

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

Health and Wellbeing Board

The meeting will be held at **10.30 am on 9 December 2022**

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

Membership:

Elected members

- Cllr D Arnold (Chair),
- Cllr B Johnson, Cllr S Ralph, Cllr S Liddiard, Cllr S Muldowney

Elected member substitutions as agreed at Full Council on 29 June 2022 comprise:

- Cllr Carter
- Cllr Halden

Wider membership

- Corporate Director of Adults, Housing and Health * (Ian Wake) – Interim Arrangements. Les Billingham Director ASC
- Corporate Director of Children's Services * (Sheila Murphy)
- Director of Public Health* (Jo Broadbent)
- Executive Lead Mid and South Essex Health and Care Partnership & Joint Accountable Officer for its 5 CCGs (Anthony McKeever)*
- NHS Thurrock Alliance Director (Interim), MSE ICP (Stephen Porter)
- Chief Operating Officer HealthWatch Thurrock * (Kim James)
- Chair: Thurrock NHS Clinical Commissioning Group or a clinical representative from the Board (Dr Anil Kallil)
- Chair Thurrock Community Safety Partnership Board / Director Public Realm (Julie Rogers)
- Chair of the Adult Safeguarding Partnership or their senior representative (Jim Nicholson)
- Thurrock Local Safeguarding Children's Partnership or their senior representative (Sheila Murphy)
- Director level representation of Thurrock, North East London Foundation Trust (NELFT) (Gill Burns)
- Partnership Director, Thurrock Council, NELFT and EPUT (Rita Thakaria)
- Executive member, (Mid and South Essex NHS Foundation Trust) Hannah Coffey / Michelle Stapleton)
- Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT) (Alex Green)
- Thurrock CVS (representative to be confirmed)
- Managing Director Fiona Ryan. Basildon & Thurrock University Hospital Trust
- Essex Police (Jenny Barnett CH/SUPT 42081127) / Chief Constable BJ Barrington.

Agenda

Open to Public and Press

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1 Welcome and Introductions	
2 Minutes and Action Log	5 - 14
To approve as a correct record the minutes of the Health and Wellbeing Board meeting held on 28 October 2022.	
3 Urgent Items	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	
4 Declaration of Interests	
5 HWB Strategy Domains in focus - setting out plans for delivery. Domain 3 - Person Led Health and Care	15 - 38
<ol style="list-style-type: none">1. Members are asked to note that the covering report for this item is also provided for item 6.2. This item provides a summary of Domains 3 and 5, priorities and setting out plans for delivery, year one.	
6 HWB Strategy Domains in focus - setting out plans for delivery. Domain 5 - Housing and the Environment	39 - 50
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This is an external report and on this occasion the HWB covering report template has not been used.	

Queries regarding this Agenda or notification of apologies:

Please contact Claire Dixon, Acting Business Manager AHH by sending an email to Claire.Dixon@thurrock.gov.uk. Agenda published on: **1 December 2022**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

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

Helpful Reminders for Members

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

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

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



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

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

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

What is a Non-Pecuniary interest? – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- **Not participate or participate further in any discussion of the matter at a meeting;**
- **Not participate in any vote or further vote taken at the meeting; and**
- **leave the room while the item is being considered/voted upon**

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

Non- pecuniary

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



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

Our Vision and Priorities for Thurrock

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

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

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

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

PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 28 October 2022 10.30am-12.30pm

Present: Councillor Arnold (Chair)
Councillor Carter
Councillor Liddiard
Councillor Ralph
Jo Broadbent, Director of Public Health
Sheila Murphy, Corporate Director for Children's Services
Stephen Porter, Interim Director, Thurrock Alliance
Jim Nicholson, Adult Safeguarding Board
Kim James, Chief Operating Officer, Healthwatch Thurrock
Gill Burns, Director of Children's Services, Director, North East London Foundation Trust (NELFT)
Jenny Barnett, Chief Superintendent, Essex Police

Apologies: Councillor Johnson
Councillor Muldowney
Les Billingham, Interim Director for Adult Social Care
Rita Thakaria, Partnership Director, Adults Health and Social Care (Thurrock Council/EPUT/NELFT)
Julie Rogers, Chair Thurrock Community Safety Partnership Board / Director of Public Realm
Claire Panniker, Chief Executive, Mid and South Essex NHS Foundation Trust
Alex Green, Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT)
Andrew Pike, Executive Member, Mid and South Essex NHS Foundation Trust
Michelle Stapleton, Interim Director of Operations, Mid and South Essex NHS Foundation Trust
Hannah Coffey, Executive Member, Mid and South Essex NHS Foundation Trust
Anthony McKeever, Chief Executive of the Mid and South Essex Integrated Care Board
Dr Anil Kallil, Mid and South Essex Integrated Care System
Stephen Mayo, Director of Nursing – Patient Experience, Mid and South Essex Integrated Care System
Karen Grinney, HM Prison and Probation Service

Guests: Ceri Armstrong, Thurrock Council
Michelle Cunningham, Thurrock Council
Christopher Smith, Thurrock Council
Dan Jones, Thurrock Council

1. Welcome, Introduction and Apologies

Due to technical difficulties, the meeting started at 10.47am.

Colleagues were welcomed and apologies were noted. Cllr Carter advised he was attending on behalf of Cllr Johnson.

2. Urgent Items

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

3. Declaration of Interests

There were no declarations of interest.

4. Minutes / Action Log

The minutes of the Health and Wellbeing Board meeting held on 5 August 2022 were approved as a correct record.

Members reviewed the action and decision log, and this was updated accordingly.

5. Health and Wellbeing (HWB) Strategy Domain in focus – Domain 1 Healthier for Longer. Summary of domain and priorities and setting out plans for delivery, year one.

This item was presented by Jo Broadbent, Thurrock Council. Key points included:

- The Health and Wellbeing Board had previously agreed to receive an annual update on each Domain of the Health and Wellbeing Strategy as part of governance and oversight of the Strategy's delivery plan.
- Domain 1 (Healthier for Longer) aims 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 considerable scope to improve both length and quality of life across Thurrock and to reduce variations between different groups in the community. This is to be achieved through improving promotion of good health, prevention of poor health and quality of care for long term health conditions.
- Goal 1A relates to smoking and obesity which are two key health challenges. Smoking rates are falling year on year, however, in Thurrock they remain higher than the average rate in England.
- As part of reducing the proportion of people in Thurrock who smoke, recommendations made in the recent Tobacco Control Joint Needs Assessment (JSNA) will be included within a Whole System Tobacco Control Plan for Thurrock. Initiatives will target high prevalence communities, including children and young people to prevent them from becoming addicted to smoking.
- Treatment services will also support increasing numbers of smokers to quit through provision of stop smoking services focusing on high

prevalence communities, including the eight most deprived wards in Thurrock and people with mental health conditions.

- In relation to reducing obesity, the all-age Thurrock Whole System Obesity Strategy will be refreshed and implemented.
This includes stakeholder engagement to co-produce a shared vision and actions that tackle overweight and obesity and implementation of a life course approach to supporting healthy weight and reducing obesity.
- Goal 1B aims to build on recent improvements in identification and holistic management of long-term mental health conditions. This includes addressing gaps in mental health and addiction services, providing seamless holistic support across the totality of needs impacted by poor mental health and addiction. This also includes the transition from young people's services to adult provision.
- The recently completed Substance Misuse Health Needs Assessment will be used in the recommissioning of substance misuse services and will support the narrative of the Combatting Drugs Partnership.
- Goal 1C aims to continue to enhance the identification and management of Long-Term Conditions to improve physical and mental health outcomes for all.
- This goal intricately links to the topic of the Annual Public Health Report for 2022 and will continue to use Public Health data as part of an evidence led approach. Furthermore, the stretched QOF initiative will continue, with particular focus on areas which can make the greatest improvement.

During discussions, the following points were made:

- Members reiterated the need for a whole system approach to tackling smoking and obesity. The prevalence of fast-food establishments was raised as an external factor that has an impact on obesity rates within the borough.
- It was noted Public Health are working closely with Public Realm colleagues regarding the Local Plan and the development of super zones within the borough. This initiative looks at the built and green environment around a specific area, such as schools in areas of the borough with high health needs.
- Colleagues were advised there is a good uptake of physical health checks for those with serious mental health issues, however, identified issues following this are not as good. This is being addressed by those involved in the new Integrated Primary and Community Care (IPCC) mental health model.
- There is limited information available regarding cannabis use and as part of recommissioning of substance misuse services, stakeholders will consider the most effective ways to capture the necessary data with the resources available.
- Members considered the wider aspect of lung health in Thurrock as the borough has a heavy industrial presence including infrastructure relating to ports and transportation, therefore addressing air pollution is also key. Many children within Thurrock have respiratory issues therefore smoking is only one element of lung health.
- Colleagues recognised the current cost of living challenges and in light of this and the possibility of reviewing plans and ambitions of key strategic documents, such as the HWB Strategy and the Better Care Together Thurrock: The Case for Further Change. A steering group

has already been established in relation to fuel poverty therefore this group could review the key Strategies as part of the wider cost of living focus.

- The fuel poverty steering group is jointly led by Health and Housing colleagues and looks at data regarding debt, poverty and health needs that are exacerbated by fuel poverty. A bid via the Backing Thurrock initiative has been submitted for additional capacity to provide advice to residents regarding fuel poverty and the cost of living through the Housing department's existing structures.
- Members noted the CVS has arranged a cost-of-living event in December which will bring together organisations to discuss and map what help is being offered to residents, such as warm spaces. Representatives from the Food Banks and the Food Coordinator for Thurrock are due to attend to promote community kitchens and provide guidance on how to make a meal with food available from the Food Banks. Colleagues were encouraged to join the event.

Action: Kim James to liaise with Stephen Porter to promote the CVS cost of living event in December through Health colleagues.

- Members reiterated that a holistic approach of a wraparound service with mental health professionals working alongside weight management and smoking cessation programmes is key for residents to live healthier for longer. Furthermore, the partnership working with health partners and the establishment of the Integrated Medical and Wellbeing Centres (IMWCs) is also key to delivering the aims and ambitions outlined within the HWB Strategy.

Decision: Members considered and commented on the plans for delivering Domain 1 (Healthier for Longer) of the HWB Strategy.

6. HWB Strategy Domain in focus – Domain 6 Community Safety. Summary of domain and priorities and setting out plans for delivery, year one.

This item was introduced by Michelle Cunningham, Thurrock Council. Key points included:

- Domain 6 (Community Safety) aims to ensure that Thurrock is a place where people feel and are safe to live, socialise, work and visit. It aims to ensure that victims/survivors of crime can access support to cope and recover from their experiences. These aims are linked to the delivery plan and priorities of the Community Safety Partnership.
- The focus for Goal 6A is for all children in Thurrock to feel safe and be safe in their communities. This priority will primarily be achieved through facilitating a coordinated strategic approach to tackling Serious Youth Violence and Vulnerability. This includes delivery of the Brighter Futures Strategy's Strategic Priority 3 and the implementation of the recommendations from the 2019 Annual Public Health Report 'Youth Violence and Vulnerability'.
- Goal 6B relates to the reduction of crime levels and the safety of residents. This priority will be supported through the establishment of a Combatting Drugs Partnership for Thurrock - a multi-agency forum

that is accountable for delivering the outcomes contained within the National Combating Drugs Outcomes Framework. Furthermore, approaches will be implemented to reduce perpetrator offending, with a targeted focus on scams, modern slavery, adult sexual exploitation, cuckooing and hate crime.

- Goal 6B also recognises a strategic planning approach to designing out crime is needed to increase public perceptions of safety.
- The delivery mechanisms for Goal 6C are the Thurrock Violence Against Women Strategic Action plan and implementing the recommendations from the 2020 Sexual Violence and Abuse Joint Strategic Needs Assessment. This includes working in partnership to enhance holistic approaches to supporting victims/survivors cope and recover from their experiences. This also incorporates experiences of men and boys as victims of violence.
- For Goal 6D, the priority focuses on protecting residents from being victims of crime, with a targeted approach to those with increased risk of experiencing exploitation and abuse. The delivery mechanism for this priority is the implementation of the Minerva project by responding to identified geographical areas with increased risk of crime against women and girls.
- In addition, links will be made with Council-wide work to deliver a more individualised transition of vulnerable young people from children's to adult services.

During discussions the following points were made:

- Members discussed how to prevent females becoming at risk of exploitation via county lines and the use of social media platforms, particularly 'Only Fans'.
- Colleagues considered the need to educate young men too in relation to exploitation via social media platforms as there is potential to earn considerable amounts of money. It was noted that Essex Police are collaborating with the Local Authority to tackle exploitation of young people.

Action: Michelle Cunningham to consult with partners to investigate the use of 'Only Fans' for the exploitation of young females and to provide an update to members of the Board at the next meeting in December.

- Members welcomed the multiagency and whole system approach outlined within the report, particularly the transition from children's to adult services. This is also a key priority for both the Safeguarding Children's Board and the Adult Safeguarding Board and reiterates a partnership approach.
- The Board considered the rates of domestic violence against women (one in four) which is double that of men. As part of the HWB Strategy's levelling inequalities aims, colleagues supported the nomination of Champions for Violence Against Women and Girls in Thurrock.
- It was recognised there is also a supportive domestic violence service within the Housing department and a political Champion would help to strengthen this agenda further.

Action: Michelle Cunningham to provide the Board secretariat with details of the Champion process, this will then be sent to political members for consideration by 25 November 2022.

- The difficulties of men reporting domestic violence were noted and that training would be beneficial in this area. Colleagues were advised this will be outlined within the Violence Against Women and Girls Strategy and will be presented at the Cleaner, Green and Safer Overview and Scrutiny meeting in January 2023.
- Members discussed the merit of an appendix for each Domain of the HWB Strategy which contains links to the relevant underpinning strategies. This provides an opportunity for colleagues to gain further insight and understanding of each of the key areas.

Decision: Members agreed the underpinning strategies for each Domain of the HWB Strategy are to be added as an appendix as part of the annual updates to the Board.

Action: Appendices for Domains 1 and 6 will be supplied to the Board at the next meeting.

Decision: Members considered and commented on the plans for delivering Domain 6 (Community Safety) of the HWB Strategy.

7. Better Care Fund (BCF) Annual Plan approval

This item was introduced by Christopher Smith, Thurrock Council. Key points included:

- Thurrock's initial Better Care Fund Plan, and Better Care Fund Section 75 Agreement between the Council and NHS, was approved in 2015. The focus of the Better Care Fund to date has been on adults aged 65 and over who are most at risk of admission to hospital or to a residential care home.
- The planning requirements for the Better Care Fund Plan for 2022/23 were published by NHS England on 19 July 2022 with a deadline for submission of 26 September 2022. The combination of the short timeframe and the summer holiday did not allow the presentation of the Plan to the Board prior to submission. The Plan has been submitted, and scrutiny by NHS England is underway, with approval letters expected by 30 November 2022.
- The Better Care Fund Plan 2022/23 has been developed to reflect the new strategy for adult services – Better Care Together Thurrock: The Case for Further Change 2022-26. A programme of reviews has commenced which will ensure that all services commissioned fully reflect and are in alignment with the new strategy, as well as meeting the National Conditions, and demonstrating best value for money.

During discussions the following points were made:

- Members noted the fund will be reviewed in March 2023 to ensure the right providers are in place to deliver the shared goals of the Council and the NHS Mid and South Essex Integrated Care Board.
- It was recognised lengthy bureaucratic processes need to be reduced as part of the review and that this was accomplished during the pandemic, therefore it should remain an approach for the future. The Continuing Health Care pathway is an example of collaborative working whilst reducing the bureaucratic burden on organisations.
- Colleagues thanked Stephen Porter for his input and engagement as Interim Alliance Director as it was noted this would be his last Board meeting. A handover period will begin shortly with Aleksandra Mecan, and both may be joint members of the Board for a period of time.
- It was noted an offer of support has been provided from the NHS and Local Government Association in relation to systems to address hospital discharge issues and reducing delay of care. This will provide an independent and external perspective to help improve the Better Care Fund for next year.
- It was reiterated integrated governance arrangements for the Better Care Fund are essential to help raise challenges and problem solve. As part of this approach, further collaboration with Healthwatch and the wider CVS would be beneficial.
- Members acknowledged the market is fragile and there is a need to encourage new providers to diversify services; a Commissioning Board across the system would be beneficial in this instance. There is also a need to highlight the role of micro-providers and change the narrative about who can provide and what services are needed.

Decision: Members approved the Better Care Fund Plan for 2022/23.

8. Initial Health Assessments

This item was introduced by Dan Jones, Thurrock Council. Key points included:

- The Board previously agreed a target of 90% of Initial Health Assessments (IHAs) being completed on time and to the required standard in July 2020. An update was provided to Board in December 2020 which suggested performance had been improving.
- IHAs must be conducted by a registered medical practitioner who is ideally a paediatrician therefore joint working with partners in Health is required. These assessments identify any existing health problems and deficits in previous healthcare and provide a baseline for managing the child's future health needs.
- There are clear arrangements in place with local Health partners whereby referrals for an IHA should be completed within five working days of a child becoming looked after and sent to Health. The IHA appointment will then be arranged, the child seen and assessed within 28 days (20 working days) of entering care and a subsequent report sent to the Local Authority. Most children are referred within the five working day referral window and referrals are tracked weekly to ensure children receive an IHA even when this occurs out of timescales.

During discussions the following points were made:

- Members noted that the demand for IHAs (particularly for out of area placements) has nearly doubled therefore causing capacity issues for Health services as appointment slots cannot be increased and paediatric availability remains limited. Digital solutions are in the process of being considered to meet the IHA target.
- Concerns were raised that the information provided regarding the out of borough demand for IHAs was not previously flagged to Children's Services therefore the report presented to the Board is not a complete representation.
- Members reiterated that the IHAs are a statutory duty and therefore capacity issues should have been escalated to senior leadership teams as performance is poor for the small numbers of IHAs required in Thurrock.
- It was noted a separate Health report regarding IHAs was presented at the recent Corporate Parenting Committee which does provide information relating to capacity and resource issues, however, this has not been provided to the Health and Wellbeing Board.
- Colleagues discussed the need for innovative and creative initiatives to meet the 90% target, for example through digital solutions as increased funding has not provided an increase in capacity.
- Members noted the pressure on Health staff in this area and that staff have hosted consultation events to create additional capacity. Colleagues were reassured this issue has been escalated to the relevant senior officers within the system, however, there is a considerable peak in demand across Essex and subsequent outside of borough placements. Health colleagues have a responsibility to all children and are unable to prioritise a specific area.
- It was noted Looked After Children remain the responsibility of their home authority, therefore there are Thurrock children outside of the borough who will be accessing IHAs from other health authorities.

Action: An updated report is to be presented at the next Board meeting and will be taken as an urgent item. Dan Jones and Helen Farmer will jointly present this.

9. Annual Public Health Report

This item was introduced by Jo Broadbent, Thurrock Council. Key points included:

- The topic of the 2022 Annual Public Health Report is 'Reducing the impact of Cardiovascular Disease in Thurrock'.
- Cardiovascular disease (CVD) is the main clinical cause of premature mortality, with one in four premature deaths (under the age of 75) due to CVD.
- CVD is also the main clinical driver of health inequalities, as premature mortality from CVD is higher in more deprived groups, and people living with Severe Mental Illness (SMI) and Learning Disability.
- The report highlights that a focus on CVD prevention provides the greatest potential to reduce health inequalities and reduce premature mortality.

- Life Expectancy in Thurrock is the lowest in Mid and South Essex and lower than the England average for both men and women. Thurrock has the highest premature mortality in Mid and South Essex, and the second highest rate of CVD premature mortality, which is higher than the England average.
- For people living with SMI, Thurrock has the second highest premature CVD mortality rate in England.
- However, there have been several improvements in CVD care since 2016, including:
 - The first Integrated Medical and Wellbeing Centre (IMWC) has opened in Corringham, with three more to follow;
 - Annual diagnoses of hypertension have increased, and the diagnosis gap in Thurrock is the smallest in Mid and South Essex;
 - Management of hypertension in all Thurrock PCNs compares well with national targets;
 - Management of atrial fibrillation has improved in Thurrock and now exceeds national targets;
 - There is still a substantial diagnosis gap for high cholesterol, but the quality of care for those on Coronary Heart Disease registers is high
- The report outlines several recommendations, including:
 - Workforce – Thurrock remains significantly under doctored and has the third highest GP list size in England. This remains a concern and PCN capacity is being considered;
 - Targeting of services – the NHS Health Checks is a universal programme; however, specific targeting of services would be beneficial. This would include known groups within the community who have CVD and blood pressure concerns;
 - Service model – this includes new care models which build in cultural shifts and promote patient activation and coaching.
- The recommendations will be taken forward through the Better Care Together Thurrock working group on Population Health and Inequalities. Actions will include:
 - Continued quality improvement in primary care services for CVD;
 - Embedding a more holistic, co-produced approach to long term conditions care;
 - A focus on reducing inequalities in CVD outcomes, particularly for people from a minority ethnic background, people with serious mental illness and people with learning disabilities.

During discussions the following points were made:

- Members noted there is considerable ongoing work to encourage GPs into Thurrock and a report regarding under doctoring within Thurrock will be presented at the next Health and Wellbeing Oversight and Scrutiny Committee (HOSC).

Action: The under doctored position in Thurrock HOSC paper is to be added to the Board forward planner for future discussion.

- Members considered the lack of engagement with Primary Care Services and that every contact counts. As part of this engagement, residents should be encouraged to be more aware of their own health, including their blood pressure which can be measured at home or in a community setting such as Community Hubs or libraries. If high blood pressure is identified, residents will need access to GP appointments to address this issue therefore the under doctoring issue within Thurrock is a concern.
- Members noted Integrated Locality Working Groups and Community and Reference Boards are being established which will provide the local community with a voice on how to provide their feedback on clinically focused questions.
- Members reiterated that early detection, monitoring, and control is a vital part of prevention and that QOF registers provide an incentive for GPs.

Action: Stephen Porter to provide the Chair with the latest data from the QOF registers.

- Members noted that community engagement can influence health outcomes within the borough. For example, funds were raised by a resident for defibrillators to be distributed across the borough and now every school in Thurrock is equipped with a defibrillator.

Decision: Members of the Board noted the contents of the Annual Public Health Report 2022 and approved its publication.

The meeting finished at 12:35pm.

CHAIR.....

DATE.....

9 December 2022	ITEM: 5 and 6
Health & Wellbeing Board	
Thurrock Health and Wellbeing Strategy 2022-26 Update	
Wards and communities affected: All	Key Decision: None
Report of: Jo Broadbent, Director of Public Health	
Accountable Director: Jo Broadbent, Director of Public Health	

Executive Summary

This paper presents an update on Domains 3 and 5 of the Thurrock Health & Wellbeing Strategy (HWBS) 2022-26 and asks the Board to consider and comment on the plans for delivering the Goals in these Domains.

1. Recommendation(s)

- 1.1 The Board is asked to:
- Consider and comment on the plans for delivering the Goals of the HWBS in Domain 3 – Person-Led Health & Care and Domain 5 – Housing & the Environment

2. Introduction and Background

- 2.1 The Health & Wellbeing Board (HWBB) has a statutory duty to produce a HWBS. The HWBS is a whole system plan for health & wellbeing and a means to engage all partners in the wellbeing agenda, co-ordinating strategic thinking of all elements of the council and all system partners to deliver quantifiable gains in health and wellbeing of residents.
- 2.2 Thurrock agreed its first HWBS in 2013. The current HWBS was launched in July 2022 and can be accessed here: <https://www.thurrock.gov.uk/health-and-well-being-strategy/health-and-well-being-strategy-2022-2026>
- 2.3 Proposals for the HWBS were developed by multi-agency stakeholders including Thurrock Council ADs and Subject Matter Experts from across the system. The HWBB considered the proposals for the HWBS at its meeting in July 2021, including the Vision, the 6 Domain structure, and plans to engage with the wider public. A twelve week consultation exercise took place October-December 2021 and the attached Strategy document has been further developed to reflect engagement outcomes.

3. Overview of the Refreshed HWBS 2022-26

- 3.1. The Vision for the Strategy is *Levelling the Playing Field* and tackling inequalities is reflected throughout. Proposals to level the playing field have been developed based around six areas of people's lives, which we refer to as Domains, that cover the wider determinants of health and impact on people's health and wellbeing. These are:
1. Staying Healthier for Longer
 2. Building Strong & Cohesive Communities
 3. Person-Led Health & Care
 4. Opportunity for All
 5. Housing & the Environment
 6. Community Safety
- 3.2. Through engagement with residents and stakeholders, 3-4 priority Goals have been identified for each Domain, with public feedback leading refinements of these Goals in the attached final draft. These set out specific actions to improve outcomes and specifically level the playing field and address inequalities.
- 3.3. Delivery of the ambitions within the Goals is underpinned by a number of key topic-specific strategies (such as the Housing Strategy, Better Care Together Thurrock Strategy etc), plus the Local Plan and the Backing Thurrock Economic Growth Strategy. Content proposals in the HWBS have been agreed with leads for these other strategic plans.

4. Consultation outcomes

- 4.1 A Consultation Report for the Strategy is provided on the website, which details how Goals were refined to reflect consultation outcomes. Over 750 comments were received through a short 'user friendly' questionnaire developed in conjunction with the CVS and Healthwatch, which sought the public's views on the six Domains that have been proposed for the refreshed Strategy. In excess of 300 residents or professionals involved in the planning, commissioning or delivery of health and care services provided feedback on strategy consultation proposals through community and professional forums and meetings. This resulted in over 1,300 individual comments on the proposals.

5. Governance

- 5.1. The HWBB agreed that in order to keep an oversight of delivery of the aims of the strategy, it would receive an update on each Domain annually. In the first year of delivery of the Strategy, the update will consist of an outline of the plans for each Domain and milestones for delivery. Strategies underpinning Domains 1, 3, 5 and 6 are attached at Appendix 1.
- 5.2. An overview of the plans for the following Domains were considered in October 2022:
- Domain 1 – Staying Healthier for Longer
 - Domain 6 – Community Safety
- 5.3. An overview of the plans for the following Domains are appended to this report:
- Domain 3 – Person-Led Health & Care (Appendix 2)
 - Domain 5 – Housing & the Environment (Appendix 3)

6. Reasons for Recommendation

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

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

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

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

- 8.1. The HWBS is one of three highest Place Shaping strategic documents for the Local Authority and system partners, the other being the Local Plan and Backing Thurrock Economic Development plan, with specific synergies between the three strategies being highlighted. It is a whole system plan for health & wellbeing and a means to engage all partners in the wellbeing agenda, co-ordinating strategic thinking of all elements of the council and all system partners to deliver quantifiable gains in health and wellbeing of residents.

- 8.2. In order to support delivery of the Council's Vision, the 6 Domains of the HWBS Strategy each relate to one of the Council's key priorities of People, Place and Prosperity, as outlined in the attached Strategy.

9. Implications (Replicated from the June 2022 paper on the HWBS)

9.1 Financial

Implications verified by: **Mike Jones**
Strategic Lead – Corporate Finance

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

9.2 Legal

Implications verified by: **Lindsey Marks - Deputy Head of Law**

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

9.3 Diversity and Equality

Implications verified by: **Becky Lee**
Community Development and Equalities Team

Implications have not changed since previous approval provided in July 2021.

The aim of the strategy is to improve the health and wellbeing of the population of Thurrock and reduce health and wellbeing inequalities. A community equality impact assessment (CEIA) will underpin the strategy and mitigate the risk of disproportionate negative impact for protected groups. This approach will ensure the strategy itself and implementation supports delivery of the council's equality objectives while maintaining compliance with the Equality Act 2010 and Public Sector Equality Duty.

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

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

8. Appendices to the report

Appendix 1 – Strategies underpinning Domains 1, 3, 5 and 6

Appendix 2 – Domain 3 Overview – Person-Led Health & Care

Appendix 3 - Domain 5 Overview – Housing & the Environment

Report Authors: Dr Jo Broadbent, Director of Public Health
Darren Kristiansen, Business Manager AHH, Secretary to HWB
Ceri Armstrong, Acting Assistant Director of Adult Social Care and Community Development
Sarah Stride, Public Health Improvement Officer

Appendix 1 – Strategies underpinning Domains 1, 3, 5 and 6

Links to Related Strategies

Domain 1

	Goal	Strategy	Link	Owner	Comments
A	Work with communities to reduce smoking and obesity in Thurrock	Better Care Together Thurrock Adult Health & Care Strategy	democracy.thurrock.gov.uk/documents/s35004/Better Care Together Thurrock - The Case for Further Change Final.pdf	TICA	
		Tobacco Control Strategy	In development	Public Health	
		Brighter Futures Strategy 2021-26	Brighter Futures Strategy	Brighter Futures Board	
		Whole System Obesity Strategy	Thurrock Council - Whole systems obesity strategy, 2018-2021	Public Health	Being refreshed
		MSE ICS Strategy	In development	MSE ICS	
		MSE Population Health / Health Inequalities / PHM / Prevention Strategies	In development	MSE ICS	Under review
B	Work together to promote good mental health and reduce mental ill health and substance misuse in all communities in Thurrock	Better Care Together Thurrock Adult Health & Care Strategy	democracy.thurrock.gov.uk/documents/s35004/Better Care Together Thurrock - The Case for Further Change Final.pdf	TICA	
		MSE ICS Strategy	In development	MSE ICS	
		Combatting Drugs Partnership Delivery Plan	In development	CDP	
		SET Mental Health Strategy	MH Strategy Lets Talk.pdf (ctfassets.net) 2017-21 New strategy in development	SET MH Collaborative	The SET MH Collaborative is not yet set up and the strategy will not be completed until Christmas

		Brighter Futures Strategy 2021-26	Brighter Futures Strategy	Brighter Futures Board	
C	Continue to enhance identification and management of Long Term Conditions to improve physical and mental health outcomes for all	Better Care Together Thurrock Adult Health & Care Strategy	democracy.thurrock.gov.uk/documents/s35004/Better Care Together Thurrock - The Case for Further Change Final.pdf	TICA	
		MSE ICS Strategy	In development	MSE ICS	
		MSE Population Health / Health Inequalities / PHM / Prevention Strategies	In development	MSE ICS	Under review
		Thurrock Alliance Case Finding Strategy	In scoping phase	TICA / HI and PHM workstream	Scope to be shared at first meeting

Domain 3

	Goal	Strategy	Link	Owner	Comments
A	Development of more integrated adult health and care services in Thurrock	Thurrock Adult Integrated Care Strategy	Thurrock Council - Better Care Together Thurrock: The Case for Further Change	Thurrock Integrated Care Alliance	Strategy for the development of a place-based and people-led health, care and wellbeing strategy.
		Mid and South Essex Integrated Care Strategy	In development	Mid and South Essex Integrated Care Board	The ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area.

B	Improved Primary Care Response that includes timely access, a reduced variation between practices and access to a range of professionals	Thurrock Adult Integrated Care Strategy (Chapter 6)	See above	Thurrock Alliance	See above
		Mid and South Essex Primary Care Strategy	https://www.midandsouthessex.ics.nhs.uk/publications/primary-care-strategy/	Mid and South Essex Integrated Care Board	
		Patient Aligned Care Teams (PACT)	Microsoft Word - FINAL 003 250522 - Fuller report[46].docx (england.nhs.uk)	Thurrock Integrated Care Board	Response to Fuller Report
		PCN Clinical Strategy		Thurrock Alliance	In development
C	Delivery of a Single Workforce Locality Model – a health and care workforce that works across organisational boundaries to be able to provide an integrated and seamless response	Thurrock Adult Integrated Care Strategy (Chapter 7)	See above	Thurrock Integrated Care Alliance	See above
D	Delivery of a new place-based model of commissioning that makes the best use of available	Thurrock Adult Integrated Care Strategy (Chapter 10)	See above	See above	See above
		Thurrock Care Market Development Strategy 2018-2023	Thurrock Council - Care market development strategy, 2018-2023	Thurrock Council	The Care Market Development Strategy is aimed at both existing and potential providers

	resources to focus on delivering outcomes that are unique to the individual				of Adult Social Care services in Thurrock to ensure that we develop a diverse market that can meet the needs of local people.
		Better Care Fund Plan	Item 7i BCF. Thurrock HWB BCF Plan 2022-23 Narrative template Final 26092022.pdf		Thurrock's initial Better Care Fund Plan, and Better Care Fund Section 75 Agreement between the Council and NHS, was approved in 2015. The arrangement has allowed the creation of a pooled fund, to be operated in line with the terms of the Plan and the Agreement, to promote the integration of care and support services.

Domain 5

	Goal	Strategy	Link	Owner	Comments
A	Reduce Homelessness and increase affordable housing supply	Thurrock's Housing Strategy 22-27	Thurrock Council - Housing Strategy 2022-2027	Thurrock Council	
		The Local Plan	Thurrock Borough Local Plan Borough Local Plan Thurrock Council	Thurrock Council	Currently under review
		Homeless Prevention and	Thurrock Council - Homelessness prevention and rough sleeping strategy	Thurrock Council	

		Rough Sleeping Strategy			
B	Maintenance of good quality homes	Thurrock's Housing Strategy 22-27	Thurrock Council - Housing Strategy 2022-2027	Thurrock Council	
		Housing Asset Management Strategy		Thurrock Council	
C	Provision of safe, secure and stable housing for those who have or who are experiencing domestic abuse/violence and/or sexual abuse/violence	Housing Domestic Abuse Policy		Thurrock Council	
D	Regeneration and future development will seek to improve physical and mental health	Thurrock Transport Strategy	Thurrock Council - Thurrock Transport Strategy, 2013-2026	Thurrock Council	
		The Local Plan	Thurrock Borough Local Plan Borough Local Plan Thurrock Council	Thurrock Council	Currently under review
		Thurrock Active Travel Needs Assessment	To be considered by HWB Board at a future meeting	Thurrock Council	
		Thurrock Council Climate Change Strategy	In Development		
		Thurrock High Level Energy and Climate Strategy	In Development		
		Air Quality Strategy	Air Quality and Health Strategy	Thurrock Council	Currently being updated

	Whole Systems Obesity Strategy	https://www.thurrock.gov.uk/sites/default/files/assets/documents/jsna-obesity-201709-v01.pdf	Thurrock Council	Currently being updated
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Domain 6

	Goal	Strategy	Link	Owner	Comments
A	Enable all children to live safely in their Communities	Essex Violence and Vulnerability Framework	Violence-and-Vulnerability-Framework-approved-June-2018.pdf (pfcc.police.uk)	Essex VVU	
		Serious Youth Violence Strategy	Yet to be developed	CSP	To be developed in line with the SV Duty - June 23 (first draft) to go to H&WBB, October 2023 – part of an Essex-wide Strategy
		Brighter Futures Strategy	Brighter Futures Strategy	Brighter Futures Board	
		Thurrock CSP annual delivery plan	Community Safety Partnership annual delivery plan, 2022/23	CSP	Priority 3. Violence and Vulnerability: Tackling gang related activity and offensive weapons to reduce drug driven violence
		Youth Justice Plan 21/24		YCGB	
		Thurrock LSCP Delivery Plan	Delivery Plan for 2020/22.	MACE	Priority 2 Violence and Vulnerabilities
		PFCC plan 22/24	www.essex.pfcc.police.uk	PFCC	Priority 2 reducing drug driven violence
		Crime Prevention Strategy for Essex 2021/25	Crime Prevention Strategy 2021-2025	Essex Police	Priority 1,4 and 8

		Thurrock's Annual Public Health Report on Youth Violence and Vulnerability 2019/20	Thurrock Council - Annual Public Health Report, 2019	LCSP and sub-committees	
B	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	Thurrock CSP annual delivery plan	Community Safety Partnership annual delivery plan, 2022/23	CSP	
		Modern Slavery and Human Trafficking Strategy		CSP / LSCP / ASgB	
		SET Reducing Reoffending Strategy 2020 – 2024		PFCC	
		Essex Hate Crime Prevention Strategy 2018/21		Safer Essex	Currently being refreshed
		Safeguarding Adults Guidelines	https://www.thurrock.gov.uk/keeping-safe-from-abuse/safeguarding-adults-agency-guidelines	Safeguarding Adults Board	
		Local Plan Design Guide	In development as part of the Local Plan	Place	
		PFCC plan 22/24	www.essex.pfcc.police.uk	PFCC	
		Crime Prevention Strategy for Essex 2021/25	Crime Prevention Strategy 2021-2025	Essex Police	
		Combatting Drugs Partnership Action Plan	In development	Combatting Drugs Partnership	
C	Improve the local response to supporting victims/survivors of abuse and exploitation to	Thurrock CSP annual delivery plan	Community Safety Partnership annual delivery plan, 2022/23	CSP	Priority 1 and 2
		Violence Against Women and Girls Strategy 2020/23	Violence against women and girls	CSP	New Strategy from April 2023
		Thurrock's Housing Strategy 22-27	Housing Strategy	Thurrock Council	Including providing safe accommodation for those

	improve their health and wellbeing				fleeing domestic and sexual abuse
		PFCC plan 22/24	www.essex.pfcc.police.uk	PFCC	Priority 3 and 4
		Crime Prevention Strategy for Essex 2021/25	Crime Prevention Strategy 2021-2025	Essex Police	Priority 5
		Harmful Sexual Behaviours Framework for Children & Young People in Thurrock	Yet to be developed	CSP	
D	Protect residents from being the victims of crime, with a focus on those with increased risk of experiencing exploitation and abuse	Thurrock CSP annual delivery plan	Community Safety Partnership annual delivery plan, 2022/23	CSP	Priority 1 and 2
		Violence Against Women and Girls Strategy 2020/23	Violence against women and girls	CSP	New Strategy from April 2023
		Crime Prevention Strategy for Essex 2021/25	Crime Prevention Strategy 2021-2025	Essex Police	Priority 11 Places
		Southend, Essex & Thurrock Domestic Abuse Board Strategy 2020-2025	Southend, Essex & Thurrock Domestic Abuse Board Strategy 2020-2025 - Southend and Thurrock Domestic Abuse Partnership (setdab.org)	SETDAB	

Thurrock Health And Wellbeing Strategy

2022-2026

Levelling the Playing Field
in Thurrock



Created through the partnership of Thurrock Health and Wellbeing Board

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Introduction and overview report to Thurrock Health and Wellbeing Board

Domain 3 – Person Led Health and Care

Domain 3 Person Led Health and Care

Domain Aims and Ambitions

Better outcomes for individuals, that take place close to home and make the best use of health and care resources

What we want to achieve

We want to create healthy systems to deliver healthy outcomes - underpinned by strong relationships between all system actors based on respect and trust and a shared vision and understanding of the system. We believe that this will mean:

Residents being able to achieve more of what matters to them; support provided in collaboration with the community and focusing first and foremost on what the community can offer; residents maximising opportunities to stay as healthy as possible and requiring fewer interventions from services; residents being able to find the right solution for them first time and in the right place; residents being empowered to achieve their version of a good life; and our alliance and system resources achieving better outcomes through earlier intervention and preventative and integrated solutions that reduce 'failure demand'.

How this Domain levels the playing field

This will Level the Playing Field by:

- Improving access to services and solutions;
- Reducing and focusing on areas of health inequality within the Borough – e.g. through prevention and early intervention;
- Better use of available resources – e.g. through the reduction of bureaucracy and silo working;
- Ensuring that the system better reflects what people and communities require – e.g. through developing a new approach to community development
- Improving how the system works together to deliver better outcomes for people requiring more complex solutions – e.g. solutions that span services and organisations

Domain Goals

- **3A – Development of more integrated adult health and care services in Thurrock**
- **3B - Improved Primary Care Response that includes timely access, a reduced variation between practices and access to a range of professionals**
- **3C – Delivery of a Single Workforce Locality Model – a health and care workforce that works across organisational boundaries to be able to provide an integrated and seamless response**
- **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**

Goal 3A. Development of more integrated health and care services in Thurrock



What we want to achieve

Address current fragmentation to achieve integrated locality networks that co-design single integrated bespoke solutions with residents

Some key challenges

Organisational culture – the ability to overcome and change existing culture to move from ‘transactional’ process-led thinking to adopting person-led thinking – including staff who feel empowered to do things differently;

Resource constraints – the ability to deliver transformational change whilst continuing to deliver existing services – which includes the ability to ‘double-run’ and the ability to manage the fragility of and growing demands facing the current system;

Health landscape – the extent to which the new landscape will be able to align its emerging Strategy with the ‘principle of subsidiarity’ and Thurrock’s Integrated Care Strategy

The outcome of these challenges is:

- The ability of change to embed
- The period of time that it may take to deliver change
- The extent to which our vision can be delivered if resources are not sufficient
- The potential impact on the anticipated impact of delivering Thurrock’s Integrated Care Strategy

Goal 3A. Development of more integrated health and care services in Thurrock



How we will achieve this Goal

This priority will primarily be achieved through delivery of Thurrock's Adult Integrated Care Strategy – the Case for Further Change. Oversight of the Strategy will be through the governance arrangements established to ensure the Strategy's delivery. The Strategy will lead to a significant shift in how the health and care system (and services within it) operates and functions.

Delivery of the goal will include:

- Develop and embed Human Learning Systems across the system and within organisations operating within the system – including the 'Commissioning' of a 'learning culture'
- Establish and deliver a programme of work based on the principles of Human Learning Systems and on each specific chapter contained within the Strategy – designed to move away from silos and towards integrated solutions
- Development of 'system stewardship' – moving system leaders and commissioners to focus on ensuring the 'health' of the system as opposed to a role of performance management and contract specification and monitoring.

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What will we do differently under this strategy?

- Design systems and solutions that are able to operate around people – rather than expecting individuals to navigate their way around and through numerous 'front doors'
- Empower staff to do things differently – to find the right solutions
- Deliver an integrated system that operates around place and close to where people live
- Focus on delivering wellbeing outcomes rather than solely the delivery of needs or treatment of conditions – holistic approach to the individual

Goal 3B. Improved Primary Care Response that includes timely access, a reduced variation between practices and access to a range of professionals



What we want to achieve

We want to deliver Primary Care that is equitable to all .

Some key challenges

Some of the key challenges that may get in the way of us being able to achieve our ambition for goal B are:

- Thurrock is one of the most under-doctored areas of the Country – often exacerbated in the most deprived area of the Borough
- Embedding new ways of working as part of an integrated care system (specifically the end of CCGs and new collaborative requirements under ICBS)
- Core delivery predominantly takes place in silo – rather than sharing of resources across practices or PCN area
- The Pandemic has added greater pressure on an already stretched system

The outcome of these challenges is that:

- Poorer health outcomes for those living in an area under-doctored or where getting an appointment is challenging
- Widening health inequalities – as under doctoring more acute in more deprived areas of the Borough
- Variation in both quality and offer
- Reduced opportunity for prevention and early intervention

Goal 3B. Improved Primary Care Response that includes timely access, a reduced variation between practices and access to a range of professionals



How we will achieve this Goal

Chapter 5 of Thurrock Adult Integrated Care Strategy is focused on 'Transforming Primary Care'

Specific aims for this priority include:

- Improving Primary Care access – including a mixed skill clinical workforce and the delivery of new ways of working;
- Improving quality and addressing variation in outcomes – shifting the balance from reactive to preventative and proactive care and diagnosing and intervening at the earliest opportunity;

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In addition, work will be carried out through the Integrated Medical and Wellbeing Centre programme to improve existing primary care estate and through working with partners to develop collaborative working relationships and solutions focused on 'place' and on PCN areas.

What will we do differently under this strategy?

Wrap around support to GPs by building integrated care teams. In particular:

- Our local Primary Care Strategy has been moving towards GP-led Primary Care rather than solely GP delivered
- Most clinical roles in Primary Care including Physicians Associates are professionally registered and therefore are required to work within the boundaries of their clinical competence. GPs will support the oversight of this within their practices.
- Across NHS Mid and South Essex, 47% of all consultations in Primary Care this year have been provided by GPs. Other provision will be a combination of many different roles – Nurses, Nurse Associates, Pharmacists, Healthcare Assistants, Social Prescribers, Paramedics, First Contact Physios, Local Area Coordinators, Social Workers etc

Goal 3C. Delivery of a Single Workforce Locality Model – a health and care workforce that works across organisational boundaries to be able to provide an integrated and seamless response



What we want to achieve

To deliver the maximum amount of care at locality and neighbourhood level within a multi-disciplinary network of staff who can collaborate to design integrated solutions with residents rather than make onward referrals

Some key challenges

Similar to Goal 3A, key challenges are:

Organisational culture – in particular the ability to empower and encourage staff to do things differently and to be able to work across organisational and service boundaries – working for place rather than an organisation or service.

Communication and engagement– ensuring that residents and staff are aware of the changes and understand why they are being made but importantly are also able to shape those changes.

Health landscape – the extent to which the new landscape (e.g. end of CCGs and establishment of ICBs) will act as an enabler to required change.

The outcome of these challenges is that:

- Transforming organisational culture against a new set of operating principles can take a significant amount of time;
- Not securing the buy-in of all staff and residents – including the ability to manage the anxiety of extensive change;
- The inability to deliver desired change or achieve desired outcomes (either fully or partially)

Goal 3C. Delivery of a Single Workforce Locality Model – a health and care workforce that works across organisational boundaries to be able to provide an integrated and seamless response



How we will achieve this Goal

Chapter 7 (and aspects of 5 and 8) of Thurrock's Adult Integrated Care Strategy describes in detail the vision for a Single Workforce Locality Model – which is overseen through Integrated Care governance by Thurrock Integrated Locality Working Board.

Due to the complexity of change required, work will be undertaken over a number of phases. Activity will include:

- The development of integrated Community Led Support Teams across adult social care – then developing the Teams further to incorporate functions sitting within other services and organisations;
- The development of blended roles, 'Trusted Assessors' and integrated locality networks;
- Using Better Care Together 'Link Nurses' to understand how Community Health can work as part of a Single Workforce Locality Model;
- Conducting a number of staff-led experiments (against the principles of HLS) to understand what needs to change and how; and
- Mental Health Transformation to enable staff to be locality-based and to build integrated working relationships with other professionals working in the same place.

What will we do differently under this strategy?

- Remove the need for 'onward referrals' – especially within the community;
- Developing solutions that wrap around the individual – rather than expecting the individual to go through different 'front doors';
- Better use of resources – releasing capacity in doing so;
- A greater focus on prevention and early intervention – recognising the signs that people require some support at an earlier stage
- Improved career opportunities across and within the system which are attractive to the workforce

Goal 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

What we want to achieve

A model of commissioning that supports the achievement of the vision as set out within Thurrock's Adult Integrated Care Strategy.

Some key challenges

Chapter 10 outlines what an integrated and place-based model of commissioning will look like and how it will be achieved. Key challenges in the delivery of this model are:

- Fragility of the Care Market – the ability for providers to adopt and adapt to a new type of relationship and specification and the ability to encourage new providers that can deliver what is required;
- Culture Change – the ability of commissioners to change their approach and to adopt and adapt to a new commissioning model;
- Trust – the ability for both commissioners and providers to develop a new type of relationship and to develop the trust required in order to do so;
- Resources – achieving the commitment across organisations to place-based and integrated funding; and
- Losing Control – the ability for organisations to shift power (and resource) to communities to test and deliver Community Investment Boards

The outcome of these challenges is that:

- Commissioning stays the same – failing to move away from 'time and task' type models of care, reducing opportunities to commission for learning and to improve the outcomes of individuals and limited the ability to broaden the market place and encourage a greater diversity of providers
- Poor use of resources
- Exacerbated fragility of the market place and failure to limit or reduce market failure



Goal 6D. 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 we will achieve this Goal

A number of key actions have been identified as part of Chapter 10 of Thurrock's Integrated Care Strategy. This includes:

- Establishing an Integrated Locality Commissioning Board;
- A series of learning experiments designed to shift the working practice of commissioners and providers to one based on HLS principles
- Establishment of a 'learning infrastructure' mechanism to capture and share learning in order to inform commissioning practice
- Implementing 'system steward' training for all commissioners
- Refresh the Market Development Strategy to take into account the principles of HLS and place-based commissioning
- Take steps to shift greater power to communities in relation to commissioning decisions;
- Undertake a full review of the Better Care Fund; and
- Test and evaluate single models of commissioning spanning different service areas across the NHS, Social Care and beyond and bringing together budget and governance arrangements

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What will we do differently under this strategy?

- Achieve a different working relationship with providers and other commissioners – one based on co-production, flexibility and learning;
- Enable greater diversification of the market place – particularly by encouraging and enabling grass roots local providers;
- Explore and develop different models of commissioning and provision – e.g. spanning functions, organisations, geographies – as shaped through a Market Development Strategy reflecting integration and place;
- Expand and use integrated commissioning budgets and governance – e.g. via commissioning alliance arrangements



Domain 3 – Person-led Health and Care

Key deliverables, commitments and milestones

Year One (July 2022 - June 2023)

Goal 3A - Development of more integrated adult health and care services in Thurrock

- To have delivered four Human Learning Systems ‘learning cycles’ and related ‘experiments’
- Thurrock Better Care Together Strategy governance (chapter 10) fully established
- Development and delivery of a ‘devolution agreement’ between the ICB and Thurrock Integrated Care Alliance

Goal 3B - Improved Primary Care Response that includes timely access, a reduced variation between practices and access to a range of professionals

- increase number of ARRS roles to 80
- recruit 12 additional GP fellows,
- deliver a clinical strategy for each of the four PCNS

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Goal 3C - Delivery of a Single Workforce Locality Model – a health and care workforce that works across organisational boundaries to be able to provide an integrated and seamless response

- Establish four integrated locality networks
- Deliver a ‘blended roles’ experiment for Wellbeing Teams – with further ‘blending’ identified and being tested for other roles
- Establish a clear delivery plan for the delivery of a single workforce locality model – with some elements already in place (e.g. integrated social work teams)

Goal 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

- Integrated Locality Based Commissioning Board in place
- Action plan for the delivery of integrated and locality based commissioning
- Better Care Fund Plan reviewed with recommendations identified

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Thurrock Health And Wellbeing Strategy

2022-2026

Levelling the Playing Field
in Thurrock



Created through the partnership of Thurrock Health and Wellbeing Board

Introduction and overview report to Thurrock Health
and Wellbeing Board

Domain 5 Housing and the Environment

Domain 5 Housing and the Environment

Domain Aims and Ambitions

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

What we want to achieve

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

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

How this Domain levels the playing field

This will Level the Playing Field by:

- Ensuring fewer people will be at risk of homelessness and those who are, will have access to a variety of support options to improve their life circumstances
- The quality of low cost private rental properties and social housing being improved, so that residents on low income and in receipt of benefits will be at less risk of poor health due to their housing
- People who have or are experiencing domestic and/or sexual abuse being able to move to homes that allow them to move on from their experiences
- More people choosing to walk or cycle in Thurrock – supporting both physical and mental health
- People living in more deprived areas of Thurrock having better access to good quality parks and open spaces, making it easy to exercise and be active
- Reducing antisocial behaviour in all communities
- Ensuring communities are connected and resilient, and the built environment is designed to support people to live health and active lives
- Ensuring fewer households experience fuel poverty and the associated health impacts

Domain 5 Housing and the Environment



Domain Goals

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

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



What we want to achieve

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

Some key challenges

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

- Between 2014 and 2019 the average house price increased by 50%, a greater rise compared to other parts of the East of England.
- Approximately 52.9% of Thurrock households would not meet the affordability requirements to purchase the smallest types of property available on the housing market.
- The average weekly cost to rent in Thurrock has also increased over the past five years.
- Current local housing allowance rates are not sufficient for average rental values in Thurrock.
- A number of households are being placed in Thurrock by other local authorities, either within temporary accommodation or as a final placement. This impacts upon the availability of accommodation for the council to secure as accommodation for its own residents, but also has an impact on the resources of other local partners.

The outcome of these challenges is:

- Homelessness and people being at risk of homelessness has increased in Thurrock since the introduction of the Homelessness Reduction Act in April 2018.
- Thurrock has a greater rate of households owed a duty under the Homelessness Reduction Act compared to the England average (16.9 per 1,000 in Thurrock versus 12.3 per 1,000 England average)
- The proportion of the population renting from the council is much higher than the regional average.
- While many people are living in privately owned homes, there is a significant proportion of people who are unable to afford their own homes or who are unable to privately rent. This means there is an increased risk of home insecurity within this group, an increased risk of eviction, increased risk of overcrowding or poor living conditions and an increased risk of homelessness. All of these may contribute towards poor health.

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



How we will achieve this Goal

This priority will primarily be achieved by:

- Identifying people at risk of homelessness early, preventing homelessness by adopting a holistic offer across services, and addressing the health and wellbeing needs of this group. This will focus on enabling people to progress to housing that offers more security, stability and is more suitable for their needs than their current situation delivers.
- Provide appropriate and timely support for people experiencing rough sleeping and homelessness by sharing knowledge between partners to help identify those individuals. By reducing out of borough Temporary Accommodation (TA) placements and reducing time in TA to the statutory two months.
- Use Development Management, the Housing Strategy and the Local Plan as vehicles for delivering a minimum provision of 35% of the total number of residential units built to be affordable housing. Consideration should be given to affordable rents, establishing Thurrock Affordable Rent levels, and matching social housing supply to demand.
Development should be encourage to include shared ownership and first homes as suitable affordable housing products for Thurrock residents who wish to own their own homes, alongside key worker housing.
- Introduce and maintain a 'Thurrock Affordability Standard' to direct future policy design and housing delivery, including council-owned affordable rental properties.
- The Local Plan will identify major development sites across the borough that are capable of delivering 10 or more additional homes and set out targets for the mix of units in terms of type, size and tenure.

What will we do differently under this strategy?

- Deliver appropriate and timely support by reducing out of area Temporary Accommodation (TA) placements and reducing the time spent in TA placements
- Introduce a 'Thurrock Affordability Standard' for future housing delivery ensuring 35% of new units are affordable housing, alongside increasing council-owned affordable rental properties.

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

What we want to achieve

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

Some key challenges

There are some key challenges around the thermal efficiency of Thurrock's housing stock:

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

The outcome of these challenges is that:

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



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

How we will achieve this Goal

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

Specific aims for this priority include:

- Ensuring that all properties are of good condition (safe, suitable) in the public sector and also work with private sector landlords to achieve this through the Well Homes initiative. This will increase renewable technologies in council stock and support the council's green agenda to reduce carbon emissions and undertaking options appraisal for wider estate regeneration to improve the quality of homes and neighbourhoods for residents.
- Ensuring that new homes are developed that will keep people well and independent. Based on recognised quality design standards e.g. Sport England Active by Design and Police Secure by Design policies.

What will we do differently under this strategy?

- We will influence the quality of private housing stock through work such as the Well Homes programme and ensuring that these programmes reach priority groups such as people living with long term conditions, mental health needs and learning disabilities.
- We will target and remove significant health and safety hazards from private rental sector properties by using the full extent of enforcement powers available to the council
- We will reduce fuel poverty by investing in council housing and accessing the Green Homes Grant to make energy improvements to the private housing sector, or by incentivizing improved EPC ratings across the borough.

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

What we want to achieve

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

Some key challenges

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

- A lack of safe accommodation to meet the demand of specific groups.
- No long term funding to extend safe accommodation buildings.
- A lack of social housing stock to meet 'move on' needs.
- Turning to private sector renting can contribute to financial instability and insecure tenure.
- Engagement with specific groups requires different approaches to improve underreporting.

The outcome of these challenges is that:

- The scale of the number of housing units needed is not accurate due to the underreporting of domestic abuse/violence and/or sexual abuse/violence in some sectors of the community.
- Lack of funds and suitable housing units for both immediate safety and for longer term needs for victims/survivors may hinder their ability to move on from their experiences and in extreme cases leave them at risk of further abuse.





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

How we will achieve this Goal

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

- Delivering expert advice through a single route to support regarding housing, skills, employment and other needs of people experiencing or who have experienced domestic and/or sexual abuse and/or violence.
- Reviewing and revising the existing protocol for supporting those at risk of homelessness because they are fleeing domestic and sexual abuse. We will ensure access to a range of housing options and initiatives tailored for domestic abuse to give people experiencing domestic and sexual abuse or violence the choice to either relocate or remain in their existing accommodation.
- Improve public awareness of how victims/survivors can seek housing support.

What will we do differently under this strategy?

- Through the implementation of Thurrock Council's new Housing Domestic Abuse Policy, ensure that all relevant council departments are aware and applying this. The policy will reflect the challenges of supporting individuals to maintain networks of friend and community relationships.
- The financial support offer will be streamlined by combining three funding streams from Thurrock Women's Refuge, the Brighter Futures Programme and Safe Accommodation new burdens fund to create one services provider.

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

What we want to achieve

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

Some key challenges

- ONS analysis found that people on lower incomes report greater dissatisfaction with the quality of their green space than those on higher incomes. The study suggested the quality of nearby green space might have affected the way people spent their time during lockdown.
- The quality of the local key is impacted in part by antisocial behaviour in Thurrock.
- ^{Page 48} Complaints about noise are higher than the England average (Thurrock 8 complaints per 1,000 population versus England average of 6.4 per 1,000 2019/20).
- High numbers of HGVs and high traffic flows on strategic and local roads may adversely impact on local air quality, CO2 emissions and congestion. The latest data shows that Thurrock currently remains within legal limits for key pollutants although significant growth could potentially compromise this.
- Cycling levels in Thurrock are significantly lower than for England. Levels of walking and cycling are not reaching their full potential, missing key opportunities to improve physical and mental health.

The outcome of these challenges is that:

- Antisocial behaviour such as dog fouling, littering, nuisance vehicles and drug dealing and use can impact on perceptions among the community of safety and the interest in communities to enjoy their local area.
- Worsening air quality resulting from high traffic levels will exacerbate respiratory and cardiovascular problems, whilst increasing congestion could harm job creation and economic performance.
- Missing opportunities to improve levels of walking and cycling leads to loss of key opportunities for levelling the playing field by increasing access for those who do not own a car, developing economic growth and reducing road traffic congestion.



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



How we will achieve this Goal

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

- Active Travel and Public Transport – improving accessibility and equity of access through walking and cycling infrastructure alongside an accessible and sustainable public transport system to reduce car dependency and minimise traffic growth.
- Green and open space, parks and gardens – supporting the creation of healthier, safer and greener places by developers when working on new schemes as well as prioritising park maintenance and improvements in existing spaces especially in areas with poor health outcomes.
- Air Quality and Climate Change – developing and implementing the council Climate Change Strategy and the borough high level Energy and Climate Strategy, including consideration of extreme weather resilience.
- Anti-social behaviour – utilising responsive multi-agency approaches for all residents and tenants experiencing anti-social behaviour to ensure estates and communal areas remain safe. In addition ensure the design of new neighbourhoods focus on opportunities to enhance community resilience and social capital.

What will we do differently under this strategy?

- Local Plan policies and Health Impact Assessments for major new developments will consider a full range of health and wellbeing issues.
- We will incorporate crime reduction approaches such as ‘Designing Out Crime;’ and ‘Secure by Design’ within the council’s housing Strategy and the Local Plan to reduce anti-social behaviour and enhance community resilience.
- Implement the council Climate Change Strategy and the borough high level Energy and Climate Strategy.



Domain 5, Housing and the Environment

Key deliverables, commitments and milestones

Year One (July 2022 - June 2023)

Goal 5A - We want to reduce homelessness and increase the supply of affordable housing in Thurrock

- Deliver the Homelessness Prevention and Rough sleeping strategy.
- Ensure timely interventions are in place to reduce and address homelessness
- Ensure all households owed a duty of care under the Homelessness Reduction Act receive support.
- Ensure new residential developments offer a minimum provision of 35% affordable residential units.

Goal 5B – Facilitate and encourage maintenance of good quality homes in Thurrock to support the health of residents, protecting them from hazards such as cold, damp and mould.

- Deliver the Housing Asset Management Strategy
- Deliver the Thurrock Housing Strategy
- Improve the condition of housing in the public and private sector through access to programmes such as Well Homes ensuring that high priority groups are targeted
- Address fuel poverty through enhancing access to Financial Inclusion Officers to help households in need apply for financial support and developing a coordinated corporate approach to rising cost of living challenges facing residents

Goal 5C - Improve the local response to supporting victim/survivors of abuse and exploitation to improve their health and wellbeing

- Implementation of Thurrock Council's Housing Domestic Abuse Policy
- Improve access to safe and stable housing for victims/survivors of domestic abuse and/or sexual abuse through access to a range of housing options and initiatives with access to safe housing across all tenure types

Goal 5D – Regeneration and future developments will seek to improve physical and mental health, reduce exposure to air pollution and to build community resilience and reduce antisocial behaviour

- Revise the Air Quality and Transport Strategy in line with any new legislative requirements
- Ensure that Local Plan Design Principles, Policies and Strategies incorporate opportunities to increase physical activity, promote mental well being, reduce exposure to air pollution, enhance community resilience and reduce anti-social behaviour

09th December 2022	ITEM: 7
Health and Wellbeing Board	
Joint Report on Initial Health Assessments for Looked After Children	
Wards and communities affected: All	Key Decision: None
Report of: Helen Farmer – Interim Director of Babies, Children and Young People Mid and South Essex Integrated Care Board Dan Jones – Strategic Lead CLA (Child Looked After)	
Accountable Assistant Director: Janet Simon – Assistant Director, Children’s Social Care and Early Help	
Accountable Director: Sheila Murphy – Corporate Director of Children’s Services	
This report is Public	

Executive Summary

When a child become looked after by Thurrock Council, it is a statutory requirement that they receive an assessment of their health within 20 working days; this is known as an Initial Health Assessment (IHA). The IHA must be completed by a medical practitioner and is coordinated jointly between Thurrock Council and the NHS.

Whilst all children requiring an IHA are offered an appointment there continues to be and a range of improvement measures, children are not having their initial health assessments consistently carried out within the statutory timeframe.

There are a range of factors that delay the IHA appointment however a key challenge is the lack of capacity available to provide IHAs to all children placed in the local area.

To improve the delivery of IHAs the following actions are being taken:

- The ICB is commissioning additional capacity via an alternative provider.
- The tracking system is being updated to an electronic and cross agency solution
- Weekly monitoring meetings will initially be chaired by the Assistant Director for children’s social care and early help with a clear and agreed escalation process.

1. Recommendation(s)

- 1.1 Members are aware of the continuing performance issues with Initial Health Assessments and the action being taken by Children's Services and the NHS to improve this

2. Introduction and Background

- 2.1 When a child becomes looked after by Thurrock Council there is a duty under the *Care Planning, Placement and Case Review (England) Regulations 2010* to undertake an assessment of their health needs within 20 working days of accommodation. This is referred to as the Initial Health Assessment. There are two steps to the completion of an IHA:

- Social Care must refer the child within 5 days of becoming looked after
- The child attends the Initial Health Assessment appointment within 20 working days of becoming looked after.

Following the appointment, a report is sent to the Social Worker and ensures those caring for the child understand their health needs.

- 2.2 The Health Service local to where the child is living in care is responsible for the IHA appointment. It is not permissible for Health Services to prioritise children from their own area. This means that Thurrock based health services have to offer Paediatric IHA appointments to all children who are newly placed in Thurrock whether they are in our care or the care of another local authority.

- 2.2 Almost all children receive an IHA but there has been a fluctuation in the ability to deliver this within the statutory timeframe. This has been a persistent issue and was raised in the 2019 Ofsted Inspection of Children's Services.

Current Joint performance for this financial year is:

Children entering care requiring an IHA from 1st April 2022 – 14th November 2022

- **53** children entered care in the financial year

Referrals to Health by Thurrock Council

- **36** (68%) Children were referred for an IHA on time by Thurrock Council
- **17** were referred outside of that time frame with
- The average time for a referral to be made is 6 working days

Thurrock Council refers the majority of children for an IHA within the agreed timeframe and the average figures indicate that when this is not achieved the delay is not significant (one working day)

Initial Health Assessments Completed by Health Services

- **44** have received an IHA, **11** of these were on time, **33** were overdue

- 2 children left Care before their IHA was due
- 1 Child refused their IHA
- 6 IHA's are within timescales and pending at the time of writing
- The average time for an IHA to be completed is **41 days** from entering care, the target is **20 working days**

Almost all children receive their IHA apart from those who refuse or leave care. Most children will receive their Initial Health Assessment.

The issues driving current delay are:

- Lack of available Paediatric Appointments in placement area
- Missed first appointments (via child declining or carer availability)
- Lack of an available interpreter
- Changes of placement
- Lack of or late parental consent

3. Issues, Options and Analysis of Options

- 3.1 This section focuses on the delivery of the Initial Health Assessment (IHAs) and the current challenges faced by our NHS provider NELFT (North East London Foundation Trust) and other providers externally in delivering within the statutory timeline. The report describes the plans in place to address this challenge in the short and long term.

Promoting the health and wellbeing of looked-after children Department for Education and Department of Health (Updated 2018) provides the statutory guidance for local authorities and Integrated Care Boards (ICBs). Although it is the Authority who has the responsibility for ensuring a health assessment of physical, emotional and mental health needs is carried out, the NHS has a significant role to play in ensuring the timely and effective delivery of health services to looked-after children.

There are three key approaches to this being achieved:

1. commissioning effective services,
2. delivering through provider organisations, and
3. through individual practitioners providing coordinated care for each child.

The IHA should result in a health plan being available for the first statutory review completed by the independent Reviewing Officer (IRO) which must happen 20 days from when the child comes into care. The Guidance stipulates that the IHA must be carried out by a Medical Practitioner and cannot be delegated. The guidance also includes instructions regarding the assessment process itself.

NHS England wrote to all CCGs (Clinical Commissioning Groups) in February 2022 and in this acknowledged the challenge of providing IHA's for children when placed out of area and confirmed that all health teams have a duty to

see children for IHAs within 20 days regardless as to where they first became looked after e.g. if a child from Thurrock is placed in Northamptonshire, the time frame remains the same and if a child from Bedford is placed in Thurrock the timeframe applies. Local Children must not be given priority over other Local Authority Children.

This reaffirmed the position of the CCG (Clinical Commissioning Group) and now ICB and NELFT in holding this stance of best practice for all children irrelevant of the responsible Authority being internal to the ICB or external.

This is relevant locally as although the numbers of children looked after in Thurrock have remained stable the numbers placed in Thurrock from other areas has increased significantly.

The table below demonstrates the demand and capacity challenges for North East London Foundation Trust (NELFT) and the Integrated Care Boards current Commissioning arrangements. It illustrates that although the current capacity is adequate for Thurrock children coming into care the numbers of children placed locally from out of area are a causal factor for the challenges in regard to the compliance with statutory timeframes for all children in care.

Timeframe	Thurrock	Basildon and Brentwood & OOA	Total IHAs
Jan- Dec 2021	61	105	166
Jan-June 2022	27	75	92
July – September 2022	12	37	49

It is important to note that the ICB, NELFT and the Council Officers work collaboratively to track and monitor all Thurrock children on a weekly basis. All children and young people are seen at the earliest opportunity. Regular exception reports capture the reasons for any breaches. This has led to improvement in coordination, root cause analysis of the issues and confirmation of a joint responsibility.

For children placed outside of Thurrock, officers proactively engage with NHS providers in their area to support transfer of care and track delivery of IHAs but have little influence on pressures on their local services.

A revised escalation plan process has been agreed between the Designate Nurse role in the ICB and Local Authority Looked after children's team. This will be supported by the new designate Medical Officer for Looked After Children and the designates who will be able to work across networks and with their counterparts in other areas.

It has been recognised the current manual tracking arrangements for IHAs needs to progress from a manual and labour-intensive approach, thus subject to risk through human error and dependency, to a cross agency digital

approach. NELFT have been leading on this development on a county wide approach and the pilot phased is to be launched early in 2023

The ICB and NELFT have been in discussions and monitoring the situation closely. In February 2022, the ICB approved financial resource for NELFT to secure additional capacity through locum or overtime arrangements. Unfortunately, this has not been successful due to the scarcity of locums and agency in this specialist workforce and current pressures on the service.

As an immediate short-term solution, the ICB are now in discussions with an alternative provider to deliver additional capacity of 100 IHA across Mid and South Essex acknowledging the same pressures are being experienced across our partnership. Subject to approval this should be in place by January 2023. The new ICB landscape and the development of the Community Provider Collaborative across Mid and South Essex provides the opportunity to design a sustainable longer-term solution.

The current commissioning and delivery models across Mid and South Essex have been reviewed and options are currently being appraised to ensure value for money, effective delivery, greater integrated care and most importantly an improved experience and outcome for children and young people.

4. Reasons for Recommendation

- 4.1 Health and Wellbeing Board are informed that Children who require an Initial Health Assessment receive one, but these are not being consistently carried out within statutory timescales. Performance in this area has remained inconsistent since 2019.
- 4.2 Health and Wellbeing Board are informed of the current steps being taken to improve this which includes, increased Paediatric capacity, an electronic referral process and tracking to avoid delay. These changes will be implemented over the next six months and will not yet be evident in our performance data

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

- 5.1 Our Corporate target is for 90% of Initial Health Assessments to be completed in 20 working days of entering care

7. Implications

7.1 Financial

Implications verified by: **David May**
Strategic Lead Finance

The are no financial implications for this report

7.2 **Legal**

Implications verified by: **Judith Knight**
Interim Deputy Head of Legal (Social Care and Education)

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

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

7.3 **Diversity and Equality**

Implications verified by: **Roxanne Scanlon**
Community Engagement and Project Monitoring Officer

The Service is committed to practice, which promotes equality, diversity and inclusion, and will carry out its duties in accordance with the Equality Act 2010, Public Sector Equality Duty and related Codes of Practice and Anti-discriminatory policy. The service recognises that a range of communities and groups of people may have experienced obstruction or the impact of prejudice when accessing services including Social Care and Health services. Both Services are committed to support all children in the care of Thurrock Council to access Initial Health assessments, individual arrangements are made where required to meet needs and address individual concerns

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

- Impact on looked after children

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

- None

9. Appendices to the report

- None

10. Key points of interest within appendices

- None

Report Author:

Helen Farmer - Interim Director of Babies, Children and Young People MSE ICB

Dan Jones – Strategic Lead CLA

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9 December 2022	ITEM: 8
Health & Wellbeing Board	
Progress Report on Youth Violence and Vulnerability	
Wards and communities affected: all	Key Decision: Non-key
Report of: Dr Jo Broadbent, Director of Public Health Michelle Cunningham, Community Safety Partnership Manager	
Accountable Director: Dr Jo Broadbent, Director of Public Health	
This report is Public	

Executive Summary

This report is to provide the Health & Wellbeing Board an update on progress of the recommendations in the Annual Public Health Report of Youth Violence and Vulnerability.

The annual report of the Director of Public Health on Youth Violence and Vulnerability in 2020 can be found [here](#). It supported Thurrock in developing a Public Health approach to violence. A Violence & Vulnerability Board was established to oversee delivery of the recommendations therein. Chaired by the DPH, it brought together all relevant agencies to support young people and intervene with a preventative approach before they are groomed by gangs and go on to commit offences, and will provide a long lasting solution.

The majority of recommendations within that report have now been delivered, or are underway, and the action plan has been revised in line with this and the Serious Violence Duty. The governance to deliver on this work has thus been reviewed and it has been agreed that the overarching ownership of this action plan is moved from the Violence and Vulnerabilities Board to the Community Safety Partnership Board.

Thurrock remains part of the Essex Violence and Vulnerability Board which recognises the significant impact that serious violence associated with gang activity is having on the communities of Essex. This has brought access to considerable additional funding for early prevention and intervention activity.

1. Recommendation(s)

- 1.1 **That members of the committee review the ongoing long term preventative approach to the Violence & Vulnerability agenda.**

- 1.2 That members contribute to the delivery of this agenda ensuring that communities have a voice within this agenda.**
- 1.3 That members note the changed governance arrangements for this work.**

2. Introduction and Background

2.1 National Context:

In March 2019 the Home Office announced a Serious Violence Fund to help tackle serious violence in 18 areas worst affected of which Essex was identified as one of the Violence Reduction Unit areas. This funding was to support Surge operation activity by Essex Police and to set up a Violence and Vulnerability Unit (VVU) in Essex to build capacity to tackle the root causes of serious violence by bringing together Police, local government, health, education professionals, community leaders and other key partners to provide a multi-agency response to local drivers of serious violence.

2.2 Essex Violence and Vulnerability Unit

As a partnership the focus of the Essex VVU is to address issues which will lead to a reduction in serious violence – namely to:

- Reduce hospital admissions for assaults with a knife or sharp object and especially among those victims aged under 25
- Reduce knife-enabled serious violence and especially among those victims aged under 25
- Reduce all non-domestic homicides and especially among those victims aged under 25 involving knives

This will be achieved by:

- Identifying and tackling organised crime gangs, County Lines and drug supply.
- Delivering a proactive, robust local enforcement programme in partnership with communities.
- Reducing the risk of young or vulnerable people being exploited by gangs and help those involved in gangs to break away.

The Essex Violence and Vulnerability Round Table is chaired by the Police Fire and Crime Commissioner Roger Hirst and attended by members and Directors from Thurrock.

The Essex Violence and Vulnerability operations board is attended by officers from YOS, CSP and Public Health for Thurrock.

There are 5 work streams to deliver on the focus areas:

1. Voice of Communities
2. Targeting interventions
3. Developing the Workforce
4. Raising Awareness

5. Improving our understanding.

2.3 Thurrock Structure and related priorities

The response to Serious Youth violence in Thurrock (16-24 year olds) has been structured around the 2020 Annual Public Report by the then Director of Public Health on Youth Violence and Vulnerability. This takes a public health approach to serious youth violence and vulnerability and makes 32 recommendations within the following 4 categories:

1. **Surveillance** – led by Public Health and Childrens Social Care
2. **Primary Prevention** –through Brighter Futures
3. **Secondary Prevention** –through the Local Safeguarding Childrens Partnership Multi Agency Child Exploitation (MACE) group
4. **Tertiary Prevention** –through the Youth Crime Governance Board and Community Safety Partnership Executive

The Thurrock Violence and Vulnerability Board has been convened to bring together representation from the 6 key strategic partnership boards, namely; the Community Safety Partnership, the Safeguarding Adults Board, the Local Safeguarding Children’s Partnership, Youth Crime Governance Board, Brighter Future’s Partnership Board and the Health and Well Being Board in order to provide governance for the coordination and implementation of these recommendations and ensure a cross cutting public health approach to **youth violence and vulnerability**.

2.4 Safeguarding and Criminal Gang Activity

Protecting children and vulnerable adults from the risks in relation to criminal gang activity should be seen as part of the Councils wider safeguarding duties, and is the same as protecting them from any other harms.

3. **Issues, Options and Analysis of Options**

- 3.1 Appendix 1 presents a summary of action on the Community Safety Partnership Priority 3 of the CSP: Violence and Vulnerability: Tackling gang related activity and offensive weapons to reduce drug driven violence.

4. **Reasons for Recommendation**

- 4.1 Scrutiny by members in relation to this priority will ensure that Thurrock Council is in a strong position to fulfil the new duty which will be placed upon it in relation to serious violence¹. This duty on public bodies will ensure relevant services work together to share data and knowledge and allow them to target their interventions to prevent serious violence altogether.
- 4.2 No agency will resolve this issues on its own and we need to work with communities and ensure that they are part of the solution.

[draft guidance - serious violence duty \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

4.3 To enable members' oversight of identified actions to ensure Thurrock Council responds appropriately to the challenges posed by criminal gang activity and delivers on the recommendations within the Annual Public Health Report.

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

5.1 The purpose of bringing this report to HWBB is for ongoing oversight by members.

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

6.1 The Thurrock Community Safety Partnership is central to delivering Thurrock Council's priority of:

People – a borough where people of all ages are proud to work and play, live and stay.

This means:

- High quality, consistent and accessible public services which are right first time
- Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
- Communities are empowered to make choices and be safer and stronger together

6.2 This work will form a key part of delivering on the draft priorities within the Health and Well Being Strategy 2022/26 and is being consulted on as part of the development of that strategy: see <https://consult.thurrock.gov.uk/thurrock-hwb-strategy-refresh>

7. Implications

7.1 Financial

Implications verified by: **Laura Last**
Senior Management Accountant

The Home Office via the Police, Fire and Crime Commissioner has provided Violence and Vulnerability funding for Localities work and work with those at risk of High Harm. Thurrock Community Safety Partnership has been allocated £123k of this for 22/23 and £92k for 23/24 in order to fund a range of projects.

7.2 Legal

Implications verified by: **Gina Clarke, Governance Lawyer & Deputy Monitoring Officer**

When the new Serious Violence Duty (“New Duty”) is fully implemented it will require the Council and a range of other authorities including, youth offending teams, schools, local health boards, and policing bodies, to collaborate and share data and intelligence to prevent and reduce serious violence in Thurrock.

They will also need to formulate an evidence-based analysis of the problems associated with serious violence in Thurrock, and then produce and implement a strategy detailing how they will respond to those issues.

Prisons, youth custody agencies and educational authorities will be under a separate duty to work with these core partners or each other, should they wish to do so. There will be requirements to consult all such institutions in their area as they prepare their strategy.

Draft statutory guidance has been published and consulted on [Serious Violence Duty: draft guidance for responsible authorities \(accessible version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/100000/serious_violence_duty_draft_guidance_for_responsible_authorities_accessible_version.pdf) to support the implementation of the new duty and provides advice on how the New Duty can be met effectively. The new arrangements as outlined in the report can be put in place to ensure that the that the Council is sufficiently prepared in advance of full implementations of the New Duty.

The Government aim to publish the final statutory guidance before planned commencement of the New Duty early in 2023. Secondary legislation will be brought forward to make further provision for or in connection with the publication and dissemination of strategies and conferring functions on local policing bodies.

7.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon
Community Engagement and Project
Monitoring Officer**

There are no direct implications in relation to diversity and equality from this report. Monitoring of the ethnicity of young offenders, and any identified learning disabilities is in place through the Youth Crime Governance Board and actions to address any identified disproportionality put in place

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

This report will support members in ensuring that they are delivering on Section 17 of the Crime and Disorder Act.

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

[draft guidance - serious violence duty \(publishing.service.gov.uk\)](#)
[Annual-public -health-report- Violence & Vulnerability](#)

- 9. Appendices to the report**

- Appendix 1: Report to Health and Well Being Board on Community Safety Partnership Priority 3 of the CSP: Violence and Vulnerability

Report Authors: Michelle Cunningham, Community Safety Partnership Manager
Jo Broadbent, Director of Public Health

Report to Health and Well Being Board

Community Safety Partnership Priority 3 of the CSP is: Violence and Vulnerability: Tackling gang related activity and offensive weapons to reduce drug driven violence

Much of our work driven by the Essex wide Violence & Vulnerability framework and the response to the 2019 Annual Public Health Report on serious youth violence and going forward delivering on part of Domain 6 – community safety within the H & WB strategy and the serious violence duty

Working with public health there is a commitment to have a draft serious youth violence strategy by June 2023, this will also link to the Combatting drugs partnership as well as respond to the new Duty that will be placed on us in relation to Serious Violence.

In order to deliver on this through the chair we have reflected on and revised our governance structure in order to reduce duplication and provide clarity on accountability

Aims:

We will Align to the Violence and Vulnerability Framework for Essex to achieve:

- Improved understanding and changing attitudes to violence
- Supporting communities to initiate change
- Delivering programmes which prevent and reduce serious violence

Governance and Partnership Engagement:

Revised governance: the chair of the Violence and Vulnerability Board in Thurrock has raised concerns over duplication of some of the work within the VV board and with the new H & WB Strategy in place and the revision of the action plan in line with the Serious Violence Duty it would be appropriate to review the governance to deliver on this work.

Subsequently it has been agreed that the overarching ownership of this action plan is moved from the Violence and Vulnerabilities Board to the Community Safety Partnership Board.

Dr Jo Broadbent, Director of Public Health for Thurrock will remain as the lead Director for delivery.

The Community Safety Partnership Strategic Board, Brighter Futures Board, Youth Crime Governance Board and Local Safeguarding Childrens Partnership all have a part to play as highlighted in the report shared

This board has been identified to take a lead on surveillance and tertiary. This report today focuses on secondary and tertiary in the delivery of this priority with leads as below:

Ref	Category	Board/Body	Lead Officer/s
1.	Surveillance: Action to understand and monitor the problem at a population level	YCGB	Dr Jo Broadbent

	including the effectiveness of a whole system approach		
2.	Primary Prevention: Action to 'inoculate' the wider communication against the risk of becoming either a victim or perpetrator of serious violence	Brighter Futures	Michele Lucas
3.	Secondary Prevention: Intervention with those with existing risk factors to mitigate risk	LSCP - MACE	Clare Moore & Priscilla Bruce-Annan
4.	Tertiary Prevention: 'Treatment' of perpetrators and victims of violence to reduce further harm	YCGB and CSP executive group	Fiona Pallett & Michelle Cunningham
5.	Community Awareness, Education and Prevention to support Delivery of recommendations	CSP executive group	Fiona Pallett & Michelle Cunningham
6.	Drivers of Violence	CSP executive group	C/I Mark Barber

Overarching Annual reports will be provided to:

- Health and Well Being Board
- Cleaner Greener Safer Overview and Scrutiny (within annual CSP report)
- CSP Strategic Board
- Youth Crime Governance Board

This report to the H & WB focuses and details on the tertiary aspect.

The plan will be monitored and updated by the CSP manager. This action plan will contribute to Domain 6 of the new Health and Well Being Strategy 2022/26

Performance:

Q1 and Q2 2022/23

The operational gang related violence group meets monthly and currently manages 23 nominals. Information is shared, risk reviewed and actions identified either through intervention or enforcement. The detailed report for the first 6 months of this year is summarised below:

- There have been a total of 44 nominals monitored and discussed in the 6 months ending Sept 22, during this period 13 new referrals have been received, 12 of which have added to the matrix, and 7 of them RAG rated red
- Throughout the period 7 nominals have been removed from discussion
- 61% of those discussed were aged between 17-21years. This is a significant age bracket for services involved in supporting or managing nominals, as we often see a great transition from youth to adult services. During this transition youth services often fall away and are not always replaced by their counterparts in adult services.
- We continue to see correlation with regards to the residence of nominals becoming more central to Thurrock, with the largest number residing within Grays. This correlates with the increased presence of GTM members on the

matrix and Grays being considered the main territory in which the gang operates.

- 1 Criminal Behaviour Order has been obtained
- Op Overwatch has taken 8 young people to court and interim Gang Injunctions obtained – this supports with safeguarding these young people reducing risk of Exploitation whilst providing offer of intervention. They are now working on obtaining gang injunctions for adults within the cohort.

Through public health we continue to work with Xantura to develop an intel led approach to identifying those at risk.

A & E data recording is poor however for 6 months to Sept 22 at Basildon hospital there have been 54 attendances for injury recorded with addresses of incident, which is an 11% increase. 6 are aged under 18. 39 male and 11 female. 7 injuries recorded a bladed article.

Risks/Issues/Threats:

- Inadequate reach of generic youth services to provide meaningful after-school activity for young people remains a gap with lack of offer for primary age and resource gap for CREW mentoring project. Red Balloon continue to be active in priority areas.
- Cost of living increase is a risk to increased opportunity for young people to be exploited

Monitoring against Delivery Plan:

Achievements to Date:

- Of the 31 recommendations within the Annual public Health Report 2019 16 remain in progress.
- Parenting offer reviewed and from April 22 the new teams structure aims to create a much more cohesive offer to parents with the same team co-ordinating all aspects of improving parental skills and to avoid non-engagement through the current dispersed model
- Through the 11-19 Strategy group Education providers share best practice on skills based learning between all schools with regular reports provided to the group and best practice shared from a range of education providers.

Schools:

- Staff training package focusing on Child Criminal Exploitation (CCE) and gangs which can be delivered either online or in person is aimed at all staffing groups working within the school context
- Schools have been promoted to submit intel reports and more information is being shared
- With a contextual safeguarding approach in mind:
 - we offer secondary schools the opportunity of a termly school meeting which brings together partners to discuss young people of concern through the lens of prevention.
 - collective contextual safeguarding report is produced by the Gangs and CE Lead, Community Safety Partnership Manager and Business Manager for the Local Safeguarding Children's Partnership on a

termly basis. This provides up to date information on current contextual concerns in Thurrock, including hotspots, emerging issues and data from substance misuse services, missing episodes, and the Gang Related Violence forum

- Specific awareness session for parents of young people. aims to explore CCE, gangs and its associated harms and provides practical advice on how parents can support a young person as well as spotting the signs. Also attend parent engagement events run by the school, e.g. open evenings.
- Have three main support options for young people in schools,
 - drop-in sessions,
 - offer of workshops to target a specific group of young people or focus on a particular topic
 - 1-2-1 intervention.

The delivery of these sessions is largely dependent on the provision already available in the school and based on need. The support we have been able to provide young people has prevented permanent exclusions on two occasions.

- Olive Outreach programme is in place and being well received by Secondary schools who are referring
- The recruitment of a 'Young Persons Exploitation Worker' has allowed for more structured work to be delivered to our under 18 years cohort. The provides opportunity for a 12 week period of structured intervention to be delivered which specifically focuses on gangs and exploitation.
- Inspire have funding to support young people to obtain photo ID and therefore into work as well as funding kickstart posts.
- Our gang's lead is working with schools delivering training and awareness, looking at parent workshops and all secondary schools have been offered termly meetings to discuss those of concern and to host drop in sessions
- St Giles Trust continue to provide support in 2 schools

Next Steps:

- Continue to progress work with Xantura to develop predictive risk model for youth violence and gang involvement and to use it effectively to provide tailored preventative packages to enable effective multi-agency response to those at risk
- Walk online roadshows highlighting risks in relation to online exploitation, gangs and knife crime planned for years 5/6/7/8 in Nov 22 and March 23
- Strategic assessment in relation to youth violence has been provided, with the delivery plan to be refreshed in line with findings
- To utilise police driven data to focus on identified geographical areas Tilbury / Grays / W Thurrock
- Community – CVS and Thurrock network collate voice of community and workshops / awareness and weekly newsletter

Funding:

- Subject to agreement to carry forward funding into 23/24 £150,000 of funding has been secured from the VVU with £64,000 pending further

detail. Note this funding must focus on intervention targeted within geographical areas Tilbury / Grays / W Thurrock

- £9,330 allocated by CSP to this priority
- Funded provision:
 - Olive Outreach (in place)
 - Outreach for primary schools – to develop
 - Funded REACH places for primary schools – to implement
 - St Giles – currently in 2 schools – from April will be day a week in 4 schools
 - Working to submit bids to extend the exploitation worker and add in another post to support with the wider school intervention

Reviews:

The CSP exec are reviewing a non-domestic abuse violence in Thurrock report for 2021 and will support review of current activity and identify any gaps towards the new Duty on CSP's and partners in relation to Serious Violence. The key findings are below in relation to non-domestic abuse violence :

- Of the 4,294 violence against the person classification 19% were violence with injury and 67% of those defined as “community violence”
- Within community violence 73% of suspects and 72% of victims are male (where recorded)
- All knife related crime was committed by males and 92% of victims were male with 75% of named suspects linked to drugs
- Grays Riverside and West Thurrock and South Stifford wards accounted for 30% of community based violence

The Substance Misuse and Alcohol Needs Assessment has been completed.

We are working with the Violence and Vulnerability data scientist to produce a serious violence strategic needs assessment by 31st March 2023. This will be a SET wide document with inclusion of each District/Unitary area. This will continue to develop beyond this time and will drive our serious violence strategy.

Opportunities:

- The Health Family work and Family hub will provide opportunities for early intervention
- To expand projects which are having early benefits e.g. Olive Outreach work and young person's exploitation worker
- Reroute – expand Essex project to Thurrock to support young people Released Under Investigation (RUI)
- To access funding from VVU to target harden Koala Park
- To seek to extend the work of St Giles Trust into 4 schools

Report Authors:

Michelle Cunningham, CSP Partnership Manager
Fiona Pallet, Gang and CE Lead and Chair of Op GRV
Gina Chapman, Criminal Intelligence Manager

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8th December 2022

Update and appraisal on the development of the MH UCD

Prepared & Submitted by: Alfred Bandakpara-Taylor Deputy Director for Adult MH

Status: For Approval

Purpose

The purpose of this paper is to provide the Health & Wellbeing Board an update and appraisal on the development of the Mental Health Urgent Care Department. It will:

- Outline the background
- Set out the current position
- Identify any potential risks

Background

The scope of the Mental Health Urgent Care Department (MHUCD) project is determined as a model for providing rapid intervention for patients with mental health needs without referrals, as an alternative to Emergency Departments (ED's). This will include construction of a new purpose built facility, based in repurposed footprint of the current Mental Health Assessment Unit (MHAU) and development of a new operational service by February 2023.

Outline of the service

The service aims to provide a 24/7 mental health urgent care service that enables a full and robust mental health assessment and onward care planning in a calm & therapeutic setting for patients in crisis. It will aim to understand how the patient is feeling, what triggered the crisis and provide support that will enable the patient to return home or onward refer to an appropriate service.

We expect the Mental Health Urgent Care Department will cater for the entire adult population (18+) of Mid & South Essex ICS (MSE ICS). On a population basis the patients will be in the following groups, by need:

1. Patients who would've gone to the acute emergency departments previously but come directly to the MHUCD instead

2. Patients diverted from the acute emergency departments
3. Patients who will be referred directly to the unit from 111/999, the professional line and other services
4. Those who currently seek crisis support, or attend emergency departments and leave without treatment (the unmet need).

By geography

Predominantly the patients are likely to be drawn from Basildon, Thurrock and Southend however the service will be open to all patients within MSE.

The service will provide rapid specialist assessment for all MH patients over the age of 18, presenting to the unit in crisis including those with minor self-harm and intoxication (full inclusion and exclusion criteria to be added as appendix). Further it will act as a hub to access and signpost to various resources in the community and voluntary sectors.

It is expected that no patient will stay longer than 24 hours in the service, with a vast majority either discharged or admitted to appropriate facility within 12 hours and most expected to stay no longer than 2 hours.

A summary of the services expected is detailed below:

- A triage of patient's urgency and needs
- A biopsychosocial assessment of their physical and mental health.
- A medical review; including mental state assessment, and administration or recommencement of medication if required
- Minor self-harm treatments
- One-to-one time with the team
- Referral to other mental health services/ specialist pathways or crisis alternatives
- Planning for future risks and care
- Signposting to relevant charities or community support
- Liaising with other services or carers who are involved in patient's physical and mental health care
- Immediate crisis care planning
- A clear discharge or transfer plan.
-

Referral routes

The Mental Health Urgent Care Department expects patients to access the services through a wide range of referral routes. Primarily we expect patients to be attend the service via NHS 111 option 2, the professional line/ contact centre referral, ambulance conveyance or walk-in. However, the service will also accept patients diverted by the acute ED at Basildon Hospital or any other hospital in the MSE ICS, those referred by general practitioners,

community response service or conveyed by police services. The walk-in patients are likely to be known to mental health services and have crisis care planning in place which clearly outlines the expectations of the MHUCD service and patients support requirements. The MHUCD project group will work with the ambulance service and contact centre to create appropriate criteria, pathways and tools to support the triage and onward referral of patients to the appropriate services within the Urgent Care pathway.

Onward referral or Discharge

Following an assessment most patients will be expected to be discharged home with either appropriate guidance and/or onward referral to alternative services such as mental health community service, primary care, psychology support, and substance misuse service, crisis alternatives such as The Sanctuaries, housing & social care support or voluntary sector support. A small number of patients may be transferred to the Mental Health Assessment Unit for prolonged observation or trial of drugs. A few patients may need to be admitted to our inpatient facilities in an adjacent unit or to one of our other admitting facilities.

Rationale and background

The project was initiated to support the Systems current and worsening pressures within local Emergency Departments. This includes; the frequent and increasing patient length of stay in Emergency Departments while awaiting Mental Health Assessment Unit or inpatient bed availability, increasing general Emergency Department demand and limited capacity, impact on ambulance services due to delays in offloading and handing over patients posing significant risk to the system's ability to meet growing patient demand and need.

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Mid and South Essex
Integrated Care
System



Mid and South Essex

Mid & South Essex

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Health & Wellbeing Board Update

Background Overview

- Covid-19 pandemic prompted national creation of Emergency Department Mental Health Diversion pathways
- Some evolved into Mental Health Emergency Departments or similar
- Varying inclusion, exclusion criteria and services offered
- Varied names (MHED, MHUCH, MHCAH, MHCH)
- Some working examples are:
 - Camden and Islington NHS Foundation Trust
 - Leicestershire NHS Foundation Trust



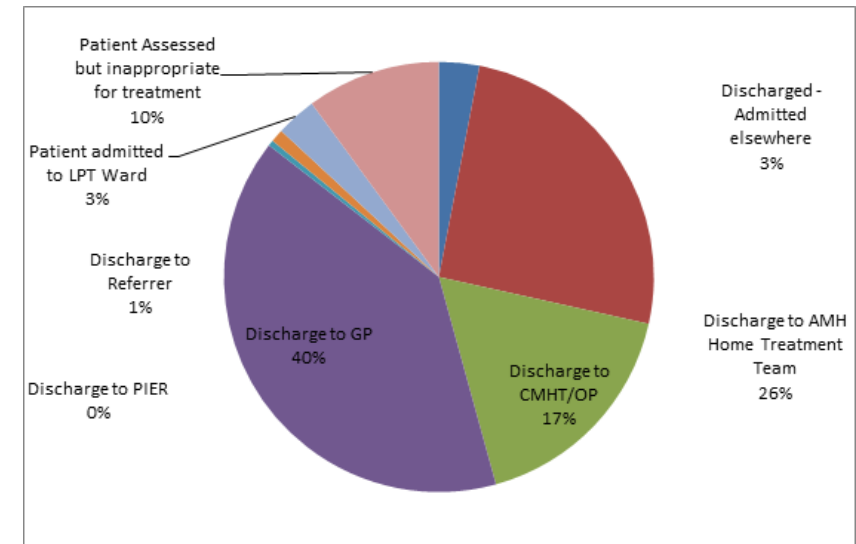
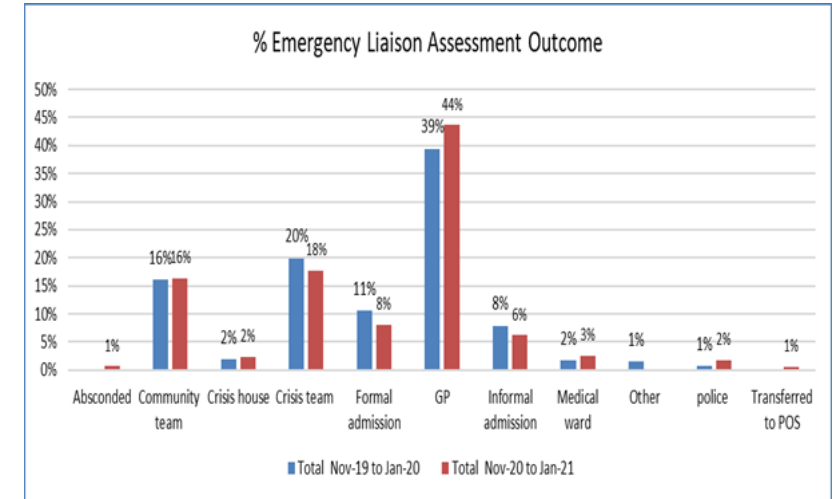
Camden and Islington
NHS Foundation Trust



Leicestershire Partnership
NHS Trust

Expected impact of this new service based on experience of other providers

- Improved patient and staff experience
- Reduction in rates of admission, less referrals for inpatient beds from MHUCD when compared to the MHLT based in A&E (less than 2% of patients referred for admission following implementation)
- Positive impact on system partners; Ambulance Services, Acute Trusts, Police and GP's due to improve patient flow and transparent entry points
- Less pressure on staff to make quick clinical decisions, more time to allow for senior medical/nursing input
- Good links with external partners; housing and social care to problem solve issues which are linked to repeated attendances
- Seamless transition to Crisis Team and Mental Health Liaison Team; same assessment tool used which reduces the workload for them
- Integrated bed management process; all informal admissions where possible and appropriate are reviewed at MHUCD
- 60% of all emergency mental health referrals now seen in MHUCD (40% of activity continues in ED)
- 92% reduction in 12-hour trolley breaches in ED
- Improved average length of stay. Average length of stay in MHCUD of 5.2 hours



To be delivered Early February 2023

Based at Mental Health Basildon site

5 assessment rooms with sofas

Walk in and ambulance entrance

Waiting area

Clinical and treatment room for medication preparation and minor injuries

Integrated staff and support service including;

Doctors

Mental Health Nurses

Physical Health Nurses

Psychologists

Social Care staff

Paramedics

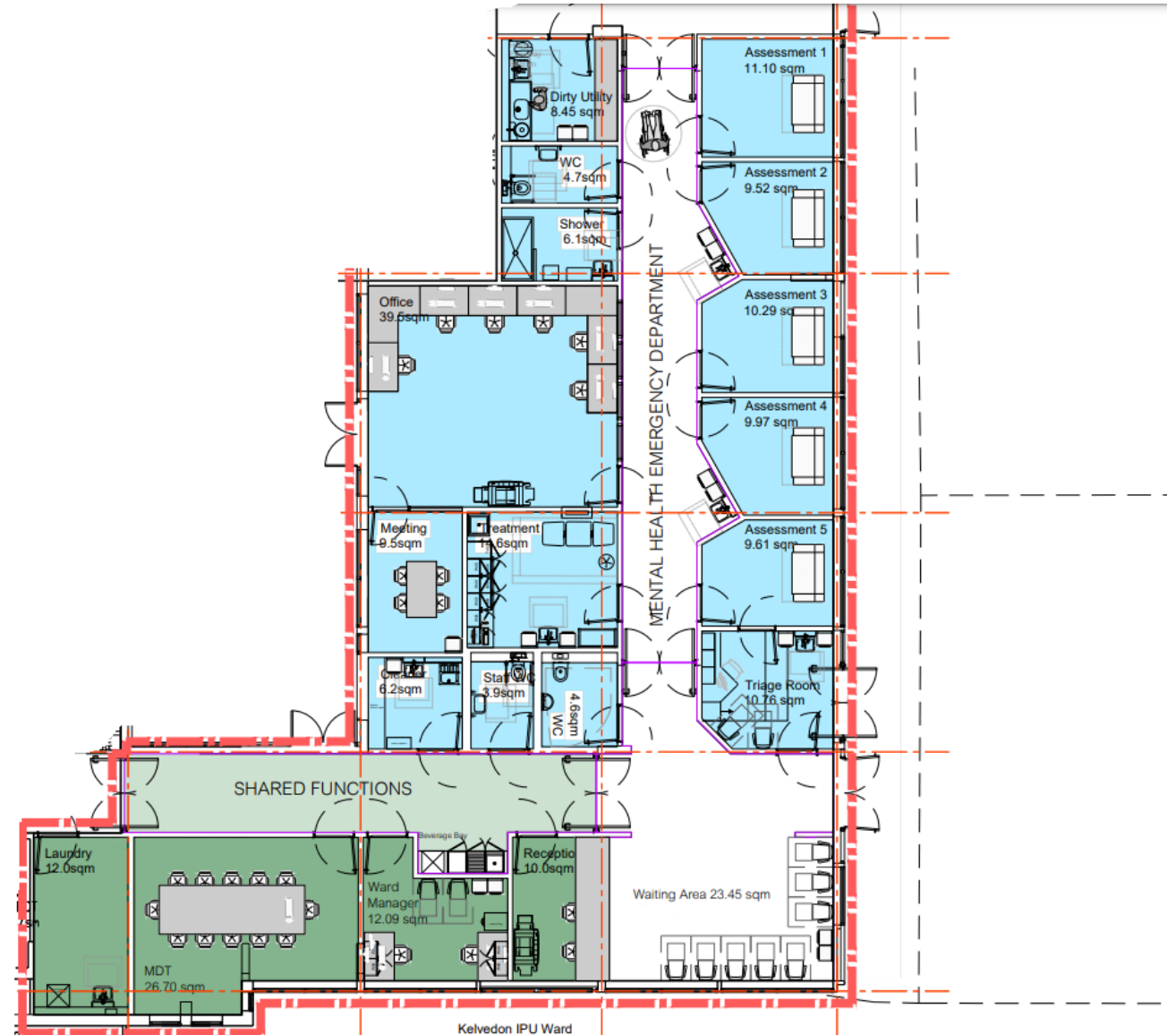
Pharmacy Technician

Admin and support staff

Community Teams

Voluntary sector

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5 Key workstreams alongside a live experience involvement group

Estates workstream deliverables:

- Collaboratively produce a detailed design and building plan for MHUCD
- Produce the tender specification document for use in invitation to tender, and appointment and mobilisation of the chosen contractor
- Handover the constructed MHUCD estate according to design plans, brief and in accordance with the national and trust patient safety guidance

Operations workstream deliverables:

- Collaboratively create and document details of the MHED service model; Patient flow within the service, interactions and with other services, escalation pathways, robust inclusion and exclusion criteria, transportation, and wider system impact.
- Creation of service governance documentation and tools such as SOP's, relevant policies and a triage tool.

Staffing workstream deliverables:

- Collaboratively produce details of the MHUCD staffing model
- Produce the required job descriptions
- Recruit required staff including interviews, and pre employment checks
- Determine and deliver required training and induction

Comms and Marketing workstream deliverables:

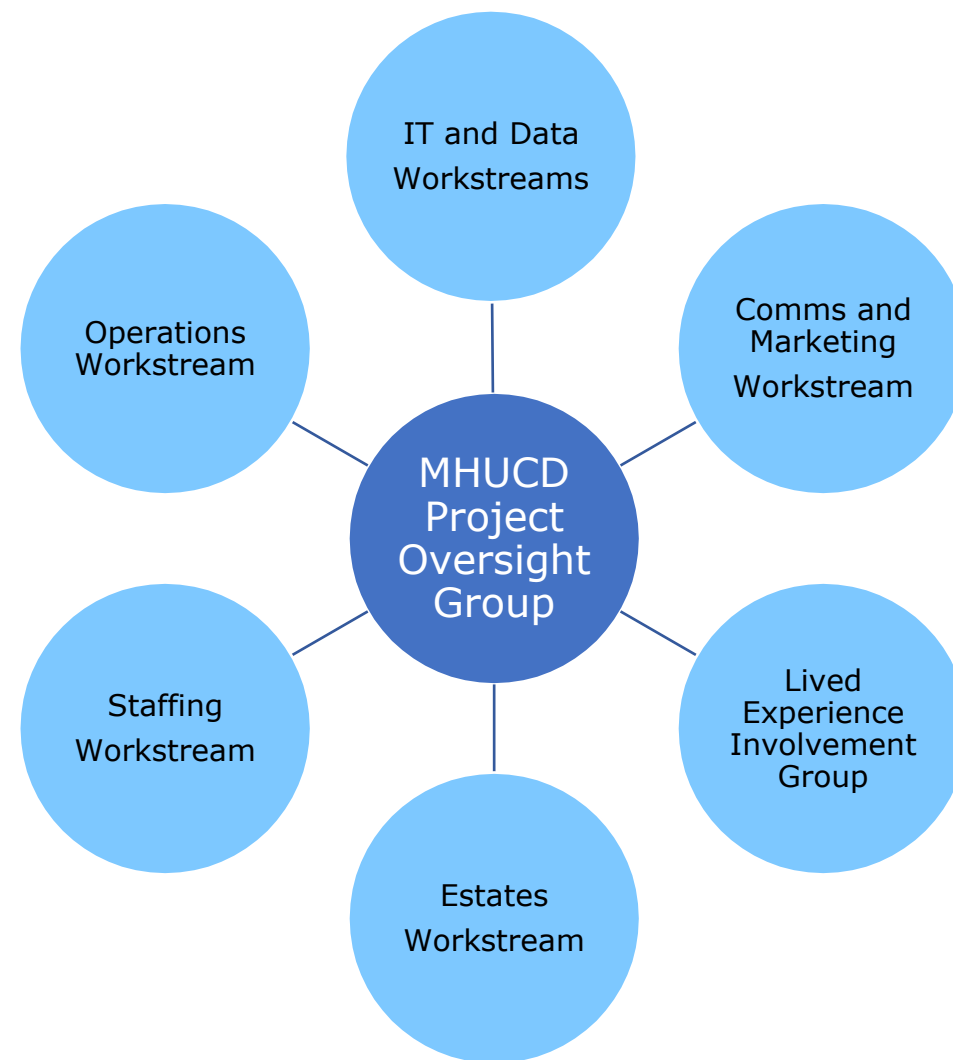
- Collaboratively produce a detailed marketing and comms plan fit for purpose
- Design and produce the required marketing and comms material
- Deliver the marketing and comms plan

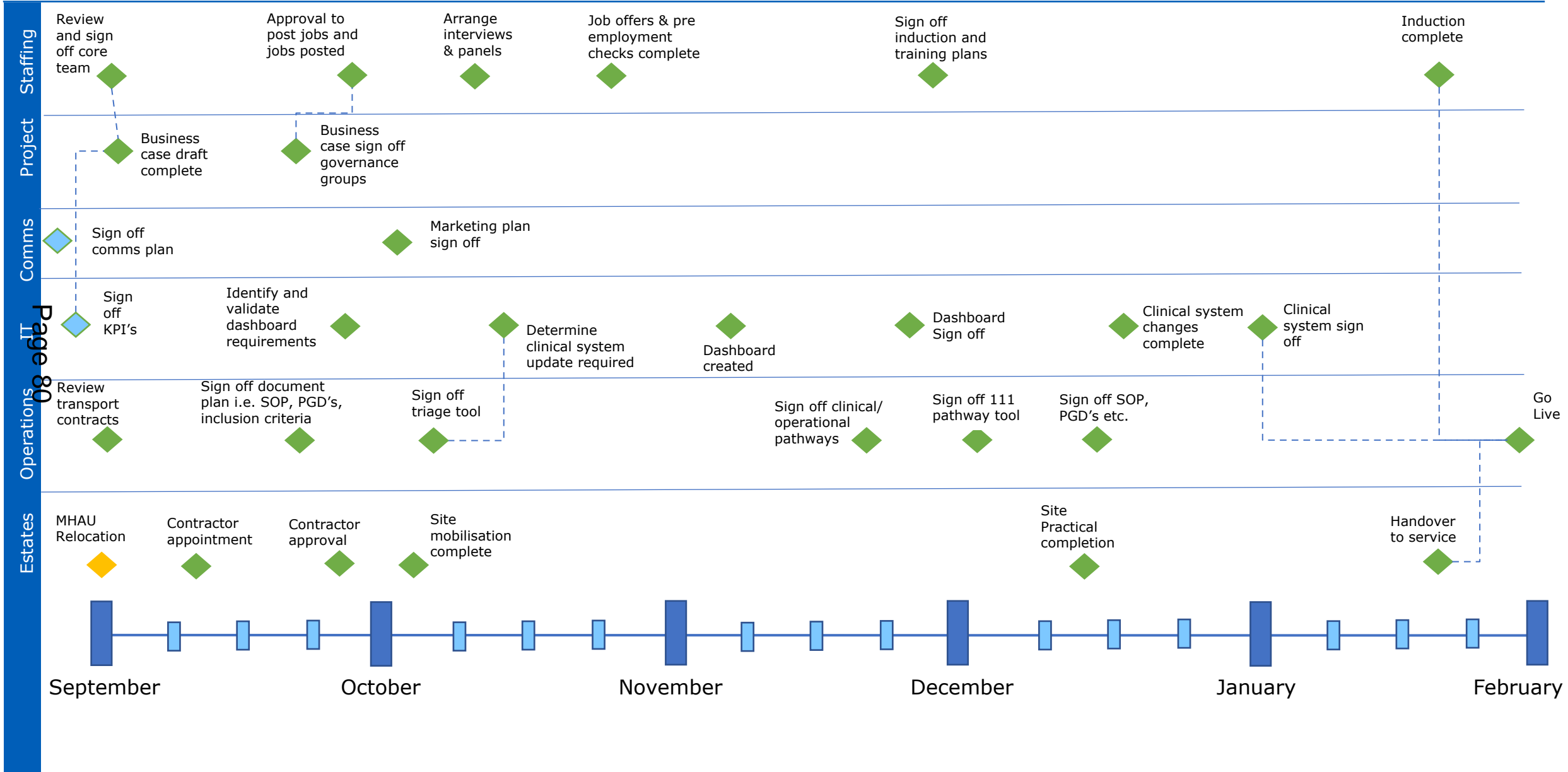
IT and Data workstream deliverables:

- Collaboratively determine the minimal viable clinical system according to data capture, clinical dashboard and operational requirements
- Collaboratively determine and produce data capture points to use for the business case, project KPI's, mandatory/ externally reported service KPI's and benefits realisation
- Design and construct the required clinical systems
- Dashboard creation and validation of input data

Lived Experience Involvement Group:

- To provide a co-productive voice of those with lived experiences to shape the workstream deliverables





ID	Risk/ Issue	Description	Probability	Impact	Mitigating Action
RL01	Risk	There is a risk of this new model of Mental Health emergency provision not being utilised correctly and not fit for purpose. As this is not a widely used and reviewed model in the UK there is little experience to draw from. This could impact the benefits of the service such as shorter handover time from ambulance service, shorter wait time for patients and reduction of inpatient admissions.	Low	Medium	Support sought from UK and worldwide providers who have successfully implemented this model of mental health emergency care. This can provide shared lessons learned and ensure EPUTs implementation of this model is supported with appropriate project stakeholder input and data capture. Clear marketing plan will support the appropriate use of the service by patients and other professionals and avoid patients/ professional misusing the service/
RL02	Risk	There is a risk that the current Diversion pathway supporting system pressures will need to be stopped to enable MHUCD construction to begin. There are currently no alternative options presented which suitable provide location alongside Grangewater ward for emergency procedure support, equipment and medication provision for the Diversion team from MHAU staff	High	High	Operational and system planning to be undertaken to determine impact and supportive plans to mitigate risk
RL03	Risk	There is a risk that workforce challenges will lead to continued vacant posts in the core team after recruitment adversited and put futher strain on already stretched system workforce	Medium	High	Review of the workforce contract options such as rotational posts to limit impact on existing system workforce. Adjust core workforce plan in favour of including easily recruitable band 7 or 8a positions vs traditinal band 6 posts to improve recruitment success and appropriate skill mix
RL04	Risk	There is a risk that data accuracy from MSE and EPUT fails to identify risks to the project success and incorrectly informs the project group of the project feasibility. This will also impact benefits realisation. Data currently shows decreasing Mental Health related attendances to Basildon and Southend Emergency Departments	High	High	Review and validate data capture comparing EPUT, MSE and manual data collection to identify areas of inaccuracy. Analysis of MSE and EPUT data underway to review the extent of the issue and begin planning actions to mitigate/progress forward
RL05	Risk	There is a risk that the reduction of MHAU beds from 18 to 15 due to the relocation to Grangewater Ward will impact patient flow and increase system pressures	Medium	Medium	There is evidence to suggest that reduction of the patient caseloads for clinical teams improves patient flow and will enable decreased length of stay Operational and system planning to be undertaken to determine impact and supportive plans to mitigate risk

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