

PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 14 December 2023 10.30am-12.30pm

Present: Councillor G Coxshall (Chair)
Councillor Johnson
Councillor Morris-Cook
Councillor Rigby
Ian Wake, Executive Director for Adults, Housing and Health
Sheila Murphy, Executive Director for Children's Services
Andrea Clement, Assistant Director for Public Health
Margaret Allen, Deputy Thurrock Alliance Director
Rita Thakaria, Partnership Director, Thurrock Council, EPUT and NELFT
Jim Nicolson, Adult Safeguarding Board
Mark Tebbs, Chief Executive, CVS

Apologies: Jo Broadbent, Director of Public Health
Aleksandra Mecan, Thurrock Alliance Director
Michael Dineen, Assistant Director for Counter Fraud and Community Safety
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)
Kim James, Chief Operating Officer, Healthwatch Thurrock
BJ Harrington, Chief Constable, Essex Police
Jenny Barnett, Chief Superintendent, Essex Police

Guests: Kevin Baldwin, Essex Police
Clare Moore, Thurrock Council
Christopher Smith, Thurrock Council
Helen Horrocks, Thurrock Council
Ryan Farmer, Thurrock Council

1. **Welcome, Introduction and Apologies**

Colleagues were welcomed and apologies were noted. Councillor Morris-Cook was introduced and welcomed to her first Health and Wellbeing Board meeting. Margaret Allen provided representation from the Thurrock Alliance and Andrea Clement attended on behalf of Jo Broadbent.

2. **Minutes / Action Log**

The minutes of the Health and Wellbeing Board meeting held on 19 October 2023 were approved as a correct record.

The action and decision log were considered and updated accordingly.

3. **Urgent Items**

An urgent item was received relating to the Purfleet and Tilbury Integrated Medical and Wellbeing Centres (IMWCs).

In November 2023, NHS England confirmed to the ICB and Thurrock Council that they will not approve either the Purfleet or Tilbury IMWCs' Outline Business Cases (OCB). Regrettably, NHSE's view is that neither OBC is affordable to the NHS.

As a result, Thurrock Council and MSE ICB are unable to progress either building further. Whilst incredibly disappointing, the decision does provide closure on what has been a prolonged period of uncertainty and allows all key Thurrock Integrated Care Alliance stakeholders to work together to pursue alternative solutions.

The council is currently working closely with the ICB's Alliance Director to identify alternative space in existing buildings in Tilbury and Purfleet that could be repurposed as shared space from which the new Integrated Locality Teams could operate from. This will ensure that the ambitious integration agenda set out in Better Care Together Thurrock: The Case For Further Change will still be able to be delivered.

Decision: Members welcomed the update on the Purfleet and Tilbury Integrated Medical and Wellbeing Centres (IMWCs).

4. **Declaration of Interests**

There were no declarations of interest.

5. **Virtual items for consideration**

The Board agreed to virtually consider the Thurrock CORE20Plus5 Health Inequalities Data Pack which will be circulated after the meeting.

Action: Members to provide comments on the Thurrock CORE20Plus5 Health Inequalities Data Pack to the Board's secretariat within two weeks of the paper being circulated.

6. Right Care Right Person

This item was introduced by Kevin Baldwin, Essex Police. Key points included:

- The Right Care Right Person (RCRP) is an approach designed to ensure that people of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training, and expertise to best meet their needs.
- At the centre of the RCRP approach is guidance to assist police in making decisions about when it is appropriate for them to respond to incidents. This guidance supports the core policing responsibilities (save life, prevent, and detect crime and maintenance of the King's Peace).
- Essex Police receive approximately 40,000 requests per year regarding welfare concerns, mental health concerns, hospital walkouts and transportation. Some of these situations do require police attendance, however they are not always the most appropriate agency to respond.
- The increase in mental health concerns was noted, with 45% of detention and custody assessments highlighting the need for a mental health assessment.
- There are several legal and statutory responsibilities of the police to act in circumstances when there is threat to life, a risk of serious harm, common law duties of care and statutory duties to arrest and detain. It is therefore recognised there are limited circumstances the police can enter a property.
- The RCRP approach is underpinned by three principles:
 - Members of the public have the right to receive the "right care from the right agency";
 - The police should concentrate on core policing duties;
 - Understanding the police's legal duty to attend.
- The aim of the principles is to reduce calls for concerns outside of the service's remit and is underpinned by five objectives, including:
 - Welfare checks being conducted by the agency which is already engaged with the family etc;
 - A timely handover from police to crisis care staff;
 - Missing patients should not be reported to the police as a matter of routine;
 - Emergency departments at acute hospitals should not call police for patients who leave unexpectedly unless they are deemed to be an immediate threat to themselves or to others;
 - Transportation for physical and mental health patients will not be carried out by the police unless in exceptional circumstances.
- Delivery of the RCRP approach is monitored via the Partnership Board and Tactical Groups which includes representation from key agencies. A responsibility matrix is in the process of being developed as part of governance arrangements and commitment to deliver this approach.

During discussions, the following points were made:

- Members recognised the importance of the RCRP partnership model, however, raised concerns regarding moving challenging situations from one service to another. Colleagues were reassured that the

responsibility matrix will identify and consider any gaps in services due to this approach. It was recognised limited ambulance availability is the most challenging situation at present, however there are other means for patients to get to hospital rather than using police transportation.

- Partners agreed there is a need to educate and signpost the public to the different agencies and support available as an alternative to using Emergency Departments and police resources. It was noted there is an ongoing media strategy to deliver this message.
- It was reiterated at the recent Children's Partnership Board meeting that child protection responsibilities and procedures remain unchanged as the police are statutory partners.
- Members raised concerns regarding the decision-making thresholds of call handlers as it is not always apparent if there is a risk to a child's life therefore the onus remains on social care professionals. There is a legal framework to support, however decisions can be challenging therefore the wording of guidance is key, along with appropriate escalation procedures.
- It was noted the RCRP approach is a major change to police practices and reassurance was provided that a review and evaluation process will be built into the approach as it develops further with partners.
- It was noted Essex Police arrest over 20,000 people a year and over half will indicate a mental health issue. As a result of this, professionals working in the custody suite will conduct an assessment and indicate if a full mental health assessment is required.

Action: Essex Police to provide members with the number of detainees per year who receive mental health treatment after indicating a concern at the custody assessment stage.

Decision: All agencies agreed to consider how they support and implement the RCRP program both as individual organisations and as multi-agency partners.

All agencies agreed to consider appointing strategic and tactical leads for program development across the system to support the RCRP recommendations.

7. Family Hubs Start for Life Programme

This item was introduced by Clare Moore, Thurrock Council. Key points included:

- Family Hubs provide non-stigmatising single points of access helping families navigate and receive universal and targeted services as part of a whole family and partnership working approach.
- £301m has been allocated to the programme over three years which began in 2022.
- The aims of the programme include improving a range of health, wellbeing and education outcomes for children aged 0-19 / to 25 with SEND and parents / carers. Services will be delivered through a Family Hubs network with a focus on co-production and reaching seldom heard groups. This is highlighted with the three key principles

- of the programme: access, connection, and relationships.
- The Family Hubs programme funding is intended to pay for the change process such as the Transformation Team, local consultation / co-production, workforce development and training. This also includes adapting existing buildings to improve accessibility / space and should enhance and expand the Start for Life Services.
- The delivery plan was completed on 6 January 2023 and was agreed by the Department for Education and the Department for Health and Social Care. A programme timetable and reporting governance route has also been established. Work to date includes a high level mapping exercise and ongoing discussions with services to understand the existing local offer and gaps in service delivery.

During discussions, the following points were made:

- Members welcomed the update on the services provided by Family Hubs as this workstream provides the opportunity for parents to develop their parenting skills.
- It was noted several outreach workers in Children's Centres provide support regarding sleep training and new parents are encouraged to engage with this service as part of reducing this stressful element of parenthood.
- The focus on prevention, outreach and supporting needs as they arise was highlighted as a positive example of the direction of travel for the council and partnership working.
- Members noted the Family Hubs website includes information on how to be a member of the Parent Carer Panel and there is also a coordinator in the community raising awareness of this. A specific group for fathers has also been established.
- Colleagues highlighted the importance of nutritional training and support as part of reducing obesity. Children's Services are members of the Thurrock Strategic All Age Healthy Weight Steering Group and have received training relating to the HENRY initiative and Beezee Bodies.

Decision: Members welcomed the contents of the Family Hubs Start for Life Programme presentation.

8. Integrated Neighbourhood Teams (INTs)

This item was introduced by Margaret Allen, Thurrock Alliance. Key points included:

- Following the recent Fuller Review, one of the key recommendations of this report was to create Integrated Neighbourhood Teams (INTs). The review focused on residents who had complex presentations and who were at risk of admission to hospital or permanent placement in a care home. 600 people with complex care needs were identified and it was reported that this cohort had 54,000 GP contacts.
- The University of Manchester study (2021) found that 40% of attendances at GP surgeries are with frequent attenders, with many attendances not being for medical reasons.
- Thurrock is one of the most under-doctored areas in England, and although work is being carried out to increase the number of GPs in the borough and to increase access to primary medical services, the

findings from the Fuller review are concerning. Of the 178,000 Thurrock residents, 21,271 (11%) are in the Core20 PLUS 5 categories.

- Current working arrangements across the system reflect more traditional approaches, with large numbers of referrals from one service to another, and high numbers of “hand offs” between services. The intention is to work smarter and deliver improved outcomes for local people.
- The ICB developed a framework that Primary Care Networks (PCNs) could respond to when considering partnership working to develop an INT in their locality.
- The framework was based on several key principles linked to design, management, and workforce. This included neighbourhood-based boundaries recognised by the community, mutual accountability for service outcomes and investment within the workforce.
- As INT developments are organic and relevant to the priorities of local communities, there may be some degree of variation, but overall, there should be a recognisable shape and definition to all INTs.
- The first INT was developed within Stanford-Le Hope and the Grays INT launched in November 2023. The INT for Aveley, South Ockendon and Purfleet will be opened at the end of January 2024 and the Tilbury and Chadwell INT will commence from the end of February. Once all the INTs have been established the aim is to move from an operational focus to more a strategic purpose.

During discussions, the following points were made:

- Members welcomed the ongoing development of the INTs and the exciting opportunities in Thurrock such as the pursuit of a single, integrated place based budget for Thurrock.
- Rita Thakaria was thanked for driving forward the Integrated Locality Teams as part of the Better Care Together Thurrock (BCTT) Strategy (chapter seven).
- It was recognised Thurrock’s work regarding INTs is more ambitious and more developed than other areas, with the emphasis on relationship building rather than referrals as part of reducing failure demand.
- The development of INTs will be overseen via the existing governance structure for the BCTT Strategy to reduce duplication across system partners. This includes oversight by the Integrated Locality Working Board and the Thurrock Integrated Care Alliance.
- Members highlighted the recent launch of the Grays INT where partners came together to celebrate its launch.
- As part of ensuring residents are signposted and connect to the right places, a directory with key contact details has been established.
- Colleagues highlighted the intrinsic links with the INT development and the council’s new operating model such as the inclusion of Public Realm services and the focus on a single model of engagement with residents.

Decision: Members welcomed the progress outlined within the Integrated Neighbourhood Teams briefing.

9. Better Care Fund 2023/24 2nd Quarter Report

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

- The Better Care Fund (BCF) is a pooled fund between Thurrock Council and the Mid and South Essex NHS Integrated Care Board. In 2023/24, the value of the Thurrock BCF pooled fund is £49,139,875. It is anticipated that the value of the fund will increase in 2024/25.
- The quarter two report contains a series of national metrics which are used to measure progress and includes a commentary on key elements relating to health care and adult social care. Better Care Fund Reports submitted to NHS England are required to be signed off by Health and Wellbeing Boards as these metrics are published in the Better Care Fund Policy Framework 2023-2025.
- In late 2022, Thurrock requested the Local Government Association (LGA) to undertake an independent appraisal of its BCF Plan as part of their NHS England commissioned programme of support. The appraisal was undertaken between July and September 2023.
- The appraisal noted performance appears good for 2022/23, with the system either achieving or almost achieving its targets for the BCF metrics. The report shows performance continues to be good.
- The LGA has now agreed to support Thurrock in an appraisal of each of the schemes in the BCF and this will also involve a re-evaluation of the metrics in the scorecards to determine what outcomes and key performance measures can be attached to each scheme, in addition to the core BCF metrics.
- The report highlights that achieving closer integration and improved outcomes for patients, services users and carers is also seen to be a significant way of managing demand for health and social care services, and so manage financial pressures on both the NHS MSE ICB and the council.

During discussions, the following points were made:

- Members noted an integrated financial delivery mechanism is a key ambition for Thurrock and therefore requires strategic alignment for the future.

Decision: Members welcomed the progress on integration and the Better Care Fund. The Board approved the quarter two report on the Better Care Fund 2023/24.

10. Health and Wellbeing Strategy - Domain 5 in focus: Housing and the Environment

This item was introduced by Helen Horrocks and Ryan Farmer, Thurrock Council. Key points included:

- The aims for Domain 5 are to ensure fewer people will be at risk of homelessness, and everyone will have access to high quality affordable homes that meet the needs of Thurrock residents. Furthermore, the aim is to make homes and places in Thurrock, environments where everyone feels safe, healthy, connected, and proud.

- Goal 5A relates to reducing homelessness and increase the supply of affordable housing in Thurrock. This is particularly important due to the cost of living crisis and wider housing affordability.
- As part of driving forward this goal, additional stock for temporary accommodation has been purchased and all households owed a duty of care under the Homelessness Reduction Act receive support.
- Goal 5B focuses on the facilitation and maintenance of good quality homes in Thurrock to promote the health of residents, protecting them from hazards such as cold, damp and mould. This includes addressing fuel poverty through enhancing access to Financial Inclusion Officers to help households in need apply for financial support.
- Goal 5C aims to provide safe, suitable and stable housing solutions for people who have or who are experiencing domestic abuse/violence and/or sexual abuse/violence. The implementation of Thurrock Council's Housing Domestic Abuse Policy is a key element of this goal.
- Goal 5D focuses on the regeneration and future developments as part improving physical and mental health, reducing exposure to air pollution, reducing antisocial behaviour and building community resilience.

This goal is intrinsically linked to ongoing work of the Local Plan, including air quality modelling due for completion by October 2024.

- Commitments for year two for the domain includes:
 - Commence work on developing Homelessness Prevention and Rough Sleeping Strategy 2025-2030;
 - Work to secure funding to deliver further decarbonisation and energy efficiency improvements to council owned homes;
 - Explore opportunities to strengthen protections and standards for residents living in the private rental sector;
 - Explore the joint procurement of domestic abuse victim and perpetrator services in partnership across the Southend, Essex and Thurrock area;
 - Develop system-wide approach using Human Learning System principles to support those experiencing or who have experienced domestic or sexual abuse or violence;
 - Continue to support the development of the new Local Plan, the Design Charter, borough-wide design code and any associated technical evidence to ensure that the Health in all Policies (HiAP) guidance is appropriately embedded;
 - Further develop internal processes to require all strategic development, and developments where potential population health impacts are likely to arise, to be supported by a Health Impact Assessment.

During discussions, the following points were made:

- Members highlighted the importance of the HiAP guidance as part of embedding this into the council's ongoing housing development priorities. A workshop was held recently with colleagues from both Public Health and Place in attendance. The HiAP framework was discussed as in in development.

Action: An update following the HiAP workshop on the progress to date is to be shared with Board members.

- It was noted there are several rough sleepers within Thurrock, however these are often not as noticeable as those within neighbouring boroughs therefore this may pose challenges to understanding the scale of homelessness.

Action: Ryan Farmer to provide members with the current number of rough sleepers within Thurrock and those within temporary accommodation.

- Members discussed the damp and mould concerns within council stock, especially within high rise properties. Colleagues were reassured the council take these concerns seriously and seek to resolve these issues in line with the recent Housing Ombudsman publication. Further the Housing Overview and Scrutiny Committee is provided with regular updates on the management of damp and mould.

Action: Ryan Farmer to liaise with Cllr Morris-Cook regarding an ongoing damp and mould case.

- The use of ground source heat pumps was discussed, including the government funding provided for three high rise blocks to benefit from this communal approach. For lower rise blocks, alternative solutions are being explored.
- Colleagues were advised the Housing Domestic Abuse Policy is due to be signed off by SERICC and then embedded. Furthermore, there has been an underspend on domestic violence services in recent years (approximately £490k) which has been attributed to vacant posts and will be carried over.

Action: Ryan Farmer to liaise with the Service Manager aligned to goal 5C to provide SERICC's feedback to the Housing Domestic Abuse Policy and clarify the use of the underspend within the service as part of maximising support.

- Members recognised the importance of green spaces, particularly the use of allotments which is currently not referenced within goal 5D. Allotments are important for those who do not have access to a garden, and there are currently long waiting lists for an allotment space. It is therefore important to protect these green spaces from building development.
- In addition, there are various standards relating to access to open spaces, including safety, usability and within walking distance parameters.

Action: Helen Horrocks to confirm the walking distance parameters for access to green open spaces.

- Members discussed the ongoing progress of the Health and Wellbeing Strategy, and recognised foundations continue to be established, with

pilots and test and learn approaches ongoing. This includes Integrated Neighbourhood Teams and the change in interactions and engagement with residents.

- Members agreed the monitoring framework for this domain, and the wider Health and Wellbeing Strategy should include a more outcome focus with quantifiable and measurable metrics.

Action: Darren Kristiansen to liaise with leads across the Health and Wellbeing Strategy domains to review the monitoring framework and establish quantifiable and measurable metrics.

Decision: Members welcomed the year one achievements, with additional amendments to the monitoring framework and agreed the year two commitments.

Prior to the close of the meeting, members noted this was Claire Dixon's (secretariat) last Board meeting - colleagues thanked Claire for her ongoing support over the years.

The meeting finished at 12:25pm.

CHAIR.....

DATE.....