

PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 20 September 2019 10.30am-12.15pm

- Present:** Councillor Susan Little (Chair)
Councillor Tony Fish
Roger Harris, Corporate Director of Adults, Housing and Health and Interim Director of Children's Services
Kim James, Chief Operating Officer, Healthwatch Thurrock
Trevor Hitchcock, Patient and Public Lay Member, Thurrock CCG
Maria Payne, Strategic Lead – Public Mental Health & Adult Mental Health Systems Transformation, Thurrock Council
Ryan Farmer, Housing Strategy and Quality Manager, Thurrock Council
Ceri Armstrong, Senior Health and Social Care Development Manager, Thurrock Council
Jo Cripps, Programme Director (Interim), Mid & South Essex Sustainability and Transformation Partnership
Julie Rogers, Chair Thurrock Community Safety Partnership / Director of Environment and Highways
Tania Sitch, Director of Operations, Essex and Kent (North East London Foundation Trust).
Kristina Jackson, Chief Executive Thurrock CVS
Jane Foster-Taylor, Executive Nurse Thurrock NHS CCG
- Apologies:** Councillors James Halden, Robert Gledhill and Luke Spillman
Michelle Stapleton, Director of Integrated Care, Basildon and Thurrock University Hospitals Foundation Trust
Andrew Pike, Managing Director BTUH
Ian Wake, Director of Public Health
Mandy Ansell, Accountable Officer, Thurrock NHS Clinical Commissioning Group (Thurrock CCG)
- Did not attend:** Dr Anand Deshpande, Chair of Thurrock CCG
Dr Anjan Bose, Clinical Representative, Thurrock CCG
Tom Abell, Deputy Chief Executive and Chief Transformation Officer Basildon and Thurrock University Hospitals Foundation Trust
James Nicolson, Independent Chair of Thurrock Adults Safeguarding Board
Nigel Leonard, Executive Director of Community Services and Partnerships South Essex Partnership Foundation Trust
Alan Cotgove, Independent Chair of Local Safeguarding Children's Partnership
Andy Millard, Corporate Director for Place, Thurrock Council
Adrian Marr, NHS England – Essex and east Anglia Region
- Representation:** Ian Wake was represented by Teresa Salami-Oru (Assistant Director of Public Health, Thurrock Council)

1. **Welcome and Introductions**

Apologies were noted.

2. **Minutes**

The minutes of the Health and Wellbeing Board meeting held on 28 June 2019 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. **Sustainability and Transformation Partnership 5 Year Strategy Development Update**

This item was presented by Jo Cripps, Programme Director (Interim), Mid & South Essex Sustainability and Transformation Partnership. Key points included:

- The Sustainability and Transformation Partnership footprint covers a population of 1.2 million, encompassing 17 organisations working together to develop one strategy that recognises the local aspects of its population.
- The Sustainability and Transformation Partnership supports the delivery of the NHS Long Term Plan which Identifies priorities for:
 - Prevention
 - Reducing health inequalities
 - Integration of health and care to Services at populations of 30-50k
 - Enhancing and supporting the workforce
 - Investing in innovation and technology
 - Tackling waste and inefficiency and
 - Improving service sustainability
- Through various consultation and engagement activities across the Sustainability and Transformation Partnership, residents have identified they want access and control over their treatment and to stay living independently for as long as possible. Those with long-term conditions highlight the importance of post-diagnosis support and knowledge about local support available to them.
- Evidence shows that across the Sustainability and Transformation Partnership footprint there is an ageing population; an increase in obesity and there continue to be low rates of uptake of screening for breast and cervical cancer. The STP are committed to addressing these challenges and ensuring that action is taken against the wider determinants of health to improve health and wellbeing outcomes for the people of Thurrock.
- The Sustainability and Transformation Partnership will become an Integrated Care System by April 2021, which will work with Integrated Care Partnerships of South East Essex, Thurrock, Basildon and Brentwood and Mid Essex, with a focal point of prevention, self-care support and primary care networks in alignment with the NHS Long-Term Plan.

- A draft of the developing strategy is due to be submitted by the end of September, finalised by 15 November and published shortly afterwards. During this time there will be further engagement and consultation activities.

During discussions the following points were made:

- Members remain concerned about the impact of creating a single CCG across the STP footprint by merging the five existing CCG and agreed that the current local arrangements of a single CCG which is conterminous with a single Unitary Local Authority area provides the optimum structure for Health and Care integration and transformation.
- Members noted that the interviews for the Accountable Officer would be held late 2019, with a single executive team expected to be in place by 31 March 2020.
- Members were advised that Chief Officers within the council are currently working with the STP to develop an MOU defining what we believe is best delivered at System, Place and Locality level.
- Members discussed the merit of a children's mental health model feeding into the strategy, for example Thurrock's School Wellbeing Service.

RESOLVED: The Health and Wellbeing Board noted, considered and commented on the current work of the Sustainability and Transformation Partnership.

6. Review of the Terms of Reference for the Health and Wellbeing Board

This item was presented by Roger Harris, Corporate Director of Adults, Housing and Health and Interim Director of Children's Services. Key points included:

- The Health and Wellbeing Board is a committee of the Council whereby its Terms of Reference are agreed by Council and are contained within the Council's Constitution.
- The Monitoring Officer has the authority to make consequential amendments to the Constitution including the current clarifications to the Board's Terms of Reference.
- Key changes proposed are:
 - Minor amendments have been made to the Board's membership to ensure the Terms of Reference continues to reflect the current membership.
 - The meeting frequency will be amended from bi-monthly to quarterly. The length of meetings will be shorted from 2 and a half hours to 2 hours, with the introduction of a 15 min refreshment break taking place during the meeting.
 - Some decision making powers, such as the approval of some documents, will be delegated to the Health and Wellbeing Board Executive Committee.
- During discussions some members questioned how the Board will be made aware of decisions taken by the Executive Committee on its behalf. It was agreed that any decisions taken by the Executive Committee would be reported to the Board at its' next meeting. This will provide members with an opportunity to scrutinise decisions taken if member's wish.

RESOLVED: Health and Wellbeing Board members agreed to:

- The changes to the Terms of Reference as outlined in the report.
- Delegate some decision making powers to the Health and Wellbeing Board Executive Committee on the basis that Board members will be updated on any decisions that have been taken.
- Proposals to amend the frequency and length of meetings.

7. Better Care Fund Plan 2019-20

This item was presented by Ceri Armstrong, Senior Health and Social Care Development Manager. Key points included:

- The Better Care Fund provides the mechanism for joining up health and social care planning and commissioning, bringing together budgets from the Clinical Commissioning Group funding allocations, the Disabled Facilities Grant, Winter Planning monies and funding paid directly to the local government for adult social service – the Improved Better Care Fund. The Clinical Commissioning group has contributed £16 million and the council £28 million, which is significantly more than the minimum contribution.
- NHS England require all Better Care Fund Plans to be approved by local Health and Wellbeing Boards.
- All local areas are required to have Better Care Fund plans in place. The BCF Plan is subject to a regional assurance process, with final sign off expected in the week commencing 18 November 2019. This will follow a submission deadline of 27 September.
- Traditionally the focus of the Better Care Fund Plan was the over 65 cohort as it was agreed that this group would benefit the most. However, as the fund has expanded there is now more of a whole population focus with financial support also being provided to preventative type services.
- The previous 2017-19 Plan contained 4 key themes:
 1. Prevention and early intervention,
 2. Out of hospital community Integration.
 3. Immediate Care
 4. Disabled Facilities Grant
- From the later part of 2019, governance arrangements relating to the Better Care Fund Plan 2019-20 will be via the Thurrock Integrated Care Partnership which was discussed at the previous Health and Wellbeing Board in June. Current responsibilities overseen by the Integrated Commissioning Executive will be subsumed within the Terms of Reference for the Thurrock Integrated Care Partnership.

During discussions the following points were made:

- Members noted that some of the targets for the year are not locally determined such as delayed transfers of care, which is calculated using a national formula.
- Members were presented with anecdotal evidence that Thurrock residents are receiving comprehensive support which addresses delayed transfers of care challenges.
- Members welcomed a further update on the Better Care Fund Plan is to be included at the next Health and Wellbeing Board meeting in December 2019 after the final sign off in November.

RESOLVED: The Health and Wellbeing Board:

- Agreed Thurrock's Better Care Fund Plan for 2019-20
- Agreed to delegate the approval of any minor changes made to the Plan after 20 September Board meeting to the Board Chair, Corporate Director for Adults, Housing and Health and Interim Director for Children's Services and Thurrock Clinical Commissioning Group's Accountable Officer.

A refreshment break was held from 11.15am-11.30am

8. Suicide Prevention in Thurrock – update report

Maria Payne, Strategic Lead – Public Mental Health & Adult Mental Health Systems Transformation presented this item. Key points included:

- Prevention needs to start at the earliest opportunity via a partnership approach with the involvement of different agencies such as schools, colleges, the prison service, NHS England and Mental Health Trusts etc.
- Within Thurrock there were 10 suicides in 2018 and 8 in 2017. The low number of incidents makes it difficult to identify particular characteristics/patterns amongst suicides which would facilitate preventative actions.
- Known suicide risk factors including relationship issues, social isolation, financial issues, legal issues, unemployment and ill health were noted in the cases reviewed. A suicide prevention approach will therefore need to address these issues.
- The Health and Wellbeing Board were asked to note the Maughan decision by the Court of Appeal in April 2019 which now changes the understanding of the required standard of proof required to return a conclusion of 'suicide' in an inquest from the criminal court standard 'beyond reasonable doubt' to the lower civil court standard 'on the balance of probabilities'. This may result in more deaths being recorded as suicide and could therefore create what could be perceived as an increase in suicide rates amongst Thurrock residents.
- A Suicide Prevention Steering Board has been established by Southend, Essex and Thurrock Councils to provide system-wide leadership and expertise across the Local Authority and the Sustainability and Transformation Partnership footprint on suicide prevention.

During discussions the following points were made:

- It was acknowledged that ascertaining suicide figures for children is difficult although there is a need to consider the risk factors of suicide in children. A suicide prevention toolkit has been supplied to schools via the Children's Commissioning Forum.
- Members agreed that loneliness and isolation should be considered as a potential driver for mental ill health, particularly within the 16-25 age group.
- Members recognised the mental health of Looked After Children needed to be considered at an earlier age and that support should be provided to individuals as soon as possible.
- Following the Chair advising members about testing the council system it was agreed that training should be made available for council staff who may take telephone calls from people who feel

suicidal (such as call centre staff) and to support individuals and families who have been affected by suicide through signposting them to appropriate services.

- Members welcomed guidance that Thurrock First staff had been trained to handle suicide related calls.
- It was agreed that the report would be presented at a Community Safety Partnership meeting as an opportunity for wider discussion and input.
- Members advised that there was a need to consider failed suicide attempts as these were not captured within the report; A&E recording may be a useful tool to achieve this. Members acknowledged the challenges with securing data on suicide attempts.

RESOLVED: The Health and Wellbeing Board noted the contents of the report and agreed the following:

- The draft Southend, Essex and Thurrock Prevention Steering Board Terms of Reference and authorise that the Steering Board has decision-making responsibility on behalf of the Health and Wellbeing Board as appropriate. Amendments to the membership would be made as per discussions.
- To support the next steps as proposed within the report.

9. Homelessness Prevention and Rough Sleeping Strategy Report

This item was presented by Ryan Farmer, Housing Strategy and Quality Manager. Key points included:

- The current homelessness strategy was adopted in Thurrock in 2015 and a new Homelessness Prevention and Rough Sleeping Strategy is now being developed which takes into account current homelessness in the borough, the introduction of the Homelessness Reduction Act 2017, the impact of recent welfare reforms and new opportunities for preventing homelessness.
- The enactment of the Homelessness Reduction Act 2017 was widely welcomed by homelessness charities and support organisations. This now includes a greater level of support via an extension of the period of time whereby people are considered to be 'threatened with homelessness' by local authorities and the creation of personalised housing plans
- Since the introduction of the Homelessness Reduction Act in April 2018, the council has experienced an increase in the number of households which are homeless or at risk of homelessness that have approached the Housing department for assistance.
- Members of staff will continue to require regular training to ensure that their expertise and knowledge enables them to provide homeless individuals and those at risk of homelessness with the necessary support.

During discussions the following points were made:

- The local plan envisions 30,000 homes to be built over the next 20 years, the majority of these will be within the private sector
- Members learned that there is an agreed target of 1000 new homes via Thurrock Regeneration Limited and 500 homes through the Housing Revenue Account over the next 5 years. Rents have been

frozen for the last 4 years which has reduced the council's ability to build homes during this time.

- . Members recognised that some rough sleepers do not take up the offer of support as maintaining a tenancy can be challenging, however the number of rough sleepers in Thurrock is very low.

RESOLVED: The Health and Wellbeing Board noted the contents of the report and commented on the themes identified to develop a new homelessness prevention and rough sleeping strategy.

10. Thurrock Community Safety Partnership update

This item was presented by Julie Rogers, Chair Thurrock Community Safety Partnership / Director of Environment and Highways. Key points included:

- Crime statistics for Thurrock are continuing to rise, a trend reflected across Essex and nationally.
- There are clear links between crime, fear of crime and health and wellbeing. This is demonstrated in the Health and Wellbeing Strategy whereby Goal 2 was amended from 'healthier environments' to 'healthier and safer environments'.
- The priorities for 2019/20 include:
 - Tackling Offending – preventing youth offending, targeting repeat and prolific offenders and reducing victims of burglary
 - Violence and Vulnerability – tackling gang related activity and offensive weapons, ensure a coordinated approach to safeguarding against gangs and child criminal exploitation and supporting all victims of domestic abuse, sexual offences and child exploitation
 - Local Community and Visibility – identifying patterns, trends and hot spots for anti-social behaviour through increased visibility and enforcement, safeguard victims from hate crime and community engagement
 - Counter Extremism and Terrorism – preventing violent extremism locally
- The Community Safety Partnership is developing a protocol with schools to safeguard children against knife crime and gangs; the offer of support to schools has only been taken up by 21 schools in the last year. A meeting will be arranged with head teachers to encourage schools to take up this offer as there is a need to raise awareness and use proactive measures. Home Office funding of an additional £93,000 has been pledged to address violence and vulnerability in schools and links with Thurrock's preventative agenda.
- As part of creating safe and accessible spaces, park engagement officers have been employed to liaise with the public in terms of park designs, encouraging pride of these open spaces and the reporting of anti-social behaviour.
- Town centre policing teams have been introduced which cover Grays, Ockendon and Stanford-Le-Hope.
- The Community Safety Partnership are continuing to engage with planning colleagues and developers to design crime out of new housing estates by thinking of lighting and areas of possible concealment.
- To address violence against women and girls, a coordinator has been recruited to develop Thurrock's response to the National strategy.

Members learned that this approach has improved governance and partnership working.

- Thurrock have provided additional funding to Operation Raptor , enabling them to conduct 14 proactive patrols and enforcement of C17 injunctions, 1 undercover operation with 10 officers and a joint operation with the fraud team which resulted in 30 arrests and breaches.

During discussions the following points were made:

- Members noted that the violence against women and girls strategy is across all genders and not only women and girls.
- Members were advised that gang awareness was delivered to 6 schools within the borough, however it was recognised that more schools need to be involved with this preventative work. Members were reassured that the Community Safety Partnership now have a representative for schools who is proactively encouraging schools to participate. The Community Safety Partnership will attend the head teachers briefing in September along with Essex Police and representatives of the youth offending team to discuss gangs and gang related violence.
- The focus of rural areas was discussed, it was recognised that a communications campaign across Southend, Essex and Thurrock had been aimed at middle class individuals who use recreational drugs. Members acknowledged evidence that suggests that these type of 'social' drug users often do not consider the consequences of their drug use and feed into the chain of events such as young drug runners and gangs.
- Members discussed the merit in taking photographs of graffiti tags as this can help to identify possible gang links, these are then sent to the police. Members welcomed new approaches to joint working, particularly with private landlords, the police and the council's Environmental Enforcement Officers.
- It was noted that a member of the Community Safety Partnership liaises closely with colleagues in the Planning Department providing feedback on how to design crime out of new housing estates. Environmental leads were encourage to review planning and design briefs, including attending the Planning Committee meetings.

RESOLVED: The Health and Wellbeing Board:

- Noted the performance of the Thurrock Community Safety Partnership for the year 2018/19
- Supported the 4 priorities of the Community Safety Partnership for the year 2019/20
- Recognised the links that have been made to Thurrock's Health and Wellbeing Strategy
- Are required to work collaboratively across Essex in the Police and Fire Crime Commissioners Violence and Vulnerability framework.

11. Work Programme

- Members discussed the work programme for the next meeting in December - additional items suggested included the 10 year Plan for NHS and Healthwatch, and an update on Primary Care Networks and Place.

- Members noted the possibility of another meeting before March 2020, potentially 31 January 2020.

The meeting finished at 12.30pm hours.

CHAIR.....

DATE.....