Brighter Futures Strategy Supporting Document
National and Local Policy and Key Drivers

The government are currently actively consulting on several policies as well as having signalled intention to make policy in areas related to children and young people. This strategy refresh reflects the latest government policies but will be responsive to changes. The Brighter Futures Partnership will review all new policies and initiatives as they are announced and respond as required.
Relevant policy and guidance published prior to 2020 is summarised in the previous Brighter Futures Strategy document so is not repeated here.

National Policies

National Policy	Summary Description	SP1	SP2	SP3	SP4
Children's Wellbeing and Schools Act (April 2026) [DfE]	This spans children's social care, safeguarding, school regulation, and multi-agency working. The breadth of measures implies substantial operational and governance transformation. Points of note include: • Major reforms to **children's social care**, including family group decision-making, multi-agency child protection teams, shift to family help, reduction in assessment and child in need, ability to appoint otherwise qualified staff to work with families, and new oversight regimes. • School-related changes: free breakfast provision, uniform regulation, registration of full-time settings, strengthened safeguarding in independent settings, and expanded Ofsted powers. Emerging reforms include more stringent oversight: Parents seeking to withdraw a child from a special school must demonstrate it's in their "best interests." Local authority consent could be required before home-educating special-school children. If home education is questioned by safeguarding teams, parents may face a 6-month wait before reapplying. LAs can issue preliminary notices ahead of a School Attendance Order. Stricter enforcement and penalties for non-compliance, potentially more serious prosecution and repeated charges. Updates - Home Education Advisory Service The Act is a wide-ranging reform package aiming to strengthen children's social care, safeguard vulnerable children, and raise educational standards across England. It introduces stronger multi-agency child protection arrangements, expands family group decision making, improves support for children in care and care leavers, and enhances information sharing and oversight of care providers. In education, it requires universal free breakfast clubs in primary schools, limits costly branded school uniform requirements, mandates a compulsory register for children not in school, tightens regulation of independent educational institutions, strengthens Ofsted powers, and moves towards consistent teacher qualifications and pay frameworks. Overall, it seeks to improve child welfare, reduce inequalities, and ensure high quality, safe education for all children.	✓	✓		
Families First Programme (FFP) [DfE}	**FFP** is the DfE guidance to implement The Children's Wellbeing and Schools Act. Also associated with the FFP, Thurrock has been selected to be a pilot for the Kinship Zones initiative, a 3 year grant funded programme to deliver innovation in kinship care practice. Changes will require: • Whole system changes and ways of working for children's social care • Strengthened early-help pathways • Expert multi-agency child protection teams • Improved multi-agency coordination • Workforce capacity changes	✓	✓		

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Every child achieving and thriving - GOV.UK Schools White Paper and SEND Reform [DfE]	NB As this is a White Paper, it is subject to change. The strategy has been written with this in mind. This White Paper and the associated SEND reforms represent a major restructuring of the school and SEND systems, requiring changes in workforce, accountability, inclusion practice, and multi-agency collaboration. Points of note include: • The White Paper sets out long-term reforms (over 10 years) across attainment, absence reduction, accountability, and a shift to a trust-led school system, which requires structural reorganisation and new standards for Trusts. • SEND reforms introduce a universal offer, multi-tiered support model, and legally mandated Individual Support Plans for all children with additional needs—significant operational and cultural change for schools and parents. Sector organisations (e.g., KIDS) describe the reforms as potentially transformative, but emphasise the need for credible workforce plans, joint accountability, and enforceable frameworks, signalling the scale of change required. Education Secretary Bridget Phillipson has indicated the White Paper will rest on five guiding principles (pillars • Early – intervene as soon as needs emerge • Local – offer support close to home • Fair – ensure mainstream schools are better equipped • Effective – base interventions on evidence and accessible expertise • Shared – promote collaboration across education, health, care, and families	✓			
Best Start in Life (BSIL) Giving every child the best start in life - GOV.UK (DfE, July 2025)	Objective: Improve child development from pregnancy to age 5 and ensure 75% of five-year-olds reach a good level of development (GLD) by 2028. Core actions: • Strengthening family services and support from pregnancy through the early years • Expanding access to affordable, high-quality early education and childcare • Raising workforce quality by increasing qualified early years teachers and enhancing Ofsted oversight National policy places GLD (the proportion of 5-year-olds meeting expected levels in the Early Learning Goals) at the centre of the government's early years agenda. In July 2025, the government published *Giving Every Child the Best Start in Life*, setting a national ambition that 75% of children achieve a Good Level of Development by 2028, with this target formally attached to the "Best Start in Life" pillar of wider early years reforms. This marks a shift from focusing solely on childcare access toward prioritising child development outcomes, with policy now emphasising improved early education quality, better family support from pregnancy to age five, and addressing inequalities that affect GLD outcomes (including deprivation, SEND, and ethnicity). Children are first assessed for their level of development at age 2-2.5 years, and this takes place within Health Visiting Services. Uptake and quality of these checks is being monitored nationally, along with the achievement of GLD by age 5.	✓	✓		
Skills And Post-16 Education Act 2022 [DfE]	Legislative backbone for reforms introduced in the 2021 White Paper, *Skills for Jobs* - including T-levels, apprenticeships and the National Skills Fund.	✓			
Post-16 education and skills white paper (October 2025)	Builds on previous reforms, including Skills and Post-16 Education Act 2022, and focuses on employer partnership, technical education excellence, higher education competitiveness, and funding/ accountability reforms.	✓			

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Youth Matters: Your National Youth Strategy - GOV.UK (December 2025)	This strategy provides a co-produced 10 year vision for all young people (YP) – skills, opportunities, and connections to thrive and be empowered to shape own lives and communities around them. 3 shifts of how - **national to local** – rebuild role, capability and leadership of local authorities (LAs); **fragmented to collaborative** – LAs and civil society working together with YP to design and deliver what is needed; excluded to empowered – power and agency of YP with more services co-produced locally. Bring together the foundations of the underlying causes of child poverty, delivers on a long-term housing strategy, better access to early education, delivering on 10 Year Health Plan and improved YP's access to healthcare services, ensures every child can achieve and thrive at school, LA funding settlement (£5billion) – most in need neighbourhoods through Pride in Place programme. The strategy advocates for: - 1. **People who care** - increased access to a trusted adult for young people outside of home when they need support most, strengthening a skilled and sustained paid and volunteer youth sector workforce -Young Futures Hubs by March 29, development of *Local Covenant Partnerships* to support civil society to work with LAs. Building better social connections in schools, colleges and community e.g. mental health support for young men, and delivering the Freedom from violence and abuse: a cross-government strategy to build a safer society for women and girls (accessible) - GOV.UK strategy locally. 2. **Places to go and things to do – investing in youth clubs and richer lives in and out of school**. Half the participation gap in enriching activities between disadvantaged YP and their peers. Richer Young Lives Fund – more high quality fun activities and youth work; Every Child Can programme – enriching activities in and out of school; £600 mill for HAF; new School Sport Partnerships including £250mill over 5 years from Sport England – local sport and physical activity. 3. **Good work**- expansion of mentoring programme, increasing careers education and work experience plus careers in digital sector, £820 mill over next 3 years to expand the youth guarantee – employment youth hubs etc. **Keeping young people safe** – Young Futures panels to identify YP being drawn into crime and provide right support. **More places to go** – Better Youth Spaces programme, green activities, improving local transport. **YP mental health** – roll out of MHST to achieve full national coverage by 2029 and embedding within Young Futures Hubs, better support for YP with SEND in schools and colleges. 4. 3) **Seen and heard -** involving young people in design, decision and funding allocations for services for them. Working with and being held to account by YP. Citizenship compulsory at KS1 & 2 and strengthen secondary school citizenship content.	✓	✓	✓	✓
NHS 10-Year Plan: Fit for the Future 10 year health plan (2025–2035) [DHSC]	This represents one of the most significant reforms to England's health system in a generation. It proposes three strategic shifts - hospital to community, analogue to digital, and sickness to prevention - to address an NHS described as in "critical condition" due to pressures on access, workforce and outcomes. These reforms have far-reaching implications for children's health, particularly in early intervention, inequalities reduction, mental health support and prevention. Some of the key reforms impacting upon children's health include: • Major strengthening of prevention and early intervention – e.g. targeted action on tobacco, including the commitment that children turning 16 in the implementation year will form the first "smokefree generation," protecting future adolescents from the leading preventable cause of ill health. • Expansion of child and adolescent mental health support – e.g. roll out of Mental Health Support Teams (MHST) in all schools/colleges by 2029/30 – *see separate entry below* • More accessible, community-based care for families – e.g. establishing neighbourhood health centres in every community, beginning with areas of lowest healthy life expectancy and aiming to reduce inequalities. These centres will also include support to address root causes of children's health – e.g. support to mitigate poverty as well as health programmes such as enhanced vaccination clinics. • Improved care coordination through digital transformation – e.g. Transforming the NHS App into the full front door for the whole NHS by 2028, enabling families to manage appointments, medication, referrals and records digitally. This should result in families experiencing quicker access to care; children with long term conditions benefitting from continuity; and safeguarding and multiagency work should improve through better information sharing.		✓	✓	✓

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NHS 10-Year Plan (July 2025): Children and Young People's Mental Health	1. Core Goals & Prevention Focus • Aims to "raise the healthiest generation of children ever" by reducing obesity, smoking, vaping, and promoting mental well-being. • Emphasises preventative care in the early years, especially the first 1,001 days, through neighbourhood health centres and early intervention. 2. Schools & Community-Based Support • Full national rollout of Mental Health Support Teams (MHSTs) in schools and colleges by 2029–30. • Young Futures Hubs embedded in communities, providing prevention, early support, and age-appropriate services. • "myHappymind" digital programme piloted in schools reporting significant reductions in CAMHS referrals and exclusions. 3. Crisis & Emergency Care • Expanding mental health emergency departments (MHEDs): - £120 million to open ~85 locations by 2035. - Provide 24/7 support, 4-hour assessments, safe discharge, or referral. 4. Workforce & Capacity • Recruit 8,500 additional mental health staff by next election (6,700 already added). • Develop neighbourhood mental health teams delivering therapy closer to home, coordinated via Integrated Care Boards (ICBs). 5. Integrated Care & Targeted Outcomes • Neighbourhood centres will integrate health and social care, with digital-first access via NHS App. • Plan mentions "children" 105 times, signalling stronger developmental and well-being oversight. • Psychological modelling suggests CYP are sicker than a decade ago leading to emphasis on early, preventative action. 6. Advocacy & Sector Responses • Rethink Mental Illness praises the community-based approach but urges clarity on reducing waiting lists. • Mind highlights MHST expansion, Young Futures Hubs, MHEDs, and NHS App integration while cautioning on resource gaps. • Mental Health Foundation supports the focus on prevention/social determinants, calling for cross-government action.		✓		✓
NHS Medium term planning framework - delivering change together 2026/27 to 2028/29	Outlined the priority deliverables and the reform opportunities that ICBs and providers need to deliver for the next 3 years and the broader strategic aims that will need to be reflected in 5-year plans developed by each organisation.				✓
NHS England » Guidance on neighbourhood multidisciplinary teams for children and young people (2025)	CYP represent 1/3rd of England's pop. (In Thurrock this is 62,000 CYP so a third of the total population and higher than the East of England and the population is predicted to rise). Identifying and meeting their needs at the earliest opportunity is vital to giving them the best possible start in life. Lord Carzi's investigation of the NHS in England highlighted concerns about the growing gap between demand and capacity of services for CYP. Unprecedented increase in the demand for services coincides with increasing complexity in the health and care needs of children and young people. Neighbourhood MDTs for CYP - integrated care that provides timely access to specialist advice, including paediatric and mental health specialist expertise, health visiting, school nursing, through primary care-led team working. This will deliver care closer to home and improve the outcomes and experience for children and young people, as well as their families and carers. Streamline appropriate referrals and access whilst awaiting diagnostic assessment. Reduce pressures on secondary care services and A & E attendances. Core components: • case identification • MDT case discussion and triage • direct care • professional knowledge sharing • CYP/family/carer engagement and health promotion		✓		

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The Best Start for Life: a-vision-for-the-1001-critical-days [DHSC]	NB – Different to Best Start In Life (BSIL) published in 2025 by the Department for Education focussing on birth to age 5. Best Start **for** Life was published by Department of Health and Social Care in 2021 focussing on conception to age 2. The first 1001 days, spanning from conception to a child's second birthday, constitute a critical period for rapid brain development and lifelong health, forming 80% of brain structure. This window offers a unique opportunity to build foundations for emotional well-being and physical health through nurturing care, "serve and return" interactions, and early support for families. Advocates for recognition of: 1. Secure relationships between parent/carer and baby – responsive interaction builds brain architecture and good infant mental health and wellbeing 2. Support and public health awareness for parents/carers e.g. maternal mental health 3. Integrated care within family hubs and place 4. Prevention and early intervention before long term issues arise 5. Vital investment to improve long term outcomes and help reduce health disparities		✓		
Elective Home Education Guidance Review including Statutory Attendance Regulations (Aug 2024)	Elective home education guidance review - GOV.UK consultation ran Oct 2023–Jan 2024 on revised EHE guidance for parents and local authorities. Aims to clarify roles, responsibilities, and expectations - especially what constitutes "suitable education." Updated statutory attendance regulations took effect on 19 August 2024. These were integrated into the EHE guidance for local authorities and parents, ensuring clearer expectations around 1) record-keeping for flexi-schooling (children partly educated at home) 2) formalising when pupils should be marked absent. DfE introduced a revised Elected Home Education & Children Missing Education data collection framework - EHE and CME data collection: guide and validation rules for the 2025 -26 academic year: New validation rules, updated notepad guidance, and a refreshed data guide. A focus on improving consistency in how local authorities submit termly EHE data to COLLECT. The strengthening of oversight of EHE also features in the government's social cohesion action plan, Protecting What Matters: Towards a more confident, cohesive, and resilient United Kingdom - GOV.UK which includes introducing local authority registers of children not in school, requiring parents to notify their local authority when they are home educating their children and requiring local authority consent before the most vulnerable children can be withdrawn from school for home education.	✓			
Best Start Family Hubs and Healthy Babies: guidance for local authorities [DfE and DHSC]	Sets out how local authorities should develop integrated, community based hubs that bring together health, education and family support services to give children the strongest foundations in early childhood. The guidance emphasises locating hubs in accessible areas, prioritising disadvantaged families, and delivering core services such as early childhood development support, parenting help, infant feeding and health visiting within a single, joined up system. It outlines expectations for branding, local planning and partnership working, and positions Family Hubs as a universal "one stop shop" for families from pregnancy to age 19 (or 25 for those with SEND), designed to improve early intervention, streamline access to support, and strengthen outcomes across physical, emotional and cognitive development. Thurrock was one of 75 Local Authorities to receive Family Hubs Transformation funding for 2022-25 (since replaced by Best Start Family Hubs and Healthy Babies programme) offering integrated, non-stigmatising access to health, education, parenting and early help services for children aged 0–19 (or 25 with SEND) and their families. The work also included coproduction with parents, strengthening perinatal mental health and parent-infant relationship support, expanding infant feeding and parenting programmes, improving early language and the home learning environment, and publishing a clear Start for Life offer—while transforming local arrangements through partnership working, service colocation, shared referral pathways and strengthened workforce relationships. Thurrock has since been awarded funding for a further three years to continue with this work.	✓	✓	✓	✓

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NHS Healthy Start scheme	A national NHS programme that supports pregnant women and families with children under four on low incomes by providing a prepaid card to help buy healthy foods such as milk, fruit, vegetables, pulses and infant formula, alongside access to free vitamins. Eligible families receive regular payments loaded onto their card, helping improve nutrition in pregnancy and early childhood and reducing health inequalities among low income households. The Healthy Start programme guidance was updated in October 2025 to clarify acceptable evidence for families with no recourse to public funds - expanding the use of eVisas and expired BRPs when accompanied by a share code - and to note that administration of the extension scheme has transferred to the NHS Business Services Authority.		✓		
Commissioning and delivering supervised toothbrushing schemes in early years and school settings - GOV.UK	**Child Oral Health Improvement** - Supervised toothbrushing guidance sets out how early years settings and schools should implement safe, evidence based daily toothbrushing routines to prevent decay - one of the most common yet preventable childhood diseases. It emphasises the strong evidence that supervised use of fluoride toothpaste reduces decay, supports children to develop good brushing habits, and is particularly beneficial for those who may not brush regularly at home. The guidance outlines responsibilities for local authorities and settings, including training staff, gaining parental consent, ensuring appropriate hygiene and storage systems, and integrating toothbrushing into a consistent daily routine. It also aligns programmes with national oral health improvement strategies, providing clear frameworks for commissioning, accountability and infection control, to ensure high quality and equitable oral health support for young children		✓		
Public Health - 2026 updated 0–19 Nursing commissioning guidance	**Healthy Child Programme and Public Health Nursing** - strengthens national expectations for public health nursing by providing clearer definitions of 0 - 19 team roles and safeguarding responsibilities, embedding a stronger focus on data, accountability, and performance monitoring through improved reporting, and aligning commissioning practice with the 10 Year Health Plan and national ambitions to reduce child poverty and health inequalities. Refresh emphasises integrated delivery of the Healthy Child Programme via Family Hubs and Start for Life, reinforces importance of supervision and safe delegation, and introduces updated service specifications to support consistent, high quality provision across England. Overall, it aims to eliminate postcode variation, improve early intervention, and ensure investment in the early years delivers maximum population health benefit.		✓		✓
Childhood obesity and wider determinants of health	Following new National Child Measurement Programme data (2024/25), the government, in November 2025 launched a strengthened package of measures: • Ban on junk food advertising before 9pm and online (up to 7.2 billion calories removed annually) • Restrictions on multibuy HFSS promotions from 2025 • Proposed ban on energy drink sales to under-16s • Expansion of free school meals to all households on Universal Credit • National rollout of free breakfast clubs for all primary schools • Updated school food standards and transparent school food “profiles” • £400m+ investment in grassroots sports and new School Sports Partnerships The advertising restrictions became enforceable from October 2025, entering full monitoring and enforcement in 2026. There has also been continued rollout of universal free breakfast clubs and expanded free school meal eligibility in primary schools, along with ongoing investment in physical activity and school based programmes.		✓		
Sexually Transmitted Infections (STI) Prioritisation Framework UKHSA (published Oct 2024, updates Feb 2025)	The STI Prioritisation Framework provides an evidence based, structured method to help local areas decide which sexually transmitted infection (STI) prevention and control activities to prioritise, with a strong focus on reducing adverse health outcomes and tackling health inequalities. Developed by UKHSA, it recognises that STIs affect different groups unequally and shifts planning towards understanding local need, identifying disproportionately affected populations, and selecting tailored, effective interventions. The framework uses a three part approach - Situation (local epidemiology, demand and service capacity), Target groups (populations at greatest risk or with greatest barriers), and Interventions (evidence based actions matched to needs) - to guide resource allocation within existing budgets. It is supported by consensus based principles, detailed evidence summaries, and tools for monitoring and evaluating impact, enabling commissioners and providers to make transparent, equitable, and outcome focused decisions.		✓		

National Policy	Summary Description	SP1	SP2	SP3	SP4
"All Our Health" Framework [OHID] – sexual health	The All Our Health framework is a national public health programme created by the Office for Health Improvement and Disparities (OHID) in 2015. Its purpose is to help everyone working in health, care, local government, emergency services, and the wider public-health workforce take practical, evidence-based action to improve population health and reduce health inequalities. Recent updates to the All Our Health framework strengthen its role in supporting sexual health improvement by expanding its educational resources, improving alignment with national prevention priorities, and enhancing practical tools for frontline staff. Updated material (2024 refresh) emphasises embedding prevention into everyday practice, including sexual and reproductive health, by providing evidence-rich content, data, and signposting on infections such as HIV, chlamydia, gonorrhoea, and other STIs. The framework's e-learning offer has also been expanded, with 31 bite-sized sessions covering key public health topics—including sexual and reproductive health—designed to help professionals deliver prevention-focused care, address health inequalities, and apply consistent messages on safer sex, testing and screening, and early detection. These updates support system-wide priorities, such as the NHS Long Term Plan, and ensure practitioners across the health and care workforce have access to current evidence, practical guidance, and trusted resources to improve sexual health outcomes.		✓		
Childhood schedule changes 2025 and 2026: information for healthcare practitioners	From **1 July 2025**, the UK childhood immunisation schedule was updated to reflect changing disease patterns, vaccine availability, and JCVI recommendations. Timings of some vaccines were adjusted in order to optimise immunity at the ages of highest vulnerability and simplify the schedule while maintaining comprehensive coverage. There have also been changes to adolescent vaccination policy, with 12-13 year olds in the routine school-based programme receiving one HPV dose instead of two (exceptions for certain groups).		✓		
Relationship, Sex and Health Education (RSHE) guidance	The revised RSHE guidance published in July 2025 strengthens the curriculum's focus on safeguarding, digital-age risks, and building healthy, respectful relationships. It introduces clearer guiding principles prioritising pupil engagement, parental transparency, positivity, and relevance, and encourages earlier, well-sequenced RSHE teaching in primary school. The update includes significant new content on preventing violence against women and girls, promoting positive masculinity and femininity, challenging gender stereotypes, and addressing the harms of pornography and toxic online influencers. It also expands requirements on personal safety (e.g., roads, railways, water safety, public spaces), includes explicit teaching on correct anatomical language, and adds strengthened content on suicide prevention and mental wellbeing. While the structure remains similar to 2019 guidance, it places greater emphasis on skills development, high-quality teaching, and school level contextual judgement. A ringfenced RSHE training grant was announced to support skilled delivery. The new guidance takes effect from September 2026, with schools permitted to adopt it earlier.		✓		
Updates to Maternal Health Care policy - NHS England » The Maternal Care Bundle	Published and updated by NHS England (January 2026), this provides mandatory best-practice standards across five high-impact areas - Venous Thromboembolism (VTE), pre-hospital and acute care, epilepsy in pregnancy, maternal mental health, and obstetric haemorrhage - designed to reduce maternal mortality, severe morbidity and inequalities.		✓		✓

National Policy	Summary Description	SP1	SP2	SP3	SP4
Tobacco and Vapes Act 2026	The bill was granted Royal Assent in April 2026, delivering a historic step towards a smoke-free UK, gradually ending the sale of tobacco products across the country and breaking the cycle of addiction and disadvantage. It makes it an offence to sell tobacco products to anyone born on or after 1 January 2009 **Smoke-free places:** • provides powers to strengthen the existing ban on smoking in public places to reduce the harms of passive smoking, particularly around children and vulnerable people, • powers to extend smoke-free places restrictions to specific outdoor settings • powers to create vape-free places and heated-tobacco places **Youth Vaping:** • bans vapes and nicotine products from being promoted and advertised to children to stop the next generation from becoming hooked on nicotine • provides powers to regulate the flavours and descriptions of vapes and nicotine products and displays in retail outlets, • provides powers to regulate vape and nicotine product packaging and product presentation • bans the advertising and promotion of vapes and nicotine products • bans free samples of vapes and nicotine products and banning sale of non-nicotine vapes and nicotine products to under 18s **Enforcement:** strengthen enforcement activity to support implementation of the measures in the Bill • provides powers to introduce licensing for sales of tobacco, vapes and nicotine products • introduces £200 fixed penalty notices to retailers who sell tobacco products or vapes to people underage • provides powers to introduce a new registration scheme for tobacco, vapes and nicotine products on the UK market		✓		
National gambling legislation (High stakes: gambling reform for the digital age)	Recent reforms following the Government's review of the Gambling Act 2005 have strengthened protections to reduce gambling-related harm, with specific relevance for children and young people. Key measures include the introduction of a statutory levy and online slot stake limits on gambling operators, expected to generate around £100 million annually to fund research, prevention and treatment, with a defined proportion allocated to prevention and education activity for children and young people (DCMS, 2023; DCMS, 2024). Additional reforms include lower online slot stake limits for young adults aged 18–24, reflecting evidence of increased vulnerability to harm in this age group, alongside strengthened expectations on age verification and operator responsibility to prevent under-18 access (DCMS, 2024; HM Government, 2005). These changes respond to growing evidence of early exposure to gambling through digital platforms, gaming and advertising, and reinforce the importance of early intervention to protect children and young people from gambling-related harm (UK Parliament, 2026).		✓		
Sport England's *Uniting the Movement*	10 year vision to transform lives and communities through sport and physical activity, and includes an ambition for every child and young person to experience the enjoyment and benefits that being active can bring.		✓		

Local policies/drivers

Local Policy/Driver	Summary Description	SP1	SP2	SP3	SP4
Thurrock Health and Wellbeing Strategy	The current strategy for Thurrock runs from 2022-26 and a new one is currently in development which will follow a life course approach. It is expected that the Growing Well section of the new Health and Wellbeing Strategy will align with the contents of this strategy.	✓	✓	✓	✓
Essex ICB – Key Actions for CYP Mental Health	**1. Mental Health Support Team (MHST) Expansion** • Wave 14 will target expansion of MHSTs across Thurrock with a goal of ensuring all secondary schools have access to a MHST by 2027 • Develop phased plan to reach 100% coverage by 2029–30. • Train senior mental health leads in all education settings. **2. Crisis Response** • Assess local demand for MHEDs and identify potential sites. • Collaborate with acute trusts for 4-hour assessment pathways. **3. Workforce Planning** • Forecast staffing needs for CYP mental health services. • Engage with national recruitment initiatives and local universities. **4. Digital Integration** • Promote NHS App features for CYP and parents. • Ensure interoperability with local systems for referrals and care plans. **5. Early Intervention & Prevention** • Develop commissioning plans to address gaps in support for neurodivergent children and young people • Accelerate plans to help children 'wait well' and adopt tools for identifying mental health needs • • Implement 4-week waiting time targets for CYP mental health referrals.				✓
2024 Ofsted inspection of Thurrock Local Authority Children's Services	Thurrock Council's Children's Social Care & Early Help Services have been graded 'Outstanding' across all four judgement areas, (published in October 2024) found that various effective services had been developed to meet local need, and that the council's Children's Services had improved significantly since the previous inspection in 2019 where services were rated 'Good' overall. The upgrade to 'Outstanding' means Thurrock Council is now one of only six Local Authorities to achieve this highest grade in the Ofsted's children's inspection over the last five years. In relation to health, it found that children's health is strongly supported through exceptional early help services, highly effective family hubs, and a robust 'Think Family' approach that ensures children receive timely, preventative support that improves safety, wellbeing, and overall outcomes. Inspectors highlighted that early help and prevention services are responsive and creative, offering a wide range of groups and interventions that contribute to healthier starts for children and reduce the need for statutory intervention. They also noted ongoing work to address challenges such as the timeliness of initial health assessments for children in care, but overall judged the experiences and progress of children needing help and protection, children in care, and care leavers as *outstanding*, reflecting a system that consistently promotes children's safety, stability, and broader health and wellbeing.	✓	✓	✓	✓
Basildon and Thurrock University Hospital CQC Inspection Report of maternity services March 2024	CQC found that the unit was rated *requires improvement* overall, with particular concerns around governance, triage processes, staffing levels, and the consistency and quality of care. Inspectors highlighted gaps in staffing that affected timely risk assessment and patient safety, alongside issues such as insufficient foetal monitoring equipment and delays in induction of labour. Despite these challenges, the service was rated *good* for responsiveness, and the Trust reported several post-inspection improvements, including strengthened midwifery staffing, better training completion, enhanced audit processes, and improved support for vulnerable women. Overall, while progress had been made, the CQC concluded that further improvements were still required to ensure safe and effective maternity care.		✓		

Local Policy/Driver	Summary Description	SP1	SP2	SP3	SP4
Thurrock Healthy Weight Strategy 2025-2030	a comprehensive, evidence-based approach designed to enable residents to eat well, be physically active, and maintain a healthy weight. It addresses high rates of obesity by focusing on systemic, long-term changes rather than quick fixes. The strategy prioritises community empowerment, environmental improvements, and collaborative action across local services to make healthy choices accessible. Key components of the strategy include: • **Whole Systems Approach:** The strategy recognizes that weight management is shaped by complex factors, requiring collaboration across council services, the NHS, and community partners. • **Seven Strategic Priorities:** Aligned with the Council's 'People and Place' themes, these focus on addressing the root causes of unhealthy weight, including diet and physical activity. One of these priorities specifically focusses on "Supporting our children and young people to grow and to be a healthy weight" and the underlying activity to deliver on this will align with this Strategic Priority. • **Community Empowerment:** The "golden thread" of the strategy, aiming to foster local, grassroots initiatives that make healthy, sustainable lifestyle changes. • **Targeted Interventions:** Initiatives include supporting local pantries and cafes for better food access, ParkPlay schemes, and GP-referred weight management programs. • **Environment and Infrastructure:** Prioritizing safe, active travel routes (cycling/walking) and improving green spaces to promote physical activity. The strategy acknowledges that socioeconomic factors influence health, aiming to remove barriers to healthy living for all, particularly for families facing financial pressures. The approach to delivering this strategy includes a particular workstream focussed on early years and families, which is aligned with the SP2 delivery plan.		✓		
Active Essex Fit for the Future	Physical Activity Strategy for Essex, Southend and Thurrock 2021-2031. One of their 5 Strategic Priorities is **Ensuring every child in Essex has the best start in life which is active, healthy and happy.**		✓		
Find Your Active Thurrock – "Connecting People to Place through Physical Activity"	During 2023-25, Thurrock's Place Based Expansion Partnership, *Find Your Active Thurrock* was formed and includes a range of key stakeholders – Active Essex, Thurrock Council, Thurrock CVS, Thurrock Health Alliance and Impulse Leisure. The partnership, with Active Essex as the lead applicant, was successful in securing investment from Sport England to set the foundations, to undertake some test and learn and to apply for a full award. Since this time, in early 2025, Find Your Active Thurrock submitted a full award proposal to Sport England of £1m and was successful. This award will see over £2.3 million revenue investment in physical activity in Thurrock from 2025 through to 2028. The programme aims to have an impact on 4 key outcomes: 1) Increasing Activity; 2) Decreasing Inactivity; 3) Tackling Inequality; 4) Providing positive experiences for children and young people The programme in Thurrock focuses on 5 key thematic areas, and under this a range of projects to increase physical activity across the Borough. These include: • Leadership and Workforce Development – supporting necessary capacity in the community and supporting the development of a wide range of stakeholders. • Activating Neighbourhoods and Spaces – activating the places where people live and play by delivering on projects which engage communities with their local environments, including local streets and parks and open spaces. • Active Travel – taking a whole systems approach to travelling actively to school and using public spaces to learn about cycling. • Community – working in communities to increase physical activity through target places or groups of people. • Creation of an Active Wellbeing Service – support the development of 'Active Wellbeing' as a core part of managing health and wellbeing for long-term health conditions, falls prevention, and supported employment. Strategies that underpin this local programme of work include Sport England's *Uniting the Movement* and Active Essex's *Fit for the Future*.		✓		

Local Policy/Driver	Summary Description	SP1	SP2	SP3	SP4
Thurrock Sexual Health Needs Assessment	undertaken in 2023 in order to inform the procurement process for the sexual health service now in place. It is a comprehensive evaluation of sexual health, exploring the needs of people living in Thurrock who have accessed or who would benefit from accessing sexual and reproductive health services. It also reviews evidence about how services can effectively engage with under-represented groups and recent approaches to models of care to deliver sexual and reproductive health services to populations. This will be supported by qualitative and quantitative data collected to identify areas of good practice and gaps in the service provision to inform the co-design and future commissioning model.		✓		
Thurrock's Teenage Pregnancy Strategy 2025-35	Endorsed by the Brighter Futures Board in June 2025 and contains the following five key priorities: 1. Improving outcomes for teenage parents and their children by strengthening the support available throughout pregnancy and postpartum, with a focus on the baby's wellbeing, thereby ensuring every child has the best start to life. 2. Raising aspirations of teenagers and young people with the aim to encourage young people to delay parenthood till they are ready. 3. Reducing inequalities in teenage conception rate that exist within Thurrock MSOAs, to level the playing field. 4. Providing support for young fathers to enable them to take good responsibility for their children, and that both parents are involved in the children's lives. 5. Reducing the incidence of teenage pregnancies while sustaining the success and progress made so far		✓		
Thurrock's (2025) Gambling Harms Strategy	aligns with the national approach to reducing gambling-related harm, with a strong emphasis on prevention, early identification and partnership working, particularly for children and young people. The strategy recognises that while most gambling harm is experienced by adults, children and young people are affected through early exposure, family gambling harms and the normalisation of gambling behaviours, especially online. Priority actions include improving awareness among professionals working with children and families, embedding gambling harm within wider public health, safeguarding and mental health pathways, and supporting education and prevention activity in schools and community settings. The strategy positions children and young people as a key prevention group, recognising that early intervention can reduce the likelihood of future harm and contribute to improved long-term health and wellbeing outcomes.		✓		
Local childhood immunisations plan	There is a partnership plan in place specifically to address a number of issues with childhood vaccinations in Thurrock. This will be the vehicle to achieving the desired outcomes for this priority area		✓		