

# THURROCK HEALTH AND WELLBEING STRATEGY 2022 TO 2026

## Levelling the Playing Field in Thurrock



Created through the partnership of Thurrock Health and Wellbeing Board



# 1. Chair's Foreword



**Cllr Huelin,  
Chair of Thurrock HWB  
Portfolio Holder and Cabinet member for Health and Care**

<<Additional text to be included by Cllr Huelin>>



# 2. Executive Summary

## Thurrock's Vision for Health & Wellbeing – Levelling the Playing Field

The Health & Wellbeing Board has a statutory duty to publish a Health & Wellbeing Strategy for the local community, and this document presents the Board's Vision for health and wellbeing in Thurrock for 2022-26.

The Board's Vision of **Levelling the Playing Field** aims to tackle the many causes of poor health that are not level across Thurrock. These include individuals' health risk behaviours such as smoking and the quality of clinical care that people receive, but the greatest influences on overall community health are wider determinants of health. These include high-quality education, access to employment and other opportunities, warm and safe homes, access to green spaces and leisure, strong and resilient communities and effective public protection. Thurrock experiences an unlevel playing field in each of these areas and this Strategy aims to level up those inequities.

## How will we Level the Playing Field?

To truly Level the Playing Field in Thurrock, the Health & Wellbeing Strategy needs to take a broad approach and focus on all these areas as part of Place-Shaping. The Strategy sets out goals and action across six broad domains that influence the determinants of health listed above:

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**

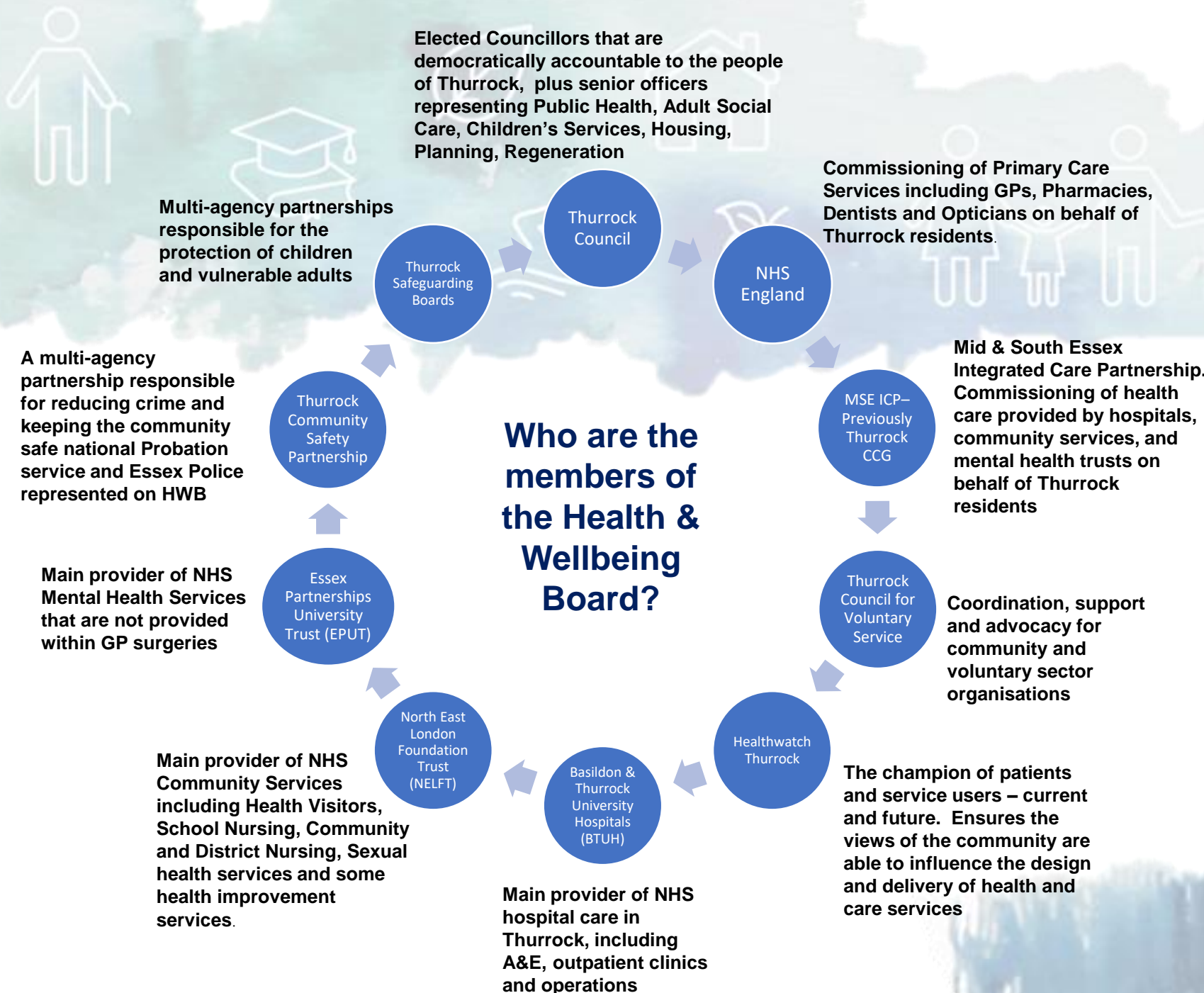
The Strategy will embed health and wellbeing actions in all these areas across key strategies in Thurrock, including NHS plans, the Local Plan and the Backing Thurrock Economic Growth Strategy, encompassing the Thames Freeport. It will drive ambitious collective action across every Council department, and through the NHS and other key system partners to address the unfairness that leads to multiple unlevel playing fields in Thurrock.

## What will the Impact be?

The Health & Wellbeing Board has engaged with residents and stakeholders from across Thurrock to identify what matters most to residents and what their priorities for levelling the playing field are. The Health & Wellbeing Strategy will reduce variation in these drivers of poor health and reduce the inequalities in health outcomes we see across the Borough.

The actions set out in the Strategy will help achieve the Government's Levelling Up ambition of increasing Healthy Life Expectancy and reducing the gap between local areas where it is highest and lowest - currently the Healthy Life Expectancy gap is 8 years across Thurrock.

# 3. Thurrock's Health and Wellbeing Board



## The Health & Wellbeing Strategy

- The Health & Wellbeing Board (HWBB) members have a collective statutory duty to produce a Health & Wellbeing Strategy (HWBS). Partners such as the NHS must have regard to the HWBS when planning their strategy.
- It is one of three highest level strategic documents driving Place Shaping for the local system partners (alongside the Local Plan and Backing Thurrock Economic Strategy)
- It is a whole system plan for community Health & Wellbeing, co-ordinating strategic thinking of all members to deliver quantifiable gains in health and well being of residents
- This strategy has been jointly developed by all members of the HWBB.

# 4. Thurrock the Place

Based at the heart of the Thames Gateway in close proximity to the east of London, Thurrock is a busy borough with picturesque towns, reams of beautiful countryside and 18 miles of river frontage. We are a borough of contrasts with urban areas of Grays, Tilbury and Purfleet to the south and rural villages and open countryside to the north.

## The Thurrock Community

The population of Thurrock is just over 175,000. Population growth has been strong in recent years, with an 11.3% growth in population since the last census in 2011. This strong growth is projected to continue over the next decade with a further increase of 9.2% expected by 2030.

Thurrock is a relatively young place, with an average age of 36.9 years old compared to the England average of 40.2 years old. Just under 26% of the population are aged under 18 years. The recent trend for both England and Thurrock has been towards an increase in the average age, and we can expect to see this trend continue. Presently in Thurrock there are almost 6,000 individuals aged 80+, with close to 1,000 individuals aged 90+.

Within its geographic area of 165km<sup>2</sup>, Thurrock hosts a diverse range of people and places. Over 130 different languages are spoken by children in Thurrock as their main language, and whilst most residents in Thurrock were born in the UK, over 10% were born overseas. White British is the most common ethnicity reported by Thurrock residents at 77% of the population. The second largest ethnic group is Black/African/Caribbean and Black British at 9% followed by all other White at 7%. It is estimated that 3,120 people have a learning difficulty, which accounts for just under 2% of the Thurrock population.

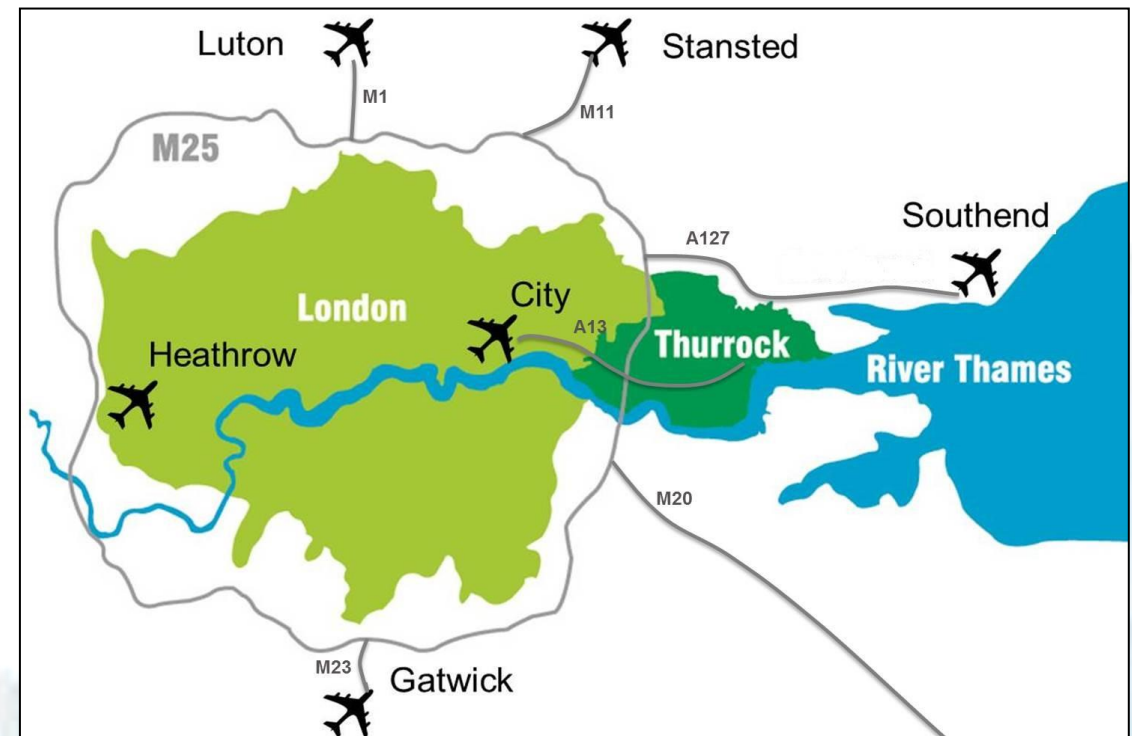
The most recent deprivation scores show that Thurrock has several areas that fall within the 10% most deprived locations in the country, but also some areas that fall within the most affluent in the country.

The more deprived areas are mainly located in and around Tilbury, with further areas in South Ockendon, Grays and areas of Corringham also suffering from higher levels of deprivation. Less deprived areas tend to be found in Thurrock's more rural locations, around South Chafford, and in some areas to the north of Grays.

## Growth & Opportunities

Thurrock is home to some of the most exciting growth opportunities in the country. Our growth programme is highly ambitious and £6Bn has already been invested by the private sector in Thurrock up until 2017, with 7,000 new jobs created and 1,170 new businesses choosing Thurrock including leading ports and logistics centres, retail and creative industries. More broadly, over 1,000 acres of land are ready for commercial development with 30,000 new homes likely to be built. Thurrock is at the heart of global trade and logistics, with no fewer than three international ports and excellent road transport links.

Future growth and transformational ventures include the Thames Freeport, regeneration in urban areas such as Purfleet, and the Association of South Essex Local Authorities (ASELA) plans.



# 5. Health & Wellbeing in Thurrock

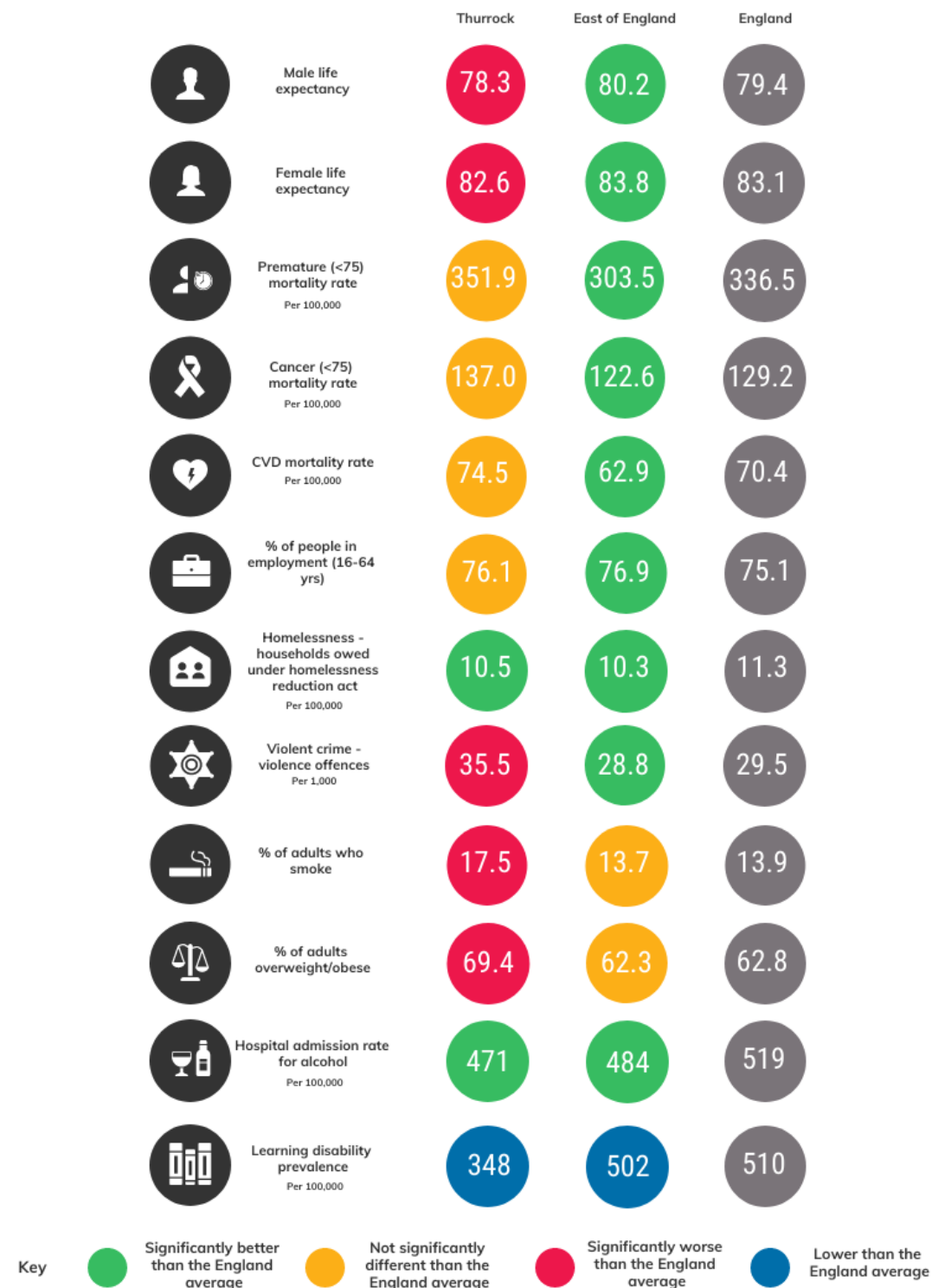
There is variation in health outcomes across Thurrock. Life Expectancy (LE) is the highest-level indicator of health inequality, and life expectancy for both men and women in Thurrock is significantly worse than the average for England. LE is significantly lower in Thurrock than average across England for both men (78.3 years vs 79.4 years) and women (82.6 years vs 83.1 years).

The greatest contributor to inequality in health outcomes in Thurrock is smoking. We know that smoking is the leading preventable cause of premature mortality in the country. Thurrock's overall smoking prevalence of 17.5% is significantly higher than in England and within some of the more deprived areas the prevalence is higher still. Data for pregnant women also shows high prevalence of smoking during pregnancy.

The proportion of adults classified as overweight or obese is also significantly higher in Thurrock, and higher still in the most deprived areas. 69.4% of adults are classified as overweight or obese, significantly higher than the England average at 62.8%. In 2019-20 the prevalence of overweight children at year 6 (age 10-11) in Thurrock was at 39.6% which is also significantly above the England average of 35.2%.

Cardiovascular diseases (CVD) are also an area of concern for the community. The most recent data for stroke, hypertension and coronary heart disease (CHD) prevalence at borough level are in line with national averages, however CVD related outcomes are known to be worse in the more deprived areas of Thurrock. Diabetes prevalence in Thurrock remains above the regional average.

Wider determinants of health are also important factors to also consider when looking at population data, and there is a mixed picture with regard to wider determinants in Thurrock. Thurrock's employment rate is 76.1% which is slightly above the England national average of 75.1% but not significantly so. Housing is a key factor underpinning health and wellbeing. For Thurrock, the number of households owed a duty under homelessness prevention is 10.5 per 100,000 which is lower than the England average of 11.3, and the quality of the housing stock in Thurrock is mixed. Crime has a considerable impact on the community, and the rate of violence offences in Thurrock (35.5 per 1,000) is significantly above the England rate of 29.5 per 1,000 population.



# 6. Thurrock's Vision for Health and Wellbeing - Levelling the Playing Field

## National Policy – Levelling Up

The Government's 'Levelling Up' White Paper sets out a number of Missions to address regional and local inequalities that unfairly hold back communities, ranging from employment and educational attainment to housing quality and crime.

## Variation in Life Expectancy and Healthy Life Expectancy

Healthy Life Expectancy (HLE) is how long an individual can expect to live in good health. Variation in HLE is a measure of the health inequity that exists within and between populations. Mission 7 of the White Paper sets out an ambition that by 2030, the gap in HLE between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years.

HLE in Thurrock is 63 years for males and 61 years for females, but this hides considerable variation within the local community, as illustrated below. Individuals in the least deprived parts of Thurrock can expect to live between 6.4 to 8.7 years longer than those in the most deprived areas. In terms of HLE, people in the most affluent areas of Thurrock experience 8 years more healthy life than those in the most deprived, with women in the most deprived areas experiencing 22 years in poor health.

## Thurrock's Vision for Health & Wellbeing – Levelling the Playing Field

Thurrock's Vision for Health & Wellbeing is to Level the Playing Field and reduce the variations in LE and HLE that we see within Thurrock. In order to meet the Government's ambitions for reducing the gap in HLE, concerted action is required to improve both length and quality of life across Thurrock and to reduce variations within the community.

In line with the White Paper ambitions, the Vision to Level the Playing Field identifies and sets out ambitious plans to tackle the many drivers of poor health that are not level across Thurrock, including the wider determinants of health.

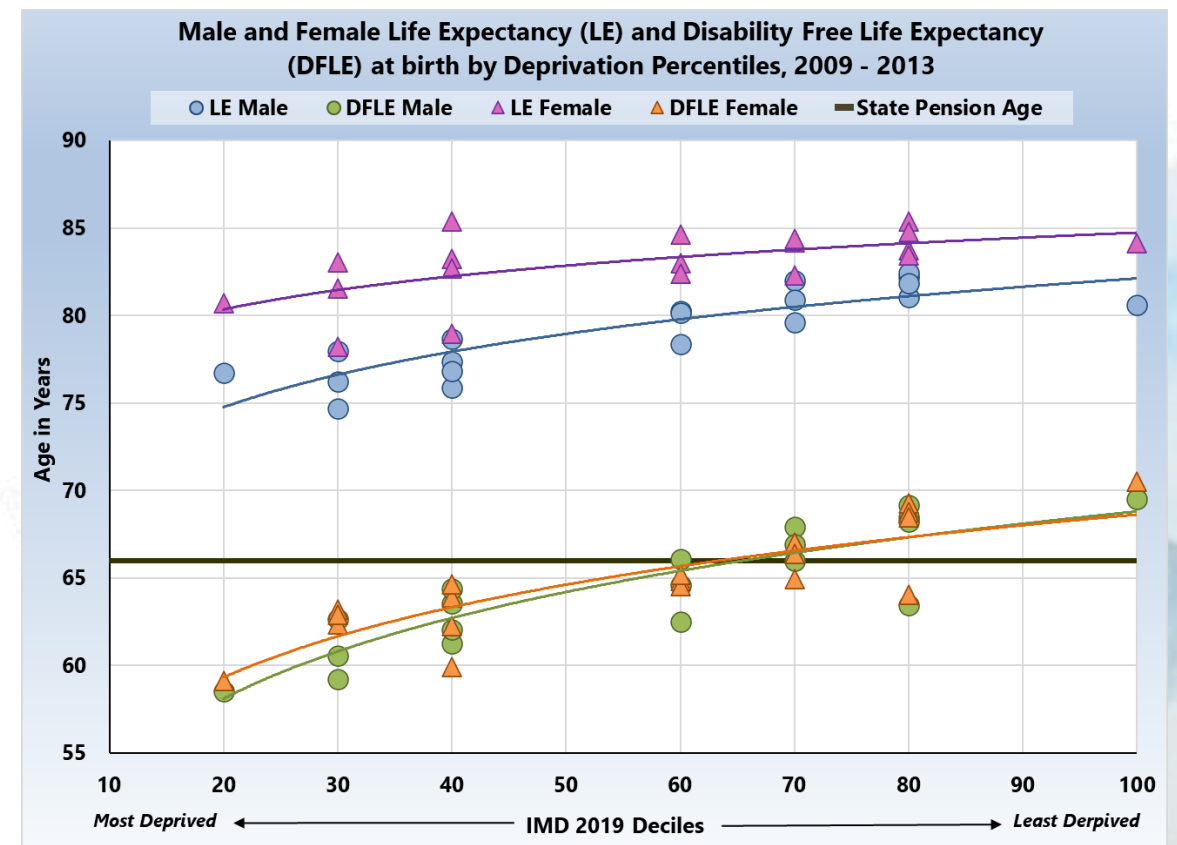
## Addressing Unlevel Playing Fields in Thurrock

There is a clear unlevel playing field between areas of higher and lower levels of deprivation. Areas of higher deprivation tend to be home to a greater number of individuals working in routine and manual roles, with lower levels of income and poorer educational attainment. Within these areas we also see a higher prevalence of health risk behaviours such as smoking, poorer diet and low levels of physical activity. In turn these drive higher rates of long-term health conditions – which often co-exist alongside poorer mental health outcomes. In Thurrock, all age and premature death (<75 years) is significantly worse than England average overall, specifically for cancer and circulatory disease deaths, and is related to deprivation.

We will address inequalities in health status and LE across Thurrock not just between socioeconomic groups, but also between many different groups. For example, variation is seen between different ethnicities, between people living with physical or learning disabilities and people with long term serious mental illness, compared to the general population. People with a learning disability have a LE 14-17 years lower than the general population in England.

Intergenerational health inequalities still persist in Thurrock. Opportunities for every resident to reach their full potential are not shared equally, and levelling this playing field is a key focus of the HWBS.

Our Vision of Levelling the Playing Field will also address the unacceptable variation in access, service quality and outcome across health, care and wellbeing services with those with the greatest need often getting the poorest services and outcomes.



# 7. Where is the Playing Field not Level in Thurrock?

The playing field not level in many key areas that impact each one of the Council's priorities of **People**, **Place** and **Prosperity** -



**Smoking and obesity** are key drivers of unequal health outcomes. Both smoking and obesity are significantly worse in Thurrock than across England and drive premature deaths from health conditions such as heart disease.



Around two thirds of people with **long term health conditions** such as high blood pressure and mental ill health are not diagnosed and not receiving support. We know that certain communities have higher rates of these conditions including people living in less affluent areas, men, people with learning disability, young people and older adults, unpaid carers, certain minority ethnic groups, LGBTQ+ people.



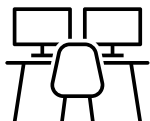
**People who felt most lonely and disconnected from their local community** prior to COVID-19 in the UK now have even higher levels of loneliness. This includes young people, people living alone, on low incomes, who are out of work, or living with a mental health condition and/or learning disability.



Residents are concerned about the **ease of seeing a GP**, and we know that access and capacity in primary care differs across the borough, and sometimes within the same Ward. **Quality of care** also varies for both physical and mental health conditions.



**Educational attainment** is generally good across Thurrock, but children who are NEET, have SEND, are Children Looked After or In Need, and from some minority ethnic groups do not achieve the same levels as their peers. While overall, 61% of GCSE pupils in Thurrock achieved 9-4 in 2019, only 10% of pupils with three disadvantages did.



The proportion of **adults in employment, the claimant count and the impact of economic growth** varies between communities in Thurrock. Groups that experience inequality in employment include 18-24 year olds, those living with a physical or learning disability and those with chronic diseases such as serious mental illness and musculoskeletal conditions.



**Housing affordability** is a major challenge in Thurrock, with over half of households not being able to purchase a home in the borough.



The **fear and risk of crime** continues to be a challenge for many community groups. The rates of recorded **violent crimes** are higher in Thurrock compared to England and have risen sharply since 2013. The Thurrock Youth Offending Service are seeing young people with a more entrenched pattern of offending and a greater degree of complexity and risk. National data indicates that 1 in 5 working-age women have experienced sexual violence.

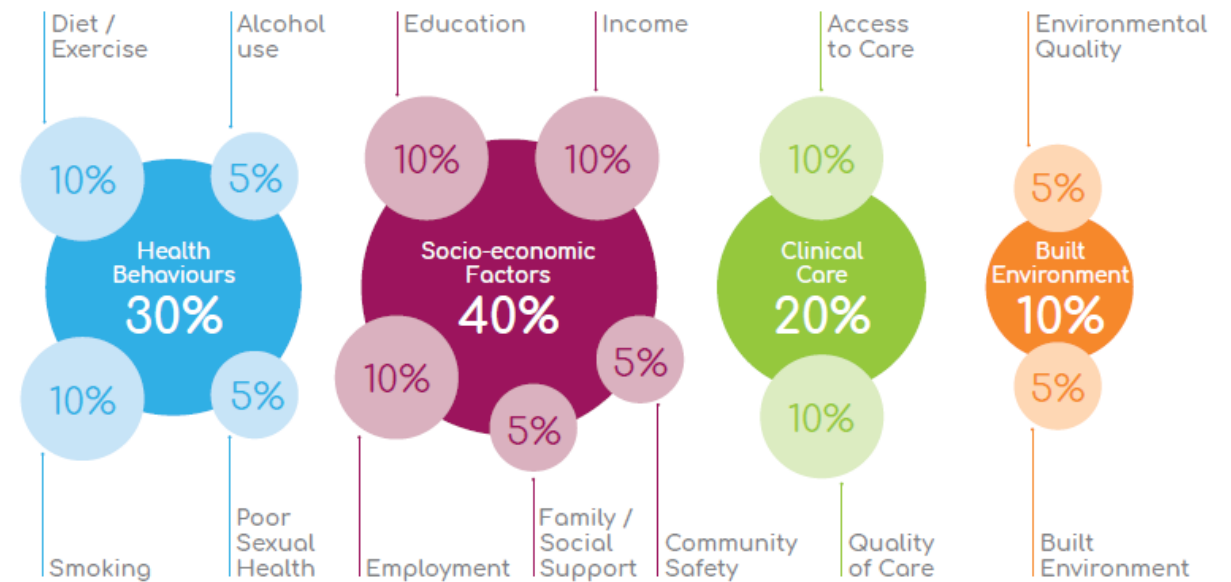


# 8. How do we Level the Playing Field? - Wider Determinants of Health

The health & wellbeing status of individuals and communities is driven by broad and complex influences. Mid & South Essex Health & Care Partnership (MSE HCP) strategy identifies a range of impacts on health status, and that socio-economic factors have the greatest overall impact.

The King's Fund highlight the following wider health determinants as being crucial drivers of population health:

- Income
- Housing
- Education
- Best Start in Life
- Spatial planning
- Warmer & Safer Homes
- Strong & Resilient Communities
- Access to Green Spaces & Leisure
- Transport & Active Travel
- Jobs & Work
- Built & Green Environment
- Public Protection



SOURCE: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

To truly Level the Playing Field, Thurrock HWB Strategy needs to take a broad approach and focus on all these areas as part of Place-Shaping. It will drive collective action across every Council department, and through the NHS and other key system partners to address the unfairness that leads to multiple unlevel playing fields across all the determinants of health.

The large-scale growth and transformation opportunities that Thurrock has will be key to delivering this Vision, including -

## National 'Levelling Up' agenda opportunities for Thurrock:

- Thames Freeport & Backing Thurrock agenda – secure inclusive and sustainable growth
- The Towns Fund – creating opportunity in more deprived areas; promoting arts, culture & physical activity
- Skills Fund & Apprenticeships – opportunities for local young people

## ASELA Anchor Programme opportunities for Thurrock:

- Infrastructure & Housing – affordable housing, transport & infrastructure
- Technical University – skills development for adults & young people
- South Essex Estuary Park - green & blue spaces, improved air quality

# 9. Health & Wellbeing Board Principles for Action to Level the Playing Field

The members of the HWBB have agreed that the actions to Level the Playing Field will take account of the following principles:



**Reducing inequality in health and wellbeing** - We want things to get better for everyone, but we are also committed to ensuring that the most disadvantaged communities enjoy the same levels of opportunity, health and wellbeing as the most affluent.



**Prevention is better than cure** - Rather than waiting for people to need help, we want Thurrock to be a place where people stay well for as long as possible. *Early intervention*



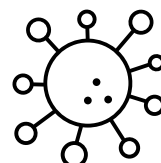
**Empowering people and communities** - We don't just want to do things for people but give people the opportunity to find their own solutions and make healthy choices, taking account of different abilities to act and ensuring multiple access points to services.



**Person-led & strengths-based approach** - Good health and care services should be organised around the needs of people, not around the needs of organisations. This includes using a Human Learning Systems approach to planning as well as the navigation and delivery of support and should build on community strengths and build social value.



**Making good health and wellbeing everyone's responsibility** – The organisations making up the HWBB have a shared priority to promote good health and reduce inequality, driving these principles through everything we do.



**Retain the positives from COVID-19 and address the challenges** – We will retain and build on positives from COVID-19 such as communities building on their strengths and partnerships working together on shared priorities, at the same time as seeking to mitigate the negative impacts of the COVID-19 pandemic.

# 10. Thurrock's Vision for Health and Wellbeing – Strategic Fit

## Thurrock Council Strategic Approach

## NHS Mid & South Essex Health & Care Partnership Strategic Approach

### VISION AND CORPORATE PRIORITIES

### CORPORATE KEY STRATEGIES



Mid and South Essex  
Health and Care  
Partnership

### Our Vision

A health and care partnership working for a better quality of life in a thriving mid and south Essex, with every resident making informed choices in a strengthened health and care system

Through working in partnership at every level, MSE HCP aims to **reduce inequalities** through the following actions, which also align to the Council's priorities:

- **Creating opportunities** – education, employment, housing, growth
- **Supporting health and wellbeing** – healthy lifestyles and behaviours, focus on prevention and self-care
- **Bringing care closer to home** – where safe and possible
- **Improving and transforming** our services – integrating care for and with our residents

Thurrock Council has three established corporate priorities of **People**, **Place** and **Prosperity**. The Health & Wellbeing Strategy is aligned to these three priorities, and is the key strategic document outlining the Council's aspirations for its **People**.

With so many exciting and important initiatives, it is crucial that the work across all areas of the Council and with our partners is coordinated and complementary in order to deliver the corporate priorities for the benefit of Thurrock residents and businesses.

This strategy aims to ensure that Levelling the Playing Field is a key consideration across all of the Council's strategic agenda of **People**, **Place** and **Prosperity**.

This strategy will ensure that we work in tandem with the MSE HCP partnership on reducing inequalities in Thurrock.

# 11. Thurrock's Vision for Health and Wellbeing – People, Place & Prosperity

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

## Thurrock Council Corporate Priorities

<b>PEOPLE - A borough where people of all ages are proud to work and play, live and stay</b>	<b>PLACE - A heritage-rich borough which is ambitious for its future</b>	<b>PROSPERITY - A borough which enables everyone to achieve their aspirations</b>
High quality, consistent and accessible public services which are right first time	Roads, houses and public spaces that connect people and places	Attractive opportunities for businesses and investors to enhance the local economy
Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing	Clean environments that everyone has reason to take pride in	Vocational and academic education, skills and job opportunities for all
Communities are empowered to make choices and be safer and stronger together	Fewer public buildings with better services	Commercial, entrepreneurial and connected public services

## Thurrock Council Corporate Priority Projects 2021

Transform the council and service delivery through new operating models and ways of working	Progress the <b>Local Plan</b> to support place-making and guide future sustainable development	Deliver <b>Backing Thurrock</b> , our Economic Growth Strategy, to strengthen and grow the economy for the benefit of residents and businesses
Refresh and deliver the <b>Health and Wellbeing Strategy</b> with health and other partners to tackle inequalities and the wider determinants of health	Deliver major regeneration and infrastructure projects contributing to growth including the government funded Towns Fund proposals	Work with private sector partners to deliver the Thames Freeport to unlock new jobs and skills opportunities through investment and enable levelling up
Embed the Collaborative Communities Framework – work with partners to redefine the council's role to achieve better outcomes for residents, especially the most vulnerable, through collaboration and co-design	Redefine to create a leaner asset base to reduce costs and support long term financial sustainability	Work collectively through ASELA to deliver strategic projects that secure greater prosperity and opportunities for residents and businesses

## PLACE - How will Place-Shaping Level the Playing Field?

Improved accessibility and equity of access to education, employment, healthcare and green spaces through walking and cycling infrastructure, and improved public transport. This will be built into all new major developments including Thames Freeport and targeting use of retained business rates

The Local Plan and the design of new neighbourhoods will enhance community resilience and social capital, reduce antisocial behaviour, designing crime out and physical activity in. Improved physical and mental well-being will be a key consideration for new planning policies and in the determination of planning applications

Council procurements, capital schemes and new developments should be linked to a Social Value Framework and contain employment initiatives to provide opportunities for local people

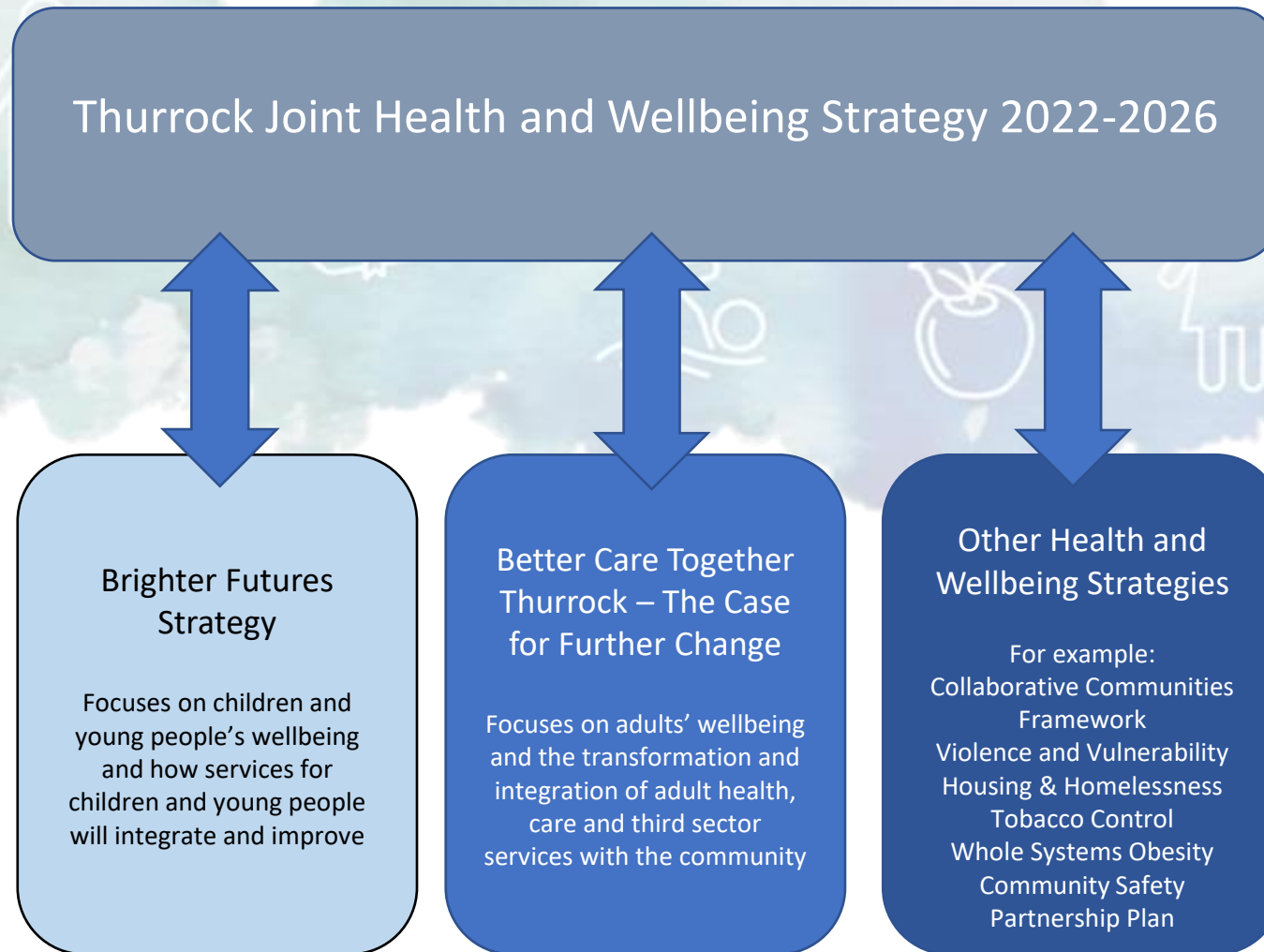
## PROSPERITY - How will Economic Growth Level the Playing Field?

Enhance access to vocational, academic and skills education for all, supporting adults experiencing barriers to learning and promoting progression into employment

Using the major economic growth interventions such as the Thames Freeport to create job opportunities for all, with more residents from vulnerable and deprived groups in sustained employment

Supporting local business aspirations to generate wealth and employment, promoting social enterprises and helping small business and micro-enterprises to grow

# 12. Thurrock's Vision for Health and Wellbeing - How Health & Wellbeing Strategies fit together



- High level
- All age
- Aspirational
- Engage all partners in wellbeing agenda
- Coherent vision for 'Thurrock the place'
- Threads everything together
- Focus on the 'what' and outcomes
- Statutory document that ICS must have regard to.

- More detailed
- More topic, age, setting focused
- Mechanics of the 'how'
- Explains impact at place and system level
- Outcomes at topic/locality/individual level
- Explains impact on overall place / system level
- Deals with the money

- For each Goal we have mapped the underpinning strategies and the strategic group that will lead on delivery.
- Progress measures have been identified to monitor impact on high level Outcomes over the lifetime of the strategy, plus Activity and Process milestones detailing key actions to deliver on the ambitions. These will be detailed in an appendix to the strategy.

# 13. Community Priorities for Health & Wellbeing

**Stakeholder & Community Engagement** took place between October & December 2021. Feedback was received from 1,300 individuals and from numerous stakeholder and community groups.

Key themes from the feedback covered each of the **People**, **Place** and **Prosperity** priorities:

## Accessibility



- **Capacity and accessibility of services**, with availability of face to face support from the most appropriate professionals to support their health needs, including Primary Care access.
- **IT & digital exclusion**. It was acknowledged that digital exclusion is a barrier for some people to access services. It was felt that a variety of routes to access were required so as not to exclude some individuals.
- **Geographical locations** and the importance of providing access to services to residents across the borough through affordable and well-connected public transport, active travel, provision of local based services and support.

## Supporting Residents and Wider Communities



- **Communicating support that is available to residents** to enable them to access the most appropriate support and supporting health and wellbeing by awareness raising and education, advice and guidance.
- **Support to develop communities** in terms of community cohesion and communities getting to know one another, building community resilience, and pride of place.

## The Environment



- **Mitigate the impact of housing and commercial developments** by ensuring that supporting infrastructure is in place and developments consider health and wellbeing.
- **Access to green and open spaces, public transport and active travel** across the borough.
- **Opportunities for people to remain active and socialise** in a safe environment.
- The importance of supporting improvements in **Air Quality**.

## Mental Health



- **The impact of COVID** on social isolation and loneliness and the adverse impact it has had on groups already marginalized
- **Respondents welcomed the refreshed Strategy providing specific focus on the provision of mental health support for residents**, including access to mental health support, with appropriate capacity and timeliness of services
- The link between mental ill health and wider determinants of health such as long-term unemployment was acknowledged, a **focus on employment and growth in relation to mental health** was welcomed

**Most people agreed** that the six proposed Domains affect areas of people's lives that most impact on health and wellbeing. There was also agreement with many of the proposed Goals for each the Domains, with refinements being made to specific Goals based on feedback.

## Engagement included a variety of methods including:

- **Have your say online** - Comments were collected online through the Council's Consultation Portal.
- **Have your say face-to-face** - The consultation was supported by Healthwatch Thurrock and Thurrock CVS. People from these independent organisations attended events across the borough and ran community sessions to ask about the proposals.
- **Discuss at a stakeholder or community meeting** - Community forums and groups, and Council and NHS meetings were attended to discuss the proposals.

A full report on the engagement findings and how they have influenced the content of the HWBS is appended as an Annex.

# 14. Six Domains of Health & Wellbeing in Thurrock

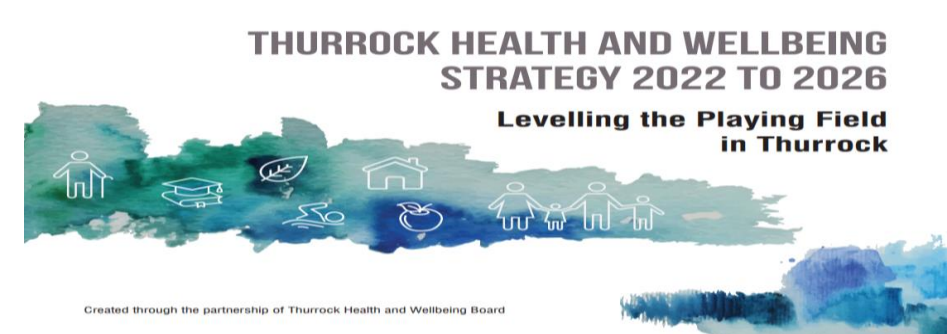
The HWBS is structured around 6 Domains, which cover the key wider determinants of health and the Community's priorities for Levelling the Playing Field. Each Domain relates to one of the Council's key priorities of **People**, **Place** and **Prosperity**:

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**

Through engagement with residents and stakeholders, 3 or 4 priority Goals have been identified for each Domain. Delivery of the ambitions within these Goals is underpinned by a number of key topic-specific strategies, as illustrated.

Domain 1 - Staying Healthier for Longer	Domain 2 - Building Strong and Cohesive Communities	Domain 3 - Person-Led Health and Care	Domain 6 - Community Safety
Thurrock Further Case for Change Health & Care Strategy	Collaborative Communities Framework	Thurrock Further Case for Change Health & Care Strategy	Community Safety Partnership Plan
MSE HCP Long Term Plan	Thurrock Further Case for Change Health & Care Strategy	MSE HCP Long Term Plan	Violence Against Women & Girls Strategy
Brighter Futures Strategy	Stronger Together Thurrock		Youth Violence & Vulnerability Action Plan





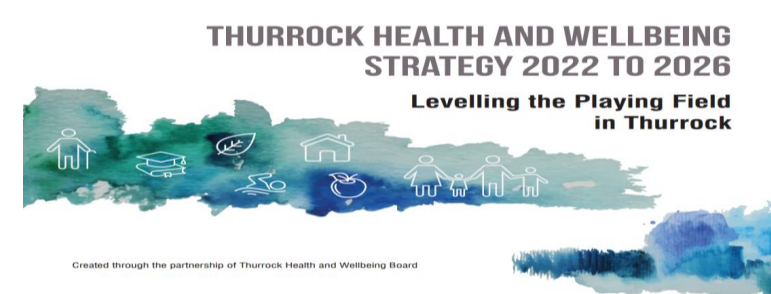
## Domain 1 - Staying Healthier for Longer

*Aligned with Thurrock Alliance Further Case for Change Health & Care Strategy & Brighter Futures Strategy*

**Ambition - Improve the prevention, identification and management of physical and mental health conditions, to ensure people live as long as possible in good health.**

GOALS	Who doesn't experience a Level Playing Field?	How will we Level the Playing Field?	What Impact will it have?
<b>1A. Work with communities to reduce smoking and obesity in Thurrock</b>	<ul style="list-style-type: none"> <li>People living in the most deprived Wards</li> <li>People living with serious mental illness</li> <li>Pregnant women and families</li> <li>Certain Minority Ethnic groups</li> </ul>	<ul style="list-style-type: none"> <li>Developing and delivering a Whole System Tobacco Control Strategy – covering Prevention, Treatment &amp; Enforcement, and focusing on the 8 most deprived Wards, people with mental health problems and pregnant women and their families</li> <li>Refreshing &amp; delivering the Whole System Obesity Strategy – covering Healthy Weight for Children, Community Influences, the Food Environment, Physical Activity &amp; Weight Management</li> </ul>	<ul style="list-style-type: none"> <li>Fewer people in Thurrock who smoke and reduced variation between community groups</li> <li>Fewer Reception, Year 6 children and adults in Thurrock who are obese and reduced variation between community groups</li> </ul>
<b>1B. Work together to promote good mental health and reduce mental ill health and substance misuse in all communities in Thurrock</b>	<ul style="list-style-type: none"> <li>Groups that are less likely to have their mental health needs met such as: Males, People with LTCs, People with Learning Disability, Younger and Older adults, unpaid Carers, certain Minority Ethnic groups, LGBTQ+ people</li> <li>People living with serious mental illness</li> <li>People transitioning from young people to adult to older adult mental health services</li> <li>People living with substance misuse and their families</li> </ul>	<ul style="list-style-type: none"> <li>Transforming mental healthcare through a new Integrated Primary and Community Mental Health model, and Emotional Wellbeing and Mental Health Service (EWMHS) for children and young people</li> <li>Case finding for common mental illnesses in Primary Care - by screening via a tool in IT systems, as part of NHS Health Checks and using Population Health Management (PHM)</li> <li>Co-producing with service users and families a new substance misuse model, integrated with wider services such as mental health and housing</li> <li>Addressing unmet need in relation to drug &amp; alcohol misuse, including inter-generational affects and the impact on wider determinants of health</li> </ul>	<ul style="list-style-type: none"> <li>Improved quality of care for mental ill health</li> <li>A greater proportion of people have their mental ill health diagnosed and treated</li> <li>All young people transitioning to Adult Mental Health Services have a Joint Care Plan in place</li> <li>All children are thriving and have access to the support they need through a strengthened whole school approach to mental wellbeing</li> </ul>
<b>1C. Continue to enhance identification and management of Long Term Conditions (LTCs) to improve physical and mental health</b>	<ul style="list-style-type: none"> <li>People living in more deprived circumstances</li> <li>The up to two thirds of people with common LTCs but who do not have a diagnosis</li> <li>People with poorly managed LTCs</li> <li>Communities at greater risk from LTCs, including Minority Ethnic groups, and people with Learning Disability or serious mental illness</li> </ul>	<ul style="list-style-type: none"> <li>Establishing 4 new Integrated Medical Centres (IMCs) that will deliver a standardised LTC clinical model for all Thurrock residents, including those with multiple health needs, and address variation in capacity across IMCs so it is better matched to resident need</li> <li>Funding LTC case finding in Primary and Community Care and using PHM to identify people with LTCs by improving data flows between hospital and primary care IT systems</li> <li>Funding LTC treatment improvement in Primary Care to intervene earlier and prevent LTCs from worsening – for example by using PHM data to improve care for all</li> </ul>	<ul style="list-style-type: none"> <li>Improved quality of care for LTCs e.g. a greater proportion of care for high blood pressure will meet national standards</li> <li>A greater proportion of people will have their LTC diagnosed and treated</li> <li>A greater percentage of individuals with Severe Mental Illness will receive a Physical Health Check</li> </ul>



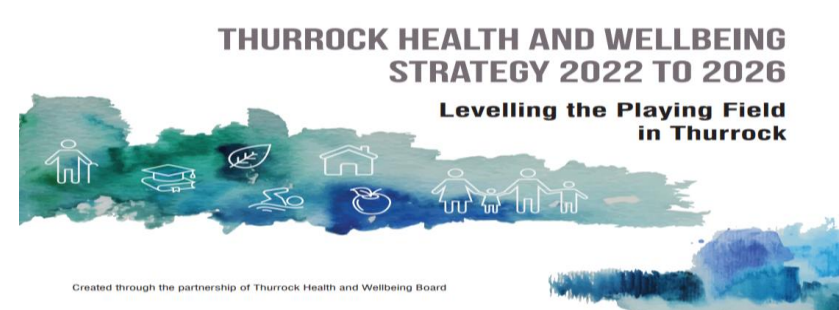


## Domain 2 - Building Strong and Cohesive Communities

*Aligned with Stronger Together Thurrock & the Collaborative Communities Framework (CCF)*

**Ambition - We are committed to creating a fair, accessible and inclusive borough where everyone has a voice and an equal opportunity to succeed and thrive, and where community led ambitions are supported and actively encouraged.**

GOALS	Who doesn't experience a Level Playing Field?	How will we Level the Playing Field?	What Impact will it have?
<b>2A. Improve engagement with our residents to ensure everyone can have their voice heard</b>	<ul style="list-style-type: none"> <li>• Marginalised and Seldom Heard groups</li> <li>• People experiencing loneliness and social isolation, including those who were Shielding or who are at higher risk such as young people, people living alone, on low incomes, who are out of work, or living with a mental health condition and/or learning disability</li> <li>• The c. 20% of people who are digitally excluded</li> </ul>	<ul style="list-style-type: none"> <li>• Embedding the CCF Engagement ambition to enable residents to access information and be involved in decisions that affect their lives, using co-design and co-production to generate solutions, for example by -</li> <li>• Establishing service user-led Communities of Practice for each Primary Care Network (PCN) area to improve communication with local residents</li> <li>• Tackling digital exclusion - for example through ASELA and Public Health working together to install wifi in all Sheltered Housing sites, and addressing skills and confidence</li> <li>• Ensuring the Stronger Together directory is used widely across partners as the 'one-stop-shop' for residents to seek information about support</li> </ul>	<ul style="list-style-type: none"> <li>• Improved resident satisfaction with engaging with Thurrock Council</li> <li>• A greater percentage of Thurrock residents voting in local elections</li> <li>• Reduced Digital Exclusion</li> <li>• Residents will have improved access to information and support</li> </ul>
<b>2B. Ensure people have the skills, confidence and ability to contribute as active citizens and are empowered to co-design the decisions that affect their lives</b>	<ul style="list-style-type: none"> <li>• Marginalised and Seldom Heard groups</li> <li>• Disenfranchised or disempowered residents</li> <li>• Volunteers and unpaid Carers</li> </ul>	<ul style="list-style-type: none"> <li>• Embedding the CCF Empowerment ambition to empower and enable communities to champion change, for example by -</li> <li>• Using a participatory Human Learning Systems (HLS) approach to future health &amp; care system transformation, delivering bespoke solutions co-designed with residents, ensuring that the system operates in the way people want it to and that communities are able to influence and direct decision making about health and care</li> <li>• Working with Community Builders, Community Reference Boards and PCN Communities of Practice to enable residents' views to influence local decision-making</li> </ul>	<ul style="list-style-type: none"> <li>• A greater proportion of residents feel that decisions taken that affect them are worthwhile</li> <li>• A greater percentage of volunteer placements filled within the Council</li> </ul>
<b>2C. Enhance equality and inclusiveness by promoting opportunities to bring different communities together to enhance shared experience and to embed a sense of belonging</b>	<ul style="list-style-type: none"> <li>• Diverse communities in Thurrock including minority ethnic groups, religious groups, LGBTQ+ people</li> <li>• Marginalised and Seldom Heard groups</li> <li>• Newcomers to the borough including Asylum Seekers</li> <li>• People experiencing loneliness and social isolation, including those at higher risk such as the Shielding cohort, young people, people living alone, on low incomes, who are out of work, or living with a mental health condition and/or learning disability</li> </ul>	<ul style="list-style-type: none"> <li>• Embedding the CCF Equality ambition for all to have equal opportunities to prosper in a connected community and contribute to a diverse and inclusive borough, for example -</li> <li>• Working with Community Builders, and Community Forums and Hubs in their provision of support to residents in their local areas, along with the ongoing maintenance of the Stronger Together directory</li> <li>• Preparing an annual calendar of events and activities in conjunction with partners - including community-led events such as Holocaust Memorial Day and Pride Month.</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer adults aged 16+ report they felt lonely 'often or all of the time'</li> <li>• A greater number of events and activities in hubs/libraries that support well-being and strengthen community connections</li> </ul>



## Domain 3 - Person-Led Health and Care

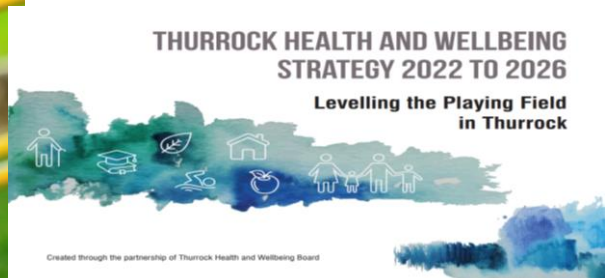
### *Aligned with Thurrock Alliance Further Case for Change Health & Care Strategy*

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

GOALS	Who doesn't experience a Level Playing Field?	How will we Level the Playing Field?	What Impact will it have?
<b>3A. Development of more integrated adult health and care services in Thurrock</b>	<ul style="list-style-type: none"> <li>People living with multiple and complex health and care needs</li> <li>People with unmet health and care needs</li> <li>Unpaid Carers</li> <li>People who need support to live independently</li> <li>People living with dementia</li> </ul>	<ul style="list-style-type: none"> <li>Improved, integrated and easy to access entry to care – the majority of care will be provided close to home by multi-disciplinary locality teams (Community Led Support)</li> <li>Better management and coordination of multiple issues through a Human Learning System (HLS) approach to deliver bespoke solutions</li> <li>Development of a Dementia Commissioning Strategy to support Dementia Friendly Communities</li> </ul>	<ul style="list-style-type: none"> <li>More capacity across the system with a greater focus on prevention and early intervention</li> <li>Bespoke solutions to complex care needs, with single care plans</li> <li>Holistic support for people with dementia</li> </ul>
<b>3B. Improved Primary Care response that includes timely access, a reduced variation between practices and access to a range of professionals</b>	<ul style="list-style-type: none"> <li>People living with multiple and complex health and care needs</li> <li>People with unmet health and care needs</li> <li>People with difficulty accessing health care</li> </ul>	<ul style="list-style-type: none"> <li>All 4 IMCs operational by 2025, delivering a standardised clinical model that meet the specific requirements of the local community</li> <li>Improving quality of care through single models of care, integrated data sets, and early identification, management and prevention of conditions</li> <li>Collaboration and coordination with partners around PCN areas to enhance capacity and ensure people receive the right response first time</li> <li>Levelling up funding to align with clinical need, supported by an appropriate mixed skill clinical workforce</li> <li>Upgrading GP practices' telephony systems and ways of working online</li> </ul>	<ul style="list-style-type: none"> <li>Equity of access to primary care reaching the level of the current best access for everyone</li> <li>Better clinical outcomes overall and reduced variation in outcomes between GP practices</li> <li>Patient satisfaction with practices levels up to the current best</li> </ul>
<b>3C. Delivery of a Single Workforce Locality Model – a health &amp; care workforce that works across organisational boundaries to be able to provide a seamless and integrated response</b>	<ul style="list-style-type: none"> <li>People living with multiple and complex health and care needs</li> <li>Unpaid Carers</li> <li>Frontline health and social care professionals</li> <li>People who need support to live independently or have difficulty accessing care and support</li> </ul>	<ul style="list-style-type: none"> <li>Development of professionals' integrated locality networks by PCN area</li> <li>Reducing onwards rereferrals through integrated and coordinated access points across and within localities</li> <li>Support solutions that incorporate the assets and strengths contained within communities and individuals</li> <li>Integrated coordination of care for individuals receiving support from multiple organisations and blended staff roles that support more than one function</li> </ul>	<ul style="list-style-type: none"> <li>Empowered staff focusing on what matters to residents</li> <li>Access to a broader range of care and specialisms at locality level</li> <li>Greater continuity of care for everyone</li> </ul>
<b>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</b>	<ul style="list-style-type: none"> <li>People living with multiple and complex health and care needs</li> <li>People with unmet health and care needs</li> <li>People with difficulty accessing health care</li> <li>People who need support to live independently</li> </ul>	<ul style="list-style-type: none"> <li>Development of Communities of Interest that enable communities to direct, develop and influence health and care provision</li> <li>Commissioning across functions through pooled and integrated budgets</li> <li>Place-based commissioning – responding to local conditions and requirements through Community Reference Boards</li> <li>A broadened and flexible marketplace that offers greater choice and increased opportunities for local providers - for example building on Micro-Enterprises</li> </ul>	<ul style="list-style-type: none"> <li>Expanded support for community economic development, supporting a variety of health and care services for local people</li> <li>Residents' voices will be at the heart of service redesign</li> </ul>

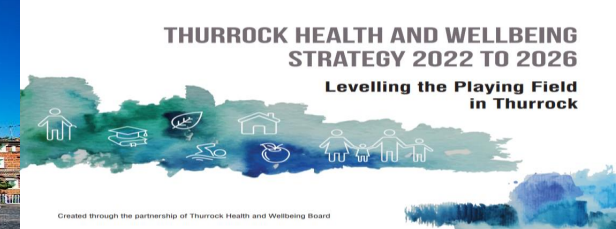
# Domain 4 – Opportunity for All

*Aligned with the Backing Thurrock Economic Strategy, major investments such as Thames Freeport and the Brighter Futures Strategy*



**Ambition - Thurrock will be a place of economic opportunity, with investment and wider regeneration programmes building a stronger and more vibrant economy, with local communities having the opportunity to contribute to and benefit from our economic successes. We want to support people in Thurrock to be aspirational, resilient and able to access high quality education and training; enabling them to develop skills to secure good quality employment and volunteering opportunities to live fulfilling lives and achieve their full potential.**

GOALS	Who doesn't experience a Level Playing Field?	How will we Level the Playing Field?	What Impact will it have?
<p><b>4A: Through raising aspirations and reducing the disadvantage gap, all children and young people are able to achieve their potential</b></p>	<ul style="list-style-type: none"> <li>Children and young people, especially those who have Special Educational Needs (SEN), are Children Looked After (CLA), live in more deprived circumstances or are Not in Education, Employment or Training (NEET)</li> </ul>	<ul style="list-style-type: none"> <li>Delivering the Brighter Futures aspirations to improve educational attainment</li> <li>Thames Freeport Skills Plan will target dedicated interventions to improve skills, working directly with local schools to ensure local communities can take advantage of job opportunities from the Freeport</li> </ul>	<ul style="list-style-type: none"> <li>All young people supported to gain qualifications, skills, and experience to progress into sustained employment</li> <li>Improved educational attainment for all disadvantaged young people</li> <li>All young people can access education and training, reducing NEET</li> </ul>
<p><b>4B: Raising aspirations and opportunities for adults to continue learning and developing skills, with a focus on groups that can benefit most</b></p>	<ul style="list-style-type: none"> <li>Working-age people who are in low-skilled employment</li> <li>People who are out of work, including with health-related barriers to work such as mental health, musculoskeletal problems, disabilities or caring responsibilities</li> <li>Young adults entering the labour market</li> </ul>	<ul style="list-style-type: none"> <li>A Freeport Skills Fund will be established to support skills programmes to ensure that local people are equipped to benefit from anticipated employment opportunities – focusing on young people and those with protected characteristics</li> <li>ASELA Technical University to meet emerging and future employer needs through work-based learning, including degree apprenticeships, supporting young people entering work and reskilling those in employment</li> <li>Thames Freeport Skills Accelerator programme will match workers to jobs, ensuring equality of access to skills development and job opportunities</li> </ul>	<ul style="list-style-type: none"> <li>A greater number of adults in education in Thurrock Council</li> <li>A greater proportion of young people achieve a L2 or L3 qualification by the age of 19</li> </ul>
<p><b>4C: Supporting the economically vulnerable through Delivering the Backing Thurrock Roadmap and Action Plan and the Thames Freeport</b></p>	<ul style="list-style-type: none"> <li>Marginalised groups and those living in deprived circumstances</li> <li>People who are out of work, including those with health-related barriers to working such as mental health, musculoskeletal problems, physical or learning disabilities, or who have caring responsibilities</li> <li>Working-age people who are in low-skilled employment or who are economically vulnerable</li> <li>Low-income households</li> </ul>	<ul style="list-style-type: none"> <li>Tackling employment inequalities through -</li> <li>Thames Freeport being underpinned by a Diversity Statement and EQIA , and actively monitoring equality, diversity and inclusion impacts</li> <li>Delivering the Backing Thurrock Skills Action Plan to, enabling people to access the opportunities from a growing and successful Thurrock economy</li> <li>Embedding recommendations of the Work and Health JSNA to improve access to work for people with mental health and MSK problems</li> <li>Ensuring that contracts and capital schemes commissioned by the Council include action against at least one Social Value Framework priority outcome</li> </ul>	<ul style="list-style-type: none"> <li>A greater proportion of working age adults in employment</li> <li>Reduction in long term unemployment, with a focus on those with long term mental or physical health barriers to employment</li> <li>The Thames Freeport economically benefits all in Thurrock</li> <li>Increased Social Value contribution of the Council's commissioning</li> </ul>
<p><b>4D: Creating a vibrant place, that generates new businesses, increases prosperity and enables people across Thurrock to benefit from the transformational investment in major development schemes</b></p>	<ul style="list-style-type: none"> <li>Marginalised groups and those living in more deprived circumstances</li> <li>Working-age people who are out of work or economically vulnerable</li> <li>Low-income households</li> <li>Small businesses and Micro-enterprises</li> </ul>	<ul style="list-style-type: none"> <li>Supporting local businesses to generate wealth and employment - for example through enabling residents to develop new businesses, social enterprises and micro enterprises; and developing a business workplace wellbeing programme</li> <li>Working with the Business Board and Anchor Institutions to increase local recruitment, develop local supply chains, attract public and private investment, and making best use of assets to secure inclusive well-being</li> <li>Supporting SME supply chain opportunities through Thames Freeport and other major investment programmes</li> <li>Harnessing the power of culture and creativity to improve well-being and support economic growth through delivery of a Thurrock Cultural Strategy</li> </ul>	<ul style="list-style-type: none"> <li>Reduced percentage of children living in absolute poverty</li> <li>A greater number and range of businesses in Thurrock</li> <li>Better understanding of the aspirations of the local business community</li> <li>Residents have access to a range of cultural opportunities</li> </ul>



# Domain 5 - Housing and the Environment

*Aligned with the Local Plan, Housing Strategy and Homelessness Strategy*

**Ambition - 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. Homes and places in Thurrock will provide environments where everyone feels safe, healthy, connected and proud.**

GOALS	Who doesn't experience a Level Playing Field?	How will we Level the Playing Field?	What Impact will it have?
<b>5A. Reduce homelessness and increase the supply of affordable housing in Thurrock</b>	<ul style="list-style-type: none"> <li>Homeless people and Rough Sleepers and those with No Recourse to Public Funds (NRPF)</li> <li>People in insecure accommodation or at risk of eviction</li> <li>Low-income households</li> <li>First time buyers &amp; Key Workers</li> </ul>	<ul style="list-style-type: none"> <li>Delivering appropriate and timely support - for example by reducing out of area Temporary Accommodation (TA) placements and time in TA</li> <li>Introducing a 'Thurrock Affordability Standard' for future housing delivery, alongside increasing Council-owned affordable rental properties</li> <li>Using Development Management, the Housing Strategy and the Local Plan to deliver a min. provision of 35% of new residential developments to be affordable</li> <li>The Local Plan will identify major development sites that can deliver 10 or more additional homes, and set targets for the mix of units in terms of type, size and tenure (including first, key worker and affordable homes)</li> </ul>	<ul style="list-style-type: none"> <li>All households owed a duty of care under the homelessness reduction act receive support</li> <li>Residents will have access to a range of affordable new build homes that prioritise providing housing for people with an established connection to the local area</li> <li>Residents will have access to an appropriate mix of high-quality social housing</li> </ul>
<b>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</b>	<ul style="list-style-type: none"> <li>People in insecure housing</li> <li>People in poor quality or over-crowded accommodation</li> <li>Low-income households</li> <li>Council, social &amp; private tenants</li> <li>People living in fuel poverty</li> <li>People with health conditions that put them at greater risk from a poor standard of housing</li> </ul>	<ul style="list-style-type: none"> <li>Improving the condition of housing in the public and private sector - for example by increasing use of renewable technologies in Council stock</li> <li>Reducing fuel poverty - for example by investment in council housing, accessing Green Homes Grants for improvements in the private sector, and by improving Energy Performance Certificate (EPC) ratings across the borough</li> </ul>	<ul style="list-style-type: none"> <li>Residents will have access to safe public and private rental sector homes</li> <li>Residents will have access to programmes such as Well Homes to benefit priority groups such as people with LTCs, physical or learning disabilities and mental health needs</li> <li>Fewer households in Fuel Poverty</li> </ul>
<b>5C. Provide safe, suitable and stable housing solutions for people who have or who are experiencing domestic abuse / violence and/or sexual abuse / violence</b>	<ul style="list-style-type: none"> <li>Individuals and families experiencing domestic abuse / violence and / or sexual abuse / violence</li> </ul>	<ul style="list-style-type: none"> <li>Implementing a joint protocol across all partners – to ensure access to a range of housing options and tailored initiatives to give people experiencing domestic and sexual abuse or violence an appropriate choice of accommodation.</li> </ul>	<ul style="list-style-type: none"> <li>Everyone experiencing domestic and sexual abuse or violence will have access to a range of tailored housing options and initiatives</li> </ul>
<b>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</b>	<ul style="list-style-type: none"> <li>People experiencing a poor quality of living environment and/or poor access to green space and/or air pollution</li> <li>People experiencing anti-social behaviour</li> <li>People with poor access to services and/or poor public transport access and/or who wish to walk and cycle more</li> </ul>	<ul style="list-style-type: none"> <li>Local Plan policies, Health Impact Assessments (HIAs) for major new developments and the Transport Strategy will consider a full range of health and wellbeing issues including for example: Active Travel and Public Transport; access to green and open spaces; air quality; the food environment.</li> <li>The Local Plan will put forward a range of planning policies that support the creation of healthier, safer and greener places which will be used by developers</li> <li>Incorporating crime reduction e.g. 'Secure by Design' within the Council's Housing Strategy and the Local Plan Design Guide.</li> <li>Implement the Council Climate Change Strategy and the borough high level Energy and Climate Strategy.</li> </ul>	<ul style="list-style-type: none"> <li>All Council-led new build schemes will comply with Secured by Design standards</li> <li>All regeneration and developments will promote physical &amp; mental wellbeing, reduce exposure to air pollution, promote healthy food options, enhance community resilience, and reduce antisocial behaviour</li> <li>New development will be supported by the right types of infrastructure and can be accessed by active/sustainable transport modes</li> </ul>



## Domain 6 - Community Safety

*Aligned with Thurrock Community Safety Partnership Priorities and Brighter Futures Strategy*

**Ambition - Thurrock is a place where people feel and are safe to live, socialise, work and visit. We will also ensure that victims/survivors of crime are able to access support to cope and recover from their experiences, should they need it.**

GOALS	Who doesn't experience a Level Playing Field?	How will we Level the Playing Field?	What Impact will it have?
<b>6A. Enable all children to live safely in their Communities</b>	<ul style="list-style-type: none"> <li>Children and young people, especially those at increased risk from crime including those experiencing trauma, sexual exploitation, Adverse Childhood Experiences, and school exclusion</li> </ul>	<ul style="list-style-type: none"> <li>Implement a Public Health approach to Youth Violence and Vulnerability – for example developing integrated data surveillance to identify the most at risk children and families and intervene early with tailored intervention packages</li> <li>The Youth Offending Service (YOS) will support an ongoing reduction in reoffending</li> <li>As part of the multi-agency approach to tackling Child Sexual Exploitation and to protect victims, implement a Contextual Safeguarding approach across the Thurrock Partnership</li> <li>Act on insights from Youth Listening projects</li> </ul>	<ul style="list-style-type: none"> <li>Decrease in episodes of children going missing</li> <li>Reduce school exclusions as a result of knife crime</li> <li>Decrease the percentage of YOS cohort of offenders who have reoffended</li> <li>Reduce Child Sexual Exploitation</li> <li>Build insights from Young People into the local response</li> </ul>
<b>6B. Work in partnership to reduce local levels of crime and opportunities for crime to take place, which will result in fewer victims of crime and make Thurrock a safer place to live</b>	<ul style="list-style-type: none"> <li>All victims of crime, particularly the more vulnerable at greater risk of certain types of crime, including young people, older and vulnerable adults</li> <li>People affected by the fear of crime and anti-social behaviour</li> </ul>	<ul style="list-style-type: none"> <li>Implementing the Reducing Reoffending Plan for Thurrock and addressing the drivers of violence</li> <li>Incorporating crime reduction approaches such as 'Designing Out Crime' and 'Secure by Design' within the Council's Housing Strategy and the Local Plan</li> </ul>	<ul style="list-style-type: none"> <li>Reduce anti-social behaviour and the fear of crime it causes</li> <li>Reduce community-based violence</li> </ul>
<b>6C. Improve the local response to supporting victims/survivors of abuse and exploitation to improve their health and wellbeing</b>	<ul style="list-style-type: none"> <li>All victims of crime, particularly the more vulnerable at greater risk of exploitative crime, including older and vulnerable adults</li> <li>Victims/survivors of abuse and exploitation, including those who are reluctant to seek support due to stigma, poor responses to disclosures or lack of awareness</li> </ul>	<ul style="list-style-type: none"> <li>Implementing the Thurrock Violence Against Women and Girls Strategic Action Plan, including a survivor-led, strengths-based pathway of support, available to all genders</li> <li>Designing strengths-based services based on the needs and experiences of victims/survivors</li> </ul>	<ul style="list-style-type: none"> <li>Improve Domestic Abuse and Sexual Violence and Abuse services based on the findings from engagement with local victims/survivors</li> </ul>
<b>6D. Protect residents from being the victims of crime, with a focus on those with increased risk of experiencing exploitation and abuse</b>	<ul style="list-style-type: none"> <li>All victims of crime, particularly the more vulnerable at greater risk of exploitative crime, including young people, older and vulnerable adults</li> <li>Victims/survivors of abuse and exploitation, with a particular focus on women and girls who experience this type of crime disproportionately</li> </ul>	<ul style="list-style-type: none"> <li>Implementing the Thurrock Violence Against Women and Girls Strategic Action Plan – for example the 'Transitions Process' supporting those transitioning from children's to adult social care support</li> </ul>	<ul style="list-style-type: none"> <li>Reduce the number of vulnerable people aged 16-25 who enter the system at a point of crisis</li> <li>Deliver a more individualised transition of vulnerable young people from children's to adult services</li> </ul>

# 15. Impact of COVID-19 on Health & Wellbeing

Whilst evidence is still accumulating on the long-term impacts of COVID-19, the pandemic is likely to have significant and wide-ranging impacts across all of the Domains of the HWB Strategy. These include :

## Direct impacts of COVID-19

- There was an increased burden of ill health and death due to COVID-19, with substantial inequalities across certain characteristics and socioeconomic groups in relation to risk of COVID-19 infection, complications and mortality, compounding existing health inequalities.

## Indirect Impacts on Health & Care Services

- During the pandemic, there were significant reductions in the utilisation of health and care services, which is now manifesting as increased demand on the system, often with later stage presentation for care. Evidence showed a median reduction of 37% in service usage overall, highlighting non-emergency admissions, cancer treatment and mental health services as areas of particular concern. Around one quarter of excess deaths in the first year of the pandemic were not due to COVID-19 but due to other causes.

## Wider societal and community impacts

- The pandemic has exposed and worsened existing inequalities and made some individuals and communities even more vulnerable than before. The pandemic has amplified existing structural inequalities in income and poverty, socioeconomic inequalities in education and skills, and intergenerational inequalities. 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.

## Impacts of COVID-19 that we intend to mitigate through the HWBS include:

- **Obesity** in Reception age children increased from 9.9% to 14.4% during the pandemic, and **early years child development** is likely to have been impacted. In June 2020, average occupancy rates in early years settings were 37%, just over half that in the same period in 2019 (77%)
- **Isolation and loneliness** have established impacts on health outcomes and increased dramatically during lockdown, with 40% reporting feeling lonely compared to 21% pre COVID-19. Those most at risk include the young, those living alone, on low incomes, out of work and/or with a mental health condition or learning disability
- During the early stages of the pandemic in particular, the **access to health services** reduced. Whilst overall primary care capacity had been restored to pre-pandemic levels, only 42% of Thurrock practices were providing same day appointments Face to Face against a target of 100% in Autumn 2021
- A large number of studies suggest that school closures have reduced **educational attainment**, with an expectation of a greater impact on already disadvantaged children, and that the attainment gap will widen as a result of the pandemic.
- There is evidence that a long-term economic downturn could impact businesses and **unemployment levels** and reduce household incomes, particularly for those on lower incomes, and to have affected younger workers (under 25) and older workers (over 65) the most
- Research conducted by the United Nations has described **violence against women and girls** during COVID-19 as the “shadow pandemic”. In May 2020, the charity Refuge reported a ten-fold increase in the number of visits to its website. A survey conducted by Women’s Aid showed that 67% of women who had been experiencing abuse prior to the pandemic said it had got worse during lockdown, with over three quarters saying that lockdown made it harder for them to escape abuse.

# 15. Impact of COVID-19 on Health & Wellbeing

Not all impacts of the pandemic have been negative, and there has been a mixed impact on communities in a number of ways:

- **Social connections** in neighbourhoods and communities were disrupted, exacerbating the increase in isolation and loneliness. However, there is evidence of positive impacts on community cohesion and empowerment that this Strategy aims to build on and maintain
- **Housing** has played an important role in the way COVID-19 has been experienced. Periods of lockdown made housing conditions matter more with evidence showing those living in secure, decent housing reported more positive experiences. National regulations increased the security of housing for some people during the pandemic, including previous **Rough Sleepers**, however overcrowded housing had a particularly strong correlation with high levels of COVID-19 deaths in England.

In terms of wider positive impacts, the pandemic has highlighted the following:

- The importance of good quality, **accessible outdoor space** for people. There is much evidence that suggests lockdown induced a shift in people's mobility and routine activities with the use of parks and green open spaces increasing dramatically, although the permanency of these changes is not yet known.
- **Smoking prevalence in** July 2020 was lower than the 2019 baseline. There has been an increase in the number of people attempting to quit smoking during the pandemic with two-fifths of smokers attempting to quit in the 3 months up to September 2020
- Other benefits were observed with improvements in **air quality**, likely linked to restrictions reducing mobility, and a reduction in almost all types of **crime** (with some exceptions as above)

# 16. Achievements of the Health & Wellbeing Strategy 2016-21

Thurrock's previous five year Health and Wellbeing Strategy was launched in July 2016 and comprised five strategic goals, each underpinned by four objectives. What follows is a summary of selected key achievements over the lifetime of the Strategy:

## 1. Opportunity for All



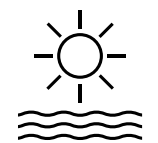
- Development of the Brighter Futures Children's Partnership including the full spectrum of partners responsible for planning and delivering health and care to the children, young people and families in Thurrock, including education and learning partners. The partnership published the Brighter Futures Strategy in 2021.
- In Thurrock, 97% of all Early Years providers have received ratings of 'good' or better by Ofsted, and a higher proportion of Thurrock children achieved a good level of development at the end of the Early Years Foundation Stage compared to England (73.7% vs 71.8%).
- The target to reduce teenage pregnancy was met, with 2019 data indicating a reduced conception rate of 19.5 conceptions per 1,000.
- In 2021, 2.1% of 16/17-yr-olds were not in employment, education or training (NEET). This rose during the pandemic, but is still below the national average of 7.4%.
- Children living in families in absolute poverty has reduced between 2015 and 2020 from 15.4% to 13.1%. During the same period, the national rate increased and is now 15.6%.

## 2. Healthier Environments



- Increased funding for physical activity and improvements to parks. This has led to improvements to parks and play sites across the borough, including Daisy Fields in Tilbury, Dilkes Park in South Ockendon and Grays Beach in Grays, and the launch of Cycle Hubs in Thurrock. At the same time, the percentage of physically active adults aged 19+ in Thurrock increased from 52% in 2017 to 58% in 2020.
- The Well Homes Service have helped improve quality of life for people living in privately rented housing through the removal of hazards, installation of insulation and heating measures, installation of safety features such as security lighting, and provision of cooking and storage facilities.
- Development of Supported Living services for individuals with learning disabilities, complex needs and/or Autism Spectrum Disorders in Aveley and Grays.
- Completion of 32 properties in a HAPPI scheme called Beaconsfield Place in Tilbury, with underground lifted car park and mobility scooter storage, an outdoor gym, an indoor communal area for tenants and a community space that will deliver different activities linking the local community with our sheltered tenants.
- A total of 233 Thurrock Council apprenticeships started between 2017 and 2021 across a range of business sectors including Social Work, Project Management, Business Admin and Town Planning. As of December 2021, 4.2% of residents aged 16-17 years old were undertaking an apprenticeship of some kind.
- Appointment of four Community Builders who are encouraging communities to have a voice in their local area, by helping to build relationships and connections between local people and organisations. They help groups to access healthy activities, training and local community funding.

## 3. Emotional Health & Wellbeing



- Investment and launch of a Perinatal Mental Health offer (*Together with Baby*) for new mothers. This is a service designed to help parents understand better their baby's emotional responses and communications as well as strengthen the relationship.
- The *Ask Teddi* app has been developed to enable families on a Thurrock-wide level to have access to a reliable source of personalised support 24/7. *Ask Teddi* offers personalised answers to frequently asked questions about giving 0-5 year olds the Best Start in Life, on a range of topics from breastfeeding to emotional wellbeing. Parents found the Ask Teddi app invaluable during lockdowns, helping them feel more knowledgeable and confident about caring for their child.
- Community leaders supported the development of Community Hubs and Forums across Thurrock, supporting the voluntary sector to access more sources of funding, and increasing Voluntary Sector grants for smaller organisations bringing communities together and reducing loneliness.
- The development of depression screening processes within a number of services and teams, better enabling them to identify people with unsupported depression and refer on for support. Alongside this we implemented a primary care programme to incentivise GP practices to complete reviews for newly-diagnosed patients.
- Investment in new mental health practitioners as part of the Primary Care Network teams and a new model of supporting those with mental health needs.



# 16. Achievements of the Health & Wellbeing Strategy 2016-21

## 4. Quality Care Centred Around the Person

- Significant steps have been taken against this objective, notably the implementation of a New Model of Care for health and care in Thurrock. This has resulted in the following progress being made:
- Local Area Coordination is Borough wide with 14 Local Area Coordinators in place – with significant numbers of examples where people have achieved the outcomes that matter to them, reduced reliance on services, and been reconnected with their communities, friends and families.
- The implementation of Community Led Support across Thurrock – locality-based social work teams who have focused on reducing the need for referrals and assessments and for providing people with solutions that reduce the need for formal care and support, using community assets as part of a care and support solutions.
- The implementation of Wellbeing Teams in Thurrock – introducing a strengths-based and innovative approach to providing support to people in their own home which moves away from the traditional ‘time and task’ model of domiciliary care.
- Health and care partners have continued to work on the development of the four Integrated Medical Centres (IMCs). The Centres will be located in Tilbury, Purfleet, Corringham and Grays – aligned with the four Primary Care Networks that operate in Thurrock. Progress has been made with one IMC due to open in Corringham in 2022. Centres in Tilbury and Purfleet are expected to open in 2024, with the remaining centre in Grays scheduled to open in 2025. Whilst there has been delay to the original anticipated opening dates, this has not prevented work from taking place to enhance existing capacity across health and social care, and to improve the quality of what is being provided.
- Introduction of successful Micro Enterprise services giving people greater choice when requiring support.



## 5. Healthier for Longer

- A multi-agency Whole System Obesity Strategy has been implemented across Thurrock, to enhance action across the borough to address child and adult obesity.
- The proportion adults who smoke in has fallen from 21.3% in 2015/16 to 17.5% in 2019/20. To inform further action, a Tobacco Control Joint Strategic Needs Assessment has been completed and will form the basis of the Whole System Tobacco Control Strategy for Thurrock
- The Active Thurrock Partnership linked with the County Sports Partnership to launch the county wide “Find your Active Programme.” The partnership secured additional funding for Thurrock’s sports clubs and organisations to respond to the challenges of engaging people who have become less physically active due to the pandemic and helping to improve mental health.
- Diagnoses of LTCs have increased - before the COVID-19 pandemic, the number of people on the hypertension register increased on average by 1700 each year.



# Next Steps

- Following approval of proposed Domains and underpinning Goals, further work will be undertaken to on monitoring progress against the outcomes and progress measures. Delivery of the Strategy's ambitions will be through identified topic-specific strategies and delivery groups. Monitoring of progress will be undertaken annually.
- The public will be regularly engaged throughout the lifetime of the Strategy to ensure the priorities remain fit for purpose. Continued engagement on different programmes reflected within the Strategy e.g., Whole System Obesity will be undertaken to continue to ensure that achieving the ambitions in the Strategy is informed by co-design with residents.

# Acknowledgements

- This Strategy has been jointly developed by representatives of all the member organisations of the HWB Board. Over 1,300 resident and stakeholder comments have contributed to refinement of this Strategy, for which we are very grateful.
- The HWB Board would like to thank all who contributed, with particular thanks due to Thurrock CVS, Healthwatch and Ngage who undertook face to face engagement with Thurrock residents on the contents of the Strategy, and to those residents who took the time to respond. Residents' comments have directly impacted the Goals and the actions contained in this Strategy; this is detailed in the accompanying Consultation Report.

