

**PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 10 February 2023 10.30am-12.30pm**

**Present:** Councillor Arnold (Chair)  
Councillor Johnson  
Councillor Muldowney  
Councillor Liddiard  
Councillor Ralph  
Les Billingham, Interim Director for Adult Social Care  
Jo Broadbent, Director of Public Health  
Margaret Allen, Deputy Thurrock Alliance Director  
Rita Thakaria, Partnership Director, Thurrock Council, EPUT and NELFT  
Michael Dineen, Assistant Director for Counter Fraud and Community Safety  
Kim James, Chief Operating Officer, Healthwatch Thurrock  
Terry Fisher, Thurrock Community Policing Team Inspector, Essex Police

**Apologies:** Sheila Murphy, Corporate Director for Children's Services  
Julie Rogers, Chair Thurrock Community Safety Partnership Board / Director of Public Realm  
Aleksandra Mekan, Thurrock Alliance Director  
Fiona Ryan, Managing Director, Basildon Hospital.  
Gill Burns, Director of Children's Services, Northeast London Foundation Trust (NELFT)  
Alex Green, Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT)  
Hannah Coffey, Executive Member, Mid and South Essex NHS Foundation Trust  
Michelle Stapleton, Integrated Care Pathway Director, Mid and South Essex NHS Foundation Trust  
Anthony McKeever, Chief Executive of the Mid and South Essex Integrated Care Board  
Stephen Mayo, Director of Nursing – Patient Experience, Mid and South Essex Integrated Care System  
BJ Harrington, Chief Constable, Essex Police  
Jenny Barnett, Chief Superintendent, Essex Police  
Jim Nicolson, Adult Safeguarding Board

**Guests:** Natalie Smith, Thurrock Council  
Sara Godward, Thurrock Council  
William Guy, Mid and South Essex Integrated Care System  
Catherine Wilson, Thurrock Council  
Jeff Banks, Mid and South Essex Integrated Care System  
Jane Gardner, Essex Police  
Maria Payne, Thurrock Council

**1. Welcome, Introduction and Apologies**

Colleagues were welcomed and apologies were noted. This included Rita Thakaria confirming attendance on behalf of Gill Burns and Alex Green and Michael Dineen representing Julie Rogers.

The Chair reiterated that if Board members are unable to attend future meetings, a nominated deputy is to attend to ensure representation and input from across all organisations.

## **2. Minutes / Action Log**

The minutes of the Health and Wellbeing Board meeting held on 9 December 2022 were approved as a correct record.

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

## **3. Urgent Items**

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

## **4. Declaration of Interests**

There were no declarations of interest.

## **5. Virtual items for consideration.**

This item was introduced by the Chair. Key points included:

- The Board has been asked to virtually consider the following three needs assessments:
  - Alcohol and Substance Misuse;
  - Self-Care for Long Term Conditions;
  - Active Travel.
- It was recognised that virtual sign off for these detailed documents is not ideal, however, going forward the sequencing and discussion of such reports will be considered further.
- Members noted the needs assessments were considered at the Health and Wellbeing Overview and Scrutiny Committee (HOSC) in January 2023.
- If Board members are not content with these documents being published on the Council Joint Strategic Needs Assessment web page, comments are to be provided to Jo Broadbent by close of play on Friday 24 February 2023.

**Decision: Members agreed to virtually review the needs assessments.**

## **6. Health and Wellbeing (HWB) Strategy Domain in focus – Domain 2 Building Strong and Cohesive Communities. Summary of domain and priorities and setting out plans for delivery, year one.**

This item was presented by Natalie Smith, Thurrock Council. Key points included:

- The Domain focuses on reducing inequality for all residents within the borough, whilst ensuring the most marginalised and seldom heard communities enjoy the same levels of opportunity, health, and wellbeing as the most affluent.

- The aim is to use a Human Learning Systems approach within services and activities building on community strengths and increasing social value. This includes building on the positives from the COVID-19 pandemic such as community led support whilst seeking to mitigate the negative impacts of the pandemic and increased cost of living. In doing so, this provides residents with the opportunity to find their own solutions, make healthy choices and access support when needed.
- Goal 2A relates to improved engagement with residents to ensure all can have their voice heard. This will be achieved by implementing the Collaborative Communities Framework and Better Care Together Thurrock Strategy, whilst exploring new opportunities to empower and involve all communities to participate as active citizens.
- Goal 2B focuses on ensuring residents have the skills, confidence and ability to contribute as active citizens and are empowered to co-design the decisions that affect their lives. The aim is for residents to have access to the information to make choices and feel able to contribute their voice through face to face or digital means. It also means encouraging community led action to support local improvements.
- The aim of Goal 2C is to enhance equality and inclusiveness by promoting opportunities to bring different communities together to enhance shared experience and to embed a sense of belonging. This will be achieved by establishing an Improving Equality Outcomes Board to drive improvement across all policies, strategies, and service transformation.

During discussions, the following points were made:

- Members welcomed the ongoing work, particularly in relation to conversations with services, communities, and target groups as part of co-designing solutions and identification of barriers to take initiatives forward. However, several of the Domain's priorities are dependent on the capacity of the voluntary sector which has been stretched since the pandemic.
- Due to the nature of this work, members recognised the challenges of establishing SMART goals, although a range of quantitative and qualitative measures have been implemented to test the impact of this Domain's work. This includes the monitoring of volunteering levels and the number of placements available to ascertain the level of activity within communities. Furthermore, the uptake of activities supported by community hubs and libraries is also monitored.
- Colleagues reiterated that access to GP appointments is of particular importance to residents. The ongoing work within this Domain empowers communities to know where they can obtain information and support if they are unable to secure a GP appointment, for example pharmacies. This information sharing is supported by the borough's community hubs and libraries as well as Healthwatch.
- It was recognised health inequalities is broader than access to GP services, with Community Led Support (CLS) Teams being piloted within the Council to support the borough's communities through a wide range of initiatives. For example, Talking Shops (informal drop-in sessions) are held which increases the accessibility of information to residents and provides an opportunity for earlier discussions in relation to access to a range of services including Health and Housing. Furthermore, the CLS approach is due to be evaluated in summer 2023.

- Members noted Communities of Practice are now operating within the borough and Community Builders are also having a positive impact. For example, intervening with the proposed bank closure in Corringham and supporting keeping the branch open through relocation to the Corringham Library.
- Colleagues acknowledged and recognised the financial challenges of the Council, however reiterated commitment to the transformation of services across the organisation to reduce failure demand and maximise efficiency. The expenditure controls process will require the prioritisation of key elements of the transformation programme.
- Colleagues were provided with positive feedback from residents of the Sheltered Housing complexes in relation to being connected to Internet services.

**Action: Natalie Smith to provide a time frame for the network connection rollout to other housing complexes within the borough, such as O'Donoghue House.**

- Members raised concerns regarding the use of the Tilbury Hub as it is often closed during the lunchtime period therefore residents have been unable to use it as a warm space during this time. Colleagues were reassured this is being addressed and solutions considered to keep the Hub open for longer.
- It was recognised the focused mapping of assets within the Primary Care Network footprints are being taken forward using the Stronger Together directory to ensure promotion of networks and offers to the community. This is also promoted via Community Forums and notice boards in key areas.
- Members were advised there is ongoing work regarding health equality impact assessments. This includes the updating of training materials and policies to ensure this is embedded within the organisation as part of capturing the lived experience of communities, particularly those smaller and harder to reach areas.

**Decision: Members considered and commented on the plans for delivering Domain 2 (Building Strong and Cohesive Communities) of the HWB Strategy.**

**7. HWB Strategy Domain in focus – Domain 4 Opportunity for All. Summary of domain and priorities and setting out plans for delivery, year one.**

This item was introduced by Sara Godward, Thurrock Council. Key points included:

- Domain 4 focuses on inclusive growth and economic development.
- The aim is to support Thurrock residents to be aspirational, resilient, and able to access high quality education and training; enabling them to develop skills to secure good quality employment and volunteering opportunities to live fulfilling lives and achieve their potential.
- Goal 4A focuses on raising aspirations and reducing the disadvantage gap and for all children and young people to be able to achieve their potential. This will be achieved through the delivery of the Brighter

Futures Strategy for children and young people in the context of COVID-19 recovery. This includes all children in Thurrock making good educational progress, with improved educational attainment for all disadvantaged children and young people.

- The aim of Goal 4B is to raise aspirations and opportunities for adults to continue learning and developing skills, with a focus on groups that can benefit most.

The priority will be achieved through the Economic Development and Skills Partnership, 11-25 Strategy Group and Adult education providers as well as partnership working through supporting the delivery of the Backing Thurrock Strategy to increase adults learning and developing new skills.

- The focus of Goal 4C is to support the economically vulnerable through delivering the Backing Thurrock Roadmap and Action Plan and the Thames Freeport. These initiatives will provide more residents with sustained employment, particularly with an increase from vulnerable and deprived groups. The aim is to therefore see a reduction in residents needing to claim benefits through improved economic circumstances.
- Goal 4D aims to create a vibrant place, that generates new businesses, increases prosperity and enables people across Thurrock to benefit from the transformational investment in major development schemes. This includes working closely with local business leaders and anchor institutions to establish new ways of working to increase local recruitment, develop local supply chains, attract public and private inward investment, and make best use of assets.
- There are several commitments and milestones that underpin each of the goals and their subsequent priorities.

During discussions the following points were made:

- Members welcomed the update on this Domain and the progress to date and were keen to share the document outlining the underpinning strategies for each Domain with the wider organisation and partners.
- Colleagues advised that Thurrock is a positive outlier in relation to its cohort of children and young people not in education, employment or training (NEETs) as different methods and activities of engagement are considered, as there is not a one size fits all solution. There is also one-to-one support to understand voluntary opportunities available within the borough such as supporting other residents with digital inclusion.
- It was recognised there is a significant and persistent education attainment gap within the borough which will require additional activity to reduce.

**Action: Sara Godward to provide information relating to the current attainment gap and the proposed activities for reduction.**

- The Domain covers a considerable breadth of activity, and the detail of specific delivery elements is contained within the underpinning strategies as initiatives are in various states of maturity. It was acknowledged some workstreams take longer to embed and monitor progress as these relate to longer term aims. However, members noted there has been targeted support for worsening health conditions

due to fuel poverty and as part of this, the UK Shared Prosperity fund has enabled an additional Financial Inclusion Officer to be recruited. The data and referrals from Health and GPs are enabling identification of those at risk and requiring support.

- Members reflected on partnership working and the opportunities generated by this, such as anchor organisations and institutions as part of developing communities to work within their local communities and environment.
- It was recognised that influencing and embedding initiatives across the organisation is key, with reduction of inequalities being considered as part of the Place, Leadership and Growth Board and the Improvement and Recovery Plan.
- Colleagues noted the Strategy Domains and priorities for year one have been presented therefore an evaluation / reflection on the first year of the Strategy will be beneficial via an annual report at the first meeting of the municipal year.

**Action: An evaluation report of the first year of the Strategy is to be presented at the first meeting of the municipal year.**

**Decision: Members considered and commented on the plans for delivering Domain 4 (Opportunity for All) of the HWB Strategy.**

## **8. Update on the current under doctoring position in Thurrock**

This verbal update was provided by William Guy, Thurrock Alliance. Key points included:

- Whilst GPs remain a crucial part of Primary Care provision, there is now a broader staff network supporting Primary Care services, however it is recognised that Thurrock continues to be under doctored.
- As part of increasing GP provision within Thurrock, several initiatives have been established across the ICB to target different cohorts such as newly qualified GPs, those in their mid-career and those seeking retirement.
- The ICB has created additional capacity via the GP fellowship scheme. This is a bespoke offer for the borough which encourages newly qualified GPs to begin their career in Thurrock and to hopefully remain working in the borough. The scheme supports newly qualified GPs to identify practices they would like to work in to develop a specialism as part of their personal growth.
- The GP fellowship scheme has been promoted since July 2022 and there are currently six candidates for the Thurrock locality. This is slightly less than anticipated due the timing of the scheme entering the market for newly qualified GPs. Several of these GP fellows will be hosted at the Corringham Integrated Health and Wellbeing Centre (IMWC).
- Training opportunities and experiences are important for securing GPs therefore the training capacity (medical placements) has increased by an additional 150 posts across the Mid and South Essex footprint.
- There are further workforce developments, including the Additional Roles Reimbursement Scheme (ARRS) whereby capacity is

addressed within Primary Care through the expansion of new roles, for example pharmacists and social prescribers. There is a national fund that is aligned at a Primary Care Network (PCN) level and then recruitment to these roles across the PCN footprints.

- The ARRS has identified some success, however there are further opportunities to increase the recruitment of roles to develop the scheme further and bring it to full fruition across Primary Care. For example, there are 16 pharmacists in post across the PCNs, with nine physiotherapists and several social prescribers.
- To summarise, it is recognised there is a considerable way to go to ensure Thurrock has an adequate number of GPs, however the initiatives put in place are a positive start and demonstrate that the ICB is investing in Thurrock.

During discussions the following points were made:

- Members raised concerns about the pace of change as within a year there has been little growth in GPs across the borough. Furthermore, Thurrock was previously the third most under doctored area of the country and it is understood it remains within the top five.

**Action: William Guy to provide members with the updated GP figures across Thurrock.**

- Members welcomed the GP fellows scheme and recognised the recruitment process will remain ongoing and open. The commitment is for 12 fellows, however at present there are six candidates and practices are being identified to host them over and above the Corringham IMWC. Further clarification is required on where the candidates are within the recruitment process as it is understood one is ready to begin their placement.

**Action: Rita Thakaria to liaise with William Guy, Margaret Allen, and Lesley Roberts in relation to the current GP fellows recruitment positions and host locations.**

- It was noted appointments for fellows hosted will be made in the usual way, with patients calling their surgeries in the first instance.
- It was recognised the GP fellows will have a mixed role, with 50% of Primary Care appointments as part of creating additional capacity and 50% focus on development of specialisms.
- Colleagues noted that if residents have concerns regarding their GP practices, they should raise this in the first instance with the surgery and if they remain unhappy with the response, they can contact Healthwatch or progress the matter through the ICB complaints system.

**Action: William Guy to share the details of the ICB complaints process with Margaret Allen for wider distribution to the Board.**

**Decision: Members noted the verbal update on the current under doctoring position in Thurrock.**

## 9. Unpaid Carers – All Age Carers Strategy

This item was introduced by Catherine Wilson, Thurrock Council. Key points included:

- The report details the outcome of an extensive period of engagement with young and adult carers and mainly focusses on one area of improvement – the development of an all-age Carers Strategy/action plan. The report details the main activities currently being undertaken operationally and in commissioning to transform the internal offer to carers.
- Nationally 1 in 8 adults (6 million people) are carers, and of these, 1.2 million carers provide more than 50 hours of care per week. Due to the pandemic, Carers UK estimate that overnight, an additional 4.5 million people became unpaid carers in March 2020.
- In Thurrock, it is estimated that more than 20,000 people are carers, with the 2011 Census indicating that 26% of those provide more than 50 hours per week.
- The number of unpaid carers has been rising significantly as the population ages and healthcare continues to improve. Furthermore, 1 in 5 schoolchildren are estimated to be carers which significantly impacts their lives, for example their educational attainment and mental wellbeing.
- The demand for support mirrors adult carer services whereby there has been a significant increase in the number of young carers seeking support from the Young Carers Support Service post pandemic.
- As part of the engagement sessions facilitated by Healthwatch, over 300 children / young people were consulted with. It was noted these young people desperately want to be involved with the services and support available to them and identified several areas requiring improvement. This includes working with schools to ensure the necessary support is given such as being able to access their mobile phones during school hours for emergencies, clearer signposting to pastoral support and raising awareness of carers amongst student populations to help young carer identification and reduce bullying.
- The responses captured from adult carers were similar to those of the younger cohort, for example working with employers to see how carers can be supported in the workplace and ensure flexible working that can meet the needs of carers, availability of information and timely follow up referrals into services.
- Following this engagement, an event is due to be held in March 2023 across partners to discuss the findings of the report and to start action planning – this will include professionals and unpaid carers to ensure future actions and improvements are based on lived experience.

During discussions the following points were made:

- Members welcomed the integrated all-age Carers Strategy and the targeted action plan as it is important to recognise there is not always a 'one size fits all' approach for both adults and young people. The Strategy will provide an equal focus across the ages to ensure all carers receive the necessary support. This support is vital for children and young people as they may not recognise themselves as carers.
- Young carers often create their own support networks with each other and are keen to pass on their knowledge to others. For example,



several young carers are linked into the youth Healthwatch ambassadors network as part of providing understanding around certain behaviours within the cohort such as smoking, alcohol consumption and drug use. These are possible coping mechanisms for young carers.

- Furthermore, colleagues noted young carers have specific support needs such as support during exams which could be linked to a 'study buddy' system.

**Decision: Members noted the findings of the unpaid carers consultation and agreed the proposed approach to strategy/action plan development.**

## **10. MSE ICS Integrated Care Strategy**

This item was introduced by Jeff Banks, Mid and South Essex Integrated Care System (MSE ICS) Key points included:

- The MSE ICS Integrated Care Strategy has been developed in collaboration with partners across the footprint, including Local Authorities, District Councils, an acute hospital provider, the MSE Community Collaborative, Primary Care and voluntary sector partners.
- Following this engagement and a review of partner strategies, it was identified there are many overarching themes in how partnership working can eliminate avoidable health and care inequalities. This can be achieved by creating a focus on prevention, early intervention and joined-up health and care services.
- The key partner priorities identified relate to Adult Social Care, Core20+5, children and young people and wider determinants of health and wellbeing. For Thurrock, these are captured within the Health and Wellbeing Strategy and the Better Care Together Thurrock – The Case for Further Change Strategy.
- The MSE ICS Integrated Care Strategy recognises the importance of socio-economic factors and health behaviours therefore health and wellbeing is viewed as broader than access to care and encompasses all partners.
- The key priorities of the health system (Core20+5) relate to the groups, across all ages, who experience the greatest health inequalities and the specific conditions where outcomes are poorest. The underpinning framework includes early cancer diagnosis, smoking cessation, maternity care and improvement of mental health for children and young people.
- The report outlines system priorities, including tackling workforce pressures, ensuring better connected care between services and the development of a shared care record and data.
- The Strategy recognises the priorities of communities, particularly access to Primary Care and services. This was a recurring theme during the engagement workshops with partners.
- The Strategy acknowledges how partners can help support and build resilient communities whereby people are able to support themselves, their families, neighbourhoods, and the wider communities. This incorporates a sense of responsibility across the system to enable residents to thrive.

During discussions the following points were made:

- Members welcomed the Strategy and the opportunity to engage and collaborate with partners during its development. As a result of this, it reflects Thurrock's key strategies and principles.
- Colleagues recognised the importance of the Strategy being a partnership between agencies, organisations, and residents, therefore the continued role of communities needs to be highlighted to ensure support and positive engagement from residents. This will include local events such as workshops, engagement opportunities through new forums being established, for example the Community Assembly and continued reporting throughout the lifespan of the Strategy.
- In relation to the assessment of the Strategy, an outcomes framework has been developed which also dovetails into various other frameworks, including the Population Health Management data platform. Furthermore, stories of individuals and lived experiences are important to consider when assessing the Strategy.
- Colleagues reiterated the challenges in measuring the impact of community engagement, which is often difficult to do so at a local level. However, there is a strong evidence base that health outcomes are improving, for example amongst those with health conditions who volunteer.
- Members recognised the importance of resourcing early intervention and prevention measures to reduce demand pressures further along the system. A broader and more inclusive partnership will enable this to happen, along with the commitment to doing things differently as part of test and learn practices.
- The Strategy is due to be signed off at the Integrated Care Partnership meeting on 20 March 2023 therefore comments received will be incorporated accordingly.

**Decision: Members approved the Integrated Care Strategy and offered observations about how the work is taken forward as appropriate. The Board endorsed the initial areas for additional joint working with the Integrated Care Partnership.**

#### **11. Suicide Prevention across Southend, Essex and Thurrock (SET)**

This item was introduced by Jane Gardner, Essex Police and Maria Payne, Thurrock Council. Key points included:

- The complexity around suicide prevention is compounded by the fact that no single organisation can tackle this alone therefore a whole system, cohesive, multi-agency approach is required.
- Thurrock has a significantly lower suicide rate than the national average statistics. There were 26 deaths in Thurrock registered as suicides between 2019-21. However, there are limitations in this data as outlined below:
  - They would only be deaths formally ruled as suicides by the coroner, so excludes any with open verdicts where similar preventative opportunities might have existed;
  - There are substantial delays in the publication of these statistics from when the deaths occurred – the median length of time between death occurring and the inquest conclusion

- (determining suicide as cause of death) was 120 days for Thurrock in 2021.
  - Wider information relating to the demographics or circumstances behind these deaths is not available.
- Since April 2021, Thurrock Council Public Health colleagues have had access via a signed data sharing agreement to monthly information from the SET wide Real Time Suicide Surveillance (RTSS) System. This is run by Essex Police and contains details captured by the Police on all deaths they attend which could be categorised as suicides. This includes information on demographics, method, location, next of kin and if the deceased were known to the Police.
- The access to RTSS has been used to maintain an oversight of likely need, as well as potential contributing factors and therefore opportunities for preventative work or key partner collaboration.
- The Mid and South Essex ICB have been in receipt of Wave 3 suicide prevention transformation funding from NHS England for the period covering April 2020-March 2023. Several programmes of work have been funded in Thurrock, including:
  - Recruitment of a programme manager to coordinate and drive the work;
  - Rollout of a suicide prevention training programme which includes training of Primary Care clinicians (211 GPs) and over 400 other frontline professionals such as 90 probation staff and several Thurrock Council employees;
  - Rollout of a new pathway of Wellbeing Calls for those newly diagnosed with depression who might be potentially vulnerable to suicidal thoughts. In Thurrock this has been provided by Thurrock and Brentwood MIND.
- At a Thurrock level, further connections have been made with the Adult Safeguarding Board and Mental Health Transformation Board.

During discussions the following points were made:

- Members welcomed the update and thanked all officers and partners for their compassion and recognised that suicide is traumatic for all involved, including professionals.
- Colleagues acknowledged the importance of RTSS and the information this provides as part of suicide prevention. A national Suicide Prevention Strategy is due to be published in 2023 therefore partners will be engaged with this work.
- Members reflected on the current cost of living crisis which is likely to have an impact on suicide rates as suicide rates increased when the country was in a similar position in 2010. Proactive prevention and partnership support will be key going forward.
- It was noted specialist bereavement support will be launched for families impacted by suicide as it is a particularly unique area.
- Colleagues were advised that when the first wave funding was introduced, the focus was primarily targeted at middle-aged men, however, since the launch of RTSS, the data depicts that younger people are often victims of suicide and there is now a spread across

the ages. As a result of this, there is no longer a focus on a specific core group and programmes are not restricted to a particular cohort.

- It was recognised there will be different ways of responding to different age groups as part of this all-age model. For example, the Integrated Emotional Wellbeing Service for young people is aligned to the Brighter Futures Strategy and the School Wellbeing service therefore reiterating an all-age focus.

**Decision: Members noted the contents of the report, including the observations around sustainability of the programme and provided leadership support to this continued agenda.**

Prior to closing the meeting, the Chair thanked officers and partners for their continued dedication to driving forward the key strategies and workstreams which are vital to the Board's agenda.

Board members were asked by the Chair to briefly outline what they felt the Board could have done differently this year and no comments were received. The Chair reiterated that the Board's statutory priority is the Health and Wellbeing Strategy and it will be the key focus for each meeting next year to ensure robust reporting, monitoring, and driving forward the Strategy goals set.

The meeting finished at 12:48pm.

CHAIR.....

DATE.....