Thurrock: A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish

Health and Wellbeing Board

The meeting will be held at **1.30 pm** on **15 March 2017**

Council Chamber, Civic Offices, New Road, Grays, Essex, RM17 6SL

Membership:

Councillors James Halden (Chair), Robert Gledhill, Susan Little, Leslie Gamester and Steve Liddiard

Mandy Ansell, Acting Interim Accountable Officer, Thurrock NHS Clinical Commissioning Group
Dr Anjan Bose, Clinical Representative, Thurrock CCG
Graham Carey, Independent Chair of Thurrock Adults Safeguarding Board
Liv Corbishley, Lay Member for Public and Patient Participation NHS Thurrock CCG
Steve Cox, Corporate Director of Environment and Place
Dr Anand Deshpande, Chair of Thurrock NHS CCG Board
Jane Foster-Taylor, Executive Nurse Thurrock NHS CCG
Roger Harris, Corporate Director of Adults, Housing and Health
Kristina Jackson, Chief Executive Thurrock CVS
Kim James, Chief Operating Officer, Healthwatch Thurrock
Malcolm McCann, Executive Director of Community Services and Partnerships South Essex Partnership Foundation Trust
Julie Rogers, Chair of Thurrock Community Safety Partnership
Clare Panniker, Chief Executive Basildon and Thurrock Hospitals Foundation Trust
Rory Patterson, Corporate Director of Children's Services
Andrew Pike, Director of Commissioning Operations, NHS England - Essex and East Anglia Region
Tania Sitch, Integrated Care Director Thurrock, North East London Foundation Trust
Michelle Stapleton, Director of Integrated Care, Basildon and Thurrock University Hospitals Foundation Trust
Ian Wake, Director of Public Health
David Archibald, Independent Chair of Local Safeguarding Children's Board

Agenda

Open to Public and Press

Page

1 Apologies for Absence

2 Minutes **5 - 12**

To approve as a correct record the minutes of the Health and Wellbeing Board meeting held on 18 January 2017.

3 Urgent Items

To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.

4 Declaration of Interests

5 ESR / STP Update

PowerPoint presentation will be provided to members on the day by Andy Vowles, Programme Director, Essex Success Regime

6 Item in Focus: Health and Wellbeing Strategy Goal 5, Healthier For Longer **13 - 50**

Action plans have been circulated with member's papers. PowerPoint presentations will be presented on the day of the meeting

Action plan and presentation for objective 5A, Reduce Obesity, increase the number of people in Thurrock of a healthy weight
PowerPoint presentation to be provided by Helen Horrocks

Action plan and presentation for objective 5B, Fewer people in Thurrock will smoke
PowerPoint presentation to be provided by Kevin Malone

Action plan and presentation for objective 5C, The identification and early treatment of long term conditions such as diabetes or high blood pressure will be significantly improved
PowerPoint presentation to be provided by Emma Sanford / Mark Tebbs

Action plan and presentation for objective 5D, More cancers will be prevented, identified earlier and treated better
PowerPoint presentation to be provided by Funmi Worrell / Mark Tebbs

7	**Thurrock Better Care Fund Section 75 Agreement**	**51 - 56**
	Paper to be presented by Ceri Armstrong	
8	**For Thurrock in Thurrock**	
	PowerPoint presentation has not been circulated with member's papers. Presentation will be provided on the day of the meeting by Ceri Armstrong and Jeanette Hucey	
9	**Thurrock Provider Partners Out of Hospital Services Proposal**	
	PowerPoint presentation has not been circulated with member's papers. Presentation to be provided on the day of the meeting by Malcolm McCann	
10	**Evidence on the use of Primary Care HUBs**	**57 - 70**
	Papers to be presented by Gemma Curtis (Thurrock CCG)	
11	**Establishment of a Primary Care Improvement and Delivery Group**	**71 - 76**
	Paper to be presented by Cllr Halden / Ian Wake	
12	**Health and Wellbeing Board Executive Committee Minutes**	**77 - 80**
13	**Work Programme**	**81 - 86**

Queries regarding this Agenda or notification of apologies:

Please contact Ceri Armstrong, Strategy Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **7 March 2017**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

When should you declare an interest *at a meeting?*

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**

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Does the business to be transacted at the meeting

- **relate to; or**
- **likely to affect**

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

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What is a Non-Pecuniary interest? – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- **Not participate or participate further in any discussion of the matter at a meeting;**
- **Not participate in any vote or further vote taken at the meeting; and**
- **leave the room while the item is being considered/voted upon**

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

Non- pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature

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You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

Vision: Thurrock: A place of **opportunity**, **enterprise** and **excellence**, where **individuals**, **communities** and **businesses** flourish.

To achieve our vision, we have identified five strategic priorities:

1. Create a great place for learning and opportunity

- Ensure that every place of learning is rated “Good” or better
- Raise levels of aspiration and attainment so that residents can take advantage of local job opportunities
- Support families to give children the best possible start in life

2. Encourage and promote job creation and economic prosperity

- Promote Thurrock and encourage inward investment to enable and sustain growth
- Support business and develop the local skilled workforce they require
- Work with partners to secure improved infrastructure and built environment

3. Build pride, responsibility and respect

- Create welcoming, safe, and resilient communities which value fairness
- Work in partnership with communities to help them take responsibility for shaping their quality of life
- Empower residents through choice and independence to improve their health and well-being

4. Improve health and well-being

- Ensure people stay healthy longer, adding years to life and life to years
- Reduce inequalities in health and well-being and safeguard the most vulnerable people with timely intervention and care accessed closer to home
- Enhance quality of life through improved housing, employment and opportunity

5. Promote and protect our clean and green environment

- Enhance access to Thurrock's river frontage, cultural assets and leisure opportunities
- Promote Thurrock's natural environment and biodiversity
- Inspire high quality design and standards in our buildings and public space

Minutes of the Meeting of the Health and Wellbeing Board held on 18 January 2017 at 10.30 am

Present:	Councillors James Halden (Chair), Susan Little and Leslie Gamester Steve Cox, Corporate Director of Environment and Place Roger Harris, Corporate Director of Adults, Housing and Health Rory Patterson, Corporate Director of Children's Services Ian Wake, Director of Public Health Mandy Ansell, Acting Interim Accountable Officer, Thurrock NHS Clinical Commissioning Group Jane Foster-Taylor, Executive Nurse Thurrock NHS CCG Kristina Jackson, Chief Executive Thurrock CVS Kim James, Chief Operating Officer, Healthwatch Thurrock Malcolm McCann, Executive Director of Community Services and Partnerships South Essex Partnership Foundation Trust Julie Rogers, Chair of Thurrock Community Safety Partnership Michelle Stapleton, Director of Integrated Care, Basildon and Thurrock University Hospitals Foundation Trust
Apologies:	Councillors Robert Gledhill and Steve Liddiard, Dr Anjan Bose, Clinical Representative, Thurrock CCG, Graham Carey, Chair of Thurrock Adult Safeguarding Board, Liv Corbishley, Lay Member for Public and Patient Participation, Clare Panniker, Chief Executive of Basildon and Thurrock University Hospital Foundation Trust, Andrew Pike, Director of Commissioning Operations, NHS England and David Peplow, Independent Chair of Local Safeguarding Children's Board
In attendance:	Andy Vowles, Programme Director, Essex Success Regime Catherine Wilson, Strategic Lead Commissioning, Adults Housing and Health, Thurrock Council Adrian Barritt, Transport Development Manager, Thurrock Council Rahul Chaudhari, Head of Primary Care, Thurrock CCG Kirsty Paul, Principle Planning Officer, Thurrock Council Mark Tebbs, Head of Integrated Commissioning, Thurrock CCG Rita Thakaria, Assistant Director Adult Community Health Services NELFT Sue Waterhouse, Director of Operations, SEPT

1. Minutes

The minutes of the Health and Wellbeing Board held on 17th November were approved as a correct record following an amendment being made to reflect that Michelle Stapleton had attended and had not provided apologies.

2. Urgent Items

There were no urgent items provided in advance of the meeting.

3. Declaration of Interests

There were no declarations of interest. Cllr Halden reminded members who have not returned their declaration of interest forms were asked to do so:

- Graham Carey
- Clare Panniker

4. Essex Success Regime / Sustainability Transformation Plan (ESR/STP) Update

Andy Vowles, Programme Director, Essex Success Regime provided Board members with an update on the ESR / STP. During the presentation the following points were made:

- A summary of the STP was published on 23 November. Detailed financial data and submissions are available at www.successregimeessex.co.uk
- There are three hospitals within the STP footprint (Basildon, Chelmsford and Southend) and Clare Panniker is now the Accountable Executive Officer across all three sites.
- There is no capital funding to support the STP
- Consideration is being provided to reorganising the operational models for the three hospitals. This is to address the adverse impact that A&E services can have on elected, planned care. The operational models comprise:
    - A 'Yellow' hospital providing an elective centre with A&E facilities.
    - An 'Amber' hospital with primary focus being the provision of emergency care with some elective facilities.
    - A 'Red' hospital providing specialist emergency care

During discussions the following points were made:

- It will be important to ensure that modelling is robust and recognises that more capacity within A&E will require more hospital beds
- Pump priming funding will be necessary to support transitional arrangements and manage demand differently. It was acknowledged that there is an increasing risk of good plans being developed to facilitate the STP/ESR which may only receive limited financial support.
- It was confirmed that Southend Hospital is the only facility that could be allocated as a yellow hospital.
- Board members agreed that consideration should be given to accessibility and travel times involved for people needing to visit one of the hospitals. Transport planning must be a key element of reviewing operational models.
- Concerns were raised about the continued focus on planning the STP. It was also agreed that the Governance model is opaque and timescales remain unclear.
- It was acknowledged that reconfiguring three hospitals will not address adult social care challenges.

5. Item in focus: Health and Wellbeing Strategy Goal 4, Quality care centred around the person

The Item in Focus for this meeting was Goal 4 Quality Care Centred Around the Person which comprises four objectives:

- 4A, Development of four new healthy living centres
- 4B, Care will be organised around the individual
- 4C, People will feel in control of their own care
- 4D, High quality GP and hospital care will be available to Thurrock residents when they need it

Action Plan 4A, Development of four new integrated healthy living centres, was presented by Rahul Chaudhari, Head of Primary Care, Thurrock Clinical Commissioning Group. A system wide, consistent approach was being adopted by Thurrock Clinical Commissioning Group (CCG) and partners.

- Thurrock CCG has established 4 localities across Thurrock (Corringham, Grays, South Ockendon and Tilbury) with General Practices aligned to work collaboratively within these areas.
- Thurrock CCG has secured additional funding from NHS England which has supported the development of Health Hubs across the four localities to provided 6000 additional appointments and 15,000 extra GP nursing appointments during 2015/16.
- An Integrated Healthy Living Centre will be built in each of the four localities (the first being in Tilbury and Purfleet) providing state of the art estate which facilitates a collaborative model of service delivery. Integrated Healthy Living Centres will provide a mixture of locality-specific and generic services.

During discussions the following points were made:

- It is important to ensure that GP practices across Thurrock are raising awareness of evening appointments being available within each of the Hubs.
- A paper on the effectiveness of Hubs is to be considered at the next Health and Wellbeing Board meeting in March

Action Thurrock CCG

- It is envisaged that business cases for two Integrated Healthy Living Centres (Tilbury and Purfleet) will be approved within the next six months.
- It is important to recognise that Thurrock Council has been working closely with Thurrock CCG.
- It was agreed that Thurrock's Children's services should be engaged

Action Plan 4B, Care will be organised around the individual, was presented by Mark Tebbs, Head of Integrated Commissioning, Thurrock Clinical Commissioning Group. During the presentation the following points were made:

- Focus will be provided on improving case finding. .
- A new primary care frailty index is to be rolled out across Thurrock which will support frailty being identified at an earlier stage in a person's life. Board members were advised about a pilot in one GP surgery which showed that 25% of people that had been identified as part of the frailty index had not been in contact with health services.
- An integrated data system is being developed which will enable an individual's treatment pathway, while pseudo anonymised, to be

recorded and tracked. This approach aims to help primary care providers to identify patients at risk of health challenges, shifting from a reactive to more proactive health system.

During discussions the following points were made:

- Board members were asked to note that Thurrock CCG is leading on developing the Electronic Frailty Index across Essex.
- Thurrock CCG, through its primary care development team is supporting GP practices to contribute towards, maintain and use the Electronic Frailty Index.
- All GPs are also being supported by Thurrock CCG to undertake NHS Health Checks.
- The importance of ensuring that Thurrock's Voluntary and Community Sector (VCS) are engaged and part of the integrated data system was acknowledged by Board members. Members were advised that the VCS will be involved and that consideration will be provided to creating a web-based system that will not require partner agencies to update their current IT systems.

Action Plan 4C, people will feel in control of their own care, was presented by Catherine Wilson, Strategic Lead Commissioning Thurrock Council. During the presentation the following points were made:

- It is important to increase the emphasis on prevention - local authorities and other providers of support will encourage and assist people to lead healthy lives which will reduce the chances of them needing more support in the future.
- Thurrock Adult Social Care is moving towards a model involving more community based services, delaying the need for more expensive statutory services.
- In response to the national crisis in Domiciliary Care Thurrock is developing a new model, Living Well at Home. This approach aims to create neighbourhood based solutions which include a mixture of formal and informal responses to the outcomes an individual wishes to achieve.
- Thurrock is taking forward the national Transforming Care Programme as part of the pan-Essex Transforming Care Partnership Board. A key part of the programme is ensuring people with a learning difficulty are supported to have control over their lives.

During discussions the following points were made:

- Only 11% of LD Healthchecks for people with learning disabilities were completed last year. The work of Thurrock CCG and partners has increased the proportion of completed LD Healthchecks to approximately 30% to date. A key challenge is to get up to date data. Thurrock CCG has therefore been visiting individual GP practices to ensure Healthchecks are being completed.

Action Plan 4D was presented by Rahul Chaudhari, Head of Primary Care, Thurrock Clinical Commissioning Group. During the presentation the following points were made:

- One of Thurrock CCG's ambitions is to ensure that no practices are in special measures and at least 50% of practices achieve a GOOD CQC rating. It is important to recognise the baseline with only 3 practices receiving a rating of 'good' approximately 18 months ago.

Board members were advised that 40 GP practices now have a CQC rating of 'good'.

- Workforce design is a key element of improving GP services. If Thurrock was to continue using the traditional model an additional 45 GPs would need to be recruited. Utilising the skills of Allied Health Professionals (AHPs) such as physiotherapists, paramedics and pharmacists is one way of freeing up some of the GP workload.
- GP practices are receiving support to improve their existing premises through Premises improvement grants, Estates and Technology Transformation Fund (ETTF) and Section 106 monies.

During discussions the following points were made:

- Board members acknowledged the progress that had been made with improving CQC GP practice ratings across Thurrock but it was recognised that there is more to do.
- Members were asked to note that there is a time lag between improvements being delivered within a GP surgery before the CQC rating is amended.
- The Chair welcomed Thurrock CCG's target of 50% of Thurrock GP practices receiving a CQC rating of 'Good'.
- The timing of commissioning responsibilities being devolved from NHS England to CCGs was considered. Board members acknowledged the importance of ensuring that Thurrock CCG can continue to focus on Thurrock Transformation programmes and the potential risk created on the CCG's capacity to co-commission health services following powers being devolved while driving forward Thurrock's transformation programme.

Community engagement feedback

The Chair invited Thurrock Healthwatch to report on engagement feedback received from members of the public about Goal 4, Quality Care Centred around the Person.

- Board members were advised about the comprehensive engagement report that has been provided by Thurrock Healthwatch, which has been circulated with these minutes.
- It was agreed that action plans should reflect feedback received from members of the public as much as practicable.

RESOLVED:
Action plans developed to support the achievement Thurrock's Health and Wellbeing Strategy Goal 4, Quality Care Centred Around the Person were agreed.

6. Essex, Southend and Thurrock Mental Health and Wellbeing Strategy

Catherine Wilson, Strategic Lead Commissioning, Thurrock Council presented this item and made the following points:

- The Southend Essex and Thurrock Mental Health and Wellbeing Strategy 2017-2021 is an overarching vision for the development of high quality and cost effective responses to mental ill health
- Thurrock will develop a local implementation plan to deliver the vision which will be a jointly produced document between the CCG, the Council and people who use services.

During discussions the following points were made:

- The challenge of coordinating and agreeing a mental health strategy across 10 commissioning organisations was acknowledged by members.
- Board members were advised that Mark Tebbs of Thurrock CCG has been leading on the development of the 24/7 mental health crisis response pathway for Greater Essex and will continue with this initiative in collaboration with partners.
- It was agreed that an action plan for Thurrock will be presented to the Health and Wellbeing Board at their meeting on Wednesday 10 May.

RESOLVED:
The Health and Well-Being Board agreed the Essex, Southend and Thurrock Mental Health and Wellbeing strategy. The Health and Well Being Board also agreed to support the development of a Thurrock action plan which will come back in four months' time for agreement.

7. Local Plan

Kirsty Paul, Principle Planning Officer, Thurrock Council, presented this item. In summary:

- A new Local Plan is currently being developed to provide the Council with a more up-to-date statutory planning framework and replace policies which were heavily influenced by the East of England Plan.
- The Issues and Options (Stage 1) consultation exercise has now been completed. The consultation exercise did not identify any specific sites or suggest any specific growth targets.
- The Issues and Options (Stage 2) consultation document will seek to present a range of realistic options on how the borough should develop over the next twenty years.
- A series of workshops on potential opportunity areas will be arranged to inform the emerging Local Plan prior to public engagement.
- Wider public engagement during Issues and Options (Stage 2) will commence in April 2017

Board members agreed that the Local Plan should be reconsidered by the Health and Wellbeing Board at a future meeting. During discussions the following point was made:

- It will be important to ensure consideration is given to local infrastructure, including for example, maternity support, as part of determining the impact of increases in the local housing stock.

RESOLVED: Progress on the preparation of the Thurrock Local Plan was noted. The approach being taken in the produce of the Local Plan stage 2 was endorsed

8. Thurrock Air Quality and Health Strategy

Adrian Barritt, Local Transport Manager, Thurrock Council presented Thurrock's Air Quality and Health Strategy. During the presentation the following points were made:

- In 2015, Thurrock Council agreed to develop an integrated Air Quality & Health Strategy

- The opportunity was also taken to review the existing Air Quality Action Plans (AQAPs) associated with Thurrock's 18 Air Quality Management Areas.
- It is possible to observe a correlation between the recorded health issues within the borough and presence of AQMAs
    - Areas such as Tilbury Riverside and Thurrock Park Way alongside West Thurrock and South Stifford have above average incidences of lung cancer.
    - West Thurrock, South Stifford, Purfleet, Aveley and Tilbury – all of which include one or more AQMAs - had extremely high emergency admissions for Chronic Obstructive Pulmonary Disorder (COPD).
    - Purfleet, West Thurrock, and Aveley also fall within the 20% most deprived areas in the country for living environment.
- Action that will be taken across Thurrock to improve air quality will include:
    - Reducing vehicle trips and promoting a modal shift where possible to active modes of travel to future proof Thurrock's transport network for sustainable growth.
    - Working with health partners to improve long-term condition management in primary care through the implementation of the GP balance scorecard and the development of integrated healthy living centres in areas of highest need (Tilbury and Purfleet).
    - Air quality policies will be incorporated into the preparation of the new Local Plan. This is to provide the planning framework to safeguard existing areas and to ensure that the type or location of proposed development will not adversely impact air quality and where possible bring about improvements

RESOLVED: The Board approved the Air Quality & Health Strategy and the associated delivery approaches being adopted.

9. Integrated Commissioning Executive (ICE) and Health and Wellbeing Board Executive Committee minutes

RESOLVED:

The minutes of the Integrated Commissioning Executive were noted. The minutes of the Health and Wellbeing Executive Committee were noted

10. Work Programme

RESOLVED:

The current work programme for the Health and Wellbeing Board was noted.

The meeting finished at 1.32 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

15 March 2017	ITEM: 6
Thurrock Health and Wellbeing Board	
Thurrock Health and Wellbeing Strategy Goal 5, Healthier For Longer Summary Report	
Wards and communities affected: All	**Key Decision:** To note action plans
Report of: Councillor James Halden, Portfolio Holder for Education and Health and Chair of Thurrock Health and Wellbeing Board	
Accountable Head of Service: N/A	
Accountable Director: Ian Wake, Director of Public Health	
This report is Public	

Executive Summary

The Health and Wellbeing Strategy 2016-2021 was approved by the Health and Wellbeing Board in February 2016 and the CCG Board and Council in March 2016. At its meeting in February, the Health and Wellbeing Board agreed that action plans and an outcomes framework should be developed to support the delivery of the Strategy and to measure its impact.

This paper provides action plans that have been developed to support the achievement of Thurrock's Health and Wellbeing Strategy Goal 5, Healthier for longer.

1. Recommendation(s)

1.1 The Board is asked to agree action plans developed to support the achievement Thurrock's Health and Wellbeing Strategy Goal 5, Healthier for longer.

2. Introduction and Background

2.1. Thousands of us will be ill or die each year from diseases which are preventable. Promoting healthy lifestyle choices is vital. Smoking is still by far the most common cause of preventable ill health and death, and obesity is a growing problem which is particularly acute in Thurrock. These issues affect physical and mental health, they result in shortened lives and poorer quality of life, and they put huge strain on families and health services. Tackling these issues is vital, therefore, if we are to improve health and wellbeing in Thurrock.

2.2 Thurrock's Health and Wellbeing Strategy comprises five strategic goals which make the most difference to the health and wellbeing of the people of Thurrock. Goal 5, Healthier for Longer focusses on help people make healthy choices. For example, help people maintain a healthy weight we want to make it easy to be active, have a healthy diet and provide people with good information on how to live a healthy life. Cancer is one common reason for ill health and death. Many cancers are avoidable through lifestyle changes but when people do have cancer we want to ensure that it is identified early through screening programmes and treated effectively when it does happen.

2.3. Four key objectives have been established as part of clearly defining and determining what needs to be done to help people remain healthier for longer:

i. A greater proportion of our population will be a healthy weight
ii. Fewer people in Thurrock will smoke
iii. The identification and early treatment of long term conditions such as diabetes or high blood pressure will be significantly improved
iv. More cancers will be prevented, identified early and treated better

2.4 Each of the objectives is supported by an action plan containing the deliverables and associated milestones needed to meet the objective. Health and Wellbeing Board members approved the draft outcome framework, containing a number of related performance indicators at your meeting in July 2016. Individual action plans now contain specific indicators that will help to measure the impact of specific actions and the success of the Health and Wellbeing Strategy.

3. Issues, Options and Analysis of Options

3.1 Action plans are being presented to the Health and Wellbeing Board that have been subject to consultation. Health and Wellbeing Board members are asked to note the action plans for Goal 5, Healthier for longer, and invited to provide feedback on the actions and delivery timescales.

4. Reasons for Recommendation

4.1 Health and Wellbeing Board members are responsible for driving forward Thurrock's Health and Wellbeing Strategy. Action plans have been developed for each of the Strategy's five Goals. Health and Wellbeing Board members have agreed to consider action plans for one of the Strategy's Goals at each meeting.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 Action plans are developed in partnership between Thurrock Council, CCG, VCS and key stakeholders. Community engagement is a key part of the development of action focussed plans to support the achievement of Thurrock's Health and Wellbeing Strategy.

6. Impact on corporate policies, priorities, performance and community impact

6.1 'Improve health and wellbeing' is one of the Council's five corporate priorities. The Health and Wellbeing Strategy is the means through which the priorities for improving the health and wellbeing of Thurrock's population are identified.

6.2 Actions identified to ensure a greater proportion of people in Thurrock are of a healthy weight include developing and signing off a Whole Systems Obesity Strategy. This will be supported by an action plan which aims to reduce prevalence of Obesity in Thurrock. The development of a scorecard for GP Practices for obesity and overweight management and referral will aim to ensure that adult obesity and weight management addressed as part of health care service and demand management and prevention agenda in primary care and health.

6.3 Actions identified to reduce the number of people in Thurrock who smoke include establishing a contractual arrangement with Basildon & Thurrock University Hospital (BTUH) regarding referrals to quit services. This action aims to increase the number of smokers referred to quit services or treated in acute settings, particularly those with diseases that have a smoking related component. Action also includes working with our service provider to develop and implement an innovative treatment pathway for people that wish to use e-cigarettes. This action aims to reduce the number of people smoking tobacco based products in Thurrock and implement NICE PH45 Harm Reduction guidance.

6.4 As part of ensuring the identification and early treatment of long term conditions such as diabetes or high blood pressure will be significantly improved there are a wide range of actions aimed at developing and implementing a Hypertension Detection programme which will aim to reduce admission rates for avoidable conditions. A number of actions focus on NHS Healthchecks in Thurrock which will provide evidence and knowledge on how

the service might be improved to identify and manage more patients with Long Term Conditions.

6.5 Actions identified to ensure that more cancers will be prevented, identified early and treated better include setting up Thurrock Action Implementation Group and complete Cancer Action Plan which will support the delivery and monitoring of cancer projects and initiatives. Completing an audit of emergency presenters with cancer to BTUH and results fed back to practices aims to reduce emergency (late stage) presentations of cancer.

7. Implications

7.1 Financial

Implications verified by: Roger Harris Corporate Director for Adults, Housing and Health

There are no financial implications. The priorities of the Health and Wellbeing Strategy will be delivered through the existing resources of Health and Wellbeing Board partners.

7.2 Legal

Implications verified by: Roger Harris Corporate Director for Adults, Housing and Health

There are no legal implications. The Council and Clinical Commissioning Group have a duty to develop a Health and Wellbeing Strategy as part of the Health and Social Care Act 2012.

7.3 Diversity and Equality

Implications verified by: Rebecca Price. Community Development Officer

Action will need to be taken to improve the health and wellbeing of Thurrock's population and reduce inequalities in the health and wellbeing of Thurrock's population. Being successful will include identifying sections of the population whose health and wellbeing outcomes are significantly worse, and taking action that helps to ensure the outcomes of those people can improve. This will be supported by information contained within the Joint Strategic Needs Assessment.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None identified

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None

9. Appendices to the report

- Action plans for Goal 5, Healthier for longer.
  - Action Plan 5A. A greater proportion of our population will be a healthy weight
  - Action Plan 5B. Fewer people in Thurrock will smoke
  - Action Plan 5C. The identification and early treatment of long term conditions such as diabetes or high blood pressure will be significantly improved
  - Action Plan 5D. More cancers will be prevented, identified early and treated better

Report Author:

Darren Kristiansen, Business Manager, Health and Wellbeing Board and Adult Social Care Commissioning, Housing and Health, Thurrock Council

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Health and Wellbeing Strategy Reporting Template
Goal 5: Healthier for longer

Objective 5A: Reduce Obesity Increase the number of people in Thurrock who are a healthy weight

Goal Sponsor: Director of Public Health - Ian Wake
Objective Lead: Helen Horrocks

OBJECTIVE: 5A: Reduce Obesity						**OBJECTIVE LEAD: Helen Horrocks**
Action	**Outcome**	**Action lead**	**Link to outcome framework**	**Delivery Date**	**Progress Report**	**Reference to existing strategy or plan**
Development of a new Healthy Weight Strategy for Thurrock from April 2017-March 2021						
A. Review existing strategy and implementation and impact on obesity prevalence	Understand current status of delivery against the Thurrock Healthy Weight Strategy 2014-2017.	Sue Bradish		31 August 2016	• Review complete as part of the Whole Systems Obesity JSNA under development.	• Thurrock Healthy Weight Strategy 2014-2017
B. Undertake Stakeholder Mapping Exercise	This analysis will help us understand key individuals to be engaged in Whole Systems Obesity, ensuring there are links across key agendas and outcomes.	Helen Horrocks / Sue Bradish		31 December 2016	• Completed stakeholder analysis. This will feed into strategy development. • Tested and participated in a network analysis for Leeds Beckett University for the national WSO programme. Feedback awaited.	• Thurrock Healthy Weight Strategy 2014-2017
C. Undertake a Whole Systems Obesity Joint Strategic Needs	Understand what the key components are in reducing the prevalence of obesity.	Helen Horrocks/Sue Bradish		31 March 2016	• Ongoing – The whole systems obesity joint strategic needs assessment is now a large product of the joint strategic needs	• Healthy Lives, Healthy People: A

OBJECTIVE: 5A: Reduce Obesity					OBJECTIVE LEAD: Helen Horrocks	
Action	**Outcome**	**Action lead**	**Link to outcome framework**	**Delivery Date**	**Progress Report**	**Reference to existing strategy or plan**
Assessment	Understand what works and importantly what doesn't work or are barriers in achieving healthy diets and increases in physical activity.				assessments for Thurrock. It is anticipated that this will be complete by financial year end to inform the vision and strategy on Whole Systems Obesity.	call to action on obesity 2011 • Thurrock Healthy Weight Strategy 2014-2017
D. Undertake engagement with key stakeholders and develop a core strategic group to undertake a self-assessment and strategy development	A cross-cutting key stakeholder group formed to develop, agree and implement the whole systems obesity strategy and action plan.	Helen Horrocks/ Sue Bradish		Ongoing	• This is an ongoing action, engagement is happening on a continual basis to maintain a dynamic approach as the current best practice identified by the national pilot project. • Engagement and strong links made with Leeds Beckett University who are leading the national WSO commission with four pilot projects. • Network analysis tested/undertaken with LBU – awaiting feedback. • Strong links made with Planning and Regeneration. • Ongoing work to strengthen links with Environment and Communitues. • Core group is anticipated to meet	• Healthy Lives, Healthy People: A call to action on obesity 2011 • Making the case for Obesity, why invest? Public Health England, 2015

OBJECTIVE: 5A: Reduce Obesity					OBJECTIVE LEAD: Helen Horrocks	
Action	**Outcome**	**Action lead**	**Link to outcome framework**	**Delivery Date**	**Progress Report**	**Reference to existing strategy or plan**
					bi-annually in 2017 for focussed workshop on strategy and implementation.	
E. Develop and sign off a Whole Systems Obesity Strategy	New Whole Systems Obesity Strategy in place with action plan to reduce prevalence of Obesity in Thurrock.	Helen Horrocks / Sue Bradish		31 July 2017	• WSO Strategy will set high level vision and strategy. This will enable action on obesity to be dynamic and responsive to local needs and changes. • Delivery date extended due to wider focus on placemaking, and positive conversation and stakeholder engagement development.	• Healthy Lives, Healthy People: A call to action on obesity 2011 • Thurrock Healthy Weight Strategy 2014-2017 • Making the case for Obesity, why invest? Public Health England, 2015
Maximise the local benefit of the nationally published Childhood Obesity Action Plan						
F. Review the published national childhood Obesity	Agreement to implement recommendations	Helen Horrocks / Elozona Umeh	Link to outcome framework	31 September 2016	• Review of actions required complete in September 2016. • Local recommendations to be	• Childhood Obesity: A Plan for

OBJECTIVE: 5A: Reduce Obesity					OBJECTIVE LEAD: Helen Horrocks	
Action	**Outcome**	**Action lead**	**Link to outcome framework**	**Delivery Date**	**Progress Report**	**Reference to existing strategy or plan**
Action Plan and make recommendations for local action.	falling out of the national strategy ahead of the local strategy development. Maximise the benefit of the national strategy locally in Thurrock.			31 March 2017	taken to Children's DMT for agreement and implementation in February/March 2017.	Action
G. Implement the Daily Mile in Thurrock Primary Schools	40% of Primary Schools in Thurrock signed up to the Daily Mile.	Elozona Umeh/Aurelia Hayward		31 March 2017	• 32% of primary schools signed up to date. • Ongoing signs up in progress.	
H. Review and revise children's weight management and support as a part of the Brighter Futures – Healthy Families Service re-procurement.	Children's weight management support in line with NICE guidance and national best practice.	Elozona Umeh/Helen Horrocks/Sue Bradish		January 2017 April 2017	• Input to the new 0-19 service specification complete. • Procurement of 0-19 service underway. • Evaluation to be scheduled end of March 2017.	• NICE guidance
Develop and launch an adult weight management care pathway						
I. Develop a single point of access for healthy lifestyle services to incorporate community weight management provision.	Single point of access for lifestyle services, improving communications and ease of referral and self-referral. Increased uptake of a broad range of weight	Andrea Clement/Faith Stow		1st April 2017	• New Adult Healthy Lifestyle Service went out to tender. • Procurement now completed and new provider has been awarded. • New service to start 1st April 2017.	

OBJECTIVE: **5A: Reduce Obesity**					**OBJECTIVE LEAD:** **Helen Horrocks**	
Action	**Outcome**	**Action lead**	**Link to outcome framework**	**Delivery Date**	**Progress Report**	**Reference to existing strategy or plan**
	management services.					
J. Scorecard to be developed for GP Practices for obesity and overweight management and referral.	Adult obesity and weight management addressed as part of health care service and demand management and prevention agenda in primary care and health.	Emma Sanford		30th April 2017	• This will now be progressed as part of the GP Scorecard project	
K. Launch a care pathway for promotion and engagement with GP practices to ensure ongoing identification, support and referral	GP practices fully aware of care pathway for weight management and referrals being made to appropriate tiers as part of health improvement and demand management.	Faith Stow		1st April 2017	• Care Pathway links developed between current Tier 2 and Tier 3 in 2016. • The newly procured tier 2 weight management services as part of the adult healthy lifestyles service will be linked into tier 3 and tier 4 Adult Obesity Services and launched to GP practices on 1st April 2017.	• NICE guidance
Identify and use the strategic opportunities to influence the obesogenic environment in Thurrock						
L. Deliver a Planning and Health Summit to facilitate an ongoing engagement and conversation	• Re-established relationships between planning, regeneration, health and communities supporting and	Kirsty Paul/Helen Horrocks	Link to outcome framework	September 2016	A South Essex Health, Well-being and Planning Summit was delivered on the 21st September 2016, and has had the following benefits and outcome: • Further engagement by the NHS in the planning agenda. • Strong links to external	

OBJECTIVE: 5A: Reduce Obesity					OBJECTIVE LEAD: Helen Horrocks	
Action	**Outcome**	**Action lead**	**Link to outcome framework**	**Delivery Date**	**Progress Report**	**Reference to existing strategy or plan**
between Planning and Health, with the aim of planning for Thurrock which will support an improvement in population health and well-being.	ongoing conversation to inform the local plan development.				organisations in support of the place agenda. • SportEngland input/review of in Purfleet Masterplan for active design principles. • Active design workshop principles of workshop in the event has been used now in HPAG and a workshop on Tilbury masterplanning. • PH to support the LP consultation engagement. • Expressions of Interest submitted for two TCPA projects; 1) working with developers on building healthy places and 2) health infrastructure planning. This work will be carried into 2017/18.	
M. An Active Place strategy will be produced and implementation to increase the proportion of people being physical active and reduce inactivity in Thurrock.	• This strategy will inform the local plan, delivering key strategic infrastructure recommendations which will support an increase in participation in sport, leisure and physical activity in	Sean Nethercott/Rob Cotter		July 2017	• Initial need assessments have been completed for 3 of the 4 areas (active travel outstanding) and work is underway in pulling together and tying in the overall strategy document	

OBJECTIVE: **5A: Reduce Obesity**					**OBJECTIVE LEAD:** **Helen Horrocks**	
Action	**Outcome**	**Action lead**	**Link to outcome framework**	**Delivery Date**	**Progress Report**	**Reference to existing strategy or plan**
Four key strategies will be produced from the Active Place workstream, including: Indoor Sport and Leisure Facilities, Playing Pitch Strategy, Green and Open Space Strategy and an Active Travel Strategy	Thurrock					
N. Explore the opportunity to create a riverfront walk/cycleway along the Thames	• Leisure opportunities created, linking key strategic points of interest, to support increases in physical activity.	Governance structures being defined, lead will be identified by June 17		To be confirmed	Discussions regarding the potential creation of a riverfront walk/cycleway have taken place between colleagues in Public Health, Regeneration, Planning and Transportation but these are still explorative and no decision has been as of yet on the necessity and practicality of creating a riverfront walk/cycleway. Meeting with Natural England scheduled to discuss England Coast Path.	Cabinet report July 2014 Infrastructure Requirement List Cycle Infrastructure Delivery Plan Active Place Strategy (emerging)
O. Review and update the Infrastructure Requirement List to ensure that the	• More effective use of planning obligations • Additional investment for	Kirsty Paul – Principal Planning Officer		Ongoing	The IRL is a living document projects on the list are reviewed at key stages and new projects can be included at any time. Projects to be proposed will look to	Infrastructure Requirement List

OBJECTIVE: 5A: Reduce Obesity					OBJECTIVE LEAD: Helen Horrocks	
Action	**Outcome**	**Action lead**	**Link to outcome framework**	**Delivery Date**	**Progress Report**	**Reference to existing strategy or plan**
impacts of new development are appropriately mitigated	infrastructure projects that seek to improve outdoor spaces and leisure facilities • Additional investment for infrastructure projects that seek to facilitate active travel modes				support healthier environments, which will have dual focus on health weight environments, physical activity, mental health and air quality.	
P. Undertake a comprehensive audit and needs assessment for open spaces and play areas in the borough (Active Place Strategy)	• Identify key projects for future investment • Inform policies in the emerging Local Plan	Kirsty Paul – Principal Planning Officer		December 2016	A draft report setting out an audit of existing open spaces has been submitted to the Council to review. It is now anticipated that this work will be finalised in April 2017.	Emerging Thurrock Local Plan. For key consultation stages in the emerging Local Plan please refer to the Council's Local Development Scheme.
Q. Undertake a comprehensive audit and needs assessment for footpaths and cycleways in the borough (Active	• Identify key projects for future investment • Inform policies in the emerging Local Plan	Kirsty Paul – Principal Planning Officer		December 2016	A Draft Report setting out an audit of existing open spaces has been submitted to the Council to review. It is now anticipated that this work will be finalised in April 2017.	Emerging Thurrock Local Plan. For key consultation stages in the emerging Local Plan please

OBJECTIVE: 5A: Reduce Obesity					OBJECTIVE LEAD: Helen Horrocks	
Action	**Outcome**	**Action lead**	**Link to outcome framework**	**Delivery Date**	**Progress Report**	**Reference to existing strategy or plan**
Place Strategy)						refer to the Council's Local Development Scheme.
R. Ensure that policies in the emerging Local Plan support the delivery of Objective 2A, Create outdoor spaces that make it easy to exercise and be active. Consideration will be provided to providing the community and schools with dual access to facilities as part of the active places strategy.	• Protect locally important green spaces from development • Ensure that all new residential dwellings have appropriate access to open space • Ensure that new residential dwellings are sited in accessible locations	Kirsty Paul – Principal Planning Officer		Ongoing - 2020	The next consultation stage for the emerging Local Plan is anticipated to take place in April 2017. In addition, the Design Strategy Supplementary Planning Document is anticipated to be adopted in February 2017 by Cabinet.	Emerging Thurrock Local Plan. For key consultation stages in the emerging Local Plan please refer to the Council's Local Development Scheme.
S. Ensure that all new developments appropriately contribute towards the creation	• More effective use of planning obligations • Additional investment for infrastructure	Kirsty Paul – Principal Planning Officer		Ongoing	Planning obligations are currently negotiated in accordance with the Infrastructure Requirement List (IRL). The Planning and Growth Service are currently working with colleagues in environment and public health to	Infrastructure Requirement List

OBJECTIVE: 5A: Reduce Obesity					OBJECTIVE LEAD: Helen Horrocks	
Action	**Outcome**	**Action lead**	**Link to outcome framework**	**Delivery Date**	**Progress Report**	**Reference to existing strategy or plan**
and/or enhancement of open space and play areas in the borough	projects that seek to improve outdoor spaces and leisure facilities • Reduce the proportion of people who are inactive in Thurrock				include additional green infrastructure projects on the IRL. It is anticipated that this work will be finalised in April 2017.	

Outcome framework

Objective	5A: Increase the number of people in Thurrock who are a healthy weight.							
Indicators	**2016 Baseline**	**2017**	**2018**	**2019**	**2020**	**2021 Target**	**Data Source**	**Reporting Timescales**
Outcome Framework Indicator 1. **% of children overweight or obese in year 6**								
This indicator quantifies the proportion of children aged 10-11 years classified as overweight or obese in the National Child Measurement Programme. There is concern about the rise of childhood obesity and the implications of obesity continuing into adulthood. Evidence has shown that children who are overweight or obese have higher risks of developing long term conditions such as diabetes and hypertension, exacerbation of conditions such as asthma, and poor mental health and wellbeing. This is also an indicator on the Public Health Outcomes Framework.	**36.7%** (2014/15)					**Below the national average**		
Outcome Framework Indicator 2. **% of adults overweight or obese**								
This indicator quantifies the percentage of adults classified as overweight or obese calculated from self-reported height and weight data in the Active People Survey. Reducing the levels of obesity is a key priority for both national and local organisations, as it is known that excess weight and obesity are a major determinant of premature mortality and avoidable ill-health. This is also an indicator on the Public Health Outcomes Framework.	**70.4%** (2012-2014)	Progress towards this target will partly depend on other whole system changes happening later – e.g. potential facilities investment following the completion of the Active Place Strategy etc				**65%**		

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Health and Wellbeing Strategy Reporting Template
Goal 5: Healthier for longer
Objective 5B: Fewer people in Thurrock will smoke

Goal Sponsor: Director of Public Health - Ian Wake
Objective Lead: Kevin Malone

Action Plan

OBJECTIVE: **5B: Reduce the number of people smoking in Thurrock**			**OBJECTIVE LEAD:** **Ian Wake**			
Action	**Outcome**	**Action lead**	**Link to Outcome Framework**	**Delivery Date**	**Progress Report**	**Reference to existing strategy or plan**
A. Update 2014-2019 Tobacco Control strategy	Effective delivery plan	Kevin Malone	1, 2 & 3	28 July 2016	Renamed 2016-2021, updated and on the council website	Tobacco Control Strategy 2014-19
B. Commission our service provider to facilitate ASSIST programme	Reduce youth 'ever smoked' smoking prevalence by 6% by 2021(currently 18%) and reduce regular and occasional prevalence from 5% to 4% across same timeframe. Review schools' smokefree policies alongside ASSIST programme	Kevin Malone	2	1 September 2016 – 31 March 2017	Delivery for 2016/17 will run to summer 2017 in line with academic year, since ASSIST is a school-based intervention for Y8 pupils. Interim contract arrangements are in place with NELFT. From 2017-2019 this activity will sit in the Healthy Families (0-19) contract	Tobacco Control Model; Stop Smoking Service Specification
C. Commission targeted delivery of treatment services to those residents	Reduce adult smoking prevalence by 1% per year until	Kevin Malone	1 & 3	31 March 2017	Embedded in the treatment service specification. Is incorporated into Healthy	Tobacco Control Model; Stop Smoking

	with Long Term Conditions (LTCs), mental health patients and pregnant mothers	2021 (Currently 21.3%) and bring it below the national average of 16.9%				Lifestyles contract from April 2017	Service Specification
D.	Establish a contractual arrangement with Basildon & Thurrock University Hospital (BTUH) regarding referrals to quit services	Increase the number of smokers referred to quit services or treated in acute settings, particularly those with diseases that have a smoking related component	CCG	1 & 3	31 March 2017	CCG agreed circa 10-20 referrals per month from BTUH to community treatment provider. Christine Ratcliffe (CCG) managed contractual arrangements prior to retirement. Referrals from Maternity remain good but referrals from other wards e.g. respiratory could improve. Michelle Stapleton is aware. Implementing electronic referral system would be a positive step. Improving referrals from BTUH and other health-care providers is included in the new Healthy Lifestyles contract.	CLeaR Report
E.	Work with our service provider to develop and implement an innovative treatment pathway for people that wish to use e-cigarettes	Reduce the number of people smoking tobacco based products in Thurrock and implement NICE PH45 Harm Reduction guidance	Kevin Malone	1, 2 & 3	20 May 2017*	Currently in progress. New treatment provider (Healthy Lifestyles) is very keen to implement and will drive initiative once contract starts on 1st April 2017	Stop Smoking Service Specification

*The Tobacco Products Directive comes into force on this date regarding e-cigarettes containing 20+mg nicotine to be a prescription-only product

Outcome Framework

Objective	5B: Reduce the number of people smoking in Thurrock.							
Indicators	**2016 Baseline**	**2017**	**2018**	**2019**	**2020**	**2021 Target**	**Data Source**	**Reporting Timescales**
Outcome Framework Indicator 1 **Smoking prevalence in those aged 18+.** This indicator quantifies the percentage of adults aged 18+ who smoke. Smoking is the most important cause of preventable ill-health and premature mortality in the UK, and is a risk factor for a number of other diseases. This is also an indicator on the Public Health Outcomes Framework.	**20.3%** **21.3% (2015)**	19.3%	18.3%	17.3%	16.3%	**Below 16%**		
Outcome Framework Indicator 2 **Smoking prevalence in those aged 15-17 years.** This is a new indicator and no baseline data exists for this as yet. However plans are in place to obtain this.						**3% reduction proposed**		
Outcome Framework Indicator 3 **% of mothers smoking at time of delivery.** This indicator quantifies the percentage of women who were smokers at the time of delivery, out of the number of maternities. Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. This is also an indicator on the CCG Outcomes Framework.	**9.9%** (2015)	9.45%	9.0%	8.54%	8.09%	**[Trajectory suggests 7.64% could be achieved?]**		

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Health and Wellbeing Strategy Reporting Template
Goal 5: Healthier for longer

Objective 5C: The identification and early treatment of long term conditions such as diabetes or high blood pressure will be significantly improved

Goal Sponsor: Director of Public Health - Ian Wake
Objective Lead: Emma Sanford / Mark Tebbs

Health and Wellbeing Strategy Action Plan

OBJECTIVE: 5C Significantly improve the identification and management of long term conditions					**OBJECTIVE LEAD: Emma Sanford / Mark Tebbs**	
Action	**Outcome**	**Action lead**	**Link to outcome framework**	**Delivery Date**	**Progress Report**	**Reference to existing strategy or plan**
A. Hypertension Detection programme : Obtain QIPP sign off for GP	Obtaining sign off for the hypertension detection programme will support increased detection of hypertension and therefore reduce admission rates for avoidable conditions.	Emma Sanford / Maria Payne/ Mark Tebbs	**Outcome Framework indicator 2: Unplanned care admission rate for conditions amenable to healthcare.**	August 2016	Completed. Presented in QIPP meeting- Funds awarded by ICE endorsed	BCF ICE paper – avoidable stroke admissions Public Health Operational Plan
B. Hypertension Detection programme : Develop mobilisation and communication plan	Developing a mobilisation plan for the hypertension detection programme will support increased detection of hypertension and therefore reduce admission rates for avoidable conditions.	Emma Sanford / Monica Scrobotovici/ Mark Tebbs	**Outcome Framework indicator 2: Unplanned care admission rate for conditions amenable to healthcare.**	March 2017 for use of local pharmacies March 2017 for risk stratification	The programme will be piloted in Tilbury and replicated in the whole CCG if proven effective. Mobilisation plan includes 2 streams: pharmacy and risk stratification. Draft specifications file for	

				stream	pharmacies created and will be shared with CCG and partners for input.	
C. Hypertension Detection programme : Deliver and monitor	Delivering the hypertension detection programme will support increased detection of hypertension and therefore reduce admission rates for avoidable conditions.	Emma Sanford / Monica Scrobotovici/ Mark Tebbs	**Outcome Framework indicator 2: Unplanned care admission rate for conditions amenable to healthcare.**	April 2017 onwards	The delivery date was amended to begin in April and continue for a year.	
D. Hypertension Detection programme : Evaluate	Evaluating the hypertension detection programme will aid understanding of what works and better areas for development, thereby supporting increased detection of hypertension and therefore reduce admission rates for avoidable conditions.	Emma Sanford / Monica Scrobotovici/ Mark Tebbs	**Outcome Framework indicator 2: Unplanned care admission rate for conditions amenable to healthcare.**	Quarterly		
E. Hypertension Detection programme: Explore opportunities to use Community hubs as an access point for screening and GP visit.	Delivering this aspect of the hypertension detection programme will support increased detection of hypertension and therefore reduce admission rates for avoidable conditions.	Emma Sanford/Monica Scrobotovici/Jo Pitt	**Outcome Framework indicator 2: Unplanned care admission rate for conditions amenable to healthcare.**	March2017	Met with Kristina Jackson, CEO of Thurrock CVS and discussed possible collaboration ideas to be looked at in more detail. Further lines may be added when these have been further investigated.	
F. Health Checks: Research possibilities to improve targeting of	Knowledge of how we can potentially improve the service to identify and manage more patients with Long Term Conditions. Better targeting of patients and	Emma Sanford / Maria Payne	**Outcome Framework indicator 2: Unplanned care admission rate for**	Start April 2017	This has been downgraded from a detailed equity audit due to time constraints. We feel that we can make recommendations and have	BCF ICE paper – avoidable stroke admissions

Health Checks, including how we target patients and outcomes.	identifying conditions earlier should prevent admissions for avoidable conditions.		**conditions amenable to healthcare.**		the same impact with a smaller piece of research.	Public Health Operational Plan
G. Senior Health Checks: Research literature and evidence around delivery of senior health checks	Inform us of the validity of considering delivery in Thurrock as a means for identifying patients with Long Term Conditions. Researching this option will give us better understanding of the impact this might have on earlier identification of patients with long term conditions, thereby preventing admissions for avoidable conditions.	Emma Sanford / Maria Payne	**Outcome Framework indicator 2: Unplanned care admission rate for conditions amenable to healthcare.**	April 2017	NELFT library services could not find a large amount of evidence to support or not this. We will now look at local/neighbouring pilots to evaluate the effectiveness and weigh up whether it would be best for us to : a) Implement in Thurrock b) Use Medication reviews in this population more effectively c) Target our resource at the older sub-group of the Health Checks age group.	BCF ICE paper – avoidable stroke admissions Public Health Operational Plan
H. Develop LTC Scorecard: Create benchmark group for each GP practice	The development of a benchmark group will allow to better analyse case finding and management performance and identify individualised practice needs.	Monica Scrobotovici	**Outcome Framework indicator 2: Unplanned care admission rate for conditions amenable to healthcare Outcome Framework indicator 1: Mean score on an agreed GP**	January 2017	Completed Benchmark groups of 20 similar practices created. This is to lead into the scorecard work.	

			practice-based LTC management scorecard.			
I. Develop LTC Balance Scorecard: Method and Design	Systematically identify variation in identification and management of patients with Long Term Conditions with a view to improve this in the worst performing areas. Developing the scorecard would enable scores to be developed, thereby supporting identification of variation and enabling targeted work to be done with a view to prevent admissions for avoidable conditions.	Emma Sanford / Monica Scrobotovici	**Outcome Framework indicator 1: Mean score on an agreed GP practice-based LTC management scorecard.**	February2017	Key Indicators selected. Design template created. We are currently investigating software that will make the production of this more automated before roll out. Suggested template has been shared with practice managers and the response was positive.	Public Health Operational Plan
J. Develop LTC Balance Scorecard: Deliver and Monitor	The delivery of the Scorecard will include one-on-one discussions with GP practices' staff to enable them to interpret correctly and draw useful conclusions from it.	Monica Scrobotovici/Jo Pitt	**Outcome Framework indicator 1: Mean score on an agreed GP practice-based LTC management scorecard.**	March 2017		
K. Development of other hypertension detection Pilots including feasibility of: 1) Self-testing/testing in the community	The hypertension detection programme will support increased detection of hypertension and therefore reduce admission rates for avoidable conditions.	Emma Sanford/Maria Payne/Monica Scrobotovici/Jo Pitt	**Outcome Framework indicator 2: Unplanned care admission rate for conditions amenable to healthcare.**		April 2017 Time frames to be added to action plan when these have been scoped	

2) Health checks recommendations 3) Use of non-clinical staff in the GP office						
L. Development of other LTC care improvement plans.	The baseline scorecard findings will support identification of variation and enable targeted work to be done with a view to prevent admissions for avoidable conditions.	Emma Sanford/Maria Payne/Monica Scrobotovici/Jo Pitt	**Outcome Framework Indicator 1: Mean score on an agreed GP practice-based LTC management scorecard.** **Outcome Framework indicator 2: Unplanned care admission rate for conditions amenable to healthcare.**		April 2017 Scoping work and timeframes to be agreed once balance scorecards are available	
M. Recruitment of 2 Healthcare Public Health Improvement Managers	The recruitment of 2 full time roles to serve as a liaison between the public health department and primary care will facilitate the communication between the two and will improve the delivery of long term conditions agenda.	Emma Sanford		November 2016	Completed. Many of the projects above are now being worked on by these posts.	

Outcome Framework

Objective	5C: Significantly improve the identification and management of long term conditions.							
Indicators	**2016 Baseline**	**2017**	**2018**	**2019**	**2020**	**2021 Target**	**Data Source**	**Reporting Timescales**
Outcome Framework Indicator 1 **Mean score on an agreed GP practice-based LTC management scorecard.**								
This is a new indicator and no baseline data exists for this as yet. However plans are in place to produce this scorecard on a monthly basis from December 2016. It is proposed that two indicators on the scorecard will become future indicators for this objective: **These proposals were made pre-development of scorecard. We intend to re-visit these and make a recommendation by end of March.** 1) % of diabetes patients that have achieved all three of the NICE recommended treatment targets [Adults: HbA1C<=55mmol/mol (7.5%), Cholesterol <5mmol/L and BP <=140/80mmHg. Children: HbA1c <=58mmol/mol (7.5%)] 2) Absolute gradient of the relationship at LSOA level between unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population and deprivation measured by the IMD 2015 score.								

Indicators	2016 Baseline	2017	2018	2019	2020	2021 Target	Data Source	Reporting Timescales
Outcome Framework Indicator 2 **Unplanned care admission rate for conditions amenable to healthcare.** This quantifies the rate of emergency admissions for conditions that could have been avoided if good quality healthcare had been in place. These are defined using a standard list of ICD-10 codes provided by the ONS. Rates are shown by 100,000 population.	**1940.6** (2015)	1931.7	1922.76	1913.84	1904.92	**1896 [draft target]**		

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Health and Wellbeing Strategy Reporting Template
Goal 5: Healthier for longer

Objective 5D: More cancers will be prevented, identified early and treated better

Goal Sponsor: Director of Public Health - Ian Wake
Objective Lead: Funmi Worrell / Mark Tebbs

Health and Wellbeing Strategy Action Plan

OBJECTIVE: **5D: Prevent and treat cancer better**					**OBJECTIVE LEAD:** Mark Tebbs	
Action	**Outcome**	**Action lead**	**Link to action plan framework**	**Delivery Date**	**Progress Report**	**Reference to existing strategy or plan**
A. Set up Thurrock Action Implementation Group and complete Cancer Action Plan	Local collaborative group and action plan for delivery and monitoring of cancer projects and initiatives	Funmi Worrell/ Kehinde Adeniji	1-5	June 2016	Thurrock Cancer Action Implementation group has been set up with 6 weekly meetings since summer 2016. Action plan is updated at every meeting.	Public health service plan
B. Formalise Success Regime governance through multi-agency South & Mid Essex Cancer Assurance Group and monitor delivery of acute cancer recovery action plan	Formal system-wide governance forum for monitoring and collaborative working towards delivery of the target	Kehinde Adeniji	1-5	September 2016	Ongoing	CCG work plan Cancer 3x3 project
C. Completion of audit of emergency presenters with cancer to BTUH and results fed back to practices	Reduction in emergency (late stage) presentations of cancer	Kishor Padkhi	1	September 2017	Data collection with BTUH cancer services clinical director lead – Completed. Audit to be written up – March 2017.	CCG work plan

					Findings to be presented to Clinical Effectiveness Group – April 2017 and reported to QIPP group in May/June 2017.	
D. Complete a visit to all GP practices starting with those highlighted as likely to benefit more from a visit. Promote earlier diagnosis of cancer in primary care by discussing NICE guidance, practice profile, Be Clear On Cancer and various awareness campaigns, etc. *See Notes below for more details	Improved early stage diagnosis of cancer	Kishor Padki, Sue White, Funmi Worrell	1-5	April 2017	17 of the 32 practices visits completed to date. 4 more to be visited by April 2017. 11 practice visits to be arranged.	Public Health service plan

Outcome Framework

Objective	E4: Prevent and treat cancer better							
Indicators	**2016 Baseline**	**2017**	**2018**	**2019**	**2020**	**2021 Target**	**Data Source**	**Reporting Timescales**
Outcome Framework Indicator 1 **% of cancer admissions diagnosed for the first time via emergency presentation.** About a quarter of people with cancer are diagnosed via emergency routes. Survival rates for people diagnosed via emergency routes are considerably lower than for people diagnosed via other routes. Identifying the proportion of people who first present as an emergency is likely to prompt investigation into how to increase earlier presentation, leading to improved outcomes.	**22.9%** (Q2, 2015)					**To be confirmed**		
Outcome Framework Indicator 2 **% of new cancer diagnoses diagnosed at stages 1 and 2.** This quantifies the proportion of all new cancer diagnoses that were diagnosed at stages 1 and 2, as a proportion of all new cases of cancer diagnosed (specific cancer sites, morphologies and behaviour: invasive malignancies of the breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of the skin). Diagnosis at an early stage of the cancer's development leads to dramatically improved survival chances. Specific interventions, such as screening programmes, information/education campaigns and greater GP access to diagnostic services all aim to improve rates of early diagnosis. This is also an indicator on the Public Health Outcomes Framework and the CCG Outcomes Framework.	**50.6%** (2014)					**To be confirmed**		

Indicators	2016 Baseline	2017	2018	2019	2020	2021 Target	Data Source	Reporting Timescales
Outcome Framework Indicator 3 **% of patients treated within 62 days of receipt of urgent GP referral for suspected cancer to first treatment**								
This measures the proportion of people with an urgent GP referral for suspected cancer that began their first definitive treatment within 62 days. This indicator is one of the national cancer waiting times standards. Achievement of these standards is considered to be an indicator of the quality of cancer diagnosis, treatment and care. The operational standard specifies that 85% of patients should be treated within this time. This is also an indicator on the CCG Outcomes Framework.	**56%** (February 2016)	61.8%	67.6%	73.4%	79.2%	**Working towards national standard of 85%.**		
Outcome Framework Indicator 4 **1 year survivorship after breast cancer.**								
This indicator quantifies the one year net survival rate for people diagnosed with breast cancer (after adjustment for other causes of death). Survival rates give an indication of successful service provision and can help identify differing practice requiring further investigation.	**95.7%** (2013)	95.96%	96.22%	96.48%	96.74%	**Working towards 97%**		

Indicators	2016 Baseline	2017	2018	2019	2020	2021 Target	Data Source	Reporting Timescales
Outcome Framework Indicator 5 **Bowel cancer screening coverage.** This indicator quantifies the percentage of people aged 60-69 years who were eligible for bowel screening who had a screening test result recorded in the last 2.5 years. The bowel cancer screening programme plays an important part in supporting early detection of cancer, and increasing screening coverage would mean more cancers are detected at earlier, more treatable stages. This is also included as an indicator on the Public Health Outcomes Framework.	**54.6%** (2015)	55.68%	56.76%	57.84%	58.92%	**60%** (current national target)		

*Notes:
Details of discussions at GP practice visits include:

- Implementation of NICE Guidance Suspected Cancer: recognition and referral. NG 12 https://www.nice.org.uk/guidance/ng12
- Practice demographics and Practice Cancer Profile – Current data and recent trends compared with England and CCG average and recommended targets (practice cancer profile provided)
- Breast cancer screening (National target 70%) - Uptake and interventions to improve uptake
- Cervical cancer screening (National target 80%) - Uptake and interventions to improve uptake
- Bowel cancer screening (National target 60%) - Uptake and interventions to improve uptake – template letters for non-responders offered as well as automated prompts
- Bowel Scope – new programme to be rolled out
- Early diagnosis
- Be Clear on Cancer campaigns
- Cancer audits
- Two week wait referral forms and location on SystmOne
- Patient information leaflets for urgent referrals for cancer
- Two week wait referrals (indirectly age-sex standardised referral ratio) Recommended minimum 80 (England 100)

- Two week wait referrals resulting in a diagnosis of cancer – Recommended maximum 7.8%
- Detection rate – percentage of new cancer cases that resulted from a two week wait referral – Recommended minimum 50%
- Improving professional use of NICE referral guidelines – Macmillan and CRUK guidance provided
- Primary care risk assessment tool
- QCancer
- Emergency admissions and presentations
- Safety netting
- Significant event audits
- Two week wait referrals by cancer site
- In-patient or day case endoscopy
- Cancer prevalence (QOF)
- New cancer cases per year
- Cancer Care Review uptake (QOF)
- PSA screening – the evidence so far
- Obesity and very brief advice for obesity
- Smoking cessation
- Lifestyle risk: awareness and prevention – 4 in 10 cancers can be prevented

Resource websites highlighted in Practice Cancer Profile

- Primary care toolkit
- Primary care audit tool
- Significant event analysis toolkit
- Referral decision support tools
- Safety netting Consensus guidelines
- Prevention and Early diagnosis- Making every contact count
- Patient information resources – CRUK, Macmillan, Cancer Screening resources, Be Clear on Cancer resources

Standard Resources provided

- Practice Cancer Profile – hard copy and electronic copy
- Macmillan and CRUK referral guidance
- Symptom reference guide poster (CRUK)
- Breast screening poster
- Cervical screening poster
- Bowel screening poster
- Bowel cards
- Your urgent leaflet explained leaflets
- PSA infographic
- Cancer Insight magazine for GPs
- Safety netting summary
- 4 in 10 Cancers can be prevented poster
- CRUK/Woman's Own magazine (cancer awareness) for waiting area

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15th March 2017	ITEM: 7
Health and Wellbeing Board	
Thurrock Better Care Fund Section 75 Agreement	
Wards and communities affected: All	**Key Decision:** Key
Report of: Roger Harris, Corporate Director of Adults, Housing and Health	
Accountable Head of Service: Les Billingham, Head of Adults and Community Development	
Accountable Director: Roger Harris, Corporate Director of Adults, Housing and Health	
This report is Public	

Executive Summary

On 9th March 2016, Cabinet approved Thurrock's Better Care Fund Section 75 Agreement between the Council and NHS Thurrock Clinical Commissioning Group. The Agreement allowed the creation of a pooled fund with the purpose of promoting the integration of care and support services.

The Council is the 'host' organisation for the pooled fund, which means that once the Section 75 Agreement is agreed providers of community health care services to be provided under the Better Care Fund can be paid.

The pooled fund is overseen by an Integrated Commissioning Executive made up of officers from the Council and CCG. The Executive receives regular reports on expenditure, quality and activity. The Executive reports on the performance of the Fund to the Health and Wellbeing Board, as well as Cabinet and the Board of the Clinical Commissioning Group.

This report sets out the arrangements for 2017-19.

1. Recommendation

1.1 That the Health and Wellbeing Board note the arrangements for entering into a Better Care Fund Section 75 Agreement for 2017-19 and agree to convene a special Health and Wellbeing Board meeting to agree the final BCF plan

2. Introduction and Background

2.1 The Better Care Fund requires Clinical Commissioning Groups and local authorities in upper-tier authority areas to pool budgets and agree an integrated spending plan for how they will use their Better Care Fund allocation.

2.2 Section 75 of the NHS Act 2006 gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.

2.3 The purpose of the section 75 Agreement is to set out the terms on which the Partners (in this case Thurrock Council and Thurrock NHS Clinical Commissioning Group) have agreed to collaborate and to establish a framework through which the Partners can secure the future provision of health and social care services. It is also the means through which the Partners will pool funds.

2.4 The Agreement to support Thurrock's Better Care Fund 2016-17 was agreed by Cabinet at its meeting on the 9th March 2016. The initial agreement was agreed in 2015, and the intention was that it could be rolled over in to subsequent years with changes made to reflect the updated Better Care Fund relevant to the particular year.

2.5 Guidance for the Better Care Fund 2017-19 was originally expected before the end of November. At the writing of this report, the Guidance remains to be published. Thurrock's Better Care Fund Plan and pooled fund amount will therefore not be finalised until the Guidance has been received.

2.6 Whilst the Plan and therefore Section 75 agreement for 2017-19 have not been finalised, Better Care Fund allocations by area have very recently been published. On this basis, Cabinet has been asked (5th April 2017) to agree to the Council entering in to the Section 75 agreement for 2017-19. As the Fund will span two years from 2017, the agreement will be subject to the Council's annual budget setting arrangements.

2.7 The Health and Wellbeing Board is asked to note and make any comments on the proposed arrangements.

3. Issues, Options and Analysis of Options

Changes to Guidance - draft

3.1 Thurrock has had a Better Care Fund Plan and associated Section 75 Agreement in place since 2015-16. To date, the requirement has been to produce a yearly plan. Whilst the Council is still to receive final confirmation, draft Better Care Fund guidance states that areas will be required to produce two-year Plans. As a result and if this is confirmed, the section 75 agreement for 2017 will also span a two-year period. Cabinet has been asked to agree to

the Council entering in to the Better Care Fund Section 75 Agreement over a two-year period: 2017-2019. This will be subject to the Council's annual budget setting arrangements, and any changes to the Section 75 can be made with agreement of both parties – Thurrock Council and NHS Thurrock CCG.

Value of the Better Care Fund

3.2 The value of Thurrock's Better Care Fund for 2016-17 is £27.638m. This amount is made up of a £15.7m contribution from NHS Thurrock CCG, and £11.9m contribution from the Council. The Fund consists of a mandatory amount, and an additional contribution agreed locally by the Council and CCG. The mandated amount for Thurrock's Fund in 2016-17 is £10.769m.

3.3 CCG allocations for 2017-19 have been published. For Thurrock, the CCG's mandated Better Care Fund amount is £10.048m in 2017-18 and £10.238m in 2018-19. The Council's mandatory contribution is the Disabled Facilities Grant and this is yet to be confirmed for the two year period. As part of preparations for the Better Care Fund 2017-19, the Council and CCG will need to agree how much they are adding to the Fund over and above the mandated amount. This will not be less than additional contributions made to the 2016-17 Fund.

Focus of the Fund

3.4 Whilst the Council is still waiting for the Better Care Fund Guidance to be published, draft guidance has been received. This outlines expected changes for 2017 which include:

- Plans to span two-years;
- Number of national conditions reduced from 8 to 3 – i) plans must be agreed by the Health and Wellbeing Board with minimum contributions met, ii) maintenance of social care via CCG contributions, and iii) ring-fenced amount for use on NHS out-of-hospital commissioned services;
- Additional contributions to the Fund from the Improved Better Care Fund (announced in the 2015 Spending Review) over the next three years; and
- Expected to act as an Integration Plan.

3.5 The focus of the Plan to date has been on adults aged 65 and over who are most at risk of hospital admission or residential home admission. The schemes chosen for the Fund reflect this focus. The schemes contained within the 2017-19 Plan are likely to continue this focus, but will include elements that are population wide – for example initiatives linked to preventing, reducing and delaying the need for health and social care intervention. The 2017-19 Plan will reflect the direction of travel contained within the Council and CCG's integrated Health and Social Care Transformation Plan – For Thurrock in Thurrock.

Overspends and Underspends in the Better Care Fund

3.6 The March 2016 Cabinet Report and Section 75 Agreement set out arrangements for overspends and underspends to the Fund. The arrangements will continue and consist of any expenditure over and above the value of the Fund falling to the Council or CCG depending on whether the expenditure is incurred on social care functions or health functions. Arrangements for monitoring expenditure and managing any overspend in an individual scheme are set out in detail within the Section 75 Agreement. Underspends will stay within the Pooled Fund unless otherwise agreed by both parties.

Governance

3.7 Similar to the majority of areas, the Council is the host for the pooled Fund. The management of the pooled Fund includes regular oversight by both the Council and CCG through the Integrated Commissioning Executive. The Executive reports to the Health and Wellbeing Board who receive the Executive's meeting minutes at each Board meeting. A Pooled Fund Manager exists to provide regular reports covering performance, finance and risk.

Contracting arrangements

3.8 The Council as host of the Fund enters into contracts with third party providers – namely NHS providers. The standard NHS contract is used for these services with the Council becoming an equal commissioning partner. This arrangement will continue in to 2017-19 with the majority of the Fund likely to relate to existing NHS contracts.

4. Reasons for Recommendation

4.1 To ensure that the Health and Wellbeing Board is aware of the arrangements for entering in to Better Care pooled fund arrangements between the Council and CCG 2017-2019.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 A specific consultation on the establishment of the pooled fund to drive through the integration of health and social care services, as required under the terms of the Health and Social Care Act 2012, was held in September and October 2014.

6. Impact on corporate policies, priorities, performance and community impact

6.1 A key aim of the Better Care Fund is to reduce emergency admissions, which brings within it the potential to invest in services closer to home to prevent, reduce or delay the need for health and social care services or from the deterioration of health conditions requiring intensive health and care services.

This will contribute to the priority of 'Improve Health and Wellbeing' and the vision set out within the refreshed Health and Wellbeing Strategy 2016-2021.

6.2 Achieving closer integration and improved outcomes for patients, services users and carers is also seen to be a significant way of managing demand for health and social care services, and so manage financial pressures on both the CCG and the Council.

7. Implications

7.1 Financial

Implications verified by: **Mike Jones**

Strategic Resources Accountant

The Better Care Fund consists of contributions from the Council and Thurrock CCG. The mandated amount consists of £10.048m (2017-18) and £10.238m (2018-19) from NHS Thurrock CCG and an amount still to be confirmed from Thurrock Council. Additional contributions have yet to be confirmed by will not be less than 2016-17 amounts (£16.868m).

The nature of the expenditure is an agreed ring-fenced fund. Financial risk is therefore minimised and governed by the terms set out in the Agreement. Paragraph 3.6 refers.

The Fund will be accounted for in accordance with the relevant legislation and regulations, and the agreement between the Local Authority and CCG.

Financial monitoring arrangements are in place, ensuring that auditing requirements are met, as well as disclosure in the financial statement.

7.2 Legal

Implications verified by: **Rosalind Wing**

Adult Social Care Solicitor

Legal Service can advise that the entry of the Council into the Better Care Fund Agreement is governed by S75 of the NHS Act 2006. The procurement of specific services by the Council utilising the Better Care Fund is a separate process for consideration and will be the subject of a further report. Legal Services will ensure its continuing availability to support the Corporate Director of Adults, Housing and Health and appropriate colleagues during the further procurement exercise.

7.3 Diversity and Equality

Implications verified by: Rebecca Price

Community Development Officer

The vision of the Better Care Fund is improved outcomes for patients, service users and carers through the provision of better co-ordinated health and social care services. The commissioning plans developed to realise this vision will be developed with due regard to the Equality Act 2010.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Better Care Pooled Fund Section 75 Agreement 2016-17
- Cabinet Report 9th March 2016
- Health and Wellbeing Board report 10th March 2016

9. Appendices to the report

- None

Report Author:

Ceri Armstrong

Senior Health and Social Care Development Manager

Adults, Housing and Health

15th March 2017	ITEM: 10
Health & Wellbeing Board	
Evidence on the use of Health Hubs	
Wards and communities affected: All	**Key Decision:** None
Report of: Gemma Curtis, Locality Manager, Primary Care, Thurrock CCG	
Accountable Head of Service: Rahul Chaudhari, Head of Primary Care, Thurrock CCG	
Accountable Director: Mandy Ansell, Accountable Officer, Thurrock CCG	
This report is Public	

Executive Summary

The Thurrock Health Hubs provide additional pre-booked access to Primary Care services in Thurrock. The report notes the background of the services, including initial implementation from May 2015.

The report also includes information regarding the locations of the hubs, opening times, services offered, reviews and service changes. Information on data analysis has been included, along with steps going forward.

Data analysis covers the number of booked appointments, Did Not Attends (DNAs), attendances by practice.

Information has also been added from patient feedback received, including a report carried out by Thurrock Healthwatch in April 2016.

1. Recommendation(s)

1.1 Members to note the report regarding the Thurrock Health Hubs and the progress to date.

2. Introduction and Background

2.1 In 2014 as part of NHS England's Primary care transformation programme, practices were invited to submit bids detailing their plans to improve access to primary care. Neera Medical Centre was supported by the CCG to put forward a bid to operate on a locality model, offering extended hours primary care access, covering the entire Thurrock population. The bid was successful and was awarded approximately £250,000/year for the next 7 years.

2.2 In May 2015 the first of the 4 weekend health hubs opened in Corringham, closely followed by Tilbury in June 2015, Grays in July 2015 and finally South Ockendon in October 2015. All 4 hubs offer 2 sessions per week, initially these were on Saturday's & Sunday's.

3. Issues, Options and Analysis of Options

3.1 This report is for noting and information.

4. Reasons for Recommendation

4.1 Update to the Health & Wellbeing Board on the Health Hubs.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 N/A

6. Impact on corporate policies, priorities, performance and community impact

6.1 N/A

7. Implications

7.1 Financial

No financial implications resulting from this report

Implications verified by: Jo Freeman
Management Accountant

7.2 Legal

There are no legal implications arising from this report

Implications verified by: Lindsey Marks
Principal Solicitor Children's Safeguarding

7.3 Diversity and Equality

Although there are no direct implications arising from this report, the increased access to health services helps to reduce health inequalities.

Implications verified by: Natalie Warren, Community Development and Equalities Manager

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None

9. Appendices to the report

- Appendix 1. Detailed Weekend Health Hubs Report

Report Author:

Gemma Curtis, Locality Manager, Thurrock CCG

Rahul Chaudhari, Head of Primary Care, Thurrock CCG

Mandy Ansell, Accountable Officer, Thurrock CCG

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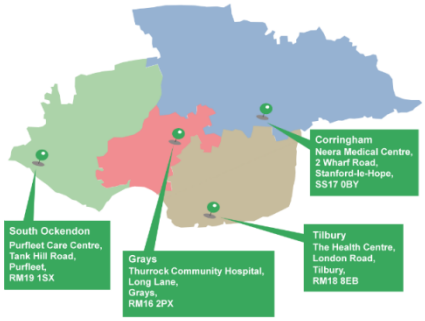
Weekend Health Hubs Update
March 2017

Background

In 2014 as part of NHS England's Primary care transformation programme, practices were invited to submit bids detailing their plans to improve access to primary care. Neera medical centre was supported by the CCG to put forward a bid to operate on a locality model offering extended hours primary care access covering entire Thurrock population. The bid was successful and was awarded approximately £250,000/year for the next 7 years.

In May 2015 the first of the 4 weekend health hubs opened in Corringham, closely followed by Tilbury in June 2015, Grays July 2015 and finally South Ockendon in October 2015. All 4 hubs offer 2 sessions per week, initially these were on Saturday's and Sunday's. The locations of the hubs were arranged by the 4 localities we have in Thurrock:

- Corringham
  Neera Medical Centre
- Tilbury
  Tilbury Health Centre
- Grays
  Thurrock Community Hospital
- South Ockendon
  Purfleet Care Centre

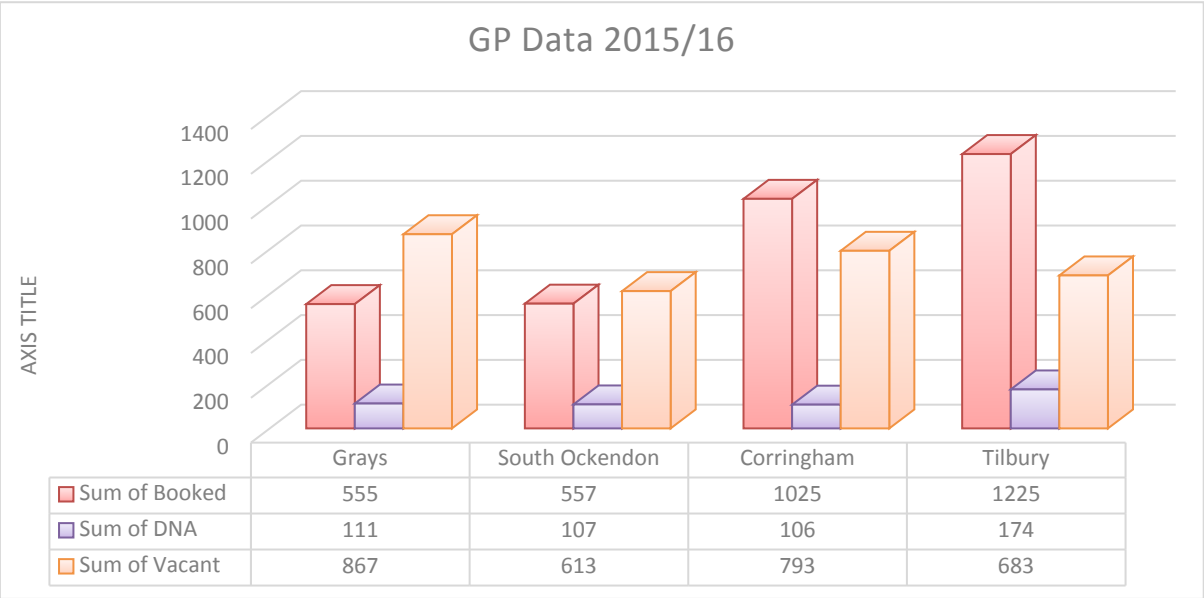


The hubs offer a range of services, these include (this is not an exhaustive list):

- Pill checks
- Cervical Screening
- Immunisations and Vaccines (including children and holiday immunisations)
- Wound Care
- Smoking Sensation
- Sexual health
- Family Planning
- Ear syringing
- Blood Pressure Checks
- Chronic Disease management
- Learning Disability checks
- Every day GP services
- 2 week wait cancer referrals
- Medication reviews

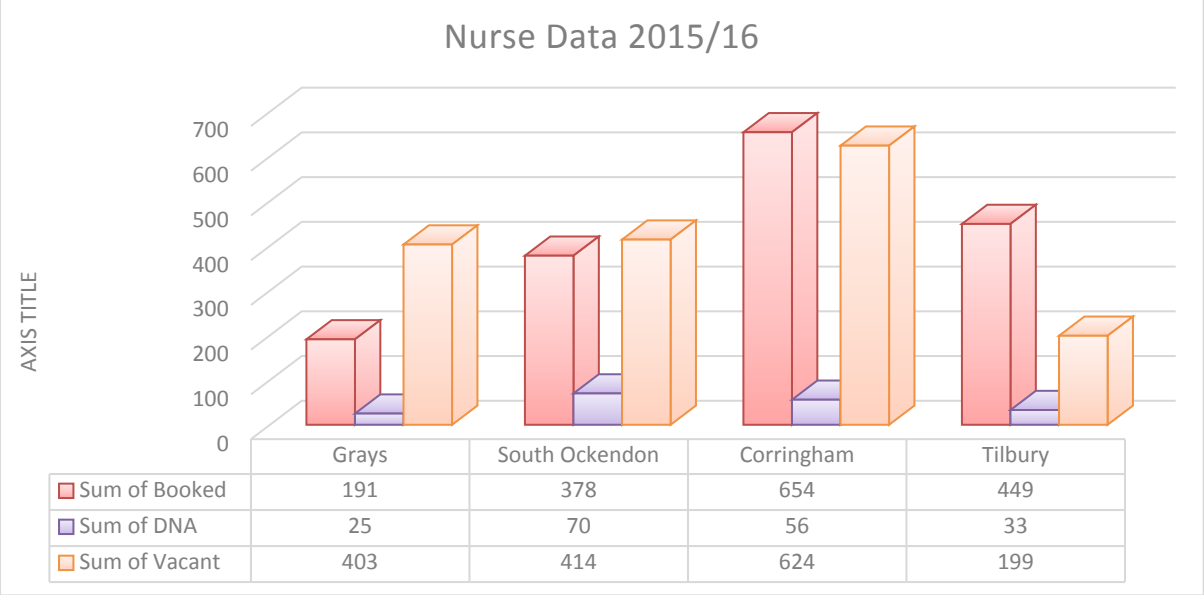
Data Review and Service Changes

In 2015/16 the hubs offered 6,102 GP appointments, 3,248 of these were booked. The low uptake at the start of the hubs was we think due to patients not being aware of the service and not knowing what the service offered. Communications regarding the hubs increased in the later part of 2015, this included newspaper articles, posters and hand-outs, and this assisted with uptake increased.



	Grays	South Ockendon	Corringham	Tilbury
Sum of Booked	555	557	1025	1225
Sum of DNA	111	107	106	174
Sum of Vacant	867	613	793	683

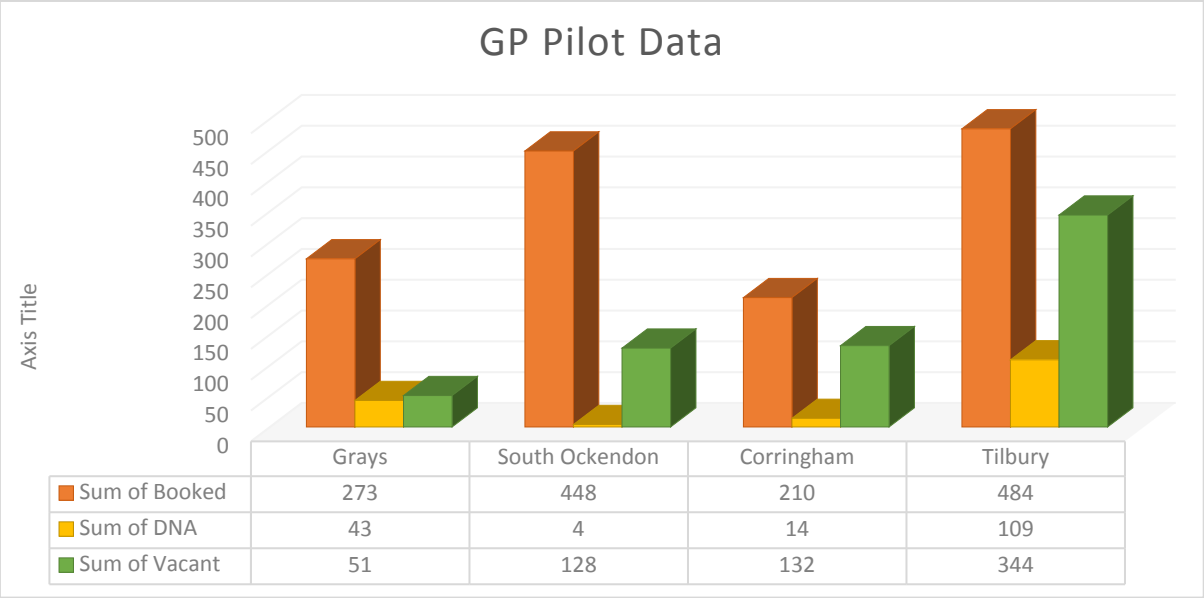
In 2015/16 the hubs offered 3,312 Nurse appointments, 1,672 of these were booked. The low uptake at the start of the hubs was due to patients not being aware of the service and not knowing what the service offered. Communications regarding the hubs increased in the later part of 2015 and uptake increased, however further work is required to further increase booked appointments with Nurses.



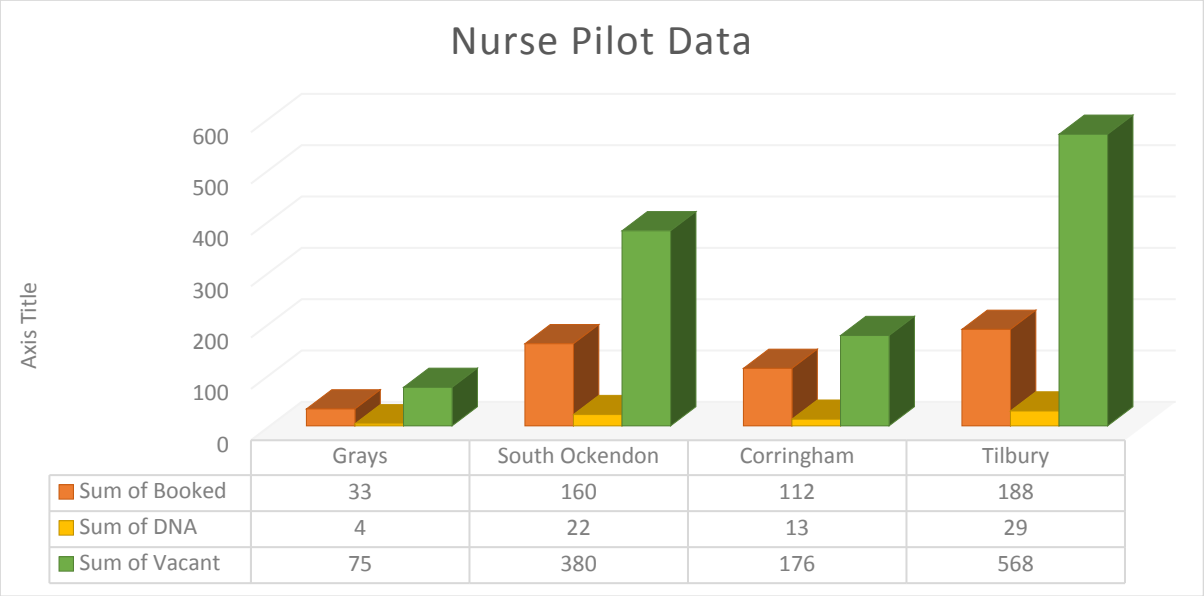
	Grays	South Ockendon	Corringham	Tilbury
Sum of Booked	191	378	654	449
Sum of DNA	25	70	56	33
Sum of Vacant	403	414	624	199

Between March 2016 and July 2016 a pilot was ran to establish if Saturday and Sunday appointments were suitable for all localities. In Corringham, Tilbury and Grays the hubs offered Wednesday evening appointments for both GP and Nurse between 6.30pm – 9.30pm. In Tilbury and South Ockendon the hubs offered extended Saturday appointments. The results of the pilot below indicated that in Grays

and Corringham Wednesday sessions were more popular that Sunday's, extended Saturday's were not successful in any of the areas. The data also showed that in all areas, except South Ockendon Sunday's were not utilised. Due to a reduction in demand in Tilbury Sunday sessions were cancelled. These are being reinstated from February 2017 as there has been an increase in demand. Also, following feedback from service users, the Sunday service in South Ockendon has been moved to the Bluebell Surgery, this gives greater access for South Ockendon patients and has been a success.



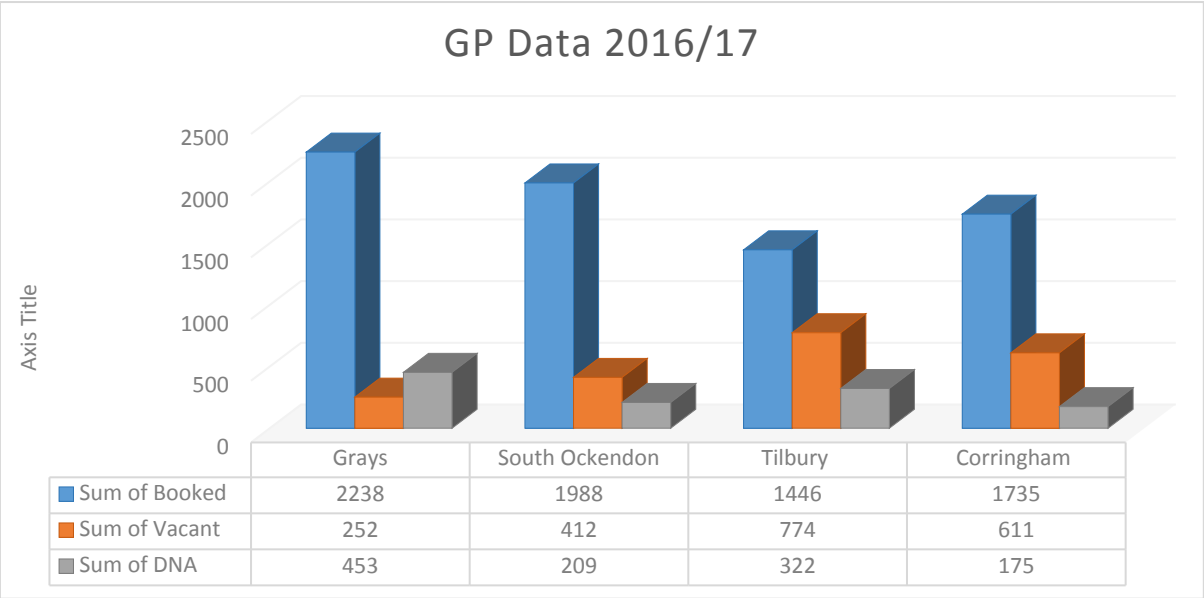
	Grays	South Ockendon	Corringham	Tilbury
Sum of Booked	273	448	210	484
Sum of DNA	43	4	14	109
Sum of Vacant	51	128	132	344



	Grays	South Ockendon	Corringham	Tilbury
Sum of Booked	33	160	112	188
Sum of DNA	4	22	13	29
Sum of Vacant	75	380	176	568

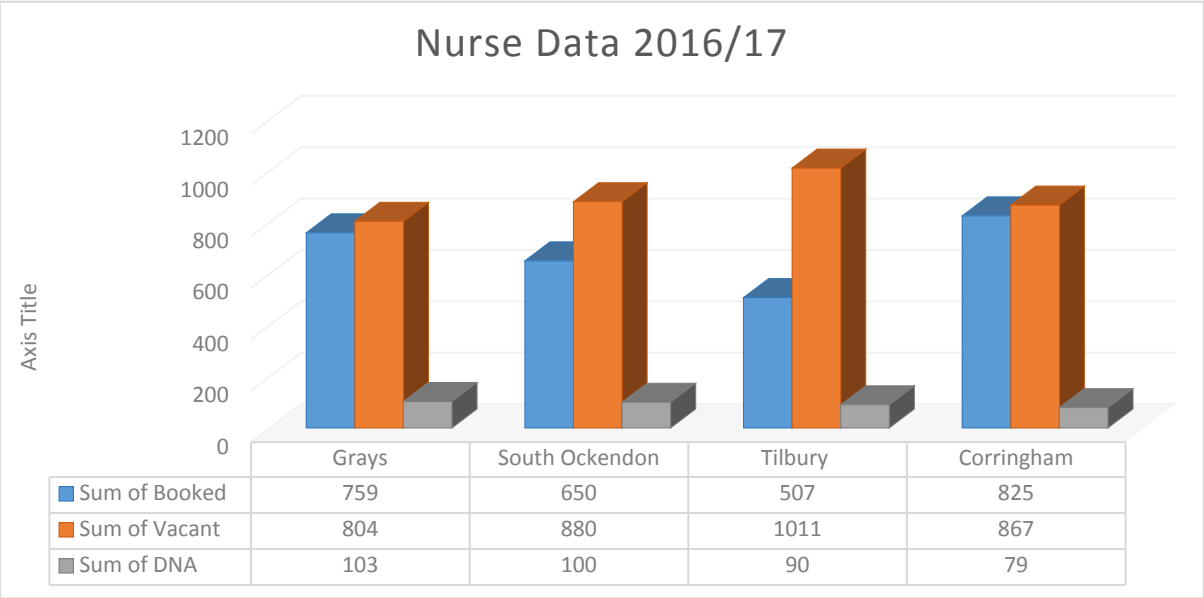
The service has also been flexible to account for Holiday Periods in both 2015/16 and 2016/17. The hubs have also been able to cover the festive periods to relieve pressure on the Primary Care system. In December 2016 additional funding was awarded by NHS England following a bid to provide the service Monday to Friday 6.30pm to 8.30pm for both GP and Nurse across the 4 hubs, the purpose of the additional funding was to relieve the Winter Pressure faced by surgeries. This service started on the 3rd January and finishes on 31st March 2017 and appointments can only be booked on the same day for the GP and 1 week in advance for the Nurse.

In 2016/17 the hubs have to date (22nd February 2017) offered 9,456 GP appointments, 7,407 of these were booked



	Grays	South Ockendon	Tilbury	Corringham
Sum of Booked	2238	1988	1446	1735
Sum of Vacant	252	412	774	611
Sum of DNA	453	209	322	175

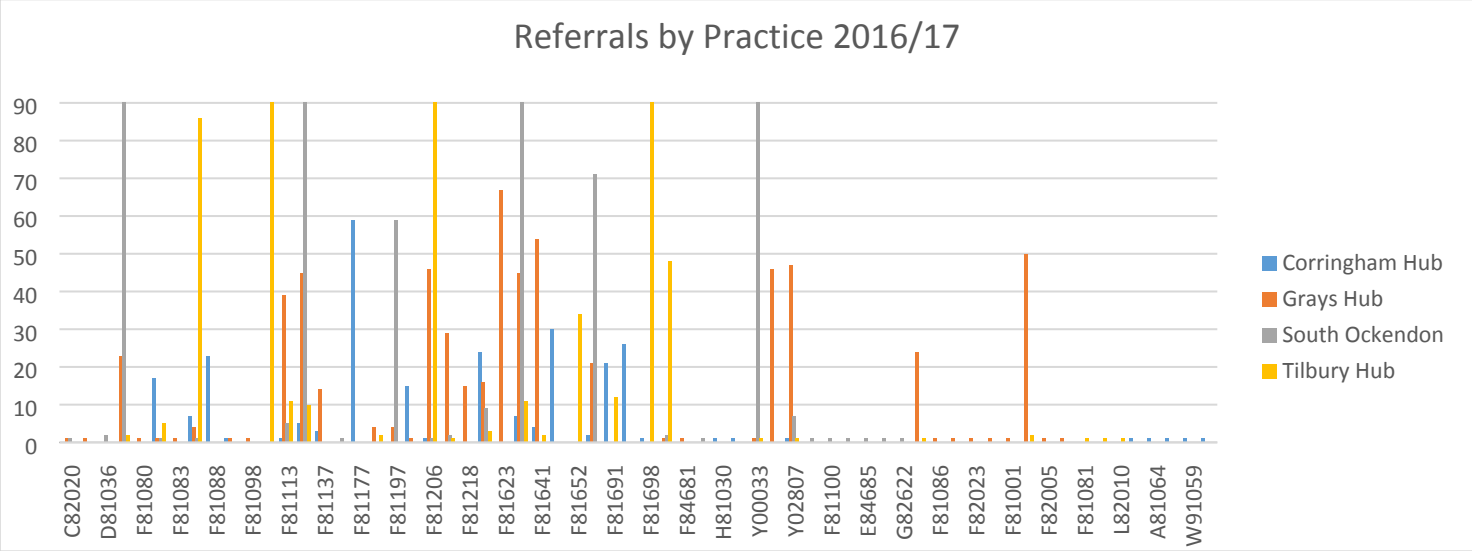
In 2016/17 the hubs have to date (22nd February 2017) offered 6,303 Nurse appointments, 2,741 of these were booked. To confirm that in September 2016 the hubs received feedback from the nursing team that a 10 minute appointment was not suitable for their patients, this has been extended to 20 minute appointments, a review was carried out in February 2017 and from the 1st March 2017 appointments will be 15 minutes. The hubs are aware of the under-utilisation of the nursing service and the hubs are currently exploring options for increasing utilisation, these include further advertisement on the services nurses can offer, including smear tests for the working patient.



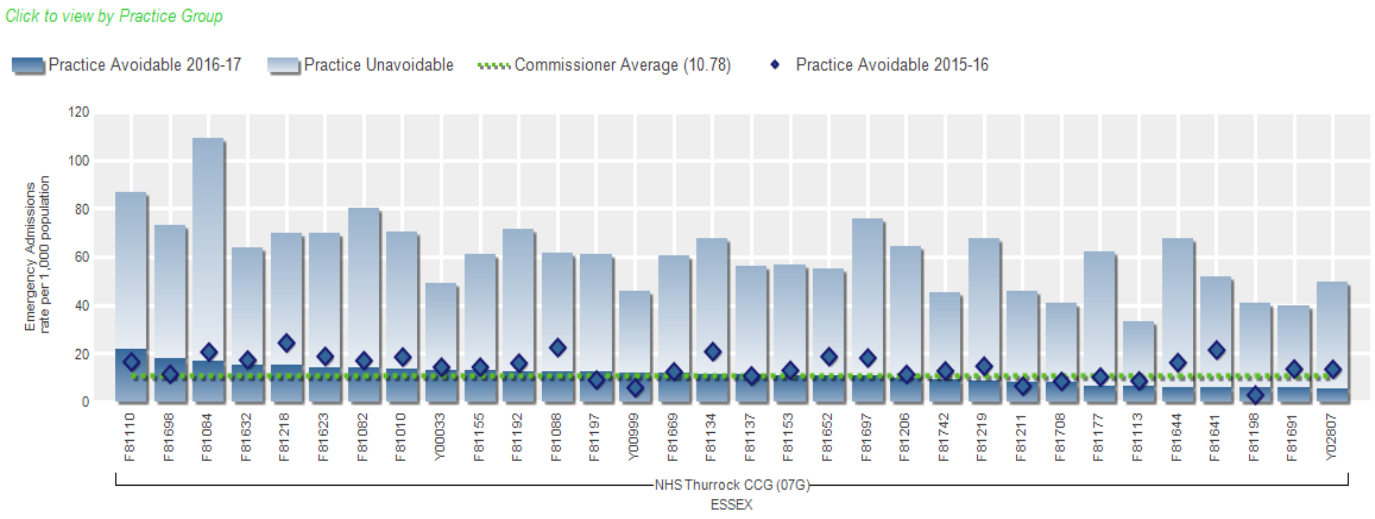
	Grays	South Ockendon	Tilbury	Corringham
Sum of Booked	759	650	507	825
Sum of Vacant	804	880	1011	867
Sum of DNA	103	100	90	79

Referral Rates

The data below shows referral rates into the hub by practice for 2016/17. Referrals are monitored regularly to ensure there are sufficient appointments per 1,000 for each practice in Thurrock. Differences in referrals by practice can be for a number of reasons, some practices may have a higher number of working patients, and these patients may want an appointment outside of office hours. However, some practices may have a higher number of retired patients who may want an appointment during the day. Some practices within the borough already offered extended hours for their patients, it is also taken into account that some practices have greater capacity within their service, however, equally there are some practices who have less capacity. Each practice within Thurrock will have their own situation. A breakdown of the data can be seen in appendix A. (please note there are some practices that are not in Thurrock, these are patients visiting the area for a period of time who need to access services).



Each practice receives data in order to be able to review their numbers of avoidable A&E admissions, during this review patient data can be viewed and the patients contacted to establish the reason behind attendance. Patients can then be informed of other services available, including the hub service.



The average DNA rate for the hubs is 3.5%. The average percentage of DNA rates within practice in Thurrock is 4.6%. The hubs have found that by booking appointments closer to the date, and not 4 weeks in advance the DNA rate is lower than the practice average.

NHS 111

NHS 111 are also able to book patients into the hubs, this service is available after 6.30pm on Wednesday evenings and from 6.30pm for weekends. NHS 111 are able to book any empty slot after practices close. These slots are used for patients requiring GP services within 24 or 48 hours, this is not used for emergency patients.

Booking a hub appointment

Hub appointments are pre-bookable GP or Nurse appointments. Weekend GP services can be booked from the Wednesday and Wednesday evening appointments can be booked from the Monday. Weekend and Wednesday Nurse appointments can be booked 7 days in advance.

Additional Services

The hubs have been able to provide additional services. In 2016/17 the hubs were commissioned by NHS Thurrock CCG to carry out LD Health Checks on behalf of practices who could not complete these within the timescale. This will assist in ensuring LD patients in Thurrock receive their health check. Extra sessions are being organised weekly specifically for these patients with the support of the practices.

Patient Feedback

Patient feedback is gathered through a number of sources, this includes friends and family tests, national patient survey and verbal at the point of care. In 2017 the hubs are planning a dedicated patient survey to obtain further information on the patients' view of the services provided. Below are some examples of patient feedback received:

- *Evening and weekend appointments assist with getting an appointment as I work full time and my children are at school*
- *It is easier to have a medication review at a time that suits me*
- *I would like to hubs to be able to issue me with a sick note*

In April 2016, Healthwatch Thurrock undertook a short survey regarding the hubs and produced a report on their findings. This report can be found at http://www.healthwatchthurrock.org/sites/default/files/health_hubs_report.pdf

Breakdown of referrals by Practice in the Hubs

Appointment branch	Registered practice ID	Patient Count
South Ockendon	F81197	2
South Ockendon	Y00033	3
South Ockendon	F81010	6
South Ockendon	Y02807	4
South Ockendon	F81082	1
South Ockendon	F81197	28
South Ockendon	F81632	25
South Ockendon	F81669	16
South Ockendon	Y00033	239
South Ockendon	F81134	25
South Ockendon	F81010	54
South Ockendon	F81051	1
South Ockendon	F81144	1
South Ockendon	F81084	1
South Ockendon	F81100	1
South Ockendon	F81751	1
South Ockendon	C82020	1
South Ockendon	D81036	1
South Ockendon	E84685	1
South Ockendon	F81130	1
South Ockendon	F84740	1
South Ockendon	G82622	1
Grays Hub	Y02807	47
Grays Hub	F81742	24
Grays Hub	F81206	46
Grays Hub	F81211	29
Grays Hub	F81082	1
Grays Hub	F81197	4
Grays Hub	F81632	45
Grays Hub	F81086	1
Grays Hub	F81669	21
Grays Hub	Y00033	1
Grays Hub	F81134	45
Grays Hub	Y00469	1
Grays Hub	Y00999	46
Grays Hub	F81010	23
Grays Hub	F81137	14
Grays Hub	F82023	1
Grays Hub	F84681	1
Grays Hub	F81097	1
Grays Hub	F81098	1

Grays Hub	F81192	4
Grays Hub	F81096	1
Grays Hub	F81708	1
Grays Hub	F81083	1
Grays Hub	F81623	67
Grays Hub	F81080	1
Grays Hub	F81641	54
Grays Hub	F81219	16
Grays Hub	F81001	1
Grays Hub	F81084	4
Grays Hub	F81198	1
Grays Hub	F81155	50
Grays Hub	C82020	1
Grays Hub	C83026	1
Grays Hub	F81113	39
Grays Hub	F82005	1
Grays Hub	F81218	15
Grays Hub	G85135	1
Tilbury Hub	Y02807	1
Tilbury Hub	F81742	1
Tilbury Hub	F81652	34
Tilbury Hub	F81206	127
Tilbury Hub	F81211	1
Tilbury Hub	F81082	5
Tilbury Hub	F81632	11
Tilbury Hub	Y00033	1
Tilbury Hub	F81134	10
Tilbury Hub	F81110	102
Tilbury Hub	F81698	91
Tilbury Hub	F81010	2
Tilbury Hub	F81192	2
Tilbury Hub	F81708	48
Tilbury Hub	F81081	1
Tilbury Hub	F81691	12
Tilbury Hub	F81641	2
Tilbury Hub	F81219	3
Tilbury Hub	F81084	86
Tilbury Hub	F81155	2
Tilbury Hub	F81113	11
Tilbury Hub	K83622	1
Tilbury Hub	L82010	1
Corringham Hub	Y02807	1
Corringham Hub	F81206	1
Corringham Hub	F81177	59
Corringham Hub	F81082	17

Corringham Hub	F81632	7
Corringham Hub	F81669	2
Corringham Hub	F81088	23
Corringham Hub	F81697	26
Corringham Hub	F81134	5
Corringham Hub	F81698	1
Corringham Hub	F81137	3
Corringham Hub	F81097	1
Corringham Hub	F81691	21
Corringham Hub	F81641	4
Corringham Hub	F81219	24
Corringham Hub	F81644	30
Corringham Hub	F81153	1
Corringham Hub	F81084	7
Corringham Hub	F81198	15
Corringham Hub	A81064	1
Corringham Hub	C83062	1
Corringham Hub	F81113	1
Corringham Hub	H81030	1
Corringham Hub	M85025	1
Corringham Hub	W91059	1
Corringham Hub	W98005	1
South Ockendon	Y02807	1
South Ockendon	F81206	1
South Ockendon	F81211	1
South Ockendon	F81197	2
South Ockendon	F81632	24
South Ockendon	F81669	7
South Ockendon	Y00033	38
South Ockendon	F81134	5
South Ockendon	F81010	30
South Ockendon	F81219	1
South Ockendon	Y02807	2
South Ockendon	F81211	1
South Ockendon	F81197	27
South Ockendon	F81632	50
South Ockendon	F81669	48
South Ockendon	Y00033	166
South Ockendon	F81134	67
South Ockendon	F81010	69
South Ockendon	F81708	2
South Ockendon	F81219	8
South Ockendon	D81036	1
South Ockendon	F81113	5

Wednesday 15 March 2017	**ITEM: 11**
Thurrock Health and Wellbeing Board	
Primary Care Improvement and Delivery Group	
Wards and communities affected: All	**Key Decision:** Yes
Report of: Councillor James Halden, Portfolio Holder for Education and Health and Chair of Thurrock Health and Wellbeing Board	
Accountable Head of Service: N/A	
Accountable Director: Ian Wake, Director of Public Health	
This report is Public	

Recommendation: To agree the establishment of the Primary Care Improvement and Delivery Group

1 Introduction and Background

1.1 Thurrock is served by 33 GP practices, commissioned by NHS England. NHS Thurrock Clinical Commissioning Group (CCG) also has a small Primary Care Development Team that work with GP practices as a 'critical friend' to improve clinical quality and strategically manage the Primary Care future provider landscape. This involves very close working with Thurrock Council, other NHS providers and the third sector to deliver programmes such as the new Integrated Healthy Living Centres.

1.2 Thurrock CCG inherited a local GP provider landscape from NHS South Essex PCT that is facing significant challenge. Thurrock has the fourth most 'under-doctored' CCG population in the country. In 2014/15 the average number of patients per FTE GP in England was 1321, whilst in Thurrock it was 2072. Levels of under-doctoring in Thurrock are not evenly distributed between different GP practice populations. All but four GP practices have levels of under-doctoring that are worse than the England average. The most under-doctored practice has a ratio of patients:FTE GP that is over five times the England average. Furthermore, analyses by Public Health identified a strong positive correlation between levels of under-doctoring at GP practice population level, and levels of deprivation. As such, practice populations with the highest levels of morbidity and mortality are likely to be the worst served in terms adequate numbers of GPs.

1.3 The Care Quality Commission CQC is an independent regulator of health and social care providers in England. Its responsibilities include regularly

inspecting and rating services provided by GP practices. A new system of inspection and regulation was introduced in 2015 which provided an overall rating of *"Excellent"*, *"Good"*, *"Requires Improvement"* or *"Inadequate"* based on five domains relating to whether the practice is safe, effective, caring, responsive and well-led. To date 20 GP practices have been inspected by the CQC in Thurrock. Of these 10 received an overall CQC rating of *"Good"*, five of *"Requires Improvement"* and five of *"Inadequate"*. A full list of Thurrock GP Practices and their latest CQC rating is shown in Appendix A

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1.4 Analyses contained within the 2016 Annual Report of The Director of Public Health identified an unacceptable level of variation in some indicators relating to the clinical quality of Primary Care in Thurrock, particularly relating to the management of Long Term Conditions.

1.5 In his paper to Cabinet on 12 October 2016, The Cabinet Portfolio Holder set out his determination to deliver strong political leadership across the Primary Care landscape, in conjunction with key partners including NHS Thurrock CCG and NHS England, to improve the capacity and quality of Primary Care provision in Thurrock. Specific measures included development and implementation of a GP Long Terms Condition Management Card and Development of Patient Participation Groups to act as a 'critical friend' to GP Practices to drive up standards, in the same way that Governing Bodies have successfully done so with our local schools and Academies. Both of these programmes of work are now underway and are being led by Public Health and Thurrock Healthwatch.

1.6 Since agreement of the Portfolio Holder's proposals by Cabinet, the Thurrock Director of Public Health Report considered how best to make the Health and Adult Social Care System within Thurrock sustainable. The report made a series of detailed recommendations that included the need to:

- Address capacity issues within GP practices, through implementation of a mixed skilled workforce
- Improve "case finding" of patients with undiagnosed hypertension, Coronary Heart Disease, Stroke/TIA and Diabetes
- Improve the clinical quality and address the variation in clinical practice between different GP practices in terms of their management of patients already diagnosed with Long Term Conditions
- Improve and address the variation in referral rates between GP practices and Long Term Conditions Management Clinics provided by North East London Foundation Trust (NELFT).
- Reduce potentially avoidable A&E attendances by patients presenting with minor clinical conditions that could and should be treated in more appropriate clinical settings.

1.7 The report, together with previous Joint Strategic Needs Assessment Locality Needs Assessments for Tilbury and Purfleet/South Ockendon, clearly demonstrate that the current Primary Care provider landscape of large numbers of single handed GP practices is not fit for purpose in the 21st Century if we are to face rising demands on the health and social care system caused by demographic changes and medical advancements that are resulting in a population that is ageing but increasingly living with multiple long term conditions. They demonstrate that by developing new models of integrated primary, community, mental health and social care, together with enhanced diagnostic capability and hospital out-patient clinics we can improve population health, increase GP resilience and deliver system savings**.** The GP NHS Five Year Forward View suggests that GP practice resilience can be increased if practices are responsible for larger list sizes and employ a greater number of clinical staff. Locally, GP practices such as Hassengate are more resilient to staffing, operational and financial challenges than smaller single handed GP practices with small list sizes and fewer clinical staff. **In short we need fewer buildings housing larger, more sophisticated and integrated services, caring for larger list sizes of patients.**

1.8 NHS Thurrock CCG has had a Primary Care Development Team in place over 12 months. The team has made significant progress in working with and turning around failing GP surgeries. The Director of Public Health has recently jointly appointed two Healthcare Public Health Programme Managers with the CCG to boost capacity of the Primary Care Development Team as a further practical resource to embed the best practice set out in the Annual Public Health Report and Cabinet Paper of The Portfolio Holder for Education and Health within individual GP surgeries. Their work plan is currently being finalised.

2 Membership of Primary Care Improvement and Delivery Group

Name	Title
Cllr. J. Halden	Cabinet Portfolio Holder, Education and Health
Roger Harris	Corporate Director of Adults, Housing and Health – Thurrock Council
Ian Wake	Director of Public Health, Thurrock Council
Mandy Ansell	Accountable Officer – NHS Thurrock CCG
Jeanette Hucey	Director of Transformation – NHS Thurrock CCG
Rahul Chaudhari	Head of Primary Care Development – NHS Thurrock CCG
Kim James	Chief Operating Officer – Thurrock Healthwatch

Other officers will be invited to attend the Delivery Group as necessary e.g. from BTUH, NELFT and SEPT.

Goals:

1. To act as a joint strategic delivery group between Council and CCG Chief/Senior Officers and The Cabinet Portfolio Holder for Education and Health, with regard to improving clinical capacity and standards within Primary Care in Thurrock and address clinical variation

2. To improve integration between Primary and Community Care and other elements of the Health and Social Care System

Key Functions and Deliverables of the Delivery Group

1. To receive intelligence from the Long Term Conditions Management Score Care and other relevant data sets, provide strategic input on plans to address clinical variation, share best practice and drive up standards, and to monitor progress on improvement

2. To receive progress reports on implementation of the recommendations made within the Annual Public Health Report and the specific programmes of work currently being developed as referenced in section 1.5.

3. To provide strategic leadership and oversight of the work plan of the Primary Care Development Team, with particular focus on the work of the two Healthcare Public Health Programme Managers

4. To provide strategic leadership and oversight of the programme of work to develop Patient Participation Groups, as set out in the Cabinet Report of the Portfolio Holder for Education and Health.

5. To provide strategic leadership and oversight on the work programme to improve up take up Learning Disability Health checks in Primary Care

6. To receive progress reports on the work to develop an Accountable Care Organisation in Tilbury that aims to deliver integrated working between Primary, secondary, mental health, community and adult social care and provide strategic input and leadership where necessary

7. To consider strategic opportunities for ‘bundling’ and re-tendering of GP contracts to create larger list sizes as when they become available in order to create large more resilient GP practices, and make recommendations to NHS England.

8. To provide update reports to the Cabinet Portfolio Holder for Education and Health on progress to deliver the four proposed Integrated Healthy Living Centres, and obtain political input and leadership.

9. To consider the potential and opportunities that a co-commissioning of Primary Care between NHS Thurrock CCG, supported by Thurrock Council

Public Health and NHS England may bring to the local health and social care economy.

3. Governance

3.1 The Delivery Group will be chaired by The Cabinet Portfolio Holder for Education and Health, and act as the Delivery Arm for the Thurrock Joint Health and Wellbeing Board.

3.2 The Delivery Group will produce bi-annual reports to the Thurrock Health and Wellbeing Board to be approved in advance by Delivery Group Members. However given the potentially commercially sensitive information received by the Delivery Group (for example relating to G.P. provider contracts, the Delivery Group will not be a formal sub-committee of the Thurrock Health and Wellbeing Board.

3.3 It should be noted that responsibility for contracting with individual GP practices rests with NHS England. Responsibility for commissioning NHS community service providers rests with the Board of NHS Thurrock CCG. As such the function of the delivery group is to act in an advisory and lobbying position to these two organisations with regard to NHS Primary and Community care commissioning.

4. Meeting Schedule

4.1 Meetings will be held bi-monthly.

5. Implications

Financial
Finances for the Delivery Group will be agreed on an ad hoc basis from within existing budgets. E.g. equipment, materials, rooms, funds available to support events and communications.

Implications verified by: **Roger Harris, Corporate Director Adults Housing and Health**

Legal
None identified
Implications verified by: **Roger Harris, Corporate Director Adults Housing and Health**

Diversity and Equality
These are covered within the Terms of Reference for the Delivery Group
Implications verified by: **Roger Harris, Corporate Director Adults Housing and Health**

Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)
None

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FINAL MINUTES

Health and Wellbeing Board Executive Committee
9 February 2017, 3.00 - 4.30pm

Attendees Present
Roger Harris (Chair), Mandy Ansell, Ian Wake, Jeanette Hucey, Malcolm Taylor, Kim James, Jane Foster-Taylor, Ceri Armstrong, Maria Payne and Darren Kristiansen.

Apologies
Rory Patterson, Les Billingham

Item No.	Subject	Action
1.	**Welcome and apologies**	
	The Chair noted apologies that had been received. Committee members discussed the merits of inviting Sue Green, Strategic Leader Early Years, Families & Communities, to future meetings. It was agreed that Roger Harris will consult with Rory Patterson and advise the secretariat about the decision.	
2.	**Notes from the last meeting**	
	Notes of HWB Executive Committee meeting in January were agreed. The Chair noted completed actions. The Chair asked secretariat to ensure that VAWG Strategy paper is presented to Committee members at their meeting in March and that the paper includes governance arrangements for the Strategy. Executive Committee members agreed that letters should be sent to members of the Health and Wellbeing Board who do not regularly attend: o Andrew Pike. It was agreed that a letter should be sent inviting Andrew to nominate a representative to attend Board meetings. o Clare Panniker. It was agreed that a letter should be sent inviting Clare to formally nominate Tom Abell as her representative at Board meetings. o Dr Anand Deshpande. It was agreed that further consideration would be provided as to how to secure attendance of the Chair of the CCG Board because letters have previously been sent and not affected attendance.	**Action Darren** **Action Darren** **Action Roger to discuss with Cllr Halden**
3.	**Reflections on January's Health and Wellbeing Board meeting**	
	Executive Committee members agreed that January's Health and Wellbeing Board meeting: o Was too cold for Board members in the Council Chamber. It was agreed that Health and Wellbeing Board meetings would not be held in the Chamber in future. o Was too long, having exceeded the planned timing by thirty minutes. It was agreed that consideration would be given to the structure of meetings to ensure that all items are given the opportunity to be considered by Board members.	**Action Darren**
4.	**Agenda for HWB meeting on 15 March**	

	Executive Committee members considered each of the proposed agenda items for the next Health and Wellbeing Board meeting, scheduled for Wednesday 15 March: <u>ESR/STP update (Andy Vowles)</u> Executive Committee members learned that a consultation event is planned for 2 March which will focus on plans concerning accident and emergency functions at the three hospitals in the Mid and South Essex STP area. The event will provide drop in sessions and workshops. It was agreed that the ESR/STP update should remain on the Health and Wellbeing Board agenda. <u>Item in Focus Goal 5</u> Executive Committee members approved action plan 5A, ***reduce obesity, increase the number of people in Thurrock of a healthy weight***. Helen Horrocks will present this item to the Board. Executive Committee members approved action plan 5B, ***fewer people in Thurrock will smoke***. Kevin Malone will present this item to the Board. During discussions Executive Committee members considered the merit of the Council restricting smoking in Council housing stock. It was agreed that Ian Wake and Roger Harris will consult with Cllr Halden as part of considering the political appetite for such an approach. Executive Committee members approved action plan 5C, ***the identification and early treatment of long term conditions such as diabetes or high blood pressure will be significantly improved***. Emma Sanford and Mark Tebbs will present this item to the Board. Executive Committee members agreed that action plan 5D, ***more cancers will be prevented, identified early and treated better*** could be bolstered by referencing additional action being taken which includes: o Cancer three by three project o Harm reviews o The creation of a Cancer Implementation Group o The introduction of improved screening for Bowel Cancer Executive Committee members noted that the action plan had been previously allocated to the wrong lead official and recognised that the action plan has been amended at short notice prior to be considered by Executive Committee members. Funmi Worrell and Mark Tebbs will present this item to the Board. <u>Better Care Fund</u> Executive Committee members noted that national guidance has not been published. It was agreed that Ceri Armstrong will provide a short update providing high level advice about the direction of travel to Health and Wellbeing Board members <u>For Thurrock in Thurrock</u> Executive Committee members agreed that a short presentation will be provided to the Health and Wellbeing Board at the meeting scheduled for 15 March. It was agreed that the item in March will be presented by Ceri Armstrong and Jeanette Hucey.	**Action Ian Wake / Roger Harris** **Action Funmi Worrell** **Action Ceri Armstrong** **Action Ceri Armstrong / Jeannette Hucey** **Action Ian Wake**

	The Business Case for the Tilbury Pilot will be presented to the Health and Wellbeing Board meeting in May. This item will be presented by Ian Wake. <u>Evidence on the use of GP Hubs</u> Executive Committee members considered the type of data that will be necessary for this item which included: o A referral rate from each GP practice to the hubs o Capacity within the hubs o Triangulate GP hub referral rate with levels of under doctoring, i.e. which surgeries have inadequate capacity and are failing to refer o Triangulate rate of inappropriate A&E attendances from individual GP practices with all of the above. It was agreed that Maria Payne and Emma Sanford will support Gemma Curtis to finalise the analysis and the paper to be presented to the Board.	**Action Maria Payne / Emma Sanford / Gemma Curtis.**
5.	**Thurrock Health and Wellbeing Strategy – Next steps**	
	<u>Outcome Framework development and monitoring</u> Executive Committee members discussed the development and monitoring of the Health and Wellbeing Strategy Outcome Framework. Executive Committee members decided that it was no longer appropriate for Public Health to finalise the outcome framework or monitor progress made against outcomes. Executive Committee members were advised that Secretariat do not have the resources to monitor or coordinate the further development and reporting against the outcome framework. It was agreed that Roger Harris and Darren Kristiansen will meet Goal sponsors to determine next steps.	**Action Roger Harris / Darren Kristiansen**
6.	**Primary Care Commissioning Sub Committee of the Health and Wellbeing Board**	
	Executive Committee members discussed the creation of a development group which will advise Cllr Halden about health and social care developments in his role as Portfolio Holder for Education and Health. Executive Committee members agreed that membership of the development group will comprise: o Cllr Halden o Roger Harris o Ian Wake o Mandy Ansell o Jeanette Hucey o Rahul Chaudhari o Emma Sanford o Liv Corbishley? It was agreed that issues to be considered by the Development	

	Group could include: o Taking forward recommendations in the Annual Public Health report o CQC assessments o Long term conditions management card o LD Health Checks o PPG Development, progress reports It was agreed that Ian Wake will create the terms of reference for the Group.	**Action Ian Wake**
7.	**Terms Of Reference for Health and Wellbeing Board. Membership amendments**	
	It was agreed that the Terms of Reference will be considered at a future meeting.	**Action Darren**
8.	**Future meetings of HWB and Executive Committee**	
	It was agreed that future meetings will be considered in more detail at the Executive Committee meeting in March.	
9.	**AOB**	
	No items were raised	

Health and Wellbeing Board and Health and Health and Wellbeing Board Executive Committee
Meeting Planner

Meeting	Date	Agenda	Deadlines	Secretariat Notes
Health and Wellbeing Board	**Wed 15 March 1:30 – 4:00pm** **Committee Room 1 (Changed from Chamber)** Members notified of change of venue by email on 31 January.	• **ESR** • **Item in Focus: Goal 5** ○ **Presentation and Action Plan 5A** ○ **Presentation and Action Plan 5B** ○ **Presentation and Action Plan 5C** ○ **Presentation and Action Plan 5D** • **Better Care Fund** Ceri Armstrong • **For Thurrock In Thurrock** Earmarked for a joint presentation with providers (• **Improving Outcomes and Population Health (Malcolm McCann)** • **Evidence on the use of HUBs** • **Establishment of Primary Care Improvement and Delivery Group** • **Health and Wellbeing Board Executive Committee and ICE Minutes** • **Work Programme**	Implications and papers ready to brief Cllr Halden: Mon 27 Feb **Publishing date and sending papers to members: Tues 7 March 2017**	Room reservation sent to room hire on Friday 2 December. Confirmed no clash with CCG Board. Diary appointment sent to members on Friday 16 December. Asked Louise to send cancellations from Ceri's diary for previous meeting scheduled for Thursday 16 March Executive Group members agreed that an annual development session is not required this year at their meeting on 9 January.

Meeting	Date	Agenda	Key Deadlines	Secretariat Notes
HWB Exec Committee	28 March 2017 3pm – 5pm 3rd floor room 5	Action Plan Refresh (Suggested by Ceri) VAWG Paper and Home Secretary joint letter with Jeremy Hunt – and previous briefing (Jim Nicolson, Michelle Cunningham, Kevin Malone) – 25 minutes (start at 3:30 on the agenda) May HWB agenda • Considering all Goals • Active Places Strategy • For Thurrock in Thurrock • Essex, Southend and Thurrock Mental Health Strategy (Thurrock Action Plan) • Health and Wellbeing Strategy Annual Report Future meeting planner – next steps Review of TOR for HWB (Updating membership)		Diary appointments sent to members on Friday 16 December Possible amendment of membership to reflect a representative from Safeguarding Board instead of Chair of Safeguarding Board (replacing Graham Carey with Jane Foster-Taylor).
HWB Exec Committee	27 April 2017 3:30 – 5:00pm 3rd floor room 5			

Meeting	Date	Agenda	Key Deadlines	Secretariat Notes
Health and Wellbeing Board	**Wed 10 May 1 – 3:30pm** **Committee Room 1**	• **STP / ESR Business Case** • **Considering all Goals** • **Active Places Strategy** Sean Nethercott Kirsty Paul • **For Thurrock In Thurrock** Comprising a report and bring the prospectus and feedback early results from the consultation and engagement exercise (Ceri Armstrong). • **Improving Outcomes and Population Health (Malcolm McCann)** • **Essex Southend and Thurrock Mental Health and Wellbeing Strategy – Thurrock Action Plan (Catherine Wilson, as recommended in her paper to the Board in January)** • **Health and Wellbeing Strategy – Emerging Annual Report** • **HWB Exec Committee and ICE minutes** • **Work Programme**	Implications and papers ready to brief Cllr Halden: Monday 24 April 2017 **Publishing date and sending papers to members: Tuesday 2 May 2017**	Room booking sent and diary appointment sent to HWB members Confirmed no clash with CCG Board Active Places Strategy deferred from January meeting on advice of Kirsty Paul. Subsequently advised that it has been decided that it is best to present the progress of the Active Place Strategy to Growth Board in advance of HWB. As the next Growth Board meeting is on March 30th
HWB Exec Committee	May 2017			

Meeting	Date	Agenda	Key Deadlines	Secretariat Notes
HWB Exec Committee	June 2017			
Health and Wellbeing Board	**Wed 19 July 2017 1 – 3:30pm** **Committee Room 1**	• **Local Plan (Awaiting confirmation from Kirsty Paul)**	Implications and papers ready to brief Cllr Halden: Friday 30 June **Publishing date and sending papers to members: Tuesday 11 July 2016**	Room booking sent and diary appointment sent to HWB members Confirmed no clash with CCG Board
HWB Exec Committee	July 2017			
HWB Exec Committee	August 2017			

Meeting	Date	Agenda	Key Deadlines	Secretariat Notes
Health and Wellbeing Board	**Wed 20 Sept 2017 1 – 3:30pm** **Committee Room 1**	**Local Plan (Awaiting confirmation from Kirsty Paul)**	Implications and papers ready to brief Cllr Halden: Thursday 31 August 2017 **Publishing date and sending papers to members: Tuesday 12 September 2017**	Room booking sent and diary appointment sent to HWB members Confirmed no clash with CCG Board
HWB Exec Committee	Sept 2017			
HWB Exec Committee	Oct 2017			

Meeting	Date	Agenda	Key Deadlines	Secretariat Notes
Health and Wellbeing Board	**Wed 22 Nov 2017 1 – 3:30pm** **Committee Room 1**		Implications and papers ready to brief Cllr Halden: Thursday 2 Nov **Publishing date and sending papers to members: Tuesday 14 Nov**	Room booking reserved. No clash with CCG Board Confirmed. Diary Appointment sent to members on Friday 2 December
HWB Exec Committee	Nov 17			
HWB Exec Committee	Dec 17			
HWB Exec Committee	Jan 2017			
Health and Wellbeing Board	**Wed 24 Jan 2018 1 – 3:30pm Committee Room 1**		Implications and papers ready to brief Cllr Halden: Friday 5 January 2018 **Publishing date and sending papers to members: Tuesday 16 January 2018**	Room booking reserved. No clash with CCG Board Confirmed Diary Appointment sent to members on Friday 2 December