

**PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 28 January 2021 11.00am-1.22pm**

**Present:** Councillor James Halden (Chair)  
Roger Harris, Corporate Director for Adults, Housing and Health  
Ian Wake, Director of Public Health  
Mark Tebbs, NHS Thurrock Alliance Director, Thurrock Clinical Commissioning Group  
Sheila Murphy, Corporate Director for Children's Services  
Tania Sitch, Integrated Care Director Thurrock, North East London Foundation Trust (NELFT)  
Dr Anil Kallil, Chair of Thurrock CCG  
Nigel Leonard, Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT)  
Kim James, Chief Operating Officer, Healthwatch Thurrock  
Stephen Mayo, Deputy Chief Nurse, Thurrock Clinical Commissioning Group

**Apologies:** Councillor Robert Gledhill  
Councillor Allen Mayes  
Councillor Tony Fish  
Julie Rogers, Chair Thurrock Community Safety Partnership Board/Director of Environment and Highways  
Andy Millard, Director for Place  
Karen Grinney, HM Prison and Probation Service  
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  
Preeti Sud, Executive Member of Basildon and Thurrock Hospitals University Foundation Trust  
Kristina Jackson, Chief Executive, Thurrock CVS  
Anthony McKeever, Interim Joint Accountable Officer for Mid and South Essex CCGs

**Guests:** Jo Cripps, Mid and South Essex Health and Care Partnership  
Dianne Sarkar, Basildon and Thurrock Hospitals University Foundation Trust  
Brian Balmer, Mid and South Essex Health and Care Partnership  
Ashley King, Mid and South Essex Health and Care Partnership  
Michael Addo-Boatang, Thurrock Clinical Commissioning Group  
Helen Farmer, Thurrock Clinical Commissioning Group  
Gill Burns, North East London Foundation Trust  
Catherine Wilson, Thurrock Council  
Priscilla Tsang, Thurrock Council  
Greg Myddleton, Essex Police  
Pradip Mistry, Thurrock Dementia Action Alliance

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

Colleagues were welcomed and apologies were noted.

## 2. **Minutes**

The minutes of the Health and Wellbeing Board meeting held on 26 November 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. **Update on ICS Application**

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

- An application was submitted in December 2020 to NHS England for the Mid and South Essex Health and Care Partnership to become a designated Integrated Care System. The application was agreed and endorsed by the Partnership and the three Health and Wellbeing Boards.
- The application will be assessed against a maturity matrix demonstrating the journey of the Partnership and collaborative working with the wider NHS.
- The outcome of the application is due to be released mid-March 2021 and if successful, implemented from 1 April 2021.

During discussions the following points were made:

- Colleagues welcomed the application and the clearly outlined description between place and the wider system.
- Members noted the Secretary of State is considering a review of boundaries which had previously been discussed 3 years ago whereby the priorities of the Partnership were established. If the boundaries are to be changed, relationships with new partners need to be formed and the Memorandum of Understanding reviewed.
- Members reiterated the Integrated Care System focus is on place based working for the benefit of the population.
- Concerns were raised regarding the intense back log of cancer diagnosis and treatment as a result of the pandemic, as well as mental health issues therefore a strong partnership approach is necessary.

**ACTION: The Chair will formally write to the Secretary of State to raise concerns regarding proposed new boundaries and the Health and Wellbeing Board's opposition of this.**

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

## 6. BTUH Maternity CQC Assessment Outcome

This item was introduced by Dianne Sarkar, Basildon and Thurrock Hospitals University Foundation Trust (BTUH). Key points included:

- An update on the improvement maternity plan and the Section 31 are reported to regulators on a monthly basis. Good progress has been made with the improvement plan and there are no outstanding actions at this time. For the Section 31, a number of conditions and governance systems have been implemented and are being embedded into the service.
- The improvement plan also receives regular scrutiny via an internal Quality Improvement Board.
- BTUH has received external support from PWC for additional resources and implementing best practice approaches. As a result, no concerns have been raised to the external guardian.
- As a result of the assessment, there are daily huddles and multi-disciplinary meetings as part of the escalation and hand over process.
- Staffing has been a challenge, particularly over the Christmas period due to the pandemic, however 1-to-1 care was provided 93.9% of the time. The Hospital did have to divert on 4 occasions due to capacity however there were no direct negative impact on patients.
- There are currently still a number of challenges such as recruitment however BTUH is continuing to support individual and team coaching as part of a career framework.
- BTUH have received support from NHS England in terms of sharing best practice policies to help improve care.
- A midwife has been appointed to head partnership working and engagement with women and their families. This will enable external stakeholders to be reached across the Trust.
- It was confirmed colleagues are continuing to look at the health and wellbeing of individuals within pregnancy.

During discussions the following points were made:

- Colleagues noted previous concerns regarding communications with families from the midwifery department therefore a wraparound service for vulnerable mothers was suggested.

**ACTION: Diane Sarkar to liaise with Sheila Murphy regarding support for vulnerable mothers.**

- Members requested formal progress reports are submitted to the Brighter Futures Board to enable Children's Services colleagues to digest updates and ensure the views of women known to the service are captured.
- Colleagues were advised HealthWatch is involved in a local piece of work in conjunction with BTUH and will share information and upcoming events with partners.
- It was noted there has been a recent increase in numbers of women with COVID-19 however it is encouraging there have been no significant issues as a result of this.
- Members were advised the next CQC inspection is likely to take place in the next financial year.

- There is a local maternity management system with representation from Public Health which looks at the impact of COVID-19 and any best practice policies.

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

**7. Update on health and care Winter / COVID pressures**

This item was introduced by Ian Wake (Thurrock Council) in relation to wider epidemiology in Thurrock. Key points included:

- The current overall rate per 100,000 of the population is 472 – this is the first time it has been under 500 since 10 December 2020. The Local Authority is ranked 39<sup>th</sup>, down from 37<sup>th</sup> and the rate for the over 60 population is 315.2. Overall the positivity rate is 13%.
- There has been a significant reduction in the number of positive tests, with approximately 150 per day, down from over 400 during the Christmas week.
- The number of tests taken has dropped however asymptomatic testing remaining strong with over 1200 tests taken per day.
- It has been identified 2-3 times more women are testing than men and the 20-29 age group are less likely to test; further communications engagement is to be launched via social media to encourage testing in these cohorts.
- In conclusion, COVID-19 levels are still high in Thurrock however the borough is starting to see a reduction in cases and a lower system demand.

During discussions on epidemiology the following points were made:

- Members noted data on ethnic minority status had been removed from the surveillance dashboard due to the lack of sufficient granularity for analysis.
- Colleagues noted a public conference has been arranged in February within the Black, Asian and Minority Ethnic community regarding the fears associated with the COVID-19 vaccine and members were encouraged to join the event.

Mark Tebbs (Thurrock Clinical Commissioning Group) made the following key points in relation to NHS system pressures:

- A critical incident was declared in December 2020 as there had been a steep rise in hospital admissions and demand on services. Across the 3 hospitals, there were approximately 1000 COVID-19 patients and many of these required oxygen support.
- All front line staff were thanked for their huge effort during this time and resilience has been created due to the system and partners working well.
- There is a need to focus on staff wellbeing as the pandemic has caused extreme and prolonged pressure therefore it is imperative people are supported.
- The service was managing high levels of staff sickness throughout this period, both in relation to COVID-19 diagnoses and isolation.
- To help ease service pressure, the system focus was on the flow of patients out of the hospital through discharge of patients into the community. This was achieved through the opening of Oak House,

increased capacity at the Brentwood Community Hospital and a further designated site, Meadowview, being opened.

- Community providers have provided support to care homes through community services and GPs, particularly in relation to respiratory pathways.
- The NHS has seen a rise in the use of the think NHS 111 model to encourage reduced use of A&E as full waiting rooms can increase the COVID-19 transmission risk.
- Colleagues have noted pressures within mental health services which have remained open during the pandemic, however a focus has been on crisis support. IAPT services have adapted their model and have been able to provide virtual support.
- Primary care have reprioritised their model to ensure capacity for respiratory support.
- The local vaccination programme is progressing well and on track, with the focus on 2 PCN sites in Stifford and Chadwell for the 4 priority groups. However, the progress of the programme is dependent on supply and is often at short notice.
- The Essex Partnership University Trust (EPUT) have launched a staff wellbeing service for health and social care staff which will provide a route for assessments and any onward referrals. In addition, the psychology team have been identified to provide further direct support to health care workers and access is already available.

During discussions the following points were made:

- Members raised that if any children's health services have been redirected at present, that Children's Services colleagues are made aware of this in order for them to adjust their services accordingly. This is particularly in relation to children and learners with Special Educational Needs (SEN).
- Colleagues advised they were keen to join up all services up, particularly children's performance therefore an operationally focused group is being formed.

**ACTION: Mark Tebbs to liaise with Children's Services regarding the operational performance group.**

- Members were reassured from a clinical perspective that any high risks cases involving children, any safeguarding concerns and those with mental health conditions are all being seen and triaged as part of business as usual.
- Colleagues noted national guidance had been shared in relation to the specific services which had been diverted.

**ACTION: Sheila Murphy to liaise with Helen Farmer regarding the specific national communication around Children's Services.**

- Members were reminded of the Economic Recovery Strategy which is vital for NHS colleagues to feed into.

Roger Harris (Thurrock Council) made the following key points in relation to adult social care services:

- Thanks to colleagues across all partners was reiterated as all services faced staffing issues during this time.
- During the second wave of the pandemic, nearly every care home had been in an outbreak however half of the care homes are now out of this and are able to accept new referrals.
- The opening of Oak House was important as it took referrals from the hospitals. Numbers of those from Thurrock at Basildon Hospital were low and half the Oak House referrals were from Essex.
- Members noted the local hospitals remain at Opel 4 alert, indicating a major incident as hospital admissions and the care sector are likely to be the last to see a reduction in demand.
- The recovery period after the pandemic needs to be considered, particularly those areas of work which have been put on hold, for example some services have been closed such as day care facilities. Furthermore, no evictions have progressed during this time therefore there is a concern in the possible rise in homelessness.

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

#### **8. Mid and South Essex Primary Care Strategy**

This item was introduced by Brian Balmer, Mid and South Essex HCPC. Key points included:

- The purpose of the review of the Strategy is to summarise progress since it was approved in June 2018; this is due to be completed by end of March 2021.
- Since June 2018, there has been a number of developments, including the NHS Long Term Plan, the formation of Primary Care Networks (PCNs) and the focus on an integrated system.
- The biggest strategic change has been the impact of the COVID-19 pandemic which has greatly tested the system and continues to do so.
- The review of the Strategy encompasses a number of principles such as system integration and a focus on PCNs. There will be enhanced engagement with patients as an integral part of all changes to provision and due consideration provided to resourcing.
- A key strategic area is enhanced PCNs which will improve management and administration / non clinical capacity. The PCNs will also have a local commissioning role with increased flexibility around additional clinical roles.
- The scope of primary care is a further key strategic area which focuses on recovery post-pandemic as the system has paused routine functions and many patients are apprehensive about going to health care professions. A 'care gap' has been created whereby there are patients who have identified needs however they are unable to be seen in a timely manner.
- A Guardian service has been established whereby patients are actively involved in their care.
- Workforce support is also key, with a focus on the retention and recruitment of GPs.

During discussions the following points were made:

- Members reiterated the importance of place and the considerable opportunities for PCNs to use a place based locality footprint to integrate all transformation work.
- Members recognised this work links with the Integrated Care System approach to devolve as much power to the local level rather than a centralised position. The Strategy requires a strong voice at the Health and Care Partnership level and the formation of a second Primary Care Commissioning Committee will be able to feed into this.

**ACTION: Brian Balmer to liaise with Mark Tebbs to understand how primary care priorities fit into the wider system.**

- Colleagues noted the potential funding flow and recruitment challenges for networks as each area should have the same calibre of workforce and attraction. However, there are differences in the need between practices across the borough and their populations.
- Members raised concerns with the perceived overuse of pharmacology within primary care however reassurance was provided there will be increased peer reviews of practices to raise standards for vulnerable patients.
- Members noted the Guardian service will not be a duplication of the work HealthWatch are involved with as the purpose of the service is to obtain improved information on individual care.
- Colleagues welcomed further offline discussions to develop a timeline to feed into the Strategy before it is signed off by the Partnership Board in March 2021.

**RESOLVED: Members noted, and endorsed the report and the Mid and South Essex Care Partnership's Workforce Strategy.**

## **9. Initial Health Assessments of Looked After Children**

This item was introduced by Stephen Mayo, Thurrock Clinical Commissioning Group. Key points included:

- This is a follow up report from November 2020 whereby it was agreed by the Board that 90% of Initial Health Assessments (IHAs) of Looked after Children (LACs) should be completed within 20 working days.
- The IHA performance indicator for Health stands at 100%. Over the period
- April to October 2020, the targets were met three times (April, August and
- September 2020). A critical incident was declared in December which has impacted the sharing of information due to resources being diverted to support the ongoing pandemic.
- There have been a number of issues identified with meeting the 20 working day time frame which relates to communication concerns, challenges to NELFT staffing and challenges relating to out of area placements.
- To mitigate these issues, weekly meetings have been arranged with colleagues and there are improvements in the November and December 2020 data.

- A project is underway to develop a technological solution to support the processes and information sharing regarding CLA across Southend, Essex and Thurrock (SET).
- Due to the pandemic, the IHAs have been conducted virtually however this is risk assessed on a case by case basis.
- In addition, colleagues are exploring the possibility of a joint funded post between Health Provider and Thurrock Children Social Care for IHAs to improve uptake and following up with out of area providers which tends to adversely impact on the figures of Thurrock CLA IHAs.

During discussions the following points were made:

- Members welcomed the improved working between organisations as the timeliness of IHAs was flagged during a previous Ofsted inspection.
- Colleagues agreed the joint post is an appropriate proposal however some concerns were raised in relation to the SET wide approach. This project is currently at an early stage and the advantages would be to have a centralised administration centre.
- Members agreed before final decisions are made regarding the SET approach, these are to be discussed at a future Board meeting.

**ACTION: Secretariat to ensure an IHA item is include on the Board forward planner.**

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

**Members agreed the following:**

- **To place Initial Health Assessments and its timeliness on the agenda of the Health and Wellbeing Board for bi-annual review.**
- **The Thurrock Clinical Commissioning Group's children's commissioners to have further discussions with external commissioners around support by statutory regulations and IHA completion.**
- **A jointly funded role(s) is considered between Health and Children Social Care to aid process to consistently achieve the statutory timeframes.**
- **Thurrock Health and Social Care Services to adhere to the SET-wide IHA database, when launched.**
- **For further consideration to be given to the joint commissioning of IHAs across SET.**

#### 10. **Southend, Essex and Thurrock Dementia Strategy Re-refresh**

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

- The current Strategy was developed in 2017 and is due to end in 2021. A Thurrock specific action/implementation plan was also developed and approved at this time.
- A review of the Strategy will identified where changes / improvements are needed, particularly in light of the COVID-19 pandemic which has greatly impacted those with dementia, their carers and families as majority of face-to-face services have not been available during this period.
- As part of the consultation, colleagues are proposing that on-line engagement takes place using Thurrock Council's consultation portal

in mid-February for a period of 8 weeks to shape priorities in the refreshed Strategy. Consultation findings will then be shared with partner organisations and a Steering Group established.

- In addition to the consultation results, priorities will be shaped by national priorities and Alzheimer's Society and Carers UK research, who in turn have their own engagement mechanisms.

During discussions the following points were made:

- Members advised they opposed the model of dementia villages as individuals should be supported to remain as independent as possible in regular society.
- It was agreed a dedicated meeting with the Thurrock Dementia Action Alliance would be beneficial to discuss the Strategy in further detail.

**ACTION: Catherine Wilson to arrange a meeting with the Thurrock Dementia Action Alliance.**

**RESOLVED: Members agreed the proposed approach and timeframes outlined in the development of the Pan Essex Dementia Strategy (Health and Social Care) and Thurrock specific implementation plan.**

## 11. Essex Sexual Abuse Strategy

This item was introduced by Priscilla Tsang (Thurrock Council) and Greg Myddleton (Essex Police). Key points included:

- The Strategy has been developed using existing resources such as the Thurrock Violence against Women and Girls (VAWG) strategy, and Thurrock's Joint Strategic Needs Assessment (JSNA) on sexual violence and abuse.
- Local partners have also been involved through the development of action plans such as SERICC.
- This is the first partnership strategy to focus on sexual abuse which brings together a range of stakeholders who all have a role to play in preventing and reducing sexual abuse, as well as ensuring perpetrators are brought to justice.
- A fundamental change is needed in the way society views sexual abuse as it is often a taboo subject.
- The Strategy aims to look at the understanding of consent, manifestations of this and what good / healthy relationships look like. The root cause of perpetrators also needs to be tackled to reduce instances of offending.
- This is a timely Strategy as due to the current pandemic, there has been an increase in the number of reported sexual violence and abuse incidents and those seeking help.
- A Task and Finish Group is being established which will help to identify and create a performance framework, with a draft being completed by the end of March 2021.

During discussions the following points were made:

- Members recognised the difficulty in detecting sexual abuse as the cohort and subsequent data within Thurrock is low.
- The Strategy can be influential across the county through police activity and awareness raising campaigns to ensure a consistent approach to messages.

- Colleagues noted further links need to be made with mental health as historical experiences can be linked to mental ill health. For perpetrators, this could also be a root cause of sexual violence and abuse.

**RESOLVED: Members endorsed the Strategy and considered how organisations might help to deliver the strategy's objectives in Thurrock.**

*At 13:05 the Board became inquorate as a number of members left the meeting due to other meeting commitments. For the last item there were 4 members of the Board present (Cllr Halden, Sheila Murphy, Nigel Leonard and Mark Tebbs).*

## **12. Children and young people's emotional wellbeing and mental health services in Thurrock**

This item was introduced by Helen Farmer (Thurrock Clinical Commissioning Group). Key points included:

- The Brighter Futures Children's Partnership Board are currently refreshing their strategic plan and have identified emotional wellbeing and mental health for children and young people as a priority area for development.
- An adapted model for delivery of services during the pandemic has been implemented through reaching out proactively and being able to see more patients digitally. However there will be a prolonged impact on children's mental health and wellbeing and the demand for services.
- The service is seeing children that were not known to them prior to the pandemic and there has been an increase in crisis presentation within Thurrock. Late night clinics have therefore been opened to reduce the need to send clients to A&E for urgent support.
- An example of best practice is through the borough's Youth Offending Service which has a robust integrated approach with an emotional wellbeing and mental health support worker and an educational psychologist. This is a wraparound and holistic service.
- Mental health support teams are available within schools, commissioned via NELFT. This close working partnership is seen as a significant advantage enabling early identification and providing an important link with services.
- There have been over 3000 new births during the pandemic in Thurrock without the social networks or normal delivery of service provision available during this time therefore perinatal consequences of the pandemic need to be considered.

During discussions the following points were made

- Colleagues noted the back logs within mental health services already and this has been exacerbated by the pandemic therefore post-pandemic recovery needs to be considered.
- It was recognised there were previous tensions between the emotional wellbeing and mental health services and schools which are now more positive in nature.
- Members noted the services available during the transitional period between teenage years and adulthood need to be strengthened.

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

The meeting finished at 13:22pm.

CHAIR.....

DATE.....