

## Minutes of the Meeting of the Health and Wellbeing Board held on 17 July 2014 at 2.00 pm

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- Present:** Councillors Barbara Rice (Chair) and Joycelyn Redsell
- Mandy Ansell, (Chief Operating Officer, Thurrock NHS Clinical Commissioning Group)  
Len Green, (Lay member, Clinical Commissioning Group)  
Roger Harris, (Director of Adults, Health and Commissioning, Thurrock Council)  
Kim James, (Chief Operating Officer, Healthwatch Thurrock)  
Carmel Littleton, (Director of Children's Services, Thurrock Council)
- Apologies:** Councillors John Kent, Dr Andrea Atherton, Barbara Brownlee, Dr Anand Deshpande, Lucy Magill, Andrew Pike and Ian Stidston
- In attendance:**
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|--------------------------|---|
| Allison Hall             | Commissioning Officer                         |
| Debbie Maynard           | Head of Public Health                         |
| Michelle Cunningham      | Thurrock Community Safety Partnership Manager |
| Malcolm Taylor           | Strategic Lead Learner Support                |
| Dermot Moloney           | Business Improvement Manager -Housing         |
| Les Billingham (item 12) | Head of Adult Social Care                     |
| Dawn Scrafield           | Director of Finance                           |
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Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

### 1. Minutes

The minutes were agreed with the following amendments:

Cllr Kent was present on 13<sup>th</sup> March 2014

### 2. Urgent Items

There were no items of urgent business

### 3. Declaration of Interests

There were no declarations of interest declared.

#### **4. Prevent - Thurrock's Response to Extremism**

Michelle Cunningham presented PREVENT: Thurrock's response to extremism.

Michelle stated that the greatest threat nationally was the Syrian crisis, and that locally, the threat was from right-wing extremism.

All agencies are asked to incorporate the PREVENT agenda within their organisations.

At a local level, there is good representation from local agencies. Issues are identified and managed, but there appear to be a lack of referrals which does not reflect what is known nationally. Leads have been asked to reinforce this message with staff, and there are a range of training tools available to train both professionals and the community.

Carmel asked what information was used to judge whether there were not enough referrals.

Michelle stated that concerns were raised informally, but then not followed through.

Councillor Rice stated that she was not aware of the referral process, therefore could this be reinforced and publicised? Councillor Rice stated furthermore that she did not feel that the Board could agree recommendation 1.2 and that it should be amended as follows:

*That Board members satisfy themselves that the Community Safety Partnership are cascading the Prevent agenda to commissioned services.*

The amended recommendation 1.2 was agreed along with 1.1.

Councillor Redsell stated that Councillors would like more information and training.

Michelle and Roger would meet to agree how to ensure that commissioned services had a greater awareness.

#### **5. Engaging with patients and the public throughout the commissioning process**

Len Green presented Engaging with users and carers of services and the public throughout the commissioning process.

Len stated that users and the public are involved as part of the Health and Social Care Transformation Programme and the commissioning cycle in its entirety.

The expectation is that all partners are involved and appropriately supported, and Len stated that there was an engagement group, chaired by Len, steering this work and ensuring involvement took place.

Roger emphasised the Social Value Act and that a working party had been set up to map out good practice in the way the Council commissions and procures services. The working party will be reporting to Cabinet in November. Roger commented that 'proportionality' needed to be considered.

Mandy commented that the CCG were undertaking an options appraisal on the Walk-In Centre, and asked when the CCG would need to present to the Group.

Len said that he was happy to be involved as early as possible so he could identify the right people to input.

Dawn asked whether a forward plan be shared, and Len agreed to prepare a paper for sharing.

Councillor Redsell commented that the engagement flowchart looked busy and that Members were the conduit to the public and that also, there were a number of local and ward-level groups doing good work.

Len responded that it was important to attempt to involve everyone, including small groups and wanted to emphasise involvement at the 'ideas' stage.

Kim added that a targeted approach was required.

Recommendations 1.1 and 1.2 were agreed – with a slight amendment to 1.1 to include NHS England.

## **6. Healthy Weight and Tobacco Control strategies**

Debbie Maynard presented the Healthy Weight and Tobacco Control Strategies.

### **Healthy Weight Strategy**

The ambition was to reduce the proportion of adults and children who are obese and ensure this continues on a downward trend.

Debbie stated that the Public Health team would be refreshing the benchmarking previously undertaken against the 10 CIPFA comparator authorities. She also said that a healthy weight workshop had been held; surveys had been carried out with GPs, schools, and providers; and there had been consultation with different groups. The Healthy Weight workshop had refreshed the action plan.

Carmel voiced here congratulations on the 'Beat the Street' initiative.

It was felt that the data underplayed the improvement that had been achieved and that East of England was not a comparator. The Board asked that a sentence was included within the Strategy to reflect this point.

The statistics stated that there had been a 5% increase in year 6 obesity levels. Debbie was asked to explore this and provide a response.

Debbie commented that the information was reliant on parents providing consent for their child to be weighed.

Councillor Redsell stated that she had seen cars visiting the 'Beat the Street' points – and Debbie commented that the Facebook page 'named and shamed' those who cheated.

Councillor Redsell queried whether the underweight and healthy weight statistic was correct.

Debbie said that school nurses would have the role of improving weight.

Michelle said she would link with Debbie on the community alcohol project.

### **Tobacco Control Strategy**

Debbie commented that the Team were working with Trading Standards and schools around the impact and effects of E-cigarettes. The Strategy had been delayed to take in to consideration the results of this work. It was hoped that by the end of the year one brand of E-cigarettes would be regulated and could be monitored.

Councillor Redsell commented that lots of people smoked that went to the College, and what could be done. Debbie replied that she was happy for the College to sign up to the pledge.

Councillor Rice commented that she was please at the reduction in the number of 'red' rated actions.

Recommendations 1.1 – 1.4 were agreed.

## **7. Health and Wellbeing Strategy Annual Report and Year 2 Delivery Plan**

Roger presented the Health and Wellbeing Strategy Annual Report 2013-2014 and Delivery Plan 2014/15.

Roger stated that the report and deliver plan related to Part 1 of the Strategy (Adults) and that Part 2 (Children and Young People) would be brought back to the Board in September.

Roger recommended that a Board workshop was arranged to review and refresh the Strategy, and that this would take place during the Autumn.

Councillor Rice welcomed the proposal for an away day. She stated that with Public Health now being responsible for 0-19 years, there was an opportunity for the Strategy to be more combined rather than in two parts.

Carmel commented that the Children's agenda sometimes got lost in joint strategies.

Mandy said that the Mental Health and Children's Commissioning functions were being brought back to the CCG from the CSU.

Roger felt that there needed to be distinct elements of Adults and Children's health and wellbeing in one overall strategy.

Councillor Redsell stated that Elizabeth Gardens had been successful and was there the possibility of more schemes like this.

Roger responded that the Council were looking at the possibility of more, including the reconfiguration of Piggs Corner and Kynoch Court, and that a fourth project was a possibility. The Health and Wellbeing Strategy's priorities would be refreshed as part of the review.

Councillor Redsell felt that schemes such as Elizabeth Gardens helped people to downsize. Dermot stated that he felt more individual support needed to be provided in order to achieve this.

Councillor Rice felt there was a need for more bungalows to meet the need, and that people did not necessarily want to move in to flats or high rises.

Recommendations 1.1 – 1.3 were agreed.

## **8. Special Educational Needs and Disabilities reforms**

Malcolm Taylor presented Special Education Needs and Disabilities reforms.

Malcolm stated that key areas and actions to be taken were detailed within the report and that consultation and engagement had taken place concerning SEND requirements.

The requirements spanned those aged 0-25 years old.

A consultation officer based at The Beehive was engaging with Thurrock's specialist schools, and providers were also being engaged with.

Progress had been made on Education, Health and Care Plans, with parents and children being placed at the centre.

There was a focus on reducing bureaucracy around SEND, and additional funding had been made available to assist with the changes being made.

Debbie asked what work was being done with the 0-5 age group to prevent labelling.

Malcolm stated that additional support was being provided to early years and there was a higher level of SEND than previously.

Councillor Redsell asked about the challenge being presented by families moving in to the Borough in order to attend Treetops School.

Malcolm stated that the Council were provided an increasing level of outreach support to manage the increase in demand. Landsdowne School was also supporting those children who were on the cusp of special school needs, and Beacon Hill was also able to provide capacity.

Recommendation 1.1 was agreed.

## **9. Thurrock Health and Social Care Transformation**

Roger presented the Health and Social Care Transformation Programme.

The principles of health and social care transformation had been agreed and the minimum funding that would make up the pooled pot would be approximately £10.5 million. A governance structure had also been established.

Roger stated that it was important that a real difference was made to the service user/patient.

The BCF Governance Group had recommended that Thurrock Council hosted the pooled budget. Roger added that decisions would still need to be signed off by Cabinet and the CCG Board.

New guidance on the BCF had meant a change to how the money could be used, and that there was now more emphasis on reducing unplanned care admissions.

The Care Act consolidated all legislation related to Adult Social Care. It also introduced changes to funding and introduced a cap on how much an individual would be expected to pay. Changes in relation to funding would not go live until April 2016, whereas other legislative changes would come in to force as of April 2015.

Roger stated that the funding cap would be a risk to the authority and the Council would have reduced levels of income resulting from the changes.

Dawn stated that the BCF focus locally was on increasing the amount of jointly provided community services and in doing so, reducing the amount of acute activity through unplanned emergency admissions.

Dawn added that there needed to be a focus on understanding what the risks and challenges were and on the long-term benefits.

Recommendations 1.1 – 1.5 were agreed.

## **10. Thurrock CCG 5 Year Strategic Plan**

Mandy Ansell presented the Thurrock Clinical Commissioning Group 5-Year Strategic Plan.

Mandy stated that she and Roger had jointly presented the Plan to the NHS England Area Team and it was graded as 'amber' with no reds.

The CCG had commissioned extra resource in order to move the Plan forward and to review the walk-in centre.

Accident and Emergency target, 18 week challenge, cancer pathway, and IAPT remained challenging.

The Plan would be reviewed again in September and had been consulted on thoroughly.

## **11. Community Resilience**

Les presented the report on Community Resilience.

A key objective for Health and Wellbeing was building stronger communities. Highlights included Local Area Coordination, Community Hubs – which were showing an impact, and Asset Based Community Development. There were plans to expand both Local Area Coordination and Community Hubs across the Borough.

In addition, European Funding had been received for a programme known as 'Animate'.

Although not statutory, some of the services and approaches being developed were an essential part of achieving the savings required. Work was taking place with Birmingham University to develop research and monitoring to evidence the effectiveness of the preventative approach being taken.

Work was taking place with Children's Services, but more needed to be done – particularly in relation to transition of young people from children's to adult services.

Councillor Rice stated that she felt that the community was becoming involved in her ward, and that the transition had been quicker than anticipated due to budget cuts. Councillor Rice also commented that the programme was over 5 years and that this was necessary to see the effects and embedding the changes.

Councillor Redsell said that this was a good piece of work and asked whether 7 day working would be implemented.

Les said that 7 day working had to be implemented and that work was already being undertaken to achieve this.

Carmel stated that she would bring back a separate report on the work being developed in Children's services.

Recommendation 1.1 was agreed.

## **12. Forward Plan**

The Forward Plan was noted.

**The meeting finished at 4.00 pm**

Approved as a true and correct record

**CHAIR**

**DATE**

**Any queries regarding these Minutes, please contact  
Democratic Services at [Direct.Democracy@thurrock.gov.uk](mailto:Direct.Democracy@thurrock.gov.uk)**