

**PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 18 March 2022 10.30am-12.30pm**

- Present:** Councillor Halden (Chair)  
Councillor Huelin  
Councillor Liddiard  
Ian Wake, Corporate Director for Adults, Housing and Health  
Jo Broadbent, Director of Public Health  
Sheila Murphy, Corporate Director for Children's Services  
Mark Tebbs, NHS Thurrock Alliance Director, Thurrock Clinical Commissioning Group (CCG)  
Gill Burns, Director of Children's Services, Director, North East London Foundation Trust (NELFT)  
Carmel Micheals, Thurrock Health and Social Care Place Based Implementation Assistant Director, Northeast London Foundation Trust (NELFT)  
Alex Green, Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT)  
Kim James, Chief Operating Officer, Healthwatch Thurrock
- Apologies:** Councillor Johnson  
Councillor Kent  
Julie Rogers, Chair Thurrock Community Safety Partnership Board / Director of Public Realm  
Andrew Pike, Executive Member, Mid and South Essex NHS Foundation Trust  
Michelle Stapleton, Interim Director of Operations, Mid and South Essex NHS Foundation Trust  
Preeti Sud, Executive Member, Mid and South Essex NHS Foundation Trust  
Kristina Jackson, Chief Executive, Thurrock CVS  
Anthony McKeever, Interim Joint Accountable Officer for Mid and South Essex CCGs  
Dr Anil Kallil, Chair of Thurrock Clinical Commissioning Group (CCG)  
Stephen Mayo, Deputy Chief Nurse, Thurrock Clinical Commissioning Group (CCG)  
Karen Grinney, HM Prison and Probation Service
- Guests:** Kerry Harding, Director of Estates for CCGs in Mid & South Essex, NHS  
Mark Barker, Chief Finance Officer for CCGs, NHS  
Rahul Chaudhari, Director of Primary Care, Thurrock Clinical Commissioning Group (CCG)  
Hannah Coffey, replacing Preeti Sud as Executive member for the Mid and South Essex NHS Foundation Trust  
Jenny Barnett, Essex Police

## **1. Welcome, Introduction and Apologies**

Due to technical difficulties, the meet begun at 10.43am

Colleagues were welcomed and apologies were noted.

## **2. Minutes**

The minutes of the Health and Wellbeing Board meeting held on 10 December 2021 were approved as a correct record.

## **3. Urgent Items**

There were no urgent items raised in advance of the meeting.

## **4. Declaration of Interests**

There were no declarations of interest.

## **5. Integrated Medical Centres (IMC) update**

This item was presented by Mark Tebbs, Thurrock Clinical Commissioning Group (CCG). Key points included:

- The Corringham IMC is nearing completion and comprises of a shared multipurpose building, with both clinical and non-clinical spaces.
- The Purfleet Outline Business Case (OBC) has been submitted to NHSE/I. The OBC sets out plans for the building, including space for GP, PCN, out of hospital, community, mental health, council run and voluntary services. This space is also designed to enable use by the community to support health and wellbeing initiatives.
- For the Tilbury IMC, there are several challenges and opportunities which are being explored, including ongoing dialogue with the NHS in relation to design costs.
- The new Grays IMC will be based at the Thurrock Community Hospital site. NELFT and EPUT clinical services are already on site - this IMC will also accommodate both primary care services and Orsett service re-locations.
- As part of ascertaining the future space requirements of the Grays IMC site, an options appraisal is being undertaken by Archus with stake holders in Primary Care.

During discussions the following points were made:

- Members discussed the nationally funded Community Diagnostic Centres (CDC) programme and how this will align with services proposed for the IMCs. For example, this includes blood tests and ultrasounds which can be conducted within the IMCs, however, larger spaces are required for CT and MRI scanners.
- It was noted that the existing diagnostic elements of Orsett Hospital will be moved to the Grays IMC. Further opportunities for CT scanners and other service upgrades are being explored as part of the CDC programme, however, this will not delay the work for this IMC.

- Colleagues highlighted the need to ensure service integration for the Grays IMC site and to ensure it does not become congested due to the decanting of Orsett Hospital services and pre-existing services.

**ACTION: A Primary Care options appraisal for the Grays IMC is to be considered at a future Health and Wellbeing Board meeting.**

- It was recognised the CDC programme is separate to that of the IMCs and that CDCs will not be available in all areas of the borough due to cost. However, colleagues are liaising with Primary Care surgeries so that no area within the community will be at a disadvantage.
- Members discussed the challenges and opportunities linked with the Tilbury IMC, such as the build costs being high and the ongoing design work to simplify the design to allow for maximum occupancy. This also includes the lack of car parking within the area.
- It was highlighted there are opportunities for better integration of the Towns Fund regeneration proposals within the Tilbury IMC.

**RESOLVED: Members noted and commented on the update.**

## **6. Health and Wellbeing Strategy refresh update**

This item was introduced by Jo Broadbent, Thurrock Council. Key points included:

- The Board were previously updated on the Strategy refresh consultation exercise at its meeting in December 2021.
- Following the consultation exercise, a consultation report has been created and further work has been undertaken to ensure that proposals for the refreshed strategy reflect feedback received. This also includes a focus on 'levelling the playing field' as many groups within Thurrock experience inequalities, for example, people of different genders, ages, ethnicities, socio-economic status and LGBTQ+ people.
- Proposals have been developed based around six areas of people's lives (referred to as Domains) that cover the wider determinants of health and impact on people's health and wellbeing. Through engagement with residents and stakeholders, three or four priority goals have been identified for each Domain – with public feedback being used to refine these goals.
- The final draft of the Strategy will be considered by the Health and Wellbeing Board in June 2022.
- The key themes from the engagement included:
  - Accessibility - IT, digital exclusion, geographical locations, and capacity of services;
  - Informing residents - effectively communicating with residents using a range of methods;
  - The environment – supportive infrastructure for increased housing and commercial developments, access to green and open spaces, public transport and supporting improvements in Air Quality;
  - Mental Health – the impact of COVID on social isolation and loneliness, provision of mental health support for residents, and timeliness of services.

During discussions the following points were made:

- Members considered the broad view of the Strategy, particularly in relation to socio-economic factors and the wider determinants of health. It was recognised that the underpinning framework holds the detail on how to achieve these goals.
- The Strategy balances realistic aspirations and ensures there are delivery mechanisms in place for these. For example, for Special Educational Needs, key performance metrics are held within the Brighter Futures Strategy.
- It was noted there is merit in including references and web links to underpinning strategies.
- Colleagues noted the importance of understanding the big issues for the residents of Thurrock and ensuring the five-year Strategy is flexible and organic. If the detail within the Strategy is too minutia, then it may become out of date quickly therefore providing high level goals allows for flexibility.
- Mid and South Essex colleagues confirmed their involvement and consultation within the development of the Strategy and are aligning strategic objectives with this as part of joined up working.
- Members discussed the need to clarify the focus for each year of the Strategy due to the its wide agenda. For example, three or four priorities each year could be considered, and progress reported to the Board as part of accountability.

**RESOLVED: Members completed the following:**

- **Considered the draft consultation report at Annex A and approved its publication and sharing with people who participated in the consultation exercise.**
- **Approved the proposal to create an Accessible web version and an Easy Read version of the strategy, improving accessibility.**
- **Noted that upon finalising the Strategy Board will be asked to consider how to resource its ongoing monitoring and reporting and to ensure that the Strategy remains a live document.**

## **7. Tobacco control Joint Strategic Needs Assessment (JSNA)**

This item was introduced by Jo Broadbent, Thurrock Council. Key points included:

- The Tobacco Control Joint Strategic Needs Assessment (JSNA) has been developed to gain an understanding of the scale and impact of tobacco use and harm in Thurrock, and the effectiveness of Thurrock's current tobacco control strategy in addressing this.
- Smoking is the main cause of preventable and premature deaths in England and is the largest single contributor to health inequalities.
- Thurrock still has one of the highest smoking prevalence rates in England and that there remains a high level of inequality in prevalence by level of deprivation and among people with poor mental health.
- It is recognised that higher smoking prevalence rates place increased demand on the health and care system, including hospital admissions. There is also a negative financial impact to individuals and families of smoking households.

- The JSNA has identified several priority groups in Thurrock who would benefit from targeted stop smoking intervention, including:
  - Routine and manual workers - this cohort is twice as likely to smoke;
  - People with mental illness – this group are 2.5 times as likely to smoke;
  - Pregnant women– approximately 1 in 10 pregnant women in Thurrock smoke;
  - Children and young people - at 15 years old 3.6% children advise a GP they smoke;
  - Those with Long Term Conditions (LTC) – there is a high proportion of smokers who have LTCs.
- It was recognised there is currently a lack of local insight for some populations that are known nationally to have higher smoking prevalence, such as people who identify as LGBTQ and some BME populations.
- The JSNA has identified an opportunity in Thurrock to achieve an increase in quit attempts at scale and reduce smoking related health inequalities by targeting communications and engagement work within the eight more deprived wards in Thurrock, where over 50% of smokers reside.
- This will involve a whole systems approach, working with local businesses in these wards and front-line staff working in services that have most contact with higher smoking prevalence groups to refer smokers to the stop smoking service.

During discussions the following points were made:

- Members welcomed a holistic human learning system approach to understand co-existing factors that make it difficult for individual residents to quit smoking. This may include mental health factors and recognising that smoking is an addiction therefore willpower and motivation alone may not be enough to stop smoking.
- It was recognised some of the underpinning data may be slightly skewed as smoking status for targeted lung health checks may not be updated. Also, there are residents who have no intention of accessing a service, however, could be shown to be doing so.
- Colleagues agreed that an integrated approach with local partners such as mental health services is important and is welcomed.
- Members discussed vaping as a cheaper alternative to smoking and the differences between the generations in terms of their vaping or smoking habits. For example, fewer young people smoke, however, they are more likely to take up vaping. It was noted this trend is explored further within the Brighter Futures Survey and that a whole family holistic approach is required to deter young people from taking up smoking.
- Essex Police are undertaking targeted interventions to reduce smoking in young people and the wider violence and vulnerability agenda is also considered as part of this.
- Partners are working with local vape shops as part of smoking cessation services.

- Colleagues highlighted the merit in reviewing the most deprived wards of the borough and the BME breakdown to ascertain if there is any correlation between these data sets and smoking prevalence.

**ACTION: Following a review of the recommendations, it was agreed an action plan will be developed and the Board provided with an update in due course.**

**RESOLVED: Members noted and commented on the content and recommendations contained within the report.**

**The Board approved the publication of the JSNA.**

## **8. AOB**

### **A. Review of Thurrock Health and Wellbeing Board**

This item was introduced by Councillor Halden, Thurrock Council. Key points included:

- Funding is available from NHSEI of up to £40,000 across Mid and South Essex Health and Care Partnership to support health and wellbeing boards to undertake a review of their functions in the light of forthcoming legislation on Integrated Care Systems, which can be accessed through the Mid and South Essex Health and Care Partnership.
- Thurrock can access up to £15,000 to support the review and this money will be released upon receipt of the Terms of Reference for the review and a commitment to share the outcomes with partners.
- Members noted the Terms of Reference is in development, along with identification of a potential consultant.

**RESOLVED: Members noted and welcomed the review of the Thurrock Health and Wellbeing Board.**

### **B. National Institute of Health Research (NIHR) Health Determinants Research Collaboration.**

This item was introduced by Jo Broadbent, Thurrock Council. Key points included:

- Colleagues across Southend, Essex County Council and Thurrock are working on a second bid to the National Institute for Health Research (NIHR) to establish a new research collaboration in Greater Essex.
- The NIHR will be investing up to £5m over five years in new local authority research capacity, focused on the wider determinants of health.
- For Thurrock, this research would align with the wider determinants and levelling up approach as outlined within the refreshed Health and Wellbeing Strategy.

**RESOLVED: The Chair of the Thurrock Health and Wellbeing Board agreed to send a letter of support for the research bid.**

The meeting finished at 12:22pm.

CHAIR.....

DATE.....