

**PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 9 December 2022 10.30am-12.30pm**

**Present:** Councillor Arnold (Chair)  
Councillor Johnson  
Councillor Liddiard  
Councillor Ralph  
Jo Broadbent, Director of Public Health  
Sheila Murphy, Corporate Director for Children's Services  
Stephen Porter, Interim Director, Thurrock Alliance  
Aleksandra Mekan, Thurrock Alliance Director  
Sharon Hall, North-East London Foundation Trust (NELFT)  
Michelle Stapleton, Integrated Care Pathway Director, Mid and South Essex NHS Foundation Trust  
Jim Nicolson, Adult Safeguarding Board  
Terry Fisher, Thurrock Community Policing Team Inspector, Essex Police

**Apologies:** Councillor Muldowney  
Les Billingham, Interim Director for Adult Social Care  
Julie Rogers, Chair Thurrock Community Safety Partnership Board / Director of Public Realm  
Kim James, Chief Operating Officer, Healthwatch Thurrock  
Gill Burns, Director of Children's Services, North East London Foundation Trust (NELFT)  
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  
Hannah Coffey, Executive Member, 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  
Karen Grinney, HM Prison and Probation Service  
BJ Harrington, Chief Constable, Essex Police  
Jenny Barnett, Chief Superintendent, Essex Police

**Guests:** Ewelina Sorbjan, Thurrock Council  
Ceri Armstrong, Thurrock Council  
Janet Simon, Thurrock Council  
Helen Farmer, Mid and South Essex Integrated Care System  
Alfred Bandakpara-Taylor, Mid and South Essex Integrated Care System  
Milind Karale, Essex Partnership University Trust (EPUT)

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

The meeting began at 10.35am.

Colleagues were welcomed and apologies were noted. Sharon Hall advised she was attending on behalf of Gill Burns.

The Chair encouraged Board members to attend future meetings in person and to prioritise attendance due to the importance of the issues and topics discussed.

Board members were reminded of the importance of submitting reports in a timely manner and on the correct committee report template. This template adheres to the Council's policies regarding easy read formatting and ensures consistency across all committees.

Members noted the Initial Health Assessments item would be considered after the Declarations of Interest (item 5).

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

The minutes of the Health and Wellbeing Board meeting held on 28 October 2022 were approved as a correct record.

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

## **3. Urgent Items – Adult Social Care Discharge Fund 2022-23**

An urgent item was received for consideration, the Adult Social Care Discharge Fund 2022-23.

This item was presented by Ceri Armstrong, Thurrock Council. Key points included:

- On 18 November 2022, the Minister for Social Care announced the £500 million Adult Social Care Discharge Fund to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care.
- The funding is to be distributed in two ways, with 40% of the money (£200 million) distributed as a section 31 grant to Local Authorities and the remainder (£300 million) to Integrated Commissioning Boards (ICBs). The Mid and South Essex ICB allocation is £3,215,380 and for Thurrock Council the allocation is £545,170.
- Funding will be allocated to ICBs and Local Authorities in two tranches. The first tranche (40% of the total allocation) will be in December and the second tranche (60% of the total allocation) in January 2023. The second tranche is contingent on receipt of an initial completed planning template (to be submitted four weeks after details of the fund are published) and meeting of the funding conditions. The funding allocation must be spent by the end of March 2023.
- The guidance published by the Department of Health and Social Care on the 18 November 2022 stipulates that 'the local authorities and ICB funding allocation should be pooled into local Better Care Fund section 75 agreements with plans for spend agreed by LA and ICB

chief executives and signed off by the Health and Wellbeing Board (HWB) under national condition 1 of the BCF.' Condition 1 is a jointly agreed plan between local health and social care commissioners and signed off by the HWB.

- The guidance further stipulates 'a completed spending template should be submitted four weeks after fund details are published (by 16 December 2022), confirming planned use of the additional funding and that the use of the funding has been agreed by the ICB and Local Authority.'
- The timescales for developing and agreeing spending plans are challenging for both the ICB and the Council.
- Thurrock Adult Social Care funding proposals include:
  - Provider incentives;
  - Funding to support complex discharge;
  - Over time funding for placement / Social Work staff to support seven-day discharge;
  - Increase in By Your Side funding (and potentially to other CVS initiatives to support discharge);
  - Payments for sessional Approved Mental Health Professional (AMHP) cover to support mental health discharge and support.
- This gives an estimated total spend of £510K leaving approximately £35k as a contingency for flexibility and other initiatives which result from performance monitoring, and lessons learned reviews.

During discussions, the following points were made:

- Members welcomed the additional funding for mental health and AMHPs as there is currently a shortfall in this area of health care.
- Members discussed the tight deadlines associated with the fund and the need for more proactive planning in relation to winter pressures. It was noted that the conditions of winter pressures funding change each year, with this year focusing on hospital beds and increasing capacity as a system. The monetary allocation also changes therefore providing challenges for future planning. Furthermore, it was recognised staffing and recruitment with the system remains a concern.

**Decision: Members signed off the spending plan for the Adult Social Care Discharge Fund 2022-23.**

#### **4. Declaration of Interests**

Councillor Ralph declared he is Thurrock Council's governor for the Essex Partnership University Trust (EPUT).

#### **5. Initial Health Assessments**

This item was introduced by Janet Simon, Thurrock Council and Helen Farmer, Mid and South Essex Integrated Care System. Key points included:

- When a child become looked after by Thurrock Council, it is a statutory requirement that they receive an assessment of their health within 20 working days; this is known as an Initial Health Assessment (IHA). The IHA must be completed by a medical practitioner and is coordinated jointly between Thurrock Council and the NHS.

- There are a range of factors that delay the IHA appointment, however a key challenge is the lack of capacity available to provide IHAs to all children placed in the local area. This is both a national and local issue.
- For example, 70% of IHA's completed by the current provider are for children outside of Thurrock. There has been a huge increase in foster care placements in Thurrock from other boroughs such as London and Kent therefore paediatric capacity has been a significant issue.
- Further issues driving current delay are:
  - Lack of available Paediatric Appointments in placement area;
  - Missed first appointments (via child declining or carer availability);
  - Lack of an available interpreter;
  - Changes of placement;
  - Lack of or late parental consent.
- It was highlighted that a IHA cannot be completed until the child comes into the care of the Local Authority therefore proactive planning is challenging.
- To improve the delivery of IHAs the following actions are being taken:
  - The ICB is commissioning additional capacity via an alternative provider;
  - The tracking system is being updated to an electronic and cross agency solution;
  - Weekly monitoring meetings will initially be chaired by the Assistant Director for Children's Social Care and Early Help with a clear and agreed escalation process.
- The arrangement with the Mid and South Essex alternative provider will begin in January 2023 once due diligence processes have been completed.

During discussions the following points were made:

- The updated report was welcomed by all, and the progress made is encouraging. It was noted the oversight and constructive challenge from the Board has helped the system to prioritise this statutory function therefore continued oversight is welcomed.

**Decision: The Board agreed to maintain oversight of IHA performance.**

- Members were reassured that for all children requiring IHAs, 85% were completed within 56 days.
- The challenges associated with out of borough placements and the capacity constraints of Health colleagues were recognised. It was noted that on average there are 12 IHA referrals in one month, however recently there were 16 referrals within one week. This highlights the difficulty in system modelling as the number of referrals is not consistent. The additional capacity needed for these referrals meant that other clinics were cancelled.
- Colleagues agreed IHA referrals should not take preference over clinical need, however this was the necessary action needed to meet statutory requirements.

- Members noted the alternative provider has capacity within their paediatric service therefore commissioning can move away from a reactive to a proactive service.
- It was reiterated that the service providers have a responsibility to deliver IHAs locally, however the children already in the borough cannot be prioritised.
- Colleagues were advised that for those children who experienced a delay in their IHA being completed, a root cause analysis approach is being taken and a weekly meeting held to track each child. Members were reassured health interventions are not restricted if an IHA has not been completed therefore access to health care is not dependent on the IHA.
- Members discussed the recommendations from the 2019 Ofsted Inspection which included the improved of IHA performance. Improvements were made prior to the pandemic which included developments in systems and processes to streamline the assessments. However, during this time there were some delays within Children's Services, such as ensuring the correct paperwork and the attendance of translators.  
Since the pandemic, the capacity issue within the wider Health system has become more prominent therefore more has been invested into the IHA model.
- It was noted the performance data available is usually a month behind therefore members requested a further IHA update is provided to the Board in 2023 as part of monitoring the efficacy of the actions put in place to improve performance.

**Action: A further update will be provided to the Board during the next municipal year (date to be confirmed) to ensure the changes and improvements to performance have been embedded and meet the legal IHA duty.**

## **6. Health and Wellbeing (HWB) Strategy Domain in focus – Domain 3 Person-Led Health and Care. Summary of domain and priorities and setting out plans for delivery, year one.**

This item was presented by Ceri Armstrong, Thurrock Council and Stephen Porter, Thurrock Alliance. Key points included:

- The aims and ambitions for Domain 3 include the delivery of better outcomes for individuals by using existing health and care resources, working at a place-based level, and ensuring resident's differences, and communities are reflected within this. The focus is to therefore deliver an approach around the person and system integration.
- Goal 3A relates to the development of more integrated adult health and care services in Thurrock. This will address the current fragmented services to achieve integrated locality networks that co-design single integrated bespoke solutions with residents.
- The key challenges associated with Goal 3A are changing organisational culture, resourcing constraints including investment and experimentation of new initiatives and navigation of the new health landscape to ensure a place-based focus.
- To mitigate these challenges, there is a need to empower staff to consider and trial different solutions as well as reducing the number of

'front doors' residents are often faced with when trying to access health and care services.

- Goal 3B focuses on improving the response from Primary Care, including timely access, a reduced variation between practices and access to a range of professionals.
- Thurrock is currently under doctored therefore a range of initiatives are being taken forward to encourage GPs to work within the borough, including: new telephony systems to improve access, an increase in the number of Additional Roles Reimbursement Scheme (ARRS) roles to 80, the recruitment of 12 additional GP fellows and the development of a clinical strategy for each of the four Primary Care Networks (PCNs).
- Goal 3C aims to deliver a Single Workforce Locality Model which is a health and care workforce that works across organisational boundaries to provide an integrated and seamless response. The launch of the Corringham Integrated Medical and Wellbeing Centre (IMWC) is an example of such collaborative and seamless working.
- Due to the complexity of change required, work will be undertaken over several phases, including the following activities: the development of blended roles, 'Trusted Assessors' and integrated locality networks, using Better Care Together 'Link Nurses' to understand how Community Health can work as part of a Single Workforce Locality Model and conducting several staff-led experiments to understand what needs to change and how.
- Goal 3D aims to deliver a new place-based model of commissioning that makes the best use of available resources to focus on delivering outcomes that are unique to the individual. The importance of commissioning is reiterated and the need to move away from 'time and task' type models of care as this reduces the opportunities to commission for learning and to improve the outcomes of individuals.

During discussions, the following points were made:

- Members welcomed the ongoing activities as the recruitment of GPs is a concern and anecdotal evidence was provided regarding the current waiting times for a child to receive a blood test in Thurrock. The waiting time is currently until the end of February 2023; however, a blood test can be undertaken within Southend the same day.
- Members were advised a meeting is due to be held before the Christmas period to discuss appointment waiting times as the phlebotomy services within South Ockendon have been paused. Colleagues are working to get these services reinstated and will be reviewing commissioning options.

**Action: Aleksandra Mekan to provide an update on the reinstatement of phlebotomy services within South Ockendon at the next Board meeting.**

- It was recognised a considerable culture change is required to achieve these aims and ambitions; however, the transformation of services has been ongoing for over a decade. Furthermore, all changes have been developed alongside staff and various pilot test and learn experiments are underway as part of identifying if the changes are right and if they will work. This approach was used within the Community Led Support pilot whereby the experiment began with one

small team which was expanded as Social Workers were keen to take this positive approach forward with other teams. The test and learn experiments allow for learning and reflection.

- It has been reiterated to staff that specialisms are not being diluted by integrated working as it puts the person at the centre of their care.
- Colleagues noted the activities within this domain are regularly discussed at the Thurrock Integrated Care Alliance and Better Care Together Thurrock Executive meetings where positive feedback and support has been received for these practices.
- Members thanked all those involved with the development and launch of the Corringham IMWC as it is having a positive impact. The IMWC provides collaboration and support to residents on a variety of matters in one space.

**Decision: Members considered and commented on the plans for delivering Domain 3 (Person-Led Health & Care) of the HWB Strategy.**

**7. HWB Strategy Domain in focus – Domain 5 Housing and the Environment. Summary of domain and priorities and setting out plans for delivery, year one.**

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

- Domain 5 focuses on the wider determinants of health and has a broad remit, including housing affordability and the built and natural environment. The Council is working with key partners such as the Association of South Essex Local Authorities (ASELA) and the Police to take forward the agreed Domain goals.
- Domain 5 aims to ensure fewer people will be at risk of homelessness, and everyone will have access to high quality affordable homes that meet the needs of Thurrock residents. The aim is to make homes and places in Thurrock, environments where everyone feels safe, healthy, connected, and proud.
- The key underpinning strategies for this Domain include the Housing Strategy 22-27, the Homeless Prevention and Rough Sleeping Strategy, the Housing Domestic Abuse Policy, the Local Plan and the High-Level Energy and Climate Change Strategy.
- Goal 5A relates to preventing homelessness and the reduction of rough sleeping. The current cost of living crisis will have a big impact on this as well as the Thurrock affordability standard. Further information on this is contained within the Homeless Prevention and Rough Sleeping Strategy.
- Goal 5B aims to facilitate and encourage maintenance of good quality homes in Thurrock to promote the health of residents. This is a broad goal which includes both the standards of Council housing stock and that of the private sector. The Well Homes programme and the incentivising of energy efficiency are examples of activities to achieve this goal.
- Goal 5C aims to provide safe, suitable, and stable housing solutions for people who have or who are experiencing domestic abuse/violence and/or sexual abuse/violence therefore it is very specific in nature. This includes the streamlining of support to ensure access to a range of housing options for these vulnerable groups.

- Goal 5D focuses on the broader environment and seeks to improve physical and mental health via regeneration and future developments. This is a cross cutting and multifaceted area, for example the Local Plan and the Climate Change Strategy are fundamental to achieving the goal's aims and ambitions. The introduction of an Air Quality Monitoring Officer, health impact assessments and the design principles for future developments such as green space considerations are examples of activities to achieve this goal.

During discussions the following points were made:

- Members discussed the complexity of domestic abuse, particularly in relation to male victims and the differing standards of care for men. For example, there is not a male refuge centre available for or adequate support networks offered to male victims.
- Colleagues acknowledged the cultural and societal stigmas associated with disclosing incidents of male domestic violence, however, statistically there is more evidence that woman and girls are vulnerable to coercion and domestic abuse therefore the majority of service provision is for females.

**Action: Ewelina Sorbjan to raise the issues of service provision for male domestic violence and a dedicated refuge at the next Violence Against Women and Girls meeting.**

- Members were advised the profile of male domestic violence is being raised and appropriate support and services promoted, however there is not a one size fits all approach to domestic violence due to the complexities involved. Furthermore, there is a difference between equity and equality of service.
- Colleagues welcomed the links between the Housing department and partners, particularly in relation to rough sleeping.
- Members welcomed the links to the various underpinning strategies as this enables colleagues to broaden their knowledge and understanding of the activities taking place to support the Strategy's goals and the work officers do on behalf of the borough's residents.

**Decision: Members considered and commented on the plans for delivering Domain 5 (Housing & the Environment) of the HWB Strategy.**

## **8. Business case for the Mental Health Urgent Care Department**

This item was introduced by Alfred Bandakpara-Taylor, Mid and South Essex Integrated Care System and Milind Karale, Essex Partnership University Trust (EPUT). Key points included:

- The scope of the Mental Health Urgent Care Department (MHUCD) project is determined as a model for providing rapid intervention for patients with mental health needs without referrals, as an alternative to Accident and Emergency Departments. This will include construction of a new purpose-built facility, based in repurposed footprint of the current Mental Health Assessment Unit (MHAU) and development of a new operational service by end of March 2023 – this has been delayed from February as pathway policies and procedures are in development and recruitment has begun.



- The service aims to provide a 24/7 mental health urgent care service that enables a full and robust mental health assessment and onward care planning in a calm and therapeutic setting for patients in crisis, therefore providing a more positive patient experience.
- The service will be open to all patients from across Mid and South Essex, although it is expected that most patients will be drawn from Basildon, Thurrock and Southend.
- The service will provide rapid specialist assessment for all mental health patients over the age of 18, presenting to the unit in crisis including those with minor self-harm and intoxication. Furthermore, it will act as a hub to access and signpost to various resources in the community and voluntary sectors.

During discussions the following points were made:

- Members welcomed the report and agreed it is a positive and much needed project as it will reduce the wait for patients in A&E for a mental health assessment and it was recognised this model has already been developed in other areas such as Camden and Islington NHS Foundation Trust.
- The service will be able to support Street Triage as the emergency services will have a dedicated unit to take those in a mental health crisis to therefore the department offers a seamless pathway for support for those in need.
- Members raised concerns regarding funding for the MHUCD as there is there is no longer a Suicide Prevention Manager in post within the Integrated Care System, however colleagues were reassured there is separate funding for this service.
- Mid and South Essex colleagues confirmed they are committed to suicide prevention and that the programme will continue and will be funded after March 2023.
- The Board welcomed a progress update on the MHUCD – this will be scheduled for the next municipal year.

**Action: An update on the Mental Health Urgent Care Department is to be provided to the Board in the next municipal year (date to be confirmed).**

**Decision: Members commented and noted the contents of the Business case for the Mental Health Urgent Care Department.**

Due to the addition of the urgent item earlier in the meeting, the Violence and Vulnerability Board update was deferred. Board members were asked to provide Jo Broadbent with any questions on the supporting paper directly.

Members noted this was Stephen Porter’s last Board meeting and that Aleksandra Mecan is now in post as the Thurrock Alliance Director. Colleagues thanked Stephen for his valuable contributions during his time in post.

The meeting finished at 12:33pm.

CHAIR.....

DATE.....