Thurrock Health and Well-Being Board

9th May 2013

(Draft) Notes and actions of the meeting

Board Attendees		
Name	**Title**	**Organisation**
Councillor Barbara Rice (BR)	Portfolio Holder Adult Social Care and Health/Chair	Thurrock Council
Councillor Shane Hebb (SH)	Opposition Group Representative	
Roger Harris (RH)	Director of Adults, Health & Commissioning	
Barbara Brownlee (BB)	Director of Housing	
Dr Andrea Atherton (AA)	Director of Public Health	
Mandy Ansell (MA)	Chief Operating Officer Thurrock	Thurrock NHS CCG
Dr Pro Mallik (PM)	Clinical Representative	
Len Green (LG)	Lay Member – Patient and Public Engagement	
Kim James (KJ)	Chief Operating Officer	Thurrock Healthwatch
Chief Superintendant Andy Prophet (AP)	Chair	Thurrock Community Safety Partnership Board
Also in Attendance		
Ceri Armstrong (CA)	Directorate Strategy Officer	Thurrock Council
Malcolm Taylor (MT)	Strategic Lead-Learner Support	
Jo Hall (JH)	Sensory Development Officer	
David Lawson (DL)	Deputy Head of Legal Services – for item 5	
Clare Panniker (CP)	Chief Executive	Basildon and Thurrock University Hospitals Foundation Trust
Diane Sarkar (DS)	Director of Nursing	
Carolyn Larsen (CL)	Head of Primary Care	NHS England Essex Area Team
Apologies		
Name	**Title**	**Organisation**
Carmel Littleton (CLi)	Director of Public Health – Thurrock and Southend Councils	Thurrock Council
Cllr John Kent (JK)	Leader	
Andrew Pike (AP)	Director	NHS England Essex Area Team
Ian Stidston (IS)	Director of Primary Care & Partnership Commissioning	
Dr Anand Deshpande (AD)	Chair	Thurrock NHS CCG

Agenda Item	Key Points, Actions, and Decisions	Lead	Due Date
1. Apologies for absence	Apologies received from: • Carmel Littleton • Cllr John Kent • Andrew Pike • Ian Stidston • Dr Anand Deshpande		
2. Minutes of the Health and Well-Being Board meeting held on 14th March 2013	Amendments and updates: • Page 5 – potential hyper-acute units in Essex are Chelmsford, Southend and Colchester – not Chelmsford, Southend, and Romford. • Page 7 – Clarification that there are 8 people with Learning Disabilities in 'NHS funded' residential care, not 8 people in residential care overall. • Page 9 – The CCG Chair election has taken place. The elected Chair is Dr Anand Deshpande who will be Chair until the next election process later this year. There are currently 12 GPs on the CCG's Board and this will reduce to 9. • Page 11 – The Board's Action Plan is to be updated and refreshed for the next meeting. Minutes of the 14th March Board agreed.	CA	11/07/13
3. To receive any additional items that the Chair is of the opinion should be considered as a matter of urgency	None.		
4. Declaration of interests	None.		
5. Health and Well-Being Board Meeting Arrangements – Post April 2013	Ceri Armstrong provided an overview of changes to the Board as a result of its statutory partnership board status from April 2013. **The Board:** • **Noted the report;** • **Endorsed the request for an additional opposition group councillor to be a full member of the Board;** • **Agreed not to have substitutes; and** • **Agreed that meetings should be recorded.**		

	With reference to the recommendation for an additional member of the opposition to become a full member of the Board, Cllr Rice advised the Board that this would go to the June Council meeting and not the May meeting as detailed in the report. The May meeting was the annual Council meeting. David Lawson, Deputy Head of Legal Services, provided Board members with a presentation on Declaration of Interests. The Board was now a 'Committee of the Council' and as such all members were required to completed declaration of interests forms – with the exception of councillors on the Board who had already completed the forms. Non-councillors were, in this instance, considered as 'co-opted' members. Board members were made aware that they had to declare interests of their spouse/partner in addition to themselves. Declaring interests was a legal requirement. RH stated that a number of Board members had contracts with the Council and therefore what interests had to be declared needed clarification. Further guidance is to be circulated. All Board members (with the exception of councillors on the Board) are to complete their forms and return to DL.	DL ALL	16/05/13 31/05/13
6. Health and Well-Being Board Performance Framework	Ceri Armstrong presented proposals for the Board's performance framework. The Board agreed that there should be some changes to the proposal: • At each meeting, the Board's agenda should include 'issues in focus'; and • In addition to measuring the implementation of the Strategy, the Board should also be able to measure its own effectiveness and would look at using the LGA's self-assessment tool to do so. **The Board:** • **Agreed the proposed performance**	CA	11/07/13

	framework (including the additions outlined above); and • **Agreed to receiving performance reports the times during the year, and an annual report at its May meeting.**		
7. Improving the quality of secondary care: Basildon Hospital update	Clare Panniker and Diane Sarkar provided an update on the Hospital's performance. In terms of recent developments: • Outcome 10 (Legionella Management Systems) were now judged as being compliant; • There were 3 outstanding concerns – outcome 16 infection control (must be compliant by August), outcome 4 assessment of children at Accident and Emergency – much work had taken place included the opening of a children's A&E; • A new 14-bed ITU had opened; • New capital plans were being developed to support additional beds – looking to make 70 beds available before next Winter but also looking at how admissions could be avoided via a jointly prepared Elderly Care Strategy; • Nursing skill mix review was now concluded – with investment in nursing recommended; • New Clinical Management Structure launched – now 5 clinical divisions and some new appointments made. Clinicians in charge of clinical divisions; • Real-time patient feedback system installed (Hospedia); and • Quality and safety transformation programme in place – to build project capacity for all change programmes. CP stated that the Care Quality Commission (CQC) would return to the Hospital in August and look at whether previous changes had been embedded. The Keogh Review of Mortality had commenced at the Hospital, with reviewers on site for two days (9th and 10th May). The review though was much broader than mortality – about care and treatment. An unannounced visit was also to take place and the final stage would be a 'risk summit' held on the 6th June.		

	CP said that no immediate concerns had been brought to her attention yet as part of the review. The Hospital was focusing on reducing mortality. CP said that a shortage of residential care beds meant that more people ended their lives in a hospital setting. CP was asked to clarify this point and confirm what the shortage of Thurrock beds was as the impression locally was that the number of beds provided in Thurrock was sufficient to meet need. Diane Sarkar updated the Board that the pressure ulcer target had been missed, but that the number of 3 or 4 grade pressure ulcers had decreased. The Hospital was below the trajectory for patient falls, but complaints were 104 for the previous month where the average was approximately 40. Many of these were old and key themes were cancelled appointments. A patient experience lead had been appointed and would work closely with HealthWatch. The Hospedia system would help by providing real-time feedback. Questions and queries raised by Board members were: • How the Hospital was managing public perception and confidence – this was a challenge at present and tough for staff, but there were positive stories too; • How robust the Hospital was when tendering for services (for example the risk that the Hospital may lose the services they currently provided) – the Hospital was lobbying hard with regards to vascular services and was working with local commissioners regarding stroke services; • Concern that patients do not want to be referred to the Hospital and concerns with recruitment of higher level staff, also issue with maternity capacity – no magic solutions, but important for the whole system to work together to build confidence and advocates needed. Close to achieving CQC compliance for the first time in three years. Recruitment is ok, with the exception of 'hard to	CP	07/06/13

	recruit' areas such as Accident and Emergency; • Perception that access to GPs is not great and the concern that we may be missing talent within the Hospital itself; • Concerns about what the Board can do to help the Hospital build public confidence and whether it should await the Keogh review first before being seen to 'endorse' – MA stated that the Board needed to understand the role of the CCG. The CCG was working closely with the Hospital and that Thurrock's use of Accident and Emergency was below the national average. Both the stroke and pathology reviews were being handled sensitively by the Director of the NHS England Essex Area Team and neither were a 'done deal'. • LG asked what level the patient experience lead was and who they would link in to – it was confirmed that the post would report directly to DS. Many comments made by patients related to communication; • KJ stated that she had met with the Hospital and was involved in capturing feedback. Working with the Hospital had been a positive experience; • Core role of the Board was 'system leadership' and the role of partners was to make sure systems were operating as they should be. The 20:20 Report needed to come to the Board – this showed where the system was and was not working well. Partner communications should be used to help improve the message about the Hospital. The Chair thanked CP and DS for their attendance.	RH RH	TBC TBC
8. NHS England Draft Essex Wide Primary Care Strategy	Carolyn Larsen, Head of Primary Care at NHS England's Essex Area Team presented a report on the development of a draft Essex-wide Primary Care Strategy. The first draft of the Strategy will be completed by the end of May and ready to share with key stakeholders prior to broader consultation.		

	The draft will be presented to the Board at its July meeting – along with supporting information. Board members asked about the new 111 service and wanted a detailed update. **The Board noted the contents of the report.**	CL CL	21/06/13 21/06/13
9. Transforming Care: A national response to Winterbourne View Hospital Thurrock Implementation Update	Roger Harris updated the Board on where Thurrock was against its Winterbourne View action plan. The Winterbourne View report had made a number of recommendations and Thurrock had an action plan responding to the recommendations. Part of this included reviewing all learning disabled people in NHS-funded places. This had now been completed. The Council were confident in the quality of care being received. The Board asked for a further report to be brought back in September. A 'red, amber, green' traffic light system is to be added to the action plan to ensure that progress can be better measured. Relevant indicators to be added to the Board's performance framework. **The Board noted the report regarding progress in Thurrock.**	 CW CW CW	 23/08/13 23/08/13 31/05/13
10. Thurrock Autism Strategy	Jo Hall, Sensory Development Worker, presented the Autism Strategy and draft Action Plan to the Board. The Strategy had been developed through extensive consultation – including parents, carers, and autism sufferers. Thurrock had a world class school for children with autism. This attracted families to move to the Borough. A Board member commented that transition from children's services to adult services was a difficult area. The Director of Public Health stated that the JSNA needed to be strengthened with autism		

	information. The Strategy needed to reflect health issues in the broadest sense – e.g. lifestyle issues. Training was being provided to staff and take-up was good. As this is a key issue, the Board wanted to add relevant performance indictors to its performance framework. A Board member asked what services adults could access as it was difficult when children reached adult age – adults should be accessing mainstream services, and specialist services when necessary. **The Board noted the report.**	JH	31/05/13
11. Health and Well-Being Board Annual Stakeholder Event – Post Event Report	Ceri Armstrong presented to the Board the Annual Stakeholder Event Post Event Report. A Board member stated that it had been a good event. There were questions over the frequency of Board events. The Board had committed to an annual event, but these should probably be more frequent and maybe themed. The Board agreed that the Executive Committee should consider what other events should take place. **The Board:** • **Noted the contents of the report; and** • **Agreed next steps – including the Executive Committee considering what other events should take place.**		
12. Forward Plan	The Board considered the Forward Plan. The item for the July Board on the Hyper Acute Stroke Unit Review may need to be placed on a future Board – MA to confirm. Forward Plan to be updated with items from today's Board meeting.	MA CA	