timescales for this IMC becoming operational are therefore currently under review in light of the impact of the COVID Pandemic.

8. Adult Mental Health Transformation

I am pleased to report that a large amount of work has been happening over the last year to begin to transform the way we deliver support to adults with poor mental health, in order that care is delivered in a much more holistic way. Recent successes include:

- The launch of the 24/7 mental health crisis response service across Mid and South Essex on 1st April. This enables callers dialing 111 to select option 2 which connects them directly to trained staff at Essex Partnership University Foundation Trust (EPUT) who provide timely and appropriate support and advice. Part of this pathway also includes non-clinical Sanctuaries – one of which is run by Thurrock and Brentwood MIND. Whilst they have been operating remotely during the lockdown period, they are preparing to restore face to face support over the next few months. The Sanctuaries have already supported a number of Thurrock residents with issues such as anxiety, suicidal thoughts and social isolation, reducing the likelihood of a future hospital attendance.
- Completion of a successful pilot treatment programme called STEPPS (Systems Training for Emotional Predictability and Problem Solving) for adults with Emotionally Unstable Personality Disorder. It is intended to mainstream this service as part of the future Integrated Primary and Community Care Mental Health offer within the Primary Care Networks.

- Continued work in embedding opportunities for depression screening in non-mental health frontline roles, thereby increasing the likelihood that residents with depression will have it detected and be offered support. Data supplied by our Public Health team indicates that the gap between those diagnosed and estimated to have depression was closed by 3% within the first year of activity.
- Recommissioning of the Floating Support service for people with mental health challenges. The service provides support to enable people to live as independently as possible in the community supporting them to maintain their tenancies and accommodation helping with budget planning paying bills and rent.

Ultimately, the COVID period required mental health support to be delivered in a different way, requiring services to prioritise delivery of care above non-urgent developmental service activities. However work is underway to re-scope existing mental health transformation plans, so that we can continue to improve the mental health support available to our residents.

9. Whole Systems Obesity

A whole systems approach requires multiple actions across all parts of the system. Following the Whole System Obesity Summit that was held in 2019, a strategy and delivery framework have been both produced and published, which identified the five different goals of the strategy. From the attendees of the summit, Director level sponsors for each goal were identified from various council departments, the CCG and the CVS, each with a named lead and Public Health support. The goals were identified as:

- A - Enabling settings, schools and services to contribute to children and young people achieving a healthy weight
- B - Increasing positive community influences
- C - Improving the food environment and making healthy food choices
- D - Improving the physical activity environment and getting the inactive active
- E - Improving identification and management of obesity

Each of the goals have developed a group of stakeholders who have both contributed into their goal area and have also communicated the work to their department or organisation.

To advise on and to ensure the involvement of the community within this and as a part of progressing Goal B, a Citizen's Panel was co-produced with CVS. Prior to the COVID-19 pandemic, the group was evolving and in its early infancy and this will continue to be established more firmly going forward as work recommences

All the goals have made progress against their delivery plans. Moving forward, the importance of maintaining a healthy weight in the context of COVID-19 risk will be highlighted and a review to understand the impact of the virus on Whole Systems Obesity will be undertaken. This may result in additional actions being identified and incorporated into the plans.

10. Thurrock Healthy Lifestyle Service

Thurrock Healthy Lifestyle Service (THLS), in partnership with Primary Care, achieved their NHS health check target for 19/20 with 61% of our eligible 40-74 year old population receiving a cardiovascular risk assessment.

This meant many people identified with, or who are at risk of high blood pressure, high cholesterol, and diabetes, as well as those who are overweight or obese, smokers and high consumers of alcohol, could be diagnosed and receive the appropriate intervention to improve their health and lower their risk of cardiovascular related illness.

Working with Primary Care, pharmacy and local vape shops, THLS also exceeded their targets for 19/20, supporting 1,128 Thurrock residents to stop smoking that will reduce their risk of smoking related illness and premature death, as well as reducing the likelihood of contracting COVID-19 and the severity of symptoms if infected.

It was, therefore vital that support was made available to smokers wishing to stop when COVID-19 struck. Despite THLS having to cease temporarily all face to face programmes and clinics because of lockdown, our stop smoking service has continued a virtual support over the telephone with medication being sent to clients weekly by post. The team mobilised seamlessly to a different offer for stop smoking support and they have continued to demonstrate their resilience and passion for ensuring the residents of Thurrock have an 'offer' that still delivers results, with an increase on referrals month on month throughout the pandemic period.

Clients really welcome the regular support they receive each week, using it often as a 'touch point' to have an opportunity to discuss any challenges they have. I have been greatly encouraged to see that through the work of Thurrock Healthy Lifestyle Solutions clients have continued to make great progress despite the stress of quitting during these unprecedented times.

Part 2 – Air Quality

1. Introduction

Air Quality within Thurrock, and its direct impact on health and wellbeing of our residents, means the subject has in the recent past gained significant prominence, and remains a critical subject for our communities.

Emissions and particulates within the air we breathe is associated with a number of adverse health impacts, disproportionately affecting the young and older members of our communities, contributes to respiratory and cardiac conditions, and impacts on the onset of cancers and heart disease, and ultimately a root cause of premature death. Those from less affluent areas are often most impacted by poor air quality, a correlation which has been identified across multiple studies.

The main pollutant of concern within Thurrock is Nitrogen Dioxide (NO₂), and to a lesser extent Particulate Matters (PM₁₀) – both being predominantly contributed to from road traffic. Therefore reducing these emissions, or minimizing their impact on receptor sites – that is sites where people have prolonged exposure (homes, schools and workplaces) will help the authority tackle the many health inequalities linked to air quality.

2. Air Quality Management Areas (AQMA)

There are currently 18 designated AQMAs within Thurrock. They are primarily related to NO₂ and the long-term objective or annual mean 40 µg/m³ objectives. Out of the 18 AQMAs there are currently four declared for PM₁₀.

In 2016 the Council undertook a detailed modelling assessment to re-determine the extent of NO₂ & PM₁₀ exceedances over most of the borough and including all 18 AQMA's. This assessment found that 8 AQMA's should be revoked for NO₂ and all four for PM₁₀ should also be revoked. However, this assessment was not supported by Defra and the council has identified the need to undertake a new Air Quality Assessment Model.

In 2018 the air quality monitoring team instigated additional monitoring sites using NO₂ diffusion tubes in AQMAs. This enables additional data trends to be understood so revocations can be made on the basis that monitoring shows that they are well below the annual mean objective limit for NO₂.

3. Air Quality and Health Strategy refresh

Following a request from the Cabinet Member and feedback from CGS O&S Committee, a scoping report has been advanced in order to inform development of a new Air Quality & Health Strategy.

The scoping report sets out the requirements for updating the Air Quality modelling assessment for the borough and how the existing Air Quality & Health Strategy will need to be reviewed and refreshed to account for new baseline information, implementing Air Quality measures and interventions and how Air Quality & Health issues need to be addressed as the Council looks to deliver growth to 2038 and beyond.

The key elements for the refreshed Air Quality and Health Strategy are:

- Commission a borough-wide air quality assessment to develop a better understanding of local air quality issues. Re-testing will also:
- Review the existing Air Quality Strategy for Thurrock (published in 2016), including any actions, and appraise the current situation.
- Assess the current strategy against Government ambition for improving air quality outlined in the National Clean Air Strategy 2019, affiliating any recent evidence and research.
- Public Health to review evidence of interventions that have been proven to improve air quality and health, establishing the most practical interventions to reduce harm from outdoor air pollution by their health impact.
- Consider the roles of different services in the Council for improving air quality, and the actions to be taken to ensure they work more closely together. Consideration should be given to what actions the council itself could undertake that would make a significant difference to air quality, recognising funding constraints.
- Considering the above points, create an updated Air Quality and Health Strategy for Thurrock.

4. Thurrock Air Quality Modelling

The Council's existing Air Quality model is out of date and officers have identified the need to undertake extensive air quality modelling work and develop a detailed air quality assessment report which can be submitted to Defra on behalf of the Council.

An updated model and detailed assessment report will form the basis of determining if there are any new declarations of AQMA's, if the current AQMA's need re-defining in terms of geographical area or if they need to be revoked completely.

This information will be used to support the refreshed Air Quality and Health Strategy, setting out where air quality issues are most prevalent and providing focus on those areas and the mitigation measures that can be applied to address and tackle air quality issues.

An extensive brief has been developed and circulated to interested parties in order to commence the procurement of suitable external support and the identification of the necessary budget to undertake the required modelling work.

5. Working with Schools

The Transport Development team have continued their strong working relationship with schools by developing and supporting anti-idling campaigns at schools. Children from Woodside Academy participated in a competition sending amazing drawings for the campaign. Winning designs have been turned into banners and placed on the school entrance.

The success of the campaign has led to further engagement with other schools to promote the anti-idling message at school locations.

6. Idling Enforcement

This year the Environmental Enforcement Team will be supporting growing concerns about pollution and the environment by reducing unnecessary exhaust emissions from vehicles. The Enforcement Team have adopted the power to request vehicle drivers to switch off their vehicle engines while parked and they can issue a £40 fixed penalty notice to drivers if they refuse to comply with the warning.

This enforcement approach has been supported by the Council's Director's Board, Overview and Scrutiny Committee and the leader.

7. Brown dust

The brown dust issue is currently being considered by the Environment Agency as the issue derives from a location which is outside of the Council's remit.

However, the Council has played a key role in driving forward the Brown Dust Group. The Group is now well established as a collaborative advisory group that can share information and provide technical advice and guidance around best practice in relation to the concerns raised by residents of Thurrock of dust in the Tilbury area.

The Advisory Group comprises core representation from Thurrock Council, the Environment Agency, London Port Health Authority and Public Health England.

There are numerous potential dust sources in the Tilbury area, some of which can be deposited from transboundary locations. The Environment Agency and London Port Health Authority officers continue to monitor dock based companies who may contribute to the dust in this area.

A 4-month Air Quality Monitoring Exercise was undertaken by the Environment Agency. This work has concluded and the results have been shared. The advisory group of professionals continue to meet on this subject and the relevant attending agencies monitor the situation and take action where required.

8. Annual Air Quality Report

Thurrock's Annual Status Report 2020 work continues, but it has been affected by the constraints imposed by the COVID-19 pandemic and other impacts on officer time. Furthermore the scientific expertise required to complete this work has been impacted as the current Air Quality Officer leaves Thurrock Council employment.

2020 Air Quality data has been updated for all Thurrock monitoring sites. This now requires technical analysis and re-formatting to fit the required Defra submission format. This work is very time consuming as the data has to be presented in many different formats. DEFRA have made this work increasingly more comprehensive over the years as more criteria are added, but this work is currently being progressed.

The team are actively working to replace the expertise offered by the current Air Quality officer, so the comprehensive work already completed can continue. This could require the instruction of AQ specialist consultants should recruitment not be successful.

APPENDIX A: 2020-21 PUBLIC HEALTH GRANT SPEND

Income source	Amount (£s)
Public Health Grant 2020/21	(11,484,752)
PHG Carry Forward from 19/20	(174,839)
OPCC Grant Income	(48,907)
NRT Re-charge from NHS Thurrock CCG	(27,000)
HRA Recharge (contribution to Well Homes Project)	(45,000)
TOTAL INCOME	(11,780,498)