

Thurrock Health and Well-Being Board
14th November 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	
Councillor Joy Redsell (JR)	Opposition Group Representative	
Roger Harris (RH)	Director of Adults, Health & Commissioning	
Barbara Brownlee (BB)	Director of Housing	
Carmel Littleton (CLi)	Director of Children's Services	
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
Also in Attendance		
Ceri Armstrong (CA)	Directorate Strategy Officer	Thurrock Council
Catherine Wilson (CW)	Service Manager, Commissioning	
Christopher Smith (CS)	Project Manager	
Fran Leddra (FL)	Fieldwork Service Manager	
Allison Hall (AH)	Joint Commissioning Officer (Health Inequalities & Reablement)	
Lynsey Nykerk (LN)	Business Support Officer	
Graham Carey (GC)	Independent Safeguarding Champion and Co Chair of the Adult Safeguarding Board	Independent Chair
Sir Thomas Hughes-Hallett (THH)	Chair	Who Will Care Commission of Enquiry
Apologies		
Name	Title	Organisation
Cllr John Kent (JK)	Leader of the Council	Thurrock Council
Dr Anand Deshpande (AD)	Chair	NHS Thurrock CCG
Dr Pro Mallik (PM)	Clinical Representative	
Representative	Chair	Thurrock Community Safety Partnership Board
Ian Stidston (IS)	Director of Primary Care & Partnership Commissioning	NHS England Essex Area Team
Andrew Pike (AP)	Director	

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 and Well-Being Board Meeting, 11 th July 2013	Minutes agreed.		
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	No interests were declared.		
5. Who Will Care? Commission into Health and Social Care Strategy	<p data-bbox="395 786 1129 929">Sir Thomas Hughes-Hallett, author of 'Who Will Care', attended the Board to present the findings of the Commission and to receive and respond to comments and questions. Key points included:</p> <ul data-bbox="443 974 1129 1780" style="list-style-type: none"> <li data-bbox="443 974 1129 1187">• Housing acknowledged as a key issue and also a key enabler – THH acknowledged that Thurrock was forward thinking in its ongoing work to provide groundbreaking housing schemes for older people in Thurrock – e.g. Derry Avenue <li data-bbox="443 1193 1129 1261">• Primary care is vital – including the growing role of community pharmacists <li data-bbox="443 1267 1129 1368">• THH is setting up a charity whose purpose will be to find out who is vulnerable in Essex <li data-bbox="443 1375 1129 1590">• THH has been commissioned by Essex County Council for another year on a one day a week basis – to act as a 'catalyst for change'. Support will be to the entire geographical area of Essex – e.g. including Thurrock and Southend <li data-bbox="443 1597 1129 1641">• A key issue is data and technology <li data-bbox="443 1648 1129 1780">• Critical that there is a focus on a citizen-centred approach – e.g. GPs in South Ockendon are utilising the 'hub' for quasi social prescriptions <p data-bbox="395 1825 1129 2024">The Board discussed and endorsed Thurrock's response to the Who Will Care report. This was further endorsed by THH who agreed with the comments and recommendations contained within the Thurrock response.</p>		

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	The Board stated that it was happy to have an ongoing dialogue with Thomas Hughes-Hallett about how he might be able to assist.		
6. ASC Market Position Statement	<p>Christopher Smith presented the draft Market Position Statement for Adult Social Care. Key points included:</p> <ul style="list-style-type: none"> • As part of the Care Bill, councils will have a new responsibility to prepare a Market Position Statement, and it is through this that councils will promote a high range of high quality care services to meet the needs of the community • The MPS identifies how needs may change over the next five years and plans required to meet those needs • The MPS will link to the Health and Social Care Integration vision • The statement needs approval from the Board prior to consultation. The MPS will then be further developed in conjunction with service users, carers and providers. • The Board approved consultation arrangements for the draft MPS for Adult Social Care. 		
7. Annual Adults Safeguarding Report and Health and Wellbeing Board Safeguarding Protocol	<p>Fran Leddra and Graham Carey presented the Safeguarding Adults Annual Report to the Board for noting. Key points included:</p> <ul style="list-style-type: none"> • Overall, Thurrock is performing well and does well in relation to comparators • Small specialist teams are key to this success • Highlights include the relationship between safeguarding and housing, and the relationship between safeguarding and the fire service and health partners • Financial abuse is a continuing concern along with the under-reporting of sexual abuse • BB voiced concern at SEPT pulling out of the Housing Mental Health Forum - this issue and its impact will be discussed and followed up with RH • Concern was raised that Thurrock HealthWatch is not represented on the Essex Quality Surveillance Group. RH is to follow up with AP. <p>Ceri Armstrong presented the Health and</p>	<p>BB</p> <p>RH</p>	<p>ASAP</p> <p>ASAP</p>

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	<p>Wellbeing Board's Safeguarding Protocol for agreement</p> <ul style="list-style-type: none"> • A protocol has been formed to clarify the relationship between and roles of the Safeguarding Board and the Health and Well-Being Board. This is to ensure they link and work together effectively. • The protocol has been signed off by both the Children's and Adults' Safeguarding Boards • The protocol will be reviewed on a regular, ongoing basis. • The Director of Children's Services (CLi) needs to be included on the signatories page. • Amend to ensure the protocol details Children's Overview and Scrutiny Committee. • There may be areas of overlap in regards to the Health and Well-Being Board and HOSC – and this is something that will need further discussion. • The Board agreed the protocol. 	<p>CA</p> <p>CA</p>	<p>09/01/14</p> <p>09/01/13</p>
<p>8. Learning Disability Health Checks.</p>	<p>Catherine Wilson updated the Board on progress being made with Learning Disability Health Checks. Key points included:</p> <ul style="list-style-type: none"> • 80% of Thurrock GPs have signed up to DES for 2013/14. • NELFT has been commissioned to carry out the Health Checks for GP surgeries who have not signed up to the LD Health Check DES. • The Board is still awaiting confirmation of which GPs have signed up to the DES so that tracking can commence. A letter will be written to Ian Stidston. • Regular monitoring will take place to ensure that Health Checks are being carried out throughout the year. • HealthWatch have written to the Department of Health to suggest that Learning Disability Health Checks should not be a DES 	<p>RH</p>	<p>TBC</p>
<p>9. Mental Health Strategy – To sign-off the final strategy and action plan.</p>	<p>Catherine Wilson presented an update on the South Essex Mental Health Strategy and Thurrock Mental Health Service. Key points included:</p> <ul style="list-style-type: none"> • This report was not to sign off the strategy 		

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	<p>but to report progress</p> <ul style="list-style-type: none"> • There is close working with SEPT on how to deliver a new Gateway to services with a single point of entry and the development of a new community service divided in to a First Response Team (providing a multi-disciplinary service for up to 6 months) and a Recovery Team (a multi-disciplinary team providing a recovery framework for individuals for up to 2 years) • SEPT have been asked to devise a service model and business plan for approval • There are some implications that will need to be considered – e.g. how the current section 75 agreement will be affected, and the secondment of social care staff to SEPT • A separate Mental Health Funding Panel has been developed to allocate funding for care packages • The Mental Health Partnership Board has been re-launched and the Mental Health Forum has been re-established. • Recommendations were agreed. 		
10. Health and Social Care Integration Fund.	<p>Roger Harris informed the Board of the Health and Social Care Integration Transformation Fund. Key points included:</p> <ul style="list-style-type: none"> • The Integration Transformation Fund has arisen from the spending review and equates to £3.8 billion. • The majority of the £3.8 bn is not new money, but existing funding streams. • This is a single pooled budget for health and social care services – which will enable health and social care to work more closely in local areas. • The CCG and Council are expected to jointly develop a plan that details how the money will be spend. • The timetable is tight as the plan needs to be submitted to NHS England by the 15th February 2014 and must first be signed off by the Health and Wellbeing Board. Providers and patients and service users need to be engaged in the development of the plan 		

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	<ul style="list-style-type: none"> • 14/15 will be a virtual year, with an additional £200 million being made available to kick start work on integration • The £3.8 bn pooled budget will be made available for the 15/16 year – with an element of the money being subject to performance • Working Groups have been formed to develop possible options and identify challenges, and a workshop will take place with Thurrock CCG on the 19th December. • There will be an extra HWBB meeting on the 10th February 2014 to sign off the Integration Transformation Fund. 		
11. Urgent Care Recovery and Improvement Plan.	<p>The report submitted by Tania Sitch was discussed. Key points included:</p> <ul style="list-style-type: none"> • This is a requirement of NHS England. • Demand, especially for winter, needs to be managed. • The Board need to formally sign off of this plan. • The issues of the previous winter must be avoided. • Money has been allocated to hospitals and now BTUH have new systems and structures in place and an Unplanned Care Board. • Thurrock has its own mini-winter plan for health and social care. • Bed occupancy is now tracked on a daily basis. • Lessons have been learned from last year and therefore a lot of planning has taken place. • The Plan has been agreed by the Board. 		
12. Forward Plan	<ul style="list-style-type: none"> • The Forward Plan will be considered by the Health and Well-Being Executive Group at its next meeting. 		

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