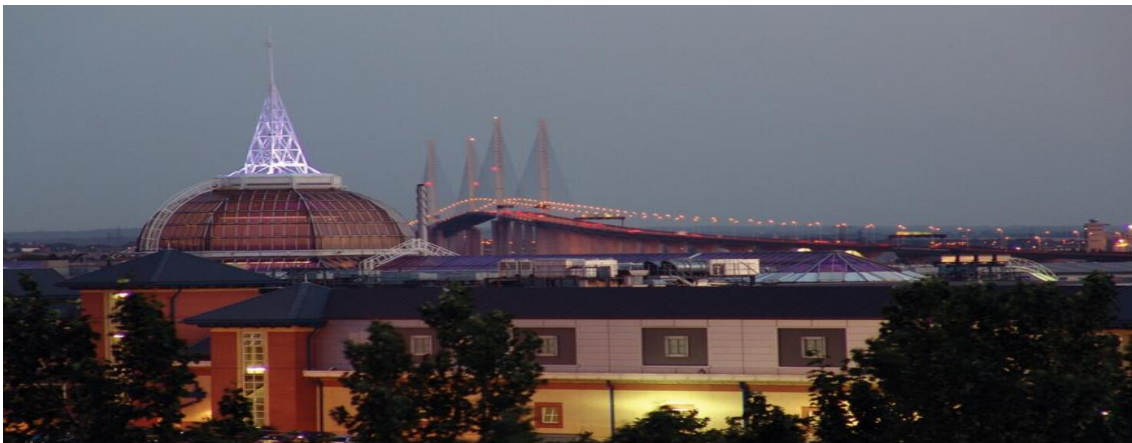




# HEALTH AND WELLBEING STRATEGY 2022 TO 2026

Levelling the playing field  
in Thurrock

## Thurrock Health and Wellbeing Strategy Refresh Consultation Report





## Introduction

1. This report sets out feedback provided by Thurrock residents on proposals that have been developed to support the refresh of Thurrock's Health and Wellbeing Strategy (HWBS).

## Thurrock Health and Wellbeing Board and Thurrock Health and Wellbeing Strategy

2. Thurrock Council is **required by law to establish a Health and Wellbeing Board**. The Health and Wellbeing Board includes representatives of different local organisations that are responsible for and involved in providing services and support to Thurrock residents that impact on their health and wellbeing.
3. The **Health and Wellbeing Board is responsible for creating and overseeing Thurrock's Health and Wellbeing Strategy**, a statutory requirement. The aim of the strategy is to improve the health and wellbeing of the population of Thurrock and reduce health and wellbeing inequalities
4. The **HWBS is one of two highest level strategic documents for the Local Authority and system partners, the other being the Local Plan**. 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. The second and [current 5 Year Strategy](#) was launched in July 2016 and has run for 5 years.

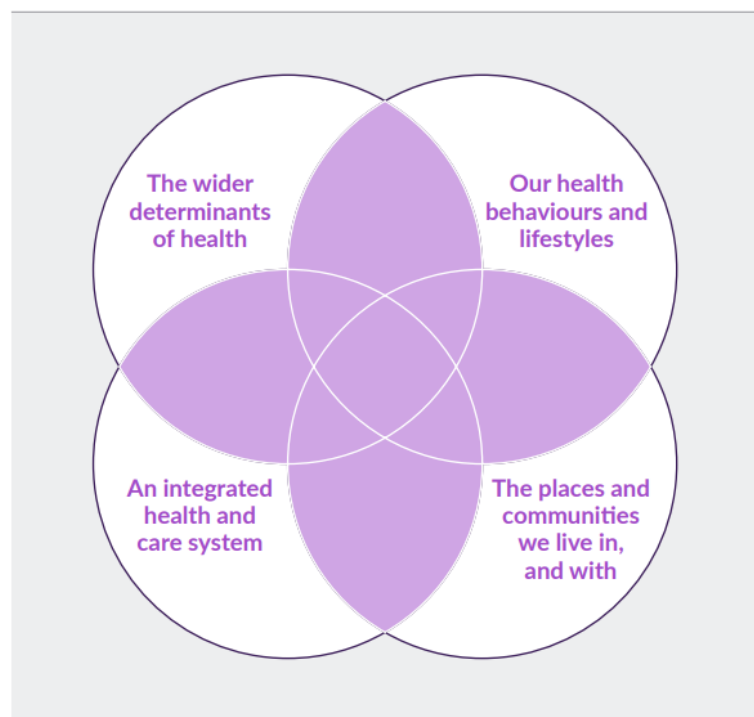
## Refreshing and updating the Health and Wellbeing Strategy

### Evidence informing the strategy proposals

5. Since the Strategy's launch in 2016 **there have been nationally driven changes made to local health structures and the creation of the Mid and South Essex Health and Care Partnership and further development of Integrated Care Systems**, which impact on the way in which health services are planned and commissioned for the residents of Thurrock.
6. Further **work has also been undertaken to understand inequalities and the wider determinants of health and wellbeing in Thurrock**. This has involved informally engaging system experts as well as reflecting key policy and research documents including JSNAs, including:
  - JSNA Looked after children
  - JSNA Special Educational Needs and Disability
  - JSNA Sexual Violence and Abuse
  - JSNA Mental Health
  - APHR Violence and vulnerability
  - Wider Mid and South Essex Health and Care Partnership material
  - YOS Action Plan

- SEND written statement of action
- Prevention Concordat
- Children's Safeguarding
- Children looked after reports
- Suicide Prevention
- Education Strategy
- Homelessness Hostels, Housing First and Crisis Intervention
- Children's MOU Brighter Futures
- Adult Social Care Transformation Prospectus

7. The **evidence made clear that the refreshed Strategy should continue to provide action on the wider determinants of Health** including housing, the environment, education and employment and community safety and the impact of crime on health and wellbeing.



8. The **evidence demonstrates the importance of population health which is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities** across an entire population. It is proposed that the refreshed Strategy reflects the Kings Fund report, A vision for population health, Towards a healthier future by focussing on action that reflects the wider determinants of health; our health behaviours and lifestyles; the places and communities we live in; an integrated health and care system.
9. The **importance of engaging, informing and empowering residents and local communities** is acknowledged by the Health and Wellbeing Board and partners. Proposals were provided to support the building of strong, cohesive communities and working in partnership with communities to ensure that they are able to direct how resource is being used.

<sup>1</sup> Reference: The Kings Fund (2018) A vision for population health - Towards a healthier future; <https://www.kingsfund.org.uk/publications/vision-population-health>

10. Evidence shows us that **Thurrock experiences inequalities both as a whole when compared to England and also within the borough**. Life Expectancy for Thurrock has fallen below the England average in the past 10 years. Inequalities and an uneven playing field are experienced by many different community groups within Thurrock in different ways. This includes people of different genders, ages, ethnicities, socio-economic status and LGBTQ+ people. Across Thurrock there is a 9 year life expectancy gap between men and a 6 year gap for women between those living in the most and least affluent communities.

#### Proposals for the refreshed Strategy

11. Proposals for the refreshed Health and Wellbeing Strategy have been **arranged around 6 key influences on health, wellbeing and inequalities**. These include support for individuals to live more healthily as well as wider determinants of health such as education and housing. The **six areas that impact on people's health and wellbeing are:**
1. Staying Healthier for Longer;
  2. Building Strong & Cohesive Communities;
  3. Person Led Health & Care;
  4. Opportunity for All;
  5. Housing & the Environment; and
  6. Community Safety
12. Each of the proposed areas of people's lives that impact on their health and wellbeing we have referred to as "domains". Each domain is underpinned by several proposed priorities.
13. The **overarching Vision for the refresh, agreed by Thurrock Health and Wellbeing Board is "Levelling the Playing Field"**. Each of the six proposed domains identifies ambitious actions to do that. The **public's views have been sought on these proposals as part of a formal Consultation process**.

## Health and Wellbeing Strategy consultation exercise

14. Public consultation was initially planned for an eight weeks period to commence on Wednesday 13 October and close on Friday 3 December. However, the Health and Wellbeing Board agreed to extend the consultation period to 31 December to ensure wide and representative input from the community.

### Methods of engagement

15. Engagement was impacted by reduced opportunities for face to face contact due to COVID-19, but there were a variety of ways that people could get involved and provide their views on proposals for the refreshed Health and Wellbeing Strategy:

**Have your say online.** Residents and partners could provide feedback by considering the proposals and submitting their comments online through the Council's consultation portal.

**A short 'user friendly' questionnaire was disseminated to the public**

A short questionnaire was created in partnership with Thurrock CVS and Healthwatch who led on making it available in public spaces across the borough including libraries and community hubs.

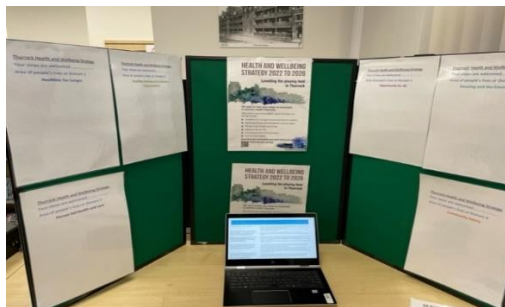
**Have your say face-to-face**

The consultation was supported by Healthwatch Thurrock and Thurrock CVS (Community & Voluntary Services). People from these independent organisations attended events across the borough and run community sessions to ask what residents what they thought about the proposals, supporting them to complete the short user friendly questionnaire.

Two workshops were also held which comprised audiences representing CVS organisations.

**Invitations to community meetings and forums / partnership meetings**

Community forums and community groups were encouraged to invite officers and CVS partners to their existing community events and meetings.



Key partners and interested professionals were encouraged to invite officers to meetings to discuss the refresh.

**Have your say at a workshop**

Residents wishing to have more detailed discussions were offered bespoke workshops, arranged subject to demand.

## Promotion and awareness raising

16. To support awareness raising and promotion of the consultation exercise, **materials were developed to provide a consistent, recognisable approach for raising awareness of the consultation exercise.** These included branding, standard text to share information about and promote the consultation exercise and posters providing a QR code to the consultation portal.
17. Substantial and **sustained communication and engagement activity has taken place to raise awareness of the consultation exercise amongst residents and partners.** This has included:
- A press release issued in October
  - Targeted emails and promotional material circulated by officers across the Council, the CCG and the Council's Corporate Communications teams, Thurrock CVS and Health Watch
  - Regular promotional material made available through social media including Twitter and Facebook.
  - A banner being included in Housing News enewsletter, Business Buzz enewsletter, Essex Violence & Vulnerability Unit newsletter
  - Promoted on the Council's staff Intranet carousel and on the Thurrock Council website carousel
  - Attendance at strategic and operational partnership meetings such as Thurrock Integrated Care Partnership (TICP)
  - Inclusion in all editions of Thurrock News resident newsletter throughout the consultation period
  - Inclusion in Team Thurrock, the Council's weekly staff enewsletter
  - Promoted as part of the Council's Chief Executive's weekly blog and engagement of all council employees
  - Discussion at Director's Board, and Council DMT and Overview & Scrutiny meetings
  - Discussion at Conservative and Labour Group meetings
  - Attendance at community forums and events including the Aveley Charrettes Local Plan, the Purfleet on Thames Community Forum and the Thurrock Diversity Network.
  - Promotion via the Council Portal newsletter, reaching over 4000 residents.
  - Joint engagement with other key plans such as the Local Plan and the Housing Strategy
  - Attendance at the following key strategic meetings:
    - Community Safety Partnership
    - Violence & Vulnerability Board
    - Brighter Futures Board
    - CCG Board – didn't specifically talk about this at Board but it was in the AHH Update paper
    - CCG Clinical Professionals Forum
    - Mid & South Essex Integrated Care System Health Inequalities Oversight Group



## Consultation Exercise Outcomes

### Report structure

18. The remainder of **this report sets out the responses received to each of the proposals made as part of the consultation exercise**. What follows is an executive summary setting out key findings and recommendations on how the refreshed Strategy can reflect feedback received.
19. The executive summary is informed by detailed analysis of feedback received as follows:
  - Levelling the playing field**, reflecting feedback provided through the online portal and attendance at partnership and professional meetings.
  - The six proposed domains**, reflecting feedback provided through the online portal, completed short 'easy read' questionnaires, and attendance at partnership and professional meetings.
  - The six proposed domains and proposed priorities in more detail**, reflecting feedback provided through the online portal and attendance at community forums and partnership and professional meetings.
    - Domain 1. Healthier for Longer (including mental health);
    - Domain 2. Building Strong and Cohesive Communities;
    - Domain 3. Person-Led Health and Care;
    - Domain 4. Opportunity for All;
    - Domain 5. Housing and the Environment; and
    - Domain 6. Community Safety.
20. Each section of the report sets out ideas and recommendations on how the proposals could reflect feedback received.
21. Respondents providing feedback through the Council's online portal were provided with opportunities to propose new priorities within each of the domains. Respondents tended to provide feedback on wider strategy or consultation areas. Some priorities were proposed that were broadly reflected in those included elsewhere in the Strategy. This report therefore does not provide a detailed analysis of new priorities proposed within each domain.



## Summary of Consultation feedback

22. Engagement through the **Council's online portal comprised over 1500 visits to the portal**. Respondents did not have to complete the whole survey and could provide feedback on areas of interest to them. **Feedback was provided on the proposals over 250 times**.

Domain and priorities	Visitors	Number of responses
Thurrock Health and Wellbeing Strategy's focus on levelling the playing field	305	106
An overview of the proposed Domains for the refreshed Health and Wellbeing Strategy	143	66
Domains in focus - 1: Healthier for Longer (including Mental Health)	112	28
Domains in focus - 2: Building Strong and Cohesive Communities	56	15
Domains in focus - 3: Person led health and care	72	23
Domains in focus - 4: Opportunity for all	45	15
Domains in focus - 5: Housing and the environment	96	19
Domains in focus - 6: Community Safety	63	18

23. Over **750 comments were received through the short 'user friendly' questionnaire** which sought the public's views on the six domains that have been proposed for the refreshed Strategy.

24. 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.



25. Officers were not asked to run a workshop that was offered as part of the consultation exercise by members of the public, community forums or partnership meetings.
26. The **two CVS workshops comprised representatives from several CVS organisations** operating in Thurrock.
27. The consultation period has taken place during the COVID Pandemic, possibility adversely impacting the number of consultation responses received. It is also acknowledged that the overall number of responses received do not provide a representative or statistically significant sample but remains reasonably substantial. However, the **feedback provided by the public and professionals will inform the final strategy's development**, as set out throughout this report.

### Summary of key findings and themes arising from feedback provided

28. Feedback provided on the proposed domains and priorities has been overwhelmingly supportive.
29. Key themes include:

#### **.Accessibility**

IT, digital exclusion. Feedback provided by elected members was reinforced by respondents across responding to priorities across a number of domains. It was acknowledged that digital exclusion is increasingly a barrier for some people to access services. It was felt that alternatives routes to access were still required and that services could not be completely digitally accessed as this would exclude some individuals.

Geographical locations and the importance of providing opportunities to access to residents across the borough through affordable and well connected public transport, active travel, provision of local based services and support

Capacity of services – access to primary care, mental health support and wider services and support was a key theme within feedback.

#### **Informing residents**

##### Effectively communicating with residents using a range of methods

Recognising that a range of approaches to community engagement and empowerment are needed - for example, online and social media approaches to engagement will not reach all community members, including many who are more vulnerable

Feedback recognised people wanting to improve their own health and wellbeing and the importance of providing information and guidance to facilitate that.

Communicating with residents and raise awareness of support and options that are available to them, single points of contact / lead support to help people navigate the system.

## The Environment

Mitigating the impact of housing and commercial developments by ensuring that supporting infrastructure is in place and developments consider health and wellbeing.

Providing access to green and open spaces, public transport and active travel across the borough.

Opportunities for people to remain active and socialise in a safe environment. The importance of supporting improvements in Air Quality.

## Mental Health

The impact of COVID on social isolation and loneliness and the adverse impact it has had on groups already marginalized

Respondents welcomed the refreshed Strategy providing specific focus on the provision of mental health support for residents, including access to mental health support, with appropriate capacity and timeliness of services.

The link between mental ill health and wider determinants of health such as long-term unemployment was acknowledged, a focus on employment and growth in relation to mental health was welcomed

## Proposals in more focus

30. The remainder of this document sets out detailed feedback received in response to the specific proposals.

## Levelling the playing field

31. **A key theme proposed for the refreshed Health and Wellbeing Strategy is levelling the playing field.** This is to address many groups of people within Thurrock experience an uneven playing field in different ways. This includes people of different genders, ages, ethnicities, socio-economic status and LGBTQ+ people.
32. Some **examples of uneven playing fields that affect health and wellbeing in Thurrock** include:
  - Thurrock has a smoking prevalence of 17.5%. This is in the top quarter of authorities nationally and is highest in the eight most deprived Wards in Thurrock. Smoking is a key driver of inequalities in life expectancy.
  - Circulatory diseases are more common in people living in more deprived areas and some ethnic minority groups, are the greatest cause of deaths linked to deprivation in Thurrock.
  - Crime disproportionately affects some community groups, including women and girls, individuals with mental health problems or with physical or learning disabilities, and those from ethnic minority backgrounds.
  - Educational attainment inequality is experienced by children that are living in families that are more deprived, have SEND, are children looked after or are from some ethnic minority groups.
  - The COVID-19 pandemic has worsened inequalities in many aspects of life, including mental ill health, social isolation & loneliness, experiencing violence or abuse, and unemployment – with young workers (under 25) and

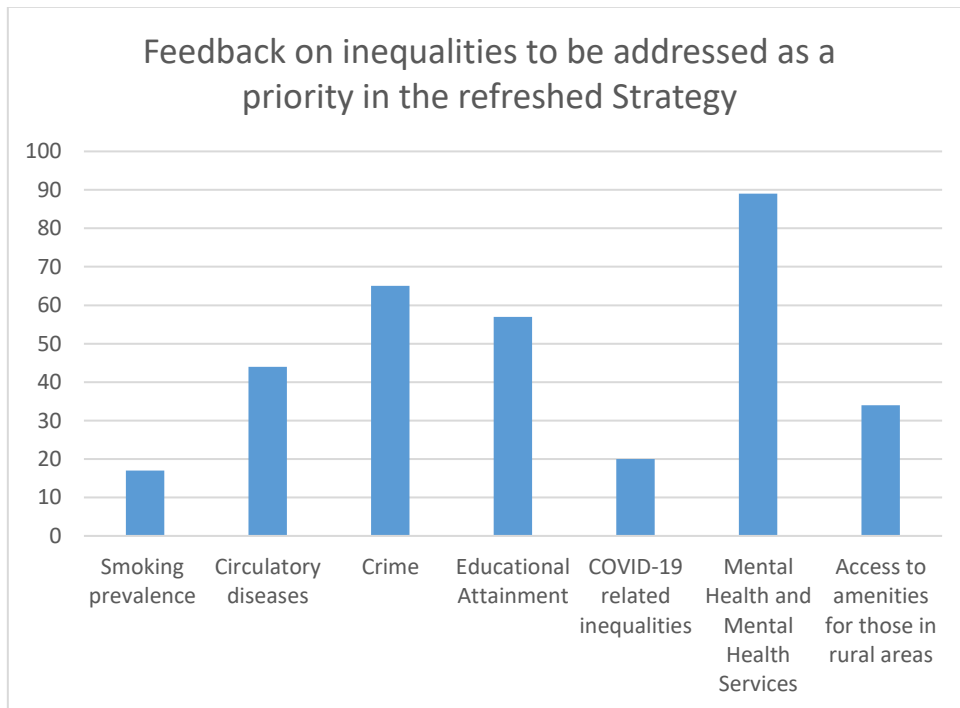
older workers (over 65) most likely to have left employment and remain economically inactive due to the pandemic.

- Inequalities in mental health and access to mental health services are experienced by many different people, including men, young people, older adults, those living in deprived circumstances, minority ethnic groups, asylum seekers and refugees, post-partum women, Carers, those living with long term health conditions, LGBTQ+ people, people with learning disabilities, and homeless people.
- People living in rural areas may experience poorer access to transport, broadband and other amenities.

33. Taken together, the impact of this means that overall life expectancy in Thurrock has fallen below the England average in the past 10 years. Within Thurrock itself, the life expectancy gap at birth between the most and least affluent communities is 6.4 years for women and 8.7 years for men.

34. Feedback was provided on levelling the playing field by residents who completed the online survey on the Council’s consultation portal and partners attending meetings involving health and care system professionals.

35. Several **health inequalities experienced by residents of Thurrock were identified**. Respondents providing feedback through the Council’s online portal were asked to nominate which of the inequalities identified should be addressed as a priority.



36. Over **50% of the 103 respondents providing feedback** to this question on the online portal had experienced one or more of the inequalities outlined. Providing **mental health support for people was considered the most important inequality to be addressed**. A number of respondents referenced the impact of COVID on social isolation and loneliness and the adverse impact it has had on groups already marginalized. Respondents also raised **concerns about access to mental health support, the capacity of services and existing waiting lists**. The impact of

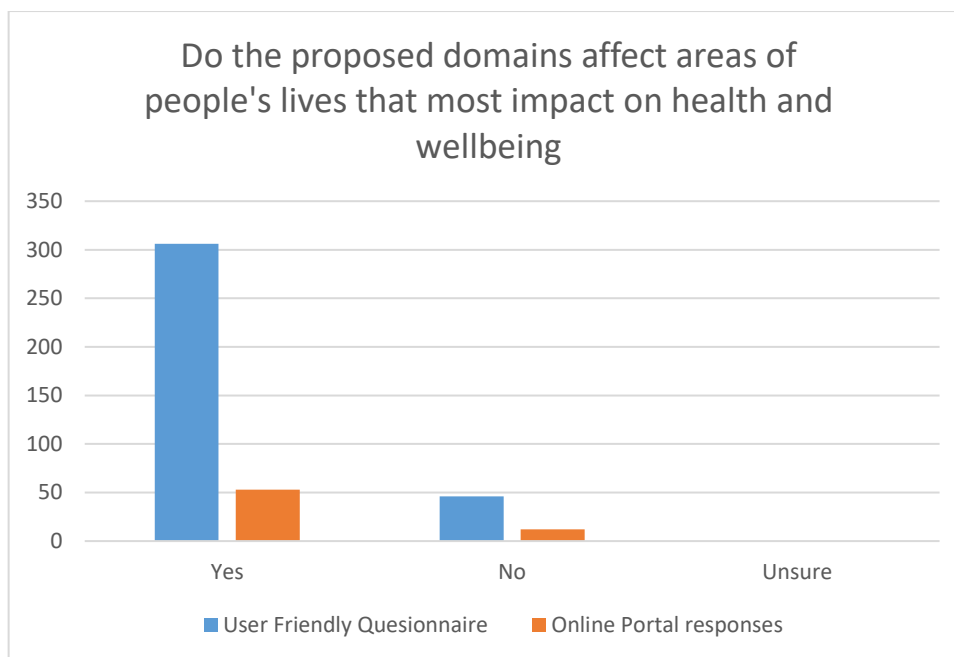
COVID was acknowledged, particularly in relation to an increase in demand. Respondents welcomed the refreshed Strategy providing specific focus on the provision of mental health support for residents.

37. Feedback **welcomed the refreshed Strategy reflecting the wider determinants of health**. Respondents acknowledged the relationships between educational outcomes, employment and crime as well as the impact of housing on mental health and wellbeing. Feedback from **a number of respondents referenced the impact of the built environment and development within Thurrock on air quality**. Ensuring that housing development is underpinned by supporting infrastructure to support population increases, including spaces to exercise, remain active and socialise.
38. Respondents also **acknowledged the impact of COVID on wider service accessibility**, including creating increases in demand as well as addressing potential backlogs impacted by COVID, particularly in relation to Primary Care.
39. Feedback referenced **the impact of crime and health and wellbeing** and the importance of increasing visibility and local community guardianship as part of improving public confidence. Respondents welcomed preventative approaches being adopted to reduce the likelihood of young people entering the criminal justice system. Feedback also reflected concerns about substance misuse and its impact on crime and resident's health and wellbeing across Thurrock.

#### [An overview of the six proposed domains](#)

40. Feedback on the proposed domains was captured through the online portal and completion of the 'user friendly' questionnaires. Feedback was also provided through attendance at community forums and partnership meetings.
41. Consultees were asked to provide feedback on the six domains proposed for the refreshed Health and Wellbeing Strategy:
- Domain 1 – Healthier for Longer (including Mental Health)
  - Domain 2 – Building Strong & Cohesive Communities
  - Domain 3 – Person-Led Health and Care
  - Domain 4 – Opportunity for All
  - Domain 5 – Housing and the Environment
  - Domain 6 – Community Safety

**Respondents were asked if the six domains represent the areas of people's lives that most affect their health and wellbeing.**



42. The vast majority of people providing feedback through the user friendly questionnaire and the Council's online portal **agreed that the proposed domains affect areas of people's lives that most impact on health and wellbeing.**
- Some respondents **questioned the order of the domains and how they are prioritised.** The final strategy should reflect that the domains are not ordered in priority but to support their identification and communicating about them.
  - Some respondents **welcomed the refreshed strategy focusing on providing access and support for mental health and supporting people to lead healthier lifestyles** through, for example, smoking cessation and support for people with long term conditions. Feedback welcomed focus being provided on supporting people with recovery.
  - Further **support was welcomed for people to remain healthy, including more frequent access to health checks and access to affordable activities for all residents.** Suggestions included **access to open and green spaces, with particular focus being provided on accessibility** specifically people with physical disabilities and mental health needs, including SEN.
43. Feedback received that did not agree tended to **raise concerns about the accessibility of services, in particular primary care services and the availability of facilities** such as blood test centres.
44. Feedback **welcomed more focus being provided to people living on their own and the impact of social isolation and loneliness.** Feedback also welcomed the Strategy focusing on building community cohesion and developing communities events/activities aimed at bringing communities together.
45. Feedback **recognised the importance of the refreshed Strategy being accessible and understandable to the residents of Thurrock,** supporting ongoing engagement.

**Question: Respondents were asked if there are there any other areas that most impact on people's health and wellbeing that should be considered for inclusion in the refreshed Health and Wellbeing Strategy**

46. Responses to the user friendly questionnaire and those providing feedback through the Council's online portal agreed that there are other areas that should be considered for inclusion in the Strategy. Feedback provided tended to reinforce areas proposed for the refreshed strategy and feedback provided to the prior question. Key themes included:
- Access to quality housing and the necessary infrastructure to support population growth and housing developments to support health and wellbeing.
  - The quality and accessibility of services including mental health and access to primary care. The importance of virtual and face to face support and services being accessible locally or by using public transport.
  - Support to develop communities in terms of community cohesion and communities getting to know one another, building community resilience and support.
  - Communicating support that is available to residents to enable them to access the most appropriate support and supporting people with their own health and wellbeing by awareness raising and education, advice and guidance.
  - The impact of the built environment. For example, the accessibility of takeaways and fast food and the availability of affordable indoor activities as well as the provision of green and open spaces that are accessible to all residents, specifically people with physical disabilities and mental health needs, including SEN.
  - The importance of education, training and access to employment opportunities in Thurrock for local residents.
  - Community safety, crime and the fear of crime and the importance of prevention and diversionary activities and support. Feedback welcomed the refreshed Strategy providing focus on the importance of designing in crime reduction and health improvement.
  - Welcomed residents being more involved in decision making, set out in domain 2.
47. Some feedback focussed on the importance of specific services and support which included the availability of nail cutting services, improved maternity services. Local blood testing and support for new and young families the frequency of services, such as bin collections on the local environment and health and wellbeing.
48. Some feedback welcomed more focus being provided to the impact of climate change within the proposed domain focussing on housing and the environment.
49. This was supported by the Resource Place and Delivery group which suggested that climate change is a key impact on health and wellbeing that is missing from the proposed Strategy. This was further supported by a number of respondents who raised concerns about the impact of air quality in the borough who attended and provided feedback through community forums.
50. As set out earlier in this report feedback suggests that more prominence is provided in the revised Strategy to mental health, including social isolation and loneliness, and tackling substance misuse. Feedback has also suggested that the refreshed Strategy could include more focus on climate change.

51. Feedback provided by SERICC's welcomed the refreshed Health and Wellbeing Strategy making explicit references and links to the national Women's Health Strategy for England.
52. Feedback provided by attendees at one of the two CVS workshops, elected members and members of the public attending community forums suggested that the refreshed strategy should provide more focus on the importance of Arts and Culture on people's health and wellbeing and supporting the reduction in social isolation.
53. Some feedback welcomed confirmation on what the refreshed strategy will mean in practice.

**Respondents were asked to provide any other feedback they wished to make about the proposed areas of focus (domains) for the refreshed Health and Wellbeing Strategy**

54. Over 130 comments were received through the Council's online portal and the user friendly questionnaire which included themes similar to the previous questions:
  - Access to housing, the impact of housing quality and maintenance was reflected in feedback.
  - The impact of development in particular industrial development and strategic development such as the Lower Thames Crossing was raised as a concern in feedback provided. The importance of road maintenance and the provision of spaces to facilitate health and wellbeing was reiterated.
  - Providing affordable access to facilities to support health and wellbeing and the impact of additional costs including parking fees for leisure facilities. Providing support to access services and activities through public transport and support for actively travelling across the borough.
  - Recognition of capacity of Primary Care (GPs) in Thurrock and the merits of ensuring residents are aware of support that is available and how this might enable people to access the right support, improving both timeliness of access and availability.
  - Access to services including face to face was raised as a concern in feedback provided throughout the consultation, the impact of COVID and consideration being given to how to reduce waiting lists and the type of support that could be provided while they are on waiting to access specialist services.
55. C and G Overview and Scrutiny Committee questioned if the strategy was bold or radical enough to actually tackle the huge problem of health equality.
56. Some feedback received reflected a lack of confidence in the Strategy making a difference and reassurance progress against its priorities will be monitored and reported to the public.



### Domain 1. Healthier for Longer (including mental health)

57. Feedback was provided on this domain by residents who completed the online survey on the Council's consultation portal and members of the public and partners attending community forums and meetings involving health and care system professionals.

#### Aims and ambitions

58. The proposed aim and ambition for this domain is to improve the prevention, identification and management of physical and mental health conditions, to ensure people live as long as possible in good health.

There is an identified inequality of health and life expectancy across Thurrock, including between different ethnicities, genders, socioeconomic groups, and those with mental health problems. In Thurrock, all age and premature death (<75 years) is significantly worse than England average overall, and specifically for cancer and circulatory disease deaths. This is related to socioeconomic deprivation and is a key factor in the life expectancy gap between communities. There is a gap in life expectancy at birth between the most and least affluent communities in Thurrock of 6.4 years for women and of 8.7 years for men. Women in the most deprived areas experience 22 years of their shorter life span in poor health. A similar pattern is seen for men. We want the differences in health and life expectancy between communities across Thurrock to be reduced.

Smoking is the largest single contributor to health inequalities, accounting for half the difference in life expectancy between the most and least deprived communities. Thurrock has one of the highest smoking prevalence rates in England. We want to reduce smoking prevalence in Thurrock.

We know that 70% of adults are overweight or obese in Thurrock and childhood obesity is significantly worse in Thurrock than England. We want obesity and physical inactivity to fall across all ages.

A range of health risks are associated with poor mental health, including high rates of smoking, obesity and Long Term health Conditions (LTCs). There are estimated high rates of undiagnosed mental health conditions, which have been worsened during the COVID-19 pandemic and affect a broad range of groups and ages across the community. We want people to be able to access high quality and timely physical and mental health support when they need it.



**People providing their views on the council’s online portal were asked if they are supportive of the ambitions aims and ambitions for the domain.**

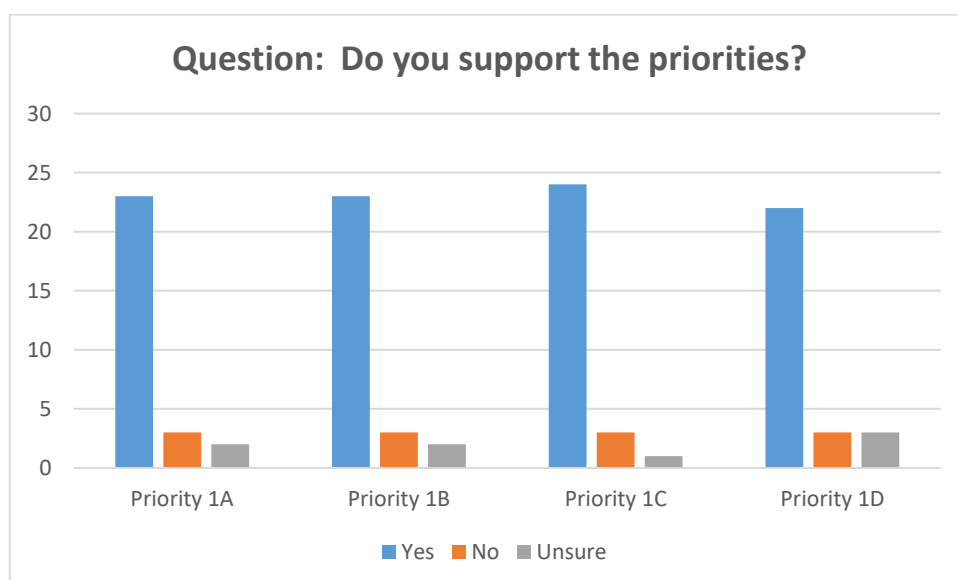
- 59. All participants responding to this question supported the aims and ambitions that were proposed.
- 60. Key themes arising from comments provided by respondents comprise:
  - a. Acknowledging the need to adopt a whole person approach for supporting health and wellbeing;
  - b. The benefits of prevention through education and awareness raising; and
  - c. Capacity and accessible services, with availability of face to face support, including people accessing the most appropriate professionals to support and manage their health needs. This is a key theme throughout the consultation exercise.
  - d. Welcoming support for people living with LTCs as well as developing support for people living with new and emerging LTCs including potentially Long COVID and Fibromyalgia.

**Proposed priorities**

- 61. A set of priorities identified to underpin this domain’s aims and objectives and how they might be achieved were proposed.

**Respondents were asked whether they supported each of the priorities and agreed with proposals on how they might be achieved.**

- 62. The majority of consultation respondents agreed with the four priorities proposed within this domain.



- 63. Respondents that were unsure or did not agree with the proposed priorities questioned whether changing health behaviours was something Thurrock services could influence and welcomed more detail on how the proposals will be delivered.
- 64. Some respondents welcomed focus also being provided on tackling wider substance misuse, particularly as this would contribute towards delivering outcomes in other strategy domains, particularly domain 6.

65. Feedback provided by respondents in response to levelling the playing field questions, described earlier in this report, prioritised mental health services and support above both smoking and prioritising Post-COVID-19 Service Recovery and Reset to meet New and Worsening Health Needs as inequalities to be addressed within the refreshed Strategy.

**Proposed Priority 1A**

**Work with communities to reduce smoking and obesity in Thurrock**

How the priority will be achieved

- a. Implement a whole system plan for tobacco control and obesity, including focusing on priority groups including children & young people, pregnant women and minority ethnic groups.
- b. Work in partnership with communities and the voluntary sector to reduce inequalities through reducing smoking, obesity, and lack of physical activity.
- c. Embed smoking cessation in all relevant health & care pathways, including mental health and maternity pathways

66. Feedback received on priority 1A and how it might be achieved included:
- Prevention and working in schools to stop people smoking in the first place was referenced by some respondents. For example, some respondents wanted to see an increase in social media communications activities, which might include reinforcing the impacts of smoking and obesity on an individuals' wider health and wellbeing.
  - A number of respondents acknowledged the importance of providing safe, maintained spaces within which people can exercise and access to green spaces.
  - Almost half of the respondents agreed with the proposals on how the priority will be achieved. Forty percent of respondents were unsure, with some requiring further information.
  - The need to target hard to reach groups, working across different geographical locations and communities of interest.
67. Feedback from delegates attending one of the two CVS workshops welcomed progress that has been made in supporting individuals with reducing smoking, obesity and lack of physical activity. It was acknowledged that the Strategy proposals consider how best to support people with complex needs, within domain 3, Person Led Health and Care.
68. Feedback from residents attending community forums highlighted the impact of the environment on tackling obesity, including how effectively managing the proportion of fast food shops across the borough could impact on supporting people to eat healthier.
69. Feedback from Children's Services Overview and Scrutiny Committee reinforced smoking and obesity being key to improving health. In relation to obesity, the committee felt that consideration should be provided to:
- Support access to gyms and other physical activity opportunities for those on low incomes eg as per the current PH Weight Management initiative – potentially further utilising social prescribing to improve health outcomes.

- Consider how to limit the number / influence the locations of take away services, noting the rise in home delivery for fast food may be creating further challenges.
- The impact of the wider environment was highlighted by the Resource, Place and Delivery Group through describing how health and wellbeing strategy goals can be aligned to the approach for regeneration. For example, creating vegetable gardens as part of regeneration to aid access to fresh fruit and vegetables.

70. Housing Overview and Scrutiny Committee also reinforced the importance of providing access to physical activity amenities for all ages and abilities. For example, outdoor gym equipment for older people as well as younger; provision of picnic benches that can be used by people with physical disabilities.

**Proposed Priority 1B**

**Work together to improve prevention of ill health and promotion of good health in all communities to reduce Health Inequalities in Thurrock**

How the priority will be achieved

- a. Make prevention of ill health and promotion of good health everybody's business – with system-wide action to promote good physical and mental health for all, and address barriers to staying healthy in all communities including those experiencing multiple deprivation and marginalization
- b. All Health, Care and Council strategies in Thurrock should identify health inequalities within and caused by the strategy, the communities affected and identify actions to address those
- c. Ensure that children are able to access the services they need and be healthy, focusing on prevention and early intervention

71. Feedback received on priority 1B and how it might be achieved included:

- Respondents welcomed focus on children and young people and the proposal to make it everyone's business, including the roles of wider family members. The importance of family connections was acknowledged by delegates attending one of the two CVS workshops.
- Some respondents recognised the challenges of intergenerational behaviours and approaches that may reduce reoccurring cycles of preventable ill health within families.
- Half of the respondents agreed with proposals on how the priority will be achieved, with 35% being unsure. A number of respondents welcomed more detail on how the priority will be achieved
- Respondents welcomed a system wide, joined up approach to deliver this priority and welcomed reference to long term health conditions being made in wider transport and housing strategies.

72. Feedback received from attendees at one of the two CVS workshops agreed that transport can be an issue to access appointments. The infrequency of public transport and cost is an issue across the borough. It impacts on attendance to hospital and general practice referrals to community based services.

**Proposed Priority 1C**

**Continue to enhance identification and management of Long Term Conditions to improve physical and mental health outcomes for all**

How the priority will be achieved

- a. Continue with improvements in identification and management of Long Term Conditions in primary care
- b. Ensure access to joint clinical and social care to improve health outcomes for individuals with multiple needs, including support for self-care and health coaching, with a focus on individuals living with both physical and mental ill health problems and/or with substance misuse problems
- c. Innovate beyond traditional models of healthcare planning and delivery such as co-production with Community & Voluntary sector, building community-led approaches to wellbeing, and using preventative data-based approaches such as Population Health Management
- d. Review and enhance support for transition from young people to adult to older adults services so they are person-centered, holistic and seamless

73. Feedback received on priority 1C, and how it might be achieved included:

- Considering the roles of the CVS, professionals and the community in achieving this priority, including acknowledging the role of unpaid carers supporting people with LTCs.
- Supporting people to managing transitional periods in their lives and developing integrated pathways and joined up working with local LTC services could support the delivery of this priority
- Some respondents referenced air quality and the impact of development across the borough on some LTCs, particularly the impact of Air pollution.
- Some respondents referenced limited capacity of services, including GPs, which could adversely impact on the achievement of this priority. This feedback was reflected by residents attending community forums.
- Recognising the impact of COVID on mental health, in particular social isolation and loneliness.

74. Feedback provided by the Resource and Place Delivery Group welcomed links being made with mental health and long term unemployment, and suggested employment and growth-focused work referenced in domain 3, opportunity for all, should link with mental health service transformation this domain.

**Proposed Priority 1D  
Prioritise Post-COVID-19 Service Recovery and Reset to meet New and Worsening Health Needs**

How the priority will be achieved

- a. Understand and treat new or worsened health needs as a result of the COVID-19 pandemic, including mental ill health and Long Covid
- b. Ensure a robust Health Protection response to infectious diseases and environmental threats to health, including: outbreak surveillance & management, maximising uptake of immunisations and promoting sexual health
- c. Cancer pathway delays due to COVID-19 will be addressed as a priority and more cancers will be prevented, identified early and successfully treated by 2026

75. Feedback received on priority 1D and how it might be achieved included:

- Questioning the proposed timescales for identifying more cancers early and successfully treating them by 2026 and whether they should be sooner.
- Over 50% of respondents agreed with the proposals on how this priority will be achieved with a number of respondents referencing the benefits of maximising the uptake of immunisations that has been proposed.
- Consideration to be provided to communicating with residents who are not accessing social media or have limited access to IT as part of supporting people to access services and support. This was reinforced by feedback provided by delegates attending one of the two CVS workshops and the CCG Clinical Reference Group (CRG).

76. Feedback received from residents attending community forums highlighted the importance of communicating to residents about support that is available to them and to raise awareness of how to identify and support the diagnosis of health conditions, including cancer.

**Respondents were asked if they wished to propose any new priorities and to rank priorities that had been proposed.**

77. As explained earlier in this report the council's online portal were provided with opportunities to propose new priorities within each of the domains. Respondents tended to provide feedback on wider strategy or consultation areas. Some priorities were proposed that were broadly reflected in those included elsewhere in the Strategy. This report therefore does not provide a detailed analysis of new priorities proposed within each domain.

**Reflecting feedback in the refreshed strategy**

78. Feedback received during the consultation has directly influenced the content of the strategy in the following ways:

- The aims and ambitions will remain broadly as proposed. Consideration will be provided to how the refreshed Strategy can encourage and stimulate different parts of the health and care system adopting a whole person approach.

- The revised strategy will continue to promote preventative approaches for supporting health and wellbeing outcomes. Providing services that are accessible and person centred will be a key theme throughout the refreshed Strategy.
- Mental health will be a stand-alone priority within the refreshed strategy, reflecting feedback provided by respondents in response to levelling the playing field questions, described earlier in this report, prioritised mental health services and support above both smoking and prioritising Post-COVID-19 Service Recovery and Reset to meet New and Worsening Health Needs. DK: This would make sense and demonstrate how feedback has informed the final strategy. It would also acknowledge the importance of mental health support – particularly given it was contained within its own domain (support emotional health and wellbeing) in the current Strategy)
- Substance misuse will be more explicitly prioritised in the refreshed Strategy
- The proposed priorities and how they are to be achieved within this domain are overwhelmingly supported by consultation respondents. A number of respondents welcomed further clarification on how all of the priorities are to be achieved and how progress will be measured. The creation of an outcomes framework which sets out the current position for each of the priorities and the direction of travel for the next five years will provide further clarity and transparency.



## Domain 2. Building Strong and Cohesive Communities.

79. Feedback was provided on this domain by residents who completed the online survey on the Council's consultation portal and members of the public and partners attending community forums and meetings involving health and care system professionals.

### Aims and ambitions

80. The proposed aim and ambition for this domain set out a commitment to creating a fair, accessible and inclusive borough where everyone has a voice and an equal opportunity to succeed and thrive, and where community led ambitions are supported and actively encouraged.

Thurrock has seen increasing diversity over recent years, with new residents from other parts of the UK and from other countries<sup>2</sup>. However, newcomers to the borough may not always be welcomed and supported consistently, and wider influences as well as competition over resources may fuel community divisions. We want to promote opportunities to bring different communities together to enhance shared experience and to embed a sense of belonging.

Community insight does not always steer decision-making at a local level, and therefore many residents can be disengaged with public sector organisations and become disenfranchised. We want the views of more local residents to be used in decision-making and priority-setting with residents reporting that they feel empowered to contribute to their local community. We want local partners to work more closely together in sharing views that have already been gathered so residents are not repeating their concerns and thoughts.

National and local investment into community assets/public facilities has been reduced, thereby removing some of the facilities which may have historically championed community cohesion and connectivity. Whilst direct management of the COVID pandemic resulted in a surge of volunteers coming forward, this is unlikely to be sustained as we move forward towards a 'new normal'. We want to see a thriving voluntary sector which offers individuals choice and support provides a sustainable volunteer workforce across Thurrock.

<sup>2</sup> Data available from: [All data related to Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020 - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/population-and-demography/population-estimates-for-the-uk)

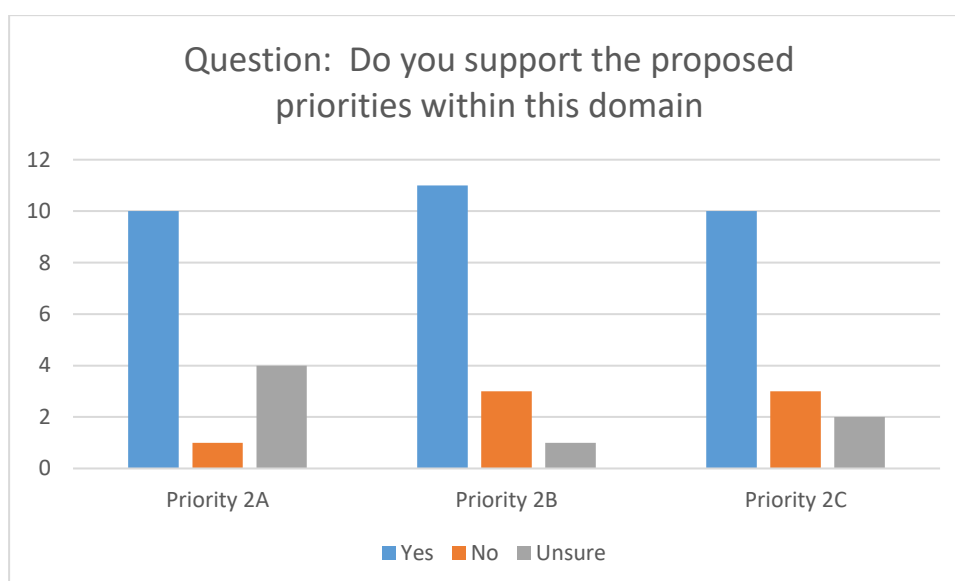
Respondents were asked if they are supportive of the ambitions aims and ambitions for the domain.

81. The majority of the participants responding to this question on the council's online portal were supportive of the proposed aims and ambitions for this domain. Key themes arising from comments provided by respondents comprise:
- Encouraging volunteering by effectively communicating with volunteers and ensuring that they feel valued. This a view reinforced by elected members.
  - Providing volunteers with appropriate opportunities but being clear that volunteers are not always an appropriate replacement where services have traditionally been provided.
  - Considering how to encourage more community events as part of developing community cohesion and trust within communities
  - Recognising that a range of approaches to community engagement and empowerment are needed - for example, online and social media approaches to engagement will not reach all community members, including many who are more vulnerable

### Proposed priorities

82. A set of priorities identified to underpin this domain's aims and objectives and how they might be achieved were proposed. What follows is a description of each of the priorities and ideas on how they will be achieved.

**Respondents were asked whether they supported each of the priorities and agreed with proposals on how they might be achieved.**



83. Respondents that were unsure or did not agree with the proposed priorities were not confident that views of local residents would inform policy or funding decisions or welcomed further information on how the proposals might be implemented.
84. Some respondents welcomed consideration of how to engage the wider community, including those that would not traditionally get involved.



**Proposed Priority 2A.**

**Improve the way we engage with our residents to ensure everyone can have their voice heard.**

How the priority will be achieved

- a. We will implement a new approach to engaging local communities to understand what matters to them and the types of services and support that they need where they live and across Thurrock.
- b. Use priorities from community conversations to influence health and care priorities and resource allocation

85. Feedback received on priority 2A and how it might be achieved included:

- Supporting residents' with developing confidence that their views will be heard and inform decisions that are taken. This was supported by residents providing feedback at community forums and the need to develop trust and relationships based on an honest and transparent approach being adopted.
  - It was suggested that consideration should be provided to how to engage residents that do not have access to social media and ensuring communication activities are provided in plain English. However, residents attending local forums acknowledged the merits of using social media as well as other communication and engagement methods.
  - The importance of adopting a more coordinated approach for community engagement, avoiding duplication across agencies for managing community engagement activities and confusion of how best to engage for residents.
  - Further information about how the proposals were going to be achieved in practice was welcomed by some respondents.
- Feedback from delegates attending one of the two CVS workshops acknowledged that there needs to be a new approach to engagement, which is accessible to local communities. An example given was that this full consultation is inaccessible to much of our community as it needs explaining and is too long, and has invited the need to create a community version.

**Proposed Priority 2B**

**Ensure people have the skills, confidence and ability to contribute as active citizens and are empowered to influence the decisions that affect their lives**

How the priority will be achieved

- a. We will commit to a strengths-based approach to how resources are used to support community-led initiatives.
- b. We will seek to maximise local investment and consider a range of funding opportunities such as grants which enables the voluntary sector to deliver against agreed outcomes
- c. We will continue to lead work on volunteer recruitment and promoting active citizenship, for example via Our Road
- d. We will ensure the [Stronger Together directory](#) is used widely across partners as the 'one-stop-shop' for residents to seek information about support in Thurrock
- e. We will use our Social Value Framework to increase social, environmental and economic outcomes that reflect local priorities

86. Feedback received on priority 2B and how it might be achieved included:
- Ensuring initiatives such as the Stronger Together Directory are made available in a user friendly format for residents who are not online and continually evaluating initiatives such as Our Road to ensure that they meet the needs of communities across Thurrock.

**Proposed Priority 2C.**

**Promote opportunities to bring different communities together to enhance shared experience and to embed a sense of belonging**

How the priority will be achieved

- a. We will invest in supporting staff from across different agencies to work together within localities, supporting people where they live to help better connect them with local community led support
- b. We will seek to better embed existing community assets into the heart of community life, seeking opportunities to enhance and improve to enable more local activities that support wellbeing
- c. We will encourage events that demonstrate our commitment to equality, diversity and inclusion and pursue education and discussion to tackle discrimination, e.g. Holocaust Memorial Day, Pride Month and wider events that support inclusion.

87. Feedback received on priority 2C and how it might be achieved included:
- Welcoming clarification on point b and how existing community assets would be embedded into the heart of community life and how residents would inform decision making.
  - Considering how to ensure the views of all local residents are encouraged and residents not usually engaged in local forums and community events are encouraged and supported to get involved. This was supported by delegates attending one of the two CVS workshops.
  - Ensuring that whole community events are encouraged as part of creating cohesive communities as well as providing bespoke events raising awareness and understanding of different cultures across Thurrock, whereby all sections of the community are able to show how they make the borough more attractive and a place to live. This was supported and reinforced by residents providing feedback through attendance at community forums and events.

**Respondents were asked if they wished to propose any new priorities and to rank priorities that had been proposed.**

88. As explained earlier in this report the council's online portal were provided with opportunities to propose new priorities within each of the domains. Respondents tended to provide feedback on wider strategy or consultation areas. Some priorities were proposed that were broadly reflected in those included elsewhere in the Strategy. This report therefore does not provide a detailed analysis of new priorities proposed within each domain.

**Reflecting feedback in the refreshed strategy**

89. Feedback received during the consultation has directly influenced the content of the strategy in the following ways:
- The aims and ambitions will remain broadly as proposed.



### Domain 3. Person-Led Health and Care

90. Feedback was provided on this domain by residents who completed the online survey on the Council's consultation portal and members of the public and partners attending community forums and meetings involving health and care system professionals.

#### Aims and ambitions

91. The proposed aim and ambition for this domain explains that when people need health and care support, we want organisations to work in a more joined up way, delivering care in a way that allows the person to remain in control.

We know that people are living longer. We want people to continue to live their lives in good health and independently for as long as possible. We want all people to be able to flourish and to retain control over their lives. Health and care services should contribute to achieving this in a way that takes account of the range of needs for each individual.

We want to ensure our work delivers a high quality health and care system that is easily accessible to local people and able to focus on preventing, reducing and delaying the need for health and care services.

When people do need health and care support, we want organisations to work in a more joined up way. Services should also work jointly with the community to find solutions and to ensure that the community is able to influence how resource is being used.

#### Respondents were asked if they are supportive of the ambitions aims and ambitions for the domain.

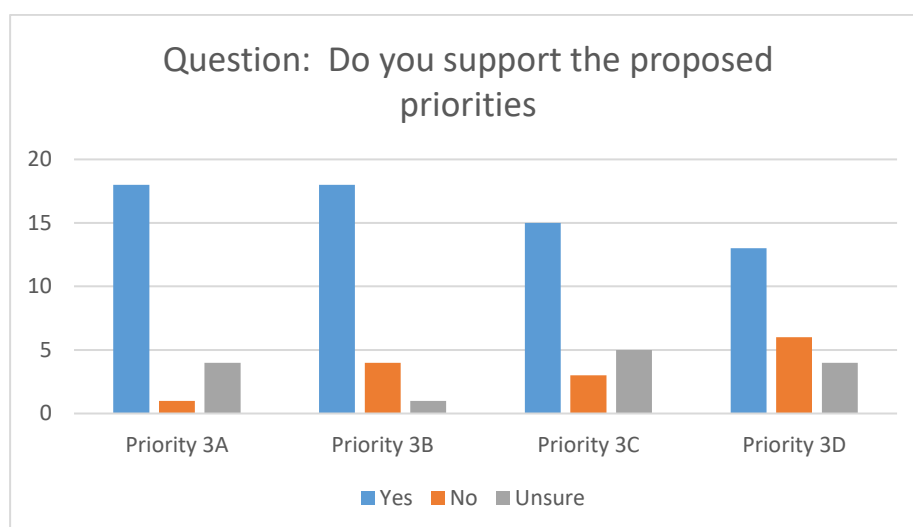
92. The majority of the participants responding to this question on the council's online portal were supportive of the proposed aims and ambitions for this domain and welcomed services working in a more joined up way, acknowledging the impact of wider determinants of health, and adopting a whole person approach to health and care. The ambition for services to consider the whole person/person centred approach as part of providing support was welcomed by delegates attending one of the two CVS workshops.
93. Residents providing feedback at community forums wished to see accessible services, recognising the benefits of virtual consultations as well as providing face to face support when it is appropriate to do so.

94. Respondents welcomed services and support being provided where people live and welcomed consideration being given to the impact of services being relocated on those that access them and whether relocation results in the support becoming inaccessible for some residents.
95. Feedback provided by delegates attending one of the two CVS workshops welcomed proposals but were concerned about whether the goals are achievable, recognising the need for the strategy to provide a clear outcome framework setting out how progress will be monitored.

### Proposed priorities

96. A set of priorities identified to underpin this domain's aims and objectives and how they might be achieved were proposed. What follows is a description of each of the priorities and ideas on how they will be achieved.

**Respondents were asked whether they supported each of the priorities and agreed with proposals on how they might be achieved.**



97. Respondents that were unsure or did not agree with the proposed priorities welcomed further clarification on how integrated teams will reduce the need for the patient to build trust and confidence in different professionals and the merits of single points of contact or health buddy for people accessing support from different health and care services and professionals.
98. Respondents referenced the importance of residents being able to access timely primary care services and the importance of face to face support being available when people feel they need it.
99. Access to primary care and having sufficient staffing and the right multi-disciplinary teams in IMCs was raised as a priority for the CCG's Clinical Reference Group (CRG). Public concerns about being diverted away from GPs to other professionals need to be addressed however. This should be supported by systems to enable communication between professionals eg pharmacists can give very helpful advice, but a way for a GP to raise a prescription on the basis of that advice would be helpful.

100. The importance of being able to access information about primary care and support services was highlighted by a number of respondents, including attendees providing feedback at one of the two CVS workshops who suggested that there needs to be join up between GPs and their local community. For example, GP's have their own personal website and these do not always reflect local offer. GP's could establish better links with the Stronger Together directory or other local offers available.
101. Some respondents were concerned that the proposals reflected cost savings and potential service dilution, referencing capacity challenges being experienced by health and care services.

**Proposed Priority 3A.  
Development of more integrated adult health and care services in Thurrock**

How the priority will be achieved

- A. Developing new ways of working with flexible solutions delivered close to home and focused on achieving what is most important to the individual, such as locality social work teams who work alongside NHS and Housing colleagues
- B. Developing and building on innovative and creative approaches that deliver new and varied models of care such as expanding Wellbeing Teams and Micro-Enterprises
- C. Developing a sustainable approach that prevents, reduces and delays the need for health and care services

102. Feedback received on priority 3A and how it might be achieved included:
- Welcoming a flexible approach being proposed as part of delivering personalised care and support
  - The importance of services continually engaging and being informed by what people need was acknowledged.
103. The CCG Clinical Reference Group acknowledged the need for services to keep pace with population growth in Thurrock and how to ensure there are sufficient staff available to deliver the services that are needed

**Proposed Priority 3B**

**Improved Primary Care response that includes timely access, a reduced variation between practices and access to a range of professionals**

How the priority will be achieved

- A. Define what the offer looks like i.e. improved telephony, greater use of digital access such as online platforms, remote/video consultations for those that prefer these methods whilst still retaining the traditional face to face consultations where required
- B. Recruitment of wider health care professionals (eg clinical pharmacists, physiotherapists, mental health practitioners, social prescribers) within the primary care workforce, to add capacity and help make best use of GP time
- C. Standardise the offer from practices to reduce variation and improve patient satisfaction, whilst ensuring capacity is proportionate to need
- D. Improve the services offered by primary care that are delivered over and above the traditional primary care offer eg minor operations

104. Feedback received on priority 3B and how it might be achieved included:
- Considering including how people can be supported to effectively navigate the health and care system to secure the support they need from the most appropriate sources.
  - Acknowledging that there is a capacity issue for primary care and in particular GPs in Thurrock was a key theme from all respondents providing feedback on this priority
  - The importance of being able to access face to face as well as virtual support, in a timely manner, was reinforced by a number of respondents and by delegates attending one of the two CVS workshops. Access to GPs was acknowledged as a challenge to be addressed by the refreshed Strategy by Children's Services Overview and Scrutiny Committee and Elected Members. Residents providing feedback at community forums welcomed the refreshed Strategy considering how residents can access high quality GP services.

**Proposed Priority 3C**

**Delivery of a Single Workforce Locality Model – a health and care workforce that works across organisational boundaries to be able to provide a seamless and integrated response.**

How the priority will be achieved

- A. A new model of community care delivered by local teams based in each of the four Primary Care Networks based in Grays, Tilbury & Chadwell, Stanford-Le-Hope and Aveley, South Ockendon and Purfleet)
- B. Empower staff to work across organisational boundaries and trial innovative health and care solutions such as multi-skilled professional roles to reduce the number of professionals involved in delivering someone's care
- C. Create new flexible types of health and care support roles, with the development of new career pathways that attract and retain staff, linking to community volunteers
- D. Review and redesign barriers that prevent staff from working across the health and care system in an integrated way, such as separate finance streams and decision-making processes

105. Feedback received on priority 3C and how it might be achieved included:
- Delivering a new model of community care was particularly welcomed by respondents on the basis that the model does not create additional layers of management and resources are focused on front line delivery.
  - Respondents welcomed support being provided by the most appropriate professional and that it would free capacity across the system.
  - Respondents welcomed the Strategy considering how to ensure local people can access these roles. Respondents recognised that high levels of training and investment might be needed and the challenge in providing a remuneration package given Thurrock's position regarding London boroughs.
  - As described earlier in this report, access to primary care and having sufficient staffing and the right multi-disciplinary teams in IMCs and securing the public's confidence in those services, was raised as a priority for the CCG's Clinical Reference Group (CRG).

**Proposed Priority 3D**

**Delivery of a new place-based model of Commissioning that makes the best use of available resources to focus on delivering outcomes that are unique to the individual.**

How the priority will be achieved

- A. Development of four Community Investment Boards and four integrated locality budgets (aligned to Primary Care Networks) that enable local people and users of services to direct how available resource should be used
- B. Develop a new relationship with health and care providers that enables them to work with others to design and deliver improved solutions and outcomes for those they support
- C. Analysis and development of the local health and care market to identify gaps and encourage new and different providers in to the market place (building on four locality strategic needs and strengths assessments) such as Micro-Enterprise providers
- D. Ensure that health and care commissioning is integrated across organisations and designed around the delivery of outcomes

106. Feedback received on priority 3D and how it might be achieved included:
- Welcoming local communities informing decisions but seeking reassurance that the approach would not create a postcode lottery in service provision.
  - Respondents welcomed clarification on how budgets would be defined and distributed across Thurrock and how accountability for outcomes would be defined.
  - Some respondents believed that this approach might lend itself to creating additional bureaucracy and possible duplication.

**Respondents were asked if they wished to propose any new priorities and to rank priorities that had been proposed.**

107. As explained earlier in this report the council's online portal were provided with opportunities to propose new priorities within each of the domains. Respondents tended to provide feedback on wider strategy or consultation areas. Some priorities were proposed that were broadly reflected in those included elsewhere in the Strategy. This report therefore does not provide a detailed analysis of new priorities proposed within each domain.





#### Domain 4. Opportunity for All

108. Feedback was provided on this domain by residents who completed the online survey on the Council’s consultation portal and members of the public and partners attending community forums and meetings involving health and care system professionals.

#### Aims and ambitions

109. The proposed aim and ambition for this domain is for Thurrock to be a place of economic opportunity with inward investment to the borough and wider regeneration programmes creating new opportunities to the benefit of local communities.

110. We want to support the people in Thurrock to be aspirational, resilient and able to access high quality education and training; enabling them to develop skills to secure good quality employment and volunteering opportunities to live fulfilling lives and achieve their potential.

There is a gap in educational attainment that exists between deprived and non-deprived children. For example, between those receiving Free School Meals (FSM) and those not.

Skills levels in Thurrock are lower and numbers working in managerial, professional and technical occupations are lower than across the East of England and Great Britain. We want to take a life course approach to educational attainment looking at children and young people through to adult learners, working to improve attainment for the most disadvantaged.

Young people with fewer qualifications are more likely not to be in education, employment or training (NEET) after leaving school and find it more difficult to secure employment as they get older. Furthermore, young people classified as NEET are considered to be at greater risk of poor physical and mental health, being unemployed, and having low quality and low wage work in later life. We want to support more adult learners from vulnerable communities and disadvantaged areas to increase and develop new skills to support adults into high quality sustained employment

Economic growth does not generally impact equally upon areas; indices of deprivation<sup>3</sup> show that deprivation is not spread evenly across the borough but concentrated in particular areas that are in need of particular support. We want to create a vibrant local economy, encouraging investment in people and in places across Thurrock to benefit from the enormous opportunities generated through the Thames Freeport and other major developments. We want economic growth and investment benefitting communities, with people able to access the opportunities from this, including high quality employment to support a reduction in inequalities and levelling up the inequity within different groups of people.

### Respondents were asked if they are supportive of the aims and ambitions for the domain.

111. The majority of people providing feedback on this domain agreed with the overarching aims and ambitions. Key themes arising from comments provided by respondents comprise:
- a. Providing training and support for residents, both older and younger people to access employment opportunities, including encouraging employers to consider apprenticeships as a method of supporting local residents with gaining the experience.
  - b. Considering how to encourage employers, particularly those developing in Thurrock to employ a proportion of the workforce comprising Thurrock residents rather than employing people from outside of the Borough.
  - c. Employers considering offering a range of different employment opportunities, which would support residents with different needs and commitments, including for example, carers.
  - d. Employment opportunities being accessible for people who do not have access to a car and how transport links may support people accessing employment opportunities across Thurrock.
112. The Resource, Place and Delivery Group welcomed access to employment being a key influence on health & wellbeing in the proposals. The Group noted the links with mental health and long term unemployment, and suggested employment and growth-focused work should link with mental health service transformation within domain 1.

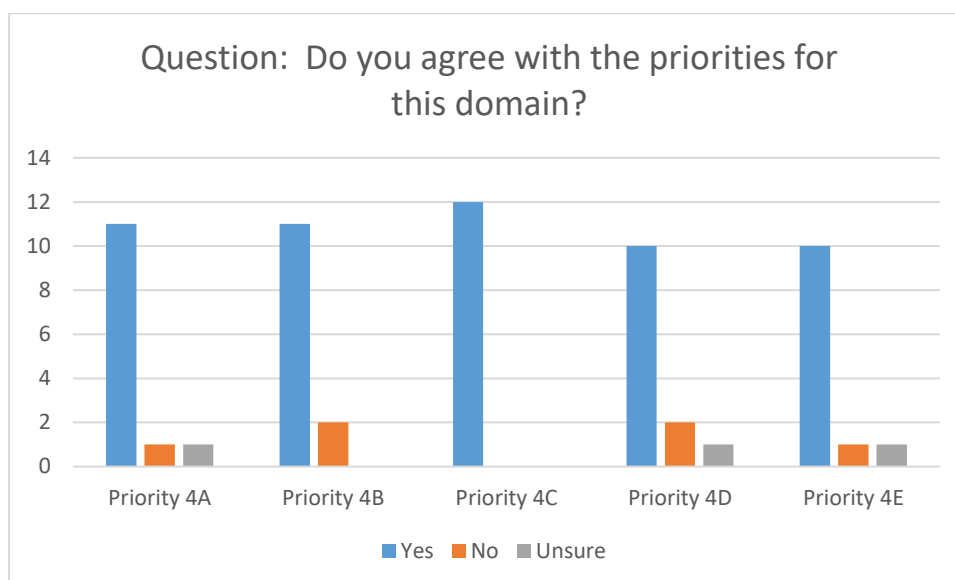
### Proposed priorities

113. A set of priorities identified to underpin this domain's aims and objectives and how they might be achieved were proposed. What follows is a description of each of the priorities and ideas on how they will be achieved.

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<sup>3</sup> <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

Respondents were asked whether they supported each of the priorities and agreed with proposals on how they might be achieved.



114. The vast majority of people providing feedback on this domain supported the proposed priorities.

**Proposed Priority 4A.**

**Through raising aspirations and reducing the disadvantage gap, all Thurrock children and young people are able to achieve their potential.**

How the priority will be achieved

This will be delivered through the Brighter Futures Strategy for children and young people:

- A. All children in Thurrock will be making good educational progress, with improved educational attainment for all disadvantaged children and young people.
- B. All young people supported to gain qualifications, skills and experience to progress into further and higher education, apprenticeships or sustained employment.
- C. Increase applications to higher education and apprenticeships from young people from disadvantaged backgrounds.

115. Feedback received on priority 4A and how it might be achieved included:
- Welcoming clarification on how children and young people will be supported to make good education progress and be provided with sustained educational support and access, reflecting the impact of the COVID Pandemic
  - Ensuring all children and young people, including children who have learning difficulties, are supported with their education and learning by ensuring, for example, that EHCPs are of a high quality and regularly reviewed.
  - Considering how the Strategy can help to ensure young people have an opportunity to gain work experience as well as qualifications as part of preparing them to gain future employment.

116. Feedback provided by attendees at one of the two CVS workshops acknowledged that while apprenticeships are generally a positive idea there are many young people who are excluded from these opportunities as minimum wage payment is not offered.

**Proposed Priority 4B**  
**Raising aspirations and opportunities for adults to continue learning and developing skills, with a focus on groups that can benefit most**

How the priority will be achieved

- A. Through identifying what the key skills needed are (e.g. literacy, numeracy, IT and resilience), adults and young people will be supported with developing these skills to increase access to opportunities for further skills development and employment.
- B. Collaborative working with the aim to ensure more adults access good quality careers advice, education and training to improve their prospects of finding and remaining in good jobs.
- C. An increased proportion of people in Thurrock are engaged in enterprise including social enterprise and volunteering.

117. Feedback received on priority 4B and how it might be achieved included:
- Ensuring that there are a wide range of courses available that are accessible in terms of both costs and where they are made available.
  - Training opportunities being made available for residents to support them with securing future employment opportunities but also to support wider health and wellbeing. For example, budgeting and healthy cooking.

**Proposed Priority 4C. Delivering the Backing Thurrock Plan in a way that supports the economically vulnerable in developing resilience and resulting in more residents being able to benefit from employment opportunities**

How the priority will be achieved

- A. More adults are able to access sustained employment and therefore a reduction in those needing to claim benefits
- B. Those from vulnerable groups or places in the borough who have lost jobs through the pandemic are supported so they are able to find work and benefit from opportunity to re skill or upskill where this is what they want to do.
- C. Partnership working will effectively link local residents to job opportunities in Thurrock, including in Anchor Institutions<sup>4</sup>, particularly people from vulnerable groups such as people with learning disability; where employers may benefit from support in identifying how skills can be matched to job roles, vacancies or employers.
- D. Opportunities will be maximized for residents to find and retain jobs during the construction and operation of the major regeneration projects.

118. Feedback received on priority 4C and how it might be achieved included:
- Welcoming more support being provided to older residents to participate in training opportunities to support future employment.
  - Considering how employment opportunities make work pay for residents and improve their lives, including those with caring responsibilities or those in receipt of benefits.
  - Ensuring all parts of the system are informed and can support residents, including for example, and linking with services that provide support to people with LTCs and Learning Difficulties.
  - Adopting wider communication methods to engage and inform residents across Thurrock of opportunities that are available, considering how local hubs may improve accessibility.
119. Attendees providing feedback at one of the two CVS workshops acknowledged the importance of communicating with residents and keeping systems simple and consistent. A consistent theme provided by respondents was the need to ensure residents are aware of support that is available to them and how to access it.

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<sup>4</sup> The term anchor institutions refers to large, typically non-profit, public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on the health and wellbeing of communities. (The Health Foundation [www.health.org.uk](http://www.health.org.uk) )

**Proposed Priority 4D.**

**Working in partnership to level up opportunity and reduce the inequality that exists physically and socially for people living in disadvantaged circumstances.**

How the priority will be achieved

- a) A holistic, joined up approach to levelling up will be taken through early intervention and support through a life course approach, starting with children and young people.
- b) A holistic approach will be taken to supporting the most vulnerable in the community, tackling inequalities and integrating skills and employment projects with for example DWP, NHS, and criminal justice, wellbeing and support services.
- c) Working collaboratively to develop opportunities for children and young people as well as adults to pursue leisure and cultural interests.

120. Feedback received on priority 4D and how it might be achieved included:
- Welcoming opportunities being provided to supporting people throughout their lives to access training and support to secure employment opportunities.
  - Considering how the Strategy can support encouraging employers to provide support for employees to pursue leisure and cultural interests and how that may be monitored.

**Proposed Priority 4E.**

**Creating a vibrant cultural offer and local economy, encouraging investment in people and in places across Thurrock to benefit from the enormous opportunities generated through the Thames Freeport and other major developments such as [SEE Park](#).**

How the priority will be achieved

- a) The Council will work with the Business Board and Anchor Institutions to establish new ways of working together by building on our strengths and collaborating to increase local recruitment, develop local supply chains, attract public and private inward investment and make best use of assets. Social Value opportunities will be explored in doing this.
- b) By taking a place-based approach, we will create the right conditions and environment for good economic growth and a strong community driven cultural offer.
- c) Enable residents to start and develop new businesses, including social enterprises that will grow and generate wealth and employment in Thurrock

121. Feedback received on priority 4E and how it might be achieved included:
- Providing more support for residents to start and develop new businesses, providing affordable rent for premises across the borough, supporting regeneration.
  - Reflecting the importance of new businesses in the borough considering and mitigating their carbon footprint as part of improving health and wellbeing of residents.
  - This was a view reinforced by the CCG Clinical Reference Group who were concerned about the collective impact of multiple developments including the London Resort & growth of local Ports. Access to public transport was

suggested to be important to reduce air pollution, but the group noted the difficulty in local policy addressing this issue against national policy

122. Feedback provided by the Resource and Place Delivery Group welcomed linking the refreshed HWB strategy metrics / outcomes to those being developed for Thames Freeport as part of enhancing alignment and improving outcomes.
123. Feedback acknowledged the importance of ensuring that residents are provided with opportunities for cultural and arts activities as part of supporting their health and wellbeing.

**Respondents were asked if they wished to propose any new priorities and to rank priorities that had been proposed.**

124. As explained earlier in this report the council's online portal were provided with opportunities to propose new priorities within each of the domains. Respondents tended to provide feedback on wider strategy or consultation areas. Some priorities were proposed that were broadly reflected in those included elsewhere in the Strategy. This report therefore does not provide a detailed analysis of new priorities proposed within each domain.

#### **Reflecting feedback in the refreshed strategy**

125. Feedback received during the consultation has directly influenced the content of the strategy in the following ways:
  - The aims and ambitions will remain broadly as proposed.



## Domain 5. Housing and the Environment

126. Feedback was provided on this domain by residents who completed the online survey on the Council's consultation portal and members of the public and partners attending community forums and meetings involving health and care system professionals

### Aims and ambitions

127. The proposed aim and ambition for this domain is for people on low incomes, in receipt of benefits and living in more deprived wards to have improved access to good quality, suitable homes and good quality environments. We will reduce the number of people at risk of homelessness and improve opportunities for people who are homeless to move to better housing situations.

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 availability of social housing. It can be challenging for some residents of Thurrock to afford high quality, suitable, secure homes. We want all housing across the Borough to be of good quality.

We know the suitability of a home can impact on health and wellbeing. Some people live in homes that are too small for the number of people living there, which can be bad for mental health and can impact on ability to study or work at home. We want to improve the quality of low cost private rental properties and social housing, so that residents on low income and in receipt of benefits will be at less risk of poor health due to their housing.

We know that people who have experienced domestic abuse and / or sexual violence are in particular need of support to find suitable housing. There has also been an increase in the number of people at risk of becoming homeless. We want people who are experiencing domestic abuse and / or sexual abuse to be able to move to homes that allow them to move on from their experiences.

The environment also impacts health positively and negatively; things like antisocial behaviour and air pollution, which are bad for health, tend to be worse in more deprived areas. Things like access to transport, shops, healthy food and nature tend to be better in less deprived areas and worse in more deprived areas. In Thurrock there are uneven challenges caused by antisocial behaviour such as noise, low levels of walking and cycling, obesity, air pollution, and poorer access to good quality parks and open space in more deprived areas. We want all people across the borough to have access to good quality parks and open spaces.



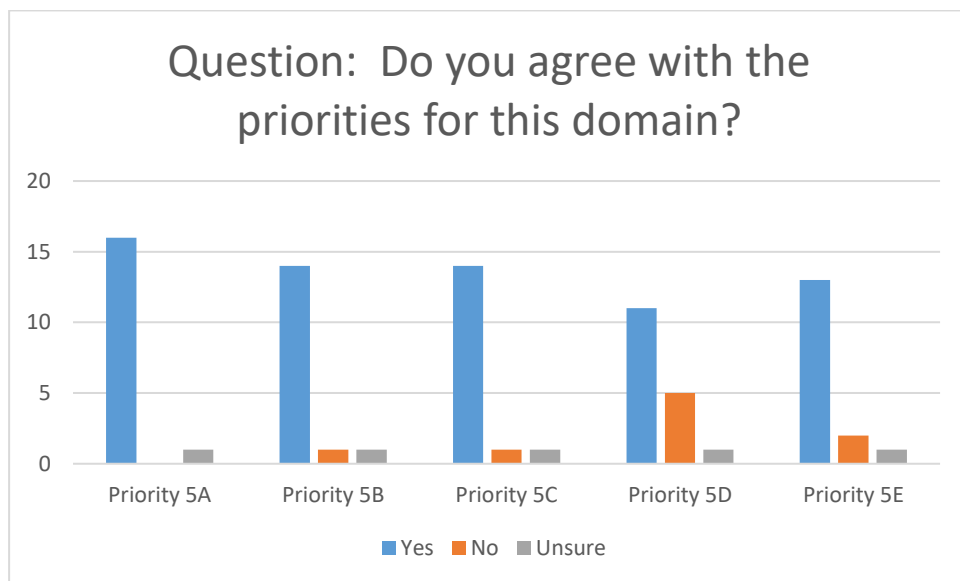
**Respondents were asked if they are supportive of the ambitions aims and ambitions for the domain.**

128. The vast majority of respondents providing feedback through the Council's consultation portal were supportive of the aims and ambitions for this domain. Respondents agreed with ambitions to make Thurrock a desirable place to live and work.
129. C and G Overview and Scrutiny Committee raised the merits of focussing on Housing and Environment as separate domains. The Committee thought each area would require a significant amount of work and had concerns that both being taken together would mean neither would get the attention they both needed

**Proposed priorities**

130. A set of priorities identified to underpin this domain's aims and objectives and how they might be achieved were proposed. What follows is a description of each of the priorities and ideas on how they will be achieved.

**Respondents were asked whether they supported each of the priorities and agreed with proposals on how they might be achieved.**



131. The vast majority of people providing feedback on this domain supported the proposed priorities.

**Proposed Priority 5A.  
Reduce homelessness in Thurrock**

How the priority will be achieved

- a. Identify people at risk of homelessness early and prevent homelessness by adopting a holistic offer across services. 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.
- b. Provide appropriate and timely support for people experiencing rough sleeping by sharing knowledge between partners to help identify those individuals.

132. Feedback received on priority 5A and how it might be achieved included:
- Feedback recognised the need to consider a people's multiple needs when addressing homelessness. Respondents welcomed being provided for families at risk of homelessness as well as individuals, including single men, being supported to secure suitable accommodation. Some feedback recognised, however, that for a multitude of reasons not every homeless person wants to be housed and the Strategy could include how they are provided with greater levels of support with their health and wellbeing.
  - Respondents acknowledged the importance of providing access to affordable, good quality housing for residents. This was supported by Housing Overview and Scrutiny Committee which suggested that consideration should be provided to providing affordable housing in the borough via the Housing Strategy, including affordable rents, matching salaries and establishing, for example, Thurrock Affordable Rent levels.

**Proposed Priority 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.**

How the priority will be achieved

- a. Thurrock Council will ensure properties are of good condition (safe, suitable) in the public sector.
- b. Thurrock Council will influence the quality of private housing stock through work such as the Well Homes programme. It is important to ensure these programmes reach priority groups such as people living with long term conditions.
- c. New homes will be developed that will keep people well and independent, based on recognised quality design standards.

133. Feedback received on priority 5B and how it might be achieved included ensuring all types of housing tenure is of a decent, acceptable standard and that maintenance of properties and land is considered alongside repair services. This was reinforced by Housing Overview and Scrutiny Committee which acknowledged the need to address poor housing conditions in Council stock and that damp has historically been difficult to address.

134. CCG Clinical Reference Group (CRG) High quality housing is important to health and wellbeing and welcomed this priority being proposed.

**Proposed Priority 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 the priority will be achieved

- a. Deliver 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.
- b. Review and revise the existing joint protocol for supporting those at risk of homelessness because they are fleeing domestic and sexual abuse.
- c. Implement Thurrock Council's new Housing Domestic Abuse Policy, ensuring all relevant council departments are aware and applying this.
- d. Improve public awareness of how victims/survivors can seek housing support.

135. Feedback received on priority 5C and how it might be achieved included recognising the impact of people fleeing experience challenges maintaining their networks of friends and community relationships.
136. Feedback acknowledged that housing is one part of the solution and respondents welcomed a single route to reduce the need for victims to repeat their stories and to ensure that they are provided with support to navigate the system.
137. Housing Overview and Scrutiny Committee welcomed the proposals and ensuring that support is provided to all people fleeing the circumstances outlined in this priority. domestic violence

**Proposed Priority 5D.**

**Regeneration and future developments will improve health through opportunities to increase physical activity, promote mental wellbeing and reduce exposure to air pollution**

How the priority will be achieved

- a. Active travel
  - i. Improve accessibility and equity of access through walking and cycling infrastructure and public transport to services; especially to education, employment, healthcare and nature. The priority will be to deliver these accessibility improvements where deprivation is most apparent.
  - ii. Reduce car dependency through a well-connected and sustainable transport system, which encourages a modal shift to more sustainable modes of transport such as walking and cycling, particularly in the urban areas.
  - iii. Minimising traffic growth and encouraging a shift in new developments and regeneration projects to reduce the risk of air pollution and help connect more residents to each other and to open space and nature.
- b. Green and open space, parks and gardens
  - i. Adopt a whole council approach to prioritising park maintenance and improvements, to increase the quality and experience, especially in areas where access is poorest and where health outcomes related to physical inactivity and mental health are worse.
  - ii. Create connected green paths so that every resident is within walking distance of green space, for example as part of the SEE Park development.
  - iii. Local Plan Design Principles, Policy and Strategy, and the design of new neighbourhoods, will focus on opportunities to increase physical activity, promote mental wellbeing and reduce exposure to air pollution

138. Feedback received on priority 5D and how it might be achieved included welcoming consideration being given to how people travel across the borough and the importance of transport links. The CCG Clinical Reference Group and Resources, Place and Delivery Group agreed that access to public transport and active travel may be an important factor improving air quality and reducing pollution.

139. Feedback included recognising the importance of providing public facilities to facilitate active travel including, for example, public toilets.

140. Feedback overwhelmingly referenced the importance of air quality to health and wellbeing. The CCG Clinical Reference Group provided feedback on the importance of tackling Air Pollution in Thurrock. The group was concerned about the collective impact of multiple developments including the London Resort & growth of local Ports. Air quality was also major concern raised by Children's Overview and Scrutiny Committee.

141. Feedback acknowledged the importance of ensuring that residents are provided with opportunities for sports, leisure, cultural and arts activities as part of supporting their health and wellbeing. Particularly if services or facilities are closed or are relocated.

**Proposed Priority 5E.**

**Regeneration and future developments will seek to build community resilience and social capital, and reduce antisocial behaviour, to improve the quality of environment experienced by all people in Thurrock.**

How the priority will be achieved

- a. A responsive service should be provided to all residents and tenants experiencing anti-social behaviour.
- b. Local Plan Design Principles, Policy and Strategy, and the design of new neighbourhoods, will focus on opportunities to enhance community resilience and social capital, and reduce antisocial behaviour

142. Feedback received on priority 5E and how it might be achieved included the importance of creating sustainable, future proofed developments including, for example, the provision of electric charging points. This was reinforced by Housing Overview and Scrutiny Committee.

143. Respondents acknowledged the impact of ASB on health and wellbeing and the importance of designing out crime in new developments. Feedback also suggested that consideration should be provided to how to facilitate anonymous reports of ASB when it occurs.

**Respondents were asked if they wished to propose any new priorities and to rank priorities that had been proposed.**

144. As explained earlier in this report the council's online portal were provided with opportunities to propose new priorities within each of the domains. Respondents tended to provide feedback on wider strategy or consultation areas. Some priorities were proposed that were broadly reflected in those included elsewhere in the Strategy. This report therefore does not provide a detailed analysis of new priorities proposed within each domain.



## Domain 6 Community Safety

145. Feedback was provided on this domain by residents who completed the online survey on the Council's consultation portal and members of the public and partners attending community forums and meetings involving health and care system professionals

### Aims and ambitions

146. The proposed aim and ambition for this domain is to ensure that Thurrock is a place where people feel and are safe to live, socialise, work and visit. We will also ensure that victims/survivors of crime are able to access support to cope and recover from their experiences, should they need it.

Fear of crime is linked to poorer mental health, decreased physical functioning, lower quality of life and may be a barrier to engaging in health improving activities including outdoor activities such as walking. We want people feeling safer within their communities and increased public perceptions of safety.

We know that certain groups are more likely to be the victims of crime, including; women and girls, children and young people, the elderly and those with learning difficulties and disabilities. Crimes disproportionately affecting these groups include but are not limited to domestic abuse, sexual violence and abuse, fraud, scams and cuckooing. We want to increase public understanding regarding approaches to local crime prevention

Experiencing crime may impact on a victims' physical health, mental health and emotional wellbeing. These impacts are often dependent on the type of crime experienced and can persist long after the abuse has ended. We want to improve our local, joined up response to crime, particularly sexual violence and abuse. This includes improving responses to disclosure, minimising the number of times survivors are required to tell their story to professionals and ensuring holistic offers of support are available.

Thurrock has the second highest rate of recorded violence with injury offences against young people aged 10-24 in Essex and the 4th highest rate of ambulance call outs to young people because of violence. We will work in partnership to tackle violent crime and its impacts on victims and the wider community.

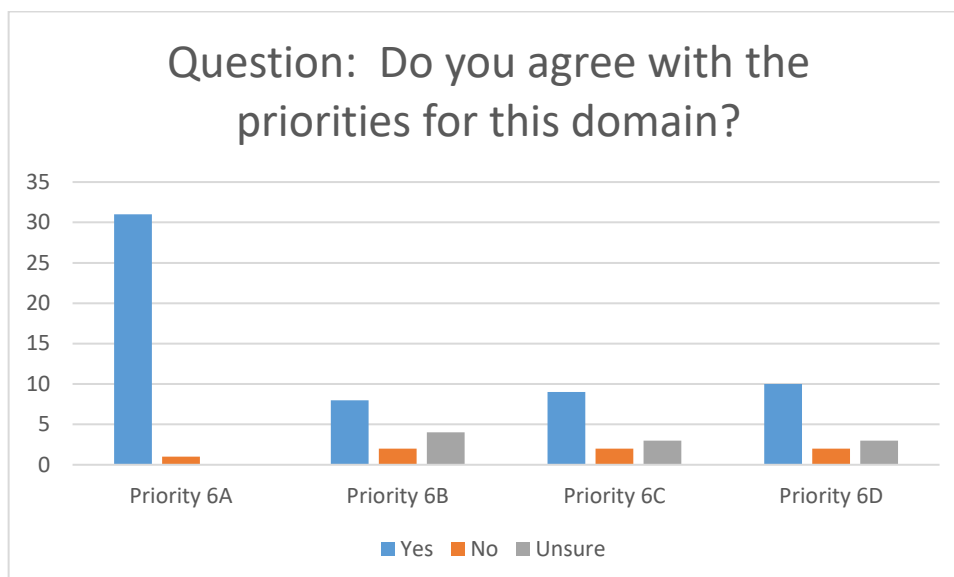
**Respondents were asked if they are supportive of the ambitions aims and ambitions for the domain.**

- 147. Feedback received on this domain supported the aims and ambitions and welcomed the focus being on all victims of crime.
- 148. The importance of different sectors working together was acknowledged by attendees providing feedback at one of the two CVS workshops.

**Proposed priorities**

- 149. A set of priorities identified to underpin this domain’s aims and objectives and how they might be achieved were proposed. What follows is a description of each of the priorities and ideas on how they will be achieved.

**Respondents were asked whether they supported each of the priorities and agreed with proposals on how they might be achieved.**



- 150. Respondents tended to agree with the priorities and proposals on how they might be achieved.

**Proposed Priority 6A.**  
**We want all children to live safely in their communities**

How the priority will be achieved

- a) Facilitate a coordinated strategic approach to tackle Serious Youth Violence and Vulnerability
- b) Continue to tackle Exploitation by Organised Crime Groups (i.e. gang related activity) including the use of offensive weapons, and support young people and vulnerable people at risk of being exploited by gangs (including cuckooing)
- c) Ensure a multi-agency approach to tackling Child Sexual Exploitation and ensuring all possible actions are taken to protect victims

151. Feedback received on priority 6A and how it might be achieved included recognising the importance of educating and informing children, young people and their facilities to tackle exploitation and youth violence.
152. Housing Overview and Scrutiny Committee welcomed the strategy's focus on crime and how it might support addressing rising crime rates including violent crime.

**Proposed Priority 6B**

**Work in partnership to reduce local levels of crime and opportunities for crime to take place, which will result in fewer victims of crime and make Thurrock a safer place to live**

How the priority will be achieved

- a) Work in partnership to strengthen local approaches to reducing crime including designing out crime
- b) Strengthen local approaches to reducing crime through early intervention with those displaying harmful behaviours
- c) Implement a Contextual Safeguarding Approach across the Thurrock Partnership in order to keep children and young people safe and disrupt criminal activity and exploitation
- d) Implement approaches to reduce perpetrator offending, with a targeted focus on scams, modern slavery, adult sexual exploitation, cuckooing and hate crime
- e) Consult with residents in order to address locations of concern and increase public perceptions of safety

153. Feedback received on priority 6B and how it might be achieved included acknowledging the impact of the fear of crime and the importance of police or authority visibility in addressing the fear of crime. It was suggested in feedback that the fear of crime has increased in the borough with many people scared to go out at night, especially in town centres and estates. This was a view reinforced by Housing Overview and Scrutiny Committee.
154. It was suggested that consideration could be provided to creating more accessible channels for people's fears and concerns to be heard and a safeguarding matters can be raised with confidence was provided in feedback. This was supported by attendees providing feedback at one of the two CVS workshops.



**Proposed Priority 6C.**

**Improve the local response to supporting victims/survivors of crimes to improve their health and wellbeing**

How the priority will be achieved

- a) Work in partnership to enhance holistic approaches to supporting victims/survivors cope and recover from their experiences, including physical and mental health outcomes
- b) Consult with victims/survivors of crime to understand the barriers and facilitators to accessing support in order to inform local service provision
- c) Prioritise the identification and offer of support to those who have experienced abuse/exploitation during the COVID-19 pandemic
- d) Upskill the workforce to identify victims/survivors of crimes and respond appropriately to disclosures

155. Feedback received on priority 6C and how it might be achieved included ensuring services consider the needs of victims and the wider support that they may need.

**Proposed Priority 6D.**

**Work in partnership to prevent and deter crime, with a focus on those with increased risk of experiencing crime**

How the priority will be achieved

- a) Provide strong local leadership to transform the way we tackle Violence Against Women and Girls, with a key focus on domestic abuse and sexual violence and abuse
- b) Ensure a dedicated focus on safeguarding vulnerable groups and those with increased likelihood of being the victims of crime and exploitation

156. Feedback received on priority 6D and how it might be achieved included acknowledging the need to provide support to all victims of crime.

**Respondents were asked if they wished to propose any new priorities and to rank priorities that had been proposed.**

157. As explained earlier in this report the council's online portal were provided with opportunities to propose new priorities within each of the domains. Respondents tended to provide feedback on wider strategy or consultation areas. Some priorities were proposed that were broadly reflected in those included elsewhere in the Strategy. This report therefore does not provide a detailed analysis of new priorities proposed within each domain.



## Next Steps

### Reflecting consultation feedback

158. The final health and wellbeing strategy proposals will be developed, reflecting feedback received as part of the consultation exercise. It is recommended that consideration is given to reflecting the contents of this report in the final strategy which include:

- Revision of one of the Goals in Domain 1, healthier for longer domain to focus entirely on promoting good mental health and reducing mental ill health and substance misuse in Thurrock Council, to reflect a priority identified by consultation respondents.
- Refreshing the Whole System Obesity Strategy to ensure it encompasses all the issues raised and responds to the impact of Covid
- For domain 2, Building strong and cohesive communities, there should be more explicit reference to digital exclusion as a challenge.
- For domain 5, housing and the environment include measures and actions to reduce air pollution and to address climate change in the final strategy in response to community feedback
- Inform Local Plan policies and Health Impact Assessments (HIAs) for major new developments will consider a full range of health and wellbeing issues including for example: Active Travel and Public Transport; access to green and open spaces; air quality; the food environment.
- Use Development Management, the Housing Strategy and the Local Plan as vehicles which aim to deliver a provision of 35% of the total number of residential units built to be affordable housing.
- It should take into account feedback that not all homeless people wish to be re-housed but still require support with health and wellbeing perhaps refer to the goal as: *Identifying people at risk of homelessness early, preventing homelessness by adopting a holistic offer across services, and **addressing 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.*

### Finalising the strategy and ongoing monitoring and reporting of progress

159. As a Statutory document the final strategy proposals will be subject to consideration by governance bodies of partners and the councils and approval of the Health and Wellbeing Board.

160. Following approval of proposed domains and underpinning priorities further work will be undertaken to establish the current position (baseline) for each of the

priorities, and the identification of outcomes and measures to facilitate the monitoring of progress

161. Governance will continue to be strengthened with the monitoring and reporting of strategy priorities being overseen and reported to Board.
162. The Strategy will be published in the summer.
163. The Strategy will be a live document that is regularly reviewed and progress, along with any proposed changes to the Strategy priorities, will be reported to the Health and Wellbeing Board on an annual basis.