

22 September 2021	ITEM: 13
Council	
Report of the Cabinet Member for Health and Air Quality	
Report of: Councillor Allen Mayes, Cabinet Member for Health and Air Quality	
This report is Public	

1. Executive Summary

- 1.1. This is the second report of the Cabinet Member for Health and Air Quality.
- 1.2. The report provides an update on the key areas of the Health and Air Quality Portfolio, including:
 - COVID-19
 - Health and Care System Transformation, including Integrated Medical Centres and the Primary Care Strategy Refresh
 - Mid and South Essex Health and Care Partnership
 - Development of key strategies
 - Wider determinants of health
 - Public Health improvement
 - Air quality
- 1.3. It has been a year of unprecedented challenges created by the COVID-19 pandemic. This report highlights the continuous hard work of colleagues across all services within this Portfolio to deliver Thurrock Council's priorities and support the borough's residents during this time.

Part 1 - Health

2. COVID-19

Thurrock's Pandemic Response

- 2.1. COVID-19 has put unprecedented pressure on the health and care system both locally and across the country. Thurrock Council and our local NHS partners have implemented a number of measures to address the challenges resulting from COVID-19, both in terms of managing the pandemic itself, and in managing the subsequent pressures on public services.
- 2.2. System partners have taken action to protect the health and wellbeing of both staff and the public from the risks posed by COVID-19, whilst ensuring that critical services can continue to be delivered to those who are most in need.

Close attention has been paid to statutory responsibilities, new legislation and Government guidance which has, on occasion, changed quickly.

- 2.3. There has been substantial and comprehensive efforts across the Health, Social Care and Voluntary and Community Sector (VCS) systems to understand and respond to COVID-19.
- 2.4. The Thurrock Local Outbreak Control Centre (TLOCC) is led by the Public Health team. It continues to manage and coordinate the Council's public health response to COVID-19, in line with the strategic direction agreed by the multi-agency Thurrock Health Protection Board and the Member Oversight and Engagement Board.
- 2.5. The Local Outbreak Management Plan (LOMP), recognised by the Regional COVID-19 Assurance Team as one of the highest quality plans in the region, has been updated to include the vaccination programme, variants of concern and the government's Contain Framework. The Contain Framework has been updated following the cessation of lockdown restrictions and this will be reflected in the Local Outbreak Management Plan. The Plan highlights work, plans and lessons learnt during the pandemic for workplaces, high risk and vulnerable communities, care homes and similar settings and school and early years' settings. It also focuses on surveillance and intelligence, contact tracing and communications within all the cells and the overarching programme.
- 2.6. Thurrock went over and above national requirements in our LOMP and developed a series of detailed, dedicated setting based protocols that sit underneath the main plan, and set out specific arrangements for prevention, early detection and management of COVID-19 outbreaks, and contact tracing in a range of high risk settings including:
 - Schools and Early Years
 - Care Homes
 - Workplaces, Businesses and Public Venues
 - High Risk Residential Settings
 - Domiciliary Care
 - Vulnerable Communities
 - Primary Care
- 2.7. A number of settings based multi-agency cells have been set up to oversee the protocol implementation and act as a reference point for development and implementation of dedicated setting specific communications plans for each protocol.
- 2.8. The *Health & Social Care Cell* manages and advises on live cases and outbreaks in care homes or domiciliary care settings and has managed enhanced local staff testing arrangements introduced early in the pandemic in Thurrock and many months prior to national testing arrangements for care staff were implemented. The cell has also advised care homes on safe visiting practices, responding to local epidemiology and national guidance.
- 2.9. The *Workplaces Cell* provides reassurance that workplaces are supported and compliant, thus reducing the potential demand on healthcare services due to workplace-based transmission of COVID-19. Risk assessors continue to work in the workplace cell, however as business as usual resets the team is smaller.

The risk assessors conduct preliminary investigations into cases notified via the contact tracing cell.

- 2.10. A small number of local businesses have set up workplace testing or workplace collect. The community testing offer has been communicated to local businesses so that workers can take advantage of twice weekly testing. Events are commencing and proactive work is being done with the Safety Advisory Group and associated key stakeholders to ensure these are COVID-19 safe and compliant.
- 2.11. The *Schools & Early Years Cell* provides a collaborative and coordinated approach to preventing and managing COVID-19 single cases, clusters and outbreaks in Education & Early Years Settings. Public Health England and the Council have a Memorandum of Understanding underpinning a collaborative framework for management of outbreaks in these settings. Public Health have worked pro-actively with school and education partners throughout the epidemic to ensure schools remain supported as they commenced visits and excursions in the summer term, and to plan for the autumn term.
- 2.12. The *High Risk Settings Cell* has engaged *Clearsprings* to obtain personal identifiable information on the asylum seekers within Thurrock (54 properties). The Council are working with the Red Cross to communicate out to these residents to encourage the take up of vaccinations and testing. Once information has been posted to these residents, the Red Cross follow up with a telephone call, with interpreters if necessary, to encourage weekly testing.
- 2.13. A vaccination bus has been well received at Buckles Lane and local authority traveller sites, and over July and August has been vaccinating residents with second doses. Vaccinations and testing for the homes has also been supported.
- 2.14. *Community Testing*: Symptomatic testing continues at two local testing sites (Grays and Orsett Heath) and two Mobile Testing Unit (MTU) sites (Grays, and Corringham). A review of data from test sites has shown that the MTU sites, which now offer walk-up as well as drive-through appointments, are the best used sites in Thurrock. Over 90% of the Borough's pharmacies are signed up for *Pharmacy Collect*. The *Pharmacy Collect* service provides an additional route to twice-weekly, rapid testing for everyone without symptoms. It is available to people over 18 without symptoms, who are able to visit a pharmacy and collect a box of seven lateral flow tests that can be used at home. From 1 July, the Community Testing Programme has been focusing on targeted testing for groups under-represented in testing or those disproportionately impacted by COVID-19. Work is underway to develop a programme of outreach testing and test kit distribution for the forthcoming three months.
- 2.15. *Contact Tracing Cell*: Thurrock was one of the first local authorities to set up dedicated local contact tracing arrangements. The cell has used local intelligence to supplement national contact tracing arrangements and has performed significantly better than the national NHS Test and Trace team throughout the epidemic.
- 2.16. *Thurrock Covid Community Action (TCCA)* – This remains in place to be able to support those who are self-isolating and cannot otherwise access food or other essential supplies. The TCCA is a partnership led by Thurrock Council, Stronger Together and Thurrock CVS working with local organisations to safely coordinate support and volunteers to support the challenges posed by COVID-19.

- 2.17. The priority is to support vulnerable residents who are self-isolating and in need of extra support with prescription collection; essential food shopping; welfare calls; and signposting to other services. This service was commenced during lockdown and whilst reduced, remains in place to support the vulnerable population. The TCCA has been instrumental in ensuring that people have support and remain connected. It has been described by local residents as,

“A real light in the darkness”

“He went above and beyond and keep me going”

- 2.18. Anyone who is employed or self-employed on a low income and has to self-isolate at home may also be entitled to a one-off Test and Trace Support payment via the Council. Test and Trace Support Payments are continuing for both the Discretionary and Main Scheme until the 30th September 2021. The Main scheme will be reimbursed in full at the end of the scheme by DHSC but the current funding allocation is £317,000 and spend to date is £274,000. The discretionary scheme funding (including £40,000 from Thurrock COMF fund) is £344,500 and spend to date is £259,000. The discretionary payments can be made for those not eligible for the Test and Trace Support payments (those not receiving benefits). This money has allowed people notified by Test and Trace to isolate without financial hardship, including parents and carers who cannot work whilst caring for a child needing to isolate.

COVID Vaccination

- 2.19. Coordination and delivery of the COVID-19 vaccination programme in Thurrock has been a key priority across the Local Authority, health and wider partners since the phase 1 rollout began in December 2020. Partners have worked collaboratively to deliver a highly successful COVID-19 vaccinations in line with the Joint Committee on Vaccination and Immunisation (JCVI) guidance, and in particular have prioritised work to offer vaccinations to those who are ‘seldom heard’. Successes of the this programme include:
- Commissioning of social marketing research to better understand local reasons for vaccine hesitancy amongst the borough’s Black, Asian and Minority Ethnic (BAME) population and front line staff members, which informs the local communication approach;
 - Delivery of webinars to address vaccine concerns;
 - Work with commissioned services and care home providers to ensure staff were supported to access the vaccine;
 - Distribution of some of the Local Authority’s COVID monies from Central Government towards Thurrock CVS and the employment of new Community Builder posts, who have been instrumental in either promoting messaging about access opportunities to the community, or in feeding back any key issues to address.;
 - In partnership with Thurrock CVS, launching a community fund for resident-led initiatives to address hesitancy or enable access;

- Deployment of vaccination buses to Traveller communities; and
 - Arranging bespoke appointments for over 30 of the borough's homeless individuals.
- 2.20. The Council has also directly supported and promoted the numerous walk-in clinics held by the NHS, and other efforts they have made in targeted identification of those who have not taken up the vaccination.
- 2.21. One example of some truly novel partnership working has been seen in the recent vaccinations for some of the international seafarer communities coming into Tilbury, where colleagues from the Council's vaccinations outreach team have been visiting Tilbury docks and completed around 100 vaccinations so far, with more dates planned.
- 2.22. As of the 2nd September 2021, 106,551 adults in Thurrock had received their first vaccination, and 92,063 had also received their second – equating to 84.4% and 72.9% respectively. Whilst it is recognised there is more to do, this work will have saved many lives, and could not have been done without buy-in from partners and residents.

COVID and its impact on Thurrock

- 2.23. To understand the wider impacts of COVID-19, the Public Health team has undertaken a rapid evidence review, which shows that the pandemic is likely to have significant and wide-ranging impacts. The impacts are largely negative and the review highlights how existing structural health inequalities in income, education and skills and intergenerational health inequalities have been amplified by COVID-19. There have been particular effects on children (including vulnerable children), families with children and young people, worsening effects related to lost education, social development and mental health, which are all variably affected and interlinked. To date, the pandemic has had more of an impact on the labour market status of particular age groups, predominately those under 25 and those over 65 years of age
- 2.24. There are some wider positive impacts associated with the pandemic such increased use of parks and green open spaces although the permanency of these changes is not yet known. Other observed benefits included improvements in air quality, likely linked to restrictions reducing car use; lower levels of non-COVID-19 infectious diseases; and a reduction in most types of crime.
- 2.25. Furthermore, there is evidence of positive impacts on community cohesion and empowerment, seen in examples of strong community spirit, informal support, volunteering and organising.

3. Mid and South Essex Health and Care Partnership

- 3.1. The Mid and South Essex Health and Care Partnership (HCP) is a partnership of the all the NHS organisations and councils that are responsible for your health and wellbeing and the three Healthwatch organisations for mid and south Essex.
- 3.2. The Mid and South Essex Health and Care Partnership is one of 42 in England. It comprises the boroughs and districts of Thurrock, Basildon, Braintree, Brentwood, Castle Point, City of Chelmsford, Maldon, Rochford and Southend-on-Sea.

- 3.3. The Mid and South Essex Health and Care Partnership will be formally designated an “Integrated Care System” (ICS) from 1 April 2022. Following the publication of the NHS White Paper, changes were proposed for the boundaries of Health and Care Partnerships whereby Thurrock would have become part of an Essex wide Health and Care Partnership. Thurrock made successful representations to the Secretary of State, arguing that the new ICS geography should be maintained at Mid and South Essex level to avoid another needless reconfiguration of services and ensure Thurrock maintained a strong voice within the ICS. Confirmation that the boundaries will remain unchanged and Thurrock will remain part of the Mid and South Essex Health and Care Partnership was received from the Secretary of State in July 2021.

Population Health Management (PHM)

- 3.4. The Public Health Team is leading on the PHM programme for Mid and South Essex Integrated Care System (ICS). PHM is a process of using data to identify population cohorts for whom the Council can provide early intervention and prevention programmes, tailored to their specific needs, in order to improve their health outcomes. By design, it will directly contribute to the health inequalities agenda.
- 3.5. Thurrock Council has employed a dedicated PHM team on behalf of the MSE ICS, consisting of a Programme Manager, two analysts and a Project Support Officer.
- 3.6. To date, the team has developed an outcomes framework for all parts of the ICS to contribute to; worked closely with the Commissioning Support Unit to develop a population segmentation model using integrated data to support the programme; looked at the contribution of socioeconomic deprivation on outcomes for each local authority area; identified which long term conditions are contributing most to the inequalities in premature mortality; and are looking at inequalities in provision of primary care resource across the ICS.
- 3.7. In addition, the ICS is currently being supported to embed PHM principles and processes across the board by NHS England, NHS Improvement and Optum (a health service and innovation company commissioned by the NHS). A development programme piloting the approach as a system, as a place and as a Primary Care Network (PCN), is underway in various locations across the partnership including Tilbury and Chadwell PCN in Thurrock. There is also an analyst development element of this programme that will provide analysts across the system with increased access to and knowledge of tools available to support analyses under this approach.

4. Development of key health and wellbeing transformation strategies

Health and Wellbeing Strategy Refresh

- 4.1. The Health & Wellbeing Board (HWBB) has a collective statutory duty to produce a Health & Wellbeing Strategy (HWBS). The HWBS is one of two highest level strategic documents driving *place making* for the Local Authority and system partners (the other being the Local Plan). The HWBS is a whole system plan for health and wellbeing and should engage all partners in the wellbeing agenda, coordinating strategic thinking of all

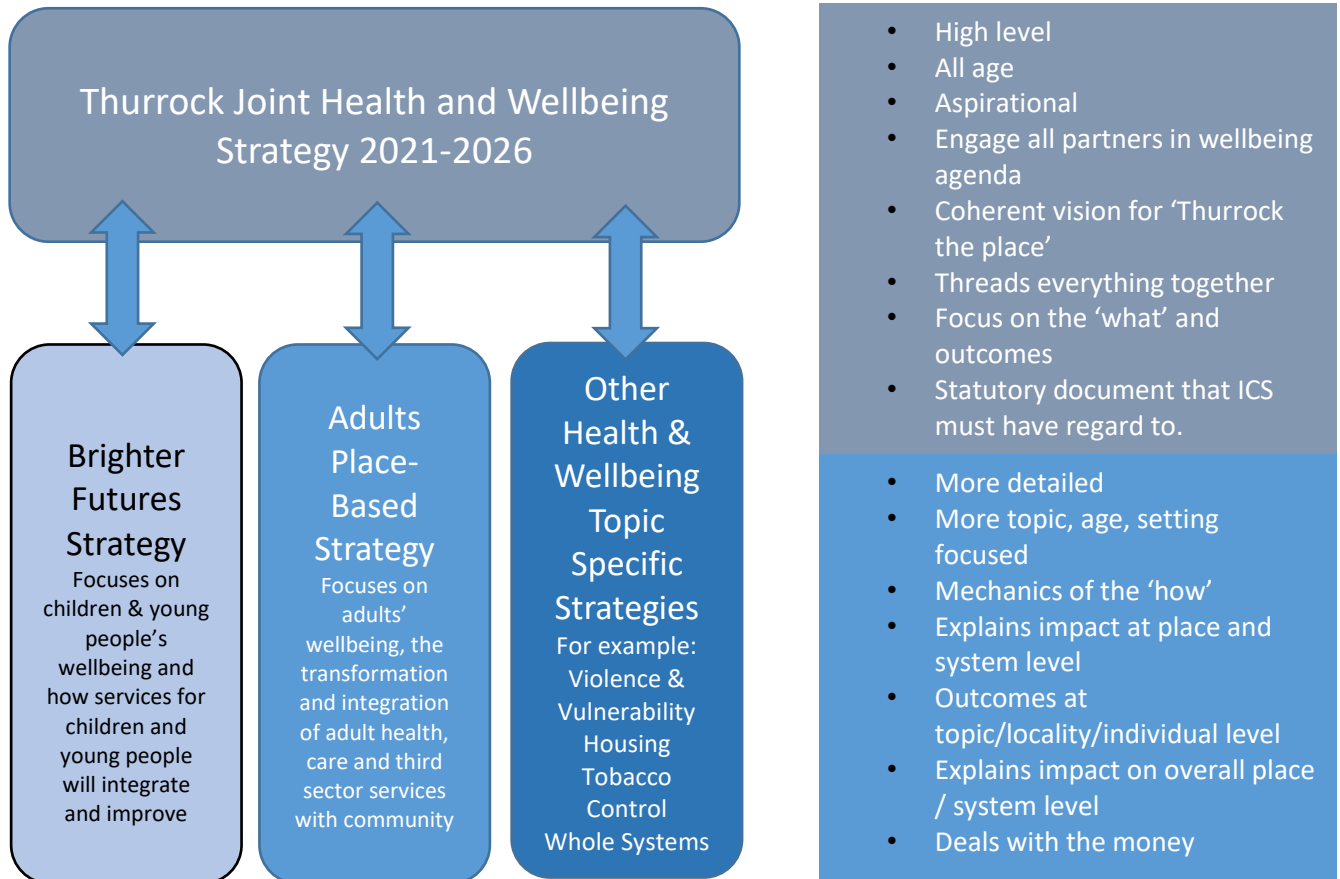
elements of the Council and all system partners to deliver quantifiable gains in health and wellbeing of residents.

- 4.2. Thurrock agreed its first HWBS in 2013. The second and current HWBS was launched in July 2016 and can be accessed here: <https://www.thurrock.gov.uk/strategies/health-and-well-being-strategy>.
- 4.3. A refreshed HWBS is currently under development. This will be high level, strategic, highly ambitious and set out genuinely new plans and innovative approaches to deliver transformation and place making. The pressures of COVID-19 have impacted on the timeline for the strategy refresh and it is intended that the strategy will be finalised by March 2022 with the aim of securing approval by Full Council and partner governance structures by the end of June 2022.
- 4.4. The theme agreed for the revised HWBS is “Levelling the Playing Field”, which supports the national ‘Levelling Up’ agenda and also focuses on persistent intergenerational health inequalities in Thurrock. Opportunities for every resident to reach their full potential are not shared equally and there is an unacceptable variation in access, service quality and outcomes across health, care and wellbeing services with those with the greatest need often getting the poorest services and outcomes, which is genuinely unfair. Only by taking a whole systems approach can it be hoped to “level the playing field” and address this inequality of opportunity.
- 4.5. In order to support delivery of the council’s vision, the six domains of the new HWBS Strategy each relate to one of the Council’s key priorities of People, Place and Prosperity as set out in Figure 1. The domains will ensure a broad focus on the wider determinants of health that underpin the persistent inequities within Thurrock.

Figure 1: Alignment of Proposed Domains of HWBS to the Thurrock Vision

PEOPLE	PEOPLE	PEOPLE	PROSPERITY	PLACE	PEOPLE
Proposed Domain 1 Quality Care Centred Around the Person	Proposed Domain 2 Staying Healthier for Longer	Proposed Domain 3 <i>Wider Determinants of Health</i> Building Strong and Cohesive Communities	Proposed Domain 4 <i>Wider Determinants of Health</i> Opportunity for All	Proposed Domain 5 <i>Wider Determinants of Health</i> Housing and the Environment	Proposed Domain 6 <i>Wider Determinants of Health</i> Community Safety
“Better Care Thurrock”	“Healthier Thurrock”	“Stronger Together Thurrock”	“A Fairer Thurrock”	“Healthy Places Thurrock”	“Safer Thurrock”

- 4.6. Other key health and wellbeing strategies will underpin the HWBS, and provide delivery and oversight mechanisms for the high level ambitions set out in the strategy.



Thurrock Integrated Care Partnership Adult Place Based Strategy

- 4.7. Thurrock Council along with its Health and third sector partners have collaborated to develop a system-wide transformation programme known as Better Care Together Thurrock (BCTT).
- 4.8. A number of initiatives were launched as part of BCTT, designed to test and explore a new 'blueprint' for health and care in Thurrock. This altered the existing system, which focused predominantly on waiting for people to reach crisis point before acting and on 'fixing' their need(s) or condition(s), towards one that would focus predominantly on prevention, early intervention and on delivering the outcomes that mattered most to people. This included the delivery of four primary care networks, extension of primary care teams, development of four community-based social work teams (Community Led Support Teams), development of Wellbeing Teams and the Long Term Conditions Programme.
- 4.9. Learning from these and earlier change projects such as Local Area Coordination, Social Prescribing and Micro Enterprises (developed through Thurrock's third-sector led

Stronger Communities Partnership) has brought Thurrock health and care partners to the point where they agree the need for system-wide change, driven by a new set of principles.

- 4.10. The new phase of transformation under Better Care Together Thurrock will be captured by an Adult Place-Based Strategy (with strong links and interdependencies to other key strategies). The Adult Place-Based Strategy will build upon the learning gained from initial and test phases of work and will set out a plan that introduces the implementation of integrated health and social care at 'place'. This means ensuring that the majority of what people need from health and care is available close to where they live and functions as a system as opposed to different silos. The four geographical localities of the new Primary Care Networks will act as the primary planning footprints for integration of health and care services.
- 4.11. The strategy will help to embed a new relationship between local public service and residents, building on the Collaborative Communities Framework agreed by Cabinet earlier this year. This means the Local Authority will work with communities and neighbourhoods in partnership, and in doing so, will develop relationships which result in jointly owned solutions and responsibility. This includes greater opportunities for the community to influence how and what is commissioned and the delivery of this. It is also essential that the Council continues to build on the strengths and assets that exist within communities and individuals as part of the strategy.
- 4.12. Achieving the strategy's vision and goals will ensure residents who require support can receive this in the way they want and for resources to be used efficiently and effectively - the strategy will deliver a local health and care system that is able to flex around the individual.

The Brighter Futures Strategy

- 4.13. The Brighter Futures Children's Partnership agreed to refresh its strategy in 2019 following a recasting vision event in April 2019. The development of the strategy has been led by Public Health as part of the core offer to Children's Services and started in October 2020. The strategy feeds into the Health and Wellbeing strategy and is aligned to the Thurrock Integrate Care Partnership Strategy and local needs assessments.
- 4.14. Strategy development has been underpinned by agreed partner principles and followed a process of need identification, narrative explanation and priority synthesis. Need was understood through the analysis of high level epidemiological data, corporate stakeholder views and young people's voices.

4.15. Four strategic priorities and fourteen ambitions have been identified:

Brighter Futures Strategy 2021- 2026

Corporate Priority	PEOPLE	PEOPLE	PEOPLE	PROSPERITY
Brighter Futures Strategic Priority	SP1: All children are enabled to achieve their potential	SP2: Children are able to access the services they need and be healthy, focussing on prevention and early intervention	SP3: All children live safely in their communities - with a focus on Youth Justice	SP4: Children and their families experience good emotional health and wellbeing
Priority Lead	Assistant Director for Education & Skills	Assistant Director for Public Health	Assistant Director for Children's Social Care	Director for CYP Mid & South Essex
Ambitions	<ul style="list-style-type: none"> Support young people to gain qualifications, skills, and experience to progress into sustained employment Improve educational attainment for all disadvantaged children and young people All children are able to access education 	<ul style="list-style-type: none"> All children start school ready to learn All children achieve a healthy weight. All children are protected from illness and disease All children receive the care they need in the right place. 	<ul style="list-style-type: none"> Further develop surveillance to identify the most at risk children and families and intervene early with tailored intervention packages Deliver targeted and tailored primary prevention for populations with greater need Intervene early with tailored secondary prevention to reduce the harms of exposure to violence and violence risk behaviours Provide tertiary prevention for perpetrators and victims of violence to reduce further harm 	<ul style="list-style-type: none"> Strengthen our whole school approach, with a view to ensuring all children are thriving and have access to the support they need Identify and implement solutions which recognise needs early and improve access to targeted and specialist interventions Tackle the social inequalities that put young people at a disadvantage to achieving good mental health.

← Our children transition seamlessly into adulthood →

4.16. Appreciative enquiries were held in April 2020 with corporate stakeholders to discuss ideas and agree the road maps to achievement. Young people's views on their wellbeing and what was important to them were captured through co-productive methods using existing engagement channels and bespoke consultation.

4.17. Residents have been given the opportunity to comment on the appropriateness of the strategic priorities through an eight week consultation period which commenced in June. It is anticipated that the strategy will be published in September 2021.

5. Health and Care System Transformation

Integrated Medical Centres (IMCs)

5.1. The Council and partners remain committed to working with NHS partners to develop four Integrated Medical Centres across Thurrock.

5.2. The Council, CCG and NHS Trusts have worked closely together to agree schedules of accommodation for Corringham, Tilbury, Purfleet and Grays, taking account of the current pressures on GP services (and anticipated population growth), the opportunities to enhance primary care and to develop an integrated model of care, and to bring out-patient services closer to home.

The current status of the IMCs is as follows:

Corringham IMC (Graham James site)

- 5.3. The North East London Foundation Trust led Corringham IMC (to primarily serve Stanford and Corringham) is currently on site and will be completed next spring. The groundworks, concrete slab and steel frame superstructure have been completed with the envelope (external walls, windows and roof) following on at pace. The building will be weather tight in the coming weeks, which will facilitate the delivery of the internal fit out. Procurement of the internal elements is well underway and the team has been liaising with stakeholders to agree finishes and colours.

Tilbury IMC (Civic Square site)

- 5.4. Thurrock Council is leading work on developing and financing the Tilbury site, although when complete, the majority of the building will be leased to NHS partners. The Council and NHS Thurrock CCG are committed to signing off the NHS England Outline Business Case approval for the Tilbury IMC (to primarily serve Tilbury and Chadwell) by the end of December 2021. The Executive Lead Mid and South Essex Health and Care Partnership and NHS Thurrock CCG are currently working proactively to identify a head lease holder and to find a pragmatic solution to recent guidance issued by NHSE on carbon net zero requirements. The aim is to have this IMC completed by 2024.

Purfleet on Thames IMC (Town Centre site)

- 5.5. The IMC for Purfleet on Thames is being developed by Purfleet Centre Regeneration Limited under the terms of a Section 106 Agreement for NHS Thurrock CCG. The RIBA stage 2 design and cost plan has been agreed, and NHS Thurrock CCG are committed to signing off the NHS England Outline Business Case approval by the end of December 2021. The IMC, which will primarily serve Purfleet, Aveley and South Ockendon, is to be leased to a body nominated by NHS Thurrock CCG. Completion is expected by 2024.

Grays IMC (Thurrock Community Hospital site, Long Lane, Grays)

- 5.6. Essex Partnership University NHS Foundation Trust (EPUT) is responsible for developing the Grays IMC site. Work on plans for Grays IMC (primarily to serve Grays but also to act as a Central Hub for the whole of Thurrock) has resumed. Mid and South Essex Foundation NHS Trust and Essex Partnership University NHS Foundation Trust had been unable materially to progress the development during the past 16 months due to NHS partners' attention being diverted to managing the COVID-19 pandemic, and now see the need to review services to take account of the backlog in acute health care, and also the greater potential for remote consultations.
- 5.7. The aim is to have Grays IMC completed by 2025. However, this timing is dependent on the extent to which the existing buildings on the Thurrock Community Hospital site can be repurposed.

Primary Care Transformation

- 5.8. The local primary care landscape is under unprecedented pressure at present, largely as a result of unmet need during the COVID-19 pandemic now presenting in increased demand for GP appointments. The Public Health Team is working closely with Clinical Commissioning Groups, Primary Care and Commissioning Teams to determine a model of care to be based from each IMC and used by all practices. This model of care will aim to achieve the following:
- Provide an equitable service across the patch with resources re-distributed to be proportionate to the health needs of each area. Some progress has been made in recent years on this, however there are still gaps which need to be addressed;
 - Transforming Long Term Condition prevention and management services to treat patients more holistically; and
 - Provide a model of care with the right clinical and patient care skill mix to effectively and efficiently support residents to live their healthiest, happiest lives. Residents should be able to see the primary care professional who is best equipped to help them to do this. For example, a physiotherapist for musculoskeletal (MSK) conditions, or a clinical pharmacist to discuss medication issues.
- 5.9. The focus of this year's Annual Public Health Report is to consider the impact of the above on patient outcomes in the shorter and medium term and the potential costs associated with this in order to make recommendations for an improved model of care.
- 5.10. Public Health will continue to work closely with Primary Care to improve standards through the Health Care Public Health Improvement Team. Existing tools such as the profile cards, and stretched Quality Outcomes Framework (QOF) are currently under review in order to ensure they are fit for purpose in a post COVID environment, and also to reflect recent changes in the Primary Care landscape.

Adult Mental Health Transformation

- 5.11. The mental health landscape has seen significant impacts over the last year due to COVID-19, both in terms of referrals for services and increased acuity of presentations. Work undertaken by the Public Health Team has highlighted existing inequalities in mental ill-health prevalence, access to support and outcomes of receiving support, and to estimate what future mental health need for Thurrock residents might look like in the next few years. This has already begun to inform future service planning.
- 5.12. Further progress has been made to continue to transform the way support is delivered to adults with poor mental health. Recent successes from the last year include:
- The introduction of dedicated mental health teams within Thurrock's Primary Care Networks in order to better support patients mental health needs at an earlier stage, and address historical concerns around lack of adequate support from secondary care mental health services.

The impact of these teams can be seen in the recent significant improvement in completion of annual physical health checks for those with a Severe Mental Illness (SMI), which had deteriorated during the pandemic period. A full evaluation of this new model of care will be undertaken next year;

- A new offer of support has been designed within the above model of care for those requiring psychological therapies with more complex needs. This will meet needs at an earlier stage and reduce demand on the Psychology service;
- Thurrock Council's historic section 75 agreement with Essex Partnership University Foundation Trust has been dissolved, allowing the Council to move from specialist Adult Mental Health Social Workers from Grays Hall to work in a more integrated, holistic and strengths based way within the community and to allow further integration with Adult Social Care and Primary Care;
- Completion of a Joint Strategic Needs Assessment document around Worklessness and Health that highlighted the need for increased support for those out of work due to mental ill-health. This will inform future work priorities; and
- Development of a suicide prevention programme including delivery of community grants to Thurrock and Brentwood MIND and *Turning Corners* football to increase their support towards middle-aged men, as one group at higher risk of suicide. Both groups have reported stark improvements to the mental health and wellbeing of their attendees. A further element of the programme has seen Thurrock and Brentwood MIND begin follow up calls to those newly-diagnosed with depression, to ensure they are able to access some support more quickly.

Children's Emotional Wellbeing and Mental Health Service (EWMHS) transformation

- 5.13. The development of the Children's School Wellbeing Service and the inclusion of mental health teams in schools has placed Thurrock in a strong position to consider partnership working with commissioned services going forward.
- 5.14. A new children's emotional wellbeing and mental health service model has been developed, underpinned by seven principles of service delivery which have been developed as part of the refreshed Brighter Future's Strategy (see section 5.13-5.17):
 - Holistic treatment approaches;
 - Responsive help is available when required and to all who need it;
 - Integrated Children and Adolescent Mental Health (CAMHs) service delivery is embedded into a single integrated model of children's emotional health and wellbeing;
 - Intervention at the earliest possible opportunity;
 - Resilient and capacity building through training and education;

- Evidence based practice taking into consideration local and national evidence as part of service development; and
 - Provision of a single point of access to allow seamless navigation and support throughout the service model and system.
- 5.15. The wellbeing model will ensure that children and young people can access and be directed to support whenever it is needed, and whilst they wait for tier two and tier three intervention. The model will be piloted initially for one year to allow for model refinements and acceptability.
- 5.16. The Schools Wellbeing Service will phase into offering the Thurrock Integrated Wellbeing Service (IWS) from February 2022. The IWS will receive referrals from the EWMHS Pan Essex single point of access (SPA). Referral will consist of Thurrock residents who do not meet the criteria for progression into the EWMHS. The central SPA will also alert the IWS of Thurrock residents on EMWHS waiting lists or who did not attend treatment.
- 5.17. The IWS team will comprise of the current Schools Wellbeing Service, Educational Psychology, Schools Mental Health Leads and an embedded EWMHS practitioner/s.
- 5.18. The IWS will assess referrals using a protocol in line with the governance of the new provider and the Local Authority. The IWS will fulfil the following key functions:
- Provide wraparound support for referrals on waiting lists, including those which do not meet the threshold criteria;
 - Facilitate integration with professionals within the THRIVE model; and
 - Build workforce capacity through training tier one and two professionals.

6. Wider determinants of health

- 6.1. The above strategies recognise the importance of the wider determinants of health on an individual's health and wellbeing: economic growth, housing, place, violence, vulnerability and sexual abuse are explored further below.

Economic Growth

- 6.2. The Public Health Team will be contributing to the newly formed 'Backing Thurrock' implementation group and are engaged with the Association of South Essex Local Authorities (ASELA) Anchor Programme. The scope of public health advice to these programmes is not yet developed but the Council will work with the teams involved to ensure the impacts on health and wellbeing for Thurrock residents are realised.

Housing

- 6.3. The main deliverable in the last year has been a Housing Affordability Joint Strategic Needs Assessment (JSNA), which is due for imminent completion. The aim is to inform future planning and delivery of affordable housing in Thurrock and to inform mitigating actions for poor housing affordability in the area.

- 6.4. Housing affordability impacts one of the most basic human health needs; access to a safe and stable home that is suitable for its occupants. Delivering effectively on this will support the 'levelling up' agenda by creating opportunities for more people to find a home that meets these needs and in doing so, improve mental health, reduce ill health associated with poor housing such as respiratory illness, reduce the number of people at risk of homelessness and support people to flourish. The JSNA has required joint work between the Council's Housing, Planning and Public Health teams to achieve a balanced and accurate document that will be helpful to all these agendas. There are opportunities for future joint work on the wider determinants of health to learn from the experience of producing this JSNA.
- 6.5. Public Health is also engaging with officers in Housing and Planning to prepare domain five of the Joint Health and Wellbeing Strategy, which is about "Housing and Environment".

Place

- 6.6. Public Health is seeking to have a strong influence on place making in the borough engaging with Planning, Regeneration and Transport to positively influence the environment in Thurrock to be health promoting. Public Health is strategically involved in the following:

- *The Local Plan:* The Local Plan represents one of the largest opportunities to influence the health and wellbeing of residents through spatial planning and the built environment. The Team have dedicated resources to ensuring there is strong Public Health involvement in the ongoing Local Plan Design Charrette and stakeholder engagement. In addition, Public Health are seeking to undertake a specific Joint Strategic Needs Assessment product aimed at the Local Plan.
- *Health in Planning:* The Public Health Team have been working with the Health and Planning Advisory Group, a sub-group of the Health and Wellbeing Board, to ensure that relevant planning applications in the borough are assessed for health impacts.

In addition to the local planning system, the team have been working to respond to Nationally Significant Infrastructure Projects in the local area, successfully requesting that scheme promoters undertake health impact assessments for their project proposals. This includes that of the proposed Lower Thames Crossing Route.

- *The Proposed Lower Thames Crossing:* The Public Health team has worked to tight deadlines to respond on relevant stakeholder engagement and consultations by Highways England. The Team has sought to work across local authority boundaries to ensure that Highways England are delivering a Health and Equalities Impact Assessment which adequately and accurately identifies the impacts on the local community and the mitigation required.
- *Regeneration:* The Public Health team have contributed to the development of bids for the Towns Funds for both Grays and Tilbury, working to ensure that the built environment in these regeneration areas are health-promoting.

- *Transport Visioning*: The Public Health Team has undertaken a needs assessment on active travel, and as part of this work have been feeding this into the Transport Visioning and Strategy underway within the Local Authority.

Youth Violence & Vulnerability

- 6.7. The local response to serious youth violence in Thurrock (16-24 year olds) has been structured around the 2020 Annual Public Health Report (APHR) written by the then Director of Public Health on youth violence and vulnerability. The report takes a public health approach to addressing youth violence and vulnerability and makes 32 recommendations within the following four categories: surveillance; primary prevention; secondary prevention; and tertiary prevention.
- 6.8. The Thurrock Violence and Vulnerability Board has been established to provide oversight and assurance of the activity of the four work streams in implementing the APHR's recommendations, ensure the work of the Essex wide Violence and Vulnerability unit is being delivered locally and ensure that the voice of communities is part of tackling serious youth violence. The board is chaired by the Director of Public Health and brings together representation from the six 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 Wellbeing Board.
- 6.9. The Thurrock Violence and Vulnerability Board met for the first time in June 2021. All four work streams are making good progress against their respective delivery plans.

Sexual Violence & Abuse

- 6.10. A Sexual Violence and Abuse (SVA) Transformation Programme is underway following the publication of the 2020 Joint Strategic Needs Assessment (JSNA). A Thurrock Sexual Violence & Abuse Partnership Board has been established to provide strategic oversight to the SVA agenda and implementation of the recommendations from the JSNA. This board is chaired by the Assistant Director of Public Health and governed by the Thurrock Integrated Care Partnership. Membership of the Board and delivery groups comprises of key partners from relevant partner agencies and links in with the Essex Sexual Abuse Strategic Partnership (SASP) and its associated county-wide strategy.
- 6.11. A five-year strategic action plan is currently in development in order to implement the recommendations of the JSNA. Four delivery groups have been established to focus action on the recommendations, each with a dedicated theme (workforce development, addressing harmful sexual behaviour, support for victims/survivors and communications).
- 6.12. Progress to date includes gaining significant stakeholder commitment to supporting this agenda and extensive consultation with key stakeholders. These consultations have included requirements for future training and resource allocation to support the workforce in responding to the disclosures of victims/survivors of sexual abuse and providing them with appropriate support.

7. Public Health improvement

Thurrock Healthy Lifestyle Service

- 7.1. Due to the COVID-19 pandemic, the NHS health check programme has been on hold throughout 20/21. However, the Thurrock Healthy Lifestyle Service (THLS), in partnership with Primary Care, has now resumed provision following a schedule of refresher training for GP practice staff that will enable a return to providing cardiovascular disease (CVD) risk assessments for the eligible 40-74 year old population.
- 7.2. A return to the programme is important given the emerging evidence of links between CVD and COVID-19 severity, and sharing common underlying risk factors. By identifying people at risk of CVD, appropriate interventions and support can be provided to improve their health and lower their risk of cardiovascular related illness.
- 7.3. The pandemic also had an impact on the borough's stop smoking services; face to face clinics and carbon monoxide recording were not permitted. THLS therefore continued to provide a virtual stop smoking service over the telephone throughout the pandemic, with medication being sent to clients weekly by post. The team mobilised seamlessly to a different offer for stop smoking support and have continued to demonstrate resilience and passion for ensuring the residents of Thurrock have an 'offer' that still delivers results, with an increase on referrals month on month throughout the pandemic period.
- 7.4. Clients have responded positively to the change in provision and welcomed the regular support they receive each week, using it often as a 'touch point' to have an opportunity to discuss any challenges they have. Clients have continued to make great progress despite the stress of giving up smoking.

Tobacco

- 7.5. In addition to the smoking cessation service run by Thurrock Healthy Lifestyle Service (THLS), there are alternative treatment elements including vape shops, referrals from other agencies and a pilot scheme with *Allen Carr Easyway* – a cognitive behavioural therapy based treatment that uses no nicotine replacement therapy. The latter was an exciting addition to the stop smoking suite of interventions and is on track to help 330 smokers quit this year, improving their health and reducing the borough's smoking prevalence from the second worst in the region. This offer will be subject to an evaluation at the end of the pilot.
- 7.6. The vape shop treatment option is very popular for smokers who recognise the harm reduction opportunity offered by these devices, and performance is consistent with the high benchmark set by our specialist service, THLS. Hence, the Council have increased contracting from two vape shops to three.
- 7.7. Referrals from partner agencies declined during the pandemic due to restrictions on face-to-face provision; alcohol and drug treatment services only saw the most clinically vulnerable clients, mental health referrals declined and maternity services at BTUH

experienced dramatic staff reductions, meaning the stop smoking specialist midwives were redeployed to the delivery wards.

- 7.8. The reset and recovery work in these services has begun and all treatment providers have been instructed to reinstate CO validation in line with the recently updated Public Health England guidance, since this strengthens engagement, increases quality and generates more reliable quit data.
- 7.9. Enforcement work in partnership with trading standards, (funded by a Police, Fire and Crime Commissioner grant), had to cease during the pandemic but has also recently been reinstated, meaning test purchasing and the use of tobacco detection dogs are once again disrupting the unscrupulous traders that operate in Thurrock, including the organised crime groups that supply the illicit tobacco markets and often have links to drug supply chains and modern day slavery.
- 7.10. During the pandemic, a Tobacco Control Joint Strategic Needs Assessment has been created that is now informing the development of a refreshed Tobacco Control Strategy. Stakeholder engagement events are under way to shape the prevention, treatment and enforcement elements of the strategy across primary and secondary care, mental health, substance misuse, housing and social care.
- 7.11. Additional funding is available via NHS England to bolster the NHS Long Term Plan ambition to help treat more secondary care inpatient smokers, those accessing maternity services and mental health inpatients including high-risk community mental health patients. Chairing the Prevention Sub-Group that brings these partners together across the Mid and South Essex (MSE) Integrated Care System (ICS) has enabled Thurrock to drive this system transformation, ensure programme design and implementation is ahead of target and ensure the Council capitalises on these reachable and teachable moments for high risk smokers or those with long term conditions.

Alcohol and Drugs

- 7.12. Young people's substance misuse treatment has continued during the pandemic, albeit without a face to face offer unless assessed as extremely vulnerable. With schools being a main referral source, there was a reduction of new referrals in line with school closures during lockdown. However, these referrals are once again on the increase, and encouragingly for alcohol referrals. Multi-agency working and safeguarding support has continued throughout the pandemic and despite the reduced caseload, the complexity of need has risen and the need to use the available resource both within the team and across partner agencies such as mental health, social care and youth justice.
- 7.13. The Adult Treatment Service also switched to a predominantly virtual offer of telephone and video calls after reviewing the entire client caseload.
- 7.14. Lengthier prescriptions were only approved for clients on prescribed medication following rigorous assessment therefore vulnerable or high-risk clients remained under face-to-face supervision with shorter prescriptions. Multi-agency working and safeguarding support remained routine throughout the pandemic.
- 7.15. Following the recent Dame Carol Black Review, additional grant funding has been targeted towards expanding the capacity of criminal justice interventions offered by the

treatment service, thus strengthening its partnership working with criminal justice agencies and others including health, housing, employment and mental health services. New referrals to treatment also declined during the pandemic, but the service saw a steady rate of performance with successful completions for opiate treatment, and a welcomed increase in new referrals for alcohol treatment post-pandemic.

- 7.16. The Alcohol Liaison Service at Basildon and Thurrock University Hospital (BTUH) had to suspend its A&E provision due to COVID-19 restrictions in the department. However, the specialist alcohol liaison nurse role continued to function across key acute wards, helping more patients engage meaningfully in community treatment upon discharge from hospital.
- 7.17. The Local Authority has continued to work across a pan-Essex footprint on drug market mapping with fellow commissioners, treatment services and enforcement agencies to ensure partners remain responsive to the rapidly changing illicit drugs market during the pandemic, working to disrupt the supply, reduce the demand and increase the number of people seeking treatment.
- 7.18. Commissioning networks have remained in operation at sub-regional, regional and national levels to ensure practice remains aligned to guidance and the sharing of intelligence and expertise continues.

Sexual Health

- 7.19. The Thurrock Integrated Sexual Health Service, delivered by Provide Community Interest Company (CIC) continues to respond well to the challenges presented by the pandemic, providing sexual health and contraception services to Thurrock residents, whilst following national guidance regarding the prioritisation of service delivery. The success of this response has been facilitated through the delivery of some services virtually via web based or telephone consultations and the pre-existing offer of the 'Test at Home' postal kits for Sexually Transmitted Infections and HIV.
- 7.20. Due to the pandemic, the service has incurred a significant waiting list of in excess of 500 females for Long Acting Reversible Contraception (LARC), i.e. coils and implants. An action plan has been developed to reduce the waiting list. Plans include reallocation of resource within the contract and securing additional grant funding to contract external agencies to support with additional LARC delivery. Public Health and the Sexual Health Service continue to work closely with primary care and Thurrock CCG to resolve this concern.

Whole System Obesity and Weight Management

- 7.21. Whole Systems Obesity work has restarted after a hiatus due to COVID-19. A series of community listening events were due to be held over the summer in conjunction with the CVS to understand the impact of COVID and lockdown on communities and how these may have affected their needs and priorities regarding obesity. The community listening events are being delivered using the skills and local knowledge of the Community Builders.
- 7.22. Overall the goals have seen some positive achievements including the trialling of a new person-centred weight management project within two Primary Care Network areas by

Thurrock CCG. This has included involvement with the Towns Funds to ensure that new activity equipment is included within Tilbury and Grays and participation in the design charrettes events, as part of the Local Plan work, to identify good place making opportunities for encouraging health and wellbeing.

- 7.23. The Whole Systems Obesity strategy will be updated to include a new goal plan which will ensure it remains relevant in the new post-COVID landscape. As a result of the community events, child obesity will have a refreshed action plan to reflect what is required post-pandemic.
- 7.24. Options are being explored for a Tier-2 weight management service for children to address lockdown weight increases using a COVID recovery fund provided by central government. This project aims to put in place a programme that works holistically with families to help them make positive changes to their nutrition and physical activity that will be available free at the point of access to residents. The bid is being prepared and will be submitted for consideration to the committee within the CVS where the funds are held.
- 7.25. A Maternal Obesity Needs Assessment has been completed in order to assess the scale and impact of obesity in pregnant women in Thurrock. This report will be used to understand how best to support pregnant women in Thurrock with an aim to reduce maternal obesity levels. Recommendations include a new pathway of care for women with obesity in pregnancy, a programme offer, strategic oversight of the issue, data improvements, training, and increased uptake of Healthy Start vouchers.

Thurrock Early Development Digital Initiative (TEDDI)

- 7.26. The Healthy Early Years programme digital offer launched an app in March 2021. The Teddi app has been co-produced with families and professionals in Thurrock and is an innovative digital solution to impact on healthy weight and wellbeing in the early years through provision of an artificial intelligence robo-support mechanism. 'Ask Teddi' supports parents with a child 0-5 years in developing healthy eating, weaning, and physical activity habits as well as giving evidence based support on breastfeeding and giving the healthiest start.
- 7.27. An evaluation is being completed with the University of Essex and University of Swansea to establish the impact on families in Thurrock. Early feedback has been very positive with numbers choosing to use the app increasing daily. The final evaluation is due to be completed in December 2021 and ready to be shared early in 2022.

Breastfeeding Joint Strategic Needs Assessment (JSNA)

- 7.28. A JSNA product was completed in 2019/20 looking at breastfeeding initiation and prevalence in Thurrock. This incorporated findings from a social marketing report commission from Upshot marketing of findings from interviews with families in Thurrock about infant feeding.
- 7.29. A series of strategic systems recommendations are made within the needs assessment report based on these findings to be delivered through a strategy and delivery plan. The themes include:

- System wide Change
- Digital support offer
- Messaging/Normalising breastfeeding
- Service and support offer
- Involving Dads and Partners routinely
- Specialist support - C section, tongue tie and maternal mental health

School Wellbeing Service (SWS) Evaluation

7.30. Following the successful implementation of the School Wellbeing Service (SWS) in 2018/2019, which focuses on a whole school approach to strengthen and improve the mental wellbeing of children and young people, as well as school staff in Thurrock, an evaluation of the service was commissioned by Public Health through the University of East Anglia.

7.31. The aim of the evaluation is to assess any impact the SWS has had on children and young people's mental wellbeing and knowledge and confidence of staff in addressing emotional and mental wellbeing issues when they arise.

7.32. The School Wellbeing Service Board oversees the operational delivery of the SWS and its evaluation. A progress report has been delivered with findings from surveys of school staff and parents.
Feedback has been highly positive in terms of how schools prioritise pupil wellbeing and mental health, and in how both staff and parents/carers view their capacity to support pupils' wellbeing and mental health. A final evaluation report is expected in September 2022 and findings will be shared with the SWS Board and schools.

Part 2 – Air quality

8. Introduction

- 8.1. Air quality within Thurrock and its direct impact on health and wellbeing of the borough's residents has recently gained significant prominence, and remains a significant issue for the local communities.
- 8.2. The main pollutant of concern within Thurrock is Nitrogen Dioxide (NO₂) and to a lesser extent Particulate Matters (PM₁₀). Road traffic predominately contributes to both of these pollutants. Therefore, reducing these emissions or minimising their impact on receptor sites will help the authority tackle the many health inequalities linked to air quality. Receptor sites are areas where people have prolonged exposure and include, for example, homes, schools and workplaces.

9. Air Quality Management Areas (AQMAs)

- 9.1. There are currently 18 designated AQMAs within Thurrock. They are primarily related to NO₂ pollution and the long-term objective or annual mean 40 µg/m³ objectives. Out of the 18 AQMAs there are currently four declared for PM₁₀.
- 9.2. In 2018, monitoring showed air quality was improving in some locations and at least eight AQMAs could be revoked, if the NO₂ levels continue to fall below the annual mean objective limit. In addition, four AQMAs could be also reduced in size. Further modelling work is needed to confirm that this is still the case.

10. Air Quality & Health Strategy refresh

- 10.1. Following a request from the Cabinet Member and feedback from the Cleaner, Greener and Safer Overview and Scrutiny Committee, a scoping report was advanced in order to inform development of a new Air Quality & Health Strategy.
- 10.2. The scoping report set out requirements for updating the air quality modelling assessment for the borough. The report set out how the existing Air Quality & Health Strategy would need to be reviewed and refreshed to take account for new baseline information; implementing air quality measures and interventions; and how air quality and health issues need to be addressed as the Council looks to deliver growth to 2038 and beyond.
- 10.3. The key elements for the refreshed Air Quality & Health Strategy are to:
 - Commission a borough-wide air quality assessment to develop a better understanding of local air quality issues;
 - Review the existing Air Quality Strategy for Thurrock published in 2016. This will include considering any previous commitments and actions and appraising the current situation;

- Assess the current Air Quality Strategy against Government's ambition for improving air quality outlined in the National Clean Air Strategy 2019, affiliating any recent evidence and research;
- Review evidence of interventions that have been proven to improve air quality and health, establishing the most practical interventions to reduce harm from outdoor air pollution by their health impact. The review will be undertaken by Public Health.
- Consider the roles of different services in the Council for improving air quality, and the actions to be taken to ensure they work more closely together. Consideration will be given to actions the Council itself could undertake that would make a significant difference to air quality, recognising funding constraints;
- Create an updated Air Quality & Health Strategy for Thurrock that considers the points above.

11. Thurrock Air Quality Modelling

- 11.1. The refreshed Air Quality & Health Strategy will be informed by updated air quality modelling. This is very important as it is vital that the Strategy is rooted in the most up-to-date air quality data available.
- 11.2. An updated model and detailed assessment report will form the basis of determining if there are any new declarations of AQMAs, if the current AQMAs need re-defining in terms of geographical area, or if they need to be revoked completely.
- 11.3. The refreshed Air Quality & Health Strategy will set out where air quality issues are most prevalent and provide focus on those areas as well as the mitigation measures that can be applied to address and tackle air quality issues.
- 11.4. An extensive brief has been developed and circulated to interested parties in order to commence the procurement of suitable external support.

12. Impact of COVID-19

- 12.1. The COVID-19 pandemic has had far reaching effects and has meant that it has not been possible to progress the air quality modelling work. This is because of the suppressed baseline levels of traffic during the pandemic stemming from prolonged periods of national lockdown.
- 12.2. As things return to 'normal', this area of work will recommence. It should be noted that the Air Quality & Health Strategy is one element of the Local Authority's approach that should be seen alongside a package of other initiatives. In January, Cabinet approved a proposal to roll out electrical vehicle (EV) charging points across Thurrock. This is a major step forward to encouraging more sustainable, cleaner modes of transport. The Council is investigating the ability to include real time air quality monitoring to supplement the air quality work as part of this roll out should it be feasible to do so. The work of the emerging Local Plan has a central focus of delivering sustainable development where people can live, work and play without worrying about the quality of the air they breathe.

13. Working with Schools

- 13.1. The Transport Development Team has continued their strong working relationship with schools by developing and supporting anti-idling campaigns at schools. Children from Woodside Academy participated in a drawing competition to support the campaigns, with winning designs being turned into banners and placed on the school entrance.
- 13.2. The success of the campaign has led to further engagement with other schools to promote the anti-idling message at school locations.

14. Idling Enforcement

- 14.1. This year the Environmental Enforcement Team will be supporting growing concerns about pollution and the environment by reducing unnecessary exhaust emissions from vehicles. The Enforcement Team has adopted the power to request vehicle drivers to switch off their vehicle engines while parked and they can issue a £40 fixed penalty notice to drivers if they refuse to comply with the warning.
- 14.2. This enforcement approach has been supported by the Council's Director's Board, Overview and Scrutiny Committee and the Leader.

15. Brown dust

- 15.1. It is recognised that there are numerous potential dust sources in the Tilbury area, some of which can be deposited from transboundary locations. The Environment Agency and London Port Health Authority officers continue to monitor dock based companies that may contribute to the dust in this area. Health officials have confirmed that the brown dust does not pose a risk to health though it clearly affects people's perceptions of air quality in Tilbury and is something that will continue to be monitored.

16. Annual Air Quality Report

- 16.1. Thurrock's Annual Status Report 2020 work continues, but it has been affected by the constraints imposed by the COVID-19 pandemic and other impacts on officer time. Furthermore, the scientific expertise required to complete this work has been impacted as the current Air Quality Officer leaves Thurrock Council employment.
- 16.2. Air quality data for 2020 has been updated for all Thurrock monitoring sites. This now requires technical analysis and re-formatting to fit the required Department for Environment, Food & Rural Affairs (Defra) submission format. This work is very time consuming as the data has to be presented in many different formats. Defra has made this work increasingly more comprehensive over the years as more criteria are added, but this work is currently being progressed.
- 16.3. The team is actively working to replace the expertise offered by the current Air Quality Officer, so the comprehensive work already completed can continue. This could require the instruction of air quality specialist consultants, should recruitment not be successful.

Appendix A: 2021-22 Public Health Grant spend

Income source	Amount (£s)
Public Health Grant 2020/21	(11,561,891)
PHG Carry Forward from 20/21	(380,341)
OPCC Grant Income	(48,907)
NRT Re-charge from NHS Thurrock CCG	(27,000)
HRA Recharge (contribution to Well Homes Project)	(45,000)
s31 Criminal Justice D&A funding	(214,000)
Additional Adult Weight Mgt Activity grant	(161,692)
prEP allocation	(23,812)
Total Income sources:	(12,462,643)

Air quality spend for 2020/21 was £28,000