

CABINET AGENDA

Monday, 22nd January 2024 at 7.15pm

Council Chamber, Braintree District Council, Causeway House, Bocking End, Braintree, CM7 9HB

THIS MEETING IS OPEN TO THE PUBLIC

Members of the public will be able to view and listen to this meeting via YouTube. To access the meeting please use the link below: <u>http://www.braintree.gov.uk/youtube</u>

Members of the Cabinet are requested to attend this meeting to transact the business set out in the Agenda.

Leader of the Council

Deputy Cabinet Member to the Leader Deputy Cabinet Member to the Leader

Transformation, Performance and Delivery

Resources and Performance	Councillor K Bowers
Transformation, the Environment and	Councillor T Cunningham (Deputy Leader)
Customer Services	
Deputy Cabinet Member	Councillor P Schwier

Connecting People, Places and Prosperity

Economic Growth and Inward Investment Planning and Infrastructure Deputy Cabinet Member

Supporting Communities

Housing, Health and Wellbeing Stronger Communities Deputy Cabinet Member Councillor F Ricci Councillor G Spray Councillor J Coleridge

Councillor G Butland

Councillor R van Dulken

Councillor B Taylor

Councillor L Bowers-Flint Councillor M Cunningham Councillor C Dervish

Invitees: Councillors J Beavis, L Jefferis and J Pell are invited to attend as Group Leaders

Members unable to attend the meeting are requested to forward their apologies for absence to the Governance and Members Team on 01376 552525 or email <u>governance@braintree.gov.uk</u> by 3pm on the day of the meeting.

D GASCOYNE Chief Executive

INFORMATION FOR MEMBERS – DECLARATIONS OF MEMBERS' INTERESTS

Declaration of Disclosable Pecuniary Interests (DPI), Other Pecuniary Interests (OPI), or Non-Pecunitry Interests (NPI).

Any Member with a DPI, OPI or NPI must declare the nature of their interest in accordance with the Code of Conduct. Members must not participate in any discussion of the matter in which they have declared a DPI or OPI or participate in any vote, or further vote, taken on the matter at the meeting. In addition, the Member must withdraw from the Chamber where the meeting considering the business is being held unless the Member has received a dispensation from the Monitoring Officer.

Public Question Time - Registration and Speaking

The Agenda allows for a period of up to 30 minutes for Public Question Time. Members of the public may ask questions or make a statement to the Cabinet on matters listed on the Agenda for this meeting.

All questions or statements should be concise and should be able to be heard within the 3 minutes allotted to each speaker.

Anyone wishing to ask a question or make a statement is requested to register their interest by completing the Public Question Time registration <u>online form</u> by **midday on the second working day** before the day of the meeting.

For example, if the meeting is on a Tuesday, the registration deadline is midday on Friday, (where there is a Bank Holiday Monday you will need to register by midday on the previous Thursday). The Council reserves the right to decline any requests to register to speak if they are received after this time.

When registering for Public Question Time please indicate whether you wish to attend the meeting 'in person', or to participate remotely. People who choose to join the meeting remotely will be provided with the relevant link and joining instructions for the meeting.

Please note that completion of the on-line form does not guarantee you a place to speak during Public Question Time. You will receive email notification from the Governance Service confirming whether your request is successful.

The Leader has discretion to extend the time allocated to registered speakers and to amend the order in which they may speak.

In the event that a registered speaker is unable to connect to the meeting, or if there are any technical issues, their question/statement may be read by a Council Officer.

Further information on Public Question Time is available on the Council's website.

Health and Safety

Anyone attending a meeting of the Council is asked to make themselves aware of the nearest available fire exit. In the event of an alarm sounding, you must evacuate the building immediately and follow all instructions provided by staff. You will be directed to the nearest designated assembly point where you should stay until it is safe to return to the building.

Documents

Agendas, Reports and Minutes may be accessed via www.braintree.gov.uk

Data Processing

For further information on how the Council processes data, please see the Council's Privacy Policy.

https://www.braintree.gov.uk/info/200136/access_to_information/376/privacy_policy

Mobile Phones

Please ensure that your mobile phone is switched to silent during the meeting in order to prevent disturbances.

Webcast and Audio Recording

Please note that this meeting will be webcast and audio recorded. You may view webcasts for up to 6 months after the meeting using this link: <u>http://braintree.public-</u> <u>i.tv/core/portal/home</u> The meeting will also be broadcast via the Council's YouTube Channel.

Comments and Suggestions

We welcome comments to make our services as efficient and effective as possible. If you have any suggestions regarding the meeting you have attended you may send these to <u>governance@braintree.gov.uk</u>

PUBLIC SESSION

1 **Apologies for Absence**

2 **Declarations of Interest**

To declare the existence and nature of any Disclosable Pecuniary Interest, other Pecuniary Interest or Non-Pecuniary Interest relating to items on the agenda having regard to the Code of Conduct for Members and having taken appropriate advice where necessary before the meeting.

3 Minutes of the Previous Meeting

To approve as a correct record the minutes of the meeting of the Cabinet held on 18th December 2023 (copy previously circulated).

Public Question Time 4

Only Registered Speakers will be invited by the Chairman to speak during public question time. Please see the agenda notes for guidance.

5	Homelessness and Rough Sleeping Strategy	5 - 48
6	Empty Homes Policy	49 - 71
7	Livewell Strategy 2024-2028	72 - 114
8	Second Quarter Performance Report 2023-24	115 - 145
9	Community Delivery Plan for 2025-2028 – Member Working Group	146 - 148



Agenda Item: 5

	/ gonda honn o
Report Title: Homelessness and Rough	Sleeping Strategy
Report to: Cabinet	
Date: 22 nd January 2024	For: Decision
Key Decision: Yes	Decision Planner Ref No: DP/2023/41
Report Presented by: Councillor Lynette Bowers-Flint, Cabinet Member for Housing, Health and Wellbeing	
Enquiries to: Caroline Elias-Stephenson, Head of Housing and Community	
caroline.elias-stephenson@braintree.go	<u>v.uk</u>
Carly Jones, Strategy Business Support Manager <u>carly.jones@braintree.gov.uk</u>	

1. Purpose of the Report

- 1.1 The 2002 Homelessness Act requires local housing authorities in England to publish a homelessness strategy at least every five years.
- 1.2 A revised Homelessness and Rough Sleeping Strategy 2024 2029 (Appendix A) is required to ensure that Braintree District council (the Council) is doing everything possible to prevent and respond to homelessness in the district.
- 1.3 To consider the draft Homeless and Rough Sleeping Strategy prior to public consultation

2. Recommendations

2.1 That Cabinet approved the draft Homelessness and Rough Sleeping Strategy, in preparation for it to be taken to public consultation.

3. Summary of Issues

- 3.1 The Homelessness and Rough Sleeping Strategy 2024 2029 (the Strategy) retains a clear focus upon early intervention to prevent homelessness; or if prevention is not possible, to end homelessness at the earliest opportunity. The 2024-29 strategy commits the Council to putting in place the advice, support and tools for residents who are either at risk of or who are homeless to ensure everyone has the help they need, and that no one in Braintree District is facing homelessness alone.
- 3.2 The Research and Development team have collated evidence from households presenting as homeless in the district, this shows that households have more complex needs than previous years. Factors which impact households include recovering from Covid-19, the cost-of-living crises and

pressure on local housing market. Not having a place to call home impacts on mental wellbeing, it affects children's development and opportunities and places households under financial and physical pressures.

- 3.3 The Strategy is centred around 4 key themes that have been recognised as the most pressing drivers of homelessness and rough sleeping in Braintree District and sets out to describe how they can be addressed:
 - 1) To prevent homelessness whenever possible
 - 2) Facilitate the delivery of suitable temporary accommodation
 - 3) Increase access to suitable accommodation
 - 4) To prevent and break the cycle of rough sleeping
- 3.4 An up-to-date Strategy, which provides a strategic framework that reflects the current market conditions and operating climate is essential for the Council to be able to respond effectively.
- 3.5 The recommendations set out in this report will help the Council to deliver the following Corporate Objectives:
 - A sustainable environment and a great place to live, work and play;
 - Residents live well in healthy and resilient communities where residents feel supported;
 - Delivering better outcomes for residents and businesses and reducing costs to taxpayers.

4. Consultation

- 4.1 To assist the Council in the finalisation of the Strategy, the Council will undertake a public consultation, in line with best practice, to seek input into the Strategy and the recommendations. The next stage is to go out to public consultation on 5th February 2024. This will run for a period of 8 weeks, and will be prompted through the Councils website and through engagement with partners through further stakeholder events.
- 4.2 In developing this Strategy, the service worked closely with homeless partners. Members of The Homelessness Prevention Partnership (HPP) had sight of the draft Homelessness and Rough Sleeping Strategy and were invited to discuss and comment.
- 4.3 The Homelessness and Rough Sleeping Stakeholders' Event took place on 9th November 2023 with 35 partners in attendance. The feedback includes:
 - There needs to be a strong emphasis in the strategy on preventing homelessness at the earliest opportunity.
 - Services working within the homelessness sector recognised that offering early intervention must be a priority, but there was a recognition that to be able to offer an early intervention service, teams needed to know more about mental health, housing advice and housing legislation / law.

- Further consideration needs to be given to neurodiversity among people who are threatened or experiencing homelessness.
- 4.4 The Homelessness and Rough Sleeping strategy was considered by the Corporate Policy Development Committee (CPDC) at their meeting on 30th November 2023. The Committee were supportive of the Council revising the strategy and taking it to public consultation.

5. Options

- 5.1 Option 1 Take full consideration of the draft Homelessness and Rough Sleeping Strategy prior to public consultation
- 5.2 Option 2 Do not take full consideration of the Homelessness and Rough Sleeping Strategy. The Homelessness Act 2002 requires that all local housing authorities in England publish a homelessness strategy at least every five years.
- 5.3 Option 1 is required as not having an up-to-date strategy will make the Council non-compliant with legislation and would place the authority at risk of Government action, which would potentially have an adverse impact on any future funding.

6. Next Steps

6.1 Following the conclusion of the consultation, the final Strategy will be returned to Cabinet for approval.

7. Financial Implications

- 7.1 The priorities set out in the Homelessness and Rough Sleeping Strategy 2023 2025 are designed to be delivered within existing budgets across the Housing Service, and alongside the Homelessness Prevention Grant (HPG) and Rough Sleeping Initiative (RSI).
- 7.2 If the Council fails to prevent homelessness there is a risk of further costs to temporary accommodation budgets.

8. Legal Implications

8.1 The Homelessness Act 2002 requires all local housing authorities in England to publish a homelessness strategy every five years. The draft strategy is compliant with current homelessness legislation.

9. Other Implications

9.1 None

10. Equality and Diversity Implications

- 10.1 Section 149 of the Equality Act 2010 creates the public sector equality duty which requires that when the Council makes decisions it must have regard to the need to:
 - (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 10.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 10.3 The Equality Impact Assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

11. List of Appendices

- 11.1 Appendix A Homelessness and Rough Sleeping Evidence
- 11.2 Appendix B Homelessness and Rough Sleeping Strategy

12. Background Papers

- 12.1 Corporate Policy Development Committee Report and minutes of the meeting dated 9 November 2023
- 12.2 EQiA



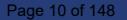
2024 2029

Braintree District Council

Draft Homelessness and Rough Sleeping Strategy



Foreword



Contents

Foreword	2
Executive Summary	4
Introduction	5
About Braintree District	6
Successes	7
Challenges	8
Covid and Everyone In	9
National and Local Influences 1	0
Local Strategies 1	2
Partnerships1	3
The importance of Preventing Homelessness1	4
Our Priorities 1	6
Monitoring the Strategy2	22

Executive Summary

The aim of the Homelessness and **Rough Sleeping** Strategy is to prevent homelessness at an early stage and, where this is not possible, to support homeless households and those in housing need to secure suitable affordable housing.

The data and research gathered from the Homelessness and Rough Sleeping evidence document provides valuable insights into the local homelessness situation in the district, enabling us to comprehend the extent of the issue and, crucially, the specific needs of each household. This knowledge empowers us to offer early intervention and preventative services within the housing sector. By identifying households at risk of homelessness, we can intervene proactively and address their needs in a timely manner.

The aim of this strategy is to work with our partners through shared aims and aspirations to deliver the following strategic priorities.

- 1 Work with partners to prevent homelessness by intervening at the earliest opportunity
- 2 Facilitate the delivery of suitable temporary accommodation for households whom we have a duty to offer accommodation
- 3 Improve access to sustainable accommodation to enable independent living where possible
- 4 Continue to work with partners to prevent and break the cycle of rough sleeping

Introduction:

The government defines 'Homelessness prevention' as providing people with the ways and means to address their housing and other needs to avoid homelessness.

'Homelessness relief' is where an authority has been unable to prevent homelessness but helps someone to secure accommodation.

The pressure on local authorities to find accommodation for homeless families has increased dramatically in recent years. The main underlying cause of homelessness is lack of access to stable, affordable and decent homes.

The Healthy Housing Strategy 2023 to 2028, along with the Local Plan, outlines the districts strategic aim of developing housing. As Braintree District Council does not possess any social housing stock, collaborating with registered providers in our district is crucial.

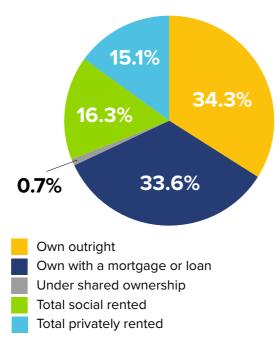
Braintree District Council Draft Homelessness and Rough Sleeping Partnership Strategy | 5

About Braintree District

Braintree District Council Housing Data shows:

- In June 2023 there are 69,186 properties in the district
- 1/3 of all properties in the district have a mortgage or loan
- Nearly 10,000 properties are let within the private rented sector
- Over 10,000 properties are social housing lets
- In 2022 2023 Braintree district let 380 social rents and 188 affordable rents.
- As of June 2023, there are 2387 applicants on the council housing register.
- In 2022 2023, **1179** households presented as homeless.
- For households approaching as homeless, the most frequent age range of the main applicant is between 25 -34 years old.
- The highest rate of household's composition presenting as homeless are single males.
- Between 2021 and 2022, the percentage of households owed a homeless duty, who have a record of mental health issues, stood at 32%. This figure is comparatively higher than the national average for England, which was recorded at 25%.
- **31%** of households who present as homeless in the Braintree District do so due to their accommodation in the private rented sector coming to an end.

Figure 1: Housing Tenure in Braintree District (Census 2021)





Successes

Over the last 5 years Braintree District Council has worked incredibly hard with our partners to achieve the following:

- Received the 'Working in Partnership' award alongside Rough Sleeping Initiative partners in the 2022 Essex Housing Awards for collaborative efforts during the pandemic. Additionally, achieved the second place for the 'Covid 19 Recovery' award.
- Collaborated with partners including Essex County Council, NACRO and Peabody to establish a pathway for rough sleepers and those at risk of rough sleeping. The pathway provides accommodation to help support and develop independent living skills to facilitate those individuals to sustain their own accommodation moving forward. The pathway consists of 6 units of accommodation with shared facilities and on site support.
- The next stage on The Pathway is due to come on stream winter **2023.** This provides the opportunity for residents to move from higher support into 3 self-contained units with light touch support, before moving on to live independently.
- Introduction of the Essex prisoner release protocol: The purpose of the protocol is to reduce the risk of offenders becoming homeless upon release, consequently reducing the risk of re-offending.
- Agreeing an Essex-wide Hospital discharge protocol: The aim is to identify at an early stage any

housing-related issues which may prove a barrier to discharge: reducing the risk of delayed discharge and improving outcomes for patients.

- **Duty to refer:** partners can alert the Housing Options Team easily about a customer at risk of homelessness by using the 'duty to refer' portal on the BDC website.
- Housing team dealing with homelessness hold regular briefing sessions to share knowledge with partners on the legislation and function of the housing allocations policy.
- Rough Sleeper Initiative funding secured March 2019: partnership between Essex County Council, Chelmsford CC, Braintree DC, Epping DC, Maldon DC and **Churches Homeless Emergency** Support Scheme (CHESS). The partnership has subsequently expanded to include a number of other local authorities across Essex.
- Horizon Project is delivered by Pheonix Future. The project secured funding to establish a facility offering on-site support and accommodation in the district for individuals experiencing homelessness or vulnerable to homelessness.
- 1325 affordable properties were complete between 2018 - 2023 The number of newly constructed affordable homes completed in recent years has made a significant contribution to addressing the housing demand in the district.

Challenges

- The affordable rental rates for new housing association homes can reach up to 80% of the market rents, making them higher than social rents. In light of the ongoing rise in rental costs, there is a concern that affordable lets may soon be unaffordable for households receiving full Housing Benefit (HB), Local Housing Allowance (LHA), or Universal Credit housing element (UC).
- Local Housing Allowance (LHA) was frozen across the country in 2020 at the rate of rent in 2018 - 2019. The rising market rents has resulted in affordable rents becoming increasingly inaccessible for households relying on housing benefits or the housing element of Universal Credit to cover their rent.
- The recent rise in mortgage rates may pose challenges for individuals looking to purchase a property. As a result, competition for properties in the private rented sector (PRS) will continue to rise. Landlords in the PRS may face additional pressure to either raise rental prices or exit the market altogether.

- Evidence shows that there is an increasing demand for larger homes (3 bedrooms plus) which are not readily available. The demand is from a variety of cohorts including those as a result of immigration and asylum, legislative changes, and the Domestic Abuse Act 2021 as examples. They have all resulted in a stretch of resources across housing services.
- There are some barriers for individuals with additional and complex needs accessing supported and temporary accommodation in the district.
- There is a limited financial incentive or guarantees to support households to secure housing in the private rented sector.
- There are limited options for move on support from supported accommodation into independent living.
- Delivery of new affordable homes may decline in the current market.

Covid and Everyone In

On Thursday 26 March 2020, during the early stages of the COVID-19 pandemic, the government launched its 'Everyone In' campaign. This required local authorities to take urgent action to house rough sleepers and those at risk of rough sleeping in order to protect public health and stop wider transmission of COVID-19.

Braintree District Council accommodated 33 individuals in response to this

campaign.

Positive longer term accommodation options were secured for the vast majority of those who were accommodated

National and Local Influences:

Links to other Strategies and Frameworks

Under the Homelessness Act 2002. all housing authorities must have in place a homelessness strategy which is renewed at least every 5 years.

There are many strategies, policies, and frameworks both nationally and across Braintree District Council that the Housing Strategies operates alongside: these can be found at Strategy and policy documents -Braintree District Council.

- A 'Levelling Up' agenda stimulating economic activity, investment in infrastructure and promoting community activity
- The National Planning Policy Framework, revised 20 July 2021 sets out the government's planning policy for England and how they will be applied
- A new Fire Safety Act and an emergency Building Safety bill which aims to make provisions about safety and standards of buildings
- A fairer private rented sector This white paper sets out plans to fundamentally reform the private rented sector and level up housing quality in this country.

A Housing White Paper 'Fixing our Broken Housing Market' published by the Ministry of Housing Communities and Local Government in February 2017 setting out the government's plans to reform the housing market and boost the supply of new homes in England

- The Homelessness Reduction Act 2017 ensures that all homeless people will be able to receive advice and assistance from their council, councils must try to prevent people becoming homeless in the first place.
- Health and Social Care Act 2012 each local authority has a duty to take steps as it considers appropriate for improving the health of the people in its area. This includes people experiencing homelessness or at risk of homelessness.
- **Homes England Strategic Plan** 2018-2023 ensuring affordable and sustainable homes are built in areas of greatest need.
- **English Housing Survey Private** Rented Sector 2020-21 is a national survey of property owners and letting agents who own and/or manage privately rented properties in England

- The Climate Change Act 2008 is the basis for the UK's approach to tackling and responding to climate change
- Welfare Reform and Work Act 2016 introduced Universal Credit and made amendments to jobseeker's allowance, employment and support allowance, income support, tax credits, industrial injuries benefit, housing benefit and the social fund
- Everyone In: how to end homelessness in Great Britain 2018
- Social Housing White Paper **2020.** Charter for Social Housing Residents. The charter sets out seven commitments that residents should expect from their property owner
- The Future Home Standards 2021 This consultation set out the government's plans for a new green Future Homes Standard and sought views on changes to building regulations in England to improve energy efficiency and cut carbon emissions in new build homes
- Coronavirus Act 2020 Introduced to provide guidance on the impact of Covid-19 pandemic on the economy, housing, homelessness, and the welfare system

- Domestic Abuse Act 2021 designed to promote awareness of domestic abuse; protect and support victims and their families; transform the justice process to prioritise victim safety and provide an effective response to perpetrators; and to drive consistency and better performance in the response to domestic abuse across all local areas, agencies and sectors.
- The Renters (Reform) Bill, which recently started its progress through Parliament, may also, when introduced, result in further pressures as it is anticipated this may be another cause of landlords exiting the market and will also make it easier for landlords to gain possession in some circumstances.
- Localism Act 2011 came into force in November 2012 and supports the improvement of local housing options. The Act contained some key provisions relevant to homelessness including the power to discharge the full homelessness duty with an offer of private rented accommodation.

Local Strategies and Policies

- Corporate Strategy 2020 2024
- Healthy Housing Strategy
 2023 2028
- Climate Change Strategy 2021 2023
- Economic Growth Strategy
 2023 2028
- Economic Development
 Prospectus 2013 2026
- Digital Strategy 2022 2026
- Local Plan 2013 2033
- Marketing & Communications
 Strategy 2021 2024
- Annual Plan 2023 2024

- Live Well Strategy 2024 2028
- Gateway to Homeschoice
 Allocations Policy July 2022
- Essex County Council 2021 - 2025
- Essex Joint Health & Wellbeing Strategy 2022 – 2026

Partnerships

Braintree District Council has established several significant partnership meetings. These meetings provide a platform for discussing cases through a collaborative forum involving multiple agencies. The aim is to share information and tackle concerns effectively. This approach enables a range of services to intervene and provide support to individuals who are currently homeless or at risk of homelessness. The aim is to prevent homelessness by taking appropriate measures at an early stage.

- Community Safety Hub
- Joint Referral Panel
- Domestic Abuse Sub Group
- Tenancy Sustainment Sub Group
- Disability Working Group

The Corporate Strategy 2020 - 2024Healthy Housing Strategy
2023 - 2028The Local Plan
2033Discuss ConsultationDiscuss ConsultationPigital Strategy
2021 - 2030The Braintree
Climate
Local PlanDistrict live well
Strategy 2019-2023Meighbourhood
PlansDistrict live well
Strategy 2019-2023Neighbourhood
PlansLeveling
District live well
Strategy 2019-2023

Additionally, there are other multi agency meetings which provide an opportunity for the council and partners to discuss national, regional and local influences and trends that may impact the work that is being delivered.

- Homelessness Prevention
 Partnership
- Costing of Living Partnership

There has also been the development of specialist roles across the service.

- Domestic Abuse Specialist
- Mental Health Navigator
- Private Rented Sector & Empty Homes Officer
- Tenancy Sustainment Officer
- Cost of Living Officer
- Ukraine Resettlement Officer
- Health and Wellbeing Manager



The Importance of **Preventing Homelessness**

The conversations around early intervention is well developed and documented, but current prevention efforts often rely on individuals approaching local authorities to seek support.

This has resulted in a weighting towards homeless support, rather than early intervention. In partnership with others, we recognise the need to re-balance with a stronger focus on early intervention around homelessness.

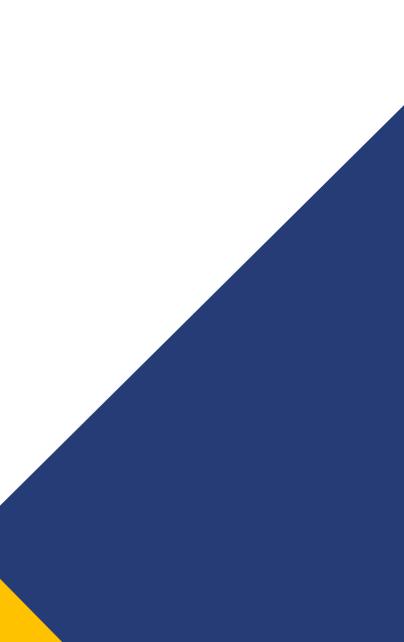
Our research has informed us that cohorts most affected by the costof-living crisis include single person households, lone parents with dependents, and people in later life.

Benefits of early intervention and taking a whole systems approach

- Protects vulnerable residents from becoming homeless, this can include the elderly, the young, those experiencing mental health, substance misuse, physical disabilities and those leaving institutions.
- Promote health and wellbeing as those experiencing homelessness have a higher rate of poor short and long term physical and mental health conditions.
- Preventing homelessness has a positive impact on children's wellbeing and life chances as it supports families to live in stable secure accommodation. This is supported by evidence from the Braintree District Councils Health and Wellbeing which highlights the importance of giving every child the best start in life.
- Promotes stability and helps people be able to continue to work and studying.

- Provides the opportunity to address causes of homelessness and help make sustainable changes.
- Prevention services are cost effective as they cost less than providing emergency services and temporary accommodation.
- Creates healthier connected communities and maintains social support and networks.
- Helps end rough sleeping and homelessness.

Braintree District Council Draft Homelessness and Rough Sleeping Partnership Strategy | 15



Our Priorities

Priority 1

Work with partners to prevent homelessness by intervening at the earliest opportunity.

- **1** Support more households to remain in their home.
- 2 Where this is not possible, help households find a new home as quickly as possible.
- **3** Build knowledge within the community so that support and advice can be offered at the earliest opportunity.
- 4 Reduce risk of households facing homelessness by influencing wider issues in relation to vulnerability to homelessness and the local housing market.

Our ambition is to work with partners to offer advice and support to individuals and families at risk of homelessness at an early stage. In order to accomplish this, it is crucial for us to gain a comprehensive understanding of the factors leading to homelessness in our district.

By using a range of national and local data sources and collaborating with partners, we aim to establish a shared vision for preventing homelessness.

Many households are 'at risk' of homelessness, they may be threatened with eviction or living in insecure tenancies, this is where households live with the worry that their tenancy may come to an end, many live in poor housing conditions or must leave their accommodation due to range of reasons. There are also households who experience 'hidden homelessness', they are not rough sleeping, but they don't have a long term settled place to stay. The reason people present as homeless varies, no two situations are the same.

National and local data shows us that cohorts most affected by the cost-of-living crisis include single person households, lone parents with dependents, and people in later life. Working with people at the earliest possible opportunity is key to preventing homelessness. Understanding our residents is key. In 2022 – 2023, 64% of households who present at the foodbank in Braintree Districts is due to low income, 11% is due to benefit changes or delays.

Between 2022 and 2023, the primary factor for households experiencing homelessness while residing in privately rented sector was due to the landlord intending to sell the property.

From 2018 to 2022, the primary cause for households experiencing homelessness as a result of social rented tenancy was rent arrears due to tenants facing challenges managing their finances or making payments due to the shortfall between their benefits and rent costs.

With the widening disparity between the rental market, local housing allowance, and wages, an increasing number of households face the risk of homelessness. This is especially concerning as it includes individuals who already have low incomes and minimal savings, coupled with higher rates of debt, substance misuse, poor physical and mental health, and relationship breakdowns. Consequently, the ability to secure alternative housing promptly becomes progressively more challenging. Working in partnership to promote and deliver initiatives around finances is crucial. Whether this is employment and skills training to enhance job stability, providing guidance on income maximisation, offering financial assistance and guarantees to help secure housing in the private rental market; or practical support to help form be completed for grants and benefits. The key is knowing what is available in the community and ensuring it is offered at the first sign its required.

Priority 2

Facilitate the delivery of suitable temporary accommodation for eligible households.

- **1** Understand the needs of those presenting as homeless.
- 2 Continue to work with partners to supply suitable temporary accommodation for eligible households to move into.
- **3** Establish suitable temporary accommodation for people with support needs.

In Braintree District, temporary accommodation could comprises of Bed and Breakfast, hostel, hotel, refuge, private or a housing association property. This could be in or outside of the district.

Local authorities are facing mounting pressures on temporary accommodation as a result of various factors. This has led to a growing number of households being placed in Bed and Breakfasts and nightly let accommodations. There is a growing demand to secure such accommodation outside of the local authorities' own boundaries. While this is occasionally necessary for safety concerns, it can unfortunately lead to households becoming separated from their support networks and experiencing isolation.

Priority 3

Improve access to appropriate accommodation.

- Review move-on arrangements with all supported housing providers.
- 2 Support household to access affordable and sustainable housing options which are suitable for their needs.
- **3** Undertake service reviews through co-production (lived experience).

Developing and maintaining robust partnerships with providers who manage supported accommodation is crucial. The Joint Referral Panel (JRP) has successfully placed a significant number of single households in the district.

The JRP provides a gateway for referrals for people with a local connection, to supported (lowerlevel needs) accommodation schemes within the Braintree District.

The aim of the JRP is to ensure that every application made to a supported housing scheme is assessed for eligibility and suitability and provide a forum for all agencies to share appropriate information in the consideration of an application.

The JRP ensures that successful applicants are offered the most appropriate service according to their support need and reduces the number of people moving from one service to another following placement breakdown.

As part of the Healthy Housing Strategy 2023 – 2028, one objective is to improve engagement and work in collaboration with landlords, letting agencies, and other private owners. Further work needs to be undertaken to make the private rented sector a viable and sustainable housing options. We need to strengthen and encourage take-up of suitable accommodation in the private rented sector.

Currently, we are reviewing our financial initiatives to assist households in obtaining housing in the private rented sector. This includes support for individuals and families who may be at risk of losing their private sector tenancy.

Using data and intelligence to make recommendations and evidence led decision on homelessness and rough sleeping is key. But coproduction and actively engaging and listening to those working on the front line and those who have experienced homelessness is crucial. This is to learn what can be done better and it provides insight to what is happening right now. When designing and reviewing services that meet people's needs, there needs to be input from those who have experience.

Priority 4

Continue to work with partners to prevent and break the cycle of rough sleeping.

We will continue to review our policies and work with partners to meet the ambition set out in DLUHC's Ending Rough Sleeping for Good.

- 1 No-one should leave prison homeless or to sleep rough.
- 2 Young people leaving care will receive the support they need to secure and maintain suitable accommodation.
- **3** No-one should be discharged from hospital to the streets.
- 4 No-one who has served in the UK Armed Forces should face the need to sleep rough.
- 5 Review the impact of the new asylum dispersal system on homelessness and rough sleeping.

Housing is critical to the prevention of mental health problems and the promotion of recovery. DLUHC's Ending Rough Sleeping for Good sets the ambition that no one is released from a public institution as homeless. Braintree District with our partners have a series of agreements and policies in place which include The Community Accommodation Service Tier 3 (CAS3), this provides temporary accommodation for up to 84 nights for homeless prison leavers and those moving on from Approved Premises (CAS1) or the Bail Accommodation and Support Service (CAS2), and assistance to help them move into settled accommodation.

Vulnerable veterans across the country will have access to Op FORTITUDE, a new dedicated referral pathway for homeless veterans, including those sleeping on the streets.

Through the 'Ending Rough Sleeping for Good' Policy published in September 2022, DLUHC have for the first-time defined a vision for ending rough sleeping, which is that it is **prevented wherever possible**, **and where it does occur it is rare**, **brief and non-recurrent**.

It is understood that there is a strong connection between homelessness and poor health. Many individuals experiencing homelessness also have various additional needs that make them more susceptible to rough sleeping. Our objective is to establish a solid partnership in order to effectively tackle the root causes of homelessness and rough sleeping.

Monitoring the Strategy

The partnership strategy will be delivered through the Homeless Prevention Partnership (HPP). This meeting takes place quarterly with our partners in the district who are working with those who are homeless or at risk of homelessness. The HPP will lead on the delivery plan which will meet the priorities set out within this strategy.

The strategy will be reviewed regularly to take into account national and local legislative changes as well as ensuring the strategies effectiveness.







2024 2029

Braintree District Council

Homelessness and Rough Sleeping Strategy



Evidence Base V.4

2 I Braintree District Council Draft Homelessness and Rough Sleeping Partnership Strategy Evidence Base V.4

Contents

Introduction4
Scene Setting5
National & Local Influences 6
Homeless Reduction Act9
Preventing Homelessness 17
Cost of living
Health and Homelessness 21
Domestic Abuse
Impact on homelessness on children in homeless households 28
Private Rented Sector (PRS)30
Homeowners
Social Housing34
Gateway to Homechoice
Rough Sleeping39
Temporary Accommodation 41
Braintree Homeless Prevention Partnership 43
Monitoring the Strategy45
Glossary

Introduction

Braintree District Council is revising the Homelessness and Rough Sleeping Strategy 2018 –2023.

This evidence led document provides an in-depth analysis of the trends, drivers, challenges, and opportunities impacting homelessness and rough sleeping in the Braintree District.

Defining Homelessness

Many households are 'at risk' of homelessness, they may be threatened with eviction or living in insecure tenancies, this is where households live with the worry that their tenancy may come to an end, may live in poor housing conditions or must leave their accommodation due to range of reasons. There are also households who experience 'hidden homelessness'; they are not rough sleeping, but they don't have a long term settled place to stay.

This Government reports that they have made the unprecedented commitment to end rough sleeping. For the first time, the government has provided a clear and defined vision for ending rough sleeping¹, which is that it is prevented wherever possible, and where it does occur it is rare, brief and non-recurrent.

Scene Setting

To effectively tackle homelessness and end rough sleeping, Braintree District Council will continue to analyse local, regional and national data and influences and undertake research to establish high quality correlations, trends and insights of our current and future resident and housing needs in our district.

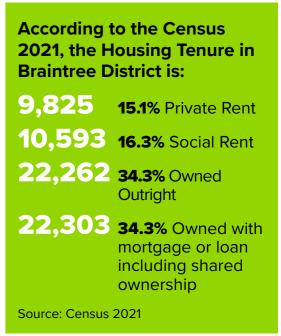




Source: Census 2021



Source: BDC Council Tax



Employment

Data from the annual population survey shows the following employment data for the Braintree Districtⁱⁱ

- Between April 2021 March 2022 the employment rate in the Braintree District (85.8%) was much higher than the UK (75.1%) and Essex (79.2%) rates.
- 85.8% is the highest employment rate Braintree has seen since at least 2004.
- Employment rates are consistently much higher than UK and Essex rates and higher than many regions nearby including Chelmsford, Colchester, Cambridge, and Epping.

National and Local Influences:

National impacts on homelessness:

- **Rising cost of housing.** Rent levels are influenced by market dynamics and are not subject to any form of price control. However, it is important to acknowledge the growing disparity between rental costs and the local housing allowance which has led to a greater number of households now facing a heightened risk of homelessness. This situation arises from a combination of factors, including low-income individuals with limited or no savings, rising unemployment rates, overwhelming debt, poor physical and mental health, as well as relationship breakdowns. Consequently, the challenge of securing alternative housing options in a timely manner grows increasingly complex.
- Local Housing Allowance (LHA). LHA rate is the maximum amount of housing benefit which can be claimed to help tenants pay their rent. When first introduced in 2008, the rate was calculated to cover rent for the cheapest 50% of the housing market in a household's local area, known as 'Broad Rental Market Area'. Since 2011, the rate has been reduced to cover only the bottom 30% of the local housing market, reducing the pool of properties available to those on low incomes.

- Benefit Cap. The benefit cap sets limits on the total amount of benefit a household can receive. As the cost of living continues to rise, the benefit cap is presenting increasing challenges for people attempting to transition out of homelessness.
- Universal Credit (UC). UC was introduced in 2013 to streamline benefits. Many claimants who previously had Housing Benefit paid directly to their landlord, are now responsible for paying rent from a monthly budget under Universal Credit. With the cost of living, increase in rents, many households are falling into arrears, raising concerns about eviction and homelessness. Claimants need to have a bank account and be able to use a computer or smartphone. As the DWP is shutting more job centres, it is making it harder for some of the most vulnerable groups to access benefits.
- Increased interest rates. Due to the increased rise in interest rates, landlords are leaving the market, thereby adding additional pressure on the private rented sector.

- Affordable rents. (which are higher than social rents) are usually charged for all new social housing. Some housing providers also 'convert' properties from social rent to affordable rent when they become vacant. This raises money to invest in new affordable housing.
- Bill The Renters' (Reform) Bill represents the fulfilment of the Government's 2019 manifesto pledge to eliminate section 21 'no fault' evictions. This legislation will bring about substantial transformation in the private rented sector. The bill aims to provide tenants with the confidence to address problematic landlords, secure in the knowledge that their housing will not be jeopardised. However, it is worth considering that it might also lead to an increase in landlords exiting the market prior to its implementation.

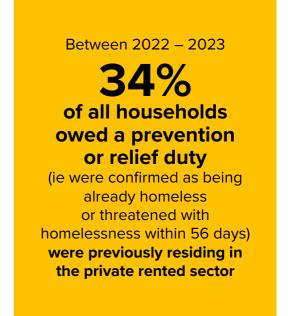
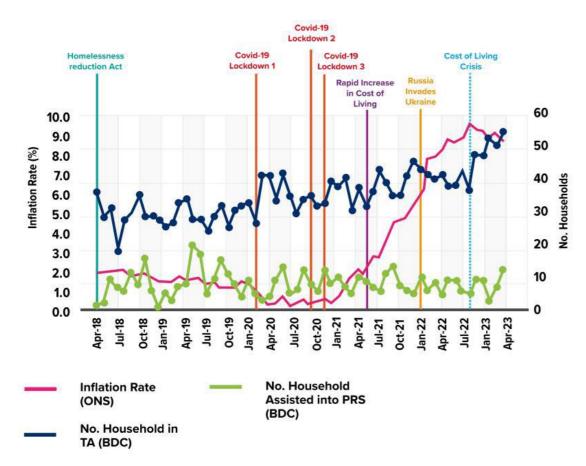


Figure 1: National influences, number of households in Braintree District in temporary accommodation and the private rented sector at the end of each month



Sources: BDC - Households on TA and PRS ONS, Cost of living latest insights - Inflation Rate

Figure 18 captures national influences and factors which affect homelessness between April 2018 – March 2023.

The data shows a steady flow of households entering the private rented sector over the last 5 years. The number of households in temporary accommodation has steadily increased over the past five years, especially since the cost-of-living crisis and inflation rise.

Homelessness Reduction Act (HRA)

Part 7 of the Housing Act (1996) sets out the definition of homelessness, and the duties that local authorities owe to applicants who are accepted as being homeless or threatened with homelessness.

In 2018 the Government published its Rough Sleeping Strategy delivery plan which stated that all local authorities must update their homelessness strategies and rename them as homelessness and rough sleeping strategies. The Strategies must be made available online and submitted to the Department for Levelling Up, Housing and Communities.

The Homelessness Reduction Act (2017) made significant changes to the Housing Act (1996) and placed a number of new duties upon local authorities. Local Authorities have a duty to work with all households for 56 days to try to prevent homelessness, including the production of:

- a detailed Personal Assessment; and
- a Personal Housing Plan (PHP) which must be kept under review

There is a duty to work with **all** households for a further 56 days to try to relieve homelessness irrespective of priority need. Households can approach any Local Authority, the duty is to help secure accommodation that has reasonable prospects of being available for at least 6 months.

A homeless application is triggered at a threat of losing accommodation within 56 days (previously 28 days)

Stage 1 – The application and assessment of the test of eligibility and whether the applicant is homeless or threatened with homelessness within 56 days

Stage 2 – The prevention stage – to take reasonable steps to help the applicant from losing accommodation.

Stage 3 – The relief of homelessness stage – to take reasonable steps to help the applicant find somewhere else to live.

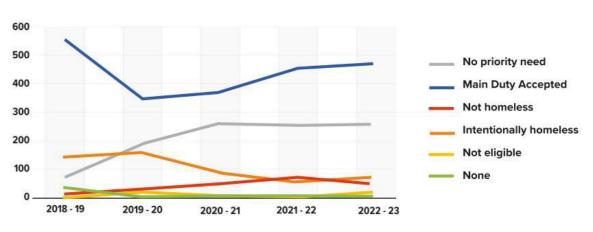
Stage 4 – The final main duty owed for those in priority need and not intentionally homeless.

In Braintree District Council, the Housing Operations Team operate a Triage model through Housing options advice which is in place to prevent homelessness. A Triage Officer makes an initial assessment to anyone who approaches the local authority who is or may become homeless and is eligible for assistance. At this point, essential information is obtained to make an initial assessment. The officer will assess whether they can work to resolve the issue with the household. Advice and support are offered which may include mediating with family, liaising with the landlord and referring to agencies for support.

Figure 2: Number of homelessness approaches to Braintree District Council each year

Year	Total
2018-19	1423
2019-20	1497
2020-21	1222
2021-22	1221
2022-23	1179
Total	6542

Source: BDC Housing Data



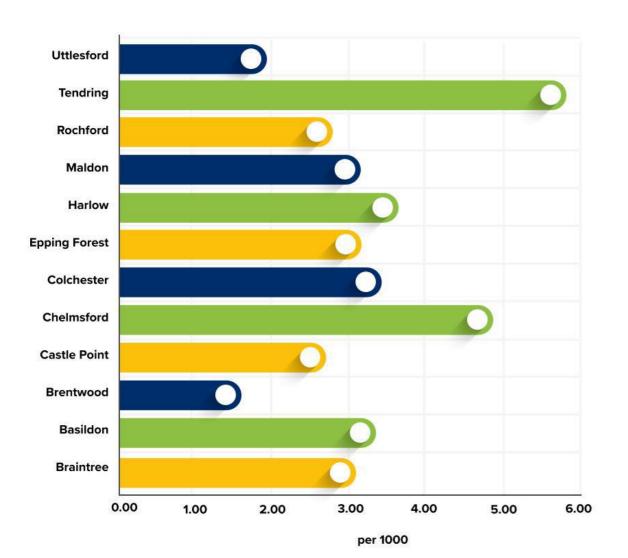
Source: BDC 2023

The number of 'main duty accepted' outcomes have continued to increase since 2019 – 2020. The number of 'intentionally homeless' outcomes decreased between 2019-20 and 2021-22 as a result of court action and evictions being delayed due to the pandemic. This indicates that although there are less homeless approaches to the council each year, there are more households being owed the main duty.

When financial circumstances put accommodation at risk, Braintree **District Council offers support** to residents by assisting them in applying for financial aid through discretionary housing payments, help complete benefit checks, guide them towards potential grants and help with income maximisation, which could include a referral to an employment officer. Additionally, loans for rents in advance and/or deposits can be offered. However, all loan applications will undergo evaluation for affordability, suitability of the accommodation, and risk, and final decisions will be made by a Housing Options Team Manager at their discretion.

Figure 3: Main Duty Outcomes 2018 - 2023

Figure 4: The total number of households assessed and owed a homelessness duty across Essex



Source DLUHC 2021 - 2022

Maldon, Epping Forest and Braintree have similar numbers of homelessness per 1,000.

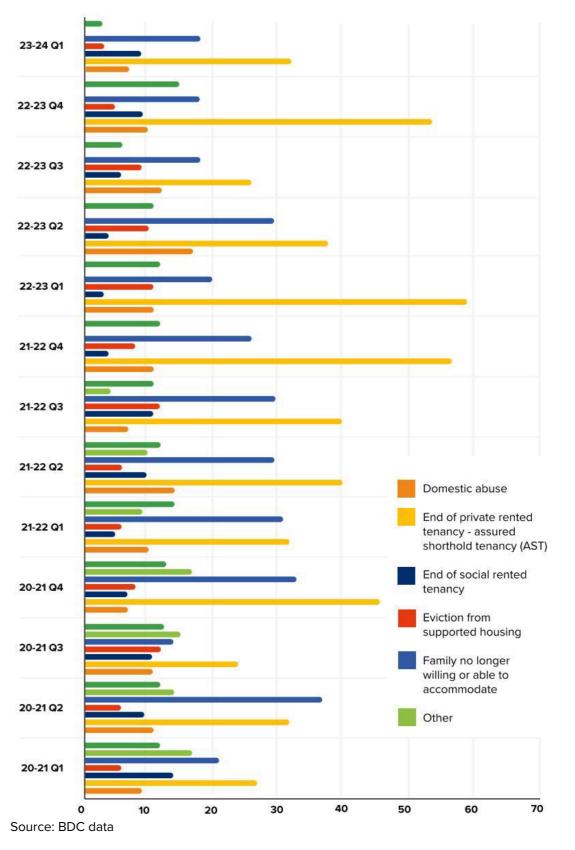
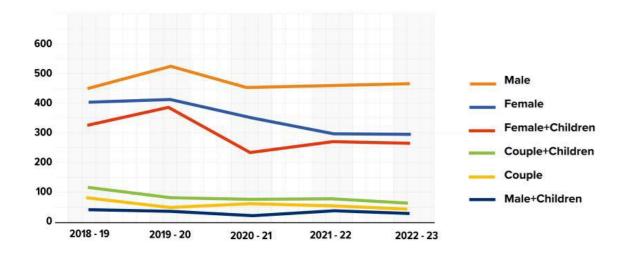


Figure 5: The main reason for the loss of settled accommodation when households present as homeless in the Braintree District

End of AST and social rented are the main reason for loss of settled accommodation.

Nationally, Government statistics show the number of households evicted by bailiffs due to a Section 21 eviction, which allows a tenant to be evicted without a landlord giving a reason, has surged 116 per cent in a year. End of private tenancy is consistently the main reason that households lose their tenancy in Braintree.

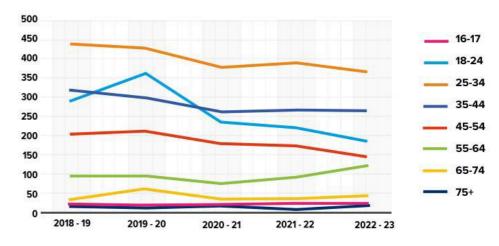
Figure 6: Number of approaches by household composition.



Single males are consistently the highest household to present as homeless.

Single females presenting as homeless has reduced over the last 5 years. Studies that have been undertaken on female homelessness indicate that women face unique challenges in experiencing homelessness compared to men. In several instances, female homelessness tends to remain concealed, primarily for safety concerns.

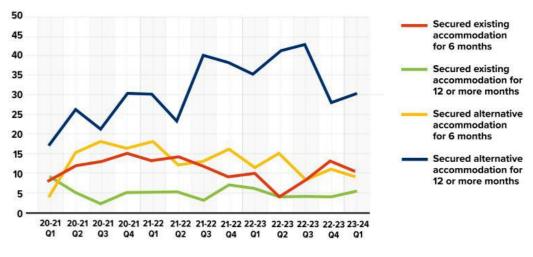




Source: BDC, 2023

When the number of approaches are analysed by age groups, during 2018-19 to 2022-23, the 55-64 age group increased, with the largest relative increase being for the 65-74 age group. The other age groups saw a reduction in the number of approaches with the largest fall in the 18-24 age group.

Figure 8: The top 4 reasons the prevention duty ended



Source: BDC, 2023

The most common type of accommodation outcome was registered provider (also known as social housing) and the private rented sector.



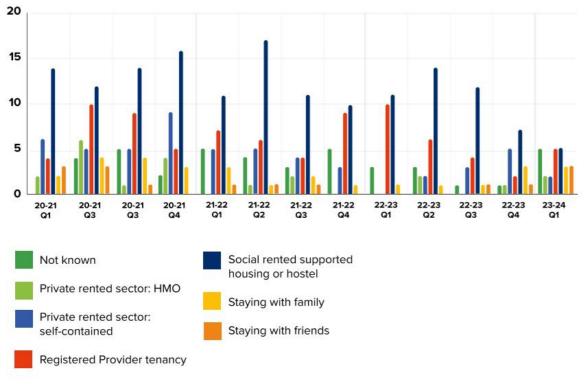
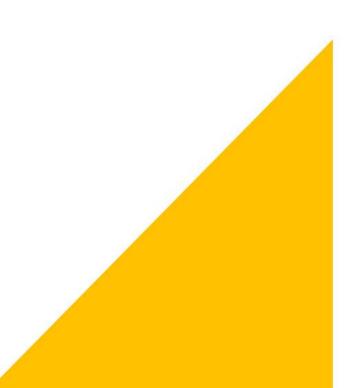


Figure 9: The top 7 accommodation outcomes following relief activity



Social rented supported housing or hostels are experiencing a decline as the main accommodation outcome. At the beginning of 2023-2024, the number of social rented supported housing or hostels decreased significantly compared to the past three years. Conversely, the number of individuals staying with friends has increased, reaching similar levels observed during the Covid lockdown, surpassing the figures of the previous two years.

The number of those 'Staying with friends' is higher than the previous two years and is now similar to levels during the Covid lockdown.



Preventing Homelessness

Why is it important to prevent homelessness?

There are multiple reasons why it is imperative that joint work is undertaken at the appropriate stage to reduce homelessness. Focusing on people 'at-risk' of homelessness provides the opportunity to intervene at an early stage ^{IIIIV}

- Wellbeing: Homelessness is linked to poor physical and mental health outcomes for all members of the household. The stress that goes with losing a home is immense, exposure to homelessness damages physical and mental health. Preventing homelessness means preventing distress and trauma.
- Human Cost: There are multiple costs to the person being made homeless, losing belongings or paying for storage. Having to move away from support, family, work or school can lead to a breakdown of social and support networks.
- More effective use of our efforts and resources. It is easier to prevent someone from experiencing homelessness, than it is to get somebody out of homelessness

- Financial Cost: The cost of temporary accommodation and emergency service is considerable, this money could be used to prevent households from becoming homeless and lead to cost savings in the future.
- Protecting the vulnerable: For individuals who are young or those who have preexisting physical or mental health challenges, experiencing homelessness can contribute to heightened health concerns and greater vulnerability to instances of violence.
- Reduce crime and anti-social behaviour: Some people experiencing homelessness can be associated with criminal activity, anti-social behaviour and substance mis-use which has an impact on the wider community.

There are many homeless prevention models used across a variety of services. Most local authorities work in all stages of prevention. Homelessness is an extremely complex issue, to work towards ending homelessness is working in a co-ordinated, systemic, evidence led approach.

Cost of Living

The cost-of-living crisis has made it increasingly difficult for low-income households to keep up with their outgoings. Many households are reliant on benefits, have one parent employed or parents in either low paid jobs or zero hour contracts. This instability is exacerbated by multiple debts and rising costs of food, rent, bills and petrol.

4.3 million children live in poverty in the UK which equates to 3 in 10 children^v.

A longitudinal study by UCL researchers shows that children born into the poorest fifth of families in the UK are 12 times more likely to experience a raft of poor health and educational outcomes by the age of 17 compared to more affluent peers^{vi.}

Moving house frequently can occur because of the family experiencing financial difficulties. Families living within the private rented sector can move up to four times more than families living in owned properties^{vii}. There is an association between moving more frequently and poor self-rated health.

A report by Essex County Council on Tax Vulnerability Index concludes that Cohorts most affected by the cost-of-living crisis include single person households, lone parents with dependents, and people in later life.

Deprivation

In 2015 Braintree District ranked 194 out of 317 local authorities ^{viii}, and in 2019 the rank was 203 indicating an above average position. However, the district has some contrasts, with the three most deprived wards being in the 20% most deprived areas in the country and two of the three least deprived wards being in the 10% least deprived wards in the country:

Most deprived wards

- 1. Bocking South
- 2. Braintree Central & Beckers Green
- 3. Halstead Trinity and Bocking North (joint 3rd)^[I]

Least deprived wards

- 1. Great Notley and Black Notley
- 2. Bumpstead
- 3. Kelvedon and Feering [ii]

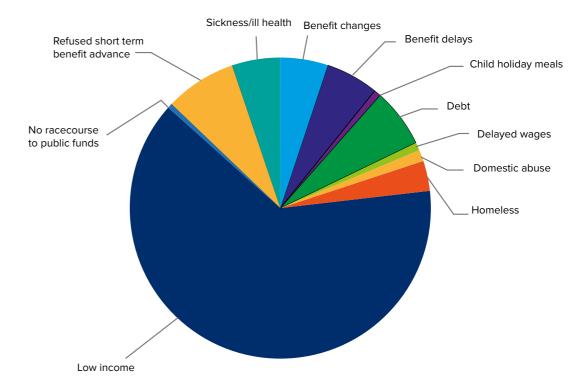
Food Poverty

In the 2021-22 period in the uk, there was a significant increase of 37% in the total number of food parcels distributed by foodbanks across the UK. Children accounted for 38% of the individuals who received these parcels.

Braintree Food Bank

In the Braintree district, the increase in the total number of distributed parcels was even higher at 66%, making it the largest increase in at least the past five years. Furthermore, the proportion of children receiving food parcels in the Braintree district exceeds the national average, comprising 45% of the total individuals supported.

Figure 10: Reasons household present at Braintree Foodbanks in 2022 – 2023



The top three areas in Braintree using foodbanks are Braintree Central & Beckers Green (15.4%), Bocking South (10.8%) and Braintree South (8.2%)

64% of households who present at the foodbank in Braintree Districts (remove s) is due to low income, 11% is due to benefit changes or delays. New claimants for Universal Credit must wait five weeks for their first payment, (add comma) potentially compounding existing problems with debt and rent arrears, as many claimants do not have savings to support them during this waiting time.

Fuel Poverty

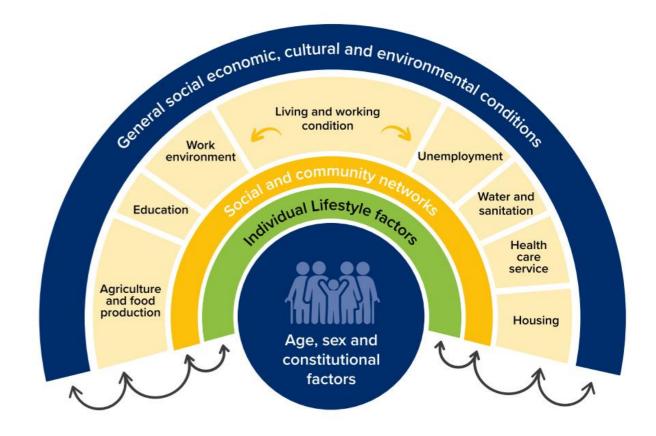
'Fuel poverty relates to households that must spend a high proportion of their household income to keep their home at a reasonable temperature'x

Across all households in Essex, 12% of residents are pushed below the poverty line due to the cost of heating their home. In Braintree District, this is higher than the Essex average, with approximately 13% of residents impacted by fuel poverty related to the costs of running their home.

In Braintree district there are 16,180 households (or 25% of households) on non-mains gas. Non-mains gas users pay the highest bills in Essex, and they have experienced the highest proportional increases in their bills so far.

Health and Homelessness

Figure 11: Wider Social Determinants of Health



The independent Marmot Review (2010) said housing is a 'Social determinant of health'. The wider determinants of health are a diverse range of social, economic and environmental factors which influence people's mental and physical health^{xi.}

Health and homelessness are interlinked. Feeling secure in your home provides you with stability. Longer tenancies, secure, settled,

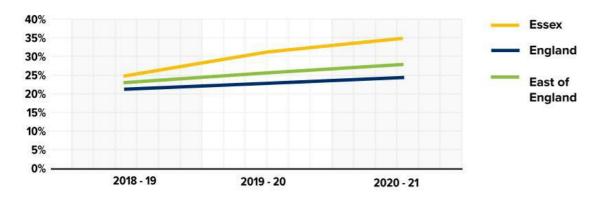
and affordable housing help to embed communities, build a sense of belonging, reduce isolation, and improve wellbeing.

Being threatened with homelessness is a stressful experience, linked to psychological distress and depression. Fear of becoming homeless, can also result in ill health or exacerbate existing health conditions.

In his report Health Equity in England: The Marmot Review 10 Years On (2020) Sir Michael Marmot states that: Poor-quality housing harms health and evidence shows that exposure to poor housing conditions (including damp, cold, mould, noise) is strongly associated with poor health, both physical and mental. The longer the exposure to poor conditions, including cold, the greater the impact on mental and physical health'. The report goes on to say 'In terms of mental health impacts, living in non-decent, cold or overcrowded housing and in unaffordable housing has been associated with increased stress and a reduction in a sense of empowerment and control over one's life and with depression and anxiety'.

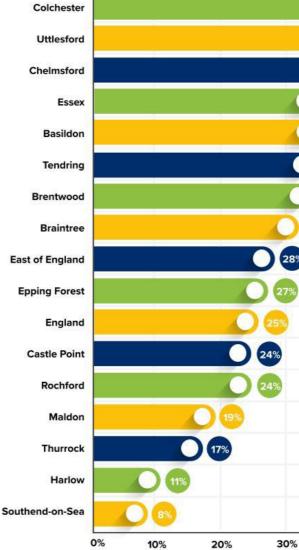
Research has shown considerable disparities in the physical and mental health of individuals who have experienced homelessness when compared to the general population.

Figure 12: The % of households regionally and nationally owed a homelessness duty with a history of mental illness



Source: MGCLG Statutory homelessness detailed local authority level tables

Figure 11 illustrates an upward trend in the number of households encountering homelessness and experiencing mental illness. It is worth noting that mental health issues are more common among individuals without a stable housing situation compared to the general population.



a history of mental illness.

Source: MTVH (2021) Final Evaluation of the Essex Mental Health Tenancy Sustainment Pilot Project See Physical Environment JSNA Topic for information on housing and housing affordability

Definition: Households owned a homelessness duty with history of mental health issues as a proportion of all households owned a duty

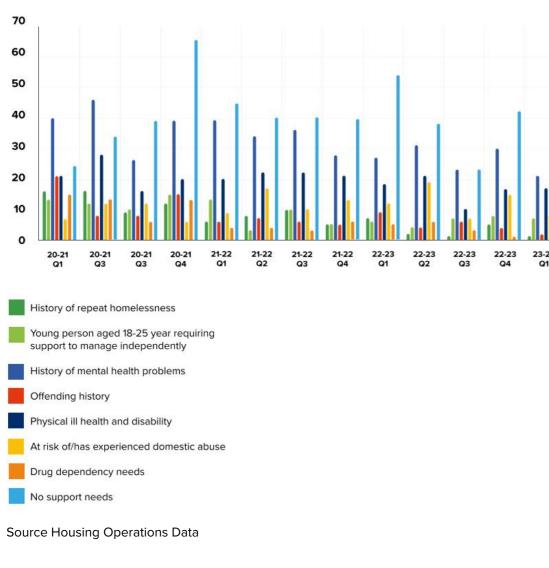
Specifically, in the year 2020-2021, Essex observed that approximately 35% of households owed a homeless duty had a background of mental health challenges. Similarly, in the Braintree district, this percentage

		52	%
	0	44%	
A		2%	
	5%		
	5%		
34	%		
339	6		
32%			
•			
	40%	50%	

Figure 13: The % of households owed a homelessness duty who have

stood at 32%. Both these values exceed the average for England, which was recorded at 25%.

Figure 14: Support needs for those with an Assessed Need of 'Already homeless - Relief Duty owed' or 'Threatened with homelessness - Prevention Duty owed'.



The highest numbers have consistently been 'History of mental health problems', 'Physical ill health and disability' and 'No support needs'.

The 'History of mental health problems' need peaked in 2019-20 Q2, but whilst still showing significant numbers, is steadily reducing.



Domestic Abuse

The Domestic Abuse (DA) Act, which was signed into law in April 2021 places a duty on local authorities in England to provide support to victims of domestic abuse and their children.

The Domestic Abuse Act has expanded the eligibility criteria for priority need for homelessness assistance to include single individuals or households with nondependent children who have been forced to leave their homes due to fleeing domestic abuse. As a result of this legislation, adjustments have been made to the sub-regional Allocations Policy and procedure.

These changes ensure that BDC, takes all necessary measures to provide priority assistance to eligible homeless victims of domestic abuse. This includes providing temporary accommodation while actively seeking a direct let, rather than simply granting a band A award, and allowing them to remain in their current tenancy, which may still pose a risk to their safety.

A Sanctuary Scheme is a collaborative initiative involving multiple agencies. The purpose is to support households who have experienced domestic abuse to be able to continue living

in their own homes through adding safety measure to the property, this is to increase safety and prevent further occurrences. In 2021 – 2022, Braintree District Council received 23 referrals, and a further 12 referrals between 2022 - 2023. In July 2022, Housing Services recruited a Specialist Domestic Abuse Officer, this role co-ordinates the Sanctuary Scheme referrals and provides specialist advice to staff and survivors of Domestic Abuse.

National statistics on **Domestic Abuse**

Mental Health Foundation shows that there has been an increase in homeless approaches to the local authorities for those seeking assistance due to DA in Southend. Essex and Thurrock. These figures related only to official reports of violence

- According to Office of National Statistic 2014 xv, 1.2 million women and 700,000 men experience domestic violence each year xvi
- According to a government report, the estimated social and economic cost for victims of domestic abuse in England and Wales for the year ending March 2017 is approximately £66 billion. On average, the cost to respond to these incidents per victim is £34,015, and in cases of domestic homicide, the cost can reach up to £2.2 million.

- Research^{xviii} suggests that women experiencing domestic abuse are more likely to experience mental health problems. In contrast, women with mental health problems are more likely to be domestically abused, with 30-60% of women with mental health problems have experienced domestic violence.
- Exposure to domestic violence has a significant impact on children's mental health. Many studies have found strong links between poorer educational outcomes and higher levels of mental health problems.xix

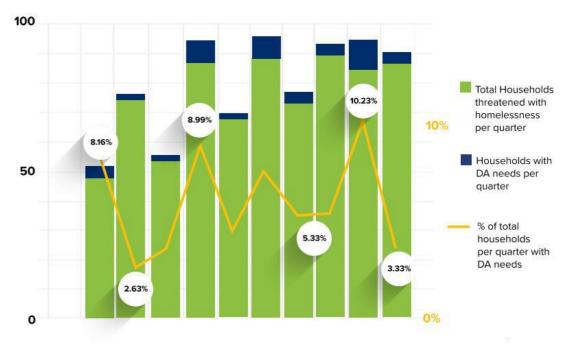
Between 2018 – 2023, in **Braintree District, there** have been a total of 256 domestic abuse related reasons for loss of settled home.

DA Support Need

Total Households

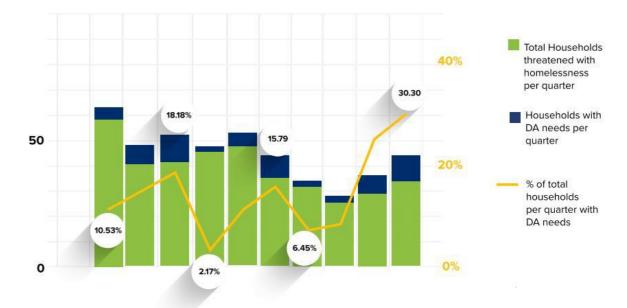
Needing Assistance

Figure 16: Increase % where homelesness is prevented or reviewed



Source: SETDAB Southend, Essex & Thurrock Domestic Abuse Behaviours 2023

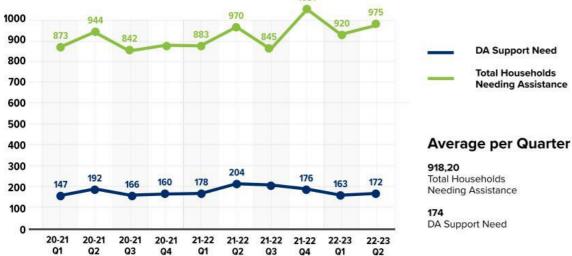
Figure 17: Increase % where homelesness is prevented or reviewed (homeless households)



Source: SETDAB Southend, Essex & Thurrock Domestic Abuse Behaviours 2023

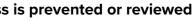


Figure 15: DA Support Need and Total Households Needing Assistance by Number



Data from Southend, Essex & Thurrock Domestic Abuse Board SETDAB from 2023 shows the following trends in households threatened with homelessness and who are homeless experiencing DA compared with households who are not experiencing DA ^{xx}.

Source Southend, Essex & Thurrock Domestic Abuse Board SETDAB 2023



Impact of homelessness on children

The latest government data shows there are 125,760 homeless children living in temporary accommodation with their families in England today – a 67% rise in 10 years^{xxi}.A family becoming homeless means a stable environment is not provided for a child to be able to grow up safely and securely in order to thrive^{xxii}.

Shelter undertook the largest survey on experiences of more than 800 homeless families with 1,600 children ^{xxiii}. Shelter's report exposes the devastating impact this constant disruption is having on families lives, including on their children's education and ability to work.

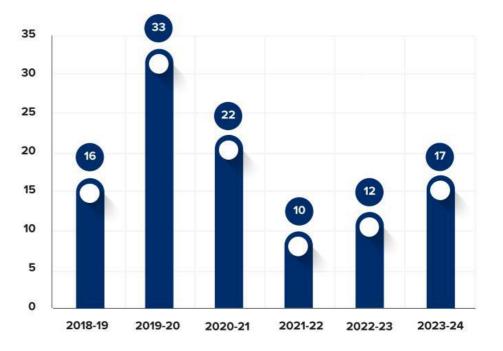
- This research found that more than a quarter of households (27%) were moved into temporary accommodation more than an hour away from where they used to live.
- Families living in temporary accommodation are often required to move numerous times at short notice.
- Over a fifth (22%) of homeless children have to move school multiple times as a result of living in temporary accommodation

- Over half (52%) of homeless children of school age have missed days of school as a result of living in temporary accommodation, of these, over a third (37%) have missed more than a month of school. Almost half (47%) of families with school age children have been forced to move schools as a result of living in temporary accommodation.
- 6 in 10 (62%) households were given less than 48 hours' notice when they were last moved between temporary accommodation placements.
- 1 in 10 (11%) said they have had to stop working altogether as a result of living in temporary accommodation.

A report from Action for Children reports that family breakdown is the main reason for young people presenting as homeless. A high percentage of young people report anxiety and depression around their housing xxiv

During the pandemic, 18 – 24-yearolds were the only age group who saw an increase in statutory homelessness xxv. This is due to the increase on family breakdowns during the pandemic and that staying with friends and families was no longer an option. In his report **Health Equity in England: The Marmot Review 10 Years On (2020)** Sir Michael Marmot states that: 'Children living in overcrowded homes are more likely to be stressed, anxious and depressed, have poorer physical health, attain less well at school and have a greater risk of behavioural problems than those in uncrowded homes.

Figure 18: Number of care leavers who have approached at homeless to Braintree District Council.



Source Braintree District Council 2023

Care Leavers

Department for Levelling Up, Housing and Communities (DLUHC) shows that 26% of the homeless population in England had spent time in care.

Often looked after children are placed out of area, which means minimal or no support network.1/3 of care leavers become homeless in the first 2 years immediately after they leave care ^{xxvi.}

Private Rented Sector (PRS)

Around 4.4 million households live the private rented sector in England, alongside 340,000 in Scotland and just over 200,000 in Wales. In Braintree District, 10,593 properties are privately rented, 16.3% of all properties in the district.

Rent in privately rented properties in the UK has reached its highest level on record and shows no signs of decreasing in the near future. The private rented sector is currently the most expensive housing option compared to other tenures. According to Rightmove, rents outside of London increased by nearly 10% in 2022. The Office for National Statistics also reported a 4.8% increase in private rental prices paid by UK tenants in the year leading up to February 2023.

Renting a private property may not be feasible for everyone due to high demand and limited availability. Prospective tenants relying on universal credit and limited by LHA rates face additional challenges. Additionally, letting and estate agents often impose administration fees, increasing the overall costs of relocating.

Properties in the private rented sector are more often in poor conditions. According to the English Housing Survey (EHS), approximately 23% of homes within the private rented sector did not meet the Decent Home Standard in 2021, totalling roughly 1 million homes. In comparison, only 13% of owner-occupied homes and 10% of social-rented homes shared similar conditions ^{xxviii}.

Many tenants experience significant concerns and anxiety regarding eviction, often due to a lack of awareness about their legal rights. Recent government data reveals a substantial 116% increase in the number of households being evicted by bailiffs under Section 21, a provision that enables landlords to evict tenants without providing a specific reason. Nationally, between January and March 2023, a total of 2,252 households in England had their homes repossessed through Section 21 notices, more than double the figure of 1,045 in 2022. To help address this issue, the government has introduced the Housing Loss Prevention Advice Service, an initiative offering free legal advice to individuals facing eviction or repossession. This service was launched in August 2023.

This bill will empower renters to challenge poor landlords without fear of losing their home. The Renters' (Reform) Bill represents a significant transformation for the private rented sector, marking the fulfilment of the Government's 2019 manifesto pledge to eliminate section 21 'no fault' evictions ^{xxxi}. This legislation will provide renters with the ability to address issues with landlords who are not meeting their obligations, while ensuring that they are not at risk of losing their homes.

The new Bill also protects over two million landlords, making it easier for them to recover properties when they need to for example, if they want to sell their property, move in a close family member, or when tenants wilfully do not pay rent. Notice periods will also be reduced where tenants have been irresponsible such as breaching their tenancy agreement or causing damage to the property. There are concerns that when the bill is introduced, it may result in landlords exiting the market.

Main reason for loss of assured shorthold tenancy

The Government's statistical tables for England for the period October – December 2022 show that end of private rented Assured Shorthold Tenancy (AST) was the most common reason for households being owed a prevention duty, accounting for 11,790 or 37.1% of households^{xxxii.}

In Braintree District in 2022-23 the main reason for loss of assured shorthold tenancy:

- **1** Landlord wishing to sell the property – 43%
- 2 Other 20%
- **3** Landlord wishing to re-let the property – 9%

Top 3 reasons for loss of assured shorthold tenancy over 5-year period

Top Reasons	2018-19	2019-20	2020-21	2021-22	2022-23
1	Landlord wishing to sell or re-let the property	Landlord wishing to sell or re-let the property	Landlord wishing to sell or re-let the property	Landlord wishing to sell the property	Landlord wishing to sell the property
2	Other	Other	Other	Landlord wishing to sellor re-let the property	Other
3	Rent arrears due to tenant difficulty budgeting or tenant making other payment(s) or due to shortfall between benefit and rent	Rent arrears due to change in personal circumstances	Rent arrears due to change in personal circumstances	Other	Landlord wishing to re-let the property

Source: BDC, 2023

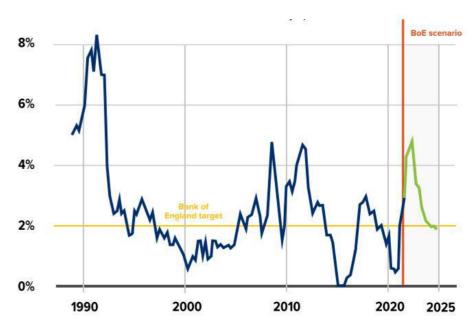
Various research shows that households with children in the private rented sector are more likely to have moved home multiple times^{xxxiii} and children in poverty are more likely to have experienced multiple housing moves. Moving more frequently is associated with poorer long term health outcomes for both adults and children. One explanation for this relationship is that moving involves interruptions in social, educational and economic opportunities.

Homeowners

Mortgages

Currently, interest rates are at their highest level since 2008, which has resulted in a period of uncertainty for individuals seeking a mortgage, including those with variable rate mortgages or those looking to renew their existing mortgage.

Figure 19: Office of National Statistics Inflation Prediction



Source: Bank of England, Office of National Statistics

Inflation is expected to peak at 5% by April 2023 consumer price index by quarter

In Essex there are an estimated 37,000 households with an outstanding mortgage exceeding £250,000. According to the Census 2021, there are 22,303 properties, which equates to 34% of properties in Braintree District which are owned with a mortgage or loan.

Social Housing

According to the Census 2021, 9,825 properties in Braintree District are social rents, that equates to 15.1% of all properties within the district.

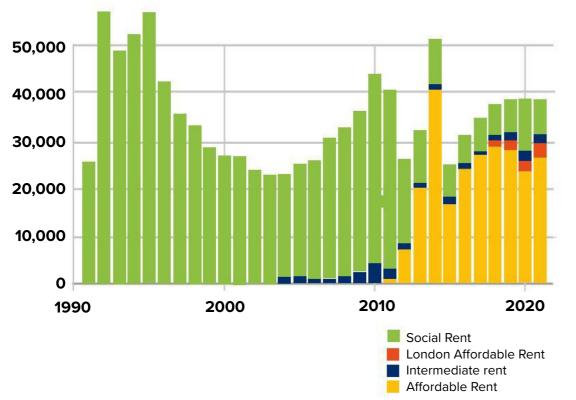
There are several forms of affordable housing options in the district. Social housing can be let at social or affordable rent levels.

Social Rent: Historically this is known as council or housing association homes where households are prioritised on their needs. Rent is generally the most affordable, as rent is based on a formular using local income and property values.

Affordable rent: Higher rents can be charged in these properties which can be up to 80% of local market rents. Affordable rents are usually charged for all new social housing.

A report by the BBC shows the reduction in social rents to affordable rents across England.

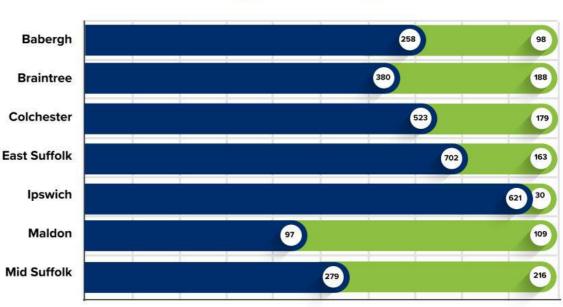
Figure 20: Social Rent being replaced by Afforbable Rent



Source: New affordable housing for rent in England, 1991-2022

As shown in fig 22 in 2022 - 2023 in Braintree district a third of properties let were affordable rent. Braintree district let 380 social rents and 188 affordable rents.

Figure 21: Total number of properties let in each Local Authority in 2022-23 split by type of rent



Source Gateway to Homechoice Annual Report 2022 – 23

Braintree District Council Draft Homelessness and Rough Sleeping Partnership Strategy Evidence Base V.4 | 35

Social rent

Gateway to Homechoice

Braintree District Council is a local government authority that does not own any housing properties. Instead, these properties were transferred to Greenfields Community Housing (now called Eastlight Community Homes) in 2007. Braintree Council seeks to support the build of affordable housing through The Local Plan.

The Gateway to Homechoice is a system that allows individuals to choose from available social housing properties. These properties are advertised in the Local Authority areas of Babergh, Braintree, Colchester, East Suffolk, Ipswich, Maldon, and Mid Suffolk. The scheme provides a single access point for customers to apply to the housing register of any Local Authority and be considered for available properties in any of the participating areas. Gateway to Homechoice facilitates household mobility, enabling households to register with the district in which they currently reside or desire to reside if they are from outside the scheme's designated area. After registration, households can submit 'bids' for housing options across the seven local authority areas.

In the 2022-2023 period, Gateway to Homechoice facilitated the relocation of 61 households into the Braintree district, while 40 households moved outwards. Braintree ranks among the top three districts where inward cross-boundary movement exceeds outward movement by a significant margin of one-third.

In 2022 – 2023 in Braintree District, there were 2254 active applicants on the register waiting for social housing, and 568 households were housed.

Figure 22: 'Active Applicants' data by Band as of 1st April 2023

Number of households	Banding
78	А
308	В
326	С
90	D
1435	E

Source Braintree District Council 2023

About 'Bands'

When someone applies for housing, the urgency of their application is assessed in line with the Allocations Policy. Applications are placed in 'Bands' from A to F, depending on the level of need. The main categories of need for each band are summarised below.

Band	Main categories of need
Α	Critical medical/welfare awar
	Downsizing from 3 bedroom of the second
	Nominations from supported move-on arrangements
В	Serious medical/welfare awar
	 Downsizing from 2 bed social
	 Any homeless duty cases and can be prevented
	Overcrowding in social or priv
с	Moderate medical/welfare aw
	'Prevention' or 'Relief' homele
	Homeless households not in
	People sharing facilities with a
D	 Applicants whose needs have need but whose application h Examples include people with with a poor tenancy history (e action)
E	People with no immediate new
F	 Applicants registering for sche an assessment on care needs housing schemes).

d

- or larger social housing property
- housing providers with agreed

rd

- I housing property
- d some cases where homelessness
- vate rented housing

/ard

- ess applicants
- 'priority need'
- other households or lacking facilities

ve been assessed as having a higher has been given reduced preference. In no local connection and households e.g. arrears, current or previous eviction

ed to move

nemes where qualification is based on Is (such as 'Extra Care' or 'Very sheltered'

2022-23 Evictions from social rented tenancy in **Braintree District**

The following reasons are the main reasons why households are evicted from their social rented properties:

- 1. Other 43%
- 2. Rent arrears due to tenant difficulty budgeting or tenant making other payment(s) or due to shortfall between benefit and rent – 24%
- 3. Breach of tenancy, not related to rent arrears - 14%

Source BDC data

-	op 5 reasons for loss of assured social rented tenancy over 5 year period				•
Top Reasons	2018-19	2019-20	2020-21	2021-22	2022-23
1	Rent arrears due to tenant difficulty budgeting or tenant making other payment(s) or due to shortfall between benefit and rent	Rent arrears due to tenant difficulty budgeting or tenant making other payment(s) or due to shortfall between benefit and rent	Rent arrears due to tenant difficulty budgeting or tenant making other payment(s) or due to shortfall between benefit and rent	Rent arrears due to tenant difficulty budgeting or tenant making other payment(s) or due to shortfall between benefit and rent	Other
2	Rent arrears due to change in personal circumstances	Rent arrears due to change in personal circumstances	Rent arrears due to change in personal circumstances	Tenant Abandoned property	Rent arrears due to tenant difficulty budgeting or tenant making other payment(s) or due to shortfall between benefit and rent
3	Rent arrears following changes in benefit	Other	Breach of tenancy, not related to rent arrears	Breach of tenancy, not related to rent arrears	Breach of tenancy, not related to rent arrears

Top 3 reasons for loss of assured social rented tenancy over 5-year period

Source Braintree District Council 2023

Rough sleeping

There is a difference between homelessness and rough sleeping. While a rough sleeper is defined as 'someone who sleeps on the streets because they have no home'. Homelessness incorporates those who have no permanent home, this includes people living in temporary accommodation, shelters, living short term with friends and families also called 'sofa surfing'.

This Government has made the unprecedented commitment to end rough sleeping. They have reportedly developed, for the first time, a clear and defined vision for ending rough sleeping, which is that it is prevented wherever possible, and where it does occur it is rare, brief and non-recurrent.

A new 'prevention first' approach that means people are better prevented from sleeping rough in the first place. The aims are:

- No-one is released from a public institution to the streets through the following commitments
- No-one should leave prison homeless or to sleep rough
- Young people leaving care will receive the support they need to secure and maintain suitable accommodation
- No-one should be discharged from hospital to the streets
- No-one who has served in the UK Armed Forces should face the need to sleep rough

· Review the impact of the new asylum dispersal system on homelessness and rough sleeping

Research indicates that women are disproportionately affected by "hidden" homelessness compared to men. According to the official rough sleeping count in England in 2021, women accounted for approximately 13% of individuals found sleeping rough.

Figure 23: Number of people sleeping rough on a single night in Braintree

Years	Number of rough sleepers
2018-19	5
2019-20	5
2020-21	0
2021-22	5
2022-23	3

Due to the size and the rural nature of the district, determining the exact number of individuals rough sleeping is challenging. The annual estimate of rough sleepers will be conducted on a night in late October to November. A collaborative meeting is conducted with partners to ascertain the accurate count of individuals experiencing rough sleeping within the district. This count is vital for verification purposes with Homeless Link.

Streetlink

Streetlink is a nationwide service that allows individuals to report sightings of individuals aged 18 and above who are experiencing homelessness. Once a report is made, Streetlink contacts the local authority in order to provide them with the necessary assistance ^{xxxiv.} It's important to note that due to the nature of the referral system, it is possible for multiple contacts to be made regarding the same individual.

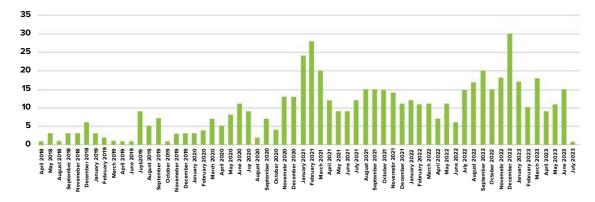
In March 2023, the rate of people sleeping rough on one night in Braintree per 100,000 was 3.9.In the East of England, the rate was 3.4 and London it was 8.2 xxxv.

Compared with the general population: xxxvi

- Individuals experiencing homelessness are significantly more prone to common mental health conditions, with psychosis being disproportionately prevalent at rates up to 15 times higher.
- Approximately 45% of homeless individuals have received a formal diagnosis of a mental health disorder, which escalates even further to 80% among those sleeping rough.

- Homeless individuals face an alarming over 9-fold increase in the likelihood of engaging in suicidal behaviour.
- People who are currently without housing face barriers when it comes to accessing healthcare services, including mental health support.
- It is alarming to note that the average age of death for individuals experiencing homelessness is significantly lower than the national average, with men averaging 46 years old and women averaging 42 years old, compared to the national average of 79 years old for males and 82.9 years old for females xxxvii.
- Reports indicate that those who sleep on the streets often endure intimidation, threats, verbal abuse, and harassment, which are unfortunately common experiences. Additionally, they are at a higher risk of facing sexual assaults and acts of violence, including being targeted with thrown objects or physically assaulted.

Table 1: The number of StreetLink referrals for the Braintree district for each month from April 2018 to July 2023.



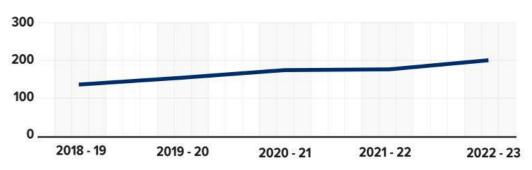
Temporary Accommodation

Braintree district uses several forms of accommodation as temporary accommodation. This can include nightly lets. B&B's and hotels, hostel and housing association properties both within and outside the district.

The cost of temporary accommodation is subject to variation based on factors such as its size and location. Additionally, the financial situation of the applicant, including their employment status, savings etc, can also impact the rent. In certain instances, the price of the accommodation may surpass the Housing Benefit allocation, resulting in a substantial deficiency that the local authority will cover.

For individuals experiencing homelessness, being located outside of the district, and residing in bed and breakfast accommodations can often incur higher costs. This is

Figure 24: Number of Temporary Placements per year



Source Braintree District Council 2023

The number of Temporary Placements has been increasing over the six-year period.

because there are often no cooking facilities available, and households may be situated far from necessary support networks. Additionally, children may be distanced from their schools, adults further from work, friends and family and are requiring more frequent reliance on public transportation.

In certain situations where local temporary accommodation availability is limited, placements outside of the district may be utilised. This may be deemed necessary for certain cases for safety purposes. However, it should be noted that there are specific criteria in place for accessing some temporary accommodation within the district. It is possible that cases involving serious criminal offenses, severe mental health issues, and substance misuse may not be accommodated.

Figure 25: Placements out of District

Year	In	Out	% Out
2018-19	131	4	3.0%
2019-20	141	12	7.8%
2020-21	157	16	9.2%
2021-22	147	29	16.5%
2022-23	170	30	15.0%
2023-24	60	21	25.9%

Source Braintree District Council October 2023

There has been a gradual increase in the number of temporary placements outside Braintree district. The 21 placements in the first six months of the current year, may indicate an even greater surge.

Under S208 Discharge of functions, a local authority can offer a temporary accommodation placement outside of where the homelessness application was made. If accommodation is available for the occupation of the applicant outside their district, the Local Authority (LA) shall notify the local housing authority in whose district the accommodation is located within 14 days. Local Authorities acknowledge they are not always completed and that there may be occasional delays in sending these notifications due to heightened work demands. S208 will not be issued for short-term placements that last only a week or two. This implies that each Local Authority is not fully aware of the exact number of households residing in temporary accommodation within their borough or district.

Braintree Homeless Prevention Partnership

In order to address homelessness effectively, a collaborative approach is necessary. Braintree District Council diligently engages with our partners in various multi-agency meetings involving governmental, voluntary, and community organizations. These meetings include:

Joint Referral Panel (JRP): Provides a gateway for referral to supported (lower-level needs) accommodation schemes within the Braintree District for those with a local connection.

The aim of the JRP is to ensure that every application made to a supported housing scheme is assessed for eligibility and suitability and provide a forum for all agencies to share appropriate information in the consideration of an application.

The JRP ensures that successful applicants are offered the most appropriate service according to their support need and reduces the number of people moving from one service to another following placement breakdown.

Community Safety Hub: Multiagency working is essential in the prevention of crime and disorder. The Braintree District Community Safety Hub aims to maximise the benefits of collaborative working with partners, develop better information sharing and closer working practices and tackle key issues identified in the CSP Action Plan, the Police, Fire and Crime Commissioner's (PFCC) Police and Crime Plan, and from emerging crime trends and patterns.

Housing Support: This multi-agency forum was set up for information sharing and decision-making for complex cases. For example, where a person has previously been identified as vulnerable and has caused antisocial behaviour to others, and where contact has been made with the local authority for homelessness advice or an application made to the housing register.

Domestic Abuse (DA): The DA Sub-Group is for domestic abuse cases where the individual has contacted the Local Authority for homelessness advice, or an application made to the housing register. The multi-agency partnership will discuss each case and will establish the level of risk. The partners evaluate appropriate measures and interventions to manage risk and they explore the role of statutory homelessness functions and the housing allocation scheme.

Homeless Prevention Partnership (HPP): The HPP is a partnership meeting which provides an opportunity for all services working within the homelessness sector to share good practice, promote their service, discuss funding, trends and highlight any concerns they may have. The HPP will work together to deliver the Action Plan which from the Homelessness and Rough Sleeping Strategy. Individual cases are not discussed here.

Disability Working Group: The purpose of this group is to enable suitable housing for people with physical disabilities who are currently living in unsuitable accommodation. Cases are discussed with Registered Providers, Occupational Therapist, Environmental Health and The Local Authority. Options are explored and recommendations are made to whether specific adaptations can be made to the property to allow the household to remain living safely.

Cost of Living: The partnership was established to respond to and support the effects of the National Cost of Living Crisis on Braintree District Residents. The meeting is open to all organisations in Braintree District who would like to know more or share good practice of what your service is delivering to tackle the Cost of Living and support residents in the district.

Cost of Living partnership meeting:

Monitoring the Strategy

The partnership strategy will be delivered through the Homeless Prevention Partnership.

This meeting takes place quarterly with services working with those who are homeless or at risk of homelessness.

45 I Braintree District Council Draft Homelessness and Rough Sleeping Partnership Strategy Evidence Base V.4



Glossary

Affordable Housing: Housing provided to meet the needs of people on low income. As defined in the National Planning Policy Framework, the term includes homes for social rent, affordable rent and shared ownership.

Affordable Rent: Homes available to rent from a registered provider at a cost below 80% of the average, local market rent for a given area.

Homelessness: This describes the situation of an individual, family or community without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is often the result of what is known as systemic or societal barriers, including a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination.

Housing Association: Independent, not-for-profit organisation providing afordable housing.

Local Housing Allowance (LHA):

Local Housing Allowance (LHA) rates are used to calculate Housing Benefit for tenants renting from private landlords.

Local Housing Allowance (LHA) rates are decided by the Department for Work and Pensions (DWP) using information provided by the Valuation Office Agency (VOA).

LHA rates are based on private market rents being paid by tenants in a Broad Rental Market Area (BRMA). This is the area within which a person might reasonably be expected to live.

Market Rent This refers to private sector rent levels. The rent levels used in this document are sourced from the GLA Rents map and use Valuation Office Agency data. Registered Providers will calculate market rent based on the RICS quidance "Market Rent: a quide for providers of Affordable Rented housing".

Social Rent: This is set using a formula that considers local earnings and house prices.

Registered Social Landlords:

Government funded not-for-profit organisations that provide affordable housing. They include housing associations, trusts and cooperatives.

Rough Sleeping: For the purposes of conducting rough sleeping street counts and evidence based estimates, the Ministry of Housing, Communities and Local Government (MHCLG) defines people who sleep rough as:

1. People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the street, in tents, doorways, parks, bus shelters or encampments).

2. People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or "bashes" which are makeshift shelters often comprised of cardboard boxes).

Social Housing Providers: Provider of subsidised social housing below market rent, including the council and other registered providers such as housing associations.

Social Rents: are kept low through state subsidy, to approximately a third of market levels. The social housing sector is currently governed by a strictly defined system of rent control to ensure that rents are kept affordable.

Temporary Accommodation (TA):

is for households who are being assessed by Braintree District Council as to whether they have a duty to house them. In BDC TA comprises of B&B, hostel, refuge, private or housing association properties. This could be in or outside of the district.

Wider Determinants of Health:

Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health.

Reference

Ending Rough Sleeping for Good:
 September 2022
 https://assets.publishing.service.
 gov.uk/government/uploads/
 system/uploads/attachment_data/
 file/1102408/20220903_Ending_
 rough_sleeping_for_good.pdf

NOMIS <u>https://www.</u> <u>nomisweb.co.uk/home/</u> Search?context=&term=braintree

Crises: Ending Homelessness
 <u>https://www.crisis.org.uk/ending-</u>
 <u>homelessness/the-plan-toend-</u>
 <u>homelessness-full-version/solutions/</u>
 <u>chapter-6-preventing-homelessness/</u>

CentrePoint: Ending Youth
 Homelessness <u>https://centrepoint.</u>
 org.uk/ending-youthhomelessness/
 what-youth-homelessness/impact-youth-homelessness

 Childrens Society: <u>https://</u> www.childrenssociety.org. uk/what-we-do/our-work/ endingchildpoverty#:~:text=What%20 is%20child%20 poverty%3F,families%20live%20 hand%20to%20mouth.

vi https://cls.ucl.ac.uk/poorestchildren-have-worse-healthand-educational-outcomesinadolescence/

 Vii Health.Org <u>https://www.health.</u>
 org.uk/evidence-hub/housing/ housing-stability-andsecurity/
 frequency-of-residential-moves-byhousing-tenure

viii Office for Health Improvements and Disparities <u>https://www.localhealth.org.</u> xiv Crises: Ending Homelessnes <u>https://www.crisis.org.uk/</u> <u>endinghomelessness/homelessness-</u> <u>knowledge-hub/health-and</u> <u>wellbeing/#:~:text=People%20</u> <u>who%20have%20experienced%20</u> <u>homelessness,common%20and%20</u> often%20go%20untreated.

* ONS. (2014). Intimate Personal
 Violence and Partner Abuse.
 Retrieved from <u>ons.gov.uk/</u>
 <u>peoplepopulationandcommunity/</u>
 <u>crimeandjustice/bulletins/</u>
 <u>domesticab useinenglandandwales/</u>
 <u>yearendingmarch2017</u>

^{xvi} Paladin Services <u>Paladin - Get</u> <u>informed (paladinservice.co.uk)</u>

*vii Gov.co.uk <u>https://www.gov.</u> uk/government/publications/ the-economic-and-social-costs-ofdomestic-abuse

*^{viii} Howard, L.M., Trevillion,
K., Khalifeh, H., Woodall, A.,
AgnewDavies, R., & Feder, G. (2009).
Domestic violence and severe
psychiatric disorders: Prevalence
and interventions. Psychological
Medicine, 40(6), 881–893.

xix Gilbert, R., Kemp, A., Thoburn, J., Sidebotham, P., Radford, L., Glaser, D., & MacMillan, H. (2009). Recognising and responding to child maltreatment. The Lancet, 373(9658), 167–180.

Southend, Essex & Thurrock
 Domestic Abuse Board SETDAB
 2023 <u>https://setdab.org/</u>

^{xxi} Action for Children: Extent of Youth Homelessness

https://www.actionforchildren.org. uk/blog/what-is-the-extent-of-youthhomelessness-inthe-uk/

^{xxii} Shelter: Homeless Children
 Moving Schools <u>https://england.</u>
 <u>shelter.org.uk/media/press_release/</u>
 <u>almost_half_of_children_who_</u>
 <u>become_homeless_forced_to_</u>
 <u>move_schools</u>

^{xxiii} National Library of Medicine:
 How Does Household Residential
 Instability Influence Child Health
 Outcomes? How Does Household
 Residential Instability Influence
 Child Health Outcomes? A Quantile
 Analysis - PMC (nih.gov)

xxiv Centre Point: Prevalence of Mental Health <u>https://centrepoint.</u> org.uk/sites/default/files/2023-06/ prevalence-of-mental-healthneedreport.pdf

 Just for Kids Law: Barriers faced by homeless care leavers
 https://www.justforkidslaw.org/sites/
 default/files/upload/04052022%20
 J4KL_Hitting%20brick%20walls_
 Final.pdf

xxvii Gov.uk: Statutory Homelessness in England <u>https://www.gov.uk/</u> government/statistics/statutoryhomelessness-in-englandoctober-todecember-2022/ statutory-homelessness-in-englandoctober-to-december-2022

xxviii Commons Library Housing conditions in the private rented sector (England) <u>https://commonslibrary.parliament.</u> <u>uk/research-briefings/cbp-</u> 7328/#:~:text=The%20PRS%20 <u>has%20the%20worst%20</u> <u>housing%20conditions&text=The%20</u> <u>English%20Housing%20</u> <u>Survey%20(EHS,%25%20of%20</u> social%2Drented%20homes. ^{xxix} Big Issue: Housing News <u>https://</u>
 <u>www.bigissue.com/news/housing/</u>
 <u>section-21-evictionsmore-than-</u>
 <u>double-in-a-year-as-government-lays-</u>
 <u>out-renters-reform-bill-to-scrap-them/</u>

Big Issue: Section 21 evictions <u>https://www.bigissue.com/news/</u> <u>housing/section-21-evictions-</u> <u>more-than-double-in-a-year-as-</u> <u>government-lays-out-renters-reform-</u> <u>bill-to-scrapthem/</u>

^{xxxi} Gov.uk: Renters Reform Bill <u>https://www.gov.uk/government/</u> <u>news/governmentintroduces-</u> <u>landmark-reforms-to-deliver-fairer-</u> <u>private-rented-sector-for-tenants-</u> <u>andlandlords#:~:text=The%20</u> <u>Renters'%20(Reform)%20Bill,fear%20</u> <u>of%20losing%20their%20home</u>

***iii Health.org: Housing Stability <u>https://www.health.org.uk/</u> <u>evidencehub/housing/housing-</u> <u>stability-and-security/frequency-of-</u> <u>residential-moves-by-housingtenure</u>

xxxiv Streetlink: https://www.streetlink.org.uk/

Gov.uk: Rough Sleeping Snapshot <u>https://www.gov.uk/</u> government/statistics/roughsleepingsnapshot-in-england-autumn-2022/ rough-sleeping-snapshot-in-englandautumn-2022

^{xoxvi} The Unhealthy State of Homelessness 2022 <u>https://homelesslink-1b54.kxcdn.</u> <u>com/media/documents/Homeless_</u> <u>Health_Needs_Audit_Report.pdf</u>

xxxvii ONS: Population https://www.ons.gov.uk/ peoplepopulationandcommunity/ birthsdeathsandmarriages/lifeex pectancies/bulletins/

50 I Braintree District Council Draft Homelessness and Rough Sleeping Partnership Strategy Evidence Base V.4





Agenda Item: 6

Report Title: Empty Homes Policy			
Report to: Cabinet			
Date: 22 nd January 2024	For: Decision		
Key Decision: Yes	Decision Planner Ref No: DP/2023/62		
Report Presented by: Councillor Lynette Bowers-Flint, Cabinet Member for Housing, Health and Wellbeing			
Enquiries to: Carly Jones, Strategic Business Support Manager <u>carly.jones@braintree.gov.uk</u>			

1. Purpose of the Report

1.1 To seek approval to implement an Empty Homes Policy, to assist Braintree District Council (the Council) in the management of empty homes within the district.

2. Recommendations

2.1 To approve the Empty Homes Policy as set out in Appendix A.

3. Summary of Issues

- 3.1 Empty properties are a national issue and housing continues to be a key government priority. The government has indicated that it wants to increase the number of empty homes that are brought back into use, as a sustainable way of increasing the overall supply of housing, and to reduce blight on neighbourhoods. The government has set out that it expects this to be achieve by builders, investors, and local councils increasing the supply of repurposed empty homes. As a result, the Council has reviewed how it aligns its approach to tackle empty homes.
- 3.2 In March 2023 the Council adopted the Healthy Housing Strategy 2023 2028. As part of the public consultation, 80% of respondents rated 'Reducing the number of empty properties in the district by exploring options to bring them back into use' as important (highest). This is important because it illustrates that empty properties are a real issue within the district and cause concern for the public.
- 3.3 There is a high demand for housing within the Braintree District. Empty properties which could otherwise be made available for sale or rent are a wasted resource. In July 2023, there were 2,235 active applications on the housing register. Bringing empty properties back in to use will increase the supply of housing to help to meet local housing need and demand.

- 3.4 Previously, the Council's powers were limited with the only enforcement action available being compulsory purchase. Historically, the Council has not exercised this power due to its complexity and the resource required to complete the compulsory purchase process. The Housing Act 2004 saw the introduction of the use of Empty Dwelling Management Orders (EDMO's). Empty Dwelling Management Orders provide an additional enforcement tool to assist with bringing empty homes back into use.
- 3.5 Whilst there is no statutory requirement to have an Empty Homes Policy, it is recommended that the Council has one in place in order to reduce the number of long-term empty properties within the district by bringing empty properties back into use and discouraging owners from leaving them empty long term. The implementation of an Empty Homes Policy will aid the Council in delivering an effective future housing service over the next five years (in line with the Healthy Housing Strategy 2023 -2028), supporting the current and future housing offer and needs for those choosing to live in the Braintree district.
- 3.6 According to the Council's Council Tax database, as of 1 September 2023 there were 2,647 empty properties within the Braintree District. There are 1,016 of these empty properties which are classified as unfurnished and unoccupied and regarded as long-term empty having been so for six months or longer.
- 3.7 The Council will provide advice and assistance, where possible, to those wishing to bring empty homes back into use, this will assist in reducing the number of long-term empty properties within the district. Where necessary, the Council will use appropriate engagement to return properties to use. Empty homes are a wasted resource, particularly when considered against the ever-growing need for housing. Bringing empty properties back into use and discouraging owners from leaving them empty will:
 - Maximise the existing housing resource.
 - Increase the provision of good quality, affordable housing.
 - Minimise adverse environmental, social and local impacts.
 - Encourage growth, betterment and investment within communities.
 - Support other corporate priorities, objectives and strategies.
- 3.8 The recommendations set out in this report will help the Council to deliver the following Corporate Objectives:
 - A well connected and growing district with high quality homes and infrastructure.
 - A prosperous district that attracts business growth and provides high quality employment opportunities.
 - Enhancing our environment.

4. Consultation

- 4.1 In the preparation of the Empty Homes Policy, the Council has undertaken extensive research with other Local Authorities in order to ascertain what their approaches are to tackling empty homes. Between April September 2023, the Council reached out to seventeen Local Authorities that are successfully tackling empty properties within their areas.
- 4.2 Uttlesford, Southend City Council, Babergh and Mid Suffolk District Councils, North Kesteven District Council and City of Lincoln Council all have full time Empty Homes Officer who is dedicated to tackling empty homes in their areas. To put the council's figures into context, Uttlesford District has, on average, 300 empty properties. This Council has over 2,000, On average 40 empty homes are added to Uttlesford District Council's empty property list quarterly. Since 2011, Uttlesford District Council have undertaken three Compulsory Purchase Orders.
- 4.3 The research undertaken with these local authorities state that a good starting point regarding tackling empty properties within the Braintree District would be to;
 - Focus on properties that have been empty for two to five years, due to properties that have been empty for six months to two years will likely come back into use naturally. Empty property owners who pay a lower Council Tax Levy are easier to 'pivot' due to them not wanting to have to pay the higher Levy as a result of continuing to leave the property empty. A good stage to engage is when Council Tax premium is enforced.
 - There is a general consensus that enforcement action is often an option if voluntary discussions fail, or the empty property owner will not engage. However, it is not necessary or as effective to use enforcement action as a first option instead of voluntary engagement.
 - Properties that have been empty for five to ten years plus will be, generally, more difficult to bring back into use and they will take up a lot of resource
 - Develop an Empty Homes Scoring Matrix in order to identify any empty properties that need to be prioritised.
 - Be approachable, approach owners with 'let us tell you how we can help you' approach is far more effective in terms of empty property owner engagement and compliance.
 - Successful outcomes have involved 'informal routes' and effectively managing communications with empty property owners. The council offers the 5% VAT reduction letter to owners of properties that have been empty for 2+ years.
 - Consider setting up a scheme which offers general advice and support, construction support and project planning, interest free loan assistance and, landlord lettings and income assistance
 - loans (for renovation works to be carried out to an empty property in order to bring it back into use) are a really positive product to offer and publicise. Loans can be the difference between a property coming back into use and a property staying empty. Often a loan enables an empty property owner to be able to afford to renovate and let/sell the property where they otherwise would not have been able to afford to.

- 4.4 The Healthy Housing Strategy public consultation in 2023 showed that 80% of respondents rated 'Reducing the number of empty properties in the district by exploring options to bring them back into use' as important (highest). This is important because it illustrates that empty properties are a real issue within the district and cause concern for the public.
- 4.5 This consultation provided the Council with insights on successful and unsuccessful strategies for addressing empty properties. This information has greatly enhanced the Councils comprehension of effective approaches adopted by each Local Authority. The insights gathered from this research phase have significantly shaped and assisted in formulating the Council's proposed Empty Homes Policy. The details of the research and finding can be found at Appendix B.
- 4.6 The Empty Homes Policy was considered by the Corporate Policy Scrutiny Committee (the Committee), at their meeting on 30 November 2023. The Committee were supportive of the Council introducing a report as a means of supporting the Councils management of empty homes within the district.

5. Options

Option A: Implement the Empty Homes Policy.

5.1 Proactively identify, support, take action and raise awareness in relation to empty properties. This will increase the number of empty homes that are brought back into use, as a sustainable way of increasing the overall supply of housing, and to reduce blight on neighbourhoods.

Option B: Do nothing.

5.2 Option A is the preferred option as it aligns with the priorities highlighted in the Healthy Housing Strategy public consultation. This option will also help the Council to deliver the Corporate Objectives.

6. Next Steps

6.1 To implement the Empty Homes policy and publish it on the Council's website.

7. Financial Implications

- 7.1 The implementation of the Empty Homes Policy will result in future financial consequences for the Council if enforcement action becomes necessary in certain situations. Where additional funding is required beyond the current resources available these will be brought to the Cabinet or Council as required for consideration and approval.
- 7.2 Under the Government's current arrangement for providing New Homes Bonus, local authorities receive a one-off incentive payment for the reduction in the number of long-term empty properties, assessed annually through the Council Tax Base Return.

7.3 Where long-term empty properties are subject to a Council Tax premium and brought back into use, a refund is made of the amount of premium charged and paid by the council taxpayer above 50% for the immediate prior twelve months.

8. Legal Implications

- 8.1 There is no statutory requirement for Councils to have an Empty Homes policy in place, although it is considered good practice to do so.
- 8.2 As set out in this report, the Council has some powers available to it for the management of empty homes within the district. However, through this Policy, the Council is seeking to establish a process of engagement and be able to provide advice and assistance, that will encourage people to bring empty homes back into circulation. This would avoid the requirement of engaging in lengthy and costly legal proceedings, which would be reserved for the more severe instances.

9. Other Implications

9.1 None.

10. Equality and Diversity Implications

- 10.1 Section 149 of the Equality Act 2010 creates the public sector equality duty which requires that when the Council makes decisions it must have regard to the need to:
 - (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 10.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 10.3 The Equality Impact Assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

11. List of Appendices

11.1 Appendix A – The Empty Homes Policy

11.2 Appendix B – Research and Good Practice Other Local Authorities

12. Background Papers

- 12.1 Corporate Policy Scrutiny Committee report 30 November 2023: Empty Homes Policy
- 12.2 EQiA



Braintree District Council

Empty Homes Policy

1. Introduction

- 1.1 This policy sets out the measures that Braintree District Council (the Council) will employ to bring empty properties back into use and is primarily focussing on privately owned empty homes that are long term empty. This means homes that have been empty for at least six months but with the main focus being on homes that have been empty for at least two years. These two year empty homes have not come back into use with the normal operation of the housing market and are likely to need support or intervention. However, the Council maintain an interest and oversight of all empty properties in the district including second homes and furnished empties.
- 1.2 The government wants to increase the number of empty homes that are brought back into use, as a sustainable way of increasing the overall supply of housing, and to reduce blight on neighbourhoods. The government wants builders, investors, and local councils to increase the supply of repurposed empty homes.

2. Aim & Objectives

- 2.1 The Council's aim is to reduce the number of long-term empty properties within the district by bringing empty properties back into use and discouraging owners from leaving them empty.
- 2.2 In order to achieve this aim, the Council's objectives are to provide advice and assistance, where possible, to those wishing to bring empty homes back into use. Also, where necessary, the Council will use appropriate enforcement action to return the property to use.
- 2.3 The Council recognises the importance of bringing empty properties back into use and is committed to this objective. The purpose of this policy is to provide guidance to officers, partners and the general public on the Council's approach to bringing empty homes back to use.

3. Background

3.1 In March 2023 the Council adopted the Healthy Housing Strategy 2023 – 2028. As part of the public consultation, 80% of respondents rated 'tackling empty homes' as a priority.



- 3.2 There is a high demand for housing within the Braintree District. Empty properties which could otherwise be made available for sale or rent are a wasted resource. In July 2023, there were 2235 active applications on the housing register. Bringing empty properties back in to use will increase the supply of housing to help to meet local housing need and demand.
- 3.3 Initially, the Council's powers were limited with the only enforcement action available being compulsory purchase. Historically, the Council has not exercised this power due to its complexity and the resource required.
- 3.4 The Housing Act 2004 saw the introduction of the use of Empty Dwelling Management Orders (EDMO's). Empty Dwelling Management Orders provide an additional enforcement tool to assist with bringing empty homes back into use.
- 3.5 Under the Housing Act 2004 and associated legislation government encourages councils to take action to bring empty homes back into use.

4. Empty Homes within the Braintree District

- 4.1 Within the Braintree District there are approximately 1,004 long-term empty homes (June 2023). Council Tax legislation identifies a property as a long-term empty home when it has been empty of people, furniture and/or possessions for six months or more.
- 4.2 The total number of empty homes in the district is approximately 2,588 (June 2023). See the below table for a breakdown of empty homes.

Short term empty	992
Long term second homes	197
Long term exempt	395
Long term unfurnished and unoccupied	1,004

4.3 Owning an empty home is not an acceptable choice for an owner, as all too often, the empty property becomes an eyesore and becomes an attraction for anti-social behaviour. The garden becomes overgrown, and the house begins to slip into a state of accelerating disrepair. A slipped slate or clogged gutter may cause rainwater to penetrate an adjoining property, whilst doing untold damage to the vacant house. Neighbours will become disgruntled at the increasing eyesore and local children may develop an interest in playing around the garden. Eventually someone may break in causing vandalism and anti-social behaviour, sometimes being occupied by squatters or a venue to sell or use drugs.



4.4 An empty, perhaps fire damaged, property may prevent a neighbour from selling or letting out their property. Consequently, a second house may become vacant in what ought to be a desirable street. If the Council does not tackle empty homes, an increasing number of houses will fall into a state of dilapidation and anti-social behaviour will increase.

5. Why it is important to Bring Empty Homes back into use?

- 5.1 Empty homes are a wasted resource, particularly when considered against the ever-growing need for housing.
- 5.2 Empty homes can have an adverse impact on the local community, such as:
 - community safety issues (e.g. anti-social behaviour and vandalism).
 - unsightliness.
 - environmental issues (e.g. pest and vermin infestations).
 - reducing the value and ease of sale of neighboring properties.
- 5.3 By bringing empty properties back into use we can:
 - maximise the existing housing resource.
 - increase the provision of good quality, affordable housing.
 - minimise adverse environmental, social and local impacts.
 - encourage growth, betterment and investment within communities.
 - support other corporate priorities, objectives and strategies.

6. Measures to bring properties back into use

- 6.1 The Council's approach to bring homes back into use is based on four components comprising a staged approach and an ongoing awareness raising programme. This is set out in more detail below:
 - **Identification** proactively investigating and responding to referrals to understand where our problematic long term empty properties are located and who owns them.
 - **Support** developing a package of support for empty home owners to encourage them to bring homes back into use.
 - **Taking action** where providing support has failed, taking appropriate enforcement action to ensure the home is brought back into use.
 - **Raising awareness** ensuring residents, businesses, stakeholders and empty property owners know what they can do and who to contact if they are aware of, or own an empty property.



Stage One: Identification

- 6.2 Empty homes are identified through:
 - Council Tax records
 - Referrals from the public via telephone, email, website or post
 - Referrals from Parish/ Town Councils
 - Owner referrals
 - Referrals via other departments within the Council (such as Environmental Health or refuse collection team)
- 6.3 In the first instance an external visual inspection of the property is carried out to determine if the property is actually empty and to assess its impact upon its local community.
- 6.4 Properties that receive a high number of complaints, once inspected and confirmed empty, are brought to the Empty Property Working Group for discussion and assessment of options.

Stage Two: Support for Owners

- 6.5 The Councils aim is always to provide advice and assistance to the owner to bring the empty property back into use by utilising whichever mechanism suits the particular circumstances of each empty property. For example, this could be supporting the owner to sell the property, advice and assistance on renting out the properties or identifying what is necessary for the reoccupation of the property by the owner.
- 6.6 Equally it is important the owner is made aware of any issues with the appearance and condition of the property that require actions, such as overgrown gardens, rodent infestation or other nuisances.
- 6.7 Initial contact with the owner is made via letter, employing a three stage engagement letter process. If no response is received within 28 days of the third letter, the property will be evaluated for potential enforcement action if necessary.
- 6.8 Support for owners includes:
 - VAT reduction or exemption for empty 2 year and 10 year properties where owners are refurbishing the property to either rent, sell or living in themselves.



- Arranging and preparing Schedules of Works inspections to ensure properties are free of category 1 and 2 hazards as described in the Housing Act 2004 to ensure properties will be safe to occupy.
- Arranging pre-planning meetings and assessments for building control approval for proposed works/refurbishments
- Advice on becoming a landlord or providing information about long term leasing either privately or with the Council's Housing Team.
- Advice finding local estate agents, property auctioneers and online sales websites.
- Advice on managing and employing trades people and building companies to undertake works at their property.

Stage 3: Taking Action

- 6.9 Where the owners are not willing to engage proactively with the Council and the Empty Property Working Group agree that the property and any issues of concern are unlikely to be dealt with voluntarily, the Council will consider taking enforcement action.
- 6.10 There are a wider range of enforcement actions with issues associated with empty homes such as requirements to tidy up the exterior of the property, ensure the building is safe etc. These powers and procedures are set out in the following legislation:
 - Town and County Planning Act 1990 section 215
 - Planning and Compulsory Purchase Act 2004
 - Historic Buildings and Conservation Areas Act 1991
 - Building Act 1984 section 76-80
 - Housing Act 2004 Parts 1-4
 - Local Government Act 2003
 - Local Government (Misc. Prov) Act 1982
 - Local Government Act 2000
 - Prevention of Damage by Pest Act 1949 section 4
 - Environmental Protection Act 1990 Part 2 and section 80
 - Anti-Social Behaviour Act 2003 Part 1

Any enforcement action being considered will align with Environmental Health, Building Control, Licensing and Operations Enforcement Policy.

- 6.11 Possible enforcement options available to the Council include:
 - Serving notices such as Section 215 to undertake works to improve the appearance of the property's garden.



- Requiring works to be undertaken to the property to ensure it is secure and not dangerous.
- Compulsory Purchase Orders.
- Empty Dwelling Management Orders.
- Enforced Sale or Order for Sale Procedure.
- 6.12 Enforced Sale or Order for Sale Procedure may be generated due to:
 - Prosecution leading to a charge against the owner and property.
 - Works in Default that have been undertaken by the Council to ensure the property is safe leading to a charge against the property and owner to recover the expense of the work.
 - Non-payment of Council Tax.

7. Ongoing Activity: Raising Awareness of Empty Homes

- 7.1 The Empty Homes Officer seeks to raise awareness of the empty homes issue and advise how the Council can assist. This process includes:
 - Contact with Town and Parish Councils requesting information on any empty homes issues within their locality.
 - Publicity about empty homes activities in local media.
 - Enhanced publicity during national Empty Homes Week which seeks to spotlight the issue across the country.
 - Annual reviews which include mail outs, phone call or site visits as required. These are intended to identify homes which are no longer vacant, and to promote the support the council is able to offer.
 - Referrals and complaints can be received via numerous mechanisms. Referrals are investigated by the Empty Homes officer, and any concerns identified.
 - Referrals are sometimes anonymous, and as such no update can be given, however, referrals made by neighbours or local residents affected by the empty home are kept up to date regarding progress in line with the General data Protection Regulations.
- 7.2 The public can report homes that are suspected to be empty via the 'Report Empty Homes' page on the Councils website:

https://www.braintree.gov.uk/housing/report-empty-property

8. Action Plan for Empty Homes

Identification Activities



- Maintain a record of empty homes, including the owner's details, details of the property, images of the property and what action the Council has taken or is considering.
- Provide information to Braintree District Council residents via our website and other Braintree District Council media outlets on how they can report empty properties to the council via email and/or telephone.
- Hold an Empty Homes Working Group where team members from across the council can meet to discuss empty properties and the actions they are taking within their departments and provide coordination for future actions.
- Use information from Council Tax to assist in identifying long term empty homes.
- Plot properties on to a map of the district to provide a visual aid to identifying clusters or trends in empty properties within the district.
- Provide updates on the work being carried out in relation to empty properties to Council members.

Support Activities

- Contact owners of all long-term empty homes using the three letter approach. The letters include; an offer of a VAT reduction letter, a 'make your empty house a home' leaflet, an Empty Property Questionnaire, and a link to the Councils Empty Homes Information Pack.
- Promote the empty property premium council tax rates to encourage owners to take steps to bring empty homes back into use.
- Maintain a list of interested parties who wish to buy empty homes in the area.
- Provide advice identifying the options available to the property owner on how to let a property; how to sell and information on how to renovate a property, including the VAT exemptions.
- Signpost owners to other Council services like planning and building control.

Enforcement Activities

• Take appropriate and proportionate enforcement action regarding the most problematic empty homes.



- Via the Empty Homes Working Group, support team members from other departments within the Council to identifying which empty properties require action, and agree what action should be taken.
- The Empty Homes Working Group to utilise appropriate powers to deal with anti-social behaviour issues caused by long term empty homes.

Awareness Activities

- Develop communication links in Parish Clerks within the Council.
- Develop a communications plan with support from the communication team.
- Review and improve the online empty homes notification form with clear precise information so it is easier to report a suspected empty property.
- Review and improve the online information and advice available to empty property owners.

Appendix B – Research and Good Practice Other Local Authorities

Uttlesford District Council:

Uttlesford District Council have one Empty Homes Officer based within the Environmental Health Team. He has been in post since around 2011. Uttlesford District has, on average, 300 empty properties. On average 40 empty homes are added to their empty property list quarterly.

Once a property has been empty for more than six months the Empty Homes Officer sends the owner an initial letter. The initial letter outlines:

- the shortage of residential accommodation in Uttlesford.
- explains that the District Council has adopted an Empty Homes Policy to reduce the number of long-term empty properties in the district and to help increase the useable housing stock.
- advises that the principle aim of the Empty Homes Policy is to advise and assist owners of empty properties to bring them back into use.
- mentions that Uttlesford District Council is able to offer interest-free loans for the renovation of empty properties to be sold or let.
- advises that Uttlesford District Council are there is an offer of VAT reduction letters, which can be provided for properties empty for 2+ years that are being renovated by building contractors.

A request is made for the owner to let the Empty Homes Officer know their intentions regarding the property within the next 28 days via phone, email or using a pre-paid envelope.

The VAT reduction letter enables the empty property owner to pay 5% VAT instead of the usual 20% VAT.

If the Empty Homes Officer receives no response to the initial letter then a second letter is sent to the empty property owner after 28 days. The second letter includes the following:

- mentions the PLACE loans again.
- advises that Uttlesford District Council has a responsibility to investigate the empty properties within the district and to endeavour to bring them back into use.
- states that Uttlesford District Council are committed to working with owners to help bring empty properties back into use but outlines that where this is not successful Uttlesford District Council will consider enforcement action to achieve the reoccupation of the property.
- it reiterates that Uttlesford District Council would prefer to assist owners of empty properties to bring them back into use voluntarily but that failure to respond to the letter could result in an assessment for enforcement action being initiated.

• a response within 14 days is requested along with the completion of an Empty Homes Questionnaire, for which a pre-paid envelope is provided.

If the property owner fails to respond to the second letter from the Empty Homes Officer sends a third letter. The letter contains that following:

- states that the PLACE loan is still an option.
- a request for information in accordance with Section 16 of the Local Government (Miscellaneous Provisions) Act 1976 is enclosed.
- highlights that it is a legal requirement to respond to the notice within 14 days and it is a criminal offence if they fail to respond within that time.
- reminds the owner that the Council is committed to working with owners to resolve the issues around empty properties.
- states that the Council are now considering options for enforcement but outlines that the Council has not reached a conclusion as to the best course of action.
- asks the owner to advise of their intentions as a matter of urgency regarding what they intend to do to bring the property back into use.
- requests completion of an Empty Homes Questionnaire and advises that the information from the questionnaire will be used to help assess the suitability of an Empty Dwelling Management Order for the property.

Since 2011 Uttlesford District Council have completed on three Compulsory Purchase Orders. The third, most recent, Compulsory Purchase Order was carried out by NP Law as opposed to Uttlesford District Council. Uttlesford District Council enlisted the services of NP Law rather than their own legal team after deciding that it was good value for money when compared to the 100s of staff hours that it would take their own legal team to complete the Compulsory Purchase Order.

When carrying out a Compulsory Purchase Order the Local Authority needs to pay compensation to the ex-owner, which includes the market value of the property as well as their costs (if they use a legal team). Uttlesford District Council use Compulsory Purchase Orders as a tool of last resort after the full voluntary process is exhausted. However, the Empty Homes Officer at Uttlesford District Council recognises that, in some cases, Compulsory Purchase Orders are an essential tool to stimulate owner action (if running concurrently with voluntary negotiations). For example, if an empty property owner is not engaging well with voluntary negotiations then initiating the Compulsory Purchase Order process is often successful with regards to inducing engagement from the empty property owner. The Compulsory Purchase Order process can run simultaneously alongside voluntary engage and if the voluntary pathway fails the Compulsory Purchase Order will be seen through to completion. If, however, voluntary negotiations are successful then the Compulsory Purchase Order would not be completed.

In the opinion of the Empty Homes Officer at Uttlesford District Council offering 'positive' and helpful voluntary engagement routes are more likely to stimulate positive action from empty property owners than trying to 'jump' straight to enforcement action. Enforcement action is often an option if voluntary discussions fail or the empty property owner will not engage. However, it is not necessary or as effective to use enforcement action as a first option instead of voluntary engagement.

Uttlesford District Council's Empty Homes Officer believes that loans (for renovation works to be carried out to an empty property in order to bring it back into use) are a really positive product to offer and publicise. The Empty Homes Officer at Uttlesford District Council believes that loans can be the difference between a property coming back into use and a property staying empty. Often a loan enables an empty property owner to be able to afford to renovate and let/sell the property where they otherwise would not have been able to afford to.

The funding that Uttlesford District Council uses in relation to loans comes from the PLACE scheme, which is a consortium of seven local authorities. The scheme started in the late 90s/early 2000s and Uttlesford District Council have around £600,000 left in terms of the funding that they received. As well as the funding being used for loans in relation to bringing empty properties back into use it can also be used for enforcement action.

The loans offered by Uttlesford District Council (to renovate properties to let or to sell) are up to £50,000 for a single unit and up to a maximum of £175,000 if multiple units require renovation (i.e. a building converted into three flats). The works covered by the loan should be to renovate the property to a minimum of the "decent home" standard.

The largest loan that Uttlesford District Council have administered to date is £75,000 for an old shop that was converted into three flats. The loan is secured against the property as a (first or second) Land Charge. If the owner fails to repay the loan, the land charge ensures that the Council is able to recoup the money should the property be sold/change hands.

As part of the loan conditions, Uttlesford District Council require that the property is renovated within 6 months of the loan being awarded. If the owner delays works then they have broken the terms and conditions of the loan and it can be followed up by the Council's Debt Control Team.

The loans offered by Uttlesford District Council can be paid back over whatever period the owner of the building desires, as long as they abide by the terms and conditions. A "loan to let" must be repaid within 5 years of the signing of the loan facility agreement. The owner can pay monthly, yearly or the full figure on the final day of the maximum loan period (5 years).

As part of the loan application process the Council's Audit Team have to perform a risk analysis on the person(s) taking out the loan (looking at the bank balances/debts/company reports). This should ensure that the person/business to whom the Council are administering the loan is financially stable enough to repay it.

The loans are "cyclical", meaning that once the Council have been repaid the loan figure they can reuse that capital in relation to a new loan. On average, Uttlesford District Council administer three to four loans per year.

Uttlesford District Council do not have a set target with regards to the number of empty properties that they bring back into use. They ensure that they accurately record all contacts and actions as well as monitoring the work and resources put into each empty property. Each property is graded as minor, medium and major with regards to work and resources used around bringing it back into use.

The Empty Homes Officer at Uttlesford District Council advised that he does not believe that Empty Dwelling Management Orders (EDMOs) are an effect use of Council resource. The Empty Homes Officer stated that Empty Dwelling Management Orders require a great deal of commitment from the Council, both financially and with regards to time. When a Council implements an Empty Dwelling Management Order (which in itself is quite difficult to set up) they are responsible for the costs with regards to renovating the property to the "decent home" standard. The Council are also responsible for the management of the property (effectively becoming a Letting Agent), including repairs and associated costs, and ensuring that appropriate insurance is in place. Uttlesford District Council have not been involved in setting up any Empty Dwelling Management Orders.

North Kesteven District Council and City of Lincoln Council:

North Kesteven District Council and the City of Lincoln Council have one full-time Empty Homes Officer who divides his time equally between the two Councils. The Empty Homes Officer has been in post for five years.

The number of properties empty for six months plus in the North Kesteven District is 300 and the number of properties empty for six months plus in the City of Lincoln area is 400. Last year the Empty Homes Officer was involved in bringing 27 empty properties back into use for North Kesteven District Council and 30 empty properties back into use for the City of Lincoln Council. All 57 of the properties has been empty for two plus years.

North Kesteven District Council and the City of Lincoln Council do not offer any incentive payments or loans with regards to bring empty properties back into use. North Kesteven District Council previously offered loans, however, they experienced issues with regards to property owners not making payments towards the loan and/or deliberately delaying completing the renovation works. Also, the Empty Homes Officer stated that, due to the strict terms and conditions associated with the loans they found that not many property were interested in applying for a loan.

The Empty Homes Officer explained that due to the decent homes standard needing to be strictly adhered to in situations where a loan has been administered it actually results in higher renovation costs for the property owner. He reported that property owners did not want to spend more than they would have spent had they not taken out a loan.

The Empty Homes Officer for North Kesteven District Council and the City of Lincoln Council offers a VAT reduction letter to owners of properties that have been empty for 2+ years. The VAT reduction letter, when presented to building contractors carrying out renovations on an empty property, enables the empty property owner to pay 5% VAT instead of the usual 20% VAT.

As well as the VAT reduction letter the Empty Homes Officer provides the empty property owner with an Empty Homes Information Pack. A smaller leaflet (Your Guide to an Empty Property), detailing the risks of leaving a property empty (i.e. fraud, insurance, maintenance, vandalism and squatters) is provided along with an initial contact letter. This leaflet also mentions that after properties are empty for two years there is a 200% Council Tax liability.

When discussing Empty Dwelling Management Orders, the Empty Homes Officer stated that he does not think they are worth pursuing due to the amount of resource they take up in terms of managing the property. He added that if Braintree District Council did undertake an Empty Dwelling Management Order then we would need to take care in selecting a suitable property/properties. The Empty Homes Officer stated that any property built prior to 1970 should be avoided due to the potential costs with regards to renovations. He added that renovation costs should be kept below £26,000 to £30,000 otherwise the rental income would not cover the renovation costs.

With regards to Compulsory Purchase Orders, the Empty Homes Officer stated that he was involved in the process of starting a Compulsory Purchase Order but it was not completed due to the owner selling the property. He noted that the legal work in relation to the Compulsory Purchase Order was carried out in-house.

The Empty Homes Officer stated that he prioritises trying to engage with owners of properties that have been empty for two years or more. He noted that properties that have been empty for less than two years often come back into use naturally. The Empty Homes Officer advised that owners of properties that have been empty for around two years are more willing to engage with him. He believes that this is, in part, due to the Council Tax premium as well as the fact that properties that have been empty for this amount of time tend to need less renovation works and are, therefore, cheaper and easier for owners to bring back into use than the five years plus empty properties.

An Empty Homes Scoring Matrix is also used by the Empty Homes Officer in relation to North Kesteven District Council in order to identify any empty properties that need to be prioritised.

When discussing some of the reasons that properties remain empty, the Empty Homes Officer stated that sometimes people inherit properties and they cannot afford the probate costs. He stated that sometimes when an owner passes away an heir cannot be located. He advised that a company called Fraser and Fraser are able to assist with regards to the cost of probate and they recoup their fees from the sale of the property. Fraser and Fraser can also provide an heir finding service. Finders International provide an heir finding service as well and it is free for Councils.

The Empty Homes Officer attends an Empty Homes Working Group every month to six weeks. Planning Enforcement, Private Housing Enforcement, Environmental Health, Council Tax, Housing Options/Housing Solutions, Anti-Social Behaviour and Council Tax Enforcement also attend the Empty Homes Working Group. The meetings are via Teams and then quarterly face to face.

At the Empty Homes Working Group the Empty Homes Officer discusses the empty property figures and the work that he has done in relation to bringing empty properties back into use. They discuss anything concerning (i.e. increase in figures) and they discuss whether any of the departments have got any history with particular empty properties and whether anyone wants to bring any properties to any other department's attention. The Empty Homes Officer's Manager chairs the Empty Homes Working Group and Empty homes Officer presents.

Southend City Council:

Southend City Council have one full-time Empty Homes Officer who works under the Housing Supply Service. Strategic Housing, Adaptations and Private Sector Housing Teams also work under the Housing Supply Service. Southend City Council's Empty Homes Officer has been in post since the end of 2019.

Empty properties brought back into use by Southend City Council's Empty Homes Officer:

2021/2022 – 16 2022/2023 – 21 2023/2024 – 10 (as of May 2023)

The Empty Homes Officer stated that the number of properties brought back into use has been achieved through 'informal routes' and effectively managing communications with empty property owners.

Through partnership working with Southend City Council's Council Tax Team, the Empty Homes Officer advised that, she has brought in over £50,000 in revenue.

Southend City Council do not offer any financial incentives, loans or grants with regards to empty properties. The Empty Homes Officer offers the 5% VAT reduction letter to owners of properties that have been empty for 2+ years.

The Empty Homes Officer reported that Southend City Council are not very keen on using enforcement powers in relation to empty properties. She stated that,

historically, she has found using enforcement powers do not help much in bringing an property back into use. The Empty Homes Officer advised that taking a 'how can I help you' and 'I can help you if you let me' approach with empty property owners has been extremely successful in bringing empty properties back into use. She noted that there is always a story behind why a property is empty. The Empty Homes Officer added, in situations where a property owner has faced emotional difficulties, perhaps in connection to their empty property, an empathetic and kind attitude is very effective with regards to stimulating positive voluntary engagement with the empty property owner.

Southend City Council's Empty Homes Officer sends out one initial contact letter. If the empty property owner does not respond to the letter then the Empty Homes Officer phones the owner and visits the empty property. She will continue to phone and try to engage with the owner to get to the route of the issue with regards to why the property is empty. Once a line of communication is established the Empty Homes Officer tries to facilitate voluntary engagement with the owner.

When discussing Empty Dwelling Management Orders, the Empty Homes officer advised that Southend City Council have been involved with two Empty Dwelling Management Orders. She stated that she is just about to close the last one and hand the property back to the owner. The Empty Homes Officer noted that the Empty Dwelling Management Orders were set up prior to her being involved with empty properties. She stated that Empty Dwelling Management Orders are not something she is keen to set up again in the future due to her believing they are not productive in the long-term.

The Empty Homes Officer added that the properties which were under Empty Dwelling Management Orders were managed by the same team that manage Southend City Council's council housing stock. In situations where a Council do not have/manage their own housing stock they would need to outsource the property management to a registered provider, for example. Consideration would need to be given with regards to the cost of the management fee, insurance, repairs and initial renovation works to bring the property up to the decent homes standard.

In relation to Compulsory Purchase Orders, the Empty Homes Officer advised that, legally, a Council would need to evidence that all other routes of engagement had been explored before trying to commence a Compulsory Purchase Order. Around two years worth of evidence in relation to engagement attempts as well as evidence of the property causing a nuisance would need to be gathered. Consideration would need to be given to how much resource the property has taken up from other departments, such as, planning, building control, community safety and Council Tax. Works in default/monies already owed to the Council should be carefully considered as it may be the case that an Enforced Sale is more appropriate than a Compulsory Purchase Order. The Empty Homes Officer stated that in cases where voluntary engagement is failing, if a property owner owes Southend City Council around £25,000 or more then she will prompt Council Tax (if the owner has an outstanding debt with Council Tax) to begin debt recovery proceedings. She stated that this can the lead to an Enforced Sale or a charge being placed on the property.

The Empty Homes Officer advised that in situations where a property is in probate but the executor is not making any attempt to conclude probate, notices can be served on the deceased. The executor should also be sent a copy of any notices that are sent to the deceased owner. The Empty Homes Officer advised that a charge can be placed on the property of a deceased person and a Compulsory Purchase Order can also be carried out on the property of a deceased person. Serving notices, placing charges and commencing Compulsory Purpose Orders, generally, encourage the executor to complete on probate.

When discussing a good starting point regarding the empty properties within the Braintree District, the Empty Homes Officer advised that we should start with properties that have been empty for two to five years. She stated that properties that have been empty for six months to two years will likely come back into use naturally. She added that properties that have been empty for five to ten years plus will be, generally, more difficult to bring back into use and they will take up a lot of resource. Building a secure caseload first with properties empty for two to five years was her recommendation.

Babergh and Mid Suffolk District Councils:

Babergh and Mid Suffolk District Councils have two full-time Empty Homes Officers in place; one covers the Babergh District and the other covers the Mid Suffolk District. Babergh and Mid Suffolk District Councils have approximately 500 long-term empty properties per Council (not including registered second homes). The Empty Homes Officer for Babergh has been in place for nearly two years. He was previously an Empty Homes Officer at Ipswich Borough Council. The Empty Homes Officer is based within the Houses for Homes Team. Houses for Homes is an Empty Homes initiative operated by the Environmental Health - Private Sector Housing Team of Babergh and Mid Suffolk District Councils.

The Empty Homes Officer has been instrumental in setting up toolkits, policies and branding the service. This has taken a huge amount of time and investment and the Empty Homes Officer described the Empty Homes work at Babergh and Mid Suffolk District Councils as being in its infancy. The Empty Homes Officer advised that it took 18 months to get to the stage where the Houses for Homes initiative was ready to go live.

Houses for Homes offers general advice and support, construction support and project planning, interest free loan assistance and, landlord lettings and income assistance.

With regards to the interest free loan assistance; the Empty Homes Officer determines the level of essential works required for a property to make it habitable and which works will be covered by the Empty Homes Loan. The maximum empty

homes loan Babergh District Council and Mid Suffolk District Councils currently offer an owner is £20,000. Due to Houses for Homes being relatively new, the Empty Homes Officer was unable to provide any figures with regards to how many loans have been administered and he was unable to provide any feedback with regards to the success level of the scheme.

The Empty Homes Officer stated that the approach Babergh and Mid Suffolk District Councils have towards empty properties is vastly different to that of Ipswich Borough Council. He noted that Ipswich Borough Council were/are very 'enforcement driven' whereas Babergh and Mid Suffolk District Councils take a much 'friendly' approach. The Empty Homes Officer advised that he has found the friendly, 'let us tell you how we can help you' approach is far more effective in terms of empty property owner engagement and compliance.

With regards to Compulsory Purchase Orders, the Empty Homes Officer stated that, in terms of the cost, consideration needs to be given to legal fees, locksmiths to secure the property, and any ancillary works needed such as asbestos removal before the Council sell the property. He added that, as a guide, the cost involved in a Compulsory Purchase Order would be the property's value (an independent valuation is needed to determine this) plus around £25,000 to cover the aforementioned ancillary costs. During his time at Ipswich Borough Council, the Empty Homes Officer was involved in several Compulsory Purchase Orders. He advised that as well as being costly, Compulsory Purchase Orders are extremely time consuming and require around eighteen months to two years of case history, evidencing engagement attempts, in order to justify them. He further advised that if the owner appeals and the Secretary of State becomes involved then the costs can significantly increase and there is no guarantee that the Council would win. He added that if a Compulsory Purchase Order is unsuccessful then that may encourage other empty property owners to reject voluntary engagement due to believing that there will be no consequences.

In terms of making contact with empty property owners and trying to facilitate voluntary, the Empty Homes Officer advised that we should start with properties that have been empty for two to five years. He advised that the empty property owners who pay a lower Council Tax Levy are easier to 'pivot' due to them not wanting to have to pay the higher Levy as a result of continuing to leave the property empty.



Agenda Item: 7

	.	
Report Title: To adopt the Livewell Strategy 2024-2028		
Report to: Cabinet		
Date: 22 nd January 2024	For: Decision	
Key Decision: Yes	Decision Planner Ref No: DP/2023/38	
Report Presented by: Councillor Lynette Bowers-Flint, Cabinet Member for Housing, Health and Wellbeing		
Enquiries to: Tristan Easey, Health and Wellbeing Manager tristan.easey@braintree.gov.uk		

1. Purpose of the Report

- 1.1 To recommend that Braintree District Council (the Council) adopts the Livewell Strategy 2024 2028.
- 1.2 The Livewell Strategy 2024 2028 (the Strategy) has been developed with the Braintree District Health & Wellbeing Panel members and with wider stakeholder consultation, to agree the key health and wellbeing priorities for the district and the approaches we will take to address them.

2. Recommendations

2.1 Cabinet considers and approves the Livewell Strategy 2024 - 2028, as set out in Appendix 1.

3. Summary of Issues

- 3.1 The Livewell Strategy sets out the aims and aspirations of the Braintree District Health and Wellbeing Panel to improve the health and wellbeing of everyone living in the Braintree District. The Health and Wellbeing Panel forms the strategic partnership for the coordination, communication and commissioning of health improvement and wellbeing services for the local population.
- 3.2 Whilst there is no statutory requirement to have a Livewell Strategy, it is recommended that the Council has one in place to provide a clear strategic direction for enabling good health and wellbeing. It is widely recognised that 'place based' approaches are most effective in addressing key health challenges, enabling early intervention, prevention and sustainable change. There is also a requirement for local leadership and influence to ensure residents have access to the best services and can live healthy, fulfilling lives.
- 3.3 In preparation for this strategy an extensive evidence base has been researched, with careful analysis of a range of data sets alongside detailed

insight from partner organisations and colleagues who work with Braintree residents daily, all of which has been collated and presented in the Livewell Strategy Evidence Base (see appendix 2) report which informs this strategy.

- 3.4 The Livewell Strategy articulates a case for change across three main areas:
 - a) What the Council have learnt from the past four years, especially how the Council have worked together during the pandemic, and how the Council will continue to work as a local system to address key priorities together.
 - b) The Council's evolving demography, noting that whilst the Council have a growing and aging population there are specific challenges faced across the life course that impact resident's ability to live well, with a particular focus on children, young people and families to have the best start in life.
 - c) Nationally and locally long-standing health inequalities persist. Life expectancy can be up to 9 years lower for females and over 10 years lower for males in the most deprived areas of the district.
- 3.5 With this in mind, the strategy identifies the major health themes in the district that are having the greatest impact on our resident's health and wellbeing, with five overarching strategic priorities:
 - Reduce health inequalities
 - Improve Mental health and wellbeing
 - Increase participation in active and healthy lifestyle behaviours
 - Enable residents to maintain independence and support the most vulnerable to do more for themselves
 - Build community capacity and enable our assets to achieve more
- 3.6 The objectives and outcomes for the strategy have been characterised through the Livewell Model which identifies interventions at key life stages across the Livewell Domains. A significant development has been the inclusion of a Diewell domain. The six domains are: Startwell, Staywell, Feelwell, Bewell, Agewell and Diewell.
- 3.7 This Livewell Strategy is aligned to the current corporate plan. It acknowledges the Wider Social Determinants of Health as the key factors in ill health prevention, areas in which the Council has significant influence across many elements, such as housing, economy, community safety, environment, supporting and connecting communities, people and places.
- 3.8 Therefore the recommendations set out in this report will help the Council to deliver the following Corporate Objectives:
 - Connecting People and Places
 - Enhancing our Environment
 - Supporting our Communities
 - Promoting Prosperity

- Delivering and Innovation
- 3.9 The Livewell Strategy will be supported by a strategic delivery plan, which will be managed by the Head of Housing and Community, monitored by the Braintree District Health and Wellbeing Panel and reported to the Portfolio Holder for Housing, Health and Communities. This will ensure that the key priorities of the Strategy over the next four years are achieved.

4. Consultation

- 4.1 The Council has facilitated a Livewell Stakeholder Workshop on 25th September 2023, where forty individuals attended from a range of sectors and organisations, such as the Integrated Care System, Mid Essex Health & Wellbeing Alliance, ECC, Voluntary Sector, Primary Care Networks, Police and Fire Service. The feedback from this event has influenced the strategic priorities and the principles for how we will continue to work together.
- 4.2 The workshop provided an opportunity to share the evidence base and detail on the Major Health conditions that are influencing wellbeing and health inequality in the district. The session was framed around the following questions for stakeholders to consider:
 - o What are we missing?
 - o How can we shift trends?
 - o What can we do better together?
- 4.3 A key theme identified through the workshop was the willingness from across the stakeholders to achieve more together through closer partnership working, sharing of resources and exploring new opportunities together. Acknowledging Asset Based Community Development (ABCD) principles and how we enable our assets to achieve more has been highlighted in the strategy.
- 4.4 With the priorities for the strategy developed with the partners input taken into consideration, a draft of the strategy was shared with all stakeholders for final comments and reflections. This period ran from 29th of November 2023 to 15th December 2023. Feedback has been positive with any comments taken into consideration as part of the development of the final strategy.
- 4.5 In addition to the stakeholder consultation, two Livewell Cabinet Working Groups have been held with members. These sessions focused on all elements of the strategy development which are now detailed in the final document.

5. Options

Option 1 – No Livewell Strategy

5.1 The option to not have a Livewell Strategy is not recommended. This is because a local strategy for health and wellbeing comprehensively describes

what the key health challenges are in the district and how the Council intend to address them. It provides the Council with a framework to work with strategic and local partners for the benefit of our communities, as well as acknowledging the ongoing commitment from the Council to support health and wellbeing of residents.

Option 2 – Approve the Livewell Strategy

- 5.2 To approve and adopt the new draft Strategy. This option is recommended as it is widely considered best practice for local authorities to have health and wellbeing strategies which provide a clear vision and strategic framework for the health and wellbeing of our communities.
- 5.3 Option 2 is a preferred option to enable a clear strategic direction regarding health and wellbeing in the district. The Livewell Strategic Delivery Plan will have a robust proactive monitoring process to horizon scan and consider evolving issues and responding to this changing landscape and to consider proactive interventions where required.

6. Next Steps

6.1 The next steps would be to adopt and launch the Livewell Strategy and publish on the Councils website. A part of the launch will also include a second Livewell stakeholder workshop taking place on 29th February 2024 where partners will come together to develop the next steps of the strategic delivery plan. Alongside this, a Members Development Evening is due to take place on the 7th of February which will allow for further engagement in the strategy form across the Council membership.

7. Financial Implications

- 7.1 The Livewell Strategy commits the Council to explore areas that may have financial consequences, and where additional funding is required beyond the current resources available these will be brought to the Cabinet or Council as required.
- 7.2 The approved budget for 2023/24 and 2024/25 includes resources from the Essex County Council Public Health Grant, which supports a locality-based Health Practitioner role.

8. Legal Implications

8.1 The current Livewell Strategy will be out of date by the end of 2023, and it is considered best practice for the Council to continue to have a strategy in place. The Livewell Strategy supports several strategies including the Local Plan, The Bouncing Back Together Plan, The Climate Strategy, Healthy Housing Strategy and development of the new Corporate Plan.

9. Other Implications

9.1 The Livewell Strategy considers the needs of vulnerable families and adults. The Livewell Strategy is intended as a strategic document, but the actions involved in implementing the Livewell Strategy may have safeguarding implications, which will be considered at the time.

10. Equality and Diversity Implications

- 10.1 Section 149 of the Equality Act 2010 creates the public sector equality duty which requires that when the Council makes decisions it must have regard to the need to:
 - (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 10.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 10.3 The Equality Impact Assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.
- 10.4 It should be noted that the Livewell Strategy has key strategic ambition to address (health) inequalities and therefore will contribute to enabling a more equitable society.

11. List of Appendices

11.1 <u>Appendix 1 Livewell Strategy 20224-2028</u> <u>Appendix 2 Livewell Evidence Base</u>

12. Background Papers

12.1 None

APPENDIX A



Braintree District Council Livewell Strategy 2024-28



Page 77 of 148

Foreword



As we introduce this new Livewell Strategy 2024-28 it is set against a backdrop of great change. During the lifetime of the previous strategy, we have seen a

global pandemic and national socioeconomic challenges that continue to impact the ability of our communities to live well.

Whilst the long-term impacts of the pandemic and economic climate are still unclear, we know that our communities are resilient and strong. More than ever before, the pandemic highlighted the strength of our relationships, requiring partners, organisations and residents to work collaboratively. This strategy aims to build on the momentum of this positive partnership working in the district. We know that it's not just what we do but how we do it together that achieves the greatest outcomes.

We also know that there is a direct link between where you live and the ability to live a healthy and fulfilling life, which is why having a district strategy that focuses on supporting good health and wellbeing and addressing key public health challenges is vital.

In many of our wards people enjoy good health and wellbeing and, in some areas, average life expectancy is above the national average. However, there are existing health inequalities in some of our wards that persist, where life expectancy is below the national average. We continue to collaborate with partners such as Essex County Council, the Mid and South Essex Integrated Care System, NHS, Mid Essex Health & Wellbeing Alliance, Essex Police, Essex County Fire & Rescue Service and voluntary sector to address this. Collectively we aim to reduce the impact of disadvantage on residents' health and wellbeing.

This strategy also takes in to account the things we can do for ourselves to manage our own health and wellbeing. Encouraging more people to participate in regular activities that benefit their health, both physically and mentally is a key priority. By working with our residents to find out what matters to them we hope we can enable good health and wellbeing. Ultimately, by focusing on early intervention and prevention not only will we support residents to thrive and do more for themselves, we will also help to reduce the pressure on our local GPs and hospitals.

Braintree District Council and the Health & Wellbeing Panel partners are committed to ensuring this Strategy is implemented across the district and, consequently, health and wellbeing is a key priority in our Corporate Strategy 2024-2028.

I encourage all residents to engage with this strategy and explore the opportunities it presents for improving our collective wellbeing. Together, we can create a district where everyone has the resources and support they need to live healthy, happy, and fulfilling lives.

Cllr Lynette Bowers-Flint

Cabinet member for Housing, Health and Wellbeing at Braintree District Council

Contents

Introduction 04
Vision 05
Case for change:
Case for change:
Case for change: Our Communities 09
Our Principles12
Key Public Health Challenges 14
Our Priorities16
Our Objectives17
Links to other strategies
Monitoring & Governance22



Introduction

This strategy sets out the aims and aspirations of the Braintree **District Health and Wellbeing** Panel to improve the health and wellbeing of everyone living in the Braintree District.

The Panel is made up of representatives from Braintree District Council, Essex County Council, the Mid Essex Health & Wellbeing Alliance, Mid and South Essex Integrated Care System and a wide range of local health and voluntary sector organisations.



This strategy outlines the work that we will do and the key areas we will focus on, as well as the principles and approach we intend to take. In developing this new strategy, the Health and Wellbeing Panel has considered:

- Progress made against our last strategy
- The emerging needs of our communities
- Other national, county and local strategies and plans
- Data and insight from a broad network of sources across health, wellbeing and local partners
- How we will work together to achieve our aims

As part of the Health and Wellbeing Panel's work it has developed a Health and Wellbeing Programme under the "Livewell" banner. There are six themes that guide the work of the Panel and its partners and this strategy focuses on priorities based around these themes and therefore is referred to as the Braintree District Livewell Strategy.

An action plan will sit alongside the strategy to show how we are implementing it and will detail the work we are doing and the outcomes we will measure to monitor our impact and progress.

Vision

Our Vision for the Livewell Strategy is:

Working in partnership, we will reduce health inequalities and improve the health, wellbeing and quality of life for children, families and adults in the Braintree District.

We will have a district where:

- People are living more active and connected lives
- Children grow up to meet their full potential
- Communities can expect to have economic circumstances

Residents can enjoy life in to old age

good health, whatever their social or



Case for change

What have we learnt from the past 4 years?

The case for change for how we work together, deliver services and commission activities to achieve our aims is wide ranging.

Throughout the lifetime of the previous strategy, we have seen extraordinary circumstances that have impacted wellbeing and the ability of communities to live well. The Covid-19 global pandemic, climate change and national socio-economic challenges impacting the rising cost of living continue to dramatically expose health and wider inequalities that persist in our society.

Whilst these circumstances have brought many challenges, our ability to work with our system partners at all levels across the health system and beyond to achieve positive outcomes together is evident. The past four years have set a foundation for closer working strategically and locally, with a collective desire to collaborate, share resources and to nurture community assets to thrive.

This was particularly seen throughout the pandemic, where the collective strengths and flexibility of our communities to be able to support each other and do more for themselves was clear and demonstrates the strongest case for community asset driven approaches to improving the health and wellbeing of communities in the district.

What have we learnt?

- The health system has evolved, with the establishment of Integrated Care Systems, Mid Essex Health & Wellbeing Alliance and the role of Primary Care Networks being more established.
- The changing health landscape and response to public health issues means that there is an increasing focus on Health and Wellbeing and the role of local authorities in supporting health improvement and community resilience.
- Longstanding health inequalities have been exacerbated by the pandemic and impacted by the cost of living with the long-term implication on health and communities still unknown.

What should we build on?

- The wider Voluntary, Community, Social Enterprise and Faith (VCSEF) group response to the pandemic and the collective strength and flexibility of our communities to be able to support each other and themselves provides a platform for 'bottom up' community driven change.
- The past four years have set a foundation for closer partnerships working strategically and locally, with a collective desire to collaborate, share resources and nurture existing assets to enable them to achieve more.
- The way in which we communicate and engage with our residents, partners, stakeholders and communities is vital to maintaining trust and solving challenges together.

What are the gaps?

- Recognising that a considerable proportion of health challenges are derived from socio-economic factors, the sphere of influence of local authorities in addressing these challenges can be hugely impactful.
- We have been in a reactive environment with the pandemic and the Cost of Living responses, and there is a need to recalibrate our efforts back to early intervention and prevention priorities to influence long term changes.
- Commissioning across our local system can be varied. How we utilise our collective strengths across our partnerships to pursue opportunities together can be further developed.

Case for change Health Inequality

Health inequalities are ultimately about differences in the status of people's health. But the term is also used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives, both of which can contribute to their health status.

We know that there are longstanding health inequalities in the district that are closely linked to a person's socioeconomic circumstances, which can be measured by levels of deprivation.

One of the most important measures of health inequality is life expectancy. In Braintree District, the average life expectancy at birth for males is 79.7 years which is higher than the national average of 78.7 and the county average of 79.5 years.

For females the average life expectancy in Braintree District is 82.3 years which is lower than the national average of 82.8 and the Essex average of 83 years.

However, males living in least deprived areas of the district can, at birth, expect to live up to 10.2 years longer than males living in more deprived areas. For females, this gap is up to 8.6 years.

Healthy Life Expectancy

Another key measure of health inequality is the amount of time people spend in good health over the course of their lives. Healthy Life Expectancy (HLE) estimates the average number of years that an individual can expect to live in good health.

In Braintree District there is a 10-year difference in HLE at birth for males and almost a 12-year gap for females between those living in the most and least deprived areas.

Case for change

Our Communities

Braintree's communities are

- diverse and interconnected. Some
- communities are well established
- whilst others may emerge in response
- : to specific circumstances and needs.

Covering an area of approximately 612 square kilometres, Braintree District is the second largest local authority in Essex in terms of area. It is classed statistically as 'predominantly rural' with 79,200 (51%) of residents living in the three market towns of Braintree, Witham and Halstead and the remaining 76,000 (49%) living in more rural areas.



Population Growth

The 2021 census shows that the population of Braintree District has increased by 5.5% since 2011, with 155,200 residents living in the district.

Population predictions for the next twenty years indicate an 80% increase in the over 80-year-olds and a 13% increase in 60- to 70-year-olds, with an expected decrease in 0-19 and 40-59-year-olds.

Local Deprivation Profile

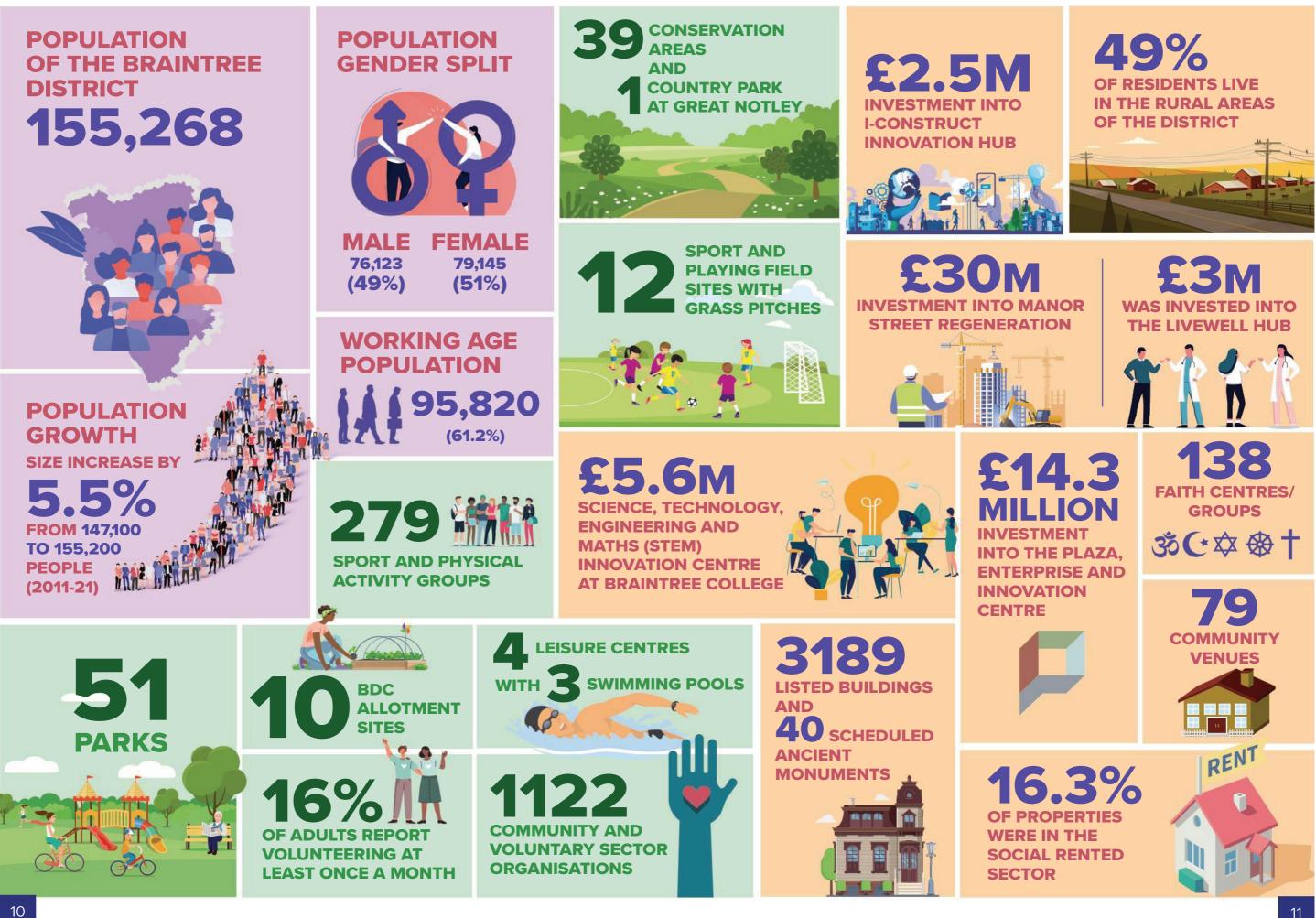
According to the English Indices of Deprivation, in 2015 Braintree District ranked 194 out of 317 local authorities in England, and in 2019 the rank was 203 indicating an above average position. However, the district has some contrasts, with the three most deprived wards being in the 20% most deprived areas in the country and two of the three least deprived wards being in the 10% least deprived wards in the country:

Most Deprived Wards

- **1.** Bocking South
- 2. Braintree Central & Beckers Green
- **3.** Halstead Trinity and Bocking North (joint 3rd)

Least Deprived Wards

- Great Notley & Black Notley 1.
- 2. Bumpstead
- 3. Kelvedon & Feering



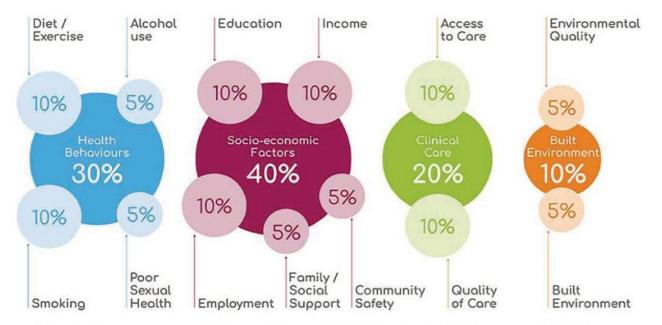
Our Principles

We know that the way in which we lead, operate and collaborate directly impacts the outcomes we want to achieve. We are committed to ensuring local organisations and community assets work together in partnership as a whole system to collectively tackle issues and to explore new opportunities. By sharing an agreed set of principles and objectives we believe we can achieve more together.

A Whole System Approach

Health and wellbeing is influenced by more than just the food we eat or how active we are. Our health is influenced by a range of factors such as our education, our jobs, how much money we have and where we live, otherwise known as the *Wider Social Determinants of Health.*

The Robert Wood Johnson Foundation model of the wider determinants demonstrates that Socio-economic factors (40%) and Built Environment (10%) equates to 50% of an individual's wellbeing, emphasizing that where you live (your postcode) influences health outcomes as much as the access to and quality of the healthcare you receive.



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

To improve the health and wellbeing of residents we must focus on the social determinants of health collectively, recognising their independencies. This can only be achieved by working together and having an impact on all the determinants with a set of shared priorities and objectives.

Early Intervention & Prevention

It is widely accepted across health and wellbeing policy that prevention is better than cure and that Early Intervention and Prevention is key to long lasting change in addressing health inequalities, influencing healthy lifestyle behaviours and addressing ongoing pressures across the health system. By focusing on the social determinates of health we can influence the 'causes of the causes' of ill health.

Health Creation

Health Creation describes a process through which individuals and communities gain a sense of purpose and control over their own lives and immediate environment. When this happens their health and wellbeing is enhanced.

The Three C's of Health Creation provides a framework for this approach, focusing on building an individual's meaningful **contact** within their community, which builds **confidence** and leads to greater **control** over their lives and the determinants that impact their health.

We will seek to increase the opportunity for our residents to participate in activities that improve health and wellbeing across the life course and the wider social determinants of health framework.

Life Course Approach

A *Life Course* approach values health and wellbeing of both current and future generations. It means identifying key opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at key life stages. The *Livewell* model reflects this approach locally and can be mapped out against the wider determinants of health to identify opportunities of greatest impact.

Place Based Approaches

Acknowledging that wide ranging factors influence health over periods of time at place level requires us to consider how we align our partnerships efforts, resources and capacity to address specific needs.

We recognise that at times there are areas of our district that may require more support than others and we are committed to taking a data driven approach to determining key priorities across demographics, places, health and wellbeing.

Asset Based Community Development

Focusing on good health and what makes us well, rather than on bad health and what makes us sick, moves us to consider assets rather than deficits. People and communities have assets which determine their health, and these can be built on and strengthened.

An Asset Based Community Development (ABCD) approach requires us to recognise that local people can change the things they believe need changing in their communities better than anyone else. By investing in the skills and capacities of our community assets we can enable ground-up community action which is paramount to addressing local challenges together and embedding lasting change.



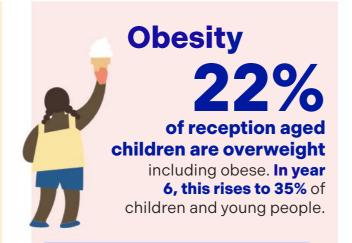
Key Public Health Challenges

Physical Activity

24% of adults are inactive, undertaking less than 30 minutes of physical activity per week.

51% of children and young people

do not meet the recommended daily physical activity guidelines.



69% of adults are overweight,

ight,

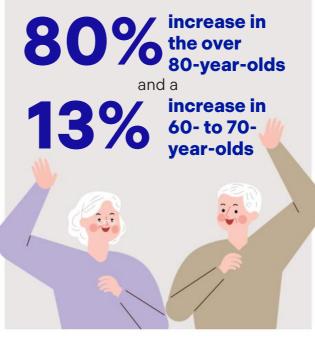
including obese. With approximately 43% of adults not eating the recommended 5 portions of fruit and veg per day.



<text><text><text><text>

Ageing population

Population predictions for the next twenty years indicate an



Access to services

The district has some of the highest average travel times in Essex to access key services



Life Expectancy

Life expectancy can be up to 9 years lower for females and over 10 years lower for men in the most deprived areas of Braintree District.



Our Priorities

Whilst the health and wellbeing of all residents is of upmost importance, we acknowledge that different communities face different challenges, with some facing more challenges than others and with more disproportionate health inequality due to circumstance, conditions or characteristics. Consequently, we take into consideration that:

- We have an ageing population that is estimated to significantly increase, therefore a focus on supporting people to age well and have access to good services, including those that support end of life is vital.
- Overall, the district continues to be an outlier for overall female average life expectancy, with underlying factors impacting this needing further analysis.
- With average travel times, digital access and evolving technologies being impacted by the rural nature of the district, there is a need for continuous evaluation of how residents can access key services.

Priorities for Health & Wellbeing

Our strategic priorities have been developed through the careful analysis of a range of data sets alongside detailed insight from partner organisations and colleagues who work with our residents daily, all of which has been collated and presented in the Livewell Strategy Evidence Base report which informs this strategy.

Additionally, there has been extensive consultation with the Health and Wellbeing Panel partners and wider stakeholders.

The five overarching strategic priorities identified are:

- **Reduce health inequalities**
- Improve mental health and wellbeing
- Increase participation in active and healthy lifestyle behaviours
- **Enable residents to maintain** independence and support the most vulnerable to do more for themselves
- **Build community capacity and** enable our assets to achieve more

For each of the priorities key objectives have been identified across the Livewell Domains. The Health and Wellbeing Panel partners will work together to develop and deliver projects, initiatives, and interventions in line with these objectives.

Our Objectives

The objectives and outcomes for this strategy have been characterised through the six themes of the Livewell Model which identifies interventions at key life stages. The objectives have been identified by the Braintree District Health & Wellbeing Panel members where they feel a significant impact can be made to improve health and wellbeing.

startwell

people and families

diewell

Individuals, with their families and carers, will have greater choice around end of life care and support

agewell

Enabling a better quality of life for the future, supporting people to live independently and safely as they grow older

bewell More opportunities and healthy lifestyle

staywell

Residents will have access to support, activities and services that maintain healthy, productive and fulfilling lives

livewell health and wellbeing

feelwell

Agencies and residents will know where and how to access activities and services that support good mental health and wellbeing

startwell

Experiences in early childhood profoundly influence physical and emotional health into adulthood. There are challenges in Braintree District with childhood physical and emotional development linked to obesity, physical inactivity and economic circumstances.

Objective:

The Panel will endeavour to create more opportunities for children, young people and families to participate in experiences that engender healthy lifestyle behaviours, supports emotional and physical development and creates the conditions for family friendly communities where children and young people can thrive.

Outcome:

Children, young people and families will have the best start in life.

staywell

Our ability to stay well throughout life is influenced by a range of factors across the Wider Social Determinants of Health; socio-economic, our lifestyle choices, environmental and our ability to access services when we need them. We know that where we live determines life prospects, as well as the type, quality and access to services or activities that supports good health and wellbeing.

Objective:

By working in partnership with the community and professionals the Panel will identify opportunities to improve access to activities and services that will support residents to maintain healthy and fulfilling lives. The Panel acknowledges that at times there are specific geographies, demographics and health needs of our district that may require more focus than others.

Outcome:

Residents will have access to support, activities and services that maintain healthy, productive and fulfilling lives.





feelwell

Positive mental health and wellbeing is associated with an increase in life expectancy, improved quality of life, physical outcomes, education attainment, increased economic participation, and positive social relationships. Therefore, knowing where, when, and how to access activities or services that support positive health and wellbeing is vital for both residents and agencies working the district.

Objective:

For residents to be able to do more for themselves and to enable agencies to work more collaboratively, the Panel recognises the requirement for the ongoing development of how we collectively communicate what is available in the district and it how it can be accessed.

Outcome:

Agencies and residents will know where and how to access activities and services that support good mental health and wellbeing.



bewell

Around thirty percent of the health outcomes for an individual can be traced back to the lifestyle behaviours engaged in. This includes tobacco use, vaping, alcohol intake, substance misuse, diet and levels of physical activity. Compared to other areas of Essex, Braintree District has an above average position for childhood and adult obesity. Participation in active lifestyles is equally challenged with nearly one in four adults undertaking less than thirty minutes of physical activity a week and just over half of school age children not meeting the daily recommended physical activity quidelines.

Objective:

The Panel aims to increase early intervention and prevention measures, particularly participation in active and healthy lifestyle behaviours. We will seek to support existing and establish new opportunities that reinforce positive lifestyle choices.

Outcome:

More opportunities for residents to participate in active and healthy lifestyle choices.



agewell

Population predictions for the next twenty years indicate a significant increase in the over eighty-year-olds and those at retirement age in the district. Acknowledging that our aging population are more at risk to long-term and major health conditions, such as dementia, respiratory diseases, fragility, loneliness and isolation, requires us to carefully consider how our older residents continue to live independently and healthily into older age.

Objective:

The Panel is committed to working with our communities to age well; working with partners to provide access to good services that supports those in older age, ensuring we provide a wide range of opportunities to participate in wellbeing activities and identifying those who may need more support to live independently and safely as they grow older.

Outcome:

Enabling a better quality of life for the future, supporting people to live independently and safely as they grow older.



diewell

Good health and wellbeing across the life course includes end of life experience and care for children, young people, adults, families and carers. This means acknowledging that residents of all ages nearing end of life require choice around their care, and that families and carers need to know where to access support during and after their loved one's end of life.

Objective:

The Panel has a role to play in supporting our communities during times of poor health and personal loss and will work collaboratively with local people, community groups, faith organisations and health organisations that enhance the resilience of the community to cope with issues related to death and dying.

Outcome:

Individuals, with their families and carers, will have greater choice around end of life care and support

Links to other strategies

The Livewell strategy does not operate alone in the ecology of the health care system in Braintree District and Essex. How we interact and collaborate with our system partners will enhance the health and wellbeing offer for our residents and coordinate our collective resources to have greatest impact.

Several key local and national strategies exist that have been designed by system partners, all having their own thematic priorities which influence local outcomes. Some of the key strategies, frameworks and policies that underpin and work alongside the Livewell Strategy are:

- Mid and South Essex ICS Integrated Care Strategy
- ECC Joint Health and Wellbeing Strategy 2022-26
- ECC Everyone's Essex Levelling up
- Active Essex Fit the Future
- ECC Children's and Young Peoples Plan
- ECC All Age Carers Strategy 2022
- Suicide Prevention (SET) Strategy
- Braintree District Council Local Plan 2033
- Levelling Up White Paper
- PFCC Crime Prevention Strategy

- A Connected Society: A Strategy for Tackling Loneliness 2018
- Braintree District Council Digital Strategy 2022-26
- Digital Strategy for Essex 2022-2025
- People At the Heart of Care White Paper
- The Fuller Stockdale Report
- Early Intervention Policy & Provision



Monitoring & Governance

A strategic Livewell Action Plan will be developed which will ensure the strategic priorities for health and wellbeing in the district are clearly defined, whilst accounting for the need to be agile and proactive as any new priorities and policies emerge during the lifetime of the strategy.

For the Braintree District Health & Wellbeing Panel

The action plan will be reported to the Braintree District Health & Wellbeing Panel which will be responsible for overseeing the delivery and successful implementation. For every action, intervention and project developed, specific impact targets will be agreed with stakeholders, partners and deliverers. Partners will regularly report on progress and we will consult with our communities and stakeholders to seek their feedback to ensure we are responding to emerging needs. Quarterly reviews of the action plan will take place with a full review published annually.

For Braintree District Council

Braintree District Council is committed to delivering the priorities set out in this strategy and will do this by:

- Committing officer resource to coordinate and lead the strategic action plan
- Hosting place based Public Health practitioners, focusing on early intervention, prevention and addressing health inequalities
- Coordinating existing and seeking new financial resources that build community capacity and seek to achieve the outcomes set out in the strategy
- Include the Livewell Strategy priorities within the councils Corporate Plan

Measuring & sharing success

Placing highest value on achieving outcomes and developing partnerships the Health and Wellbeing Panel will promote the success of all stakeholders through:

- Developing case studies and outcome reports
- Sharing achievements through dedicated marketing campaigns
- Advocacy of the Livewell Strategy and the Health and Wellbeing Panels aims

It is essential that the strategy remains current and evolves with local, national and global influences so that it remains effective. Therefore, our ability to work with our strategic and locality partners across the broad spectrum of health and wellbeing to address key challenges will be a key indicator of our success.

We will also utilise the **Thriving Places Index**, a tool which measures wellbeing economy in the district through detailed analysis of the indicators that have the greatest influence over our health and wellbeing. This tool has been developed with our Mid Essex Health and Wellbeing Alliance partners and demonstrates our commitment to a systems approach to place based working.



Braintree District Council Causeway House, Bocking End, Braintree, Essex CM7 9HB



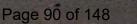
Page 89 of 148

Braintree

Livewell Strategy 2023-27 Evidence Base V.10

June 2023





Contents

01	Introduction		
02	The LiveWell Campaign		
	2.1	The Health & Wellbeing Panel	03
	2.2	Achievements Against The Last Strategy	04
	2.3	What Have We Learnt?	05
03		Health System Geography rategic Context	06
	3.1	The Braintree District Health System	06
	3.2	Integrated Care Systems	07
04		s to Other Strategies ealth Frameworks	08
	4.1	Links to BDC Strategies	80
	4.2	Links to National & Local Priorities	08
	4.3	Life Course Approach	10
	4.4	Early Intervention and Prevention	10
	4.5	Health Creation	10
	4.6	Asset Based Community Development	10

05	A Case For Change		
	– He	ealth Inequality	10
	5.1	Life Expectancy	
		In Braintree District	11
	5.2	Healthy Life Expectancy	11
	5.3	Addressing Inequalities	12
	5.4	Marmot Cities, Districts	
		and Boroughs	12
06		ase For Change	
	- Ou	r Communities	12
	6.1	Our Growing Population	12
	6.2	Indices of Deprivation	13
	6.3	Our Community Dashboard	d 14
07	Hea	Ith & Wellbeing in Braintree	e 16
	7.1	Wider Social Determinants	
		of Health	16
08	Clini	ical Care	17
_	8.1	Cancer Screening	17

8.2 NHS Health Checks

8.4 Children and Young

8.5 Rural Mental Health

& Wellbeing
8.6 Access to Services

8.7 Digital Access

8.3 Mental Health & Suicide

People's Mental Health

	9.1	Smoking & Vaping	20
	9.2	Drug Misuse & Alcohol	20
	9.3	Obesity	21
	9.4	Physical Activity	21
	9.5	Major Conditions	22
10	Soci	oeconomics	23
	10.1	Employment & Income	23
	10.2	Education	23
	10.3	Crime	24
	10.4	Carers	25
	10.5	Loneliness	25
	10.6	Voluntary, Community, Social Enterprise & Faith (VCSEF)	25
11	The	Built Environment	26
	11.1	Housing	26
	11.2	Traffic Accidents	26

12	Priorities

Health Behaviours

12.1	Health & Wellbeing	27
12.2	Approach	28
12.3	Demographics	28

13	Reco	ommendations	28
	13.1	For the Livewell Domains	28
	13.2	For the Health & Wellbeing Panel	28
	13.3	For Braintree District Council	29
14	Glos	sary	29
15	Refe	rences	31

Livewell Strategy 2023-2027

Introduction

Braintree District Council is developing a new Livewell Strategy for 2023 -2027. The purpose of the strategy is to provide a clear direction of travel, setting out the priorities that need to be focused on locally to support residents to improve their health and wellbeing.

This document provides an insight into the evidence that is available to inform strategic decision making for the Livewell Strategy, to generate recommendations for which priorities the strategy should focus on. The evidence gathered and presented here will also show the journey from the previous Livewell Strategy to the new one, and what has been achieved and what needs to be improved for the next strategy.

02 **The Livewell** Campaign

The Livewell campaign is designed to engage with communities, families and individuals with the aim of providing information about all that is on offer in Essex to improve health and wellbeing www.livewellcampaign.co.uk

Since Braintree District Council launched the Livewell campaign in 2014, all 13 Essex Local Authorities have come together to collaborate on this agenda and work towards achieving better health outcomes for people across the county.

We have also seen partners throughout the Essex health and care system adopt the 'Livewell model', often referred to as the Livewell Domains, so as to map out a *life course approach*¹ which values the health and wellbeing of both the current and future generations.



The Livewell Domains startwell Giving children the best start in life iewell Plan for the future Physical exercise Walking clubs Chair based exercise staywell livewell health and bewell wellbeing Regular physical activity Walking/Running clubs Sports facilities feelwell eatwel Healthy eating Healthy recipe Figure one: Livewell Campaign

Startwell

aiming to give children the best start in life

Bewell

aiming to help residents live active lifestyles

Eatwell

raising awareness about healthier eating,

Feelwell

improving access to services that address mental health

Staywell

working with the community and professionals to ensure residents have access to the best clinical services

Agewell

encourage people to look at improving their health & wellbeing now, to be able to lead a better quality of life in the future. We will also encourage and provide opportunity for our elderly population to be more active during their retirement years

2.1: The Health & Wellbeing Panel

The Health and Wellbeing Panel is established for the Braintree District and forms the strategic partnership for the coordination, communication and commissioning of health improvement and wellbeing services for the local population. The panel aims to achieve better health, wellbeing and social care outcomes for the district's population and a better quality of care for communities using local health and social services. The partnership consists of representation across a range of local system partners:

- Braintree District Council
- Mid & South Essex Integrated Care Board
- Mid Essex Health & Wellbeing Alliance
- Essex County Council
- Eastlight Community Homes
- Community360
- Citizens Advice Bureau
- Active Essex
- Active Braintree Foundation & Network
- Department for Work and Pensions (DWP)
- First Stop Centre

Several subgroups are in operation or have been established in response to specific health and wellbeing needs in the district and work in conjunction with the Health & Wellbeing Panel:

- Braintree District Mental Health Forum
- Social Isolation and Loneliness Forum
- Cost of Living Partnership
- Family Activity Steering Group
- Dementia Action Alliance
- Safer Streets Steering Group
- Community Safety Hub
- Active Braintree Network

2.2: Achievements Against the Last Strategy

Within the lifespan of the 2019-2023 strategy, we have seen unprecedented events impact the health and wellbeing of our communities. Covid-19, environmental changes and rising costs of living continue to dramatically expose health and wider inequalities that exist in our communities.

Despite this much has been achieved, with coordinated responses led by Braintree District Council and partners through the district Health and Wellbeing Panel, supporting wider community health, wellbeing and resilience:

The Livewell Action Plan

The work of the Health and Wellbeing Panel and projects relating to the previous Livewell Strategy's objectives and outcomes have been tracked through the *Livewell Action Plan* where over 40 programmes of work have been delivered across the district. Detailed case studies and outcomes can be found in *LiveWell Strategy Update March 2023*¹, where some of the key achievements have been:

Startwell:

Supporting 1733 places for children and young people to access Holiday Activities and food provisions during school holidays. Working with local schools to support the Healthy Habits healthy eating programme and providing grants to support emotional health and wellbeing in schools.

Bewell:

Funding the Man Vs Fat male weight loss group and the Finding Your Feet Walking programme to support people into 'entry level' a physical activity. Collaborating with the Active Braintree Foundation to tackle inactivity through increasing participation in a range of communitybased sporting activities, such as the Active Referrals Scheme which provides access to prepaid physical activities at Fusion leisure centres when referred by a GP.

Staywell:

Braintree District Council financed and delivered the £30 million mixed-use Livewell Hub and pharmacy at Victoria Square, which supports several health services. The council has also been working with Mid and South Essex Integrated Care System to explore health facility options in Witham, Silver End and Sible Hedingham.

Eatwell:

Working with partners and delivering the 12-week My Weight Matters management programme at various venues across the district. This is alongside promoting the Mid Essex CCG Tier 3 Management support and the Colne Valley Low Carb Programme designed to reduce obesity and type 2 diabetes.

Feelwell:

The Social Isolation and Loneliness Forum, Dementia Action Alliance and Mental Health Forum brings local partners together to focus on placebased programmes that support mental health and wellbeing of our residents. Identifying gaps and opportunities in our communities, they coordinate activities like Dementia friendly cinema, afternoon teas, rural outreach events during Loneliness Awareness week, and establish local referral pathways in to key services.

Agewell:

Walking sports and mobility group exercises classes have been established with Fusion Leisure centres, strength and balance chair-based exercises with Eastlight Community Homes and the Community360 Slipper Exchange fitted 560 pairs of slippers to help prevent slips, trips and falls in the home.

COVID-19 Response

The impact of the pandemic on delivery of the Livewell Strategy objectives has been significant. Resources that were originally intended to deliver Livewell priorities were diverted to respond to the pandemic. The *Covid Community Response Summary Report March 2023*² highlights that:

- We supported 3,500 clinically extremely vulnerable people and 464 residents with food, essential items or befriending
- 10,548 grants totalling
 £55,946,301 to local business and
 £161,880 to community and
 voluntary sector groups were
 distributed
- We contacted **1307** people through contact tracing and distributed
 50,000 lateral flow tests
- The way we communicated, engaged and worked with our partners to tackle local challenges has been strengthened and provides a solid foundation for us to build on for the future

Cost of Living

In August 2022, a district wide Cost of Living Partnership was established to respond to, support, and tackle the effect of the national cost of living crisis on Braintree District residents with projects focusing on:

- Warm Spaces
- Winter Resilience Programme
- Holiday Activity Programme (for children, young people and families)
- Foodbank support

Additionally, in January 2023 the council announced it is investing £1 Million of its New Homes Bonus into a two-year programme to tackle challenges, in particular:

- To provide food security and access to essential items across the district
- To help the most vulnerable, by supporting community groups and organisations to do more
- To enable physical and emotional health and wellbeing for anyone, especially young people, struggling to afford access to leisure activities and social clubs

2.3: What Next?

What have we learnt?

- The health system has evolved, with the establishment of Integrated Care Systems, Mid Essex Health & Wellbeing Alliance and the role of Primary Care Networks being more established.
- The changing health landscape and response to public health issues means that there is an increasing focus on Health and Wellbeing and the role of local authorities in supporting health improvement and community resilience.
- Longstanding health inequalities have been exacerbated by the pandemic and impacted by the Cost of Living with the long-term implication on health and communities still unknown.

What should we build on?

 The wider Voluntary, Community, Social Enterprise and Faith (VCSEF) group response to the pandemic and the collective strength and flexibility of our communities to be able to support each other and themselves provides a platform for 'bottom up' community driven change.

- The past four years have set a foundation for closer partnerships working strategically and locally, with a collective desire to collaborate, share resources and nurture existing assets to enable them to achieve more.
- The way in which we communicate and engage with our customers, partners, stakeholders and communities is vital to maintaining trust and solving challenges together.

What are the gaps?

- Recognising that a considerable proportion of health challenges are derived from socio-economic factors, the sphere of influence of local authorities in addressing these challenges can be hugely impactful.
- We have been in a reactive environment with the pandemic and the Cost of Living responses, and there is a need to recalibrate our efforts back to early intervention and prevention priorities to influence long term changes.
- Commissioning across our local system can be varied. How we utilise our collective strengths across our partnerships to pursue opportunities together can be further explored.

DOB The Health System Geography & Strategic Context

The Livewell strategy does not operate alone in the ecology of the health care system in Braintree District and Essex. How we interact and collaborate with our system partners will enhance the health and wellbeing offer for our residents and coordinate our collective resources to have greatest impact.

3.1: The Braintree District Health System

- NHS Sets national strategy and policy
- Essex County Council Provides Public Health functions, including Social Care. Commissions Children 0-19 services and healthy lifestyles services via the Essex Wellbeing Service
- Mid and South Essex Integrated Care System (MSE ICS) Focusing on improving care, access to services and population health

Mid Essex Alliance

Has 'place based' priorities across Maldon, Chelmsford and Braintree, focusing on early intervention, prevention and health inequalities areas in Mental Health, Obesity and Life Expectancy

- Primary Care Networks
 3 in Braintree district, consisting of
 15 GP Practices, commissioning
 primary health care services
 (feeding into the Mid Essex Alliance
 and ICS)
- Braintree District Council Focusing on 'Place Level' health and wellbeing outcomes and Livewell Strategy
- Voluntary, Community, Social Enterprise and Faith (VCSEF) Plays a crucial role in providing wide ranging activities and services that support health and wellbeing, often underpinning and collaborating with health partners to support local challenges at 'Neighbourhood Level' - Town, Parish and Wards

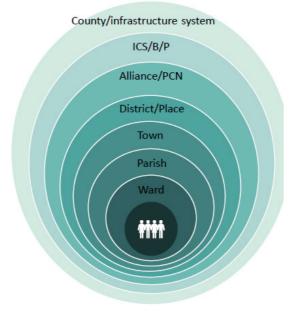
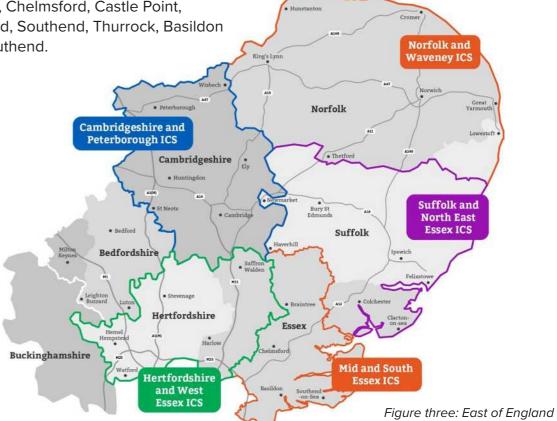


Figure two: Provide by ECC Public Health team

3.2: Integrated Care Systems

As of July 2022, Care Commissioning Groups (CCG's) have been disbanded, with the newly formed Integrated Care System (ICS) focusing on place base priorities and services. Braintree District sits within the Mid and South Essex ICS³ (MSE ICS) which supports a population of 1.2 million people, living across Braintree, Maldon, Chelmsford, Castle Point, Rochford, Southend, Thurrock, Basildon and Southend.



All ICS's consist of:

- Integrated Care Boards (ICB's) responsible for allocating budget and commissioning services
- Integrated Care Partnerships (ICP's) - brings together a broad range of system partners to develop an integrated care strategy – must build on local strategies, data and insight



The MSE ICS has 4 core purposes to:

- Improve outcomes in population and healthcare
- Tackle inequalities in outcomes and access to healthcare
- Enhance productivity and value for money
- Support broader economic development

Integrated Care Systems

The 10-year MSE Integrated Care Strategy 23-2033⁴ has three key focus areas:

- 1. Addressing persistent inequalities
- 2. Supporting health and care of a growing and aging population
- Mental Health conditions focusing on suicide rates, reducing stigma and increasing therapies

Links to Other Strategies & Health Frameworks



Several key local and national strategies exist that have been designed by system partners, all having their own thematic priorities which influence local outcomes. Some of the key strategies, frameworks and policies that underpin and work alongside the Livewell Strategy are:

- MSE ICS Integrated Care Strategy
- ECC Joint Health and Wellbeing Strategy 2022-26
- ECC Everyone's Essex Levelling up
- Active Essex Fit the Future 2021-2023
- ECC Children's and Young Peoples Plan
- ECC All Age Carers Strategy 2022
- Suicide Prevention (SET) Strategy
- 'My Life My rights' Essex Local Area SEND Strategy 2022-27
- Braintree District Council Local Plan 2033
- Levelling Up White Paper
- PFCC Crime Prevention Strategy
- A Connected Society: A Strategy for Tackling Loneliness 2018
- Braintree District Council Digital Strategy 2022-26
- Digital Strategy for Essex 2022-2025
- The Fuller Stocktake Report

4.1: Links to BDC Strategies

The broad role Braintree District Council plays in improving the social, economic and wellbeing outcomes of communities means there are many other strategies, policies and frameworks across the council which operate alongside the Livewell strategy, which we will seek to influence or compliment Strategy and policy documents – Braintree District Council.



Figure Four: BDC Organisational Strategies

4.2: Links To **National & Local Priorities**

Core20Plus5

Core20Plus5⁵ is a national NHS England approach to inform action to reduce healthcare inequalities at both national and local level. This approach focuses on three core components:

- The 'Core20' the 20 per cent of the population in the most deprived areas
- The 'plus' -an additional focus on local inequalities, determined by integrated care systems (ICS's)
- The **5** the five key clinical areas prioritised in the NHS long term plan

The 5 key clinical areas for adults:

- Continuity of maternity care for women in the most deprived areas and those from Black, Asian and minority ethnic groups
- Annual health checks for those with serious mental illness
- Chronic obstructive pulmonary disease management (with a focus on Covid-19, flu and pneumonia vaccination uptake)
- Early cancer diagnosis
- Hypertension case-finding

The 5 key clinical focus areas for **Children & Young People:**

- Asthma addressing over reliance on medications and decreasing the number of Asthma attacks
- Diabetes -Increase access to realtime continuous glucose monitors and insulin pumps across the most deprived quintiles and increase proportion of those with Type 2 diabetes receiving recommended NICE care processes.
- Epilepsy Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

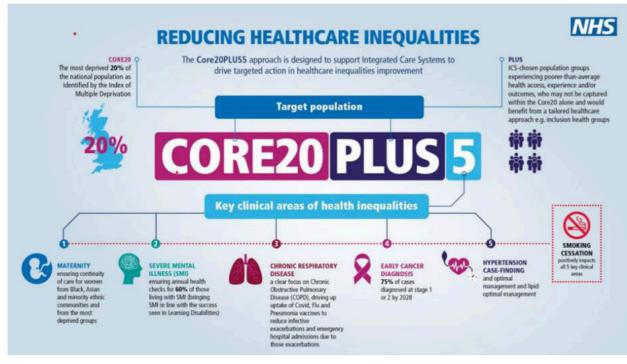


Figure five: Core20Plus5 (adults) from NHS England



- Oral Health Tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under
- Mental Health Improve access rates to children and young people's mental health services for 0–17-year-olds, for certain ethnic groups, age, gender and deprivation.

Figure six: Core20Plus5 (children) from NHS England

4.3: Life Course Approach

A *Life Course* approach values health & wellbeing of both current and future generations. It means identifying key opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at key life stages. The Livewell model reflects this approach locally and can be mapped out against the wider determinants of health to identify opportunities of greatest impact to address health inequalities.

Actions to promote health equity and tackle health inequalities across the life course



Figure seven: From the Office for Health Improvement and Disparities

4.4: Early Intervention and Prevention

It is widely accepted across health and wellbeing policy that prevention is better than cure and that *Early Intervention and Prevention*⁶ is key to long lasting change in addressing health inequalities, influencing healthy lifestyle behaviours and addressing ongoing pressures across the health system.

In particular, what happens during pregnancy and the first one thousand days of a child 's life has a profound influence on health and wellbeing over their whole lifetime. Therefore, positive early experiences are vital and can be shaped by a range of factors such as:

- Sensitive attuned parenting
- Effects of socio-economic status
- The impacts of high-quality education and care

4.5: Health Creation

Health Creation describes a process through which individuals and communities gain a sense of purpose and control over their own lives and immediate environment. When this happens their health and wellbeing is enhanced.⁷ The *Three C's of Health Creation*⁸ provides a framework for this for this approach, focusing on building an individual's meaningful **contact** within their community, which builds **confidence** and leads to greater **control** over their lives and the determinants that impact their health.

4.6: Asset Based Community Development

Focusing on good health and what makes us well, rather than on bad health and what makes us sick, moves us to consider assets rather than deficits. People and communities have assets which determine their health, and these can be built on and strengthened.

An Asset Based Community Development (ABCD)⁹ approach requires us to **'focus on what's strong, to address what wrong'**, recognising that local people can change the things they believe need changing in their communities better than anyone else¹⁰. By investing in the skills and capacities of our community assets we can enable ground-up community action which is paramount to addressing local challenges together and embedding lasting change.

05

A Case for Change – Health Inequality

Health inequalities are ultimately about differences in the status of people's health¹¹. But the term is also used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives, both of which can contribute to their health status. Health inequalities can therefore involve differences in:

Livewell Strategy 2023-2027

- health status, for example, life expectancy
- access to care, for example, availability of given services
- quality and experience of care, for example, levels of patient satisfaction
- behavioural risks to health, for example, smoking rates
- wider determinants of health, for example, quality of housing and \ financial wellbeing

Differences in health status and the things that determine it can be experienced by people grouped by a range of factors¹². In England, health inequalities are often analysed and addressed by policy across four factors:

- socio-economic factors, for example, income
- geography, for example, region or whether urban or rural
- specific characteristics including those protected in law, such as sex,

ethnicity or disability

 socially excluded groups, for example, people experiencing homelessness.

5.1: Life Expectancy in Braintree District

One of the most important measures of health inequality is life expectancy. This is closely linked to a person's socio-economic circumstances, which can be measured by levels of deprivation¹³.

In Braintree District, the average life expectancy at birth for males is 79.7 years which is higher than the national average of 78.7 and the county average of 79.5 years.

For females the average life expectancy in Braintree District is 82.3 years which is lower than the national average of 82.8 and the Essex average of 83 years.

However, males living in more deprived areas of the district can, at birth, expect to live up to 10.2 years longer than males living in more deprived areas. For females, this gap is up to 8.6 years.

Gender	Ward with highest life expectancy (years)	Ward(s) with lowest life expectancy (years)	Difference in life expectancy (years)
Males	Bumpstead (86.2)	Witham Central (76)	10.2 years
Females	Bumpstead (87.5)	Bocking South (78.9)	8.6 years

5.2: Healthy Life Expectancy

Another key measure of health inequality is the amount of time people spend in good health over the course of their lives. Healthy Life Expectancy (HLE) estimates the average number of years that an individual can expect to live in good health.

In Essex, the average HLE for Males is 64.2 years and 65.9 years for Females¹⁵. In Braintree District there is a 10-year difference in HLE at birth for males and almost a 12-year gap for females.

Gender	Ward with highest life expectancy (years)	Ward(s) with lowest life expectancy (years)	Difference in life expectancy (years)
Males	Great Notley & Black Notley (71.8)	Bocking South (61.8)	10 years
Females	Stour Valley South (73.9)	Bocking South (62.9)	11.8 years

Data obtained from the ONS Healthy State Life Expectancy by Wards in England & Wales

Data obtained from **Public Health Profiles**¹⁴

5.3: Addressing Inequalities

In his report *Health Equity in England: The Marmot Review 10 Years On (2020)*¹⁶ Sir Michael Marmot states that:

"To tackle (health) inequality, society needs to enable all children, young people and adults to maximise their capabilities and have control over their lives..."

Marmot sets out an approach to addressing heath inequalities that focuses on creating the conditions for people to take control in their own lives, recognising that this requires action across the social determinants of health and therefore places emphasis on the role of a wide range of key stakeholders, from national and local government to the private, voluntary sector, faith groups and wider community. Marmot proposes a *Framework for Action*¹⁷ with 6 key policy objectives, with the highest priority given to the first objective:

- Giving every child the best start in life
- Enabling all children, young people and adult to maximize their capabilities and have control over their lives
- Creating fair employment and good work for all
- 4. Ensuring a healthy standard of living for all
- Creating and developing sustainable places and communities
- 6. Strengthening the role and impact on ill-health prevention

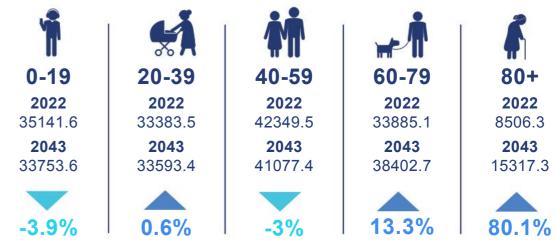
5.4: Marmot Cities, Districts and Boroughs

Several areas across the country have made a commitment to addressing health inequalities via adopting the six Marmot policy objectives and becoming *Marmot Cities/Districts/Boroughs.*¹⁸

06

A Case for Change - Our Communities

Covering an area of approximately 612 square kilometres, Braintree District is the second largest local authority in Essex in terms of area. It is classed statistically as 'predominantly rural' with 79,200 (51%) of residents living in the three market towns of Braintree, Witham and Halstead and the remaining 76,000 (49%) living in more rural areas¹⁹.



Source: 2018 Subnational ONS population projection

6.1: Our Growing Population

2021 Census Data shows us that since 2011 the district has seen:

- the population size increase by 5.5%, from 147,100 to 155,200 people
- an increase of 29.8% in people aged 65 years and over
- an increase of 1.3% in people aged
 15 to 64 years
- a decrease of 0.9% in children aged under 15 years.²⁰

Furthermore, population predictions for the next twenty years indicate an 80% increase in the over 80-year-olds and a 13% increase in 60- to 70-year-olds, with an expected decrease in 0-19 and 40–59-year-olds.

Figure eight: Population Projection 2023-43

6.2: Indices of Deprivation

The Department for Levelling Up, Housing and Communities publishes the English Indices of Deprivation²¹, the most recent version being 2019. The indices show where residents experience significant levels of deprivation, characterised by poorer health, lower skills, educational disadvantage, fuel poverty and reduced access to quality housing.

Index of Multiple Deprivation 2019



BRAINTREE

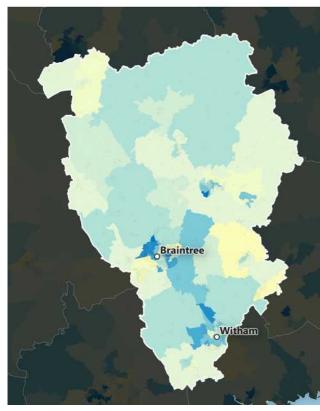
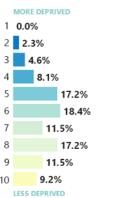


Figure nine: Braintree District Local Deprivation Profile 2019

In 2015 Braintree District ranked 194 out of 317 local authorities, and in 2019 the rank was 203 indicating an above average position. However, the district has some contrasts, with the three most deprived wards being in the 20% most deprived areas in the country and two of the three least deprived wards being in the 10% least deprived wards in the country:

Local authority profile

% of LSOAs in each national deprivation decile



10

What this map shows

This is a map of Index of Multiple Deprivation (IMD) 2019 data for Braintree. The colours on the map indicate the deprivation decile of each Lower Layer Super Output Area (LSOA) for England as a whole, and the coloured bars above indicate the proportion of LSOAs in each national deprivation decile. The most deprived areas (decile 1) are shown in blue. It is important to keep in mind that the data relate to small areas and do not tell us how deprived, or wealthy, individual people are. LSOAs have an average population of just under 1,700 (as of 2017).

More deprived

Less deprived

Relative level of deprivation

Most deprived wards

- **Bocking South** 1.
- 2. Braintree Central & Beckers Green
- 3. Halstead Trinity and Bocking North (joint 3rd)

Least deprived wards

- Great Notley and Black Notley 1.
- 2. Bumpstead
- 3. Kelvedon and Feering

6.3: Our Community **Dashboard**

Braintree's communities are diverse and interconnected. Some communities are long-term whilst others may rise in response to specific circumstances and needs.

Different communities face different challenges, with some facing more challenges than others and with more disproportionate health inequality due to circumstance, conditions or characteristics.

Braintree Community by Protected Characteristics:²²

Age

- Infancy and early years (0-4) - 8453 (5.4%)
- Childhood and adolescence (5-24) - 34,705 (22.1%)
- Working age and adults (16-64) - 95,820 (61.2%)

*this age group crosses over with childhood and adolescence, meaning the percentages do not add up.

Older people (65+) - 31,748 (20.5%)

Gender

- All residents 155,268
- Male 79,145 (51%)
- Female 76,123 (49%)

Gender Reassignment

- All residents aged 16 and over - 126.572
- Gender identity the same as sex registered at birth - 120,021 (94.8%)
- Gender identity different from sex registered at birth but no specific identity given - 168 (0.1%)
- Trans women 84 (0.1%)
- Trans men 75 (0.1%)
- Non-binary 37 (0.0%)
- All other gender identities - 38 (0.0%)
- Not answered 6149 (4.9%)

Disability: includes physical

impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.

- Disabled under Equality Act: Day to day activities limited a lot - 10,373 (6.7%)
- Disabled under Equality Act: Day to day activities limited a little - 15,915 (10.3%)
- Not disabled under Equality Act: has long term physical or mental health condition but day to day activities are not limited - 12,082 (7.8%)

Marriage & Civil partnership

- All residents aged 16 and over - 126.573
- Never married and never registered in civil partnership - 41,635 (32.9%)
- Married 61,290 (48.4%)
- In a registered civil partnership - 214 (0.2%)
- Separated, but still legally married or still legally in a civil partnership - 2569 (2%)

- Divorced or civil partnership dissolved 12,902 (10.2%)
- Windowed or surviving civil partnership 7963 (6.3%)

Race & Ethnicity

- Asian, Asian British or Asian Welsh
 2566 (1.7%)
- Black, Black British, Black Welsh, Caribbean or African - 1889 (1.2%)
- Mixed or multiple ethnic group
 3014 (1.9%)
- White 146,981 (94.7%)
- Other ethnic group 815 (0.5%)

Religion & Belief

- No religion 69,930 (45%)
- Christian 73,056 (47.1%)
- Buddhist 417 (0.3%)
- Hindu 591 (0.4%)
- Jewish -281 (0.2%)
- Muslim 1019 (0.7%)
- Sikh 112 (0.1%)
- Other religion 672 (0.4%)
- Note answered 9190 (5.9%)

Sexual Orientation

- All residents aged 16 and over - 126,573
- Straight or heterosexual
 115,511 (91.3%)
- Gay or Lesbian 1393 (1.1%)
- Bisexual 1151 (0.9%)
- Pansexual 183 (0.1%)
- Asexual 46 (0.0%)
- Queer 11 (0.0%)
- All other sexual orientations
 7 (0.0%)
- Not answered 8266 (6.5%)

Pregnancy and maternity:

women before and after childbirth; breastfeeding.

- Deliveries to teenage mothers
 40 (0.6% from 2016/17 20/21)
- General fertility rate: live births per
 1,000 women aged 15-44
 8,037 (61.6% from 2016-20)
- Low birth weight of term babies
 23 (1.6% from 2021)

Braintree Community by Socio-Economic Status & Geography

Number of people unemployed
 - 2,000 (2.3%).

Out of work benefits claimant count by age in 2023^{xlv}

Age Band	Braintree District
16+	2,530
Aged 16-17	5
Aged 18-24	430
Aged 25-49	1,455
Aged 50+	645
Total	5,065

People with poor literacy

- No qualifications 23,238 (18.4%)
- Level 1 and entry level qualifications
 15,569 (12.3%)
- Level 2 qualifications
 21,107 (16.7%)

Others who face Health Inequalities: Looked after and accommodated children and young people.

 Approximately 1,118 children were in care in Essex, 2022. Just over 450 children in Essex are leaving care (2017/18) per 10,000 children under 18.²³

Carers: paid/unpaid, family members.

- Provides no unpaid care
 134,162 (91.4%)
- Provides 19 hours or less of unpaid care a week - 6487 (4.4%)
- Provides 20 to 49 hours of unpaid care a week - 2370 (1.6%)
- Provides 50 hours or more of unpaid care a week
 – 3796 (2.6%)²⁴

Homeless people or those who experience homelessness:

people on the street; those staying temporarily with friends/family; those in hostels/B&Bs.

 Number of households in temporary accommodation
 - 54 (reference - internal Abritas database)

People with addictions and substance misuse problems.

 66 active clients with Open Road in the Braintree District.

Gypsy, Roma and Traveller populations

- 0.1% of the Braintree District are white: Gypsy or Irish Traveller. This population is highest in Silver End and Stisted with 0.3%.²⁵
- The Braintree District has 10 Gypsy and Traveller sites, and 2 Travelling Showpersons sites. The population of these are unknown.

Vulnerable Migrants

 Currently 277 Ukrainian guests living in the Braintree District under the Homes for Ukraine scheme.

Armed forces Community

 2.7% of people in the Braintree District have previously served in the UK regular armed forces²⁶.

Health & Wellbeing In Braintree

The Essex County Council Joint Health and Wellbeing Strategy sets out the priorities identified through the *Joint Strategic Needs Assessment* that local government, the NHS and other partners will deliver together through the Health and Wellbeing Board. This feeds into, and aligns with, the eventual Livewell Strategy that this document is intended to inform.

Unless otherwise stated the JSNA has been used to provide the insight across each area from this point forward. This is in addition to the Essex County Council Essex *Open Data*²⁷ dashboards, which use multiple data sets and where required specific data sources have been referenced.

7.1: Wider Social Determinants of Health

This section identifies key insights in Braintree District as framed by the Wider Social Determinants of Health, which are a diverse range of social, economic and environmental factors which influence people's health.

The Robert Wood Johnson Foundation²⁸ approach to the wider determinants demonstrates that Socio-economic factors (40%) and Built Environment (10%) equates to 50% of an individual's wellbeing, emphasizing that where you live (your postcode) influences health outcomes as much as the access to and quality of the healthcare you receive.

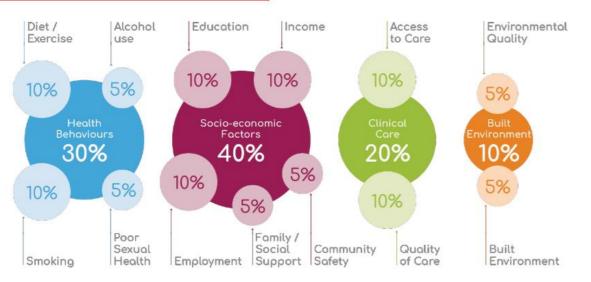


Figure 10: Robert Wood Johnson Model:Wider Determinants of Health

80

Clinical Care

Access to and the quality of the care a person receives is estimated to contribute to 20% of health outcomes. Many factors can impact care access and quality including effectiveness, efficiency, equity, safety and being patient centred.

With early identification of disease being critical for improving long term outcomes, national screening programmes provide opportunities to target inequalities through improving uptake in the deprived areas of the county.





8.1: Cancer Screening

For cancer screening, in most cases Braintree District has a higher percentage uptake of those eligible than the rest of Essex and England, however, breast cancer screening needs to be increased to align with therest of Essex and England.

	Percentage in Braintree District of those eligible who have been screened	Percentage in Essex of those eligible who have been screened	Percentage in England of those eligible who have been screened
Cancer screening coverage: bowel cancer (2022 data)	72.3	71.4	70.3
Cancer screening coverage: breast cancer (2022 data)	55.8	62.9	65.2
Cancer screening coverage: cervical cancer (aged 25- 49) 2022 data	75.4	73.6	67.6
Cancer screening coverage: cervical cancer (aged 50- 64) 2022 data	76.6	76.5	74.6
Percentage of cancers diagnosed at stages 1 and 2 (2020 data)	56	51.9	52.3

Source: ECC JSNA Preventing III Health & Supporting Recovery Dashboard

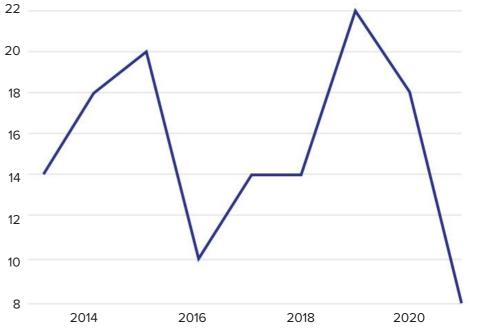
8.2: NHS Health Checks

The NHS Health Check is a health check-up for adults in England aged 40 to 74. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes and dementia.

Essex has a significantly better than the national rate of invitations reaching the eligible population, with approximately 46% of those taking up the offer of a health check.

In Braintree District, over 11,000 people are eligible for a health check in 2023/24, with our local healthcare providers, GP's and community partners planning targeted outreach programmes to increase awareness, improve access and maintain uptake.

Deaths by suicide and injury/poisoning of undetermined intent



8.3: Mental Health & Suicide

Around 15% of people aged 16-64 and 9.5% of those aged over 65 have a common mental health disorder in Essex. Suicide rates in the county are higher than national and regional averages and have been increasing over the past two decades, with the highest rates in the more deprived areas of the county.

In Braintree District, for the period 2019-2021 there were 48 Deaths by Suicide and Injury/Poisoning of Undetermined Intent, of which 36 (75%) were male. With a peak recorded in 2019, over the past decade the rates of suicide have varied greatly in the district²⁹.

Source: Essex Open Data Area Profiles

8.4: Children And Young People's Mental Health

The mental health of children and young people has been particularly impacted by the pandemic, with pre-existing mental health needs and an increase in the development of new issues resulting from the crisis. Isolation, stress and family relationships all contribute to anxiety and poor emotional wellbeing.

Certain groups who experienced more negative impacts due to Covid-19 were children:

- with disabilities, including health conditions and SEND
- from BAME backgrounds
- with pre-existing mental health problems
- in care and care leavers
- in poverty

We recognise that schools, educational settings, parents and carers have been required to support great changes in emotional wellbeing of children and young people and we continue to work with healthcare partners currently rolling out Mental Health Support Teams linked to each school in the district.

8.5: Rural Mental Health & Wellbeing

The recently published **Rural Mental Health House of Commons Committee Report 2023** sets out several recommendations to improve mental health of rural communities³⁰, noting that economic circumstances of those working in agricultural industries requires particular consideration. Research conducted by the Royal Agricultural Benevolent Institution (RABI) in 2021³¹ identified that:

- there was a clear relationship between levels of mental health and business health
- 36% of respondents had mental wellbeing scores that are significantly low to cause concern, 21% were probably depressed and further 15% were possibly depressed
- 19% knew someone who had attempted to take their own life

Approximately, 2.5% of working people in the district are employed in the agricultural industry, with access to key services, both clinical or other (such as social groups and activities) requiring a deeper understanding of their ability to impact health and wellbeing in these communitiesl.

8.6: Access to Services

Braintree District residents have longer travel times to local services compared to the Essex average (19.4 minutes), with an average of 23.7 minutes by walking or public transport to access key services, the third highest time in the county. Average travel times to hospitals can be up to 60 minutes and are also the third highest times in Essex.

Geographically the district sits next to multiple ICS areas, and due to its size, residents living in the north of the district are most likely to access hospital services in Colchester, whereas those living in rest of the district are more likely to attend Chelmsford.

Working with our healthcare partners and service providers to be established in the district continues to be paramount, with sites such as the Victoria Square Livewell Hub in Braintree Town providing a range of clinical and non-clinical services.

We also know that we have new opportunities with our ICS partners to explore health facility options in Witham, Silver End, Sible Headingham and a new Diagnostics centre to be based at Braintree Community Hospital. The Mid and South Essex ICS has ongoing plans around a range of health themes to improve access in the district, which we will look to continue to influence at local level. The power of digital access and tools to transform health, wellbeing and access to care continues to be a high priority throughout the health and care system. The *Mid and South Essex ICS Digital Strategy 2021* has ambitions to improve the healthcare experience by enabling individuals to use digital solutions to:

- book, cancel or change their health and care appointments
- take part in virtual consultations with primary, community and secondary care clinicians
- seek advice and exchange messages with health and care professionals
- undertake remote monitoring of their health conditions
- obtain an initial diagnosis
- receive test results
- review their health and care records

Rural Braintree has been identified as one of the six priority areas in the *Levelling Up White Paper*, which highlights the area as at risk of being left behind in the digital revolution due to a lack of connectivity. Braintree District currently has a Superfast and fibre coverage of 96.9%, with the councils *Digital Strategy 2022-26* setting out the ambitions to improve this further to a forecasted figure of 99% by the end of 2023.

Furthermore, Essex County Council have plans to bring gigabit-capable broadband to the area, which will further aid with addressing inequalities around access to services, employment prospects and mental and physical health.³²

Health Behaviours

Around 30% of the health outcomes for an individual can be traced back to the lifestyle behaviours engaged in. These include tobacco use, nutrition, levels of physical activity and alcohol intake.

9.1: Smoking & Vaping

Nationally, in 2021, 13.3% of people aged eighteen years and over smoked cigarettes, which is the lowest proportion of current smokers since records started in 2011. According to the Office for National Statistics (ONS) 20.2% of people aged eighteen years and over in the Braintree District were smokers in 2015, which has since decreased to 9.5% in 2021.

The smoking rate for pregnant mothers is approximately 5% across Mid Essex (Braintree, Maldon and Chelmsford) in 2021, which is the lowest rate when compared across the rest of Essex: however, the damaging effects of smoking during pregnancy is well documented and should not be underestimated.

Whilst e-cigarettes and vaping can help smokers to quit, the NHS recognises that they are not completely risk free, with the long-term effects still relatively unknown. In 2021, the proportion of vapers was highest among current cigarette smokers (25.3%) and excigarette smokers (15.0%). Only 1.5% of people who have never smoked reported that they currently vape³³.

The evolving youth use of e-cigarettes amongst young people has been highlighted through the Action on Smoking GB Youth Survey 2023, where 40% of 11- to 15-year-olds said they had tried vaping in some form. Recent NHS figures for 2021 also showed that 9% of 11- to 15-year-old children regularly used e-cigarettes, up from 6% in 2018³⁴.

As of May 2023, the government has announced a strong response to youth vaping, targeting shops selling illicit or nicotine free vapes to children and young people with heavy fines, as well as increasing education and dedicated police liaison officers to keep illegal vapes out of schools.

9.2: Drug Misuse & Alcohol

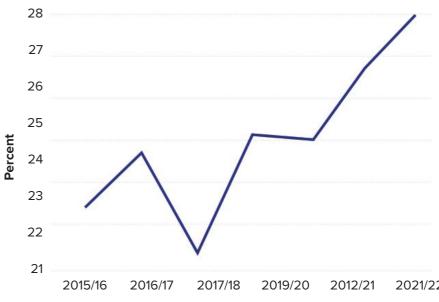
Drug misuse is a significant cause of premature mortality and alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions.

Whilst the rates of drug misuse in Essex have levelled off in recent years and track below the national trend, there are wide inequalities across the county. In 2018-20 there were 4.4 deaths in the Braintree District from drugs misuse, which is higher than the Essex rate of 3.5, but lower than the England rate of 5. Within Braintree District there were 7.9 alcohol-specific mortalities per 100,000 population, with the Office for Health Improvement and Disparities showing the admission episodes for all alcoholrelated conditions lower in the Braintree District than Essex and the rest of England.

Appropriate drug and alcohol services in the district remains a high priority for the council, with the Community Safety Partnership recently increasing access through commissioning the Open Road SOS Bus to undertake specific outreach activities.

9.3: Obesity

Excess weight is recognised as a major determinant of premature mortality and avoidable ill health in adults, with a strong link of obesity in children persisting into adulthood with the risk increasing with age. The health consequences of childhood obesity include: type 2 diabetes, hypertension, increase of conditions such as asthma and psychological problems such as social isolation and low self-esteem.



Essex reflects the national picture for adult excess weight; for children the situation is comparably better than the England average, although it still means over a fifth of Essex four- and five-yearolds and close to one-third of ten- and eleven-year-olds are overweight or obese.

This is reflected in Braintree District where 21.6% of reception aged children (2021/22) are overweight, including obese. Comparing this to children in year six (2021/22) we can also see this does not improve, as nearly 35% are overweight, including obese. In both cases this is not drastically different from previous years and the Essex percentage³⁵.

For adults, just over 28% are classified as obese and 45% as overweight within the district, which is higher than the England average and has increased significantly year on year. Furthermore, approximately 43% of adults in Braintree District do not eat the recommended five portions of fruit and vegetables a day which means they are at more risk of poor health outcomes.

> Graph shows the % of adults aged 18 and over classified as obese (BMI greater than or equal to $30 kq/m^{2}$)

2021/22

9.4: Physical Activity

Those who have a physically active lifestyle have a 20-35% lower risk of obesity, cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, cancers and with improved mental health. In older adults' physical activity is associated with increased functional capacities.

The Active Lives Survey 2021-22 conducted by Sport England³⁶ describes inactivity for adults as those who undertake less than thirty minutes a week of physical activity. In Essex, approximately one in five adults (20%) are classed as physically inactive, with Braintree District having a higher percentage (23.7%) than the county and national average (22.9%) for inactive adults.

For school aged children, just over a quarter are undertaking less than thirty minutes of physical activity per day, which is less than the county and national average. In total, 49.5% of school-aged children are classed as physically active enough to benefit their health³⁷.

	Percentage of 'Less Active' children who average less than 30 minutes of physical activity a day	Percentage of 'Fairly Active' children who average 30-59 minute of physical activity a day	Percentage of 'Active' children who average 60 minutes or more physical activity a day
Braintree District	26%	24.5%	49.5%
Essex	26.8%	26.6%	46.6%
England	30.1%	22.7%	47.2%

Source: Sport England Active Lives Children & Young People Survey 2021-22

Tackling obesity and physical inactivity is a complex issue, with a strong link between socio-economic deprivation and poor diet that has been further challenged by the pandemic and cost of living.

Recognizing that obesity and sedentary lifestyles are contributing factors to a range of long-term health conditions, working with Active Essex and our partners to enable children, young people, families and adults to be more physically active and maintain a healthy weight remains a high priority.

9.3: Major Conditions

At the time of writing this report the government has a call for evidence to inform the proposed Major Conditions Strategy. The strategy will focus on how to prevent, diagnose, treat and manage the groups of major conditions which account for 60% of ill health and early mortality in England, which are:

- cancers
- cardiovascular disease (CVD), including stroke and diabetes
- chronic respiratory diseases (CRDs)
- dementia
- mental ill health
- musculoskeletal (MSK) disorders

Currently, we know that:

- 1,047 people aged 65 and over in the Braintree District have been diagnosed with dementia. This equates to a 56.5% estimated dementia diagnoses rate for the district, which is below the England value of 62%.³⁸
- the prevalence of type 2 Diabetes can be managed though lifestyle choices and a healthy weight. In the UK, around 90% of all adults with diabetes have type 2
- 2,644 of people within the Braintree District (all ages) have Chronic Obstructive Airways Disease (COPD).³⁹
- Musculoskeletal (MSK) disorders include arthritis, back pain and fragility fractures, for example, a fracture after a fall. In Braintree District we continue to have a higher than regional average for emergency admission to hospital due to falls for the over 65's⁴⁰

As this national strategy develops, we will work with our health partners to identify opportunities to target specific cohorts, whilst developing opportunities to implement preventative actions that impact these conditions at local level, for example supporting the ongoing work of the Braintree District **Dementia Action Alliance** and **Mental Health Forum**, as well as the continuing promotion of NHS cancer screening and Health Checks.

10

Socioeconomics

The socioeconomic aspects of a person's life can be the underpinning element which impacts how, why and what care they can access, with approximately 40% of an individual's health outcomes attributed to economic, social and environmental circumstances.

10.1: Employment & Income

Employment, good working conditions and income are fundamental to health and mental wellbeing. In Braintree District, 85% of working age people in are in employment which is higher than the Essex average of 76%⁴¹. Other indicators of prosperity include:

 as of March 2022, the median gross weekly pay per person was just over £688, which is the fifth lowest in Essex out of the twelve local authority areas

- 12.8% of children (0-15 years old) are living in relative low-income families, where income before housing costs is at below 60% the national medium, which is the same percentage as Essex as a whole
- over 15% of pupils in the Braintree District are eligible for free school meals, which is in the top five areas within Essex and equates to 3861 school children
- 3% of working age people are claiming Jobseekers Allowance or Universal Credit Essex⁴²

Braintree Area Foodbank Ltd reports that 63% of referrals are due to low income and explains that some of the underlying factors are:

- Universal Credit and other state benefits are insufficient for people to pay their living expenses, rent, Council Tax, heat and light, and food
- Zero hours contracts mean income fluctuates and can reduce annual income by a considerable amount
- People are unable to find fulltime work and unable to 'top up' with Universal Credit
- Minimum wage is insufficient to cover living expenses

The council's Economic Development Prospectus 2013-2026 sets out how the council intends to create the conditions for economic growth and a prosperous district. The three priorities set out in the prospectus include to strengthen the economic infrastructure, business and employment support, and town centre and rural regeneration, with a key component being the creation of 14,000 new jobs by 2026.

10.2: Education

Educational attainment is influenced by both the quality of education and family socio-economic circumstances. It can be a significant predictor of wellbeing in adult life, influencing employment prospects, income and housing.

The average Attainment 8 score (measuring pupil's attainment across 8 qualifications) for 2022 in Essex and the East of England is 49.2, whereas the Braintree score is 45.1, indicating a below-average attainment rate and one of the lowest in the twelve Essex regions⁴³.

However, 94% of pupils in Braintree are in Education, Employment or Training at the end of Key stage 4 (Secondary School). This is in line with the average for England (94%) and just below the average for Essex at 95%. Within this group 85% are in education, just below the county and England averages (86%). Approximately 5% of young people are not in any form of sustained education, employment or training, in line with the national and county average.

According to the 2021 Census, over 25% of the Braintree District population aged sixteen years and over have Level 4 qualifications and above, with just over 18% having no formal qualifications at all.

Nationally, the UK sits in the bottom half of the numeracy skills rankings with approximately half of all adults not having the numeracy levels expected at the end of primary school. Research from Pro Bono Economics on The role for numeracy skills in 'levelling up' the UK (2021)⁴⁴ shows that low numeracy skills are preventing progression at work, increases debt and money problems, hampers supporting children at school, widens regional disparity and increases inequality and poor health outcomes.

In response to this, Essex County Council has secured £7.9 million in funding to support the Multiply⁴⁵ programme which will offer free numeracy courses to adults in Essex up un till 2025. Braintree District Council is committed to working with ECC and our local delivery partners to support residents to access suitable adult education courses and development opportunities.

10.3: crime

For the period October 2021 to September 2022 a total of 167,641 offences were recorded in the county by Essex Police Performance Analysis Unit, of which 11,572 (6.9%) were recorded in Braintree, which is the 7th highest of all fourteen locality areas in Essex (including Southend and Thurrock).

The Community Safety Partnership (CSP) led by the council annually reviews levels and patterns of crime and disorder, with the latest *Strategic Assessment 2022-23* risk assessing the highest priorities for the upcoming year to be:

- 1. Domestic Abuse
- 2. Robbery; Rape
- **3.** Burglary
- 4. Violence with Injury
- **5.** Trafficking of Drugs; Hate Crime

The Essex Police, Fire and Crime Commissioner (PFCC) Crime Prevention Strategy 2021-2-25 identifies 14 thematic strands which not only pose the greatest potential threat, harm and risk to our people and communities, but also present the greatest opportunity for prevention. These are:

- Knife Crime
- Rape
- Night-Time Economy
- Child Abuse / Child Sexual Exploitation
- Domestic Abuse
- Drugs & Alcohol
- Mental Health
- County Lines / Exploitation
- Serious Organised Crime
- Cybercrime & Fraud
- Places
- Burglary / Robbery
- Prevent
- Hate Crime

The priorities of both Essex Police and the CSP encompasses various elements of the wider determinants of health, and the Livewell Strategy and action plan will look to compliment these approaches to support the health and wellbeing of the community.

10.4: Carers

In Essex, caring responsibilities are highest amongst those aged 45-64, and residents who are themselves disabled are approximately twice as likely to have caring responsibilities compared to those who are not.

Nationally the estimate of young carers in the UK is 1 in 12, which equates to an average of 2 children or young people in every classroom across the country. Defining the number of carers can be complex, as many people may not define themselves as a formal carer if supporting family or a loved one.

Census data tells us nearly 9% of residents aged five or older provide some sort of unpaid care every week in the district:

- Provides no unpaid care

 134,162 (91.4%)
- Provides 19 hours or less of unpaid care a week – 6487 (4.4%)
- Provides 20 to 49 hours of unpaid care a week – 2370 (1.6%)
- Provides 50 hours or more of unpaid care a week – 3796 (2.6)

People who provide unpaid care to family and friends are crucial in meeting the needs of the growing population of older people and people with long-term conditions or disabilities.

The Essex County Council All Age Carers Strategy 2022 sets out six priorities to support carers, however, there is an overarching case to support long-term independence and resilience of all individuals, families and communities to be able to sustain resilient support mechanisms that sit outside of formal service provisions.

10.5: Loneliness

Feeling connected to the community and family and friends can have health enhancing benefits whilst the opposite can impact mental and physical wellbeing. Experiences of loneliness vary greatly as it is very subjective and personal to an individual's feelings and circumstances. What is clear is that much like mental health, loneliness can be universal, in that it can impact demographics in different ways at different times. For example, the *Mapping Loneliness During the Pandemic 2021*⁴⁶ research conducted by the ONS demonstrated that:

- rural areas reported lower rates of loneliness than more urban areas, towns and cities
- places with younger population tended to have higher levels of loneliness
- areas with higher unemployment reported higher loneliness rates
- 6.4% of people aged 16 and over in the Braintree District, said they often or always feel lonely

We know that tackling loneliness requires various stakeholder involvement, with the community and voluntary sector playing a key role. The governments loneliness strategy reflects this and sets out priorities around *Reducing Stigma, Driving a Lasting Shift and Improving a Better Evidence Base* for the impact loneliness, with increased investment in social activities, community hubs and social prescribing.

10.6: Voluntary, Community, Social Enterprise & Faith (VCSEF)

The importance of the VCSEF sector in our district goes well beyond acknowledging the vital role it played throughout the pandemic. Braintree District is rich with community assets, with more than 400 voluntary and community groups registered with the Charity Commission⁴⁷. This does not include groups such as social clubs, parish networks, sport organisations, faith groups or social enterprises, all of which, and many more, are essential to the community infrastructure of our district.

According the NCVO *Civil Society Almanac 2022*⁴⁸ over half of the UK population volunteered at least once during the pandemic, with a steady year on year decline since. Volunteers and the act of volunteering plays a dual role, with a strong volunteer base vital to supporting the day to day operations of the sector, but also having many health and wellbeing benefits for those who participate.

Nationally, 51% of all voluntary sector income comes from public contributions. As with most organisations the costof-living impacts not just the sectors operational costs, but also in terms of the rising demand for services and its ability to meet community needs. Often VCSEF partners know their local communities best and therefore play a crucial role in early intervention, prevention, community engagement and cohesion.

The council commissions, works in partnership with, and engages VCSEF partners through a variety of means across the current Livewell Strategy priorities. We will continue to build on these existing relationships to develop collaborative joint action plans, based around the principles of co-design and Asset Based Community Development⁴⁹, to maximise our collective opportunities to design local solutions and to achieve more together. The Built Environment

The physical environment has a profound effect on our ability to live in good health and can impact the way we live, work, learn and access services.

11.1: Traffic Accidents

Traffic accidents are a major cause of preventable deaths and morbidity, particularly for children and men and are higher in lower socioeconomic groups. Essex roads have some of the highest rates of fatalities & seriously injured casualties in the Eastern region, with 680 people killed or serious injured throughout 2021/22.

The last recorded period of data available from the Office for Health Improvement and Disparities (OHID) for the rate of people killed or seriously injured on England's roads is from 2016-18, which demonstrated that as a rate of per 100,000 people (all ages) the district had an above average position (53.4) compared to rest of the east of England (47.5). The *Safer Essex Roads Partnership* has demonstrated that whilst there was a dramatic decrease in road casualties during 2020, since then there has been a year-on-year increase which brings the rate nearly back to pre-pandemic levels (350), with 329 road casualties recorded throughout 2022 in the district.

11.2: Housing

Across all households in Essex, 12% of residents are pushed below the poverty line due to the cost of heating their home. In Braintree District, this is higher than the Essex average, with approximately 13% of residents impacted by fuel poverty related to the costs of running their home.

Older adults, minority ethnic communities, households with dependent children and people living with chronic illness and disability are more likely to experience the health impacts of fuel poverty with cold, damp and mould exacerbating health inequalities through worsening respiratory conditions, cardiovascular diseases, mental health, dementia, hypothermia and impacting childhood development.⁵⁰

It can be seen from the map in figure 13 the Lower Super Output Areas (LSOAs) most impacted by fuel poverty, with most fuel poor households based in the more rural locations. This is likely due to:

- many rural properties being single walled
- Text Boxmany properties relying on non-gas fuel

Legend Fuel Poverty Very High High Medium Low

The intrinsic links between housing, employment, income, poverty and health outcomes continues to be a high priority for the **Health & Wellbeing Panel**, the **Cost-of-Living** working group and the council's **Healthy Housing Strategy 2022-28**, which focuses on three key objectives; New Affordable Housing, Support for Specific Needs and Existing Properties. Through these objectives the council will seek to focus efforts on increasing access to and developing properties for those who are more vulnerable and with consideration for our aging population.

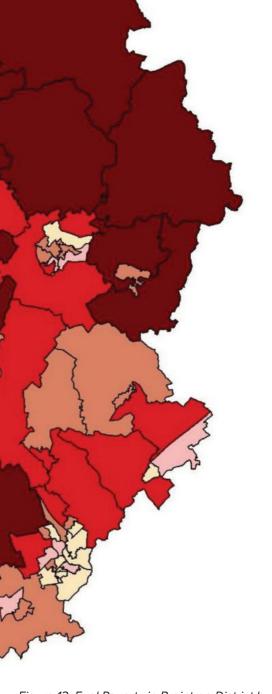


Figure 13: Fuel Poverty in Braintree District by LSOA

12

Priorities

12.1 Health & Wellbeing

Key health and wellbeing priorities can be identified across the district, informed by the insight in this report, the wider ECC Health & Wellbeing strategic ambitions and the priority themes that will most support people to live healthy lives. These are:

- Improving mental health and wellbeing
- Physical activity and healthy weight
- Community resilience and longterm independence
- Alcohol and substance misuse
- Health inequalities and the wider determinants of health

12.2 Approach

In identifying these priorities, we must also recognise our role in the wider health and care system and where we can have the greatest impact in our approach, focusing on the principles of:

 Asset Based Community Development - 'Place based', community enabled approaches

- Early Intervention and Prevention and focusing the 'causes of the causes'
- Health Creation creating opportunities for participation in healthy lifestyles, but also creation of opportunities across the wider determinates of health
- A life course approach, framed by the existing Livewell Domains

12.3 Demographics

Whilst the health and wellbeing of all residents is of upmost importance, we must take into consideration that:

- Early childhood development can profoundly impact health outcomes later in life and therefore supporting children to have the best start in life **and** the resilience of the wider family unit to do so should be of the highest priority
- We have an ageing population that is due to significantly increase, so a focus on supporting people to age well and have access to good end of life services is vital
- Overall, the district continues to be an outlier for in terms of overall female average life expectancy, with underlying factors impacting this needing further analysis
- With average travel times, digital access and evolving technologies being impacted by the rural nature of the district, there is a need for continuous evaluation of how residents can access key services.

13

Recommendations

13.1: For the Livewell Domains

With new priority areas identified, a refresh of the Livewell Domains should include a review of the key indicators under each domain heading.

Considerations for domain headings should also include:

- Incorporating Eatwell under the Bewell domain, where healthy lifestyles, including dietary indicators can be included.
- The creation of a Diewell domain recognising that supporting good health and wellbeing across the life course also includes end of life care and experience, for individuals, families and carers. This should also be considered within the context of our ageing population.

13.2: For the Health & Wellbeing Panel

The way in which we lead, operate and collaborate with key stakeholders directly impacts health outcomes for our communities. A review of the Health & Wellbeing Panel Terms of Reference and governance structure should be included in conjunction with the refresh of the Livewell Strategy.

13.3: For Braintree District Council

The role Braintree District Council plays in improving the social, economic and wellbeing of communities means there are many opportunities to influence health outcomes, which could include:

- Adopting the Marmot Framework for Action (see P20) to become a Marmot District
- Review of internal staff health and wellbeing policy and plans, building on the existing strong staff wellbeing culture, but to also lead by example in promoting good health and wellbeing as an employer and local authority

Glossary

14

Asset Based Community Development (ABCD) - A localised and bottom-up way of strengthening communities through recognising, identifying and harnessing existing assets.

Attainment 8 Score - Each grade a pupil gets is assigned a point score from 9 (the highest) to 1 (the lowest). Each pupil's Attainment 8 score is calculated by adding up the points for their 8 subjects, with english and maths counted twice. A school's Attainment 8 score is the average of all the scores of its eligible pupils.

BAME - Black, Asian and minority ethnic.

Cardiovascular Disease (CVD) - An umbrella name for conditions that affect your heart or circulation.

Chronic Respiratory Diseases (CRDs) - Diseases of the airways and other structures of the lung.

Chronic Obstructive Pulmonary Disease (**COPD**) – A group of lung conditions that cause breathing difficulties. **Community Hubs** - A multipurpose centre that is open and accessible to the community, that brings together community agencies and neighbourhood groups to offer a range of activities, programmes and services.

Community Safety Partnership (CSP)

- Is statutory partnership and brings together partners in the local council, police and probation, health and fire services. It aims to coordinate the partnership to collectively reduce crime, disorder, substance misuse, anti-social behaviour and re-offending.

Dementia - is a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning.

Deprivation – Damaging lack of materials and social resources considered to be basic necessities in a society.

Early Intervention - identifying and providing effective early support to children and young people who are at risk of poor outcomes.

Essex County Council (ECC) -Commissions and provides social care services across Essex (excluding

Southend and Thurrock).

Health and Wellbeing Alliance - Designs and delivers integrated car services within a locality. The Braintree District sit within the Mid Essex Alliance.

Health and Wellbeing Panel – A formal committee of a local authority to form the strategic partnership for the coordination, communication and commissioning of health improvement and wellbeing services for the local population. **Health Inequalities** - Avoidable, unfair and systematic differences in health between different groups of people.

Index of Multiple Deprivation (IMD)

- The official measure of relative deprivation in England. It follows an established methodological framework in broadly defining deprivation to encompass a wide range of an individual's living conditions.

Integrated Care System (ICS) -

Partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

Integrated Care Boards (ICB) -

Responsible for allocating budget and commissioning services.

Institute of Health & Equity - Leading institute for research, policy action and capacity building to address health inequalities in the United Kingdom.

Joint Strategic Needs Assessment

(JSNA) - A process through which local authorities and NHS organisations assess the current and future health, care and wellbeing needs of the local community to inform the decisions they make.

Levelling Up – A framework to reduce health inequalities and narrow the gap in healthy life expectancy between local areas.

Livewell Campaign - designed to engage communities, families and individuals with the aim of providing information about all that is on offer in Essex to improve health and wellbeing. Livewell is a campaign shared across all 13 local authorities in Essex. Livewell Domains – The Livewell campaign is made up on six domains in which partners have come together to collaborate on the health and wellbeing agenda and work towards achieving better health outcomes for people across Essex. These domains are startwell, staywell, feelwell, eatwell, bewell and agewell.

Lower Super Output Areas (LSOAs)

- have an average population of 1500 people or 650 households.

Mid and South Essex NHS Foundation

Trust – Provides hospital and community health care services throughout Mid and South Essex. Large acute hospitals located in Chelmsford, Basildon and Southend. Services also provided at their other hospital sites in Braintree, Maldon and Orsett.

Musculoskeletal (MSK) Disorders – A group of conditions that affect the bones, joints, muscles and spine, and are a common cause of severe long-term pain and physical disability.

National Council for Voluntary Organisations (NCVO) - The

membership community for charities, voluntary organisations and community groups in England.

Office for Health Improvement and Disparities (OHID) - Focus on improving the nation's health so that everyone can expect to live more of life in good health, and on levelling up health disparities to break the link between background and prospects for a healthy life.

Office for National Statistics (ONS) -The UK's largest independent producer of official statistics and the recognised national statistical institute of the UK. **PHE Fingertips** – A service provided by Office for Health Improvement and Disparities providing access to a wide range of health and wellbeing data.

Prevention - Taking action to reduce the incidence of disease and health problems within the population.

Primary Care – Primarily GP practices, but also includes community pharmacist, dentists and opticians.

Primary Care Networks (PCN) - GP practices working together and with the community, mental health, social care, pharmacy, hospital and voluntary services in their local areas.

Social Prescribing – A practice whereby GPs, nurses and other primary care professionals refer people to a range of local, non-clinical services.

Voluntary, Community, Social Enterprise and Faith (VCSEF) – provides wide ranging activities and services that support health and wellbeing, often underpinning and collaborating with health partners to support local challenges at 'Neighbourhood Level' -Town, Parish and Wards.

Wider Social Determinants of Health - A diverse range of social, economic and environmental factors which influence people's health.

15

References

- ¹ Braintree District Council, Livewell Strategy 2019-2023 update, March 2023
- ² Braintree District Council, Covid Community Response Summary Report, March 2023
- ³ Mid and South Essex Integrated Care System: www.midandsouthessex.ics.nhs.uk
- ⁴ Mid and South Essex Integrated Care System, Integrated Care Strategy 2023-2033
- ⁵ NHS England, CORE20PLUS5, Reducing healthcare inequalities: www.england.nhs.uk/about/equality/equality/hub/ national-healthcare-inequalities-improvement-programme/ core20plus5/
- ⁶ House of Commons Library, Early Intervention Policy & Provision, September 2021
- ⁷ National Health Executive, Coming of age & addressing health inequalities, Oct 2022: www.nationalhealthexecutive.com/articles/health-creation-
- coming-age-and-addressing-health-inequalities
- ⁸ The Health Creation Alliance: thehealthcreationalliance.org
 ⁹ Nurture Development, Asset based community development (ABCD): www.nurturedevelopment.org/asset-based-community-
- development/ ¹⁰ Nesta, ABCD for Local Authorities, Sep 2020: media.nesta.org.uk/documents/Asset Based Community
- ¹¹ Kings Fund, Health inequalities:
- www.kingsfund.org.uk/publications/what-are-health-inequalities
- ¹² National Institute for Health & Care Excellence, Health inequalities: www.nice.org.uk/about/what-we-do/nice-and-healthinequalities
- ³ Institute of Health Equity, Fair society, Healthy lives: www.instituteofhealthequity.org/resources-reports/fair-societyhealthy-lives-the-marmot-review
- Office for Health Improvement & Disparities, Fingertips, Public health profiles, 2016-2020: fingertips.phe.org.uk/search/life%20 expectancy#page/0/gid/1/pat/401/par/E07000067/ati/8/are/ E05010367/iid/93283/age/1/sex/1/cat/-1/ctp/-1/yrr/5/cid/1/tbm/1
- ¹⁵ The Health Foundation, Map of healthy life expectancy at birth, Jan 2022: www.health.org.uk/evidence-hub/healthinequalities/map-of-healthy-life-expectancy-at-birth
- ¹⁶ The Health Foundation, Health equity in England, Professor Sir Michael Marmot, Feb 2020: www.health.org.uk/publications/ reports/the-marmot-review-10-years-on
- ¹⁷ Local Government Association, Marmot review report, Fair society, Healthy lives: www.local.gov.uk/marmot-reviewreport-fair-society-healthy-lives
- ¹⁸ Institute of Health Equity, Building & supporting health equity networks: www.instituteofhealthequity.org/aboutour-work/building-networks
- ¹⁹ Office for Health Improvement & Disparities, Population density map, 2020: www.localhealth.org.uk
- ²⁰ Office for National Statistics, Census 2021, How the population changed in Braintree: www.ons.gov.uk/visualisations/ censuspopulationchange
- ²¹ University of Sheffield, Department of Urban Studies & Planning, English Indices of Deprivation 2019: www.sheffield.ac.uk/usp/research/projects/ english-indices-deprivation-2019

- ²² Nomis, Official census & labour market statistics, Braintree area profile, 2021: www.nomisweb.co.uk/sources/census_2021/ report?compare=E07000067
- ²³ Office for Health Improvement & Disparities, Fingertips, Children in care, 2021-2023: fingertips.phe.org.uk/search/children%20in%20 care#page/1/gid/1/pat/6/ati/402/are/E10000012/iid/811/age/173/sex/4/ cat/-1/ctp/-1/yrr/1/cid/4/tbm/1
- ²⁴ Nomis, Official census & labour market statistics, Braintree area profile, 2021: www.nomisweb.co.uk/sources/census_2021/ report?compare=E07000067
- ²⁵ Office for National Statistics, Census 2021, Ethnicity: www.ons.gov.uk/census/maps/choropleth/identity/ethnic-group/ ethnic-group-tb-20b/white-gypsy-or-irish-traveller?lad=E07000067
- ²⁶ Office for National Statistics, Census 2021, Population: www.ons.gov.uk/census/maps/choropleth/population/uk-armed-forcesveteran-indicator/uk-armed-forces/previously-served-in-the-uk-regulararmed-forces?lad=E07000067
- ²⁷ Essex Open Data, Homepage: data.essex.gov.uk
- ²⁸ Robert Wood Johnson Foundation, Understanding the social determinants of health: www.rwjf.org 29 Office for Health Improvement & Disparities, Fingertips, Seriously injured or killed, 2021-2023: fingertips.phe.org.uk/search/seriously%20injured%20or%20killed
- ³⁰ UK Parliament, Rural mental health report, 2022-2023: publications.parliament.uk/pa/cm5803/cmselect/cmenvfru/248/ report.html
- ³¹ RABI, The Big Farming Survey, 2021: rabi.org.uk/big-farming-survey/
- ³² Essex County Council, New Digital Strategy for Essex, 2022: www.essex.gov.uk/news/new-digital-strategy-for-essex
- ³³ Office for National Statistics, Census 2021, Adult smoking habits in the UK: www.ons.gov.uk/peoplepopulationandcommunity/ healthandsocialcare/healthandlifeexpectancies/bulletins/ adultsmokinghabitsingreatbritain/2021
- ³⁴ Government News Story, No more free vapes for kids, May 2023: www.gov.uk/government/news/no-more-free-vapes-for-kids
- ³⁵ Office for Health Improvement & Disparities, , Fingertips, Overweight, 2023: fingertips.phe.org.uk/search/overweight#page/1/gid/1/pat/15/ ati/501/are/E07000067/iid/20601/age/200/sex/4/cat/-1/ctp/-1/yrr/1/cid/ 4/tbm/1
- ³⁶ Sport England, Active Lives Adult Survey Report, 2021-22: ³⁷ Sport England, Active lives data tables, 2021-22: www.sport.org/and.org/research.and.data/data/active.lives/au www.sport.org/and.org/research.and.data/data/active.lives/au
- www.sportengland.org/research-and-data/data/active-lives/active-lives/ data-tables?section=children_and_young_people_surveys
- ³⁸ Office for Health Improvement & Disparities, Fingertips, Public health data, Dementia: fingertips.phe.org.uk/search/dementia
- ³⁹ Office for Health Improvement & Disparities, Fingertips, Public health data, COPD: fingertips.phe.org.uk/search/COPD
- ⁴⁰ Office for Health Improvement & Disparities, Fingertips, Public health data, Falls: fingertips.phe.org.uk/search/falls
- ⁴¹ Office for Health Improvement & Disparities, Fingertips, Public health data, Employment: fingertips.phe.org.uk/search/employment
- ⁴² Essex Open Data (2023) Pharmaceutical Needs Assessment (PNA) 2022-2025: data.essex.gov.uk/dataset/2nr33/pharmaceutical-needsassessment-pna-2022-2025
- ⁴³ Department for Education (2023) Average Attainment 8 score in Braintree: Iginform.local.gov.uk/reports/Igastandard?modmetric=6014&mod-area=E07000067&mod-group=AllDistrictInRegion_ East&mod-type=namedComparisonGroup&mod-period=1&modgroupType=namedComparisonGroup
- ⁴⁴ Pro Bono Economics (2021) Counting on the recovery. The role for numeracy skills in 'levelling up' the UK: www.probonoeconomics.com/ Handlers/Download.ashx?IDMF=fc66fcc0-f3af-4016-99b7-face5177d277
- ⁴⁵ Essex County Council (2022) £7.9m funding secured to help Essex residents improve their maths: www.essex.gov.uk/news/gbp7-9m-fundingsecured-to-help-essex-residents-improve-their-maths
- ⁴⁶ Office for National Statistics (2021) Mapping Ioneliness during the coronavirus pandemic: www.ons.gov.uk/ peoplepopulationandcommunity/wellbeing/articles/ mappinglonelinessduringthecoronaviruspandemic/2021-04-07
- ⁴⁷ Charity Commission for England and Wales, Homepage: www.gov.uk/government/organisations/charity-commission
- ⁴⁸ NVCO (2022) UK CIVIL SOCIETY ALMANAC 2022. DATA. TRENDS. INSIGHTS.: www.ncvo.org.uk/news-and-insights/news-index/uk-civilsociety-almanac-2022/#/
- ⁴⁹ Nesta, ABCD Workgroup (2020) How to rebuild relationships with communities through asset-based approaches: media.nesta.org.uk/ documents/Asset_Based_Community_Development.pdf
- ⁵⁰ Institute of Health Equity (2022) Fuel poverty, cold homes and health inequalities: www.instituteofhealthequity.org/resources-reports/fuelpoverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf

Page 114 of 148



Agenda Item: 8

Report Title: Second Quarter Performed	rmance Report 2023/24
Report to: Cabinet	
Date: 22 nd January 2024	For: To Note
Key Decision: No	Decision Planner Ref No: DP/2023/37
Report Presented by: Councillor Ke and Perform	evin Bowers, Cabinet Member for Resources ance
Enquiries to: Tom Williams, Corpor tom.williams@braintree.gov.uk	ate Performance Coordinator

1. Purpose of the Report

1.1 The purpose of the report is to summarise the performance of Braintree District Council (the Council) at the end of the second quarter (July 2023 to September 2023).

2. Recommendations

2.1 Cabinet to note the performance of the Council for the second quarter (July 2023 to September 2023).

3. Summary of Issue

- 3.1 The Council keeps a record of its performance which is reported to cabinet every quarter for consideration and noting.
- 3.2 The performance in the second quarter is in line with expectations and has moved on since the first quarter in most areas. Three projects still have an amber status, matching three in the first quarter, where there are delays in relation to costing and planning recommendations, and the asset management strategy.
- 3.3 Eleven performance indicators have met or exceeded target and three performance indicators have not met target by more than 5%. The areas of underperformance are in relation to the cumulative number of homes granted planning permission, recycling rates and enquiries resolved at first point of contact in the customer service centre. The performance in the underperforming areas is a trend continuing from the first quarter.
- 3.4 Some key areas of the business are experiencing an increase in demand on their services and we will continue to monitor these areas of underperformance to focus our resources and achieve our corporate objectives.

- 3.5 The Finance section of the report sets out the current budgetary position, information on capital spending and resources, details of treasury management activity and the estimated movement on General Fund unallocated balances.
- 3.6 The review of income and expenditure against budget and forecast for the year indicates a net overall negative variance of £6k.
- 3.7 A central provision has been made for the staff pay award that reflects the latest National Employers' proposed offer which for staff covered by NJC conditions is for an increase of £1,925 or 3.88%, whichever is the higher; and for Chief Officers and Chief Executives an increase of 3.5%. Chief Officers have already accepted the proposed pay rise. The estimated increase in pay costs is +6% against the budget provision of 3% resulting in an estimated additional cost of £606k. At the time of review, finalisation of the pay award is still pending the trade unions confirming acceptance.
- 3.8 Other expenditure is forecast to be £663k over budget, including costs incurred on legal costs in relation to the Wethersfield asylum centre appeals.
- 3.9 Offsetting the projected additional staffing cost and other expenditure, is an overachievement of income currently forecast to be £1.3m, which is mainly attributable to treasury management investment income.
- 3.10 Details of the main variances are set out in the Finance Section of the report.
- 3.11 Capital spend to the end of the first quarter was £2.05m, incurred on the disabled facilities grant programme, planned property maintenance, community facilities and IT as key contributors. Currently there is an estimated positive variance against the capital projects of £119k.
- 3.12 The estimated movement on the General Fund unallocated balances is a net withdrawal of £1.13m.

4. Options

4.1 There are no options to consider as a result of this report.

5. Next Steps

5.1 The performance report will go to next available Corporate Scrutiny Committee after Cabinet for consideration.

6. Financial Implications

6.1 The report provides an update as to the financial position as at the end of the second quarter covering the revenue and capital outturn for this period.

7. Legal Implications

7.1 There are no legal implications arising from this report.

8. Other Implications

- 8.1 A summary of complaints received each quarter, analysed by outcome (justified, partially justified, or not justified) is provided.
- 8.2 The Enhancing our Environment priority has a number of actions that are designed to have a positive impact on the environment and climate change. An update on the progress of the actions in the Climate Change Action Plan is included classified under the themes of the Strategy.

9. Equality and Diversity Implications

- 9.1 Section 149 of the Equality Act 2010 creates the public sector equality duty which requires that when the Council makes decisions it must have regard to the need to:
 - (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 9.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 9.3 Equalities and diversity issues are considered fully in the Council's key projects. Where appropriate, an equality impact assessment is prepared and considered for any key projects identified.

10. List of Appendices

10.1 Appendix 1 – Second Quarter Performance Management Report 2023/24

11. Background Papers

11.1 Previous performance reports are published on our website once noted by cabinet. They are published at <u>https://www.braintree.gov.uk/directory/30/our-performance/category/577</u>

SECOND QUARTER PERFORMANCE MANAGEMENT MANAGEMENT MULY 2023 TO 30 SEPTEMBER 2023

11



Page 118 of 148

Contents

Section 1: Introduction and Summary	page
Purpose of the Report	3
Summary of the Projects	3
Summary of the Performance Indicators	4
Section 2: Delivering our Corporate Strategy	5
Connecting People and Places	5
Enhancing our Environment	7
Supporting our Communities	12
Promoting Prosperity	14
Delivering and Innovating	16
Section 3: Managing the business	
Performance Indicators in detail	18
Connecting People and Places	18
Enhancing our Environment	18
Supporting our Communities	18
Promoting Prosperity	19

	Delivering and Innovating	19
•	Complaints	20
•	Our Organisation	21
•	Health and Safety	22
•	Financial Performance	23

•		20
	Financial Position Statement	23
	Capital Programme	25

Section 1: Introduction and Summary

Purpose of the Report

The purpose of the report is to demonstrate the performance of the Council at the end of the second quarter of 2023/24 in relation to our Annual Plan 2023/24. This sets out the key activities being implemented to deliver our corporate priorities and summarises the measures in place by aligning key performance indicators to our priorities within the Corporate Strategy 2020 – 2024. Further detail is given in relation to a set of business performance indicators covering finances, customer focus, our people and health and safety.

This report does not contain details of the numerous activities ongoing in each service area that also contribute to delivering what is important and will make a difference to all in the District. Full details of all projects and performance indicators used to measure the outcomes are available upon request.

Summary of the Corporate Projects current position for the end of the second quarter

The following table provides updates for the end of the second quarter in relation to our key activities.

Corporate Priorities	S	Status of	projects a	and action	າຣ
	0			•	
Connecting People and Places	-	14	2	-	-
Enhancing our Environment	2	14	-	-	-
Supporting our Communities	1	8	-	-	-
Promoting Prosperity	-	6	-	-	-
Delivering and Innovating	-	9	1	-	-
TOTAL	3	51	3	0	0

KEY:

- Project completed
- Project on target
- Project scope/target date requires attention
- Project requires amendment
- Project aborted/closed

Summary of the Key Performance Indicators position for the end of the second quarter

The following table shows the performance for the end of the second quarter in relation to key performance indicators

Composedo Deionitico		Status of	indicators	
Corporate Priorities	0	<u> </u>	•	Data Only
Connecting People and Places	1	-	1	-
Enhancing our Environment	2	-	1	-
Supporting our Communities	2	-	-	2
Promoting Prosperity	-	-	-	3
Delivering and Innovating	6	-	1	1
TOTAL	11	0	3	6

KEY:

- Performance Indicator has achieved target
- Performance Indicator is up to 5% below target
- Performance Indicator is 5% or more off target

Summary Position

The performance in the second quarter is in line with expectations, and has moved on since the first quarter in most areas. Three projects still have an amber status, equal to the first quarter, where there are delays in relation to costing and planning recommendations.

Eleven performance indicators have met or exceeded target, an improvement compared to the first quarter where 8 had met target. Performance in approving Disabled Facility Grants and responding to complaints within timescales has improved, as well as the collection of business rates moving forward after a slow first quarter.

Three performance indicators have not met target by more than 5%. The areas of underperformance are in relation to the cumulative number of homes granted planning permission, recycling rates and enquiries resolved at first point of contact in the customer service centre. The performance in the underperforming areas is a trend continuing from the first quarter. We will continue to monitor these areas of under performance and focus time and attention on these key areas to achieve our corporate objectives.



Actions carried out by Braintree District Council

Project description and comments	Target Date	Status
Complete the physical improvements to Witham and Halstead town centres realm	to improve	public
Discussions on the proposals for the landscape works and road layout changes have taken place with Witham and Halstead town councils. License applications for the landscape works have been drafted by the contractors and have been sent to Essex County Council for approval before final submission. There are several surveys and modelling works which need to be completed in order to support the road layout changes proposed, which is currently being investigated.	December 2023	
Improve the district's housing stock by addressing energy efficiencies and to tackle empty homes	exploring be	est practice
Meetings between registered housing providers continue to take place. The Sustainability team are arranging to meet with landlords in November.	March 2030	
The empty home working group has finalised the Empty Homes Policy and has finished creating the Homelessness Prevention Scheme. Mapping of empty homes continues together with assessments to better understand the impact of the empty home.	March 2025	
Develop a revised Homelessness and Rough Sleeping Strategy for 2024 to	2028	I
The Homeless and Rough Sleeping Strategy evidence document is in draft and is undergoing review for initial feedback.	March 2024	
Improve our health and leisure facilities by replacing the studio and sports Leisure Centre and refurbishing the wet and dry changing facilities at Halst		
The works to replace the sports hall floor at Braintree sports and health leisure centre is awaiting the approval of a grant agreement by Loxford Academy. Three flooring companies have been contacted to arrange quotations for the works.	March 2024	
The works to replace the studio floor at Braintree sports and health leisure centre is awaiting the approval of a grant agreement by Loxford Academy. Three flooring companies have been contacted to arrange quotations for the works.	March 2024	

Due to current pressures both nationally and locally on the leisure industry the works to refurbish the wet and dry changing facilities at Halstead Leisure Centre has been delayed. We will continue to work with Fusion over the coming months towards completion of this project.	March 2024	<u> </u>	
--	---------------	----------	--

Actions carried out in partnership with others

Project description and comments	Target Date	Status
Engage in the pre-application and examination processes for Nationally Sig Projects (NSIP) in and around the district	gnificant Infra	astructure
Longfields Solar Farm – The secretary of state has consented to the Development Consent Order. The Council is awaiting the developer to confirm the next steps and the full timeline, and it is anticipated that construction will commence in 2024.	December 2026	
A12 Widening scheme – The Planning Inspectorates six month examination of proposals ended in July 2023 and is now being considered before a recommendation report is issued to the Secretary of State for Transport in October 2023.	December 2028	
Bramford to Twinstead reinforcement – Relevant representations for the pre- examination process were submitted in July. A local impact report has also been submitted in September. Examinations started in September 2023, and a decision is expected in Summer 2024.	November 2028	
Norwich to Tilbury – The public consultation on the latest preferred draft alignment closed in August 2023. All comments are now being considered.	March 2030	
Rivenhall IWMF and Energy Centre – The public consultation launched in June 2023 was concluded in August 2023. The feedback received will now be taken into consideration when preparing the Development Consent Order application which is expected at the end of 2024.	December 2025	
Develop our plans to introduce walking and cycling networks across the di	strict	
The audit carried on the identified network routes has been completed and the plans will be going out to public consultation in November for 6 weeks.	December 2025	
Enable the delivery of a new build, multipurpose community centre in With together to socialise, learn and access key services	am bringing	people
Pre-contract terms are currently being drafted to confirm an operator for the new centre but these are not yet in place and therefore the project is rated amber. Planning activity continues and is anticipated to be completed in the fourth quarter. The anticipated completion date for the project has moved from November 2024 to June 2025, and a change control notice for this was actioned.	June 2025	
Continue to facilitate the delivery of a purpose-built medical centre in Sible Hedingham		
The outline business case has been approved by the integrated care board, and the preparation of a full business case is currently underway.	October 2023	

Work with the Integrated Commissioning Board to enhance the delivery of health and wellbeing services at the Victoria Square development

Mount Chambers GP practice have moved in and are operational. A bi-monthly meeting has been established with Provide to develop partnership working. There is also work underway with the integrated care board to explore community/voluntary usage of the development.

March 2024

_	
Þ	



Actions carried out by Braintree District Council

Project description and comments	Target Date	Status
Enhance biodiversity by refurbishing the wildlife garden in Halstead Public	Gardens	
The Council has appointed a contractor and works will commence in October 2023.	November 2023	
Improve the facilities in our skate parks at Weavers Park in Braintree and S	pa Road in V	Vitham
The tender for the improvement works for all skate park improvements commenced on 12 th September 2023 and will close on the 2 nd November 2023. The decision to award the contract will be made in December 2023.	November 2024	
Deliver improvements to the recreation ground at Ramsey Road, Halstead	•	
The improvements to the recreation ground at Ramsey Road consist of a skate park, extension to the play area and soft and hard landscaping. The skate park works have been jointly procured with the skate park improvements in Weavers Park and Spa Road (see above) and this area of works needs to be completed before the soft and hard landscaping works.	July 2024	
Respond to the requirements of the Environmental Act 2021 in relation to a water and waste reduction	ir quality, bio	odiversity,
The review into the Council's air quality monitoring methodology was undertaken, and the independent review of Braintree District Council's air quality monitoring methodology confirmed that the Council was monitoring in accordance with best practice and legislation. Actions from the review are also underway.	March 2024	0
Whilst the Council continue to work at an Essex wide level to prepare for the introduction of biodiversity net gain, the implementation of mandatory biodiversity net gain for major sites has been delayed until January 2024, as	March 2024	

the guidance and legislation has not yet been published. Officers have been working with others across Essex to put a planning guidance document together which will be published by each District to help guide their approach to biodiversity net gain.		
A baseline audit of the Council's water usage has taken place, and investigation is underway into the opportunities to reduce water usage.	March 2026	
The Council is awaiting further government guidance on a 'simpler recycling collection system' before considering the impact on the waste service and plans around waste reduction.	March 2024	
Protect our communities by implementing the requirements of Martyn's Law	N	
The Council has finalised the list of Council owned properties that come into either the Standard or enhance Tier alongside confirming a list of event venues or buildings not owned by Council which may be affected. The Bill is still in the Pre-Legislative scrutiny phase, and until the details of the Bill have been confirmed, there are not further actions to undertake.	March 2024	
Deliver campaigns and work with our communities to:		
 Report litter offenders who throw litter from their vehicles Minimise food waste to help households save money and avoid unneces 	ssary waste	
 Report litter offenders who throw litter from their vehicles Minimise food waste to help households save money and avoid unneces 	March 2024	
 Report litter offenders who throw litter from their vehicles Minimise food waste to help households save money and avoid unneces Improve awareness and understanding of climate change The campaign to report litter offenders who throw litter from their vehicles is due to launch in November 2023, with the core campaign concepts now 	March	
 Report litter offenders who throw litter from their vehicles Minimise food waste to help households save money and avoid unneces Improve awareness and understanding of climate change The campaign to report litter offenders who throw litter from their vehicles is due to launch in November 2023, with the core campaign concepts now finalised. The Council continues to support the Love Essex Campaign on minimising food 	March 2024 March	

Actions carried out in partnership with others

Project description and comments	Target Date	Status
Deliver projects in our Climate Change Action Plan to contribute to our long carbon neutral district such as working with communities and businesses to resilience, developing baseline data for a tree strategy, piloting the ECC gre scheme (before rolling out to businesses) whilst continuing to reduce our re	o build clima en accredita	ate ation
Details of the projects being delivered in our Climate Change Action Plan are detailed in the next section of this report. The Climate Change Action Plan is currently being revised to include any new projects for 2023/24.	March 2030	

Develop opportunities for increasing the renewable energy and fuel security	/ within the	district
The Council is considering a large renewable energy project in the district and a viability assessment is currently underway. Central Government has confirmed that the planning process around onshore wind farms has been relaxed.	April 2025	
Increase biodiversity and the attractiveness of the district by re-wilding ope	n spaces an	d wild seed
highway verges		
The Council will be re-wilding open spaces in Halstead during November and December planting native species whips. Further rewilding will take place in Braintree in Spring 2024.	December 2025	
As part of a two-year safer streets programme, tackle enviro crime in the for	cused area o	of Witham
The Councils Grounds Maintenance team continue to regularly review the environment of Cut Throat Lane to ensure it is maintained. No further works were required in the second quarter.	March 2024	
The official launch of the Dog Watch Scheme took place on 15th April 2023 in Witham with over 200 visitors. The aim of the event was to encourage local residents to sign up to the Essex Police led Dog Watch Scheme where local dog owners will become guardians for the local area while exercising their dogs, reporting criminal damage or anti-social behaviour. A total of 65 people signed up to the Dog Watch scheme on the day.	April 2023	0



CLIMATE CHANGE PROGRESS

Introduction

In the second quarter 2023/24, continued focus has been on collating the final performance of all the 2022-23 Climate Action Plan actions and on collecting data for The Council's carbon emissions in preparation of completing the 22/23 final year end outturn.

The Climate Change Awareness course was created for all desk-based staff and launch is due for 6th November on The Council's Learning Hive platform. The Staff Eco Group meetings in the second quarter focused on the theme of Staff Green Travel and were well attended.

The Council's Youth Panel shall largely focus on giving young people in the district a voice on Climate Change and early scoping for this has begun.

The Climate Action Plan is classified under seven themes and individualised progress on these themes is outlined below:

Resources

On 18 July, Management Board approved progression to invitation for tender for 34 vehicles in the 2023/24 Vehicle Replacement programme and infrastructure works to accommodate the first tranche of Electric Vehicles. It was agreed at the Portfolio Holder Briefing to await further Government guidance on 'a simpler recycling collection system' before our consultants are asked to complete a member workshop. A baseline audit of The Council's water usage has taken place and opportunities to reduce the water use have already taken place. The "Help us Prevent Fly-Tipping" article went in the Local News e-newsletter which goes out to 8,888 people. A social

media story was published to promote a Green Heart Champion and the Green Heart platform has actively celebrated litter picking across the district. We supported Hedingham School by providing 32 high vis jackets for community litter picking projects.

Energy Conservation

The revised Home Upgrade Grant 2 funding allocation has been reduced to £2.466m in 2023/24 with an option to increase this further in 2024/25. Plans are in place for The Council to begin delivery in November 2023. The Contact Magazine was distributed to residents and included a two page article on cutting energy use which has a large focus on cost savings as well as carbon reduction. Work has begun on a baseline audit of all meters and an energy efficiency audit of all Braintree District Council assets.

<u>Transport</u>

Braintree District Council submitted a response to Essex County Council's Electric Vehicle Strategy consultation. The Livewell Stakeholder event took place on 25th September which engaged with physical activity partners around the refresh of the Livewell strategy. Fusion deliver many programmes to encourage physical activity including Witham Sporting Memories, Active Rewards and Safer Streets Autumn Activity Programme. The Council is now investigating a salary sacrifice scheme for electric vehicles. The Council are also exploring the opportunity to support DigiGo with reducing their running costs through a dedicated charging infrastructure at Horizon 120. We have completed the unmet demand survey which looks at taxi provision in the district.

The Essex County Council e-scooter scheme has now been finalised and TIER will be launching the new pay as you go trial in October 2023. The trial will promote e-scooters for residents, commuters and visitors to travel around the town with ease and will support 'green' local, active travel and also help ease the burden on transport networks.

The Essex County Council Active Travel Fund scheme in Braintree town is progressing with the new walking and cycling infrastructure scheme which runs from Braintree Railway Station, Fairfield Road, The Avenue, through Coggeshall Road and onto Panfield Lane through to Tabor College. Phase 1 is anticipated to be complete by December 2023.

The Essex County Council Braintree town Transport Strategy, which was consulted on earlier this year will be submitted to Cabinet in November before finalisation.

Business and the Green Economy

The launch of Essex County Council's Green Business Accreditation scheme named "A Great Start" is scheduled for January 2024.

Natural Environment

Winter rewilding projects have been planned as follows:

For Winter / Spring 2023/24: 370 Native Species Whips will be planted in November and December 2023 on open space in Halstead. Areas in Braintree will be rewilded from Spring 2024. Sustainable planting is proceeding to schedule.

Under the Shared Prosperity Fund, the Council has committed £32,774 to support the development of community gardens in the district. Funding now closed with 26 applications received which are now being assessed.

The implementation of mandatory biodiversity net gain for major sites has been delayed from November 2023 to January 2024 as the guidance and legislation had not been all published.

Officers have been working with others across Essex to put a planning guidance document together which will be published by each District to help guide their approach to Biodiversity Net Gain. A joint officer across Essex has also been agreed and is being recruited. An internal working group meets regularly to discuss implementation.

Mapping is currently being produced for the Local Nature Recovery Strategy. Once this has been completed, any gaps in the mapping will be identified and it could be discussed about how those gaps might be able to be plugged.

The Big River Watch Day was promoted on social media channels as well as the internal Climate Change communication site.

Adapting to Climate Change

A warning message was shared on 2nd August for potential flooding. Throughout August, the communications channels shared several social media posts signposting residents to the NHS website.

34 of the 52 town and parish councils have now completed and submitted their emergency plans to the Council.

The Corporate Risk Register is up to date and the Council has now completed their Emergency Plans and they have been reviewed. They shall be published imminently.

The Council is now regularly sending out weather alerts and part of its emergency warning and informing role for heavy rain, winds and flooding as we enter storm season. In September the Council sent out the Government's 30 days, 30 ways winter preparedness advice to residents on preparing for winter, information is included in various media (parish newsletter, Braintree District Council newsletter etc) and the Council will shortly publish its "Don't Wait for Winter" campaign material for residents.



Actions carried out by Braintree District Council

Project description and comments	Target Date	Status
 Over a two-year period, use £1m of New Homes Bonus to support residents of the district through the continued cost of living crisis by: Providing food security and access to essential goods across the district Helping community groups and organisations provide additional support to our most vulnerable residents Enabling physical and emotional health and wellbeing support with a focus on young people who find it difficult to access these services 		
Work continues towards opening a new food bank distribution centre in Braintree, investigation of an electrical survey is currently underway, and it anticipated that contracts will be signed in November. The delivery service has begun delivering to households, extending the support offered to rural areas where previously assistance has not been available. A new outreach worker has been appointed, providing outreach support to the community. £10,000 has been paid towards the Sport for Confidence programme, enabling vulnerable people to attend sports and leisure activities. The initial introduction at Witham Leisure Centre has been positively received. Discussions around the Community Supermarket continue with Essex County Council and other partners. Funding may be in excess of £100,000 to deliver a mobile model to enable the rural parts of the district to have access to affordable food. The project planning is ongoing, with a lead partner to be identified. The Repair Café at Cornerstone Church in Braintree has been a success, and the Council is exploring expanding the idea to additional sites. A training and resource package has been created for frontline staff to help provide further information to customers around cost of living issues, and what support is available. It is hoped that this will be published publicly next quarter. The council continues to explore funding opportunities with other partners.	March 2025 rants scheme	Þ
In the second quarter, Panfield Parish Council received a grant of £1,000 towards their Coronation Woodland project. Coggeshall Parish Council were awarded a grant of £500 which will enable them to pay for an energy audit to be carried out on the village hall with a view to making it more efficient. Friends of Bradford Street were given a grant of £2,350 made up of contributions from 12 councillors. This will go towards the purchase of Blue Plaques marking houses in the street where famous people have lived and add	March 2024	

to the historical information for residents and those interested in history who walk the street. Dance Network Association received a grant of £500 towards the costs of providing dance sessions for people living with dementia and their carers. The sessions will take place in Witham and will support the physical and mental health of those attending with a social time included as an opportunity to chat with others going through a similar experience. The grant will be added to a larger Lottery funding to provide sessions for 6 months (Sept - March). To date, 19 grants have been awarded totalling £13,114.		
Support people who are homeless or at risk of becoming homeless on their independent living through supported housing and move-on accommodation		
This is a partnership project with Peabody to deliver 3 self-contained units of accommodation, with visiting support. Builders are now on-site conducting preliminary work. The project is expected to be complete by end November 2023. Homes England have approved an additional £100k grant funding and Councillors have agreed to an additional £27.5k capital funding from the Council.	December 2023	

Actions carried out in partnership with others

Project description and comments	Target Date	Status
Build more resilient communities to response to emerging issues		
This is funded through UK Shared Prosperity Fund (UKSPF) with a budget of £30k to support people accessing basic skills to respond to issues that commonly arise and the actions to support this are being scoped out for delivery in 2024.	March 2025	
Equip young people with the skills required to face challenging situations to crew workshops to schools across the district in partnership with the Compartnership		
Three crucial crew events took place between 3 rd and 6 th July, delivering workshops to 289 children from 7 primary schools across the district.	March 2024	0
Review our Livewell Strategy to support the changing needs of our residen care priorities	ts and wider	health and
A stakeholder engagement session took place in September and gathered feedback from partners. Common themes were identified to develop the strategy going forward, and knowledge gaps were identified to be addressed in future sessions.	December 2023	
Address the health inequalities of the district through the Mid-Essex Alliand designing integrated health services in local communities and neighbourhout		ip by
The Council continues to work with the Mid Alliance partners to develop the Integrated Neighbourhood Teams. The current timeline is for these to be fully operational by October 2024, and are due to launch in Braintree in November 2023. The FeelWell subgroup focusing on children's health and wellbeing has progressed with regular sessions taking place. A number of other subgroups under the LiveWell domain are due to be established next quarter.	October 2024	
Oversee the delivery of a safer streets programme to tackle perception of v and girls in the night-time economy and neighbourhood crime for identified		
A Steering Group meeting took place in August 2023. The Police Fire and Crime Commissioner (PFCC) approved the repurposing of the Essex Youth Service and Eastlight funding to the Centre for Action on Rape and Abuse (CARA) in September. Eastlight were also unable to arrange for educational theatre group TIC Box Productions to perform the Consent production in September and confirmed that the production could take place in December 2023.	March 2024	

Deliver two changing places toilets in Witham and Halstead allowing people with complex needs to have greater access to public places to take part in everyday activities		
A contractor and project manager have been awarded the project. Site surveys revealed that the doors at Witham Town Hall were not wide enough for motorised wheelchairs. Quotations have been received for the removal and replacement of internal and external doors, and Witham Town Council have agreed to part fund this with Braintree District Council. Work is due to start at the beginning of October for both sites.	March 2024	



Actions carried out by Braintree District Council

Project description and comments	Target Date	Status
Build on the current success of the Horizon 120 Business and Innovation F remaining site plots and promoting the development of the phase 2 land	ark by sellin	g the
Updated land valuations have been commissioned to support sale agreements on the plots in phase 1, and pre-app activity is also in motion for those remaining plots. A planning application will soon be submitted for the phase 2 land by the option holder and discussions to confirm an easement agreement across the phase 1 land to support access for phase 2 land have begun.	November 2023	
Continue to develop the Witham Enterprise Units to bring forward new bus SME's	iness premis	es for
An updated scheme design has been prepared and pre-application planning activity has begun. With the need to then assess the financial viability of the scheme given its updated design, the timescale for the delivery of the project has been delayed in order to ensure the project is deliverable, with the target date moving from October 2024 to September 2026. A change control notice has therefore been processed, in recognition of the change in the likely timescale for the delivery of the project, to amend the anticipated delivery date.	September 2026	

Develop and deliver a business support programme based at the Plaza to help District businesses start, grow and increase productivity, especially in key sectors		
The Sole Trader support scheme has now launched and to date, 14 applications have been successful in signing up to the scheme. Partners are being asked to promote the programme that runs until March 2024 and is available to a total of 40 people.	March 2025	

Actions carried out in partnership with others

Project description and comments	Target Date	Status
 In partnership with NEEB, deliver a shared prosperity funded programme of support focusing on: Financial and debt management support and advice alongside signposting to other areas of financial support to create and safeguard jobs across north Essex Digital skills support to businesses across the district enabling them to grow digitally 		
The North Essex Economic Board (NEEB) is funding a two-year business support programme with Let's Do Business Group to help businesses in North Essex by delivering high-quality, independent advice to businesses either looking to start or established businesses looking to take their next step and grow. The first 'Starting my biz' webinar was held on 17th July with 42 attendees, 5 businesses attending from Braintree, and the first networking event was held at Burnham On Crouch Marina sponsored by NEEB. The second 'Starting my biz' workshop ran 19th - 26th September. There are a number of upcoming in-person workshops to take place over the next few months at Hylands House in October and Colchester in November.	March 2025	•
Facilitate a series of employer led school visits/workshops to introduce students to new industries and sector course pathways		
Officers supported the Hedingham School Enterprise Challenge in July 2023 providing year 12 students with the opportunity to develop skills by working on an organisational project gaining insight into the way decision making impacts on a business and providing them with an opportunity to gain more of an understanding of the roles available within the public sector. Officers and Apprentices also attended Job Fairs in George Yard in Braintree and an apprenticeship fair at Chelmsford Race Course. Preparation is also underway for a Jobs Fair in October taking place at Causeway House.	March 2024	
Support productivity and prosperity in our rural areas through the allocation of grant funding from the Rural England Prosperity Funding		
The new grant scheme to support rural communities and businesses and create jobs opened to applications in September 2023. Grants between £10,000 and £50,000 are available for capital projects in rural areas The fund supports capital projects for small businesses and community infrastructure which will improve productivity and strengthen the rural economy and rural communities.	March 2025	



Actions carried out by Braintree District Council

Project description and comments	Target Date	Status
Develop plans to sustainably close our budget gap by capitalising on comn		rtunities to
increase our income stream and identifying a deliverable efficiencies progra Commercial opportunities are being captured and reviewed through the Commercial Group and the Investment and Development Programme. There are a number of opportunities at concept and pipeline stage being explored by officers across the Council with updates to be presented to members on the Investment and Development Programme Board at the end of October. This includes the Commercial Gov opportunities. Existing projects and traded service performance is being tracked through these groups.	March 2024	
Develop an Asset Management Strategy to implement a more coherent applinterests across the district	roach to all	property
Work continues to progress to determine the best route for revising the current Asset Management Strategy. The Asset Management team will begin a process of review in the next quarter and a budget bid for 2024/25 has been made for resource to support the drafting of the final Strategy in early 24/25. Consider an operating model for residents and businesses to potentially su waste collection service	March 2024 Ibscribe to tl	 he garden
Over 12,000 residents have taken up the early-bird subscription to benefit from a reduced cost garden waste collection service. Bin hangers have been ordered to further advertise the scheme and are due to be distributed from the beginning of October.	March 2024	
Continue to develop our online and digital services to support changes in c	ustomer der	nand and
expectations The My Account functionality is due to launch in October 2023, and will provide immediate benefits to customers. Creating an account will allow customers to auto-complete personal details on forms, save forms for completing at a later date, track submitted forms and applications, and receive notifications on the progress of their requests. The Digital Services team are also exploring how this system can be expanded upon in the future.	March 2024	

Understand the impacts of the reforms to national planning policy and ma	ainstreaming biodiversity
net gain in the planning system	

······································		
The Council continues to work with other Essex authorities to prepare for Biodiversity Net Gain being introduced in November for large sites. Secondary legislation is pending from Central Government and work continues to prepare both Essex Wide and District specific plans for implementation.	January 2024	
Provide fit for purpose car parking machines across our car parks		
The Council is in receipt of the 8 new ticket machines. An on-site meeting with	March	
the contractor is due to take place in October to plan installation.	2025	

Actions carried out in partnership with others

Project description and comments	Target Date	Status					
Inform and influence negotiations with Government around a Greater Essex	Devolution	deal to					
ensure the benefits are felt locally for residents and businesses							
Progress has been made towards agreeing a devolution deal for Greater	November						
Essex, where the Government have now confirmed that Greater Essex will	2023						
enter into negotiations with the aim of agreeing a deal by the Autumn Budget Statement on 22 November 2023.		-					
Deliver on the plan for North Essex Authorities to work more closely togeth	or on charac	Inrigrition					
and improving resilience	er om snaret	priorities					
Leaders and Chief Executives from across Essex have been discussing how we can build on the strong relationships we built through Covid and explore potential options to share support services. North Essex Councils has been formally established and meetings have taken place with other councils to look at collaboration opportunities.	March 2025						
Drive forward Levelling Up for the district including the rural pilot with Esse	ex County Co	ouncil					
The second large scale event was held on 12 September where those in attendance received a presentation given by Toppesfield Pub & Shop to give an insight into the identified need, who was involved, how it evolved and the key drivers for success. A presentation was also given on current services and the insights from the first round of community reference groups and then discussions took place exploring: What works well in the community, what the big problems are in the community, and what ideas might help resolve the big problems. A third and final group event is scheduled to take place in November.	March 2025						
Review and adopt a new Joint Municipal Waste Management Strategy for Essex							
Essex County Council published the draft Waste Strategy for Essex in September for public consultation and feedback. The deadline for consultation is 22nd November 2023, thereafter, Essex will review the feedback and discuss any amendments to the strategy with all of the Essex authorities before a final draft is put forward for approval and adoption in the second half of the 2024/25 financial year.	March 2024						

Section 3: Managing the Business

Our Performance Indicators in Detail

	2023/24						Comments
Performance Indicator	Q1Outturn	Q2 Outturn	Q3 Outturn	Q4 Outturn	Target for the Quarter	Status at the end of the Quarter	
CONNECTING F	PEOPLE	AND PI	ACES				
Number of affordable homes delivered	77	90			63	0	
Cumulative number of homes granted planning permission (outline and full)	140	194			398		The breakdown between full and outline permissions are as follows: Full – 139 Outline - 55 It is recognised that the approval process for new homes is not linear. Several large applications are anticipated to be received by the Council which may be determined before the end of the reporting year which would support an increase in this indicator and it is anticipated that there will be an increase in applications in the next quarter ahead of proposed government changes to planning fees in the autumn (Quarter 3)
ENHANCING O	UR ENV	IRONM	ENT				
Percentage of household waste sent for reuse, recycling and composting	54.14%	53.88%			60%	•	The recycling target is an aspirational target set by the Essex Waste Partnership. At the time of writing, the outturn figure is awaiting validation by ECC. The tonnage of Dry Mixed Recycling collected in this quarter was 697 tonnes higher than in Quarter 1. This was partly offset by Food and Garden where the tonnage was 492 tonnes lower compared to Quarter 1. This was expected as the tonnage of green waste in the second quarter of the year tends to be lower to reflect the seasonal weather.
Kilograms of residual household waste collected per household	108kgs	108kgs			117kgs	0	
Percentage of accessible non- hazardous fly tips on public land cleared within 24 hours of being reported (number of flytips in brackets)	100% (309)	100% (323)			100%	0	
Number of residents assisted in installing energy saving measures							
SUPPORTING (OUR CO	MMUNI	FIES				
Percentage of Disabled Facilities Grants (DFG's) approved within	95.35%	100%			80%	0	

	2023/24					-	Comments
Performance Indicator	Q1Outturn	Q2 Outturn	Q3 Outturn	Q4 Outturn	Target for the Quarter	Status at the end of the Quarter	
timescale							
Participation levels across all our sports centres	177,126	204,842			182,993	0	
Participation of adults being active for 150 minutes per week	Annually r	eported					
Number of measures carried out through the Handyman scheme	79	69			n/a	n/a	
Number of homelessness cases prevented	54	67			n/a	n/a	
PROMOTING PR	ROSPEF	RITY					
Percentage of people in the district claiming out of work benefits rate (aged 16 - 64)	2.7%	2.7%			n/a	n/a	
Number of new business start-ups across the district	271	269			n/a	n/a	
Number of businesses that have contacted us for business support	63	102			n/a	n/a	
DELIVERING AN	ND INNC	VATING	3				
Percentage of calls resolved at first point of contact in the Customer Service Centre	64%	60%			70%	•	The Customer Services Team dealt with 14,752 calls out of 24,635 calls at first point of contact. In the second quarter there continues to be a higher than normal volume of calls requiring a more in-depth answer mainly relating Housing Options and Assessment calls, Planning enquiries, licensing enquiries and Council tax enquiries.
Percentage of invoices paid within 30 days of receipt	98.50%	98.60%			97%	0	
Number of people transacting with us online	33,995	55,634			n/a	n/a	
Time taken to process housing benefit/council tax benefit new claims	17.13 days	16.31 days			18 days	0	
Time taken to process housing benefit claim changes	2.89 days	2.69 days			5 days	0	
Percentage of Stage 1 complaints responded to within 7 working days	88.61%	94.74%			90%	0	

	2023/24			Comments			
Performance Indicator	Q1Outturn	Q2 Outturn	Q3 Outturn	Q4 Outturn	the	Status at the end of the Quarter	
Collection rate for Council Tax	30.50%	58.24%			57.40%	0	
Collection rate for Business Rates	30.12%	55.37%			51.6%	0	

Complaints

The quarterly complaints analysis for the second quarter of 2023/24 is detailed below. This is compared with 2022/23 figures shown in brackets. The figures represent all three stages of the complaints process.

Complaint Category	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	TOTAL
Justified	43 (40)	95 (87)	(45)	(57)	(229)
Not Justified	23 (61)	40 (65)	(32)	(39)	(197)
Partially Justified	13 (27)	17 (15)	(28)	(29)	(99)
Not known	0 (0)	0 (0)	(1)	(0)	(1)
Total	79 (128)	152 (167)	(108)	(125)	(526)

Comments

The number of complaints received in the second quarter has increased compared to the first quarter, following a similar trend to last year. Total complaint numbers so far this year are lower than 2022/23 by 22%.

The vast majority of complaints (141) relate to the Operations service, with particular focus around missed bin collections. Volumes were particularly high during August, which experienced sustained high temperatures, increasing the impacted of a missed collection. There were also a high number of customers aggrieved by the introduction of a chargeable garden waste service.

A small number of complaints were received in relation to the Planning service, all involving enforcement action.

All complaints received in the second quarter were resolved at Stage one of the complaints process, with no complaints escalating to stages two or three.

A summary of Local Government Ombudsman (LGO) cases:

During the Second Quarter the Council received no final decision statements from the Local Government Ombudsman.

The council received one initial enquiry from the LGO in July 2023 in respect of Building Control, but the matter was closed on initial enquiry on the grounds of a premature contact to the LGO with no complaint received by the Council.

Our Organisation

The following is a selection of our people performance measures:

People: Indicators of Performance	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Change on previous period	Yearly Target
Total headcount	482	489			+7	-
Total staff FTE	435.98	444.29			+ 8.31	-
Level of employee turnover	3.94%	1.84%			- 2.1	-
Number of leavers	19	9			- 10	-
Number of starters	15	16			+ 1	-
Working days lost to sickness per employee	1.34 days	1.73 days			+ 0.39 days	8.0 days
Percentage of staff with nil sickness	84.56%	68.30%			Cumulative	-
Number of learning hours	1078	617			- 461	-
Number of delegates	200	235			+ 35	-
Number of apprentices **	19	20			+ 1	-

Year on Year Headcount Analysis	2017/18	2018/19	2019/20	2020/21	2021/22	2023/24
	466	481	492	499	492	486

** BDC's apprenticeship programme runs throughout the year. The figures reflect various apprenticeships ranging from level 3 through to a degree level 6

Health & Safety

The following is a selection of our health and safety performance measures. The data is for information purposes only.

Health and safety is a crucial responsibility of everyone within the organisation. This information is used to improve the management of health and safety of staff, our customers, residents and other non-employees we come into contact with. Monitoring is undertaken by the corporate health and safety committee and action plans will be put in place where necessary.

Health & Safety: Indicators of	Q1	Q2	Q3	Q4	
Performance	(20)22/23 figu	re in brack	ets)	
Total number of reported accidents/ incidents, calculated from:	13 (13)	22 (5)	(15)	(13)	
Accidents/ incidents to employees	12 (12)	22 (5)	(15)	(13)	Majority of accidents was injured whilst handling and moving.
Accidents/ incidents to contractors	0 (0)	0 (0)	(0)	(0)	
Accidents/ incidents to non- employees	1 (1)	0 (0)	(0)	(0)	
Time lost in days due to employee accidents/ incidents	14 (37)	9 (35)	(16)	(1)	2 separate incidents caused time lost. 1instance of twisted ankle - 6 days, 1 instance of back injury 3 days
Number of reported verbal/ physical incidents to employees	1 (3)	4 (2)	(1)	(5)	3 verbal abuse incidents 1 physical. Abusive member of public in reception, argument outside town hall verbally abusive to public and staff, verbal abuse leading to a food bin being emptied in the reception area. The physical instance was related to waste, member of public physically pushed staff after refusing to collect contaminated waste.
Number of near miss incidents	2 (1)	1 (1)	(2)	(0)	Electrical wire sparked. PAT Testing has since been undertaken.
Number of Accidents/ incidents registered resulting in insurance/ compensation claim	2 (2)	1 (1)	(0)	(0)	
Number of claims settled	0 (4)	1 (0)	(1)	(1)	

Financial Performance: Second Quarter Review and Projected Year End Position

Background

Full Council agreed a net budget of £17.5m. During the year budgets may be updated in accordance with the Council's Budget and Policy Framework Procedure.

General Fund Revenue Spending

The table below shows the projected outturn for the year by service as forecast at the end of Q2.

Business Plan Service	Updated Budget	Forecast Spend for the year	Current Forecast Variance	Previous Quarter Variance	Current Forecast RAG Status
	£'000	£'000	£'000	£'000	
Asset Management	(2,814)	(2,394)	420	407	R
Community & Leisure	772	826	54	26	R
Corporate Management Plan	1,619	1,613	(6)	(8)	G
Economic Development	231	114	(117)	(20)	G
Environment	912	1,022	110	58	R
Finance	1,261	(114)	(1,375)	(1,255)	G
Governance	1,307	1,289	(18)	(27)	G
Housing Services	921	923	2	4	A
ICT & Facilities	2,009	1,931	(78)	(49)	G
Marketing & Communications	642	665	23	18	A
Operations	7,214	7,110	(104)	(127)	G
People & Performance	1,003	986	(17)	(12)	G
Strategic Investment	36	22	(14)	(36)	G
Sustainable Development	1,448	1,701	253	1	R
Service Plan Total	16,561	15,694	(867)	(1,020)	G
Corporate Financing	1,334	941	(393)	(353)	G
Wethersfield Legal Challenge	0	235	235	162	
Est. Impact of Proposed Pay Award	0	606	606	568	
Efficiency & Income Allowance	(425)	0	425	425	
Net Total	17,470	17,476	6	(218)	A

RAG Status: G = favourable or nil variance, A = up to 5% adverse variance or <£50k, R = > 5% 1 see below for commentary on Strategic Investment Team

General Note:

- **Staffing Changes** projections are based on known changes at the end of Q2 and include allowance for changes in current vacant posts as advised by the relevant service. Vacancies and other staffing changes are likely to occur over the remainder of the year and will be reflected in subsequent updates to projections.
- Staff Pay Award a central provision has been made at this stage that reflects the latest National Employers' proposed offer which for staff covered by NJC conditions is for an increase of £1,925 or 3.88%, whichever is the higher; and for Chief Officers and Chief Executives an increase of 3.5%. Chief Officers have already accepted the proposed pay rise. The estimated increase in pay costs is +6% against the budget provision of 3% resulting in an estimated additional cost of £606k. At the time of review, finalisation of the pay award was still pending the trade unions confirming acceptance.
- Efficiency & Income Allowance the budget includes an allowance of £300k for staffing and £125k for income to reflect that historically staffing costs are lower than originally budgeted due to churn and changes in hours, grades & scale points, etc; and fees & charges income has over recent years been overachieved.

 Wethersfield Legal Challenge – costs are those incurred to date (£10k was accounted in 22/23 – total £245k). There will be further costs incurred which will be picked up in future updates. Cabinet have recommended a budget limit of £300k to Full Council to be met from General Fund unallocated balances.

		Variance by Category				
Business Plan Service	Forecast	Staffing	Other Expenditure	Gross Income		
	£'000	£'000	£'000	£'000		
Asset Management	420	(64)	290	194		
Community & Leisure	54	6	(13)	61		
Corporate Management Plan	(6)	(7)	1	0		
Economic Development	(117)	(67)	(50)	0		
Environment	110	177	13	(80)		
Finance	(1,375)	(45)	138	(1,468)		
Governance	(18)	(106)	10	78		
Housing Services	2	(1)	6	(3)		
ICT & Facilities	(78)	(24)	(54)	0		
Marketing & Communications	23	(14)	45	(8)		
Operations	(104)	(16)	77	(165)		
People & Performance	(17)	(13)	(4)	0		
Strategic Investment	(14)	56	0	(70)		
Sustainable Development	253	(164)	94	323		
Service Total	(867)	(282)	553	(1,138)		
Corporate Financing	(393)	42	(125)	(310)		
Wethersfield Legal Challenge	235	0	235	0		
Est. Impact of Proposed Pay Award	606	606	0	0		
Efficiency Savings Target	425	300	0	125		
Net Total	6	665	663	(1,323)		

Commentary on Main Service Variances (+Adverse/ -Positive)

Asset Management

- Higher cost of interim management arrangements and additional surveyor to complete outstanding rent reviews (+£129k).
- H120 Business Park estate management expenditure (+£54k).
- Victoria Square additional site operating costs (+£123k) primarily due to unrecoverable service charges for void units, the bus park, and Eastlight service charge cap. Other costs include a backdated business rate adjustment and increased insurance premia. Reduced lease rent income due to void units (+£53k).
- Net underspend on the plaza (-£35k) primarily due to staffing underspends which is negated against lower overall income when compared to the original business case.
- Causeway House £31k of reduced income due to un-let vacant space.
- Additional cost of Industrial sites including higher business rates (+£8k) from vacant units and increase in rental costs including back-dated rents paid for industrial units that are sub-let (+£35k).

Community and Leisure

• Casual bookings at the Town Hall lower than forecast (+£58k) partly due to groups diverting to other venues post-pandemic. This is partially offset by an increase in wedding income (-£20k).

Economic Development

Economic Development is part funded from reserves. The budget assumed £208k reserve drawdown and the latest forecast position is £91k. The difference is reflected in a movement in earmarked reserves rather than General Fund balances. Variance due to change in assumptions on when staffing posts will be occupied (-£66k) and reduction in expenditure (-£50k).

Environment

- Building Control net additional agency staff costs due to ongoing difficulties in recruitment combined with continuing high service demand (+£215k), partially offset by additional income generated from a new fees and charges schedule introduced for non-statutory ancillary building control services (-£58k).
- Net underspend from vacancies within Environmental Protection and Carbon Management Unit (-£24k)

Finance

- Net underspend on employee costs due to vacancies, reduced hours and staffing starting at lower scale points than budget (-£45k).
- Local tax and housing benefit cost recoveries are lower than budget reflecting recent outturns (+£100k). The cost-of-living crisis is impacting on recovery as most of the liabilities relate to low-income households.
- External audit fees in relation to Housing Benefit subsidy claim (+£40k).
- Housing Benefits net cost of benefits paid (+£87k) due to an increasing number of claimants in temporary/ bed & breakfast accommodation necessarily used by Housing; and higher rents charged in supported housing schemes.
- Unbudgeted new burdens funding in relation to DWP grants and Energy Rebates / Household support payments (-£79k).
- Treasury Management investment income due to higher interest rates / cash balances (-£1.5m).

Governance

- Difficulties with recruitment into legal services has led to underspends in the first half of the year (-£89k), partially offset by costs incurred via the Local Legal Partnership (LLP) where extra capacity has been provided (+£22k). Spend for the remainder of the year is expected in line with budget as further attempts are made to recruit into vacant post or agency staff or the LLP is used.
- Land charges income from residential searches is projected to be lower than budget (+£73k) which reflects the slowdown in housing activity; however, this is partially offset from extra income (-£11k) from commercial searches and a reduction in payments to ECC (-£16k) for their input to searches.

ICT & Facilities

- Corporate ICT systems maintenance (-£44k) and staffing variances (-£24k).
- Causeway House maintenance and running costs are projected be overspent (+£22k) whilst energy costs are forecast to be lower than budget (-£40k).

Operations

- Net saving projected on staffing costs (Net -£16k).
- Other expenditure is lower across waste management and street cleansing due a combination of a reduction in the market price of diesel; and changes in tonnages of material collected; diversion of waste disposal to alternative site from Cordons Farm; and additional vehicle hire and maintenance costs (Net -£27k)

- Other expenditure variances across Operations (+£105k) include: provision for dilapidation costs at Unit 4; statutory parking order advertisement; and car park & cemeteries maintenance; and non-achievement of saving from transfer of community assets.
- A reduction in income from dry recycling material due to a combination of less tonnage being collected and sharp fall in market price has been offset by higher income from glass where market prices remain significantly higher than previous years and was allowed in the budget. (Net Nil)
- Increase in income due to higher demand for the bulky waste collection service (-£45k)
- ECC recycling credits are lower due to reduced tonnage being collected (+£104k).
- Increase in waste management income under the Inter-Authority Agreement from ECC (-£43k)
- Income from Interments and related income higher than budgeted partially offset by increased costs (-£52k)
- Horticultural & Plant Workshop additional income (-£35k) from external contracts following a re-pricing exercise.
- Green Waste Charging Net income from the early bird income received part of which is attributable to 23/24 financial year given March 2024 start date (-£20k)
- Car parking income overall small net variance (-£3k) reflecting usage of car parks continuing to improve with income around 7.5% higher than same period last year; offsetting the delay in the implementation of the new parking tariffs.

Sustainable Development

- Majority of the staffing variance due to current vacancies within the service (including enforcement roles/ landscape services (-£163k).
- Additional costs from external contractors and ECC to cover staff shortages in Landscape services and tree maintenance (+£65k)
- Overall, planning income is forecast to underachieve by £330k. A shortfall of planning application income is forecast (+£400k) where levels of income have not been able to recover back to those seen in 2018/19. Planning Performance Agreement income is projected to exceed budget by (-£100k), partially offset by lower Pre-application income (+£40k). Application income can be variable, and a small number of major applications can have a material impact. Currently awaiting confirmation of an uplift to statutory fees by government and date of implementation which may impact on the current year position.

Strategic Investment Team (SIT)

• Staffing cost higher than allowed in the original budget to reflect the arrangements for interim staff with partial mitigation through a vacancy. Staff time charged to capital projects is higher than was allowed. The net variance is offset by a reduction in use of reserves.

Corporate Financing

- Council Tax sharing agreement –Council Tax collection performance at Q2 results in a forecast for the year that is better than the scheme baseline leading to an increase in share-back from preceptors (-£160k).
- Business Rate income is projected to be higher due to taxbase growth (-£200k)
- Staff time charged to capital projects from service project managers is expected to be less than the budget allows based on first quarter timesheet information (+£50k).
- The Council's higher cash position has resulted in delaying the need to externally borrow and instead use internal cash balances in the short term (-£175k).

Capital Programme

	Slippage					
				(-or	Forecast	•
	Budget	Actual	In-year	deduction	•	Remaining
	Profiled	Spend		from future	Variance	•
	23/24	23/24	23/24	budget)	23/24	
	£000	£000	£000	£000	£000	
Horizon 120 Business Park infrastructure	501	124	376	0	0	0.0
Horizon 120 - The Plaza	282	0	282	0	-92	190
Manor Street regeneration	142	0	142	0	0	142
Maltings Lane Community Facility	200	10	190	0	0	190
Town Centre improvements	619	1	618	0	0	618
Industrial estate improvements	58	14	44	0	0	44
Property planned maintenance	473	313	160	0	-2	158
Information technology systems & equipment	630	265	364	0	0	364
Community facilities, play areas, parks & open spaces	993	331	662	0	0	662
Cemetery improvements	95	91	5	0	0	5
Paths, cycleways, and other infrastructure	60	35	25	0	0	25
Operational equipment	459	88	371	0	0	371
Sports and leisure facilities improvements	435	5	430	0	0	430
Climate change initiatives	1	0	1	0	0	1
Shared / Rural Prosperity Fund	180	0	180	0	0	180
Housing renovation & disabled facilities grants	1,357	607	751	0	0	751
Capital salaries	329	162	168	0	-25	142
Total	6,814	2,046	4,768	0	-119	4,649

Changes to programme since last report

- The profiled spend in 23/24 has increased by £198k from that reported at Q1. The main reason for the increase is due to:
 - The inclusion of a project at Mill Park Drive for new play equipment of £146k which is funded by S106 contributions and Unilateral Undertakings.
 - The addition of the acquisition of a compact tractor £35k from reserve.

Programme risks

- Horizon 120 shortfall on serviced land sales, and cost of removing excess soil from the site leading to a potential requirement to allocate additional capital resources.
- Inflation risk on projects, including Maltings Lane Community Facility which could result in increased construction costs.
- A review of the capital programme for quarter 3 to identify any potential programme slippage.

Significant Capital resources generated

- Eastlight agreements: Right-to-Buy sales 3 sales were completed in the first 6 months generating c£195k. A further 12 applications are in progress; however, with recent increases in interest rates, together with wider economic uncertainty, completed sales have stalled. Receipt from the VAT shelter £129k.
- Better Care Funding received £1.06m which is used to fund expenditure on disabled facilities grants.
- Capital grants of £33k & £148k received from the Shared Prosperity Fund and Rural England Prosperity Fund respectively
- Additional funding of £642k has been received from SELEP for the Horizon 120 Plaza building as funding is conditional this needs to be applied to financing which will reduce the overall project borrowing requirement
- Other minor receipts totalling £84k.

Treasury Management

Investment activity

The Council's treasury management activity to the end of the first quarter is summarised in the table below:

Amount	Activity fo	Amount	
Invested at	New	Investments	Invested at
start of the	Investments	Matured	end of
year			September
£47.1m	£77.4m	£54.0m	£70.5m
Average amount ir	£68.3m		
Highest amount in	£77.3m		

Investments totalling £19m were maintained across a range of long-term pooled funds with varying exposures to property, equities, and other financial assets. The remaining balance of investments have been held in short-term investments comprising money market funds; Debt Management Office Account (UK Government); bank deposits; and liquid cash held in a current account with Lloyds Bank.

Dividend income earned to the end of the quarter was £526k and interest on short-term investments was £1.140m, a total of £1.666m, or an annualised return of 4.88%.

The market value of shares and units in long-term pooled funds at the end of the quarter was £20.4m, representing an unrealised gain of £1.4m over the amount originally invested.

General Fund Balances

General Fund balances are held for the following reasons:

- As a contingency against unforeseen events
- To meet short-term or non-recurrent one-off costs that are not provided in the base budget and/ or are incurred to achieve future savings and efficiencies.

Based on the projected outturn set out above, the estimated movements on the General Fund balances are:

Balance at 1 April 2023	£'000
Addition/(deductions):	8,093
Budgeted reduction	(644)
Funding for one-off investment / costs	(386)
Pension Fund cost	(93)
Forecast variance	(6)
Sub-total Net Budget Variance	(1,129)
Est. Balance at 31 March 2024	6,964

Movements shown on the General Fund balance are in respect of:

- The Budget for the year was approved based on using balances of £644k.
- An anticipated reduction in balances for the initial net operating costs of the Plaza (£121k), Green waste implementation Costs (£200k), the additional legal costs in respect of Wethersfield (£65k)
- Pension Fund strain costs (£93k)
- The projected outturn variance for the year at Q2 is small adverse variance of £6k.



Agenda Item: 9

Report Title: Community Delivery Plan for 2025-2028 – Member Working Group

Report to: Cabinet

Date: 22nd January 2024For: Decision

Key Decision: NoDecision Planner Ref No: DP/2024/02

Report Presented by: Councillor Graham Butland, Leader of the Council

Enquiries to: Kim Mayo, Head of Governance and Monitoring Officer kim.mayo@braintree.gov.uk

1. Purpose of the Report

1.1 To establish a Member Working Group to consider the motion approved at the meeting of full Council on 11th December 2023.

2. Recommendations

- 2.1 Cabinet to:
 - (a) Agree to establish a Member Working Group to consider the Motion approved at the meeting of full Council on 11th December 2023, as set out in this report; and
 - (b) Approve the Terms of Reference as set out in paragraph 3.2.

3. Summary of Issues

3.1 On 11th December 2023, the following Motion was considered and subsequently approved by full Council:

Following the engagement process and publication of the Council's Corporate Strategy 2024 – 2028, and aligning with the MTFS 2024-28, the Council will consider developing a Community Delivery Plan for 2025 – 2028.

This Plan could facilitate the delivery of specific local projects and improvements to benefit residents and communities fairly across the whole of Braintree District.

In order to establish whether such a plan would provide added value Council requests the Cabinet to set up an all-party Member Working Group to examine the concept with particular, but not exclusive, reference to the following issues:-

- 1) The likely level of officer and financial resources needed by the Authority to prepare and execute such a plan;
- 2) The linkage with the Corporate Strategy, the MTFS, the Local Plan, Neighbourhood Plans, and existing Community Grant schemes;
- 3) The way and extent to which local communities could be involved in developing such a plan, recognising the diverse nature of the District;
- The way in which partner organisations responsible for issues such as Health, Social Care, Community Safety, the Environment, Transport and Sustainability should be involved;
- 5) How "fairly" should be determined, for example geographically, by reference to the Index of Multiple Deprivation, or by Community Groups.
- 3.2 Accordingly, the Membership and Terms of Reference for the Member Working Group are set out below:
- 3.2.1 Membership:

The Membership of the Working Group is to consist of seven Members made up of the following:

- 4 Members from the Administration
- 1 Member from each of the HRA, Labour Group and G&I Group.

The Working Group will be chaired by a Member of the Administration.

Group Leaders will be invited to nominate their respective Members in writing to the Head of Governance.

- 3.2.2 Terms of Reference
 - a. The Working Group will consider the proposal to develop a Community Delivery Plan 2025- 2028.
 - b. To fully consider whether a Community Delivery Plan would provide added value, the Working Group will consider, although not limited to, the following areas:
 - i. The likely level of officer and financial resources needed by the Authority to prepare and execute such a plan;
 - ii. The linkage with the Corporate Strategy, the MTFS, the Local Plan, Neighbourhood Plans, and existing Community Grant schemes;

- The way and extent to which local communities could be involved in developing such a plan, recognising the diverse nature of the District;
- The way in which partner organisations responsible for issues such as Health, Social Care, Community Safety, the Environment, Transport and Sustainability should be involved;
- v. How "fairly" should be determined, for example geographically, by reference to the Index of Multiple Deprivation, or by Community Groups
- c. The Working Group shall meet on 1 occasion to consider the matter and shall report its findings to the next available meeting of Cabinet.

The Working Group will be supported by the People and Performance Manager and the Governance Service.

4. Financial Implications

4.1 There are no financial implications arising from the recommendations set out in this report. Those Members who are appointed may claim expenses in attending the Working Group as an approved duty in accordance with the provisions of the Members Allowance Scheme as set out in the Constitution.

5. Legal Implications

5.1 There are no legal implication arising out of this report.

6. Background Papers

- 6.1 Report to Council Amended Motion Report dated 11th December 2023
- 6.2 Minutes of Council dated 11th December 2023