

Lower Thames Crossing

7.10 Health and Equalities Impact Assessment – Appendix A Policy and Strategy Context

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1 Policy framework

1.1 National and regional policy framework

- 1.1.1 The relevant national and regional policy framework for this Health and Equalities Impact Assessment (HEqIA) is set out in Table 1.1. Compliance with the relevant policies highlighted in Table 1.1 is set out in Environmental Statement (ES) Appendix 13.1: Population and Human Health Legislation and Policy (Application Document 6.3).

Table 1.1 National and regional policy framework

Strategy/plan	Policy
National Policy Statement for National Networks (NPSNN) (Department for Transport, 2014)	The NPSNN sets out requirements in relation to the impacts of projects on health, particularly in relation to ‘ <i>new or enhanced network infrastructure that may have indirect health impacts; for example, if they affect access to key public services, local transport, opportunities for cycling and walking or the use of open space for recreation and physical activity</i> ’ (paragraph 4.80). Paragraph 4.81 of the NPSNN states that an environmental statement should ‘ <i>identify and set out the assessment of any likely significant adverse health impacts</i> ’. Further information can be found in ES Appendix 13.1: Population and Human Health Legislation and Policy (Application Document 6.3).
Overarching National Policy Statement for Energy (EN-1) (Department of Energy and Climate Change, 2011a), National Policy Statement for Gas Supply Infrastructure and Gas and Oil Pipelines (EN-4) (Department of Energy and Climate Change, 2011b) and National Policy Statement for Electricity Networks Infrastructure (EN-5) (Department of Energy and Climate Change, 2011c)	EN-1 sets out national policy for energy infrastructure and is part of a suite of National Policy Statements produced by the Department of Energy and Climate Change. The National Policy Statement framework for the development of new energy infrastructure projects includes consideration of other policy areas such as the environment, economic development and health. EN-4 relates to gas supply infrastructure and gas and oil pipelines, and EN-5 relates specifically to electricity networks infrastructure (including transmission and distribution systems and related infrastructure). When considering impacts for electricity networks infrastructure, all of the generic impacts covered in EN-1 are likely to be relevant, in addition to technology-specific considerations for the assessment of Electric and Magnetic Fields (EMFs). Further information can be found in Appendix D: National Grid Electric and Magnetic Field Report of the Health and Equalities Impact Assessment (HEqIA) (Application Document 7.10).
National Planning Policy Framework (NPPF) (Ministry of Housing, Communities and	The NPPF sets out the Government’s planning policies for England and how these should be applied, with the central theme being a presumption in favour of sustainable development. Chapter 8 of the NPPF relates to providing healthy and safe communities. Paragraph 92 states, ‘ <i>Planning policies and decisions should aim to achieve healthy, inclusive and safe places which:</i> ’ <ul style="list-style-type: none"> • <i>promote social interaction ... ;</i>

Strategy/plan	Policy
Local Government, (2021)	<ul style="list-style-type: none"> • <i>are safe and accessible, so that crime and disorder, and fear of crime, do not undermine the quality of life or community cohesion ... ; and</i> • <i>enable and support healthy lifestyles, especially where this would address identified local health and wellbeing needs ...'</i> <p>Other relevant paragraphs in the NPPF include paragraphs 99 and 100, which relate to open space provision, and public rights of way and access, respectively.</p>
The London Plan: The Spatial Development Strategy for London (Greater London Authority, 2021)	<p>The London Plan includes cross-cutting themes to reduce health inequality and promote Londoners' health, and to promote equality of opportunity. Relevant policies include:</p> <ul style="list-style-type: none"> • Policy 3.2 Improving Health and Addressing Health Inequalities – promoting London as a healthy place for all, taking into account the potential impact of development proposals on health and health inequalities within London. • GG3 Creating a Healthy City – improving Londoner's health and reducing health inequalities, ensuring that wider determinants of health are addressed in an integrated and co-ordinated way.
Mayor's Transport Strategy (Greater London Authority, 2018a)	<p>The Mayor's Transport Strategy identifies a number of focus areas, including the following:</p> <ul style="list-style-type: none"> • The healthy streets approach • Health benefits of active travel • Walking and cycling • Improving personal safety and security
London Health Inequalities Strategy 2018–2028 (Greater London Authority, 2018b)	<p>The London Health Inequalities Strategy sets out five core objectives for tackling health inequality in London, namely to:</p> <ul style="list-style-type: none"> • Empower individuals and communities to improve health and wellbeing • Improve access to high quality health and social care services particularly for Londoners who have poor health outcomes • Reduce income inequality and the negative consequences of relative poverty • Increase the opportunities for people to access the potential benefits of good work and other meaningful activity • Develop and promote London as a healthy place for all. <p>The first London Health Inequalities Strategy Annual Report (Greater London Authority, 2019) provides an update on the Mayor's first year of delivering the Health Inequalities Strategy, outlining key achievements.</p>

1.2 Joint strategic needs assessments

1.2.1 Joint strategic needs assessments (JSNAs) provide an opportunity for local authorities within defined geographical areas to work together to understand and agree the needs of local people. The JSNAs inform local authorities' joint health and wellbeing strategies, which set the priorities for collective action. Taken together, JSNAs are the pillars of local decision-making, focusing leaders on priorities for action and providing the evidence base for decisions about local services. Table 1.2 provides a summary of the key areas and issues presented in each of the JSNAs for the areas to the south and north of the River Thames. This information has been used to inform the assessment of individual topics within the Health and Equalities Impact Assessment (HEqIA) (Application Document 7.10); each assessment topic within the HEqIA incorporates a section highlighting relevant health priorities and needs and, identifies how this information has contributed to the assessment.

Table 1.2 Summary of key points from JSNAs

Topic	Key points
Kent JSNA (Kent County Council, 2019)	
Population	<ul style="list-style-type: none"> • In total, the Kent population is due to grow by 74,000 (5.0%) from 2019 to 2024. • Older people are the fastest growing age group. Latest projections estimate that the population aged 65 and over will grow by 10.2% over this time period, compared to 3.8% for those under 65.
Health inequalities	<ul style="list-style-type: none"> • Health inequalities across the county are getting wider. • Recent analysis on mortality shows that, while the rates have been falling over the last decade, the 'gap' in mortality rates between the most deprived and least deprived in Kent persists.
Air pollution	<ul style="list-style-type: none"> • Air pollution is a significant contributor to preventable ill health and premature mortality. • In 2016, 5.6% of mortality in the under 75 population in Kent was attributable to particulate air pollution, which is similar to mortality rates attributable to respiratory disease and liver disease.
Mental health and substance misuse	<ul style="list-style-type: none"> • Despite a recent slight fall, suicide rates in Kent are still higher than national and regional comparators, particularly among men. There is variation in rates across the Clinical Commissioning Group (CCG) areas, with Thanet having the highest male suicide rate, and the West Kent CCG area having the lowest. • West Kent CCG has the second highest female suicide rate within Kent.

Topic	Key points
Excess weight	<ul style="list-style-type: none"> In 2016/17, 63% of adults in Kent were identified as having excess weight (overweight or obese) based on the Active Lives Survey, a higher proportion than in England as a whole. National and local analyses demonstrate that there is a strong relationship between obesity and multi-morbidity, independent of age, gender and deprivation.
Learning disability and special educational needs	<ul style="list-style-type: none"> There are as many as 24,000 people with an undiagnosed learning disability across Kent. In 2016/17, only 40.8% of diagnosed cases were reported to have had a health check, which is lower than the national average.
Medway JSNA (Medway Council, 2019)	
Giving every child a good start	<ul style="list-style-type: none"> There is good evidence that investment in the early years of life (0–5 years) is highly effective in terms of the impact on future health and wellbeing and is highly cost-effective. Ensuring that every child in Medway has a good start in life is considered essential for the future success of Medway and the health and wellbeing of people in Medway.
Enable older populations to live independently and well	<ul style="list-style-type: none"> Over the next five years, the number of people aged over 65 years will increase by over 4,000 (10%) and the number aged over 85 years will increase by 900 (18%). Increasing numbers of older people mean that there will be increasing numbers of people developing chronic conditions who become intensive users of services (assuming age-specific rates remain constant). This ageing of the population is likely to result in a substantial increase in costs to the health and social care system. Therefore, primary and secondary prevention of conditions such as diabetes, Chronic Obstructive Pulmonary Disease (COPD) and heart disease, combined with improved care for people with conditions such as dementia, is essential to reduce or limit the numbers of high-intensity users of services and reduce the costs to the health and social care system.
Prevent early death and increase years of healthy life	<ul style="list-style-type: none"> This theme focuses mainly on improving healthcare to prevent early death and improve quality of life. This includes improving early diagnosis and therefore allowing more timely intervention which can significantly improve outcomes in some diseases. The leading causes of early death and illness in Medway include cancer, circulatory disease (e.g. heart attack, stroke and heart failure) and respiratory disease, conditions that share many common causes.

Topic	Key points
Improving mental and physical health and wellbeing	<ul style="list-style-type: none"> Increasing attention is being paid not only to how long people live, but also how well they live. Mental and physical health and wellbeing are affected by many issues, including crime and the perception of crime, proximity to green spaces, housing, unemployment, the quality of employment for those who are in work, debt and income level, the ability to live independently and autonomously, and freedom from pain and ill-health.
Reduce health inequalities	<ul style="list-style-type: none"> In Medway, rates of long-term illness, emergency hospital admissions and death are higher among those who are more disadvantaged. Tackling the wider determinants of health, including lifestyle factors and improved health and social care to reduce health inequalities, will result in reduced costs for the health and social care system.
Basildon Local Authority Profile (from Essex JSNA) (Essex County Council, 2019a)	
People and place	<ul style="list-style-type: none"> An ageing population is increasing demand on services Number of deprived areas with poor health and unemployment High population density Very high rate of crime and fewer residents feel safe Higher than average waste recycling levels
Lifestyles	<ul style="list-style-type: none"> Reducing smoking and child/adult obesity, plus increasing the level of physical activity, are all areas for improvement. Interventions need to reach high-risk groups to reduce the number of preventable health conditions and service demand. Hospital admissions due to alcohol-related conditions are better than the England average.
Physical and mental health	<ul style="list-style-type: none"> Fourth-highest rate of diabetes in the county. Both preventions and treatment are important to improving health outcomes. Poor wellbeing among adults but a lower-than-average percentage with mental health problems. Increasing number of people with dementia. Unpaid carers require support to achieve their role.
Housing	<ul style="list-style-type: none"> High proportion of social tenants, with fewer than average number of residents owning their own homes Large rise in house prices Low proportion on the housing waiting list but highest in temporary accommodation Rate of homeless households is higher than the average for Essex County Council area Ageing population will impact on the availability of health services, housing and care homes

Topic	Key points
Children and young people	<ul style="list-style-type: none"> • High levels of child poverty • High rate of children in care • High levels of eligibility for free early education entitlement (two-year-olds) but low take-up rates
Education	<ul style="list-style-type: none"> • Low percentage of children who are ready for school • The proportion who achieve a good level of development at age 5 is close to the average but there is a gap for those eligible for school meals • Lower than average proportion achieve five or more General Certificate of Secondary Education level qualifications (GCSEs) at grades A* to C • Fewer pupils than average aspire to go to university
Employment	<ul style="list-style-type: none"> • Below average number of adults with no qualifications • Higher than average adult unemployment and a high proportion of young people not in education, employment or training • Average level of employment among adults • Higher than average ratio of jobs per population and increasing number of jobs • Most businesses have nine or fewer employees
Transport	<ul style="list-style-type: none"> • Short average travel time by public transport or walking to reach key services. • Higher than average percentage of residents who are satisfied with local bus services and local transport information. • Access to a car is essential for people out of work and not able to use public transport or walk to an employment centre. 16% may miss out on work opportunities unless they have access to a car.
Brentwood Local Authority Profile (from Essex JSNA) (Essex County Council, 2019b)	
People and place	<ul style="list-style-type: none"> • An ageing population is increasing demand on services • No deprived areas with poor health and unemployment • Average population density • Below average rate of crime and more residents feel safe • Lower than average waste recycling levels
Lifestyles	<ul style="list-style-type: none"> • Reducing smoking and adult obesity, plus increasing the level of physical activity, are all areas for improvement. • Interventions need to reach high risk groups to reduce the number of preventable health conditions and service demand.

Topic	Key points
Physical and mental health	<ul style="list-style-type: none"> • Lowest rate of diabetes in the county, although rising. • Both prevention and treatment are important to improving health outcomes. • Higher-than-average wellbeing among adults and a lower-than-average percentage with mental health problems. • Increasing number of people with dementia. Unpaid carers require support to achieve their role.
Housing	<ul style="list-style-type: none"> • Low proportion of social tenants, with higher-than-average number of residents owning their homes • Large rise in house prices • Lowest number on the housing waiting list and average rate in temporary accommodation • Below average rate of homeless households • Ageing population will impact on the availability of health services, housing and care homes
Children and young people	<ul style="list-style-type: none"> • Low levels of child poverty • Low rate of children in care • Low level of eligibility for free early education entitlement (two-year-olds) but higher-than-average take-up rates
Education	<ul style="list-style-type: none"> • High percentage of children who are ready for school. • The proportion who achieve a good level of development at age 5 is above the average, but there is a gap for those eligible for free school meals. • Higher than average proportion achieve five or more GCSEs at grades A* to C. • Lower than average persistent secondary absenteeism. • More pupils than average aspire to go to university.
Employment	<ul style="list-style-type: none"> • Below average number of adults with no qualifications • Higher than average adult unemployment but low proportion of young people not in education, employment or training • Above average level of employment among adults • Highest ratio of jobs per population and increasing number of jobs
Transport	<ul style="list-style-type: none"> • Short average travel time by public transport or walking to reach key services. • Below average percentage of residents who are satisfied with local bus services. Access to a car is essential for people out of work and not able to use public transport or walk to an employment centre. 15% may miss out on work opportunities unless they have access to a car.

Topic	Key points
Thurrock JSNA (Thurrock Council, 2018a)	
JSNA 2018 – Children and Young People’s Mental Health (Thurrock Council, 2018c)	<ul style="list-style-type: none"> • Focus on building strengths and reducing risks not just treating illness • Promote the protective factors which keep children and young people mentally well • Tackle the risk factors which can push people into mental ill health • Improve mental health data and track progress by all schools participating in the Brighter Futures Survey
JSNA 2018 – Adult Mental Health (Thurrock Council, 2018b)	<ul style="list-style-type: none"> • Focus on overcoming fragmentation in current mental health prevention and treatment • Improve the diagnosis rates of mental health conditions • Improve the quality of care that people with mental health conditions receive • Reduce risky behaviours which contribute to mental health conditions, such as smoking and obesity
Thurrock Whole Systems Obesity Strategy 2018-2021 (Thurrock Council, 2018d)	<ul style="list-style-type: none"> • One in three children at age 10 and 11, and seven in ten adults, has excess weight in Thurrock. • 52.8% of adults in Thurrock reportedly meet the physical activity guidelines, which is statistically similar to regional and national averages. There are 38,000 inactive people within Thurrock (29.6%). • Across Essex, the following groups have lower levels of physical activity: females, adults (especially older adults), people with a limiting illness or disability, people from lower socio-economic groupings, part-time employees and people with a higher body mass index. • Thurrock has a statistically higher percentage of young people aged 15 that are sedentary for more than seven hours per day.
JSNA 2017 – Children and Young People (Thurrock Council, 2017)	<ul style="list-style-type: none"> • Thurrock’s younger population is more ethnically diverse than the all-age population, with areas to the west of the borough seeing the highest proportion of school children from minority ethnic groups. • Thurrock may have a slightly higher prevalence of Gypsy, Roma and Traveller children than the national average (0.3% compared to 0.2%). • 20.0% of children in Thurrock are living in low-income families, which is greater than the national average.
Havering JSNA (London Borough of Havering, 2018a)	
Population	<ul style="list-style-type: none"> • Based on Greater London Authority population projections, the population of Havering is projected to increase from 257,514 in 2019 to 303,769 in 2033, an 18% increase. • The population aged 25–64 will remain the largest age group up to 2033, but the largest increase will be seen in children and older people from 2018 to 2033.

Topic	Key points
Deprivation	<ul style="list-style-type: none"> • People who live in the most deprived areas have the poorest health and wellbeing outcomes. On average, people living in deprived areas and from lower socio-economic groups have poorer health and poorer access to healthcare than people living in affluent areas and people from higher socio-economic groups.
Life expectancy	<ul style="list-style-type: none"> • Life expectancy in Havering for both males and females has been mostly higher than the England average but similar to London, and has been increasing over the last decade. • The most deprived deciles of the population have significantly shorter life expectancies than the Havering average.
Health risk factors	<ul style="list-style-type: none"> • The key risk factors for ill health in Havering include low levels of breastfeeding, childhood obesity, insufficient physical activity and teenage pregnancy.
Current status of health	<ul style="list-style-type: none"> • Long-term conditions have a significant impact on daily lives, including the use of urgent and emergency health and social care services. • The prevalence of depression in people aged 18 years and over in Havering has doubled over a four year period, from 3.1% in 2013/14 to 6.3% in 2016/17. • In Havering, the prevalence of dementia has been around 4% in people aged 65 and above in a three year period between September 2015 and 2017.
Mortality	<ul style="list-style-type: none"> • The top five (underlying) causes of death in Havering (from 2013 to 2017) are cancers, circulatory diseases, respiratory diseases, dementia and Parkinson’s disease, and diseases of the digestive system.
Southend-on-Sea JSNA (Southend-on-Sea Borough Council, 2019)	
Population	<ul style="list-style-type: none"> • From 2001 to 2016, Southend-on-Sea’s population grew from 160,362 to 179,799. This is a growth rate of 12%, which broadly matches the rate for England. • Estimates based on projections suggest that the population of Southend-on-Sea at mid-year 2018 was around 181,800. By 2031, the projected population for Southend-on-Sea will be 202,935. This assumes a growth rate of 12.87% (from 2016 levels), which is higher than the projected growth rate for England (10.11%). • The proportion of the population who are of working age is projected to decrease by 3% by 2031, while the over 65 population is projected to increase by 4%.
Ethnicity	<ul style="list-style-type: none"> • Prevalence of diseases and risk factors for disease and injury vary across ethnicities. These differences can arise through genetic, cultural and environmental factors. • Poor diet is a key risk factor in a wide range of diseases, including Type 2 diabetes which is a major cause of premature illness and death. Prevalence of Type 2 diabetes is significantly higher than for people of white ethnicity for men and women of Black Caribbean, Indian, Pakistani, and Bangladeshi ethnicity.

Topic	Key points
Deprivation	<ul style="list-style-type: none"> • There is a strong association between deprivation of neighbourhood and reduced life expectancy. In Southend-on-Sea, the life expectancy gap between the most deprived and least deprived wards is just over 11 years for males, and just under 10 years for females. • In Southend-on-Sea, just under one in five children live in low-income families (households where income is less than 60% of the median income before housing costs). Around 10% of households experience fuel poverty.
Work and employment	<ul style="list-style-type: none"> • There is strong evidence to show that employment has a protective effect for mental health, and greater income and wealth is associated with improved broad health outcomes. • Gaining meaningful employment is a particular challenge for those with long-term health conditions, and particularly those with learning disabilities. • Poor quality, insecure, and low-paid work can be as harmful to health as unemployment. Ill-health can be directly work-related, such as sudden injury, injury from repetitive strain, and work-based stress. • Southend's employment rates are similar to England employment rates: 76% of 16- to 64-year-olds are in employment, 82.4% of men are employed, and 69.6% of women are employed. • Southend's enterprise base is heavily based on micro-businesses (0–9 employees). There are only five enterprises in Southend with more than 1,000 employees.
Mental health	<ul style="list-style-type: none"> • The estimated proportion of Southend-on-Sea's adult population with a common mental health disorder is 16.8%. This is higher than both the regional and national average. There is a strong association between deprivation and mental ill health. • There is a strong association between mental ill health and poor physical health outcomes. People with severe mental illness on average experience a 10- to 25-year life expectancy gap to the wider population. For instance, people with a severe mental illness have a 3.6 times greater lifetime risk of cardiovascular disease.
Air quality	<ul style="list-style-type: none"> • Southend-on-Sea has an Air Quality Management Area around the Bell Junction on the A127. This is the area with the highest recorded levels of air pollution in the borough. • In 2015, between 76 and 148 people in Southend died prematurely due to air pollution. • Long-term exposure to air pollution has a negative impact on the incidence of a number of diseases.
Physical activity	<ul style="list-style-type: none"> • Approximately one in two women and one in three men in England are damaging their health through a lack of physical activity. Levels of physical activity in the Southend adult population are statistically similar to the national average but below the regional average.
Community safety	<ul style="list-style-type: none"> • The Crime Survey for England and Wales has shown a significant decrease in crime from a peak of 3.8 million reported incidents in 1995 to 1.2 million in 2017. There was an increase in police-reported incidents of violence against the person from 2016, although this is believed to be due to improved reporting systems.

1.3 Health and wellbeing strategies

1.3.1 Table 1.3 summarises priorities as set out in local authority health and wellbeing strategies. Strategies are built on the evidence presented in the JSNAs to meet the needs identified in them.

Table 1.3 Local authority health and wellbeing strategies

Strategy	Overview
<p>Medway Joint Health and Wellbeing Strategy 2018-2023 (Medway Council, 2018a)</p>	<p>The Vision set out in the Joint Health and Wellbeing Strategy for Medway 2018-2023 is that <i>‘the lives of all people in Medway will be as full, meaningful and healthy as possible’</i>. The strategy is built around five themes, as follows:</p> <p>Theme 1: Giving every child a good start – There is good evidence that investment in the early years of life (0–5 years) is highly effective in terms of the impact on future health and wellbeing. Work is already underway in terms of developing an active schools’ travel strategy, a healthy weight network, and aiming to increase physical activity levels of children through Medway Sport. Priorities include reducing childhood obesity.</p> <p>Theme 2: Enabling our older population to live independently and well – Increasing numbers of older people mean that there will be increasing numbers of people developing chronic conditions. Priorities include support work to identify and support those who are socially isolated.</p> <p>Theme 3: Preventing early death and increasing years of healthy life – Focusing on improving healthcare to prevent early death and improve quality of life.</p> <p>Theme 4: Improving mental and physical health and wellbeing – Paying increasing attention to how well people live and recognising that mental and physical health and wellbeing are affected by many wider issues in our day-to-day environment. A strategy for adult mental health in Medway is being developed. Priorities include supporting actions to make Medway a Dementia Friendly Community, influencing the shaping of the environment in Medway to make healthy choices the easy choices and supporting people with mostly good mental wellbeing to consciously maintain good mental health.</p> <p>Theme 5: Reducing health inequalities – In Medway, rates of long-term illness, emergency hospital admissions and death are higher in those who are more disadvantaged. Priorities include monitoring the variation in key outcomes across Medway and reducing variation in healthy life expectancy.</p>
<p>Kent Joint Health and Wellbeing Strategy (Kent County Council, undated)</p>	<p>The vision is to improve health and wellbeing outcomes, deliver better coordinated quality care, improve the public’s experience of integrated health and social care services, and ensure the involvement of individuals. The strategy identifies the following outcomes:</p> <ul style="list-style-type: none"> • Every child has the best start in life. • Effective prevention of ill health is enhanced by people taking greater responsibility for their health and wellbeing.

Strategy	Overview
<p>The strategy has been extended until 2021 to take account of the creation of the Kent and Medway Health and Wellbeing Board in partnership with Medway Council.</p>	<ul style="list-style-type: none"> • The quality of life for people with long-term conditions is enhanced and they have access to good quality care and support. • People with mental health issues are supported to ‘live well’. • People with dementia are assessed and treated earlier and, are supported to ‘live well’. <p>This is translated into the following four priorities:</p> <ul style="list-style-type: none"> • Tackle key health issues where Kent is performing worse than the England average • Tackle health inequalities • Tackle the gaps in provision • Transform services to improve outcomes, patient experience and value for money
<p>Essex Joint Health and Wellbeing Strategy 2022-2026 (Essex County Council, 2022a)</p>	<p>The strategy states that, as part of the recovery from the Covid-19 pandemic, there is a need to focus on preventing poor health, focusing on addressing the wider influencing factors that impact on health outcomes and widening health inequalities.</p> <p>Five key overarching priorities are identified in the strategy as follows:</p> <ul style="list-style-type: none"> • Improving mental health and wellbeing • Physical activity and healthy weight • Supporting long term independence • Alcohol and substance misuse • Health inequalities & the wider determinants of health <p>The vision for Essex is to ‘improve the health and wellbeing of all people in Essex by creating a culture and environment that reduces inequalities and enables residents of all ages to live healthier lives’.</p>
<p>Gravesham Borough Council Draft Youth and Community Health and Wellbeing Strategy 2022-2027 (Gravesham Borough Council, undated)</p>	<p>The Strategy sets out the following three core objectives as part of the vision for Gravesham:</p> <ul style="list-style-type: none"> • A health and wellbeing offer to be proud of – enabling Gravesham to be a healthy and safe place • A youth and community offer to be proud of – supporting, involving and engaging the young people of Gravesham in their Borough • A partnership led offer – working with community organisations and sector specialists.

Strategy	Overview
<p>Havering Joint Health and Wellbeing Strategy 2019/20-2023/24 (London Borough of Havering, 2019)</p>	<p>The vision set out in the Health and Wellbeing Strategy is that ‘everyone in Havering enjoys a long and healthy life; and has access to the best health and social care services’. This is proposed to be achieved through a focus on four pillars:</p> <ol style="list-style-type: none"> 1. The wider determinants of health <ul style="list-style-type: none"> • Increase employment of people with health problems or disabilities • Develop the council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit of everything the residents do • Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers, and consequent impacts on the health and social care system 2. The communities and places we live in <ul style="list-style-type: none"> • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them • Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem 3. Lifestyles and behaviours <ul style="list-style-type: none"> • The prevention of obesity • Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups • Strengthen early years providers, schools and colleges as health improvement settings 4. Local health and social care services <ul style="list-style-type: none"> • The development of integrated local health, housing and social care services at locality level
<p>Brentwood Health and Wellbeing Strategy 2020-2023 (Brentwood Borough Council, 2020)</p>	<p>The Brentwood Health and Wellbeing Board is committed to improving the health and wellbeing of residents and communities and reducing health inequalities by working towards the following key priorities:</p> <ul style="list-style-type: none"> • Reducing the prevalence of adult and child obesity • Reducing social isolation across the generations • Improving the ability to ‘age well’ • Supporting everyone to ‘start well’ <p>In addition, there are a number of key themes:</p> <ul style="list-style-type: none"> • Mental wellness • Resilient communities • Connecting people • Encouraging physical activity

Strategy	Overview
<p>Thurrock Health and Wellbeing Strategy 2022-2026 (Thurrock Council, 2022)</p>	<p>This strategy focuses on ‘levelling the playing field’ based on six areas of people’s lives and priorities for helping to improve the health and wellbeing of residents. The Vision for ‘Levelling the Playing Field’ focuses on the wider determinants of health such as 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.</p> <p>The following goals and actions have been identified across six broad domains that influence the determinants of health:</p> <ul style="list-style-type: none"> • Staying Healthier for Longer • Building Strong and Cohesive Communities • Person-Led Health and Care • Opportunity for All • Housing and the Environment • Community Safety
<p>Southend-on-Sea, Essex and Thurrock Mental Health and Wellbeing Strategy 2017-2021 (Southend-on-Sea Borough Council, Essex County Council and Thurrock Council, 2017)</p>	<p>The vision is to put mental health at the heart of all policy and services, working with communities to build their resilience and promote mental wellbeing for all:</p> <ul style="list-style-type: none"> • Help improve their digital skills and feel safe • Continue to be part of the integrated care system to work strategically with the primary care networks and other partners to ensure a whole system approach • To offer a range of both local and national health campaigns • Support the training, recruitment and retention of skilled staff, so they contribute to people’s health and wellbeing • Through spatial planning, to enable healthy lifestyles within active environments and create attractive places to live • Implement design measures for climate change mitigation and adaptation • For the development of integrated active travel networks (footpaths and cycle ways) • To maintain and enhance green and blue infrastructure networks • To maintain and develop safe and attractive space for play, sport and recreation • Ensure that local health and social care services are physically accessible to their users and complement other communities
<p>Southend-on-Sea Health and Wellbeing Strategy 2021-2024 (Southend-on-Sea Borough Council, 2021)</p>	<p>The Strategy includes priorities for the borough, such as the provision of accessible services and the provision of active environments. It also sets out the key themes for a vision of the borough in 2050.</p>

1.4 Local equality objectives

1.4.1 Table 1.4 summarises the priorities set out in local authority equalities strategies, including the visions, key activities and approaches to tackling inequalities. The table outlines how local authorities will advance equality of opportunity, tackle discrimination and foster good relations between communities and groups.

Table 1.4 Local authority equality objectives

Document	Equality objectives
Everyone's Essex: Equality, Diversity and Inclusion Policy Statement (Essex County Council, 2022b)	<p>Everyone's Essex is the County's plan for levelling up over the period 2021-2025, setting out four areas of focus over this period, namely:</p> <ul style="list-style-type: none"> • Strong, inclusive and sustainable economy • High quality environment • Health, wellbeing and independence for all ages • A good place for children and families to grow. <p>Community-focused equality objectives which underpin the delivery of the strategy which are of relevance include:</p> <ul style="list-style-type: none"> • focusing on working with children, young people and partners to improve outcomes for the most vulnerable • working with partners to update and deliver the Joint Health and Wellbeing Strategy • developing a series of resources from the 2021 Census on the needs of our communities that will inform future policies and practices to be inclusive.
One Havering: Havering Community Cohesion Strategy 2018-2022 (London Borough of Havering, 2018b)	<p>Overarching cohesion priorities of the borough are as follows:</p> <ul style="list-style-type: none"> • Residents will feel safe and protected in their homes and neighbourhoods. • Economic and physical regeneration activity supports the creation of safe, strong, cohesive communities. • Inequalities in health and wellbeing across communities in Havering will be reduced. • People who use council services will have a healthy life expectancy and an improving quality of life.
Annual Equality Report 2018 (Medway Council, 2018b)	<p>Medway Council strategic priorities, as set out in The Council Plan 2016/17 to 2020/21, are as follows:</p> <ul style="list-style-type: none"> • Medway: A place to be proud of • Supporting Medway's people to realise their potential • Maximising regeneration and economic growth

Document	Equality objectives
Annual Report 2020/21 (Southend-on-Sea Borough Council, 2020)	Equality objectives are set out in the Annual Plan for the borough. They include continuing to improve outcomes for all (including vulnerable people and marginalised) communities by ensuring services are fully accessible and responsive to differing needs of service users; partnership working to improve the quality of life, prosperity and life chances for people in the borough; for the diversity of Southend to be celebrated and the borough to be an increasingly cohesive place where people from all communities get on well.
Thurrock Collaborative Communities Framework (Thurrock Council, undated)	<p>Ensuring services are free of prejudice and that council services enable all to have equal opportunities to prosper and contribute to building a diverse and inclusive community, underpinned by four core equality outcomes:</p> <ul style="list-style-type: none"> • Access to services • Supporting community integration and cohesion • Improving resilience • Workforce development
Equality Policy (Gravesham Borough Council, 2021)	<p>Equality objectives are as follows:</p> <ul style="list-style-type: none"> • Celebrate the diversity of Gravesham so the borough is an increasingly cohesive place where people from all communities get on well together • Ensuring the council has a sound knowledge base of the community it serves including its own internal officers • Access for all • To further embed equalities throughout all departments within the council

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