

PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 28 October 2022 10.30am-12.30pm

Present: Councillor Arnold (Chair)
Councillor Carter
Councillor Liddiard
Councillor Ralph
Jo Broadbent, Director of Public Health
Sheila Murphy, Corporate Director for Children's Services
Stephen Porter, Interim Director, Thurrock Alliance
Jim Nicholson, Adult Safeguarding Board
Kim James, Chief Operating Officer, Healthwatch Thurrock
Gill Burns, Director of Children's Services, Director, North East London Foundation Trust (NELFT)
Jenny Barnett, Chief Superintendent, Essex Police

Apologies: Councillor Johnson
Councillor Muldowney
Les Billingham, Interim Director for Adult Social Care
Rita Thakaria, Partnership Director, Adults Health and Social Care (Thurrock Council/EPUT/NELFT)
Julie Rogers, Chair Thurrock Community Safety Partnership Board / Director of Public Realm
Claire Panniker, Chief Executive, Mid and South Essex NHS Foundation Trust
Alex Green, Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT)
Andrew Pike, Executive Member, Mid and South Essex NHS Foundation Trust
Michelle Stapleton, Interim Director of Operations, Mid and South Essex NHS Foundation Trust
Hannah Coffey, Executive Member, Mid and South Essex NHS Foundation Trust
Anthony McKeever, Chief Executive of the Mid and South Essex Integrated Care Board
Dr Anil Kallil, Mid and South Essex Integrated Care System
Stephen Mayo, Director of Nursing – Patient Experience, Mid and South Essex Integrated Care System
Karen Grinney, HM Prison and Probation Service

Guests: Ceri Armstrong, Thurrock Council
Michelle Cunningham, Thurrock Council
Christopher Smith, Thurrock Council
Dan Jones, Thurrock Council

1. Welcome, Introduction and Apologies

Due to technical difficulties, the meeting started at 10.47am.

Colleagues were welcomed and apologies were noted. Cllr Carter advised he was attending on behalf of Cllr Johnson.

2. Urgent Items

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

3. Declaration of Interests

There were no declarations of interest.

4. Minutes / Action Log

The minutes of the Health and Wellbeing Board meeting held on 5 August 2022 were approved as a correct record.

Members reviewed the action and decision log, and this was updated accordingly.

5. Health and Wellbeing (HWB) Strategy Domain in focus – Domain 1 Healthier for Longer. Summary of domain and priorities and setting out plans for delivery, year one.

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

- The Health and Wellbeing Board had previously agreed to receive an annual update on each Domain of the Health and Wellbeing Strategy as part of governance and oversight of the Strategy's delivery plan.
- Domain 1 (Healthier for Longer) aims to improve the prevention, identification, and management of physical and mental health conditions, to ensure people live as long as possible in good health.
- There is considerable scope to improve both length and quality of life across Thurrock and to reduce variations between different groups in the community. This is to be achieved through improving promotion of good health, prevention of poor health and quality of care for long term health conditions.
- Goal 1A relates to smoking and obesity which are two key health challenges. Smoking rates are falling year on year, however, in Thurrock they remain higher than the average rate in England.
- As part of reducing the proportion of people in Thurrock who smoke, recommendations made in the recent Tobacco Control Joint Needs Assessment (JSNA) will be included within a Whole System Tobacco Control Plan for Thurrock. Initiatives will target high prevalence communities, including children and young people to prevent them from becoming addicted to smoking.
- Treatment services will also support increasing numbers of smokers to quit through provision of stop smoking services focusing on high

prevalence communities, including the eight most deprived wards in Thurrock and people with mental health conditions.

- In relation to reducing obesity, the all-age Thurrock Whole System Obesity Strategy will be refreshed and implemented.
This includes stakeholder engagement to co-produce a shared vision and actions that tackle overweight and obesity and implementation of a life course approach to supporting healthy weight and reducing obesity.
- Goal 1B aims to build on recent improvements in identification and holistic management of long-term mental health conditions. This includes addressing gaps in mental health and addiction services, providing seamless holistic support across the totality of needs impacted by poor mental health and addiction. This also includes the transition from young people's services to adult provision.
- The recently completed Substance Misuse Health Needs Assessment will be used in the recommissioning of substance misuse services and will support the narrative of the Combatting Drugs Partnership.
- Goal 1C aims to continue to enhance the identification and management of Long-Term Conditions to improve physical and mental health outcomes for all.
- This goal intricately links to the topic of the Annual Public Health Report for 2022 and will continue to use Public Health data as part of an evidence led approach. Furthermore, the stretched QOF initiative will continue, with particular focus on areas which can make the greatest improvement.

During discussions, the following points were made:

- Members reiterated the need for a whole system approach to tackling smoking and obesity. The prevalence of fast-food establishments was raised as an external factor that has an impact on obesity rates within the borough.
- It was noted Public Health are working closely with Public Realm colleagues regarding the Local Plan and the development of super zones within the borough. This initiative looks at the built and green environment around a specific area, such as schools in areas of the borough with high health needs.
- Colleagues were advised there is a good uptake of physical health checks for those with serious mental health issues, however, identified issues following this are not as good. This is being addressed by those involved in the new Integrated Primary and Community Care (IPCC) mental health model.
- There is limited information available regarding cannabis use and as part of recommissioning of substance misuse services, stakeholders will consider the most effective ways to capture the necessary data with the resources available.
- Members considered the wider aspect of lung health in Thurrock as the borough has a heavy industrial presence including infrastructure relating to ports and transportation, therefore addressing air pollution is also key. Many children within Thurrock have respiratory issues therefore smoking is only one element of lung health.
- Colleagues recognised the current cost of living challenges and in light of this and the possibility of reviewing plans and ambitions of key strategic documents, such as the HWB Strategy and the Better Care Together Thurrock: The Case for Further Change. A steering group

has already been established in relation to fuel poverty therefore this group could review the key Strategies as part of the wider cost of living focus.

- The fuel poverty steering group is jointly led by Health and Housing colleagues and looks at data regarding debt, poverty and health needs that are exacerbated by fuel poverty. A bid via the Backing Thurrock initiative has been submitted for additional capacity to provide advice to residents regarding fuel poverty and the cost of living through the Housing department's existing structures.
- Members noted the CVS has arranged a cost-of-living event in December which will bring together organisations to discuss and map what help is being offered to residents, such as warm spaces. Representatives from the Food Banks and the Food Coordinator for Thurrock are due to attend to promote community kitchens and provide guidance on how to make a meal with food available from the Food Banks. Colleagues were encouraged to join the event.

Action: Kim James to liaise with Stephen Porter to promote the CVS cost of living event in December through Health colleagues.

- Members reiterated that a holistic approach of a wraparound service with mental health professionals working alongside weight management and smoking cessation programmes is key for residents to live healthier for longer. Furthermore, the partnership working with health partners and the establishment of the Integrated Medical and Wellbeing Centres (IMWCs) is also key to delivering the aims and ambitions outlined within the HWB Strategy.

Decision: Members considered and commented on the plans for delivering Domain 1 (Healthier for Longer) of the HWB Strategy.

6. HWB Strategy Domain in focus – Domain 6 Community Safety. Summary of domain and priorities and setting out plans for delivery, year one.

This item was introduced by Michelle Cunningham, Thurrock Council. Key points included:

- Domain 6 (Community Safety) aims to ensure that Thurrock is a place where people feel and are safe to live, socialise, work and visit. It aims to ensure that victims/survivors of crime can access support to cope and recover from their experiences. These aims are linked to the delivery plan and priorities of the Community Safety Partnership.
- The focus for Goal 6A is for all children in Thurrock to feel safe and be safe in their communities. This priority will primarily be achieved through facilitating a coordinated strategic approach to tackling Serious Youth Violence and Vulnerability. This includes delivery of the Brighter Futures Strategy's Strategic Priority 3 and the implementation of the recommendations from the 2019 Annual Public Health Report 'Youth Violence and Vulnerability'.
- Goal 6B relates to the reduction of crime levels and the safety of residents. This priority will be supported through the establishment of a Combatting Drugs Partnership for Thurrock - a multi-agency forum

that is accountable for delivering the outcomes contained within the National Combating Drugs Outcomes Framework. Furthermore, approaches will be implemented to reduce perpetrator offending, with a targeted focus on scams, modern slavery, adult sexual exploitation, cuckooing and hate crime.

- Goal 6B also recognises a strategic planning approach to designing out crime is needed to increase public perceptions of safety.
- The delivery mechanisms for Goal 6C are the Thurrock Violence Against Women Strategic Action plan and implementing the recommendations from the 2020 Sexual Violence and Abuse Joint Strategic Needs Assessment. This includes working in partnership to enhance holistic approaches to supporting victims/survivors cope and recover from their experiences. This also incorporates experiences of men and boys as victims of violence.
- For Goal 6D, the priority focuses on protecting residents from being victims of crime, with a targeted approach to those with increased risk of experiencing exploitation and abuse. The delivery mechanism for this priority is the implementation of the Minerva project by responding to identified geographical areas with increased risk of crime against women and girls.
- In addition, links will be made with Council-wide work to deliver a more individualised transition of vulnerable young people from children's to adult services.

During discussions the following points were made:

- Members discussed how to prevent females becoming at risk of exploitation via county lines and the use of social media platforms, particularly 'Only Fans'.
- Colleagues considered the need to educate young men too in relation to exploitation via social media platforms as there is potential to earn considerable amounts of money. It was noted that Essex Police are collaborating with the Local Authority to tackle exploitation of young people.

Action: Michelle Cunningham to consult with partners to investigate the use of 'Only Fans' for the exploitation of young females and to provide an update to members of the Board at the next meeting in December.

- Members welcomed the multiagency and whole system approach outlined within the report, particularly the transition from children's to adult services. This is also a key priority for both the Safeguarding Children's Board and the Adult Safeguarding Board and reiterates a partnership approach.
- The Board considered the rates of domestic violence against women (one in four) which is double that of men. As part of the HWB Strategy's levelling inequalities aims, colleagues supported the nomination of Champions for Violence Against Women and Girls in Thurrock.
- It was recognised there is also a supportive domestic violence service within the Housing department and a political Champion would help to strengthen this agenda further.

Action: Michelle Cunningham to provide the Board secretariat with details of the Champion process, this will then be sent to political members for consideration by 25 November 2022.

- The difficulties of men reporting domestic violence were noted and that training would be beneficial in this area. Colleagues were advised this will be outlined within the Violence Against Women and Girls Strategy and will be presented at the Cleaner, Green and Safer Overview and Scrutiny meeting in January 2023.
- Members discussed the merit of an appendix for each Domain of the HWB Strategy which contains links to the relevant underpinning strategies. This provides an opportunity for colleagues to gain further insight and understanding of each of the key areas.

Decision: Members agreed the underpinning strategies for each Domain of the HWB Strategy are to be added as an appendix as part of the annual updates to the Board.

Action: Appendices for Domains 1 and 6 will be supplied to the Board at the next meeting.

Decision: Members considered and commented on the plans for delivering Domain 6 (Community Safety) of the HWB Strategy.

7. Better Care Fund (BCF) Annual Plan approval

This item was introduced by Christopher Smith, Thurrock Council. Key points included:

- Thurrock's initial Better Care Fund Plan, and Better Care Fund Section 75 Agreement between the Council and NHS, was approved in 2015. The focus of the Better Care Fund to date has been on adults aged 65 and over who are most at risk of admission to hospital or to a residential care home.
- The planning requirements for the Better Care Fund Plan for 2022/23 were published by NHS England on 19 July 2022 with a deadline for submission of 26 September 2022. The combination of the short timeframe and the summer holiday did not allow the presentation of the Plan to the Board prior to submission. The Plan has been submitted, and scrutiny by NHS England is underway, with approval letters expected by 30 November 2022.
- The Better Care Fund Plan 2022/23 has been developed to reflect the new strategy for adult services – Better Care Together Thurrock: The Case for Further Change 2022-26. A programme of reviews has commenced which will ensure that all services commissioned fully reflect and are in alignment with the new strategy, as well as meeting the National Conditions, and demonstrating best value for money.

During discussions the following points were made:

- Members noted the fund will be reviewed in March 2023 to ensure the right providers are in place to deliver the shared goals of the Council and the NHS Mid and South Essex Integrated Care Board.
- It was recognised lengthy bureaucratic processes need to be reduced as part of the review and that this was accomplished during the pandemic, therefore it should remain an approach for the future. The Continuing Health Care pathway is an example of collaborative working whilst reducing the bureaucratic burden on organisations.
- Colleagues thanked Stephen Porter for his input and engagement as Interim Alliance Director as it was noted this would be his last Board meeting. A handover period will begin shortly with Aleksandra Mecan, and both may be joint members of the Board for a period of time.
- It was noted an offer of support has been provided from the NHS and Local Government Association in relation to systems to address hospital discharge issues and reducing delay of care. This will provide an independent and external perspective to help improve the Better Care Fund for next year.
- It was reiterated integrated governance arrangements for the Better Care Fund are essential to help raise challenges and problem solve. As part of this approach, further collaboration with Healthwatch and the wider CVS would be beneficial.
- Members acknowledged the market is fragile and there is a need to encourage new providers to diversify services; a Commissioning Board across the system would be beneficial in this instance. There is also a need to highlight the role of micro-providers and change the narrative about who can provide and what services are needed.

Decision: Members approved the Better Care Fund Plan for 2022/23.

8. Initial Health Assessments

This item was introduced by Dan Jones, Thurrock Council. Key points included:

- The Board previously agreed a target of 90% of Initial Health Assessments (IHAs) being completed on time and to the required standard in July 2020. An update was provided to Board in December 2020 which suggested performance had been improving.
- IHAs must be conducted by a registered medical practitioner who is ideally a paediatrician therefore joint working with partners in Health is required. These assessments identify any existing health problems and deficits in previous healthcare and provide a baseline for managing the child's future health needs.
- There are clear arrangements in place with local Health partners whereby referrals for an IHA should be completed within five working days of a child becoming looked after and sent to Health. The IHA appointment will then be arranged, the child seen and assessed within 28 days (20 working days) of entering care and a subsequent report sent to the Local Authority. Most children are referred within the five working day referral window and referrals are tracked weekly to ensure children receive an IHA even when this occurs out of timescales.

During discussions the following points were made:

- Members noted that the demand for IHAs (particularly for out of area placements) has nearly doubled therefore causing capacity issues for Health services as appointment slots cannot be increased and paediatric availability remains limited. Digital solutions are in the process of being considered to meet the IHA target.
- Concerns were raised that the information provided regarding the out of borough demand for IHAs was not previously flagged to Children's Services therefore the report presented to the Board is not a complete representation.
- Members reiterated that the IHAs are a statutory duty and therefore capacity issues should have been escalated to senior leadership teams as performance is poor for the small numbers of IHAs required in Thurrock.
- It was noted a separate Health report regarding IHAs was presented at the recent Corporate Parenting Committee which does provide information relating to capacity and resource issues, however, this has not been provided to the Health and Wellbeing Board.
- Colleagues discussed the need for innovative and creative initiatives to meet the 90% target, for example through digital solutions as increased funding has not provided an increase in capacity.
- Members noted the pressure on Health staff in this area and that staff have hosted consultation events to create additional capacity. Colleagues were reassured this issue has been escalated to the relevant senior officers within the system, however, there is a considerable peak in demand across Essex and subsequent outside of borough placements. Health colleagues have a responsibility to all children and are unable to prioritise a specific area.
- It was noted Looked After Children remain the responsibility of their home authority, therefore there are Thurrock children outside of the borough who will be accessing IHAs from other health authorities.

Action: An updated report is to be presented at the next Board meeting and will be taken as an urgent item. Dan Jones and Helen Farmer will jointly present this.

9. Annual Public Health Report

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

- The topic of the 2022 Annual Public Health Report is 'Reducing the impact of Cardiovascular Disease in Thurrock'.
- Cardiovascular disease (CVD) is the main clinical cause of premature mortality, with one in four premature deaths (under the age of 75) due to CVD.
- CVD is also the main clinical driver of health inequalities, as premature mortality from CVD is higher in more deprived groups, and people living with Severe Mental Illness (SMI) and Learning Disability.
- The report highlights that a focus on CVD prevention provides the greatest potential to reduce health inequalities and reduce premature mortality.

- Life Expectancy in Thurrock is the lowest in Mid and South Essex and lower than the England average for both men and women. Thurrock has the highest premature mortality in Mid and South Essex, and the second highest rate of CVD premature mortality, which is higher than the England average.
- For people living with SMI, Thurrock has the second highest premature CVD mortality rate in England.
- However, there have been several improvements in CVD care since 2016, including:
 - The first Integrated Medical and Wellbeing Centre (IMWC) has opened in Corringham, with three more to follow;
 - Annual diagnoses of hypertension have increased, and the diagnosis gap in Thurrock is the smallest in Mid and South Essex;
 - Management of hypertension in all Thurrock PCNs compares well with national targets;
 - Management of atrial fibrillation has improved in Thurrock and now exceeds national targets;
 - There is still a substantial diagnosis gap for high cholesterol, but the quality of care for those on Coronary Heart Disease registers is high
- The report outlines several recommendations, including:
 - Workforce – Thurrock remains significantly under doctored and has the third highest GP list size in England. This remains a concern and PCN capacity is being considered;
 - Targeting of services – the NHS Health Checks is a universal programme; however, specific targeting of services would be beneficial. This would include known groups within the community who have CVD and blood pressure concerns;
 - Service model – this includes new care models which build in cultural shifts and promote patient activation and coaching.
- The recommendations will be taken forward through the Better Care Together Thurrock working group on Population Health and Inequalities. Actions will include:
 - Continued quality improvement in primary care services for CVD;
 - Embedding a more holistic, co-produced approach to long term conditions care;
 - A focus on reducing inequalities in CVD outcomes, particularly for people from a minority ethnic background, people with serious mental illness and people with learning disabilities.

During discussions the following points were made:

- Members noted there is considerable ongoing work to encourage GPs into Thurrock and a report regarding under doctoring within Thurrock will be presented at the next Health and Wellbeing Oversight and Scrutiny Committee (HOSC).

Action: The under doctored position in Thurrock HOSC paper is to be added to the Board forward planner for future discussion.

- Members considered the lack of engagement with Primary Care Services and that every contact counts. As part of this engagement, residents should be encouraged to be more aware of their own health, including their blood pressure which can be measured at home or in a community setting such as Community Hubs or libraries. If high blood pressure is identified, residents will need access to GP appointments to address this issue therefore the under doctoring issue within Thurrock is a concern.
- Members noted Integrated Locality Working Groups and Community and Reference Boards are being established which will provide the local community with a voice on how to provide their feedback on clinically focused questions.
- Members reiterated that early detection, monitoring, and control is a vital part of prevention and that QOF registers provide an incentive for GPs.

Action: Stephen Porter to provide the Chair with the latest data from the QOF registers.

- Members noted that community engagement can influence health outcomes within the borough. For example, funds were raised by a resident for defibrillators to be distributed across the borough and now every school in Thurrock is equipped with a defibrillator.

Decision: Members of the Board noted the contents of the Annual Public Health Report 2022 and approved its publication.

The meeting finished at 12:35pm.

CHAIR.....

DATE.....