

**PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 29 October 2021 10.30am-12.35pm**

**Present:** Councillor Halden (Chair)  
Councillor Huelin  
Councillor Liddiard  
Councillor Kent  
Ian Wake, Corporate Director for Adults, Housing and Health  
Jo Broadbent, Director of Public Health  
Mark Tebbs, NHS Thurrock Alliance Director, Thurrock Clinical Commissioning Group  
Preeti Sud, Executive Member of Basildon and Thurrock Hospitals University Foundation Trust  
Tania Sitch, North East London Foundation Trust (NELFT)  
Dr Anil Kallil, Chair of Thurrock CCG  
Lynnbritt Gale for Alex Green, Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT)  
Julie Rogers, Chair Thurrock Community Safety Partnership Board/Director of Environment and Highways  
Karen Grinney, HM Prison and Probation Service

**Apologies:** Councillor Johnson  
Kristina Jackson, Chief Executive, Thurrock CVS  
Anthony McKeever, Interim Joint Accountable Officer for Mid and South Essex CCGs  
Sheila Murphy, Corporate Director for Children's Services  
Kim James, Chief Operating Officer, Healthwatch Thurrock  
Gill Burns, North East London Foundation Trust (NELFT)  
Stephen Mayo, Deputy Chief Nurse, Thurrock Clinical Commissioning Group  
Andrew Pike, Executive Member, Basildon and Thurrock Hospitals University Trust  
Michelle Stapleton, Interim Director of Operations, Basildon and Thurrock University Hospitals Foundation Trust

**Guests:** William Guy, NHS  
Christopher Smith, Thurrock Council  
Janet Simon, Thurrock Council

**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 23 July 2021 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.

Cllr Halden advised the Board that the three Health and Wellbeing Board Chairs (Thurrock, Southend and Essex) will become Vice Chairs of the ICS Partnership Board.

**5. MSE Health and Care Partnership Report on Learning from COVID**

This item was presented by Mark Tebbs. Key points included:

- The report was produced by Kaleidoscope Health and Care and provides a reflection on the first wave of the COVID-19 pandemic.
- The learning identified within the report has been summarised under the following headings:
  - When you prioritise, you can deliver significant change at pace;
  - Shared purpose helped create a culture of enablement;
  - Local people help local people if they are given the tools to do so;
  - Strong relationships grow out of trust and connection to place;
  - COVID-19 and health inequalities.
- The report also provides a number of actions and commitments following the pandemic:
  - Work with the CVS to ensure all partners are united around the purpose and vision for reducing inequalities and teams see a connection between their work and the impact on the community;
  - Embed a community focus into how services are delivered so that social value is integral part of how organisations work;
  - Drive the development of PCNs and neighbourhood level delivery to work differently with communities;
  - Support staff so they can deliver their best work by role modelling the behaviours that deliver strong culture and excellent decision-making.
- The Thurrock Integrated Care Partnership already demonstrates progress against many of the place based actions and commitments outlined.

During discussions the following points were made:

- Members recognised the hard work of all partners and acknowledged the challenges experienced, such as information sharing between health and social care to identify vulnerable cohorts. Partners worked together to ensure individuals had access to the right care, however, some vulnerable residents did not meet specific thresholds and therefore did not receive the support they needed.
- Colleagues supported a more effective use of data as part of identifying vulnerable cohorts, such as a population health management approach and stronger links with analytic databases.
- The transformative work of the Local Area Coordinators helped to identifying some of the residents who had fallen through the gaps in the system, however, their contribution has not been included within the report.
- A strengths and assets based approach is fundamental to reaching those most at risk, in conjunction with a human learning system approach.
- Members recognised the important role of volunteers in all aspects of the pandemic response, including the vaccination rollout. The CVS had a very short period of time to recruit and DBS check all volunteers therefore their involvement has been invaluable.
- A number of NHS staff were redeployed as part of the COVID response therefore there were staff shortages across other areas of the organisation.
- Some partners have raised concerns that a number of elements within the system are now working much slower, however, enhanced powers given by central government enabled the COVID response to be accelerated.
- Colleagues noted the work on anchor institutions and how the subsequent charter can feed into the learning included within the report. This could include workforce planning, how care leavers and those with disabilities and criminal records can be engaged further.
- Digitalisation of services and a wider digital platform could also be included within the report.
- Members noted the report was completed by an external organisation and could have possibly been completed by those colleagues directly involved, however, capacity for this was recognised as an issue.

**ACTION: The Board will provide further feedback on the following points:**

- **Identification of vulnerability risk and links to data;**
- **The speed at which things are now being done;**
- **The ongoing work of the anchor institutions;**
- **Use of volunteers;**
- **Use of digital resources.**

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

## 6. GP Item Part One. Primary Care Access

This item was introduced by Dr Kallil and Mark Tebbs, CCG. Key points included:

- Access to primary care continues to be an area of great interest both nationally and regionally. The report completed a deep dive on Primary Care access, challenges, mitigations, support and improvement initiatives being implemented to address these challenges in Thurrock.
- From March 2020, Primary Care was expected to deliver services in a new way and in response to the pandemic. Evolving from in person services, to total virtual triage with increased reliance on IT and digital technology. This has meant most appointments were undertaken remotely, either through video, online and telephone consultations and face to face appointments reserved for urgent and where clinically indicated.
- Since April 2021, Primary Care services have been in recovery and reset, working towards business as usual whilst ensuring continued safety measures.
- The pandemic has impacted on all areas of health care, for example long waits in secondary care. As a result, more complexities are being managed at the Primary Care level, with discontent and concerns raised within the community. This discontent includes waiting times for secure an appointment and the limited availability of same-day appointments.
- It is recognised the Primary Care offer is not at the level it needs to be, for example, the impact of capacity concerns and exhaustion of front line workers.
- The report includes findings from the GP Patient Survey, which is an independent survey run by Ipsos MORI on behalf of NHS England. The results show how people feel about their GP practice through a range of questions. The CCG is working with specific practices and PCNs to carry out a deep dive of their Survey results and identify where improvements need to be made.
- The root cause of Primary Care issues for Thurrock are challenging as these include capacity and poor quality of estates. However, the introduction of Integrated Medical Centres will help to support new models of care and will address some the estates issues.

During discussions the following points were made:

- Members recognised the NHS is under a huge strain due to the pandemic and the back log this has caused for services. Primary Care acts as the front line to the NHS and is therefore more exposed to this pressure than other areas of the system.
- It was noted morale in GPs is very low as their focus at present remains the pandemic. GPs have seen increased demand with fewer resources, including increased numbers of complex patients and those with challenging mental health issues.
- Face-to-face appointments are now beginning to increase as many patients cannot be dealt with over the telephone and infection control measures still need to be adhered to and impacts the capacity of smaller GP surgeries.

- Sickness of staff within Primary Care was also acknowledged as a concern, along with diabetes and heart failure not currently being managed in the most effective way.
- Colleagues discussed the Winter Access Programme whereby the focus is on face-to-face appointments, with £250k being made available nationally over five months.
- In relation to national and local data on practice outliers in the GP Survey, these are in the process of being identified and further discussions will be held. There are some data quality issues, with some variation in data counting therefore consistency has been raised as a concern.
- Some of Thurrock's metrics are substantially lower than the national average on certain aspects and have been pre-pandemic therefore this needs to be addressed.
- Thurrock is an under-doctored area, with a higher aged clinical workforce therefore Thurrock needs to be made an attractive place to work. This could include a Thurrock Health Awards initiative whereby good practice is celebrated and acknowledged. Furthermore, links can be made with the work of anchor institutions on how to retain trainees from acute services.
- Colleagues discussed the allocation of resources as this is generally not in a fair and equitable way in Thurrock therefore as an Integrated Care System this needs to be considered further. Also, resources are not used in the most efficient way, for example there is a separate long term conditions register.
- Members considered GP surgeries being categorised into league tables, similar to those used in the Education sector. PCNs would benefit from the opportunity to spread best practice and reduce variation between surgeries.
- Furthermore, practices need to be willing to discuss comments from patients as part of wider community engagement.
- The Cloud based telephony system was discussed and the CCG is working with PCNs to collaborate on options as the interface with the public needs to be improved.
- In addition, the Council has invested in preventative health measures to reduce pressure on the system and the Annual Public Health Report for 2021/2022 focuses on matching capacity to need and will also feed into the place based strategy for Thurrock.
- Members noted the recovery plan within the appendix of the report and wish to discuss further at the Board scheduled for February 2022.

**ACTION: Secretariat**

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

## 7. The Better Care Fund, S75 Agreement

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

- Thurrock's initial Better Care Fund Plan, and Better Care Fund Section 75 Agreement between the Council and NHS Thurrock CCG, was approved in 2015. The arrangement allowed the creation of a pooled fund, to be operated in line with the terms of the Plan and the Agreement, to promote the integration of care and support services. The focus of the Better Care Fund to date has been on adults aged 65 and over who are most at risk of admission to hospital or to a residential care home.
- The Section 75 Agreement must be agreed for the Council to be able to pay providers of services contained within the Better Care Fund. In the absence of guidance for 2021/22, Cabinet have agreed to the Council entering into the Agreement based on the terms set out in the previous Agreement.
- The Better care Fund Plan for Thurrock and associated template are currently being drafted and will be circulated to the Board for comment and then approval no later than 1 November 2021.
- The national submission date for the planning template is by 16 November 2021.

During discussions the following points were made:

- Section 4.2 of the report is to be amended to reflect delegation to the Corporate Director and Chair of the Health and Wellbeing Board.
- Members welcomed sign off through the CCG governance routes.

**ACTION: Christopher Smith to liaise with CCG colleagues for sign off.**

**ACTION: The final template is to be circulated to the Board. A virtual meeting may be arranged if members are not content with the document.**

**RESOLVED: Members agreed the arrangements for the approval of the Better Care Fund Plan for 2021/22.**

## 8. Feedback from Ofsted Focused Visit

This item was introduced by Janet Simon, Thurrock Council. Key points included:

- Thurrock received a recent Ofsted Inspection of Local Authority Children's Services (ILACS) Focused Visit undertaken between 30 June and July 2021 in relation to the Local Authority's arrangements for the protection of vulnerable children from extra-familial risk. This focus includes, children missing from home or care, children involved in criminal exploitation and by gangs, child sexual exploitation and radicalisation.
- As part of the Focused Visit, numerous documents and audits were reviewed by Ofsted and inspectors met with children, their parents / care givers, the Chief Executive of Thurrock Council and the Portfolio Holder for Children's Services.
- The outcome of the Visit was positive, with hard work and commitment of the Local Authority being recognised. Children remain the key focus for the Local Authority and partners which has led to a multi-agency approach. This approach helps to better identify and engage with vulnerable children exposed to risk of extra-familial harm, and improve the offer of support to them and their families.
- The report included the following three recommendations:
  - Earlier transition planning for children in care and care leavers who are exposed to risk of child exploitation, gangs and extra-familial harm;
  - The involvement of children in the take-up of return home interviews and the information the authority relies on to capture activity and the impact of these interviews;
  - The arrangements for support and engagement with children at risk of extra familial harm; in particular, the agility of services to meet the diverse and complex needs of these children and their families.
- These recommendations are being taken forward accordingly.

During discussions the following points were made:

- Earlier transition planning is key and a cross-directorate workshop with Children's Services and Adults, Housing and Health had recently been held and attended by the Corporate Directors. A follow-up meeting is scheduled for early 2022.
- The Transitions Strategy is not broad enough as the focus mainly relates to those with disabilities, however, it should encompass all children in care.
- The Board considered if free prescriptions to care leavers would be beneficial as part of transitions planning.
- It was agreed an update on transitions will be added to the Health and Wellbeing Board forward planner for the next municipal year.

**ACTION: Secretariat.**

**RESOLVED: The Board considered the Ofsted Focus Visit letter and provided comments. The three areas for improvement identified by Ofsted were considered by members and supported the recommendations.**

The Chair deferred the remaining items to the next meeting, scheduled for 10 December 2021.

The meeting finished at 12:35pm.

CHAIR.....

DATE.....