

**PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 10 December 2021 10.30am-12.30pm**

**Present:** Ian Wake, Corporate Director for Adults, Housing and Health (Chair)

Councillor Huelin  
Councillor Liddiard  
Councillor Kent  
Jo Broadbent, Director of Public Health  
Sheila Murphy, Corporate Director for Children's Services  
Mark Tebbs, NHS Thurrock Alliance Director, Thurrock Clinical Commissioning Group (CCG)  
Brid Johnson, Director of Operations, Essex and Kent North East London Foundation Trust (NELFT)  
Mark Travella, Associate Director Business Development and Service Improvement, Essex Partnership University Trust (EPUT)

**Apologies:**

Councillor Halden  
Councillor Johnson  
Julie Rogers, Chair Thurrock Community Safety Partnership Board / Director of Public Realm  
Andrew Pike, Executive Member, Mid and South Essex NHS Foundation Trust  
Michelle Stapleton, Interim Director of Operations, Mid and South Essex NHS Foundation Trust  
Preeti Sud, Executive Member, Mid and South Essex NHS Foundation Trust  
Kristina Jackson, Chief Executive, Thurrock CVS  
Kim James, Chief Operating Officer, Healthwatch Thurrock  
Anthony McKeever, Interim Joint Accountable Officer for Mid and South Essex CCGs  
Dr Anil Kallil, Chair of Thurrock Clinical Commissioning Group (CCG)  
Stephen Mayo, Deputy Chief Nurse, Thurrock Clinical Commissioning Group (CCG)  
Gill Burns, Deputy Integrated Care Director, North East London Foundation Trust (NELFT)  
Alex Green, Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT)  
Karen Grinney, HM Prison and Probation Service

**Guests:**

Christopher Smith, Thurrock Council  
Beth Capps, Thurrock Council  
Diane Sarkar, Mid and South Essex NHS Foundation Trust

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

Colleagues were welcomed and apologies were noted.

It was noted that Ian Wake was Chair of the meeting in Councillor Halden's absence.

## **2. Minutes**

The minutes of the Health and Wellbeing Board meeting held on 29 October 2021 were approved as a correct record.

## **3. Urgent Items**

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

It was noted the Basildon and Thurrock University Hospital (BTUH) Care Quality Commission inspection update will be covered as part of AOB.

## **4. Declaration of Interests**

There were no declarations of interest.

## **5. Better Care Fund Plan approval**

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

- Arrangements for the Better Care Fund Plan were presented at the Health and Wellbeing Board on 29 October 2021.
- The planning requirements for the Better Care Fund Plan for 2021/22 were published by NHS England on 30 September 2021. The short timescale did not allow for the plan to be prepared and shared with the Board prior to submission by the deadline set by NHS England (16 November 2021).
- In line with the planning requirements, approval is now sought from the Health and Wellbeing Board and, when received, will be communicated to NHS England.

During discussions the following points were made:

- Colleagues recognised the Better Care Fund in itself cannot improve care, however, through administrative arrangements, this pooled fund can translate into system integration and a better coordination of services. The Wellbeing Teams are examples of this practice and a focus on integration will be reflected in the Thurrock place based strategy.

**RESOLVED: Members noted and approved the Better Care Fund Plan for 2021/22.**

## **6. Health and Wellbeing Strategy refresh update**

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

- An eight weeks consultation exercise commenced on 13 October in relation to the refreshing of the Health and Wellbeing Strategy for 2021-26. The consultation was scheduled to close on 3 December.
- There have been a variety of ways that people could provide their views on proposals for the refreshed Health and Wellbeing Strategy. These include:
  - Via the Council's online portal;
  - Through face-to-face consultation supported by Healthwatch Thurrock and the Thurrock CVS (Community & Voluntary Services);
  - Via workshop / presentations to community forums and focus groups.
- At the time of writing this report (30 November 2021) the consultation exercise had resulted in:
  - Over 1300 visits to the Council's consultation portal with over 100 visitors being engaged in the consultation questionnaire;
  - 258 people engaged via Healthwatch, Community Builders and Thurrock CVS;
  - 305 user focused summaries completed via Healthwatch, Community Builders and Thurrock CVS.
- Additional feedback provided by partners and members of the public attending forums will be reflected in the final consultation report.
- At present, a detailed thematic review has not been completed, however, access to Primary Care and service quality has been flagged as a priority for residents, as well as air quality across the borough. In addition, there is a potential gap around climate change as this is a major global issue therefore this is to be further considered in the Thurrock context.
- The refreshed Health and Wellbeing Strategy will also align with ongoing strategic work within the borough, such as the Local Plan and consultations regarding housing.
- It is proposed, to facilitate the additional consultation opportunities, the consultation exercise is extended until the end of December 2021. This will not delay the publication of the final Strategy, planned for summer 2022.

During discussions the following points were made:

- Members of the Board welcomed the extension of the consultation period.
- It was recognised the opportunity for further engagement allows a broader and more representative spectrum of views to be considered.
- Colleagues noted social media is also being used to promote the consultation.
- From the emerging data from Healthwatch and the Thurrock CVS, the top three priorities for Thurrock residents is Primary Care / access to health services, open space availability for physical activity and air quality.
- Members were reassured that metrics on how to measure the Strategy are being drafted by domain leads and their relevant working groups, including identifying baseline measures.

**RESOLVED: Members:**

- **Agreed to extend the consultation exercise until the end of December;**
- **Considered and proposed opportunities to engage the public and interested parties during the remainder of the consultation period.**
- **Considered and provided feedback on the consultation activities to date described in this report.**

## **7. Breastfeeding Joint Strategic Needs Assessment (JSNA)**

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

- This JSNA was completed pre-pandemic, with data being refreshed in October 2021. The literature review and social marketing research has remained from the original report.
- The report highlights that low breastfeeding rates present a public health issue, and links closely to the work on the Health and Wellbeing Strategy, the Brighter Futures Strategy and the national Best Start in Life policy.
- The purpose of this JSNA is to gain a better understanding of the complexities surrounding breastfeeding and provide evidence based recommendations to inform service delivery.
- In relation to the Thurrock context, there is a variation in breastfeeding rates across the Primary Care Network (PCN) areas. There is a lower prevalence in the East of the borough with lower breastfeeding rates associated with lower income households and a link with obesity. For women whose first language is not English, they are more likely to breastfeed.
- There is national and local guidance regarding breastfeeding, including North East London Foundation Trust (NELFT) and Basildon and Thurrock University Hospital (BTUH) services, peer support groups and expectant father workshops.
- The JSNA included a literature review and local social marketing research which highlighted some of the benefits of breastfeeding such as reduction of health risks. However, some of the reported barriers included practicality, support, convenience and embarrassment / societal difficulties.

During discussions the following points were made:

- Members welcomed the comprehensive needs assessment and subsequent recommendations.
- Colleagues considered the merit of liaising with partners in other geographical areas, such as Luton, who have a diverse ethnic demography. This may be an indicator for why they have higher breastfeeding rates and their best practices in encouraging take up.
- For lower income areas, there were reduced breastfeeding rates therefore this requires further investigation.
- In addition, the recommendations are due to be considered further, including a review of the data due to challenges with consistency.
- This public health issue requires a whole system approach, including refresher training for midwives, links with Primary Care and how the new Integrated Medical Centre models can embed this thinking further.
- The JSNA is due to be reviewed further at the Brighter Futures Board as it was initially discussed in March 2020.

**RESOLVED: The Board:**

- **Considered and endorsed the JSNA.**
- **Supported the development of a breastfeeding strategy and delivery plan with partner organisations engaging with this work through the new 'Child Health Group' delivering Strategic Priority 2 of the Brighter Futures Strategy.**
- **Highlighted links that need to be made with a view to alignment across the system, in particular with primary care.**

## **8. Basildon and Thurrock University Hospital (BTUH) CQC Maternity Unit Inspection**

This item was introduced by Diane Sarkar, Mid and South Essex NHS Foundation Trust. Key points included:

- Further to the update provided to the Health and Wellbeing Board on 28 January 2021, progress continues to be made as BTUH's maternity unit is now rated 'Requires Improvement' rather than 'Inadequate'.
- There remain areas for improvement, including infection control and checking of equipment. However, the leadership structure has been strengthened and is in the process of being embedded.
- Management of serious incidents continues to be improved, with the backlog being reduced and a clear trajectory for completion.
- There is an ongoing support package for staff, although, workforce challenges continue to be experienced such as the numbers of midwives and consultants with the necessary skills. However, a number of senior positions have been recently appointed to, including Head of Midwifery and over 40 student midwives have been recruited and retained. This is a reflection that BTUH is a better work place as positive experiences are being feedback to Health Education England.

During discussions the following points were made:

- Members noted this is one maternity service, however, it is delivered on three sites therefore standardising and sharing good practice and lessons learned is important to continued improvement.
- It was recognised that implementation and embedding change takes a considerable time, therefore, colleagues are hopeful that for the next CQC visit, further improvements will be apparent, along with continued positive clinical outcomes.
- Recruitment of new staff, including a new Director of Midwifery provides rejuvenation to the unit.

**RESOLVED: The Board noted and commented on the verbal update.**

## **9. GP Item Part Two. Improvements in primary care Long Term Condition management**

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

- The report was drafted in September 2021, however, it has recently been announced that the Quality and Outcomes Framework (QOF) has been nationally suspended to free up GP capacity for delivery of the expanded COVID-19 booster programme.
- Prior to this announcement, the stretch QOF 2021/22 indicators of blood pressure and smoking had been selected on the following basis:
  - Public Health multiple regression analysis models indicated these indicators impacted on unplanned care admissions in Thurrock;
  - The indicator rationale has been nationally recognised as high impact (NICE guidance)
  - Stretch QOF appears to be positively influencing general practice to complete the intervention at a rate greater than previously achieved without incentivisation;
  - Indicators that require a focused effort to address backlog/drop in performance attributable to the Covid pandemic.
- Wider system partners will need to discuss with Primary Care Networks (PCNs) and Clinical Directors how they intend to proceed with case finding and surveillance of these indicators in light of the QOF suspension.
- In relation to the Long Term Condition (LTC) Profile Cards, these provide a visual overview of each practice, focusing on the LTC case finding and management but also looks at the possible reasons why, such as lack of capacity. In addition, it makes links to secondary care outcomes. These Profile Cards will continue to be produced.
- Furthermore, the stretched QOF approach needs to evolve and be developed alongside PCNs to promote comprehensive holistic care for those high risk patients.

During discussions the following points were made:

- The Board noted the stepping down of QOF at a national level and service reprioritisation is a direct result of the impact of winter pressures and the rolling out of the COVID-19 booster programme. However, the work around future planning is important and can

hopefully commence in the new financial year. This was reiterated by NELF colleagues.

- Members raised concerns regarding the pausing of QOF as secondary prevention was stopped last year due to the pandemic, therefore, there is a cohort of very ill residents with non-COVID-19 related illnesses. The QOF suspension is likely to compound this issue further.
- The Board recognised the impact of the national announcement, however, further national correspondence is expected imminently.
- Public Health colleagues will continue to review the indicators and consider the prioritisation of these.
- In addition, colleagues acknowledged the need to ensure the most vulnerable are prioritised as part of this consideration of resources. Members agreed that partners need to be engaged in discussions about vulnerable children as part of safeguarding duties, particularly in light of a recent high profile national case.
- There is clear quantitative evidence regarding the importance of QOF and the impact of commissioning on health inequalities, including a population health management approach. Members reiterated that if practices are able to continue to claim the QOF resource that they should do so. This links with incentivisation of PCNs to care for residents in a more holistic manner and to ensure engagement across all PCN footprints.

**RESOLVED: The Board noted and commented upon the proposed developments in delivering improvements in long term condition management and a renewed LTC profile card.**

## 9. AOB

Members noted Public Health colleagues have also completed a number of other Joint Strategic Needs Assessments recently, including:

- Self-care;
- Maternal Obesity
- Work and Health;
- Children Looked After;
- Child Poverty;
- Tobacco Control.

The meeting finished at 11:56am.

CHAIR.....

DATE.....