

PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 19 October 2023 10.30am-12.30pm

Present: Councillor G Coxshall (Chair)
Councillor Johnson
Ian Wake, Executive Director for Adults, Housing and Health
Jo Broadbent, Director of Public Health
Sheila Murphy, Executive Director for Children's Services
Michael Dineen, Assistant Director for Counter Fraud and Community Safety
Margaret Allen, Deputy Thurrock Alliance Director
Sharon Hall, Northeast London Foundation Trust (NELFT)
Kim James, Chief Operating Officer, Healthwatch Thurrock

Apologies: Councillor Morris-Cook
Councillor Rigby
Aleksandra Mekan, Thurrock Alliance Director
Rita Thakaria, Partnership Director, Thurrock Council, EPUT and NELFT
Jeff Banks, Director of Strategic Partnerships, Mid and South Essex Integrated Care System
Michelle Stapleton, Integrated Care Pathway Director, Mid and South Essex NHS Foundation Trust
Fiona Ryan, Managing Director, Mid and South Essex NHS Foundation Trust
Gill Burns, Director of Children's Services, Northeast London Foundation Trust (NELFT)
Alex Green, Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT)
Hannah Coffey, Acting Chief Executive, Mid and South Essex NHS Foundation Trust
Jim Nicolson, Adult Safeguarding Board
Mark Tebbs, Chief Executive, CVS
BJ Harrington, Chief Constable, Essex Police
Jenny Barnett, Chief Superintendent, Essex Police

Guests: Rebecca Lawrence, Thurrock Council
Andrew Graham, Essex County Council
Karen Balthasar, Thurrock Council
Jo Ferry, Thurrock Council
Helen Horrocks, Thurrock Council

1. Welcome, Introduction and Apologies

Colleagues were welcomed and apologies were noted. Margaret Allen provided representation from the Thurrock Alliance and Sharon Hall attended on behalf of Gill Burns.

2. Minutes / Action Log

The minutes of the Health and Wellbeing Board meeting held on 31 August 2023 were approved as a correct record.

The action and decision log were considered and updated accordingly.

3. Urgent Items

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

4. Declaration of Interests

There were no declarations of interest.

5. Virtual items for consideration

There were no items to be considered by the Board outside of the meeting.

6. Thurrock Integrated Sexual Health Needs Assessment

This item was introduced by Rebecca Lawrence, Thurrock Council. Key points included:

- Under legislation, Local Authorities are required to provide or secure the provision of open access sexual health services in their area. It is recognised good sexual health enables healthy relationships, planned pregnancies, and prevention of disease.
- Sexual health services can be accessed throughout the country by anyone in need. It is vital that services in Thurrock are comparable to those elsewhere, ensuring a high standard of care for those living in or visiting the borough.
- The sexual health service contract for Thurrock was extended for one year and is due to expire on 31 March 2024. To inform the re-procurement process, the Public Health Team has completed a Sexual Health Needs Assessment with a view to addressing several areas of need, including:
 - Condom distribution;
 - Late diagnosis HIV and treatment;
 - New and emerging threats/issues;
 - STI testing and prevention;
 - Contraception including long-acting reversible contraception (LARC);
 - Reducing teenage pregnancy and repeat terminations;
 - Accessibility of services;
 - Service engagement with stakeholders, GPs, and pharmacies.
- The Integrated Sexual Health Needs Assessment was completed using a mixed methodology of qualitative and quantitative sources

such as interviews with professionals and service users, national datasets, and a literature review. The findings and recommendations are outlined within the report and these have been used to develop the service specification for the new Integrated Sexual Health Service.

During discussions, the following points were made:

- Members welcomed the report and were reassured that the Local Authority is working with providers to improve key areas of sexual health. An overarching action plan is being driven forward as part of a delivery mechanism.
- It was recognised that sexual health services are unique as individuals can receive treatment and advice from other areas, for example some choose to have treatment outside of the borough rather than access services at Orsett. Due to this, a cross charging policy is in place with other areas.
- Colleagues raised concerns regarding limited engagement with schools in relation to sexual health education and condom distribution. Members noted further work has been identified within this area, including reduction of teenage pregnancies. Providers will be working closely with headteachers regarding staff training and support services. This is also important for primary schools to reduce the taboo of discussing sexual health and healthy relationships.
- Members noted Young Healthwatch ambassadors will be trained in this area and will be able to promote services amongst their peers, particularly condom distribution.

Decision: Members noted the contents of and agreed to the publication of the Thurrock Integrated Sexual Health Needs Assessment 2023 on the Council website.

7. Southend, Essex and Thurrock (SET) LeDeR Annual Report 22/23.

This item was introduced by Andrew Graham, Essex County Council. Key points included:

- The LeDeR programme reviews all deaths of people with a learning disability and / or autism whose deaths are notified. It seeks to identify improvements to health and social care which could prevent premature deaths and deliver equity of access to services, so that people with a learning disability and / or autism can live long and good quality lives.
- In 2022/23, 113 people with learning disability and / or autism died (seven children/young people) within the Southend, Essex and Thurrock (SET) footprint. The median average age at death for adults across SET in 2022/23 was 57. This is a reduction on the average age of death in the 2021/22 report.
- The report highlights there may still be an impact of the pandemic on notifications and across health provision. One explanation for the reduction in the average age at death is that some of the oldest adults died during the pandemic who might otherwise have died in 22/23.
- Themes arising from recommendations in the 22/23 report confirms findings from previous years and highlights additional items to explore. These recommendations are either already being explored by existing workstreams or will be actioned this financial year.

- Pneumonia and aspiration pneumonia remains the main direct causes of death for people with learning disability in SET. This is not the same for the rest of the population.
- One of the main areas of integration and progress in 22/23 continues to be early aging and frailty in people with learning disability. Specialist learning disability health services are working with partners to implement change and are increasingly involving relevant mainstream health services.
- A further three year LeDeR plan is due to be developed by refreshing the current 2021-24 plan. This will provide an opportunity to embed the latest learning of LeDeR, target specific change and continue to reduce health inequalities for people with learning disabilities and / or autistic people.

During discussions, the following points were made:

- Members welcomed the report and the holistic approach taken, particularly the training for staff and the inclusion of deaths of those with autism.
- It was noted following five reviews, the average age of deaths for those within Thurrock is slightly higher (47-69 years old).
- Members recognised the strong links with Public Health innovations, including health checks, specialised sexual health learning disabilities nurses, healthy weight services, immunisation plans and commissioning support from Peabody.
- The refreshed plan will include joint ownership across the SET footprint and will target specific areas as outlined within the report.

Decision: Members noted the LeDeR End of Year report and associated documents and support the development of a further 3-year LeDeR plan and to refresh the current 2021-24 plan.

8. A Health in All Policies approach to Place Shaping

This item was introduced by Karen Balthasar, Jo Ferry and Helen Horrocks, Thurrock Council. Key points included:

- This guidance document represents aspirations for healthy place-shaping for existing and future residents of the borough, as set out in the Health and Wellbeing Strategy (2022- 2026) and within the context of the Local Plan and broader place shaping agenda.
- The 'framework for creating change' detailed in the report encapsulates the key themes related to place shaping: Neighbourhood Design, Housing, Food Systems, Natural Environments and Transportation Networks. The report highlights the resident voice on these specific areas.
- Healthy neighbourhood design is facilitated by land use decisions which prioritise complete, compact and connected and sustainable communities. The report highlights superzones as a key innovation as they create healthy zones in the immediate vicinity around a primary or secondary school and are often located within the most deprived wards. The aim is to embody the 'Health in All Policies' approach through the integration of Health Impact Assessments with Community Equality Impact Assessments.
- Housing is recognised as a key element of place shaping, including increasing the provision of affordable, accessible, and diverse

housing. This includes improving the quality of housing, improving the energy efficiency and climate resiliency of current and future housing stock.

- The food systems element of the framework focuses on the accessibility and affordability of healthy sustainable foods which can be supported through land use, planning and design.
- For natural environments, the aim is to improve access to and engagement with the natural environment for mental health and wellbeing. This includes adapting to climate change, increasing participation in physical activity, and reducing exposure to air pollution.
- The transport networks aspect aims to increase cycling and is intrinsically linked with Thurrock's wider work on Active Travel.
- The document highlights the complexities of climate change, sustainability, and subsequent health impacts such as food supply considerations and price increases.

During discussions, the following points were made:

- Following publication of the Health and Wellbeing Board papers, the legal implications were verified by Jayne Middleton-Albooye, Interim Head of Legal Services as follows:
 - Section 2B of the National Health Service Act 2006 requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area. The recommendations set out in this report will assist in meeting this requirement.
 - The Council has a duty under section 149 of the Equality Act 2010 (the public sector equality duty) in the exercise of its functions to have regard to the need to:
 - Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - Advance equality of opportunity between persons who share a relevant protected characteristics and persons who do not share it;
 - Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- Members welcomed the comprehensive document and the focus on health being at the forefront of place shaping. This health outcomes focus is also linked with the ongoing work of the Local Plan. Furthermore, there has been extensive engagement across the organisation and partners.
- It was noted Health Impact Assessments (HIAs) are not routinely completed in Thurrock; however Public Health is working with the Housing and Planning Advisory Group to provide guidance on planning applications, particularly large developments.
- Members discussed the importance of enshrining HIAs in policy and considered the benefits of including a HIA section on planning applications. This would explicitly highlight any implications to committee members.

Action: Helen Horrocks to liaise with the Planning Team regarding incorporating Health Impact Assessments (HIAs) within planning applications.

- Colleagues considered the role of impact assessments across the organisation and how to embed this focus into all aspects of the Local Authority.
- Members were advised this is an aspirational document and the topics covered will take longer to implement through intergenerational change, however these will have the biggest impact.
- The Board considered the need for an outcomes matrix as part of accountability, and it was noted an upcoming workshop will consider this level of detail further. However, there is already a place shaping influence through the Design Charter and the Local Plan therefore ongoing progress in these areas can be used as evidence of embedding the aspirations of this report.

Action: A Health in all Policies outcomes matrix / framework and timeline of key milestones is to be considered at a future Board meeting.

- Members noted the links between the 2023 Annual Public Health report on fuel poverty and the place shaping agenda. A project has been established to support council tenants and other residents who are at risk due to fuel poverty. A rapid change is unlikely, however there is considerable ongoing activity to support this cohort.
- Colleagues referenced the ICB Primary Care Teams, the Community Health Services and the acute trusts that can assist with the continued work in this area.
- In relation to the work on superzones, colleagues within Children's Services welcomed the opportunity to be involved due to their access to schools and the Family Hubs workstreams. It was noted alignment of resources and a community enabled approach is being considered in conjunction with what is already being delivered through other means such as the Local Plan.

Decision: Members noted the contents of and agreed to the publication of the 'Health in All Policies approach to Place Shaping' on the Council website.

9. Health and Wellbeing Strategy - Domain 6 in focus: Community Safety

This item was introduced by Michael Dineen, Thurrock Council. Key points included:

- The aim for Domain 6 is ensure that Thurrock is a place where people feel and are safe to live, socialise, work and visit. It also aims to ensure that victims/survivors of crime can access support to cope and recover from their experiences, should they need it. This is linked to the reduction of violence against the person.
- Goal 6A relates to children living safely in their communities and includes implementing a Public Health approach to Youth Violence

and Vulnerability. It is important to note the small cohort numbers involved in youth offending and gang behaviours.

- Goal 6B focuses on partnership working to reduce local levels of crime and opportunities for crime to take place, including a focus on combatting drugs / substance misuse.
- Goal 6C aims to improve the local response to supporting victims/survivors of abuse and exploitation to improve their health and wellbeing.
- Goal 6D focuses on protecting residents from being the victims of crime, with a focus on those with increased risk of experiencing exploitation and abuse. This will be achieved via the refreshed Violence Against Women and Girls (VAWG) Strategy and the Thurrock Safeguarding Adults Board 'Transitions Plan'.
- Commitments for year two for the domain includes:
 - Developing a local Thurrock Action Plan in response to the serious Violence Duty and Essex wide strategy aligned to the Health and Wellbeing Strategy. This is to be implemented from April 2024;
 - Implementation of the street pastors scheme in Grays;
 - High visibility patrols with police and enforcement officers;
 - Redesign of services in relation to domestic abuse across Essex;
 - Increase the number of completions of the new sexual abuse training product and the domestic abuse and stalking offer internally and across the wider partnerships.

During discussions, the following points were made:

- Members noted MSE ICB colleagues are involved with specific elements of this domain such as the Drugs Strategy whereby the Deputy Chief Nurse and the Mental Health Lead for EPUT have been engaged. The Health Protection Board is also a key governance route for this work and encompasses a wider membership.
- The complexities regarding prescription opioids were considered, as illicit drug use can be influenced by the availability of substances on the dark web.
- Members discussed the Annual Public Health report of 2019 which focused on various risks for children in Thurrock. This report used data available through Xantura for modelling. A similar approach was used within London and was criticised therefore colleagues have sought advice from the Information Commissioners Office regarding the governance implications of using this data for modelling purposes.
- In relation to gangs and county lines activity, it was noted activity is often identified by the Community Police Team, however it is challenging to identify the gangs involved. As part of supporting this work, Essex Police has a disruptor team for anti-social behaviour, and this is monitored to gain intelligence and behavioural patterns of certain groups or gangs.
- Members were advised the Youth Crime Governance Board reviews preventative measures to assist schools in relation to gangs and those at risk of exclusion. Additional funding has been received to fund an outreach worker, via the Olive Academy. This worker will liaise with

both primary and secondary schools to work with those at risk of imminent exclusion.

- A knife protocol has been updated and agreed by schools, which has prevented several exclusions. It is recognised these young people require support rather than punishment and the Youth Offending Service is involved with ongoing targeted work regarding bladed articles. A practical approach is welcomed rather than further mapping exercises as there is considerable information regarding cohorts of children and young people who are at risk.
- Members noted the positive work of street pastors within Southend and the roll out into Thurrock is welcomed. Anecdotal feedback was also provided for the scheme in Sutton as pastors waited with vulnerable teenagers until they secured transportation home at night.

Action: Cllr Coxshall and Ian Wake to attend a future street pastor session.

Decision: Members noted year one achievements and agreed the year two commitments.

The meeting finished at 11:38am.

CHAIR.....

DATE.....