

**Minutes of the meeting of the Essex Health and Wellbeing Board held at
10:00am on Wednesday 20 July 2022 in the Council Chamber, County Hall,
Chelmsford**

Present:

Board Members

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| Cllr John Spence | Essex County Council (Chairman) |
| Lucy Wightman | Director, Wellbeing, Public Health, and Communities, ECC |
| Cllr Egan | Essex County Council |
| Cllr Butland | Braintree District Council |
| Ed Garrett | ICS lead and ICB CEO designate, NHS Suffolk and North East Essex |
| Ian Davidson | Chair of Essex Partnership Strategic Coordination Group |
| Gemma Andrews | Essex County Council |
| Susannah Howard | ICS Programme Director, Suffolk and Northeast Essex ICS |
| Alistair Mitchell | Tricordant |
| Alison Wilson | Mind in West Essex (Voluntary Sector) |
| Dan Doherty | Mid Essex Alliance |
| Anna Davey | GP representative for Mid Essex |
| Peter Davey | Essex Association of Local Councils |
| Dr Jane Halpin | ICS lead and ICB CEO designate, NHS Hertfordshire and West Essex |
| Georgina Blakemore | Chief Executive of Epping Forest District Council |
| Cllr Sheldon | Essex County Council (Substitute for Cllr Ball) |
| Clare Kershaw | Director, Education, ECC (Substitute for Helen Lincoln) |
| Chris Martin | Director, Strategic Commissioning & Policy, ECC |
| Jane Gardner | Deputy Police and Crime Commissioner for Essex |
| Simon Wootton | Leader of Rochford District Council |
| Toni Coles | Herts and West Essex ICB |
| B. J. Harrington | Essex Police Chief Constable |
| Roger Hirst | Essex Police, Fire and Crime Commissioner |
| Nick Presmeg | Executive Director, Adult Social Care, ECC |
| Zoe Oddy | HCRG Care Group Limited (Substitute for Richard Comerford) |
| Moira McGrath | Director of Commissioning, ASC, ECC |
| Alex Green | EPUT |
| Richard Watson | Suffolk and North-East Essex Integrated Care Board (ICB) |
| Paul Scott | Essex Partnership University NHS Foundation Trust |
| Peter Devlin | Director, Mental Health, ECC |
| Ian Tompkins | Herts and West Essex ICB |

Informally participating via Zoom:

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|----------------------|---|
| Will Pope | ICS chair / ICB chair designate, NHS Suffolk and North East Essex |
| Mike Thorne | ICS chair / ICB chair designate, NHS Mid and South Essex, |
| Amanda Cherry | Chair of Healthwatch Essex (Substitute for Sam Glover) |
| Anthony McKeever | ICS lead and ICB CEO designate, NHS Mid and South Essex |
| Elaine Oxley | Essex County Council (Substitute for Deborah Stuart-Angus) |
| Caroline McCarron | Mid and South Essex ICB |
| Cllr Holly Whitbread | Essex County Council |

1. Membership, apologies, substitutions and declarations of interest

Apologies for absence were received as set out below. There were no declarations of interest.

Apologies:

Name

Richard Comerford
Deborah Stuart-
Angus
Helen Lincoln

Sam Glover
David Archibald
Dr Freda Bhatti
Ruth Hallet
Cllr Mike Steel
Cllr Kay Mitchell
Vicki Decroo
Paul Burstow

Cllr Tony Ball
Ian Perry
Simon Williams
Lance McCarthy

Representing

HCRG Care Group Limited (Substitute – Zoe Oddy)
Independent Chair, Essex Safeguarding Adult Boards
(Substitute – Elaine Oxley)
Executive Director for Children, Families & Education
(Substitute – Clare Kershaw)
Healthwatch (Substitute – Amanda Cherry)
Independent Safeguarding Chair, ECC
GP Representative for North East Essex
South East Essex Alliance
Essex County Council
Southend HWB
Suffolk and North East Essex ICB
ICS chair / ICB chair designate, NHS Hertfordshire and
West Essex
Essex County Council (Substitute – Cllr Sheldon)
GP representative for Hertfordshire and West Essex
Mid and South Essex ICB
Princess Alexandra Hospital NHS Trust

The Chairman welcomed and expressed his gratitude to all those who were new members of the Board.

There were no declarations of interest.

2. 18 May 2022: Minutes of the meeting and progress report on actions arising

The minutes were agreed as a correct record and a progress report on the related actions was noted.

The following actions were noted as outstanding and an update was received as below:

| | Action | Update |
|---|--|---|
| 1 | Democratic Services to confirm membership of the Board and write to individuals. | Democratic Services continuing to engage with partners to receive nominations for outstanding vacancies. Outstanding vacancies: <ul style="list-style-type: none">• Acute Hospital Representative• Business sector representative• Representative nominated by NHS England |

| | | |
|---|--|---|
| | | <ul style="list-style-type: none"> • An elected member from each ICS Alliance • Representative from University • Data Analytics practitioner • Representative from Community Providers • 2 representatives from district councils <p>(by 12 September)</p> |
| 2 | Essex Equalities and Partnership team to liaise with Jim Pearson & Sam Grant regarding support from the policy unit to the Essex Violence and Vulnerability Partnership. | A meeting has been scheduled for later in July and a full update will be provided at the next meeting. (by 12 September) |

3. Questions from the public

There were no questions from the public.

4. Election of the Vice-Chairman

Peter Davey proposed Ian Davidson as the Vice-Chairman. There were no further proposals.

Roger Hirst seconded the proposal.

With the Board's assent Ian Davidson was appointed as Vice-Chairman of the Health and Wellbeing Board (HWB).

5. Deep Dive on Mental Health

5a. Real Time Suicide Surveillance Annual Report and Current Intelligence on Suicide Rate – Jane Gardner and Gemma Andrews

Jane Gardner presented the Real Time Suicide Surveillance (RTSS) Annual Report with PowerPoint slides, the following key points were highlighted:

- There were 129 suspected suicides between April 2021 and March 2022. These were identified as 'suspected suicides' as there had been no formal confirmation or ruling regarding the cause of death from the coroner and therefore cannot be treated as confirmed suicides. It was clarified that for the purposes of the Board's consideration reference to 'suicide' was properly 'suspected suicide'.
- The highest number of suspected suicides in Essex occurred in Southend (17), then Colchester (16) and Tendring (15).
- The lowest numbers of suspected suicides in Essex occurred in Harlow, Maldon and Braintree.

- The report detailed that the majority of suspected suicide victims were male and within the age bracket of 45 – 54 years.
- Despite the highest number of suspected suicide victims being male and in the 45-54 age bracket, the remainder of male suspected suicide occurrences were evenly spread across all other age ranges.
- For females, the highest rate of suspected suicide was in the age bracket of 45 – 54 years.
- The report did not highlight any strong seasonal patterns.
- The highest rates of suspected suicides occurred in November (15) and January (17), but this was not significantly higher in real terms than any other month.
- The main methods of suspected suicide were predominantly by hanging, followed by drug related deaths. In total those two methods accounted for 77% of suspected suicides, which was 99 out of the 129.
- Drug related suspected suicides included prescription drugs as well as over the counter and illicit drugs.
- Hanging was the most common method of suspected suicide in males, accounting for more than half, at 57%.
- Drug related suspected suicides was the main method in females, followed by hanging.
- Most suspected suicides occurred in private residencies, however there were also suspected cases recorded within woods, roads, and other public spaces.
- The report began to look at common risk factors in suspected suicide, which was of particular interest to the Board. These factors included whether the individuals had been in contact with services six months prior to the death and whether they were suffering with mental ill health, were known to services and whether they were known to police.
- Around 81 of the people concerned had at least one risk factor, this equated to 63% of the total suspected suicides.
- 40% of individuals had been in contact with services six months prior to their death.
- Common factors of those previously in contact with services were presentation with self-harm, suicide ideation and previous attempts of suicide.
- The report showed a correlation of individuals involved in domestic abuse, social housing, or experiencing financial issues.
- There was a high number of individuals who died by suspected suicide that were perpetrators of domestic abuse. There were 23 individuals overall involved in domestic abuse, with 17 being perpetrators (that the service was aware of).
- 52 individuals were known to mental health services and several of them were also known to police. This was not to say that the agencies involved could or should have intervened. An intervention by that service may not have made a difference to the outcome.
- Essex Police had previously focussed on the middle age range bracket, but the figures demonstrated that there were significant occurrences across all categories and age ranges and therefore engagement in these cohorts needed to increase.
- Essex Police and ECC had been working with Health colleagues using Wave Funding to determine where work needed to be focussed for prevention.

- The data showed that the majority of female suicides utilised drugs, which opened up a new potential line of enquiry with partners to look into medicine management in the primary care setting.
- It was previously assumed that drug related deaths were primarily linked to illicit drugs, but the data showed that prescribed drugs were significant too.
- Essex Police wished to formalise the links between the Southend Essex and Thurrock (SET) Prevention Board and the SET Domestic Abuse (DA) Board to understand how engagement could be improved with both victims and preparators of domestic abuse, as well as gaining a greater understanding of the mental health support needed. A piece of work in that sphere needed to be commissioned.
- This was the first time there had been a full year of RTSS data which was considered incredibly useful and going forward it was to be shared across partnerships, with colleagues in safeguarding Boards and with local HWB's to ensure action was being taken at a local level.

Cllr Spence asked how the number of suspected suicides compared with road traffic deaths annually. Roger Hirst stated that the number of suspected suicides is nearly three times the number of road traffic deaths in a year and was also much higher than the number of homicides, demonstrating the severity of the position.

The Board discussed the following:

How understanding suicide attempts and developing data for this was important for intervention.

That Healthwatch Essex had completed work relating to suicide including a [Mental Health on the frontline survey and report in 2020](#), with recommendations now implemented, and more recently a report on a male suicide project '[the more we talk about it, the better it will be](#)'. The report identified three key themes which were competing pressures, a feeling of worthlessness and an inability to comprehend the future. There was also a report produced relating to [Veterans Mental Health and isolation](#). Healthwatch also had a Trauma Ambassadors Group and was a hate crime and domestic abuse reporting centre.

That the Mid Essex Alliance had been part of a regional development programme, supported by various consultancy agencies, to look at population health management data. Some of that data had already been linked with primary care prescribing data and it had been found that individuals who were prescribed opioid analgesics for a long period of time were at a much higher risk of suicide.

That the number of people prescribed opioid analgesics for a long period of time for Mid Essex, with a population of 400k, was a few hundred. On a GP practice level, that was around four or five individuals per GP practice. What now needed to happen was for the data to be translated into meaningful interventions for those at risk.

That when looking at the data for attempted suicides, a higher number of attempts at suicide via drugs than hanging would be shown, as hanging was fatal most of the time whilst drugs overdoses could be reversed if remedied early enough. The figures for method of suicide would therefore shift significantly when looking at attempted suicide compared with actual suicide.

That from a GP perspective, there was a lot of recognition regarding high levels of opioid prescriptions, and many GPs had tried many times to reduce prescribing for those patients. However, GPs report that they were often told by the patients that they would be reported to NHS England if they tried to reduce their prescriptions. GPs needed to have greater levels of support to tackle the high levels of opioid prescribing, as it was known that some opioids do end up not being consumed by the patient and were sold illegally.

That from a GP perspective, when looking at individuals who had died by suicide who were not known to services, it could often be the case that they had issues with addiction, alcoholism, gambling, sometimes sex offences and had either been reported for or were awaiting further investigation for crimes.

The Board discussed drug related suicide attempts and how many of those were a call for help rather than a serious attempt to take their lives. It was stressed however that people who were seeking help rather than actively seeking to end their lives may make many such attempts and were much more likely to eventually end their lives. Therefore there was just as much need to intervene and assist in the cases of those primarily seeking help.

That there had been a thematic review of teenage suicide carried out before the pandemic by the Children and Young People's Emotional Wellbeing Mental Health Board, and that the Board were considering carrying out another thematic review in the next year, to include an update on the recommendations of the original report.

That there had been conversations with local schools in north-east Essex due to a significant rise in suicide attempts in those establishments. There was concern that this trend could continue given the condition of children and young people's mental health following the pandemic. Preventative work needed to focus on schools as well as other age groups.

That ECC with the University of Essex and Institute for Public Health and Wellbeing had submitted a bid for funding and analytical support to undertake a full Coroner Case Note Review for the last four years. This would allow exploration in depth of the relationship between different variables to provide better insight into the support people needed to ensure suicide wasn't the outcome. This could also help improve the data related to confirmed suicides and families' experiences.

Jane Gardner thanked the Board for their questions, comments and offers of support. She stressed the importance of a whole system approach for suicide prevention.

Actions:

Daniel Doherty to engage with Jane Gardner on linking up the suicide data with meaningful interventions related to long term prescriptions of strong opioids. (By 12 September).

Jane Gardner to provide an update on suicide figures in six months' time. (By 25 January 2023).

5b. Southend Essex and Thurrock Mental Health Strategy and Collaborative Development: Moira McGrath, Richard Watson, and Paul Scott.

A presentation on the Southend Essex and Thurrock Mental Health Strategy and Collaborative Development was made to the Board. The following key points were highlighted:

- That a steering group had been established a few months ago to help drive this work and that Tricordant, a consultancy organisation, had commissioned to help undertake the process.
- That the Board's views on how the work was developing, and to obtain its support and endorsement on the direction of travel. Views on the Board's future involvement were also sought, especially in terms of the final proposals and recommendations to be brought back to this Board.
- That although the data showed that there was a higher prevalence of mental health disorders in Southend and Thurrock, within Essex there was significant variation, so work was needed to tackle this. It was noted that Harlow and Tendring in particular had a high need.
- That data was poor around the impact within Essex regarding wider determinants of health and inequality issues. This was a key area of focus.
- There had been some positive work on the interaction between physical and mental wellbeing, but there was huge variation across Essex which was a significant issue requiring improvement.
- There were two main aspects to the work, which was underway, these being the potential development of a collaborative and the refresh of the 5-year strategy.
- That work was currently being undertaken to explore a possible mental health collaborative across the wider geography of Essex to include Southend and Thurrock which would address some of the challenges raised by the Joint Strategic Needs Assessment (JSNA).
- That ensuring all the relevant strategies interrelate but do not replicate each other was noted as being of key importance.
- Paul Scott presented the new EPUT trust vision, and the strategic objectives and values.

The board discussed the strategy and a potential all-age approach, with focus on the delivery method. The Board supported the strategy and collaborative.

Paul Scott thanked the Board for their feedback and asked that if any Board members wished to contribute more to the process to email john@tricordant.com There would be a further systems workshop on Friday, 16 September 2020 to get the next steps agreed.

Actions:

Moira McGrath to work with colleagues to convene a Greater Essex collaborative session on mental health including Southend, Thurrock and Essex Health and Wellbeing Boards, as well as representatives from the Voluntary Sector. (By 12 September).

Lucy Wightman to do more work with the Public Health team to understand the protective factors of mental health and build this into the approaches taken within the collaborative development. (By 12 September).

6. Written Partner Update

Ed Garratt noted some achievements that were not captured in the North East Essex written update which were as follows:

North East Essex had come top in the county in the national diabetes audit.

The SOS Bus in Clacton and Harwich had won the NHS parliamentary award for health and equalities.

The Chairman thanked all those who were involved in the Connect Programme winning the Innovation Award at the national Municipal Journal awards, with particular reference to colleagues Mid and South Essex ICS.

Actions:

Ed Garret, Anthony McKeever, Jane Halpin and Nick Presmeg are to work together to agree a single and consistent information and set of data for patients being discharge from hospital, with particular reference to the numbers of delayed discharges. (By 12 September).

7. JSNA - Lucy Wightman

Lucy Wightman gave a brief presentation on the updated Joint Strategic Needs Assessment (JSNA) and encouraged Board members to circulate the information to any partners who may benefit from it.

8. Interactive workshop proposal - Lucy Wightman

The Board were asked to endorse the proposed future approach for HWB meetings. Board members were also asked to feedback any specific matters by the end of July.

The proposal was for future HWB meetings to be split into two parts, the first being the formal business of the Board and the second being a deep dive into the different aspects of the health and care system, with reference to the priority areas agreed within the HWB strategy.

The proposal also included following up with Board members to get feedback on their impressions of the effectiveness of the Board itself, as well as suggestions for any future items.

It was **RESOLVED** that the Board agreed the proposals and that they would be implemented initially for the next three meetings, thereafter, being reviewed as to their effectiveness.

Actions:

All members to feedback proposed subjects for workshops to Lucy Wightman by the end of July. (By 29 July).

9. SET Learning Disability Mortality Review Programme (LeDeR)Annual Report 2021/22 - Rebekah Bailie

Rebekah gave a brief overview of the SET LeDeR Annual Report 2021/22 which detailed deaths of individuals with Learning Disabilities (LD).

The Board were asked to note the LeDeR End of Year report and associated documents and the 3-year deliverable plan 2021-2024 which demonstrated the commitment from all agencies to implementing LeDeR recommendations.

In 2021-22 116 people with Learning Disability died (106 adults and 11 children/young people) with an average age of 65 years which showed an upward trend from previous years but was still far short of average age at death in the rest of the population.

The report revealed a lower-than-average age of death for people with LD in Essex. It was noted that people in this cohort were dying of preventable diseases twice often as people in the general population as they did not have reasonable adjustments made for them in accessing or managing their healthcare in a way that worked for them.

It was noted that people in this cohort were dying across the age ranges. There were some children with life-limiting or very complex needs dying under the age of 18, at an average of ten a year. Within the adult LD population, there was a peak around ages 50 – 60, then again at ages 60 – 69. Compared to the general population this was a much younger peak age range. Health inequalities were noted as the cause of these issues.

It was **RESOLVED** that the Board was content to note the plan and agree their support for it.

10. Essex Special Educational Needs and Disabilities (SEND) Strategy - Clare Kershaw

The Board were asked to endorse the new Essex Special Educational Needs and Disabilities (SEND) Strategy for 2022-2027.

This included endorsement of the vision for the SEND system in Essex, the ways that the local area will work together and the Local Area pledge to children and young people with SEND.

The content of this strategy had been approved by health partners according to their individual governance structures and endorsed by the SEND Partnership Board.

It was **RESOLVED** that the Board endorsed the strategy.

Actions:

Amanda Cherry to provide an update on the research being undertaken on people with learning disabilities and supported volunteering. (By 12 September).

Clare Kershaw to share the two guidance documents on targeted employment for children and employers with the Board. (By 12 September).

Clare Kershaw to circulate videos on the inclusion framework and the impact that is having on Essex schools. (By 12 September).

11. Multiply Programme, Improving Residents Numeracy Skills - Mark Doran

Mark Doran gave a brief presentation on the Multiply Programme.

It was advised that Multiply was a new government funded programme to increase adult numeracy skills. It would be running from 2022 – 2025 and ECC had been allocated up to £7.9m to deliver this programme. This programme was replacing the previous EU funded schemes that focussed on numeracy.

12. Forward plan

Board members noted the forward plan.

Actions:

Democratic Services are to add 'Ambulance Service Update: Tom Abell' to the forward plan for the meeting on 21, September 2022. (By 12 September).

Democratic Services to update the forward plan with workshop themes as agreed at the meeting. (By 12 September).

13. Date of future meeting - 21 September 2022

The date of the next meeting was noted as 21 September 2022 and would implement the new meeting format as agreed at the current meeting. Attendees were therefore asked to note that the next meeting may run until 14:00.

Attendees were asked to note that all future meetings dates (including the November date, as mentioned) can be found [here](#)

14. Urgent business

Ian Davidson advised the Board of a sad event of a person drowning in Clacton, which was one of several incidents which had occurred in the last few days due to the hot weather. Ian urged members to consider releasing communications on the dangers of the water during this heat wave.

Actions:

The CQC Ofsted visit around SEND had taken place and Clare Kershaw was to share the letter from the SEND Ofsted inspection with Board members when available. (When the letter is available).

There being no other business the meeting closed at 12:34.