

Thurrock Shadow Health and Well-Being Board

14 March 2013

(Draft) Notes and actions of the meeting – v24/03/13

Board Attendees		
Name	Title	Organisation
Councillor Barbara Rice (BR)	Portfolio Holder Adult Social Care and Health/Chair	Thurrock Council
Councillor John Kent (JK)	Leader of the Council	
Councillor Shane Hebb (SH)	Opposition Group Representative	
Jo Olsson (JO)	Corporate Director People Services	
Roger Harris (RH)	Head of Commissioning	
Carmel Littleton (CL)	Head of Learning and Universal Outcomes	
Mandy Ansell (MA)	Chief Operating Officer Thurrock	Thurrock NHS CCG
Mel Porter (MP)	Interim Deputy Chair	
Len Green (LG)	Lay Member – Patient and Public Engagement	
Kim James (KJ)	Chief Operating Officer	Thurrock Healthwatch
Andrew Pike (AP) – item 4 onwards	Chief Executive	NHS South Essex PCT
Also in Attendance		
Ceri Armstrong (CA)	Directorate Strategy Officer	Thurrock Council
Helen Castle (HC)	Health Transition Support Officer	
Catherine Wilson (CW)	Service Manager, Commissioning	
Debbie Maynard (DM)	Head of Health Improvement	
Jackie King (JK)	Interim Director	Essex Cardiac and Stroke Network
Wendy Smith (WS)	Communications Lead	
William Guy (WG)	Head of Commissioning	Thurrock NHS CCG
Graham Carey (GC)	Chair	Adult Safeguarding Board
David Peplow (DP)	Chair	Children's Safeguarding Board
Anna Brenan (AB)	Detective Inspector	Essex Police
Apologies		
Name	Title	Organisation
Andrea Atherton (AA)	Director of Public Health – Thurrock and Southend Councils	NHS South Essex PCT
Katherine Kirk (KK)	Chair	
Barbara Brownlee (BB)	Director of Housing	Thurrock Council
Andy Prophet (AP)	Chair of Thurrock Community	Essex Police

	Safety Partnership Board	
Ian Stidston (IS)	Director of Primary Care & Partnership Commissioning	Director of Commissioning Board Local Area Team (Essex)
Pro Mallik (PM)	Clinical Representative	Thurrock NHS CCG

Agenda Item	Key Points, Actions, and Decisions	Lead	Due Date
1. Welcome and Apologies	<p>Apologies:</p> <ul style="list-style-type: none"> • Andrea Atherton • Katherine Kirk • Barbara Brownlee • Andy Prophet • Dr Pro Mallik • Ian Stidston <p>Welcome:</p> <ul style="list-style-type: none"> • Jackie King – Interim Director, Essex Cardiac and Stroke Network • Wendy Smith – Communications Lead, Essex Cardiac and Stroke Network • William Guy – Head of Commissioning, Thurrock NHS CCG • Graham Carey – Chair Adult Safeguarding Board • David Peplow – Chair Children’s Safeguarding Board • Catherine Wilson – Service Manager Commissioning • Debbie Maynard – Head of Health Improvement (on behalf of Andrea Atherton) • Anna Brennan (on behalf of Andy Prophet) <ul style="list-style-type: none"> • Cllr Rice extended her thanks on behalf of the Board to JO and she noted that under her leadership, the Board had gone from strength to strength. • Cllr Rice also acknowledged that this meeting would be the last where the Board was in ‘shadow’ form. 		
2. Notes and Actions H&WB Board Meeting	Page 2 – Agenda item 2		

<p>10th January 2013</p>	<ul style="list-style-type: none"> • The CQC's latest inspection report of BTUH has been published. It was noted that there was some way to go with improvements, but that leadership changes were positive. • The reports of two of the four peer reviews at the Hospital had been published (Medicine Review and Paediatric Review). Reports are to be circulated to Board members • The post-Francis Report Mortality Review of 14 Hospitals, including BTUH, is to commence, but currently the start date is unknown. <p>The notes were approved and signed off</p>	<p>CA</p>	<p>04/04/13</p>
<p>3. NHS Midlands and East Stroke Review</p>	<p>Wendy Smith, Jackie King, and William Guy attended to provide Board members with a briefing on the Essex Stroke Review. Wendy Smith detailed the following regarding the review of stroke services:</p> <ul style="list-style-type: none"> • The review will be led by the NHS Commissioning Board Area Team • The review covers the entire stroke pathway, not just hyper-acute units • This is not a cost saving exercise • Will focus on making improvements to the whole pathway • Recommendation is three hyper-acute stroke units for Essex • There will be 24/7 dedicated stroke consultants – 6 across the 3 hyper-acute units • Will result in more effective treatment and faster (even with longer ambulance journeys) • The higher the number of patients, the better the outcomes • Basildon currently sees around 500 per annum – units will be expected to see over 1200 • Hyper acute units will potentially be located in Chelmsford, Southend, Romford • Hyper acute stroke care will be provided for the first 3 days then patients are expected to return home or to their local hospital for continuing care • Data used to develop the recommendation was in a 2 phase process and was paper based. • Three points were paramount when choosing the location of the hyper units: • 32 different configurations shortlisted to 6 		

	<p>based on current trust performance</p> <ul style="list-style-type: none"> • Travel times were analysed based on 30, 45 and 60mins travel time from configuration. • Financial affordability – how much would it cost for the NHS to deliver? • Consultation on the recommendations is likely to take place in the Autumn <p>Further research is needed:</p> <ul style="list-style-type: none"> • Clinical benefits for Essex, Southend and Thurrock • Costs and affordability • Cross border issues and implications • How the model works: Ambulance journey times and clinical standards, clinical collaboration between service providers, speed of effective treatment <p>Project plan so far is:</p> <ul style="list-style-type: none"> • All service providers and CCG work together • Workstream groups for clinical model, finance and activity, communications • Period of discussion; engage and develop • Public consultation – Autumn • CCG approvals – January 2014 • Implementation – 2014/2015 <p>Board Comments:</p> <ul style="list-style-type: none"> • A Board member questioned why, if the review is already at recommendation stage, Thurrock HWWB Board had not already been involved or consulted • Also, what data had been used to decide where the 3 hyper-acute would be located • WG stated that the first phase had been paper based and had looked at a variety of key indicators across the five Essex Hospitals; the second stage involved providers presenting their vision of what the model would look like, and questions and answers • A Board member raised concerns with travel times. There are current issues with ambulance service waiting times which would be exacerbated if patients had to travel further afield to get urgent treatment. Journey times needed to be looked at in real time, as opposed to just looking at maps – e.g. the road network in this area was often congested • The Board also stated that patient participation 		
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	<p>and consultation was extremely important and that it was also important that the tone of the consultation was gauged correctly – e.g. not just a ‘clinical’ tone</p> <ul style="list-style-type: none"> • It was important that quality of care was the first priority – not operational outputs • WS stated that there would be pre-consultation engagement. She also confirmed that there had been little patient and public consultation to date. A communications work stream was to be established and there was room on this for others to be involved • DM stated that there needed to be a clinical appraisal of the options – particularly as heart disease was prevalent in Thurrock and on the rise • A Board member asked what would happen to existing stroke units and that there was a risk that if the stroke unit was removed, then the Hospital may become run down by default • The Board agreed that it was important that they were kept abreast of the development of proposals and had the opportunity to input at the earliest opportunity • The Board asked JK and WS to note the strength of public feeling <p>It was agreed that there should be a joined up response from the Board to the review</p>	RH/MA	TBC
<p>4. Quality and Safeguarding – Francis Report and Winterbourne Report</p>	<p>Catherine Wilson outlined the following regarding Thurrock’s response to the Winterbourne View Report:</p> <ul style="list-style-type: none"> • The review details 63 recommended action points • Thurrock has established an implementation group and a steering group • Progress will be reported to the two safeguarding boards and also to the HWBB • There are 8 people with Learning Disabilities in residential care, and their care is being reviewed • Milestones leading up to 2014 are needed – CW confirmed that these were contained within a more detailed plan of action • Winterbourne View reflects a complete system failure 		

	<p>Graham Carey (Chair Adult Safeguarding Board) and David Peplow (Chair Local Safeguarding Children's Board) added the following comments:</p> <ul style="list-style-type: none"> • Need clarity about the relationship between the HWBB and the two safeguarding boards – Executive to develop with the two safeguarding board chairs and bring back to the Board • Both safeguarding boards will hold the Health and Well-Being Board to account • GC commented that there was a lack of uptake of the IMCA service – this is to be investigated by the relevant manager • KJ stated that there were still issues with LD health checks and that with regards to safeguarding, these were important as they could provide at least one level of protection – this is looked at by the HWB Executive 	<p>CA</p> <p>CW</p> <p>CA</p>	<p>19/04/13</p> <p>03/05/13</p> <p>19/04/13</p>
<p>5. Thurrock CCG Integrated Plan</p>	<p>Mandy Ansell outlined the key points:</p> <ul style="list-style-type: none"> • The Integrated Plan sets out what the CCG is going to do and how they are going to do it. • The Plan should state how it meets the Health and Wellbeing Strategy and JSNA priorities • How the Plan addresses needs raised in the JSNA will be strengthened in future iterations • AP stated that the financial settlement for Primary Care was tight – particularly with regards to investment in facilities; and that out of hospital ambitions may not necessarily be deliverable unless the Commissioning Board and the CCG work together. The Commissioning Board will be developing a primary care strategy this year that they would be aiming to discuss with all Health and Well-being Boards in Essex and will be developed with CCG input. 		
<p>6. Health and Well-Being Strategy: Delivery Plan 2013-14</p>	<ul style="list-style-type: none"> • Delegated to the Executive • The Part 2 Delivery Plan is to be circulated to the Board for information 	<p>CA</p>	<p>04/04/13</p>
<p>7. Health Transition Update:</p> <ul style="list-style-type: none"> • Public Health • CCG Authorisation 	<p>Public Health</p> <p>Debbie Maynard advised the following:</p> <ul style="list-style-type: none"> • The Public Health funding allocation for Thurrock is £7.4 million • This has meant a reduction in the amount of 		

	<p>funding given to providers</p> <ul style="list-style-type: none"> • Thurrock has been disadvantaged by a 'per capita' funding allocation formula • The Council will continue to lobby for an appropriate allocation • DM and her team was thanked for her work <p>CCG Authorisation</p> <p>Mandy Ansell updated the Board:</p> <ul style="list-style-type: none"> • Thurrock CCG has been authorised but subject to a number of conditions • Both Thurrock CCG and Basildon CCG have a number of conditions • The Commissioning Board will agree when conditions can be lifted and will oversee decisions made by the CCG until this time • Basildon CCG will not commission Basildon Hospital – this function will be carried out by the NHS Commissioning Board • Disestablishment is an option if necessary progress has not been made against the conditions imposed. • Elections of the members of the CCG board are due to take place and new GPs are being encouraged to become involved. • Chair election are taking place week commencing 25th March • The Board commented that clinical leadership was very important – and that the Council had a role to play in facilitating this 		
8. Stakeholder Event - Agenda	<ul style="list-style-type: none"> • Draft agenda for the Board's stakeholder event on 15th April presented • Board members to advise if there are additional attendees 	ALL	04/04/13
9. Forward Plan/Any Other Business	<ul style="list-style-type: none"> • The forward plan has been updated for 2013-2014. CA should be contacted if other matters are needed to go onto the plan • Janice Forbes-Burford was thanked for her contributions. Janice's contract comes to an end at the end of March. 		

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Board Action Plan

Ref	Action	Owner	Due Date	Comment/Update
10th May 2012				
2	Monitoring of CCG budget by HWB Board via joint monitoring report with Council	MA/Council Director of Finance	November	January
13 September 2012				
4	Ongoing support for the board beyond April 2013	CA	08/03/13	
5	The LGA evaluation tool to evaluate where the Health and Well-Being Board is in its development to be sent out in December with results available at January meeting	CA	03/12/12	March
7	Communication Plan to be progressed	JO	TBC	March
23 November 2012				
9	Clarification of where the HWB Board sits in relation to the CCG's structure and governance	MA/MP	10/01/12	TBC
9	Leaflets to inform people about the role of the arrangements e.g. CCG and HWB Board	CA	31/03/12	
16	Copy of the project plan needs to be circulated to Board Members	LB	10/12/12	March
17	Need to link LAC in to the Board's governance	CA	10/01/12	March
10 January 2013				
21	Improve Quality of Primary Care Scoping Paper	IS	14/03/13	Strategy to be on the May Board agenda

24	Those who provided comments as part of the consultation and engagement process would receive feedback	CA	TBC	
25	Annual summit for key providers to be organised	CA	TBC	
26	Map providers, which groups they already sit on, and when meetings take place	CA	31/03/13	
27	Performance of the CCG against the CCG Clinical Outcome Indicator set, their progress against the relevant national outcome framework indicators and the three agreed priorities should be reported to the Board	MA	TBC	
14 March 2013				
2	The reports of two of the four peer reviews at the Hospital had been published (Medicine Review and Paediatric Review). Reports are to be circulated to Board members	CA	04/04/13	
3	A joined response from the board to the NHS Midlands and East Stroke Services Review	RH/MA	TBC	
4	Clarification of the relationship between the HWBB and the two	CA	19/04/13	

	safeguarding boards. Executive to develop and bring back to the board			
4	Investigation into the lack of uptake of the IMCA service	CW	03/05/13	
4	Issues regarding LD checks is to be taken to the HWBB Exec	CA	19/04/13	
6	Part 2 of the Delivery Plan is to be circulated to the Board for information	CA	04/04/13	
8	Board members to advise if additional attendees to be invited to the Stakeholder event	ALL	04/04/13	

OPM Development Sessions Action Plan

Ref	Action	Owner	Due Date	Comment/Update
8th October 2012				
5	Physical Health and Well-Being Scoping Paper	DM	14/03/12	HWBB Agenda
6	Frail elderly scoping discussion	RH/Philip Clark	End December	HWBB Agenda