

MINUTES

Thurrock Health and Wellbeing Board

9th January 2014

14.00 – 16.00

Committee Rooms 2 and 3

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) From item 5	Opposition Group Representative	
Councillor Joy Redsell (JR)	Opposition Group Representative	
Roger Harris (RH)	Director of Adults, Health & Commissioning	
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 and Interim Chair	
Andrew Pike (AP) From item 5	Director	NHS England Essex Area Team
Joyce Sweeney (JS)	Chair	Thurrock Healthwatch
Chief Superintendent Sean O'Callaghan (SOC)	Vice Chair	Thurrock Community Safety Partnership Board
Also in Attendance		
Ceri Armstrong (CA)	Strategy Officer	Thurrock Council
Apologies		

Name	Title	Organisation
Barbara Brownlee (BB)	Director of Housing	Thurrock Council
Lucy Magill (LM)	Chair	Thurrock Community Safety Partnership
Ian Stidston (IS)	Director of Primary Care & Partnership Commissioning	NHS England Essex Area Team

Item No.	Subject	Action
1.	Apologies for absence	
	<ul style="list-style-type: none"> As noted above 	
2.	To approve as a correct record the minutes of the Health and Wellbeing Board Meeting held on the 14th November 2013	
	<ul style="list-style-type: none"> Agreed 	
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"> None 	
4.	Declaration of interests	
	<ul style="list-style-type: none"> No interests were declared 	
5.	Care Bill – Roger Harris	
	<ul style="list-style-type: none"> The purpose of the paper was to note the work being undertaken and the financial implications for the Council and its partners Key issues include the care cap and the threshold rise for assets at which point people would become self-funders Placement costs will increase over 3 years (16/17 – 18/19) by 20% irrespective of the Care Bill due to demographic pressure The impact is greater with the introduction of the Dilnot changes – as of April 2016 There will be additional cost pressures due to an increased number of assessments The consequences of the Care Bill are significant <p>Agreed: The Health and Wellbeing Board noted the current assumptions behind the introduction of the reforms and requested a full report to come back on the wider implications</p>	

	of the Care Bill for the Council and its partners once final legislation is passed.	
6.	<p>Health and Social Care Integration – Ceri Armstrong</p> <ul style="list-style-type: none"> • The purpose of the paper was to update the Board on progress being made on the completion of Thurrock’s Better Care Fund (BCF) and to enable the Board to input further in to the development of the direction of travel for health and social care integration • The BCF is just a starting point • The initial focus will be on older adults and unplanned care – and associated budgets will be added to the BCF pooled fund for Thurrock • The BCF provides an opportunity for areas to be as ambitious as possible • Providers have been written to as it will be essential to engage with them as part of the Plan’s development and delivery • AP stated that Continuing Health Care should be considered and that this was one of the largest areas of overspend for CCGs. He also stated that the Essex Area Team would want early sign of the Plan and that there needed to be commonality with Basildon CCG with regards to metrics concerning the acute sector • RH commented that delivery of the Plan’s outcomes would require local partners agreeing to freeze payment by results for hospitals and incentivise community services. It would be important that acute care was not activity driven. Thurrock would be looking to the Essex Area Team to support this. • AP responded that the Area Team would support if providers were in agreement and would help to facilitate a dialogue if required • The Board are meeting on the 10th February to agree the draft Plan with responsibility for agreeing the final Plan being delegated to the Board’s Chair. <p>Recommendations were agreed.</p>	
7.	<p>Learning Disability update regarding Learning Disability Health Checks, the Health and Social Care Learning Disability Self Assessment and the progress with the Winterbourne agenda for change – Catherine Wilson</p> <ul style="list-style-type: none"> • The purpose of the report was to inform the Health and Wellbeing Board about current progress with the learning disability health checks, the disability self-assessment and the Winterbourne agenda for change • Roger Harris presented the report on behalf of Catherine Wilson 	

	<ul style="list-style-type: none"> • 13/14 Learning Disability Health Check data is still awaited and this has subsequently been asked for • As the Self Assessment has not printed well, a summary will be provided for the next meeting. • With regards to Winterbourne, 12 service users were originally identified, with 9 people requiring resettlement – all of whom are on target with the exception of one person who requires on-going hospital support • MA commented that the process for LD health checks this year was more robust, but that the system responsible for collecting the information about checks undertaken was not working. MA would email current numbers for CA to circulate to Board members • BR stated that quarterly returns were required. <p>Recommendations were agreed.</p>	<p>CW</p> <p>MA/CA</p> <p>CW</p>
8.	<p>Violence Against Women and Girls Strategy progress report 2013-2014 – Barbara Foster</p> <ul style="list-style-type: none"> • The purpose of the report was to provide an overview of the progress of the local strategy to combat violence against women and girls and the associated actions; and to enable the Board to have the opportunity to make comment. • It was essential that there was a lead officer for this agenda and for ensuring the implementation of the Strategy, and this would be the Munro Principal Social Worker • A police officer was now working alongside children’s social care and was looking at referrals that had a domestic violence element • Domestic abuse support was underused and publicity about the service needed refreshing • There was a range of other services that did have good uptake • E-safety work was of note • AA stated that it was important to link public health more closely with VAWG work • BF commented that the local area coordinators were being trained to recognise VAWG issues and how to refer people who had domestic violence issues, and that children’s centres were also working alongside local area coordinators <p>Recommendations were agreed</p>	
9.	<p>Health and Wellbeing Planning and Development Sounding Board – Ceri Armstrong</p> <ul style="list-style-type: none"> • The purpose of the report was for the Board to sign off terms of reference and agree the establishment of the Planning and Development Sounding Board • Concerns were raised about membership of the Sounding 	

	<p>Board – e.g. councillor representation, voluntary groups, children’s representative</p> <ul style="list-style-type: none"> • Possibility of developing a set of principles for the group <p>The establishment of the Board was agreed in principle subject to the terms of reference being reviewed</p>	
10.	<p>Pharmaceutical Needs Assessment – Andrea Atherton</p> <ul style="list-style-type: none"> • Originally published by PCTs, the Pharmaceutical Needs Assessment (PNA) was now the responsibility of the local authority in consultation with the Health and Wellbeing Board • NHS England was responsible for commissioning pharmaceutical services • The PNA had to be developed and published by April 2015 • The work in Thurrock would be led by Public Health – via a steering group • Consultation would take place in June with a final report being produced for December • SH stated that it was important to ensure that pharmacies were ‘fit for purpose’ as this was key to reducing the number of people going to their GP or to hospital unnecessarily. Accessibility was key • BR said it was important to have a readable version of the PNA • RH recommended to the Board that the Local Pharmaceutical Committee (LPC) attended to present – given the critical role of pharmacies and pharmacists in reducing unplanned care • AA would produce a paper on closer working with community pharmacists – to initially be brought to the Executive Committee. <p>Recommendations were agreed. It was further agreed that the LPC would be invited to a further meeting of the HWB Board to discuss how the potential of pharmacists can be realised to deliver the aims of the HWB strategy.</p>	AA
11.	<p>Local Government Declaration on Tobacco Control – Andrea Atherton</p> <ul style="list-style-type: none"> • The purpose of the report was to inform the Board about the Council’s commitment to becoming a signatory to the Local Government Declaration on Tobacco Control, and seek the support of partners to protect local communities from the harmful effects of smoking through their respective organisations. • The Board were made aware that the Leader of the Council had already signed the Declaration • Concern was raised about the numbers of children smoking 	

	and that this was still a big issue in Thurrock.	
	Recommendations were agreed	
12.	Forward Plan	
	<ul style="list-style-type: none"> • Looked After Children Health Checks • Children’s Safeguarding Board Annual Report • Learning Disability Self-Assessment Summary • Statement of Commitment to Engagement 	