

## Minutes of the Meeting of the Health and Wellbeing Board held on 11 September 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)  
Dr Andrea Atherton, (Director of Public Health, Southend and Thurrock Councils)  
Len Green, (Lay member, Clinical Commissioning Group)  
Barbara Brownlee, (Director of Housing, Thurrock Council)  
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)  
Lucy Magill, (Chair of Thurrock Community Safety Partnership)

**Apologies:** Councillors John Kent, Tunde Ojetola, Dr Anand Deshpande, Andrew Pike and Ian Stidston

**In attendance:**

Alan Cotgrove (AC)	Children's Partnership and LSCB Business Manager
Christopher Smith (CS)	Community Wellbeing Project Manager
Sharon Grimmond (SG)	HWBB Business Manager
Chelsey Robinson (CR)	Executive Support Assistant
Ade Olarinde (AO)	Chief Finance Officer, Thurrock Clinical Commissioning Group
Dawn Scrafield (DS)	Director of Finance, NHS England Essex Area Team
Mark Tebbs (MT)	Head of mental health and learning disabilities commissioning, NHS Central Commissioning Support Unit.

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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.

### 13. Minutes

The Minutes of the Housing Overview and Scrutiny Committee, held on 17 July 2014, were approved as a correct record.

The following comments and updates were received:

*Item 5: PREVENT: Thurrock's response to extremism*

CL asked for confirmation on whether the PREVENT referral process had been circulated. In response, LM stated that training for members on the referral process including online was being arranged.

RH confirmed he is liaising with Michelle Cunningham (Community Safety Partnership Manager) on the commissioning providers and is taking this up with her separately outside of this meeting.

*Item 6: Engaging with Users and Carers of Services and the Public Throughout the Commissioning process*

LG wanted to clarify that the expectation was for commissioners to present their engagement plans to the Engagement Group who would provide advice and guidance on how engagement should be conducted to have the greatest impact. The Engagement Plan will be circulated to all Board members.

*Item 7: Healthy Weight and Tobacco Strategies*

AA had reported at the last Health and Wellbeing Board meeting that year 6 obesity levels had risen by 5% and the Board had asked AA to confirm the reason for this. AA stated that the reasons were currently unclear.

*Item 8: Health and Wellbeing Strategy*

A Development Workshop to take place in the Autumn. One of the areas to be covered will be the Health and Wellbeing Strategy.

*Item 12: Community Resilience*

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

**14. Urgent Items**

There were no items of urgent business.

**15. Declaration of Interests**

There were no declarations of interest declared.

**16. Care Act Implementation Report**

RH provided an explanation of how Adult Social Care is funded with regards to residential care. Under current legislation people in residential care with assets of over £23,000 were required to pay all of their care home charges. This often meant that people were required to sell their home to pay for their care home fees.

RH spoke about the Dilnot review which had been carried out in 2011 which looked at how social care should be funded, and how much the individual

should contribute. This formed the basis of the funding reforms contained with the Care Act 2014.

RH stated that under the Care Act, local authorities were required to offer everyone eligible for adult social care services a personal budget.

The majority of the legislative changes embodied by the Care Act would 'go live' on 1<sup>st</sup> April 2015, but the funding reforms would be delivered from 1<sup>st</sup> April 2016. This would include the cap on care costs of £72,000 which related to the **care cost elements only** and not the residential, board or lodging costs (hotel costs).

Developing the market to offer choice was a key part of the Care Act, and RH told the Board that Thurrock's final Market Position Statement will be brought to a future meeting for signed off.

BR commented that the reforms will have the biggest impact on the Adult Social Care for over 40 years and that this comes at a time when the Council's budgets are being reduced. She stressed we need to think about the important roles that Local Area Coordinators play in the community.

BB provided assurance to the Board that Housing are working closely with the Adult Social Care Department and that they may be able to support some packages, and step in to fund various areas. Housing is working as broadly as it can within its remit.

Councillor Redsell commented that many older people did not use computers, and that there was a high number of elderly people in her ward. Councillor Redsell also raised concerns that people with dementia and who are on their own may find it difficult to manage a personal budget.

Councillor Redsell asked if there was any time limit on the deferred payments scheme whereby people do not have to see their home as soon as they move into residential care, and RH confirmed that there was no time limit.

In response to a question raised by CL, RH stated that he would get the chair of the Safeguarding Board Graham Carey to confirm whether there was a National Board regarding adult safeguarding reviews.

LG commented that the Thurrock Coalition is a member of the Care Act Implementation Project Group.

LG stated that the Engagement Group was worried and concerned about the consultation process and that the approach to carrying out consultations should not be 'one size fits'.

RH stated that there are discreet areas of the consultation e.g. around carers assessments and around the advice and information offer. RH will speak to LG and KJ separately.

Recommendations agreed.

## **17. Update on the development of the Better Care Pooled Fund and Section 75 Agreement**

CS presented the Better Care Fund Pooled Fund Section 75 Agreement timetable and the process being undertaken to finalise the agreement. Crucial elements included how the money within the Pooled Fund is to be used and also the governance arrangements. The Section 75 Agreement would be brought to the Health and Wellbeing Board for endorsement in November prior to being agreed by Cabinet in December.

The point was made that we need to focus and not lose sight of what the Better Care Fund Plan aims to achieve – i.e. to create integrated care at a local level and deliver a better service,. The deadline for the Better Care Fund Plan revised submission is 19<sup>th</sup> September.

MA stated that she would like to praise the team (CS, CA and Ade Olarinde) for their commitment and hard work on the BCF Plan.

Councillor Rice asked if the 3.5% unplanned admissions reduction just applied to Basildon and Thurrock University Hospital Foundation Trust (BTUH) or does it also affect the Mental Health Trust. RH responded that it covered all non-elective activity from acute providers.

CS encouraged the Board to consider the risk sharing arrangements and the integration agenda to ensure this is transparent.

BB asked the Board not refer to the BCF as just a Health and Social Care funding stream as Housing was also a contributor through the Disabled Facilities Grant (DFG). BB confirmed that Housing had been involved at the early stage but needed to be more involved as plans developed.

MA updated the Board on the integration of the mental health commissioning between the Council and the Clinical Commissioning Group (CCG). The development of an integrated approach to commissioning between the Council and CCG is ongoing and there is currently one joint appointment in place.

LG said that Voluntary and Community groups are concerned about the short timescales required to deliver the work as it does not allow time to process or complete the work effectively and he felt the issue should be escalated.

CL stated that this view was not uncommon in other areas too and could the Health and Wellbeing Board highlight the issue to Government or through the local media.

Councillor Rice stated she would discuss the issue after the meeting to review with RH regarding how it could be taken forward.

All recommendations were agreed.

## 18. **Mental Health Crisis Care Concordat Report**

Mark Tebbs presented the Mental Health Crisis Care Concordat

MT mentioned that there was an Essex-wide steering group including the Police and Ambulance Trust and that local work needed to be carried out in the local Thurrock area. The Essex-wide steering group would be drafting a declaration for the Health and Wellbeing Board to sign.

MT explained that the purpose of his report was to raise awareness of the Concordat. Furthermore, he stated that 22 national bodies were current signatories.

BR felt the Board could not comment at this stage as not much was known about the Concordat. As such she felt that a declaration could not yet be signed.

CL pointed out that children were mentioned on the presentation slides but could not see this anywhere within the Concordat. CL was concerned that is the Concordat had an adult focus but with children added as an afterthought.

MT commented that he was requesting the Board to agree to a commitment to work together with partners to improve the response to mental health crisis locally.

The Board felt it was not the right time to sign a local declaration.

CL was concerned that nationally adolescent mental health was not given the appropriate focus and that this was not reflected in the Concordat. MT agreed that more work was required.

MA commented that the most critical part was the action plan. She also commented that the CCG was active in the **Child and Adolescent Mental Health Services (CAMHS)** procurement and that this framework required partners to work together. MA explained that the Concordat's focus was on Thurrock Mental Health Services – i.e. a Thurrock-centric approach, and needs to meet the needs of the Thurrock community. All comments are welcomed.

BB stated that Housing must be involved, as mental health is one of Housing's most difficult interfaces, she also asked how much was spent on mental health services and physical health services.

JR said that the Police should be more involved. She added that she would like to see more training for the Police on dealing with people with a mental health condition.

BR concluded that the Board needed to have a further discussion and MT was asked to bring the report back to the Board after the discussions had taken place.

It was agreed that further work would take place prior to the Concordat being brought back for sign off:

- Mapping out of the resources
- Refreshing the strategy
- Joint Commissioning arrangements / Linking to health services
- Overview report state of mental health in Thurrock

The recommendation was agreed subject to further work being carried out as detailed above and the Concordat being brought back to a future Board meeting for sign off.

## **19. CYPP Progress Report 2013-2014 and Delivery Plan 2014-2015**

Alan Cotgrove presented the Health and Wellbeing Strategy's Annual Report 13/14 and Delivery Plan 14/15 (Part 2 - Children and Young People)

AC informed the Board of the 12 priorities and the auditing processes that ensured the objectives were managed and actioned. AC also updated the Board that there had been changes relating to the Ofsted Inspection regime.

It was requested that the Board acknowledged the work that had been done so far and agree the plans proposed for this year. Progress would be reported on at a later date.

### **Attainment in Schools**

CL provided an update on the performance of the Borough's schools. GCSE results are above national average and primary schools have progressed highly e.g. they used to be in the bottom three and have now progressed up fifty places in the league table: was 32% and now 78% today.

AC discussed the MASH – Multi Agency Safeguarding Hub and that it is up and running, with the formal launch being hosted in September.

Partnership working – CL commended BTUH and the Police coming together to work and share resources as part of the MASH.

In relation to the child protection the threshold document was being refreshed, along with ensuring there was sufficient scrutiny in place.

BR praised CL and her team, on the work carried out and the educational attainment of the schools and their positive progression. BR stated that the Leader of the Council had played a pivotal role in this achievement.

BR suggested that the Board should have a session at the Culver Centre to showcase the Children's and Adults' Strategy and take stock of where we are going in the future.

JR commented that she would like to see the attainment statistics for Maths and English and early indications on the grades A to C.

The Board noted the progress made and outcomes achieved for 2013/14.

The Board noted the Delivery Plan for 2014/15.

**20. Thurrock Revised Better Care Fund Report**

This Item was discussed at the same time as the Update on the development of the Better Care Pooled Fund and Section 75 Agreement

**21. Forward Plan**

The forward plan is to be revised and circulated.

**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)**