

**Minutes of the meeting of the Essex Health and Wellbeing Board held at 10:00am on Wednesday 18 May 2022 in the Council Chamber, County Hall, Chelmsford**

**Present:**

**Board Members (Statutory)**

Cllr John Spence	Essex County Council ( <b>Chairman</b> )
Dr Hasan Chowhan	North-East Essex CCG (Clinical Commissioning Group)
Dr Anna Davey	Mid Essex CCG
Cllr Ray Gooding (substitute for Cllr Beverley Egan)	Essex County Council
Dr Rob Gerlis	West Essex CCG
Cllr Andrew Sheldon (substitute for Cllr Tony Ball)	Essex County Council
Maggie Pacini	Essex County Council
Lucy Wightman	Director, Public Health, Essex County Council
Nick Presmeg	Essex County Council
Cllr Mike Steel	Essex County Council
Dr Boye Tayo	Basildon and Brentwood CCG
Deborah Stuart-Angus	(Via Zoom) Independent Chair, Essex Safeguarding Adults Board
Alison Wilson	Voluntary Sector
Sam Glover	Healthwatch Essex

**Board Members (Other)**

Cllr Mike Steel	Borough/City/District Councils
Cllr Peter Davey	Essex Association of Local Councils
Ian Davidson	Borough/City/District Councils (ECEA Rep)
Paul Scott	Essex Acute Mental Health and Non-Acute Providers
Professor Will Pope	Independent Chair, Suffolk and North-East Essex ICS (Integrated Care Systems)

Professor Mike Thorne	Independent Chair, Mid and South Essex Health and Care Partnership
<b>Other Attendees</b>	
Anthony McKeever	Mid and South Essex HCP (substitute Jo Cripps)
Paul Burstow	Independent Chair, Hertfordshire and West Essex ICS
Cllr Arthur Williams (substitute for Cllr Simon Wootton)	Rochford District Council
Alex Green	South Essex Partnership University NHS Foundation
Will Herbert	Essex County Council
Dr Jane Halpin	Hertfordshire and West Essex ICS
William Hooper	Senior Strategy Adviser, Essex County Council
Chris Martin	Essex County Council
Nathan Rowland	Essex County Council
Ian Tompkins	West Essex CCG
Anthony McKeever	Mid and South Essex HCP
Simon Williams	Castle Point and Rochford CCG (Substitute for Tricia D'Orsi)
Peter Devlin	Interim Director, Mental Health, Essex County Council
Melanie Williamson	Essex County Council
Moira McGrath	Essex County Council
Shammi Jalota	Head of Equalities, Essex County Council
Emma Tombs	Essex County Council (Democratic Services)
Freddey Ayres	Essex County Council (Democratic Services)
Michael Hayes	Essex County Council (Democratic Services)
Jasmin-Harley Carswell	Essex County Council (Democratic Services)

## **1. Membership, apologies, substitutions and declarations of interest**

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

<b>Name</b>	<b>Representing</b>
Cllr Beverley Egan	ECC (Substitute - Cllr Gooding)
Cllr Tony Ball	ECC (Substitute - Cllr Sheldon)
Nick Hulme	Chief Executive, East Suffolk and North Essex NHS Foundation Trust
Clare Kershaw	ECC - Director, Education (Named substitute for Helen Lincoln)
Clare Panniker	Chief Executive Officer, Mid and South Essex NHS Foundation Trust (Substitute - Charlotte Williams, Chief Strategy and Improvement Officer)
Lance McCarthy	Chief Executive Officer, Princess Alexandra Hospital NHS Trust
Ed Garrett	Suffolk and North East Essex Integrated Care System
Simon Wood	NHS Commissioning Board (LAT Director)
Cllr Simon Wootton	Rochford District Council (Substitute - Cllr Arthur Williams)
Georgina Blakemore	Borough/City and District Councils
David Archibald	Independent Safeguarding Chair
Jane Gardner	Deputy Police and Crime Commissioner

The Chairman expressed his gratitude to all those who have filled roles on the board who will no longer be members following the new structure of the HWB (Health and Wellbeing Board).

**Action:** The HWB secretariat is to confirm the new membership of the board and write to individuals to confirm.

## **2. 16 March 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.

## **3. Questions from the public**

There were no questions from the public.

#### **4. Verbal Updates**

##### **4a. Support for Ukraine**

Maggie Pacini gave an update on the support being provided for Ukrainian refugees:

- The routes into the UK for Ukrainian refugees were noted as – Homes for Ukraine (HFU), and the Family scheme. For those arriving outside of these schemes the usual visa options applied i.e., entry for work, study or holiday. Those people already in the UK could apply for an extension scheme.
- Individuals arriving under HFU or Family scheme were able to live and work in the UK for up to three years and access healthcare, benefits, employment support, education and other support.
- Local public sector was funded at £10,500 per person for wrap around support only to those on the HfU scheme. Additional funding was available for school places. Confirmation of the conditions related to this was still awaited.
- A pan-Essex Tactical Co-ordination Group (TCG) had been set up under Local Resilience Forum (LRF), with various ECC departments including Adult and Children's Social Care, the Education and Strengthening Communities team; district /borough /city Council Housing teams, Health providers, the Police Service, and the DWP (Department of Work and Pensions).
- There were currently 1207 requests received relating to 1844 guests and 792 sponsors. 131 DBS checks had been started, with 214 property checks in progress with 7 property check failures to date. 12 sponsors had withdrawn from the process.
- Essex has 3 points of entry – Stansted airport, the port of Harwich and Southend airport, with Stansted the key entry point to the UK. Most people would transit to elsewhere in the country. The welcome hub was staffed originally by Red Cross and had now been taken over by local CVS.
- Uttlesford council as the housing authority had responsibility for those people arriving without accommodation. Ports of entry funding was being used to provide temporary accommodation and enable people to move on rather than remaining in the Uttlesford system.
- ECC and the district/borough/city councils had collaborated to undertake housing and DBS/safeguarding checks on sponsors under the HfU scheme. Initial payments of £200 per person were being made. A monthly thank you payment of £350 would be paid to sponsors once checks were satisfactorily completed. Delays in completing the checks were acknowledged and measures were being put in place to improve processing times.
- Placement breakdown was a key risk which puts pressure on local housing authorities. Central government had recently set out a re-matching process with Local authorities accessing the Expressions of Interest database to find alternate local sponsors. Rematching was not an option for those who arrived under Families scheme but who don't have appropriate accommodation as people were not able to move between schemes.

- Welcome packs for both sponsors and guests had been produced; the latter translated in Ukrainian and Russian, holding general information and some district specific contact details.

The packs included information on accessing health services by encouraging arrivals to get registered with a general practice. Primary care providers have been issued with guidance as to health concerns relating to the war/trauma of travel as well as the Ukrainian healthcare system. General practices had been reminded that arrivals may struggle to provide proof of ID, address or confirmation of immigration status and that their registration requests should be managed sensitively. Accessing dentistry is an issue but that was not unique to Ukrainian refugees.

**Action:** Maggie to send report to the Health and Wellbeing Board in relation to support for English lessons for Ukrainian refugees.

#### **4b. Covid in Essex**

Key points:

- Covid data was reliant people using testing kits and reporting their results; numbers of people doing so had reduced as this was not a legal requirement.
- Lucy Wightman suggested that although no longer a legal requirement to isolate if you had covid, it was the right thing to do to continue to protect those who were vulnerable.
- Broadly the case rate per 100,000 was going down across the country. The 7day average per 100,000 in Essex was 88.
- It was noted that long covid may well become more of an issue as time goes on as the impact was still emerging.
- A standard council wide Protection Board was being formed and Covid would form part of the agenda.
- The ICS's reported that whilst pressure was easing, hospitals were not yet back to open visiting protocols as they were pre-Covid.
- The board agreed that 'Covid in Essex' would cease to be a standing item on the board's agenda, however Lucy will be able to advise on any covid related issues

#### **4c. Children and Families**

Key points:

- The Ofsted SEND (Special Educational Needs and Disabilities) inspection which took place in 2019 identified three areas of weakness. The three areas were: strengthening joint commissioning, overidentification of children with Learning difficulties and the quality of children's health and care plans.
- Ofsted were currently carrying out a further review to check on progress. The results would be reported to the Board's next meeting in July.
- The new Corporate Parenting Strategy, co-designed by young people and renamed as the 'Co-Parenting Strategy', would be approved by Cabinet on 24<sup>th</sup> May and would be officially launched thereafter.

- The sufficiency of placements is still a challenge for those with complex needs.
- Children in Care levels were still high, and it is thought that the unaccompanied minor figures were partly the reason. However, they were still lower than comparable local authorities.
- There has been a spike in experienced staff leaving children's social care and being replaced with less experienced staff. The movement of staff was broadly positive, with them leaving to progress careers and move into senior roles, however there was an impact on staff workloads.
- A high-profile national case review into Children's Social Care is imminent and will gather a lot of media attention. The board are asked to be mindful of those media events and how this is likely to put pressure on and affect front line social workers.

Anthony McKeever noted his appreciation of the impact of collaborative working, particularly evidenced in the provision of treatment for patients with mental health issues where delays had been much reduced.

## **5. Written Updates**

### **5a. Integrated Care Systems (HWB/07/22a)**

The report was received, and the update was noted.

### **5b. Essex Social Care (HWB/07/22b)**

The report was received, and the update was noted.

## **6. Reports for consideration in advance of the meeting**

### **6a. All Age Carers Strategy (HWB/08/22)**

The board discussed anchor institutions and how the role of such will be included in the implementation and action plan for the strategy.

**Action:** Moira to send the "All Ages Carers Strategy" to anchor networks to seek engagement.

### **6b. Leading Greater Essex System Challenges (HWB/09/22)**

The Board noted the Leading Greater Essex (LGE) system challenges that senior leaders had submitted to support Levelling Up across Essex, and which the LGE cohort would work on.

## **7. Essex Health and Wellbeing Strategy (HWB/10/22)**

The Board received a report asking for approval of the Joint Health and Wellbeing Strategy (JHWS) subject to identifying proposals for implementing and measuring progress against the 5 priority areas of the new Joint Health and Wellbeing Strategy.

**Resolved:**

To agree the Joint Health and Wellbeing Strategy.

**Action:**

Lucy to develop a strategic forward plan to maximise the effectiveness of the board for consideration at the July meeting.

**Action:**

Lucy to clarify timescales for pharmaceutical needs assessment consultation and circulate note on PNA (Pharmaceutical Needs Assessment) strategy. Update: The Essex HWB PNA statutory consultation will start on 30<sup>th</sup> May 2022 and close on 5<sup>th</sup> August 2022.

The link will be circulated to the board on the 30<sup>th</sup> May when all the documents have been uploaded onto the consultation site.

**Action:**

Lucy to consider developing a communication strategy for the Health and Wellbeing Board in general and the Health and Wellbeing Strategy in particular. Update: Lucy is liaising with the comms team to work with Maggie on a comms plan for the JHWS and has a meeting with the CEO of EPUT to discuss.

**Action:**

All board members to provide any feedback on the Health and Wellbeing Strategy implementation plan to Maggie Pacini.

## **8. Mental Health**

### **8a. Mental Wellbeing**

Key points:

- There were a range of pressures across the system regarding the increase in demand in mental health services after the pandemic and lockdowns.
- There were issues with a lack of beds and a lack of alignment across Essex around health commissioning and ambulance waiting times.
- There was a new delivery model between ECC and EPUT (Essex Partnership University Trust).
- Constructive work was noted by CCGs (clinical commissioning groups) across Essex looking at countywide issues. The taskforce had seen substantial progress in the last few months and the next stage of its work was to develop a mental health collaboration.
- Historically there had been issues with gaps in children's and young people's mental health support across Essex. Work to identify gaps and join up support was crucial to preventing worsening situations.

- The board discussed community led support for mental health including a model adapted in some parts of the UK which is a 'circles in care' type model which focussed on ways in which peer support are key.
- The board discussed social prescription and how joined up with GP's social prescribing was.
- Anna Davey stated that from a mid-Essex perspective the picture regarding mental health was broadly positive. There had never been so much support for mental health as currently including low level cognitive behavioural therapy, IAPT (Improving Access to Psychological Therapies) services, short waiting times and wellbeing calls from mind, designed to support those receiving anti-depressants for the first time.
- The Board discussed the importance of data to understand what the current demand was and what was likely to be in coming years so resources can be planned appropriately.
- The upcoming refresh of the mental health strategy would include a focus on prevention and collaboration.

**Action:** As agreed at the meeting, the below includes information that Sam Glover was to circulate:

- Information on the Mental Health Ambassador programme: This is facilitated by [Renee.Robey@healthwatchessex.org.uk](mailto:Renee.Robey@healthwatchessex.org.uk) Here is a link here to the story of one of the ambassadors that provides more information and background: [Hear my voice | Rachel, Young Mental Health Ambassador | Healthwatch Essex](#) but should you wish to find out more or work directly with the young people please contact Renee.
- The report on male experiences of suicide: [Men's mental health & suicide | Healthwatch Essex](#)
- The report on the Addiction campaign - [Healthwatch Essex Explores Addiction: Drugs | Healthwatch Essex](#)
- YouTube video re the Bentley work: <https://www.youtube.com/watch?v=BhKb43e76dg&list=PLZKmYTi6Y7THZ--vSJ7wgpKvIM5fii1H2&index=11>

and

- consider the possibility of an online seminar around addiction findings. Could tie in with work of the new Recovery Foundation

**Action:** Paul Scott, Chris Martin and Lucy Wightman to liaise on the Mental Health item for the July meeting, with an expected focus on preventing the issues that will create future demand and crisis.

## **8b. Impacts of the Cost of Living Crisis (HWB/11/22)**

Key points:

- Inflation had risen to 9% and those who were going to suffer from this crisis are those who are already in deprivation.

- The Board discussed how health and wealth were linked and what short-term offers and opportunities can be offered to mitigate against the crisis
- The Board discussed how the cost-of-living crisis can not only impact residents of Essex, but the staff within own organisations, especially the care sector. Social care was experiencing elevated levels of vacancies.

## **9. Dementia Strategy Update (HWB/15/22)**

The Board noted the development of the draft strategy and highlighted the launch of the public consultation.

The Board endorsed the partnership engagement process to refine the actions in the strategy

The Board agreed to promoting and distributing the consultation through their forums and networks to maximise its reach.

The Board noted that following approval of the draft strategy at the July Health and Wellbeing Board each member organisation would need to take the strategy through their own governance processes for formal approval and adoption of the strategy.

Key points:

- The Board discussed secondary prevention such as cardiovascular health, connectivity, community and keeping people's minds active.
- Dementia diagnosis rates in Essex were below average. Investigation into which neighbouring local authorities were doing well in this area should be considered.
- The underdiagnosis issue was partly due to patients' reluctance to accept a diagnosis and historically long waiting times for said diagnosis. Another issue is partly due to the stigma of this diagnosis, when it benefits the patient and their family, as they can access more support and information
- Pilot work was taking place for community-based diagnosis by specialist nurses visiting patients' homes. It was hoped that this innovative work would lead to better and more positive diagnosis experiences for patients in future.
- Information on the Secretary of State's 10-year dementia plan press release, as advised in the meeting, is: [Health Secretary announces 10-year plan for dementia - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/health-secretary-announces-10-year-plan-for-dementia)

## **10. Update on Changing Futures (HWB/16/22)**

Key points:

- Changing Futures was a three-year national Programme, which commenced in July 2021. Essex was one of 15 areas taking part, having successfully secured £2.8m grant funding to deliver the Programme until the end of March 2024.

- In Essex, Changing Futures focused on adults in contact with the criminal justice system (as victim or perpetrator), coupled with *two* of the following: substance misuse; homelessness; and mental health issues. However, they will invariably have other complex needs such as a learning disabilities and long-term physical health issues.
- Changing Futures in Essex was a major expansion and enhancement of Essex County Council's (ECC) tried and tested approach over several years, through the Full Circle/Horizons service which sought to build non-punitive, non-time limited therapeutic relationships through positive persistence. Coupled with this, the service forged strong links with partners from all sectors, including police, probation, housing, health, and social care and bringing them together to form a multi-disciplinary/multi agency network of support around the individual
- To further improve the way in which services work together, ECC required increased engagement and support from partners. For example, there was a great deal of activity happening through the Community Mental Health Transformation agenda, but this was at various stages of progression across the County. As such, ECC was keen to engage with health partners to better understand what provision exists and to ensure that those supported through Changing Futures (and related services), who ordinarily find both primary and secondary services difficult to access, can obtain support. ECC would also advocate for wider partners to endorse a multi-agency approach to supporting vulnerable citizens.
- The Board gave their commitment to the shared working involved in this pilot scheme.
- Sam Glover advised that the Trauma Ambassador Group may be worth contacting regarding input into this scheme

The Board strongly endorsed the continued commitment and support of wider partners in achieving the aims of the programme.

## **11. Essex Violence and Vulnerability Partnership Update (HWB/17/22)**

The board agreed to support the development of primary prevention approaches to addressing serious youth violence, and areas of collaboration.

It was agreed that when the VVU (Violence and Vulnerability Unit) (Violence and Vulnerability Unit) needed input from the Board they would either contact the secretariat to get a slot on a future agenda or correspond with the Board via email.

Ian Davidson extended an invitation to Sam Grant and Jim Pearson to the Essex Strategic Coordination Group.

**Action:** Shammi Jalota to liaise with Jim Pearson and Sam Grant regarding support from the policy unit.

## **12. Forward Plan**

The Board noted the forward plan.

### **13. Dates of future meetings**

To note that the next meeting will take place at 10am on Wednesday 20 July 2022 in Committee Room 1 at County Hall, Chelmsford, CM1 1QH.

To note that meetings of the Board will take place on the following dates in 2023 (all on Wednesday at 10am):

- 25 January
- 15 March
- 17 May
- 19 July
- 20 September
- 22 November

### **14. Urgent Business**

There being no urgent or urgent exempt business, the meeting closed at 12:34.