

PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 24 June 2022 10.30am-12.30pm

Present: Councillor Huelin (Chair)
Councillor Liddiard
Councillor Ralph
Ian Wake, Corporate Director for Adults, Housing and Health
Jo Broadbent, Director of Public Health
Stephen Porter, Interim Director, Thurrock Alliance
Rita Thakaria, Partnership Director, Adults Health and Social
Care (Thurrock Council/EPUT/NELFT)
Kim James, Chief Operating Officer, Healthwatch Thurrock
Terry Fisher, Temporary Chief Inspector, Essex Police
Jim Nicolson, Adult Safeguarding Board

Apologies: Councillor Johnson
Councillor Muldowney
Julie Rogers, Chair Thurrock Community Safety Partnership Board / Director of Public Realm
Sheila Murphy, Corporate Director for Children's Services
Andrew Pike, Executive Member, Mid and South Essex NHS Foundation Trust
Michelle Stapleton, Interim Director of Operations, Mid and South Essex NHS Foundation Trust
Hannah Coffey, Executive Member, Mid and South Essex NHS Foundation Trust
Kristina Jackson, Chief Executive, Thurrock CVS
Anthony McKeever, Interim Joint Accountable Officer for Mid and South Essex CCGs
Gill Burns, Director of Children's Services, Director, North East London Foundation Trust (NELFT)
Alex Green, Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT)
Dr Anil Kallil, Chair of Thurrock Clinical Commissioning Group (CCG)
Stephen Mayo, Deputy Chief Nurse, Thurrock Clinical Commissioning Group (CCG)
Karen Grinney, HM Prison and Probation Service

Guests: Ceri Armstrong, Thurrock Council

1. Welcome, Introduction and Apologies

Colleagues were welcomed and apologies were noted.

Members were reminded that Board meetings are now being held in person and were encouraged to physically attend to ensure quorate is met in the room.

2. Urgent Items

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

3. Declaration of Interests

There were no declarations of interest.

4. Minutes

The minutes of the Health and Wellbeing Board meeting held on 18 March 2022 were approved as a correct record.

5. Health and Wellbeing Board Annual review of Terms of Reference (ToR)

This item was presented by Darren Kristiansen, Thurrock Council. Key points included:

- A commitment provided in the Board's Terms of Reference (ToR) is that it will be reviewed and refreshed on an annual basis.
- There is currently a review taking place which considers how Board will operate in the context of the MSE ICS going forward. The proposals in the ToR review are to ensure that the Board meets its obligation to review its ToR annually and are deemed consequential amendments. Any further review of the Boards' ToR to reflect the outcome of the review of Board will be subject to the Board's agreement at a future meeting.
- The proposed changes for consideration by Board include:
 - Amending the functions and job titles for Board membership where necessary, for example the Mid and South Essex (MSE) Integrated Care System (ICS) now providing representation in place of Thurrock Clinical Commissioning Group;
 - The Chair and elected members of the Board are reviewed annually and selected by the Leader as part of determining Committee and Board memberships;
 - The introduction of an action and decision log to support the Board and provide an audit of decisions and approvals that have been taken;
 - The introduction of a flag system to provide presenters with a two-minute warning when their allocated time is concluding – this will help to ensure future agenda items do not overrun;
 - Each of the six themes of the Health and Wellbeing (HWB) Strategy are to be considered each Municipal year as part of driving forward the refreshed Strategy. One to two themes to be considered at each Board meeting;
 - For year one of the refreshed HWB Strategy, members are to be provided with focused items setting out the detail of each of

the themes and plans for delivering the outcomes over the life of the Strategy. Year two, beginning with the first meeting in June 2023, would provide an opportunity for Board members to receive reports on progress being made on each theme;

- Consideration to be given to elected members being able to nominate agreed substitutions to attend meetings when needed as is provided to wider members of the Board.

During discussions the following points were made:

- Members noted the upcoming roundtable event as part of the Health and Wellbeing Board review.
- It was recognised the ToR is an organic document and should therefore be updated to reflect the membership and operational changes outlined in the paper.
- Colleagues discussed the possibility of signing off key commissioning plans at future meetings, however, it was flagged this may be too detailed for the Board to consider and will be explored outside of the meeting.
- Members noted the Chair discussed the proposed operational changes with the secretariat to ensure this is reflected in the ToR. Members welcomed the introduction of an action and decision log.
- Members welcomed the focus of year one of the Strategy being related to the sharing of actions and decisions to drive the health agenda forward.

Action: Secretariat to liaise with the Chair of the Board to plan the sequencing of the themes for each meeting.

Decision: Members agreed the changes to the Terms of Reference as outlined within the report and subject to member's approval will be reflected in the Terms of Reference.

6. Better Care Together Thurrock - The Case for Further Change

This item was introduced by Ian Wake and Ceri Armstrong, Thurrock Council.

Key points included:

- This is a key underpinning document for the Health and Wellbeing (HWB) Strategy and will act as the delivery mechanism for goals one and three.
- The Strategy sets out ambitious and detailed plans for transforming Thurrock's health, care, housing, and wellbeing services and provides a blue-print for service integration to form one place-based and integrated care system. It is both a transformation and aspirational Strategy as it is recognised not all elements have funding routes at present.
- The Strategy's overarching goal is to achieve 'better outcomes for individuals that take place close to home and make the best use of health and care resources' and is based on comprehensive engagement with partners, front line staff and residents.
- A key element of the document relates to failure demand and real-life case studies of the need for a single solution to often complex and multifaceted issues. Currently many functions are delivered by separate teams with different thresholds and referral criteria and is therefore fragmented. An individual in need of help often goes

through the system a number of times before help is given and as a result it is costly to the whole system.

- The Strategy describes an overall model of integrated care based on a Human Learning Systems (HLS). In adopting an HLS approach, the Strategy aims to transform radically the way that public service is delivered. Bureaucracy, assessment and onward referral will be kept to an absolute minimum, freeing up more time, capacity and resources to deliver front line care and empowering staff to be creative and innovative.
- The document includes an integrated care model, based on a strengths and assets approach, a mixed skilled clinical workforce, and a new vision for residential care. Integrated Locality Networks will be established and for residents with more complex needs, a single care plan will be developed. The expansion of Wellbeing Teams will allow for a home support model that is flexible, person-centred and focuses on delivering what matters to the person. In addition, this model has the potential to deliver savings to the NHS through delivery of better outcomes for residents, including avoiding subsequent GP and hospital usage.
- Population Health Management principles and the ongoing development of the Integrated Medical Centres also provide support for the integrated care model.
- The Strategy specifically involves the community and its assets which can have a very positive impact upon the delivery of solutions that support improved health and well-being in residents. For example, two Community of Practices will be set up, one resident led and a second for staff involved in the direct delivery of care. Upon evaluation of these Practices, these will then be rolled out to the four PCN footprints in Thurrock.

During discussions the following points were made:

- Members of the Board welcomed the Strategy, and all contributors were thanked for their involvement.
- It was recognised that external partners such as the Police can play a role in identifying needs of individuals they meet on the streets therefore pooling intelligence is key. For example, some residents in contact with the Police may feedback blockages with GP appointments. It was noted there is already ongoing work with Community Police and PCSOs attending local Talking Shops.
- Colleagues noted the importance of residents having access to various avenues to report health, wellbeing, and wider issues to allow all partners to work together in collaboration with service users.
- It was recognised that referral pathways still require further work, however, early intervention and prevention provide greater benefits to residents. The role of the coordinator is critical to accessing services, for example by asking residents the right questions to ascertain need.
- Members noted the Strategy complements the Making Safeguarding Personal initiative and colleagues welcomed the streamlining of processes.
- The Board recognised the Strategy underpins the HWB Strategy and reflects the needs of place which is being driven forward by the Thurrock Integrated Care Alliance.

Decision: Members approved the Better Care Together Thurrock

– The Case for Further Change as the delivery mechanism for delivery of goals one and three of Thurrock’s new Health and Wellbeing Strategy.

7. Health and Wellbeing (HWB) Strategy

This item was introduced by Jo Broadbent, Thurrock Council. Key points included:

- The Health and Wellbeing Board previously agreed that the Strategy would have a Vision of Levelling the Playing Field and tackling inequalities is reflected throughout the Strategy.
- Proposals to level the playing field have been developed based around six areas of people’s lives (Domains), that cover the wider determinants of health and impact on people’s health and wellbeing. These are:
 1. Staying Healthier for Longer
 2. Building Strong & Cohesive Communities
 3. Person-Led Health & Care
 4. Opportunity for All
 5. Housing & the Environment
 6. Community Safety
- The Strategy and subsequent Domains are underpinned by several other key strategies and groups, including:
 - Better Care Together – The Case for Further Change;
 - The Brighter Futures Strategy;
 - The Collaborative Communities Framework;
 - The Backing Thurrock Economic Strategy;
 - The Local Plan;
 - The Housing Strategy;
 - Thurrock Community Safety Partnership priorities.
- Through extensive engagement with residents and stakeholders, three to four priority goals have been identified for each Domain, with public feedback leading refinements of these goals. These set out specific actions to improve outcomes and specifically level the playing field and address inequalities.

During discussions the following points were made:

- Members of the Board welcomed close partnership working to develop the Strategy and all sectors were thanked for their commitment and engagement.
- It was noted the Strategy is a statutory document which partners will need to have due regard to therefore ensuring accountability and responsibility.
- Colleagues reiterated the good working relationships that have already been established, however tensions and challenges were acknowledged. These are being addressed as part of ‘critical friend’ discussions.
- Members noted the ongoing changes to NHS structures as part of the Health and Care Bill and the need for cognisance with the Health and Wellbeing Board going forward. It was reiterated colleagues within the

NHS wish to complement the work of partner organisations and avoid duplication.

- It was recognised that other partnerships within Thurrock, for example the Police are important as the refreshed Strategy has a focus on crime and anti-social behaviour as part of the wider determinants of health aspect. The Police continue to work collaboratively with partners and actively seek feedback from organisations on this partnership approach.
- As part of partnership information sharing, the Chair of the Board offered to provide some insight into the roles and responsibilities of a Councillor. It was acknowledged this will be particularly helpful for frontline staff. Discussion sessions will be coordinated via the Board secretariat.

Action: Secretariat to liaise with the Chair to arrange bespoke information sharing sessions for staff as required.

- Members reiterated their support for the refreshed HWB Strategy as all partners are signed up to its principles of creating better experiences and outcomes for the residents of Thurrock. Furthermore, the Strategy will inform policies and procedures within the ICS.

Decision: Members of the Board completed the following:

- **Reviewed, commented on, and approved the final draft Strategy at Appendix 1, considering the proposed Domains and Goals;**
- **Reviewed, commented on, and approved the formats of the Accessible and EasyRead versions of the Strategy, and the Consultation Report (appendices 2-4);**
- **Reviewed, commented on and approved the plan to launch the Strategy as per the Communications Plan (Appendix 5).**

The meeting finished at 12:10pm.

CHAIR.....

DATE.....