PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 31 August 2023 11.00am-1.00pm

Present:

Councillor G Coxshall (Chair)
Jo Broadbent, Director of Public Health
Margaret Allen, Deputy Thurrock Alliance Director
Romi Bose, Transformation and Engagement Lead, Thurrock Alliance
Rita Thakaria, Partnership Director, Thurrock Council, EPUT and NELFT
Michele Lucas, Assistant Director for Education and Learning
Fiona Ryan, Managing Director, Mid and South Essex NHS Foundation Trust
Sharon Hall, Northeast London Foundation Trust (NELFT)
Mark Tebbs, Chief Executive, CVS
Jenny Barnett, Chief Superintendent, Essex Police

Apologies:

Councillor Johnson
Councillor Shinnick
Councillor Rigby
Ian Wake, Corporate Director for Adults, Housing and Health
Sheila Murphy, Corporate Director for Children's Services
Michael Dineen, Assistant Director for Counter Fraud and Community Safety
Jim Nicolson, Adult Safeguarding Board
Aleksandra Mecan, Thurrock Alliance Director
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
Kim James, Chief Operating Officer, Healthwatch Thurrock
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
BJ Harrington, Chief Constable, Essex Police

Guests:

Maria Payne, Thurrock Council
Alfred Bandakpara-Taylor, Mid and South Essex Integrated Care System
Daniel Jones, Thurrock Council
Ceri Armstrong, Thurrock Council

1. Welcome, Introduction and Apologies

Colleagues were welcomed and apologies were noted. Michele Lucas attended on behalf of Sheila Murphy, Margaret Allen and Romi Bose 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 27 July 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. Action log follow up – NHS Weight Management Services

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

- Tier two weight management provision consists of a 12 week programme which includes an exercise programme, healthy eating guidance, portion control and healthy lifestyle support. The Stanford-Le-Hope and Aveley, South Ockendon and Purfleet (ASOP) initiatives are broadly based on tier two provision. Evaluation of this provision commenced in June 2023 and will report after six months (November) and then a year (June 2024).
- The rate of tier two programme uptake has seen an increase for men, up from 10% in 2022/23 to 14% in the first quarter of 2023/24. A GP incentive scheme is also helping to increase the uptake of these services.
- Tier three weight management services incorporate psychological support for those who have already completed a tier two programme – this support lasts for 12 months. The first 12 weeks is a curriculum-based programme of classes dealing with a wide range of weight-related issues and is based on Cognitive Behavioural Therapy.

- In September 2021, the Binge Eating Behaviour (BEB) service was commissioned as binge eating has been identified as one of the main causes of people dropping out of weight management provision, with up to 30% of attendees not completing the courses.
- On completion of the BEB 12 week course, the individual is immediately enrolled on the tier three programme. The dropout rate from tier three is significantly reduced and the weight loss experienced is proportionately greater and is maintained for longer.
- In addition, there are digital weight management programmes available however there are limitations as it is reliant on access to digital platforms.
- Drug therapies are also available in Thurrock which is a two year programme and is offered as an alternative to tier four bariatric surgery.

During discussions, the following points were made:

- Members recognised obesity is a multifaceted issue, with weight management services being commissioned in different places.
- A Weight Management Group has been established for Thurrock, along with a Child Weight Management Working Group.
- The service specification for tier three services is due to be refreshed and self-referral to these services considered. Furthermore, the sequential process of weight management programmes is being reviewed as often moving through these programmes creates a sense of failure for the individual on their weight loss journey.
- A human learning system and personalised approach would be more beneficial to weight management services. For example, if a tier three programme would be more suitable to an individual, however they have not completed a tier two programme, then a tier three offer should be made available.
- Members raised concerns regarding the process of GP referrals to weight management programmes as there are often challenges in obtaining an appointment. However, colleagues were reassured the referral can be made via the GP practice, for example via a social prescriber. Furthermore, tier two services are available for self-referral and details of these are on the Council's website.
- It was recognised a human learning system approach is needed to understand why those signed up to programmes may not attend as this is often due to a multitude of reasons.

Decision: Members noted the update on Weight Management provision in Thurrock.

7. Southend, Essex and Thurrock (SET) All-Age Mental Health Strategy 2023-2028

This item was introduced by Maria Payne, Thurrock Council and Alfred Bandakpara-Taylor, Mid and South Essex Integrated Care System. Key points included:

- Partners across Southend, Essex and Thurrock (SET) have developed an All-Age Mental Health Strategy which has been underpinned by population need and existing national guidance.
- The work on this Strategy has been ongoing throughout the last year, led by an external consultancy company (Tricordant) and is in alignment with priorities from a range of organisational strategies.
- A significant challenge of the previous 2017 Strategy was its implementation therefore system partners are determined to develop effective mechanisms for ensuring implementation of the Strategy whilst recognising most of the delivery will continue to be at local Place level (Alliances).
- In Thurrock, the Mental Health Transformation Board and Integrated Emotional Wellbeing Partnership will be pivotal mechanisms for ensuring local delivery, alongside the clinical strategies developed by the borough's Primary Care Networks (PCNs).
- Partners have developed proposals for a SET All-Age Mental Health Strategy Implementation Group (SIG) focussed on overseeing a limited range of key strategic issues around overall Strategy delivery and SET system development, with partners sharing leadership of individual workstreams as appropriate. It will build on the existing informal working arrangements established for oversight of the Strategy development itself.
- The SIG will have oversight and monitor the overall SET Mental Health Strategy, including the delivery of SET-level outcomes for specialist services such as eating disorders and perinatal mental health. The membership will include senior representatives from the core partners.
- The Strategy has been endorsed by EPUT and MSE ICB Executive Boards, as well as the other two ICBs in Essex and the Essex Health and Wellbeing Board.

During discussions, the following points were made:

- It was noted the data used to underpin the Strategy is from 2020 as this was the most recent data source.
- Members raised concerns that the Strategy does not make specific reference to those with Special Education Needs (SEN) or Looked After Children as many children within these cohorts struggle with their mental health.

- Colleagues were reassured partners will link in with the work on the Brighter Futures Strategy as part of reporting and monitoring against specific deliverables. The transition period between children's and adults service provision will also be included.
- Quantifiable and measurable KPIs were discussed, along with ensuring qualitative statements are included as part of holding organisations to account. Responsibilities are currently being developed, for example Alliance responsibilities and those of wider partners such as the NHS. It was recognised the SIG will not directly hold responsibility.
- It was noted some initial priorities have been identified as part of delivery of the Strategy, including EPUT contracting and the inclusion of those suffering with serious mental illness within the PCN clinical strategies.

Decision: Members completed the following:

- **Agreed to adopt the draft Southend, Essex, and Thurrock Mental Health strategy in the appendix, which has been developed jointly with health and care partners across the geography of greater Essex.**
- **Agreed that Thurrock will be part of a Southend, Essex and Thurrock (SET)-wide Strategy Implementation Group to support and coordinate collaborative working across partners to implement the strategy.**

8. Initial Health Assessments (IHA)

This item was introduced by Daniel Jones, Thurrock Council. Key points included:

- The report provides an update on Initial Health Assessment (IHA) performance. The target is that 90% of children entering care receive their IHA appointment within 20 working days of entering care. This target is not currently met.
- Additional capacity (funded by the ICB) has been helpful in improving performance where children are placed within the Northeast London Foundation Trust (NELFT) area, however it has not addressed the issues which are also faced in other areas of the country. For example, nationally there is a shortage of paediatricians and no clear national workforce plan.
- The report includes evidence that when additional appointments (funded by the ICB) are available, performance improves, however, where these additional appointments are not available, demand exceeds supply.
- Demand can be variable and for this quarter the demand for IHA's for Thurrock was exceptionally high as 30 children entered care that month, 22 of whom required an IHA. They were placed both in and out of area.

- It is important to note that NELFT and Council colleagues work collaboratively to track and monitor all Thurrock children on a weekly basis via an IHA portal. The ICB is also invited and will attend these meetings, when required.
- Given the performance issues, incremental targets may be useful in the region of 60-70% and then 80-90%.

During discussions, the following points were made:

- Members noted that concerns regarding IHA targets were raised last year at the Corporate Parenting Committee, however the target is still not being met.
- Colleagues were advised only one Local Authority within the Eastern Region is currently working above a 70% target, with Essex's performance currently below 30%. Targets across the country are often different due to differing pressure points, for example, asylum seeking children presenting in Thurrock can create a sudden demand therefore impacting on performance.
- There is a need to understand if Thurrock's IHAs target has been missed by a few days or if this is considerably longer.
- It was recognised consideration has been given to using a mix skilled workforce to complete IHAs, however there are safeguarding issues which would need to be addressed for this to be reviewed further.
- Members discussed the segmented funding for IHAs and for the ICB to prioritise this workstream as the temporary increase in capacity did improve performance. However, further difficulties were raised as the previous service provider is no longer completing IHAs therefore organisations are struggling to cover provision.
- A whole system approach was discussed including a wider joint needs assessment across partners due to the multiple providers involved and differing levels of need.
- Members noted ICB engagement, however colleagues from the Children and Young People's department need to be included going forward as they are the commissioners for the services.

Action: Margaret Allen to provide Daniel Jones with the details of the relevant ICB colleagues from the Children and Young People's department.

Decision: A joint needs assessment containing clear ICB funding specifications was endorsed by the Board.

Action: Daniel Jones to provide the Chair with details of other Local Authorities with a IHA target of 70%.

Decision: Members completed the following:

- **Noted the positive impact of the additional capacity provided by the ICB to NELFT.**
- **Noted the further steps being taken to improve performance.**
- **Agreed to the target being adjusted to 70% IHA referrals on time with a stretch target of 90% on the basis of the information requested by the Chair.**

9. Tobacco Control Strategy

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

- The previous Tobacco Control Strategy for Thurrock expired in 2021 and following this, a Joint Strategic Needs Assessment (JSNA) was conducted.
- The Tobacco Control JSNA made recommendations for reducing smoking and smoking related harm in the borough. The recommendations have been reflected in the current Strategy document, which aims to provide strategic direction for the continuing work to reduce smoking and tobacco related harm in Thurrock, with a focus on inequalities.
- Thurrock has a similar smoking rate to that of England:
    - Thurrock: 12.6%
    - England: 13%
    - East of England: 12.9%
- This data is the result of a new methodology for measuring smoking prevalence and the confidence interval is quite wide, so the true prevalence in Thurrock could be between 9.5 and 15.6. The government has set a national ambition to achieve ≤5% by 2030.
- The Strategy focuses on groups that suffer disproportionately from smoking, including place based inequalities and certain cohorts within the wider population. For example, routine and manual workers, those with long-term mental health conditions and substance misuse issues are all disproportionately affected by smoking.
- The rate of smoking during pregnancy, particularly at the time of delivery is higher in Thurrock than the national average of 9.1% and the regional average of 8.5%.
- There are four priority workstreams outlined within the Strategy – prevention, smoke free environments (expanding zones within the in public realm), help smokers to quit and communication, evaluation, and adaptation.
- Smoking cessation models are based on a holistic treatment plan to align with core services such as maternity.

- This model is based on evidence relating to the success rate of smokers who come through the Thurrock Stop Smoking Service and the best way to increase quits in each higher-risk group.
- This Strategy will require action from a variety of stakeholders as part of embedding smoking reduction widely, with targeted services within the eight most deprived wards.
- A delivery plan will support the Strategy and progress will be monitored against this by the Strategy Coordinator.

During discussions, the following points were made:

- Members welcomed the Strategy as is builds on the comprehensive recommendations of the JSNA.
- It was recognised vaping does not heavily feature within the Strategy as the focus is on tobacco, however illicit vaping products are being targeted by Trading Standards.
- The message regarding vaping is challenging as for adults who smoke, vaping can help them to quit and is included within the smoking cessation offer. However, for those who do not smoke, vaping is discouraged.

- Members noted vaping is often viewed as more socially acceptable by children and young people whereby they believe it is better to vape than to smoke. Communications and messaging are therefore important, particularly across schools as messaging differs depending on the target audience.

Decision: Members noted the contents of the report and agreed to the
publication of the Tobacco Control Strategy 2023-2028 on the Council
website.

10. Health and Wellbeing Strategy - Domain 3 in focus: Person Led Health and Care

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

- The aim for Domain 3 is for better outcomes for individuals, that take place close to home and make the best use of health and care resources. This is intrinsically linked with several chapters of the Better Care Together Thurrock: The Case for Further Change Strategy as there is a focus shift from process to people, including empowering of staff and culture changes.
- Goal 3A focuses on the development of more integrated adult health and care services in Thurrock. The progress for year one is outlined below:

    - Four Human Learning Systems ‘learning cycles’ have been established and are at different stages. A ‘learning’ report has been commissioned to understand the learning that needs to become embedded;
    - Governance arrangements for the Better Care Together Thurrock - The Case for Further Change, including Chapter 10 have been established;
    - The development and delivery of a ‘devolution agreement’ between the ICB and Thurrock Integrated Care Alliance, has not yet been agreed due to ongoing restructuring within the ICB.
- The commitments and ambitions for year two (2023/24) are as follows:
    - Implement recommendations following the completion of a learning report, and deliver an ongoing series of ‘learning experiments’ as part of embedding HLS throughout the Directorate;
    - Delivery of an integrated ‘Complex Cases Team’ ‘test and learn’ pilot including Mental Health, Substance Misuse;
    - Adult Social Care, Psychology and Housing – testing the development of an integrated approach to ‘complex’ cases and identifying learning which will result in system change and improved outcomes for the most complex of individuals;
    - Review of Thurrock’s Better Care Fund – ensuring that the Fund and Plan mirror Thurrock’s Integrated Care Strategy and support its implementation.
- Goal 3B relates to improving the Primary Care Response that includes timely access, a reduced variation between practices and access to a range of professionals. The progress for year one is outlined below:
    - As of end of March 2023, Thurrock has a total of 68.76 full time equivalent ARRS staff in PCNs in 12 different roles;
    - As of August 2023, two GP Fellows are working in practices and another three are to be onboarded by the end of September;
    - All four PCNs in Thurrock have a clinical strategy and these are undergoing sign off by the various governance routes.
- The commitments and ambitions for year two (2023/24) were outlined and included the following:
    - Development work has started to create Integrated Neighbourhood Teams in each PCN area (there is a possibility these will be renamed Integrated Locality Teams).

      These Teams will incorporate additional professions and will provide an improved offer to residents. Support will be provided to PCNs to move to the new model of the next three years.

- Goal 3C relates to the delivery of a Single Workforce Locality Model which works across organisational boundaries to provide an integrated and seamless response. The progress for year one is outlined below:
    - Four integrated locality networks have been established and are at different stages of development;
    - A 'blended roles' experiment for Wellbeing Teams has been scoped and has been identified as a year two commitment;
    - Work is ongoing to establish a delivery plan for the delivery of a Single Workforce Locality Model. Housing Teams are now operating at a locality and place level.
- The commitments and ambitions for year two (2023/24) were outlined and included the following:
    - Embed locality networks as a way of working - ensuring that they align or integrate with the developing PCN Integrated Neighbourhood Teams;
    - Development of an integrated approach to keeping people out of hospital, hospital discharge, and prevention of readmission;
    - Continue to develop and implement a Single Workforce Locality Model – with ongoing experiments via HLS and the implementation of change following learning from those experiments.
- Goal 3D relates to the delivery of a new place-based model of commissioning that makes the best use of available resources to focus on delivering outcomes that are unique to the individual. The progress for year one is outlined below:
    - Work is ongoing to establish an Integrated Locality Based Commissioning Board - a grant fund (focused on Health Inequalities) is initially being established in Tilbury and Chadwell. Grants will be launched in September with the local community voting for them in a participatory budgeting approach;
    - A new integrated Commissioning Strategy has been outlined and is in the process of being developed;
    - A review of the Better Care Fund Plan has been carried out through the offer of support from NHS England. The results of this will be used to develop and improve the BCF.
- The commitments and ambitions for year two (2023/24) were outlined and included the following:
    - Agreement of a proposed engagement framework, development of actions to inform a community leadership model – which will include the scoping of a Locality Commissioning Board;
    - Development of an Integrated Commissioning Strategy with year one commitments identified and delivered;
    - Better Care Fund refreshed to reflect recommendation from the review.

During discussions, the following points were made:

- Members welcomed the domain update and colleagues were thanked for their ongoing work to drive this forward.

  Action: Ceri Armstrong to complete the monitoring framework for Domain 3 and circulate to the Board.

- It was noted that on 27 September, a third development workshop with PCNs will be held as part of the ongoing work to establish Integrated Neighbourhood Teams.

  Action: Integrated Neighbourhood Teams to be added to the forward planner for the December Health and Wellbeing Board.

- There is a national programme regarding the access to Primary Care as part of providing better access to residents. For Thurrock, 27 GP practices have been stratified into three groups – five requiring intensive support to improve access, and then the remaining practices categorised into intermediate and light touch support. The aim is to move from an operational focus to a more strategic approach and will be a GP led offer.

  Action: Margaret Allen to provide an indicative time frame for when PCN Clinical Strategies will be approved and published and the PCN funding for Children and Young People's services.

- Members discussed the complexity of the domain as there are multiple layers to achieving the commitments and reiterated the importance of blended working roles as part of upskilling and training the workforce.
- Members recognised the challenges related to commissioning cycles and the need for a joint commissioning approach as part of reducing transactional process costs. The voluntary sector welcomed early dialogue regarding commissioning models and the draft structure of the commissioning framework.

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

The meeting finished at 12:56pm.

CHAIR……..

DATE……