

Thurrock Health and Well-Being Board
12th September 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	NHS Thurrock CCG
Len Green (LG)	Lay Member – Patient and Public Engagement	
Kim James (KJ)	Chief Operating Officer	Thurrock Healthwatch
Andrew Pike (AP)	Director	NHS England Essex Area Team

Also in Attendance

Ceri Armstrong (CA)	Directorate Strategy Officer	Thurrock Council
Les Billingham (LB)	Head of Adult Social Care	
Catherine Wilson (CW)	Service Manager, Commissioning	
David Bull (DB)	Director of Planning & Transportation	
Clare Panniker (CP)	Chief Executive	BTUH
Leigh Norris	Acting Chief Inspector	Essex Police

Apologies

Name	Title	Organisation
Carmel Littleton (CLi)	Director of Children's Services	Thurrock Council
Cllr John Kent (JK)	Leader of the Council	
Cllr Joy Redsell (JR)	Opposition Member	
Dr Anand Deshpande (AD)	Chair	NHS Thurrock CCG
Dr Pro Mallik (PM)	Clinical Representative	
Chief Superintendant Andy Prophet (APr)	Chair	Thurrock Community Safety Partnership Board
Ian Stidston (IS)	Director of Primary Care & Partnership Commissioning	NHS England Essex Area Team

Agenda Item	Key Points, Actions, and Decisions	Lead	Due Date
1. Apologies for absence	As above.		
2. To approve as a correct record the minutes of the Health	Minutes agreed.		

Agenda Item	Key Points, Actions, and Decisions	Lead	Due Date
and Well-Being Board Meeting, 11 th July 2013			
3. To receive any additional items that the Chair is of the opinion should be considered as a matter of urgency	<ul style="list-style-type: none"> • Item 5 – concerns with the ‘Out of Hours’ service will be raised and taken forward as part of the Primary Care Strategy. MA to raise at the Primary Care Strategy listening event in October . • Item 6 - Violence Against Women and Girls Strategy – Implementation Progress Report to come to the January Board. • Item 13 - An update on piloting the Skype befriending scheme for older people to be brought to the January Board 	<p>MA</p> <p>BF</p> <p>ST</p>	<p>24/10</p> <p>09/01</p> <p>09/01</p>
4. Declaration of interests	No interests were declared.		
5. BTUH update (inc. Keogh Review)	<p>Keogh Review –</p> <ul style="list-style-type: none"> • What being in ‘special measures’ means is still unclear. There will be a statement made by the Secretary of State for Health next week to outline what the special measures are. • Early indications are that measures to be introduced at Basildon will be ‘light touch’ due to the amount of work already in progress – this will be confirmed • A ‘check and challenge’ director will be appointed to each Trust in ‘special measures’, and each Trust will be allocated a ‘buddy’ Trust • A full inspection of all Keogh Trusts will be carried out within 12 months. <p>CQC Warning Notice –</p> <ul style="list-style-type: none"> • BTUH were due to be compliant with CQC outcome 16 by the 13th August 2013 and are due to be inspected to ensure compliance. The inspection visit has not yet taken place. • Much work has been undertaken. Policy procedures and processes have been restructured as part of a radical overhaul of governance arrangements. BTUH are confident that the CQC will recognise the 		

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	<p>improvements made.</p> <p>Preparation for Winter –</p> <ul style="list-style-type: none"> • There have been significant investments this year in preparation for the winter period. This includes 67 additional beds available and a new 28 bedded ward currently being built which will be ready by the 1st December. • Additional capacity will be made available at Brentwood Community Hospital • A £1.8 million investment in nursing has been made (approximately 200 additional fully qualified nurses), with all to be in place by November • Doctors with a respiratory focus have been hired due to these conditions being the biggest cause of admission for elderly people in particular in the winter. • A frailty pilot has been introduced to prevent patients remaining in hospital for too long. A new 12 bedded frailty ward will be located within A&E where elderly patients will be sent after screening. • Clear winter plans are in place for this year, facilitated by the Urgent Care Board. • The Director of Adults, Health and Commissioning was keen that this year's Winter Plan was joined up across health and social care to ensure systems worked effectively. • Mortality levels are the lowest they have been and have been consistently low over the last 3 months. • The Winter plan is to be brought back to the November Board <p>Patient engagement and involvement</p> <ul style="list-style-type: none"> • Listening Surgeries have been introduced. These are informal drop in sessions for staff and public separately. • PALS have been re-located to the front entrance of the hospital. • These initiatives have both resulted in positive feedback from patients. • A new screening process in A&E will be put 	<p>TS/JFT</p>	<p>14/11</p>

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	<p>projects has been established, with communities able to apply for grants of up to £250 as long as they match-fund this amount with time.</p> <ul style="list-style-type: none"> The Chair reported that the public had concerns about the complexity of the application process. LB to clarify with Natalie Warren and report at the November Board meeting. Recommendations, including the BPF programme's governance arrangements, were agreed. 	LB	14/11
8a. Annual Public Health Report	<ul style="list-style-type: none"> The Director of Public Health gave an overview of Thurrock's Annual Public Health Report. The Board recommended that the Annual Public Health Report should have a summary version that is easily accessible to the public. An executive summary will be developed for publication and key messages to be communicated to the public will be identified. This will be discussed and taken forward at the HWBB Executive Committee. The Director of Housing stated that work was being carried out to target people living in private sector housing with the worst health outcomes and that the Annual Public Health Report could be used to help with this work. AA and BB to discuss how to take forward. 	AA	TBC
8b. Summary of Longer Lives	<ul style="list-style-type: none"> The Director of Public Health reported on the Public Health England 'Longer Lives' tool and Thurrock-specific results People living in Thurrock need to be encouraged to live healthy lifestyles and we need to ensure people attend screening programmes as early detection is key. Smoking is the key issue in Thurrock linked to premature mortality – e.g. lung disease, stroke, heart disease. We need to promote earlier screening and diagnosis. People need to be encouraged to visit the GP early. Thurrock CCG has a cancer doctor working with GPs to help 	AA	TBC

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	<p>with early diagnosis of cancer.</p> <ul style="list-style-type: none"> • Alcohol-related diseases are not shown to be a key issue for Thurrock – this might be due to Thurrock not having a night time economy. • It is important that those eligible for flu jabs are encouraged to have them – particularly important for those with conditions such as COPD. 		
9. The Care Bill – Information Item	<ul style="list-style-type: none"> • Ceri Armstrong presented an overview of the Care Bill. • Key implications relate to the proposed implementation of a £72k care cap – which could have a significant financial impact • The Bill has a clear focus on integration, prevention, and early intervention – which is in keeping with the Council and partners’ focus – e.g. through Building Positive Futures. • The Bill will review the national minimum eligibility threshold and also introduce the first ever statutory framework for adult safeguarding. 		
10. Learning Disability Health Checks	<ul style="list-style-type: none"> • There are approximately 500 people in Thurrock with Learning Disabilities and 167 of those people received a health check in 2012/13. • There is concern that some GPs are signing up to the Learning Disability Health Check Directly Enhanced Service but then not delivering the checks. • A monitoring system will be established to measure delivery in-year. • HealthWatch have progressed the low LD health check delivery issue to HealthWatch England and NHS England. • Naming those GPs’ surgeries who sign up to the DES but then do not deliver the health checks is an option. • A list is needed of all practices who have signed up to DES for this year, and also how many checks each practice who signed up to the DES in 2012/13 actually delivered. 	IS	28/09

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11. Improving Health Outcomes for Children and Young People	<ul style="list-style-type: none"> • The Board agreed to sign up to the national Better Health Outcomes for Children and Young People pledge. • The ambitions and outcomes contained within the Pledge are consistent with what we want to achieve for children and young people in Thurrock, and consistent with the Health and Wellbeing Strategy. 		
12. 1 st Quarter Performance Report	<ul style="list-style-type: none"> • Progress is based on annual delivery plans for the HWB Strategy. • Most actions are on track, although it is too early at this stage to identify the impact of those actions on improving outcomes. • The Board concluded that quarterly reporting is too often and that reporting should be every 6 months. 		
13. Forward Plan 2013 - 2014	<ul style="list-style-type: none"> • RH and MA are carrying out work to identify how 106 monies should be used. • The consultation on the hyper acute stroke review will commence early 2014, with the decision on both the stroke review and the vascular services review likely to take place jointly. • KJ and LG reported that the public were extremely unhappy with the consultation as they felt there was only one option being consulted on as if it was a 'done deal'. AP confirmed that this was no longer the case and more than one option would be presented and consulted on. 		

DRAFT