

**PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 31 July 2020 10.30am-12.39pm**

**Present:** Councillor James Halden (Chair)  
Councillor Tony Fish  
Councillor Allen Mayes  
Roger Harris, Corporate Director for Adults, Housing and Health  
Ian Wake, Director of Public Health  
Sheila Murphy, Corporate Director for Children's Services  
Julie Rogers, Chair Thurrock Community Safety Partnership Board/Director of Environment and Highways  
Jane Foster-Taylor, Executive Nurse, Thurrock NHS Clinical Commissioning Group  
Tania Sitch, Integrated Care Director Thurrock, North East London Foundation Trust (NELFT)  
Kim James, Chief Operating Officer, Healthwatch Thurrock  
Kristina Jackson, Chief Executive, Thurrock CVS  
Anthony McKeever, Interim Joint Accountable Officer for Mid and South Essex CCGs

**Apologies:** Councillor Robert Gledhill  
Mark Tebbs, Deputy Accountable Officer, Thurrock NHS Clinical Commissioning Group  
Andy Millard, Director for Place  
Karen Grinney, HM Prison and Probation Service  
Preeti Sud, Executive Member of Basildon and Thurrock Hospitals University Foundation Trust  
Michelle Stapleton, Interim Director of Operations, Basildon and Thurrock University Hospitals Foundation Trust  
Tom Abell, Deputy Chief Executive and Chief Transformation Officer, Basildon and Thurrock University Hospitals Foundation Trust  
Andrew Pike, Executive Member, Basildon and Thurrock Hospitals University Trust

**Guests:** Maria Payne, Strategic Lead for Public Mental Health & Adult Mental Health Systems Transformation  
Catherine Wilson, Strategic Lead Commissioning and Procurement  
Jane Itangata, Associate Director of Mental Health Commissioning, Mid and South Essex Health and Care Partnership  
Jo Cripps, Programme Director, Mid and South Essex Health and Care Partnership

**Did not attend:** Dr Anil Kallil, Chair of Thurrock CCG  
Nigel Leonard, Executive Director of Community Services  
and Partnerships, Essex Partnership University Trust  
(EPUT)

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

- Apologies were noted.
- The Chair welcomed members to the meeting and advised that this was his first Health and Wellbeing Board meeting as Chair within his new role as Cabinet Member and Portfolio Holder for Children and Adult Social Care.
- The Chair explained that this was a virtual Health and Wellbeing Board meeting and explained the etiquette to members for contributing to the meeting. New members of the Health and Wellbeing Board were welcomed and introduced by the Chair. The Chair also provided thanks to Council Officers, partners and the public for all of their hard work and commitment in responding to the COVID-19 pandemic, ensuring the most vulnerable residents of Thurrock received the necessary support and critical services remained operational.
- The Chair acknowledged the potential adverse financial impact of COVID-19 on the Council, Local Businesses, Partners, and the residents of Thurrock.

## **2. Minutes**

The minutes of the Health and Wellbeing Board meeting held on 31 January 2020 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. Annual Director of Public Health Report (APHR) Violence and Vulnerability**

This item was presented by Ian Wake, Director for Public Health. Key points included:

- The World Health Organisation has conceptualised youth violence as a communicable disease. Youth violence can be likened to a pandemic, which often starts with a single source and spreading within communities. As with a pandemic, youth violence can be treated and controlled with the appropriate interventions and requires a whole system approach.

- Data shows that younger people are becoming involved or associated with gangs. Black Asian and Minority Ethnic (BAME) young people are over represented for both weapons possession offences and violent offences; this requires further investigation. There is also an increase in the number of white young people being involved with gangs. Structural inequalities and gang involvement impact on a young person's life opportunities.
- It was noted specific ward deprivation is a very poor predictor of violence. The Director for Public Health (DPH) explained the crime paradox whereby a number of offenders come from deprived backgrounds, however many young people from disadvantaged areas do not commit crime.
- There are a number of risk factors linked to youth violence and gang involvement, these are:
  - Individual – this is the key risk factor and can include displaced aggressive traits.
  - Family – poor parental supervision and delinquent siblings.
  - School – frequent truancy and low academic aspirations.
  - Peer group – the influence of peers, particularly delinquency.
  - Community – community norms and values.
- A Public Health approach to tackling violence focuses on 4 steps:
  - Surveillance – identifying and defining the problem
  - Identify risk and protective factors – establishing the causes
  - Develop and evaluate interventions – establishing what works and why
  - Implementation – scaling-up of effective policy and programmes.
- The DPH explained that the report comprises 33 recommendations:
  - Surveillance and data integration.
  - Primary prevention through 'inoculating' the population to protect them from violence.
  - Secondary prevention through earlier intervention to support young people most at risk.
  - Tertiary prevention through intervention with perpetrators and victims of youth violence or gang membership.

During discussions the following points were made:

- Members welcomed the comprehensive report and agreed that a more coordinated, whole system approach is required to tackle youth violence.
- Members agreed the report should be presented to the Police and Crime Commissioner's Violence and Vulnerability Strategic and Executive Group.

- It was acknowledged that colleagues within the VCS are key partners who often work with young people at risk.
- Members recognised that improvements could be made to data sharing protocols between partners including the police.
- Members recognised the impact of positive deviants and how mentors inspire and assist young people. Further consideration will be provided to the merits of establishing mentor schemes within Thurrock.
- Members considered the role of social media and how it can be used by gangs to glamorise gang involvement. Members acknowledged that this is a relatively new phenomenon and agreed that further consideration should be given to creating a Thurrock Social Media Strategy which mitigates the impact of social media activity that promotes gang behaviour.
- Members noted the Violence and Vulnerability Unit will be holding a conference in Thurrock this year whereby this report will be presented as part of a workshop. Further information will be circulated to colleagues as and when this is received.
- Members agreed that consideration should be provided to the merits of creating a local area coordinator approach which supports young people in Thurrock.
- Members were advised about the recently established Economic Vulnerability Group which will consider the impact of economics on young people and the vulnerability it might create. The vulnerability of young people will be further discussed during the meeting scheduled for September.

**RESOLVED: The Health and Wellbeing Board members noted the content and recommendations of the report and considered how these can best be implemented and used to influence broader council strategy.**

## **6. Mental Health Review**

This item was introduced by Roger Harris, Corporate Director of Adults, Housing and Health. Key points included:

- A report had previously been endorsed by Thurrock Cabinet in March 2019 and the current report provided an update on significant improvements and transformation initiatives. It is acknowledged COVID-19 has impacted on certain areas however these work streams will be taken forward when it is practical to do so.
- It has been recognised the production and improvement within adult mental health services has been a joint approach across the Local Authority and external partners.
- Thurrock's social work and social care mental health services are provided through a Section 75 agreement between Thurrock Council and EPUT. This involves social care staff being placed on secondment to EPUT. Staff are based at Grays Hall which

enables an integrated offer to be provided to patients. A fundamental review of this offer is underway in order to strengthen managerial oversight of services. It is proposed that the Section 75 agreement is not be renewed in March 2021.

The Mental Health Transformation report was presented by Maria Payne, Public Health and Jane Itangata, Mid and South Essex Health and Care Partnership. Key points included:

- The report outlines the initiatives that have been implemented to address the under-diagnosis of mental health problems. These include the development of a depression screening protocol and the Thurrock Healthy Lifestyle Service embedding a short form of screening into the NHS Health Check.
- There has been improvement to the quality of information held on GP systems at a practice level. A specialist Mental Health Profile Card for each GP practice has also been created. This contains data on mental health diagnoses and treatment of mental health conditions, usage of emergency mental health care services and general recommendations for practices to follow.
- The access to mental health treatment has been improved by using 'Stretched QOF' as an incentive to ensure patients receive the right level of treatment and MPFT – Inclusion Thurrock providing more tailored talking therapies for those experiencing depression and anxiety. All therapists are currently working with patients via an enhanced digital offer to ensure treatments remain accessible during COVID-19.
- The Local Authority has employed a Senior Mental Health practitioner on a year's secondment from the Essex Partnership University Trust (EPUT) to join the Housing Solutions Team to upskill staff across the Housing directorate in mental health awareness and to undertake specialist mental health assessments.
- In addition, new models of care have been developed. The successful pilot of an evidence based programme to support individuals with Personality Disorders is continuing to be monitored.

During discussions the following points were made:

- Members noted clinical pathways have been developed, particularly the 24/7 mental health crisis support, launched on 1 April. This service facilitates individuals to receive the support they require as early and quickly as possible when experiencing a mental health crisis.
- Members were advised of transformation across the place and system levels and the need to embed mental health within Primary Care Networks. Significant progress had been made pre-COVID-19, however the pandemic has adversely impacted on this.

- Members welcomed the joint approach of colleagues in strengthening the crisis care pathway and integrating with other community assets, along with the introduction of specific services such as the School Wellbeing Team.
- It was recognised further discussions are required with EPUT colleagues as to when Open Dialogue will resume as this had been put on hold due to COVID-19.
- Members agreed that the Section 75 agreement should not be renewed until a review has been undertaken.
- Members acknowledged the benefits of joint appointments and how they support knowledge sharing and integration.

**RESOLVED: The Board noted the progress made with relation to adult mental health system transformation and endorsed the next steps as detailed in the paper.**

**Members also agreed to establish a member led body, chaired by Cllr Allen Mayes to receive progress reports on the development of the joint mental health transformation plan.**

## **7. Outbreak Control Plan**

This item was presented by Ian Wake, Director for Public Health. Key points included:

- In response to the COVID-19 pandemic, it is a national requirement for Outbreak Control Plans to be developed by top tier Local Authorities.
- Thurrock's Outbreak Control Plan was published on 30 June 2020 and has received positive feedback nationally.
- There are 3 key objectives within the Outbreak Control Plan:
  - Understanding COVID-19 through surveillance.
  - Prevention of outbreaks and ensuring these are dealt with swiftly.
  - Participating in Test and Trace to prevent onward spread of infection.
- The Plan has a complex structure which spans national, regional and local levels. On a local level, the Plan sets out roles and responsibilities of key partners and governance arrangements, for example a Health Protection Board has been established which meets fortnightly and the development of a Member Engagement Board which is due to be held every 6 weeks.
- The Surveillance and Intelligence Cell meets daily to consider data and monitors this data to ascertain threat levels. Thurrock's threat level is currently at 0 and is rated green.
- The Plan outlines testing arrangements and a comprehensive Communication Engagement Plan.

- There are various protocols that underpin the Plan, for example Care Homes, Primary Care and Workplaces. There are 4 responsible Hubs for developing and overseeing the protocols and the action and implementation that sits underneath these.
- The Care Homes protocol was established in May 2020 and has recently been refreshed to incorporate developing government guidance.
- There have been a number of challenges experienced with Test and Trace. This is due in part to the availability of national data at a local level. A possible solution may have been found through linking data manually however this is ongoing.
- A paper has been produced in relation to governance and powers which highlight the functions of the Health Protection Board, the Member Engagement Board and the relationship with the SCG and wider NHS. The Local Authority has additional powers to close premises, public spaces and events, along with the ability to restrict their use. These powers sit with the Director for Public Health, the Chief Executive and the Head of Environmental Health.
- For a local lockdown within Thurrock, colleagues would need to liaise with the Health Protection Board and then this will be escalated to the SCG. The Regional Assurance Team, Public Health England and the Joint Bio Security Centre would also review before further action could be taken.
- A variety of powers have been retained by government ministers, for example, they will be able to instruct residents to stay at home and will be able to close non-essential retail establishments.

During discussions the following points were made:

- Colleagues were advised the Members Engagement Board have proposed to compare Thurrock's response to Essex in order to refine the Local Authority's approach further.

**RESOLVED: Members noted the contents of the Outbreak Control Plan.**

## **8. Health and Wellbeing Strategy – a new approach in a post Covid world**

This item was introduced by Darren Kristiansen, Business Manager for Adults, Housing and Health. Key points included:

- The Health and Wellbeing Board is a key statutory partnership body in Thurrock that is responsible for creating and overseeing Thurrock's Statutory Health and Wellbeing Strategy.
- The current 5 year Strategy was launched in July 2016 and was developed following extensive consultation with system partners and the residents of Thurrock.

- The Strategy is live and organic which has been updated to reflect policy developments and emerging challenges ensuring that it has remained fit for purpose.
- Further evidence has emerged on the wider determinants of health and wellbeing since the launch of the current Strategy and potential new priorities cannot be incorporated into the current framework. This includes the nationally driven changes made to local health structures and the creation of the Mid and South Essex Care Partnership, the impact of housing on health, safety/feeling safe, economic development, regeneration and wider mental health challenges.
- During initial system partner consultation, colleagues welcomed the opportunity for the Strategy to be embedded into the day to day work streams of system partners, therefore ensuring a level of accountability. In addition, the refreshed Strategy should be strengthened via the governance processes and build on existing arrangements.
- The refreshed Strategy should reflect lesson's learned from COVID-19, such as the importance of technology and collaboration through strong, trust based partnership arrangements, while addressing some of the potential challenges it has posed.
- Colleagues agreed that many of the existing priorities should remain in the refreshed Strategy along with additional priorities.
- The first 4 proposed 'domains' within the new framework reflect the current and existing priorities, and domains 5 and 6 focus on the wider determinant elements of housing, community safety and the environment.
- A number of Joint Strategic Needs Assessments (JSNAs) were reviewed as part of the extensive literature review conducted and where these products have already highlighted a need and made recommendations for action, have also be considered in the rationalisation of priorities.
- A narrative is being developed to underpin the draft framework domains and priorities and a Task and Finish Group will be established to drive forward progress, which was subject to member's approval. Opportunities for residents of Thurrock to co-produce the Strategy proposals are being considered but members were asked to note the challenges created by COVID-19 and many forums remain inactive at present.
- It is proposed a wider public consultation will take place during early 2021, which will inform the final Strategy priorities.

During discussions the following points were made:

- Members recognised the challenges in developing a wide ranging Strategy however it is a significant document which is a statutory requirement. The Strategy sets the framework for development of people based services over the next 3-5 years and is a whole system production.



- Colleagues were advised during partner consultations, there have been recommendations for the membership of the Task and Finish Group therefore this will be finalised as soon as possible and the Terms of Reference produced.

**RESOLVED: The Board agreed the Thurrock Health and Wellbeing Strategy 2016-2021 is refreshed along the lines of proposed outlined within the report.**

**Members agreed that a Task and Finish Group is established to drive forward the refresh of the Strategy.**

**In addition, the Board will consider how the Strategy is resourced post September 2020 to support the delivery of the refresh and continued oversight, engagement and implementation of the Strategy when launched in July 2021.**

**9. Mid and South Essex Health and Care Partnership update to confirm the MOU. Board to endorse.**

This item was presented by Jo Cripps, Programme Director for the Mid and South Essex Health and Care Partnership. Key points included:

- The Memorandum of Understanding has been developed to formalise and build on existing partnership arrangements and relationships.
- It is built on a number of principles such as supporting the place agenda within Thurrock and providing a mutual accountability framework.
- The critical work of Health and Wellbeing Boards and Health and Wellbeing Overview and Scrutiny Committees has been recognised.
- The Memorandum of Understanding is not a legal document and does not override existing partner governance arrangements.
- The Partnership Board approved the Memorandum of Understanding in June 2020 and is presented to Thurrock's Health and Wellbeing Board for approval.

During discussions the following points were made:

- Members welcomed the Memorandum of Understanding as it links explicitly with the work of the Thurrock Integrated Care Partnership and strengthens the place based agenda, including working with communities and third sector organisations.
- Members recognised the positive work undertaken as part of the COVID-19 response including the ability to expedite a whole system response to the Pandemic.
- Members noted ongoing discussions with Ann Radmore in relation to jointly appointed posts to ensure Children's Services priorities are embedded into the work of partners at a system, place and locality levels.

- Members agreed the Memorandum of Understanding is a starting point for the partnership to build on and will ensure accountability across all partners.

**RESOLVED: The Board endorsed the Memorandum of Understanding.**

#### **10. Creation of Thurrock Integrated Care Partnership – a sub-group of the Health and Wellbeing Board**

This item was presented by Roger Harris, Corporate Director for Adults, Housing and Health. Key points included:

- The Thurrock Integrated Care Partnership, previously known as the Alliance, is a key strategic partnership comprising key partners.
- Some of the successful initiatives of the Partnership to date include the establishment of the pooled Better Care Fund of over £40m, the development of the 4 Integrated Medical Centres and the integration of key local services and development of joint leadership arrangements.
- The Partnership has driven forward the transformation programme which has included the commissioning of a social prescribing service within Thurrock, the expansion of the Local Area Coordinators and the development of wellbeing teams.
- The Thurrock Integrated Partnership focuses on the place based structure and the local health and care system.

**RESOLVED: Members endorsed the Thurrock Integrated Care Partnership as a sub-group of the Board and agreed that minutes from this meeting will be considered by members as a standing agenda item.**

#### **11. Initial Health Assessments for Looked After Children**

This item was presented by Janet Simon, Strategic Lead for Children's Services. Key points included:

- The papers sets out action completed by the Local Authority in partnership with Health colleagues to meet the needs of Looked After Children by ensuring they receive their initial health assessments within statutory timescales.
- During the Ofsted Inspection in November 2019, the delay in completing timely Initial Health Assessments was highlighted. Ofsted acknowledged the work between Social Care and Health colleagues to resolve the delay but that the pace of change was too slow and said the timeliness of initial health assessments when all children come into care needed to improve.
- It was noted Health colleagues have experienced some challenges in completing the assessment in a timely manner due to some staff being redeployed for the COVID-19 response.

Currently there are no breaches in timeliness reported, however they are reported a month in arrears.

During discussions the following points were made:

- Members acknowledged and reinforced the importance of completing initial health assessments in a timely manner.
- Members considered the merits of jointly appointed roles and the sharing of responsibilities between agencies, particularly given the clear link between Children's Services and Health services.
- Members welcomed the opportunity to work closely with both Children's Services and Health colleagues and to consider the role of wider Health professions in completing assessments; this is being reviewed at a national level.
- It was agreed a collaborative progress update will be provided at the next Board meeting.

**ACTION:** Secretariat to include Initial Health Assessments to the Board work plan for the next meeting.

- Members agreed that the proposed target of 90% of initial health assessments completed on time will be further reviewed at a Board meeting in 2021 to ensure it is both a realistic and stretching target.

**ACTION:** Secretariat to include Initial Health Assessments performance to the Board work plan for a meeting in 2021.

**RESOLVED: The Board noted the efforts made by Health and Children's Services to improve the timeliness of Initial Health Assessments for Children Looked After and noted progress.**

## **12. Work programme**

- Members agreed to provide feedback for potential agenda items to the secretariat for future meetings.
- Members agreed a work programme for the Health and Wellbeing Strategy Refresh will be developed for the Task and Finish Group. This will consider resources, Terms of Reference and time frames for progression.

**13.AOB**

- Members noted Better Care Together have been shortlisted for an award by the HSJ Value Awards. The winner of the award will be announced on 4 September 2020.
- It was also acknowledged Thurrock Council have been shortlisted for Local Authority of the Year for the second year running.

The meeting finished at 12:39pm.

CHAIR.....

DATE.....