

PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 26 November 2020 2.00pm-4.00pm

Present: Councillor James Halden (Chair)
Councillor Tony Fish
Roger Harris, Corporate Director for Adults, Housing and Health
Ian Wake, Director of Public Health
Mark Tebbs, NHS Thurrock Alliance Director
Sheila Murphy, Corporate Director for Children's Services
Kristina Jackson, Chief Executive, Thurrock CVS
Jane Foster-Taylor, Executive Nurse, Thurrock NHS Clinical Commissioning Group
Tania Sitch, Integrated Care Director Thurrock, North East London Foundation Trust (NELFT)
Dr Anil Kallil, Chair of Thurrock CCG
Nigel Leonard, Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT)
Rahul Chaudhari, Director of Primary Care, Thurrock CCG
Preeti Sud, Executive Member of Basildon and Thurrock Hospitals University Foundation Trust

Apologies: Councillor Robert Gledhill
Councillor Allen Mayes
Julie Rogers, Chair Thurrock Community Safety Partnership Board/Director of Environment and Highways
Andy Millard, Director for Place
Karen Grinney, HM Prison and Probation Service
Michelle Stapleton, Interim Director of Operations, Basildon and Thurrock University Hospitals Foundation Trust
Tom Abell, Deputy Chief Executive and Chief Transformation Officer, Basildon and Thurrock University Hospitals Foundation Trust
Andrew Pike, Executive Member, Basildon and Thurrock Hospitals University Trust
Kim James, Chief Operating Officer, Healthwatch Thurrock
Anthony McKeever, Interim Joint Accountable Officer for Mid and South Essex CCGs

Guests: Grant Greatrex, Sports and Leisure Policy and Development Manager, Thurrock Council
Naintara Khosla, Strategic Lead, CLA, Thurrock Council
Andrea Clement, Assistant Director and Consultant in Public Health, Thurrock Council
Ceri Armstrong, Senior Health and Social Care Development Manager, Thurrock Council
Nicola Adams, Thurrock CCG

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 8 October 2020 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. Active Places Strategy

This item was presented by Leigh Nicolson, Thurrock Council. Key points included:

- As part of developing local plan commissioned an Active Places Strategy. Comprises four strands:
- Each strand contains a separate assessment of current provision and a number of recommendations.
- Active places strategy will support HWB Strategy and support Local Authority to with bids for funding.

David McKendry, KKP consultants, provided members with a Powerpoint presentation. Key points included:

- Informed by engagement across the Council, external agencies (Sport England, Sport Governing Bodies, user surveys. This included primary and secondary school surveys, sports clubs.
- Assessment of the quality of pitches, open space sits and indoor sites was completed, providing a clear evidence base.
- Key findings, underpinned by recommendations include increasing capacity and quality of current pitches as opposed to creating new playing pitches. The need to work with schools and education establishments to consider the quality and accessibility of their facilities was recognised and acknowledged.

During discussions the following points were made:

- One of the key objectives is to provide accessible facilities which was welcomed by members
It was confirmed that this work was aligned with the local plan which will support the creation of quality facilities using both existing provision and improving quality.
- Members noted that responses to the Active Places Strategy (APS) was quite low and welcomed the ongoing commitment of wider engagement of communities, including the disabled community.
- The APS is the start of consulting with sports clubs and facilitates. As the APS is taken forward there will be wider communication activity with members of the public. The APS will support local clubs and facilitates to bid for funding from Sports England by demonstrating why facilitates need to be further developed. The APS identifies the need for facilitates across the borough but does not specify where those facilitates should be provided.
- Members welcomed the 5 Strategic recommendations and approved the approach being adopted. We have a growing elderly population

and an ever growing population of people with learning disabilities. Members welcomed recommendations being tailored to reflect the needs of older people and people with learning and physical disabilities.

RESOLVED: Members noted and commented on the report.

6. Initial Health Assessments for Looked After Children

This item was introduced by Sheila Murphy and Naintara Khosla. Key points included:

- This is an update report on Initial Health Assessment to demonstrate how Children's Social care and Health colleagues are improving performance on Initial Health Assessments of Looked after Children.
- A further report will be considered by HWB in January from health colleagues who have been working closely with Children's Services to improve the timeliness and quality of Initial Health Assessments.
- There has been significant continued improvement over the last year with changes being made to the process in August.
- Some challenges remain which include initial health assessments being undertaken by other authorities. We are currently awaiting guidance and information on 3 Initial Health Assessments from other authorities.

During discussions the following points were made:

- Teams has helped to drive forward initial health assessments as they facilitate the sharing of live data across partner agencies.
- Initial health assessments model should remain face to face as far as practicable.
- Initial health assessments for the learning disabled have also been improved.
- There are plans considering CCG mergers and the creation of Integrated Care Systems and CCGs that are coterminous with the wider footprint. It was agreed that there is a need to ensure that there are structures that deliver change at scale, while continuing to focus on place.

RESOLVED: Members noted and commented on the report. Members agreed that Initial Assessments and their timeliness will be considered by the Health and Wellbeing Board regularly.

7. Worklessness and Health JSNA

This item was presented by Andrea Clement. Key points included:

- The Worklessness and Health Joint Strategic Needs Assessment (JSNA) has been developed to gain an understanding of the relationship between worklessness and health and the scale of this issue in Thurrock. The focus of the JSNA is Employment Support Allowance (ESA) claimants with mental health and/or musculoskeletal (MSK) conditions.
- Key findings include
 - Some types of Muscular Skeletal conditions in Thurrock are increasing.

- There is a significantly higher prevalence of common mental health conditions than EoE
 - There is variation across borough in number of ESA claimants
 - 80 people (MSK) and 350 people (MH) may be able to return to work with support
- The local specialist offer is reasonably comprehensive for people with mental health conditions, ranging from services such as Individual Placement Support (IPS), which supports people with severe mental health conditions to access and sustain work, to Signpost, which helps all unemployed people with training and work readiness.
 - The JSNA report makes recommendations for addressing the gaps identified in the JSNA. These can be broadly categorised into three overarching high level recommendations. These are:
 - Development of a worklessness and health strategy with a framework of actions which encompasses both prevention and assisting timely return to work.
 - The development of a clear pathway that joins up all services and allows claimants to be signposted to the most relevant services in a timely and appropriate process.
 - Development of a healthy workplace accreditation scheme for Thurrock that ensures good practice in relation to health at work and promotion of good health.
 - It was acknowledged that the report does not currently consider the impacts of COVID-19 or the roll out of Universal Credit.

During discussions the following points were made:

- The report was welcomed by members.
- Members considered what can be done to address discriminatory action from employers. Approaches could include accreditation of employers and sharing of effective practice. Members acknowledged that the council can influence employers.
- Members acknowledged the potential long term impact of COVID on the population of Thurrock and the economic challenges created. The importance of supporting residents to remain in employment and secure meaningful employment was recognised.
- Members welcomed focus being provided on the workplace whereby employers and not discriminating against people with mental health
- MSK services have changed significantly since the report was written and it was suggested that this might be reviewed to reflect the current MSK position.
- Members noted the challenge for GPs around issuing sick notes as it can be a challenge for them to determine the type of work and therefore the fitness of patients to undertake their work.

RESOLVED: Members noted, commented and approved the publication of the report.

8. Regional Care Market Workforce Strategy

This item was introduced by Ceri Armstrong. Key points included:

- The Eastern Association of Directors of Adult Social Services' (ADASS) Market Development Group commissioned a Regional Care Market Workforce Development Strategy in recognition of the vital link between the social care workforce, market stability, the provision of high quality and personalised care and the ability to overcome some of the causes of market instability and inflexibility
- It is important to ensure care work can be seen as a suitable position as a career choice. Similarly in the NHS challenges can be experienced in
- The Strategy considers the creation of new roles across health and social care to provide a suitable career choice for young people.
- With 177,000 jobs in the Eastern Region Adult Social Care sector (Skills for Care 2019) and the vast majority of those jobs being within the Independent sector (81%), market development cannot be successful without workforce development.
- Adult Social Care are continuing to work with Mid and South Essex Health and Care Partnership

During discussions the following points were made:

- Members acknowledged the merits of joint recruitment and members welcomed the strategies.
- Members considered whether we are linking with the ATA apprenticeship scheme and the kick start apprenticeship scheme for young people.
- Members agreed that this is a much needed Strategy and welcomed the idea of considering peoples values as much as their skills, which will be tested through the recruitment process. This is currently piloting Wellbeing Teams whereby the recruitment was based around values in addition to skills.
- The workforce is likely to be one of the biggest challenges faced over the next ten years and attracting staff. The majority of care is delivered through private, voluntary and independent agencies. Members noted that many staff received a minimum wage salary.
- The need to support providers in terms of training and opportunities and making it a career that is worthwhile for young people was acknowledged by the Board. Members welcomed an action plan being created for Thurrock on how we are going to recruit the right employees.
- Thurrock has the least number of GPs per population. Localities are utilising Allied Health Care professionals, which have changed the way in which services are delivered has changes and includes clinical pharmacies, social prescribers.
- It was agreed that BTUH would link with Ceri Armstrong
- Members recognised that there is a finite number of professionals and we need to ensure that staff are not moving from one part of the system to another, as it was recognised that this is creating challenges within individual parts of the system.

RESOLVED: Members noted, and endorsed the report and the Mid and South Essex Care Partnership's Workforce Strategy.

9. Delegated Primary Care Commissioning

This item was introduced by Rahul Chaudari. Key points included:

- Performance management of GPs will be retained by NHS England.
- Dental, community pharmacy will continue to be commissioned by NHS England
- We have transformed the quality of practices over recent years whereby all but 2 practices are now assessed by the CQC as good. We are now in a position to take on greater delegated responsibility from NHS England. GP Practices and wider partners are engaged and support the application for delegated responsibility for Primary Care Commissioning.

During discussions the following points were made:

- Members welcomed the report and supported the application
- Member agreed it provides opportunities to facilitate and reinforce Thurrock's place based agenda
- It was confirmed that it would be likely that this would remain at Place level but some of the elements of contracts, performance management and procurement may in future be overseen at system level - but there may be subject to change.
- There is a Thurrock Primary Care commissioning arrangement being set up. Members recognised that primary care is focussed at place level but it is difficult to provide a definitive conclusion due to the emerging national and local landscapes.
- Members queried whether a primary care committee at a merged CCG level could delegate responsibility to manage primary care at place level.

RESOLVED: Members noted and commented on the report.

10. Think 111 Campaign

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

- It is important to get messages right around think 111. There is a national programme which aims to make sure that A&E departments are not full, potentially increasing the infection risk of COVID.
- To achieve the aim this programme of work will advise and encourage people to think NHS111 first and should contact 111 who will book appointments in A&E, reducing the waiting room population.

During discussions the following points were made:

- Evaluation will include whether there are reasons why people are accessing A&E
- Members learned that the idea is to provide people with booked appointments at A&E and where appropriate referrals are made to another support service.
- Members agreed that it is legitimate to triage access to A&E.
- Important to engage with Thurrock Public Health to help identify why people are visiting A&E inappropriately while recording how many people are being deferred to another service which delivers the outcomes expected.

- It was agreed that this issue should be reconsidered by Board in March with an update on how the new arrangement is working

The meeting finished at 16:36pm.

CHAIR.....

DATE.....