

PUBLIC Minutes of the meeting of the Health and Wellbeing Board held on 15 February 2019 1.30-4pm

Present: Councillor Tony Fish

Mandy Ansell, Accountable Officer, Thurrock NHS Clinical Commissioning Group (Thurrock CCG)
Roger Harris, Corporate Director of Adults, Housing and Health
Jane Foster-Taylor, Executive Nurse Thurrock NHS CCG
Andrew Pike, Managing Director BTUH
Jeanette Hucey, Director of Transformation, Thurrock CCG
Ian Wake, Director of Public Health
Rory Patterson, Corporate Director of Children's Services
Julie Rogers, Chair Thurrock Community Safety Partnership / Director of Environment and Highways
David Archibald, Independent Chair of Local Safeguarding Children's Board
Tania Sitch, Integrated Care Director Thurrock, North East London Foundation Trust

Apologies: Councillors James Halden, Robert Gledhill, Susan Little and Barbara Rice
Dr Anjan Bose, Clinical Representative, Thurrock CCG
James Nicolson, Independent Chair of Thurrock Adults Safeguarding Board
Adrian Marr, NHS England
Kristina Jackson, Chief Executive Thurrock CVS
Tom Abell, Deputy Chief Executive and Chief Transformation Officer Basildon and Thurrock University Hospitals Foundation Trust
Steve Cox, Corporate Director for Place
Kim James, Chief Operating Officer, Healthwatch Thurrock
Malcolm McCann, Executive Director of Community Services and Partnerships South Essex Partnership Foundation Trust

Did not attend: Dr Anand Deshpande, Chair of Thurrock CCG

1. Welcome and Introductions

It was noted that Roger Harris was Chair of the meeting in Councillor Halden's absence and apologies were noted.

2. Minutes

The minutes of the Health and Wellbeing Board meeting held on 23 November 2018 were approved as a correct record.

3. Urgent Items

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

4. Declaration of Interests

There were no declarations of interest.

5. Mid & South Essex Sustainability and Transformation Programme (STP) Update

Mandy Ansell, Accountable Officer, Thurrock CCG provided members with a verbal update. The following points were made:

- Planning and contracting remained a focus of the STP
- The recruitment process for the Chair and the Executive Lead for the STP had begun and was out for advert at the time of the meeting.

During discussions the following points were made:

- Roger Harris updated members that a decision was taken by the Health Overview and Scrutiny Committee (HOSC) on 10 December 2018 to refer the closure of Orsett Hospital to the Secretary of State. A paper was supplied to this effect and progress had been chased by officers; at the time of the meeting no update had been received.
- It was also acknowledged that Southend had referred the whole STP to the Secretary of State.
- Ian Wake expressed concerns from the recent STP performance meeting that the focus related to centralisation rather than devolving responsibilities. It was described as counter intuitive, required integration and triangulation with both primary and adult social care.
- It was acknowledged that local level leadership was required, which in the instance of Thurrock was provided by the borough's CCG.
- Roger Harris raised concerns about the removal of the local connection and advised that Cllr Halden had written to Dr Watson regarding this matter on a number of occasions.
- Members acknowledged that the confusion surrounding the change in regime meant that it would be difficult to move on, particularly in relation to staffing changes
- It was agreed that Roger Harris would continue to discuss the matter outside of the meeting with the Chair and NHS England, with a longer discussion to be held at the next Health and Wellbeing Board meeting

Action: Roger Harris

RESOLVED: Members noted the update and provided comments.

6. Cancer Waiting Times

This item was presented to members by Andrew Pike, Managing Director BTUH

Key points included:

- Some cancer specialities mean that there were possible increases in waiting times however in general patients understood the fast tracked process
- It was acknowledged that Basildon were the best in the group and ahead of NHS England waiting time figures.
- There had been a slight lag over the Christmas period however Basildon were now on top of this
- Data for the 62 day cancer (urgent GP referral) for Basildon indicated that they were on the trajectory line and were on track, although there were possible delays regarding urology and gynaecology in Southend
- The data suggested a much stronger position for Basildon

During discussions the following points were made:

- Members were reassured by the Basildon data however it would be beneficial to have a Trust position on the matter. It was suggested by Andrew Pike that he would bring the group position back to the Board in two meetings time.
- It was acknowledged that the back log clearance had been necessary to get ahead, with Southend and Mid Essex requiring further work to reduce their back log. Mid Essex had been supported by Basildon and Southend in terms of additional staff to help with cancer tracking and their Patient Tracking List (PTL), including more targeted outsourcing.
- Andrew Pike advised that the Trust as a whole would be in a better position to provide a revised back log trajectory by the end of February.
- Andrew Pike committed to continuing to work with the Thurrock Clinical Commissioning Group (CCG) regarding patient fast track referral and any non-compliance which in turn has an impact on the diagnostic pathway.

RESOLVED: Health and Wellbeing Board members noted the improved Basildon cancer waiting times position, with the overall trend being positive although some further work required for Mid Essex and Southend.

7. Children's Safeguarding Arrangements

This item was presented by Rory Patterson, Corporate Director, Children's Services. Key points included:

- The Children and Social Work Act 2017 and Working Together 2018 dissolved the requirement for Local Safeguarding Children's Boards and required new arrangements to be put into place. The Government had put forward a change in legislation for the country's multi-agency safeguarding arrangements following a review of the performance and effectiveness of Local Safeguarding Children's Board (LSCB). It was found that generally they were not as effective as they could be, however, Thurrock's LSCB was labelled as 'Good' during an inspection in 2016; Thurrock was one of only a small number given this judgement.
- The name changed to Thurrock Local Safeguarding Children Partnership (Thurrock LSCP), all changes to come into effect on 7 May 2019.

- Statutory Partners changed from five to three, removing CAFCASS and Probation as Statutory Partners of the LSCB. They will become two of the “Relevant Agencies” identified to be a part of the new arrangements. Relevant agencies are those agencies the Safeguarding Partners consider are required to be a part of the new arrangements to safeguard and promote the welfare of children.
- Serious Case Reviews changed to become Local or National Practice Reviews. The process for a review changes with new timescales and a slight change to the criteria that determines a review. These will become more proactive and analytical.
- The Child Death Review process was now separate and does not form part of the new arrangements.
- An independent Chair was no longer required, however the safeguarding partners must ensure that independent scrutiny arrangements are in place.
- Thurrock has had a strong partnership over the years although nationally the approach has been inconsistent.
- A multi-functioning independent scrutiny process would be introduced. This would include an Annual Report and also comprise peer reviews, audits and individual scrutineers, including the voice of children, young people, families and communities, to ensure the new arrangements were working effectively.
- Some structure changes to the existing LSCB would take place to meet the new arrangements, this would include changes to the sub-group structure and function.
- The above changes have been submitted to the Department for Education (DfE) for comment, however at the time of the meeting, no comments have been received.

During discussions the following points were made:

- Members commented that the changes were forward thinking and looked at contextual safeguarding approaches, with the three statutory partners undertaking equal responsibility and the value of the CCG, police and council owning the system jointly.
- David Archibald expressed that the changes linked back to the future of the CCG and upwards amalgamation; however there would be a need for local CCG involvement throughout the process
- Jane Forster-Taylor agreed with the above and that a local footprint was needed; although there were local variations. Southend was similar in practice to Thurrock.
- Members commented that there were some boards that had been amalgamated between children and adults including Learning Disabilities and Special Educational Needs which would sit within the Children’s Board up to the age of 25. It was also expressed that both children and adult boards required an equal profile and resources.
- It was agreed that local partnerships were working well and that there was a firm commitment to retain local safeguarding arrangements.

RESOLVED: The Health and Wellbeing Board noted the above changes.

8. NHS Long Term Plan

Ian Wake, Director for Public Health, presented this item. Key points included:

- The report set out the direction of travel for the NHS in England over the next 5 years and what this might mean for the borough
- The 5 key themes were:
 1. Finance and Resources
 2. Prevention and Health Inequalities
 3. New models of integrated care
 4. Action to improve care quality and outcomes in different clinical specialities
 5. Workforce
- The most significant aspect of the report was the finance element, the plan set out considerable financial increases to NHS budgets in England of £20.5Bn over the next five years. This extra spending would be required to deal with current pressures and unavoidable demographic change and other costs, as well as new priorities.
- There was also a further move away from individual to system control targets centred on new Integrated Care Systems (ICSs) that will operate at STP level – in Thurrock’s case this is Mid and South Essex.
- Public Health funding was not included within the report and adult social care funding dealt within a future further paper and comprehensive spending review.
- The plan committed to a ‘more concerted and systematic approach to reducing health inequalities’, with a promise that action on inequalities would be central to everything that the NHS does.
- The Plan specifically recognised that there are two major sets of work which need to progress in parallel:
 1. Population Health Management approaches – which required action by everyone, including the NHS
 2. Place Based Approaches – including action on wider determinants such as planning, housing, education and employment outcomes and many other aspects the NHS is not set up to deliver on
- Weight management, diabetes prevention and smoking cessation also included
- The report stated a stronger role for the NHS in commissioning sexual health services, health visitors, and school nurses, and what best future commissioning arrangements might therefore be.
- The report discussed new models of care which aligned with what Thurrock were doing locally to have integrated mixed skill workforce teams
- A number of commitments have been given to a group of clinical specialities where outcomes in the UK have sometimes lagged behind other similar western health systems. Priorities include cardiovascular disease, cancer, mental health, maternity and neonatal health, diabetes and respiratory care.

During discussions the following points were made:

- Members commented that there was the possibility that health visiting and school nursing may end up back again in health, particularly around commissioning. However it was acknowledged this would cause complications regarding existing contracts and budgets; this in turn would have implications for the workforce.

- Ian Wake was concerned with the possible risk of having the footprint moved to an STP level and how that would impact on the ability to align place and care elements – a top down versus bottom up approach.
- Ian Wake also commented that the mental health element was disappointing however transformation plans were more ambitious locally.
- It was acknowledged workforce remained the biggest risk, with little detail provided on how to reduce the vacancy rate.
- Mandy Ansell advised that the CCG needed to make 20% cuts in management allowance in turn putting pressure on delivery.
- Jane Foster-Taylor agreed that workforce remained a concern and commented that definitions of workforce data were not clear as it included voluntary and third sector workers; there was an issue with retaining and recruiting staff.
- Andrew Pike agreed with all the above comments made and stated there was indeed already a strain on resources and that Basildon was in a relatively good place compare to others within the Trust group. Also, joint working was encouraged with the CCG to create an operational plan in order to make further strides in urgent care; demand management was reported as key.
- Roger Harris commented that the wider health and social care demands needed to be considered, the biggest problem in adult social care was reported as domiciliary care. The key issues were late transfers, the instability in the market, and the ability to recruit quality care staff.
- Members commented on the timetable for the planning process, the STP plan was reported to be due in April, however colleagues were awaiting guidance and detail on CCG level plans. A clarity on monies was also required, including what money had been allocated and the visibility of it.
- Roger Harris urged that the STP plan should be signed off by three Health and Wellbeing Boards.

RESOLVED: The Health and Wellbeing Board:

- Noted and commented on the content and recommendations contained within the report.
- Members agreed for the STP plan to be included on the agenda for the next meeting.

9. Proposals to amend Health and Wellbeing Strategy Goal 2 'Healthier Environments'

This item was presented by Julie Rogers, Chair of Thurrock CSP and Director of Environment and Highways. Key points included:

- Proposals for amendments of Goal 2 of the Health and Wellbeing Strategy, Healthier Environments to help ensure that consideration is given to providing healthier and safer environments.
- The statutory duty for working with partners to reduce crime and promote public safety in Thurrock fell to Thurrock Community Safety Partnership (CSP). Thurrock Council is a statutory member of the CSP, as are the Clinical Commissioning Group (CCG) and the Chair of the CSP is a member of the Health and Wellbeing Board.

- The relationship between health and crime is well documented and evidenced. Offenders are more likely to experience multiple inequalities when compared with the general population. The potential to become a victim of crime will affect the public's behaviour and impact on their health and wellbeing and there can be long lasting consequences on a victim's mental and /or physical health. Crime rates and the perception of crime impacts on the public's likelihood of utilising local facilities, in particular, outdoor open spaces.
- The built environment played an important role in crime and disorder. Situational and environmental crime prevention approaches aim to design and manage the built environment to make crime more difficult and less rewarding. It is not only concerned with reducing physical opportunities to commit crime, but also about influencing perceptions about an area and reassuring people that the area is safe.

During discussions the following points were made:

- Julie Rogers advised that more engagement with communities was key and that there was a recent investment in three park engagement officers, with the role focusing on design of parks, getting people active and making use of equipment.
- Jane Foster-Taylor commented, as a partner of the safeguarding board, that safer environments was a recurring theme and therefore welcomed the change in Goal 2.
- Roger Harris stated the importance of working across the health and social care agenda and the community safety agenda.

RESOLVED: The Health and Wellbeing Board approved the proposal to amend the Health and Wellbeing Strategy Goal 2 'Healthier Environments' as above.

10. Ward Profiles

This item was presented by Ian Wake, Director for Public Health. Key points included:

- In representing their constituents and through casework and surgeries, ward councillors should have a good understanding of the needs and concerns of their constituents, and provide a unique source of community intelligence that can be fed into wider policy and strategy work. Similarly, if ward councillors understood the public health issues within their wards, they would be able to assist in communicating positive public health messages to their residents, and sign post residents to existing commissioned services and wider community assets.
- In order to improve members' understanding of the health issues faced by residents, and as a mechanism for engaging councillors in the health and wellbeing agenda, the public health team has developed ward profiles for each of Thurrock's 20 wards.
- The Public Health service were keen that the ward profiles were promoted as widely as possible within individual Board member stakeholder organisation and to the third sector and community.

During discussions the following points were made:

- The data would be refreshed annually.

- Members stated it would be helpful to share more widely with staff such as Local Area Coordinators in order for them to be aware of the issues in each community.
- Tania Sitch advised she would take this information to the Better Care meetings.
- Members commented that the Ward Profiles were not on the council website yet and due to Purdah there may be some issues in publishing crime data during this period.

RESOLVED: The Health and Wellbeing Board agreed to wait until the end of Purdah, a refresh of data would be completed and then the Ward profiles would be published in late May 2019.

11. Mental Health Transformation Paper

This item was presented by Ian Wake, Director for Public Health. Key points included:

- There were many examples of good practice amongst health and care providers, however the current adult mental health treatment system in Thurrock as a whole was not fit for purpose and needed a fundamental system reform. The recent Adult Mental Health Joint Strategic Needs Assessment and Local Government Association Peer Review identified some strong assets within our local system on which to build, including a good service provided by EPUT, Thurrock MIND and Inclusion Thurrock to patients being treated, Local Area Coordination, Public Health Intelligence and Thurrock First. However both also highlighted a number of systemic failures, many of which were also echoed in the Thurrock Healthwatch report – which found that 88% of mental health service users were dissatisfied with the current service offer.
- There were five priority areas for action to improve local mental health services
 1. Address the issue of under-diagnosis of mental health problems
 2. Improve access to timely treatment
 3. Develop a new model for Common Mental Health Disorders
 4. Develop a new Enhanced Treatment Model for people with serious mental ill-health conditions
 5. Integrate commissioning and develop a single common outcomes framework supported with improved commissioning intelligence.

During discussions the following points were made:

- Ian Wake commented that a more holistic and triangulated model was required as well as a new focus on integrated commissioning and outcomes. Historically commissioning had been transactional and process driven, the report highlighted a wish to review Section 75 with Essex Partnership University Trust (EPUT) and the proposal of a new 1 + 4 contract. In addition it was acknowledged there were opportunities for integrated commissioning with the Thurrock CCG.
- A newly appointed Strategic Lead, Maria Payne would be leading on this work. A new Mental Health Transformation Board had been set up, which reported into the Health and Wellbeing Board and 3 further subgroups were also due to be set up

1. Suicide prevention and depression screening
 2. New models of care
 3. Commissioning & outcomes framework
- Roger Harris advised that the council had a Section 75 Agreement with EPUT which related to the secondment of social care staff to EUPT and the delegation of certain responsibilities under the Care Act. This agreement had been in place for 10 years however it was in need of review; feedback was required in terms of how it is working and scrutinise arrangements. A significant improvement was required and if this does not happen, the council reserved the right to transfer staff back to the Local Authority and end the secondment agreement.
 - The report included the suicide prevention work, both within Thurrock and Essex wide.
 - The report would go to cabinet in March and had been well received at a previous Health Overview and Scrutiny meeting.
- RESOLVED: The Health and Wellbeing Board approved the recommendations of the report.

AOB

- Members agreed that the next meeting on 29 March may need to be deferred until after the local elections in May due Purdah.
- Mandy Ansell raised the lung cancer testing project, whereby Thurrock was identified as the worse place in the country to live in for lung cancer outcomes. Thurrock had therefore been twinned with the Luton CCG as a sample size of 50,000 patients were required; neither CCG had this amount individually. The process would be that individuals in the identified risk group – those over the age of 65 and smokers would be invited for a test (not screening). This scheme had been used in Manchester, Liverpool and it had recently started in Leeds. This testing had demonstrated better outcomes related to early diagnosis of lung cancer. The Macmillan nurse from the Mid Essex CCG would be leading and there would be STP input. Furthermore, there would be a bus located in Thurrock whereby individuals would receive an MRI and smoking cessation intervention. The benefits of this scheme and approach has been well documented.

The meeting finished at 15.05 hours.

CHAIR.....

DATE.....