

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
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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.succesregimeessex.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 provide 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**