

**Minutes of the Meeting of the Health and Wellbeing Board held on 15 March 2017 at 1.30 pm**

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- Present:** Councillors James Halden (Chair) and Susan Little
- Mandy Ansell, Accountable Officer, Thurrock NHS Clinical Commissioning Group  
Liv Corbishley, Lay Member for Public and Patient Participation NHS Thurrock 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  
Rory Patterson, Corporate Director of Children's Services  
Tania Sitch, Integrated Care Director Thurrock, North East London Foundation Trust  
Ian Wake, Director of Public Health
- Apologies:** Councillors Robert Gledhill, Leslie Gamester, Steve Liddiard, Dr Anjan Bose, Carey, Steve Cox, Foster-Taylor, Roger Harris, Rogers and Stapleton
- Did not attend:** Dr Anand Deshpande, Chair of Thurrock CCG  
David Archibald, Independent Chair of Local Safeguarding Children's Board
- In attendance:** Andy Vowles, Programme Director, Essex Success Regime (ESR) and Sustainability and Transformation Plan (STP)  
Anita Donley Chair ESR/STP Executive Board  
Tom Abell (Deputy Chief Executive, BTUH)  
Gemma Curtis (Thurrock CCG)  
Jeanette Hucey (Director of Transformation, Thurrock CCG)  
Funmi Worrell, Public Health Registrar  
Helen Horrocks (Strategic Lead Commissioner for Public Health)  
Kevin Malone (Public Health Manager)  
Emma Sanford (Strategic Lead- Health and Social Care public Health)  
Ceri Armstrong (Senior Health and Social Care Development Manager)
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Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

**1. Minutes**

The minutes of the Health and Wellbeing Board held on 18<sup>th</sup> January were approved as a correct record.

## **2. Urgent Items**

There were no urgent items provided in advance of the meeting. Cllr Halden congratulated Mandy Ansell on being appointed as Accountable Officer for Thurrock CCG.

## **3. Declaration of Interests**

There were no declarations of interest.

## **4. ESR / STP Update**

Andy Vowles, Programme Director, Essex Success Regime provided the Board with an update on the Essex Success Regime (ESR) and the Mid and South Essex Sustainability and Transformation Plan (STP). In summary:

- Focus was on the acute side of the programme and options appraisal.
- STP Plans have been published and are available on the success regime website
- The Programme comprises three main blocks:
  - Live well, focussed on prevention and self-care
  - Localities
  - 3 hospitals working together as a group overseen by Clare Panniker as Chief Executive Officer and therefore accountable officer at all three Trusts. Shared Executive team beginning to look at Clinical Teams and their functions.
- The vast majority of services across all three hospitals are unlikely to change
- 5 Options were assessed against four criteria outlined in the presentation (Quality outcomes and Safety, Workforce, Access, Efficiency and Productivity)
- Next steps will comprise, developing the business case and submitting it to the Programme Board for consideration. The business case will be subject to approval from the CCG Board, be considered as part of a national assurance process and consultation with members of the public.

During discussions the following points were made:

- Board members were informed about an initial consultation event that took place in Southend on Tuesday 14 March and a subsequent consultation event which took place at the Beehive during early March. The event provided the opportunity to discuss different models with the public.
- Board members were keen to ensure that future consultation events are publicised widely and take place to ensure a wider group of the community can attend. Board members were reassured that future consultation activity will be promoted and publicised through social media and other methods to ensure that patients, staff and partners can actively engage and inform the future direction.
- It was confirmed that the CCG is statutorily responsible for approving the business case and leading consultation activity. Any plans will require approval from the CCG Board. Board members were reassured that the Health and Wellbeing Board will be provided with opportunities to inform and influence the direction of travel of the STP.

RESOLVED:

The update was noted and the Board agreed to continue participating in discussions within the Mid and South Essex Success Regime and STP engagement and consultation programmes, which include stakeholder meetings and meetings of the Essex, Southend and Thurrock Health and Wellbeing Boards.

**5. Item in Focus: Health and Wellbeing Strategy Goal 5, Healthier For Longer**

Ian Wake introduced the item as corporate sponsor for Goal 5 by explaining that the Health and Wellbeing Strategy contains five Strategic Goals. The Item in Focus for this meeting Goal 5 (Healthier for Longer) comprises four objectives:

- 5A Reduce Obesity, increase the number of people in Thurrock of a healthy weight
- 5B Fewer people in Thurrock will smoke
- 5C The identification and early treatment of long term conditions such as diabetes or high blood pressure will be significantly improved
- 5D More cancers will be prevented, identified earlier and treated better

Action Plan 5A was presented by Helen Horrocks, (Strategic Lead Commissioner for Public Health). During the presentation the following points were made:

- The national trend shows and increase in obesity
- An obesity systems map was included within the Forsyth report, published in 2007
- There are over 100 variables that influence obesity including:
  - Individual psychology including stress, role modelling and food literacy
  - Activity environment and access to opportunities to increase physical activity, what it costs to get active, perception of danger such as can we cycle
  - Individual activity
  - Societal influences such as education, media and TV watching
  - Food production such as the availability and cost of healthy food
  - Food consumption
  - Biology

During discussions the following points were made:

- It is important to consider the types of shops that are available, particularly in more deprived areas.
- Schools in Birmingham restricted pupils from leaving the premises during lunchtimes which supported healthier eating by reducing opportunities to access local fast food shops.
- It is important to note that Air Quality may impact on the likelihood of an individual participating in outdoor exercise and the benefits of that exercise
- Public feedback received from Thurrock Healthwatch was the need to make healthier food more readily available and an increase in cookery classes as part of helping people to make the right choices. There may be opportunities to create pop up shops that link with owners of allotments who cannot donate food to food banks.

- The importance of working in partnership with schools to tackle obesity and encourage healthy eating was acknowledged by members.

Action Plan 5B was presented by Kevin Malone (Public Health Manager).

During the presentation the following points were made:

- The What About Youth (WAY) survey 2014, states the combined occasional and regular smoking prevalence is 4.7%. The WAY national average is 8.2%. We think we can achieve a 1% reduction in the regular and occasional prevalence and a 6% reduction in the ever smoked prevalence rate by 2021.
- Reduce adult smoking prevalence by 1% per year. Achieve below national average of 16.9%. We will achieve this by focussing on those most in need:
  - People with Long Term Conditions
  - Pregnant mothers
  - People experiencing mental health difficulties
- We have also been involved in initiatives including tackling counterfeit tobacco which provides high impact at a low cost.
- Emerging evidence shows that the use of e-cigarettes is less harmful to individuals than tobacco.

During discussions the following points were made:

- It will be important to consider how to enforce no smoking areas such as within hospital grounds and outside of public buildings.
- One example was in Manchester involved children helping to change the behaviour of their parents. This was done by children creating signs encouraging parents not to smoke outside of the school playground, which produced positive results.
- It will be important for people not to normalise smoking by increasing use of e-cigarettes
- The Chair advised that he would welcome more evidence on the benefits of using e-cigarettes and whether they are a sustainable option for Thurrock.

Action Plan 5C was presented by Emma Sanford (Strategic Lead- Health and Social Care public Health). During the presentation the following points were made:

- Within each GP practice individuals have been identified who have hypertension. There are also a number of people that are estimated to have hypertension but have not yet been formally identified.
- During the period 2014/15 there are a number of patients that have been diagnosed with Atrial Fibrillation, also known as an irregular heartbeat, who had not been prescribed an anti-coagulant.
- We are currently working with GP practices across Thurrock to improve their QOF results. QOF comprises a set of indicators that show how well patients' conditions are being managed.
- A new long term conditions profile card has been developed in partnership with GPs across Thurrock. This will enable comparatives to be made between practices on how well long term conditions are being managed, facilitating the sharing of emerging effective practice.

During discussions the following points were made:

- It is important to consider how to engage a wider group of partners to support GPs and provide accessible community based services. This might include pharmacies, community hubs and health living centres proactively checking blood pressure for patients.
- Board members welcomed the development of a GP score card to measure the management of long term conditions.

Action Plan 5D was presented by Funmi Worrell, Public Health Registrar. During the presentation the following points were made:

- Preventing and Treating Cancer has traditionally been a challenge within Thurrock
- A cancer deep dive took place in November 2015 and subsequent recommendations are being reflected and taken forward.
- The current approach for identifying and treating cancer focusses on:
  - Prevention of smoking
  - Improved cancer screening
- The 62 day cancer standard improvement plan has been created and addresses the issue of limited diagnosis capacity to increase referrals and consultancy capacity deficits in Essex
- A Cancer Implementation Group has been established that meets every six weeks. 4 Key Performance Indicators have been developed that focus on:
  - A 62 day treatment standard
  - Cancer diagnosis through emergency routes
  - Colorectal cancer screening update rates
  - Improvements in one year survival rates from breast cancer

The Health and Wellbeing Board welcomed the presentation and positive action being taken to improve the identification of cancer and early treatment.

RESOLVED:

Action plans developed to support the achievement Thurrock's Health and Wellbeing Strategy Goal 5, Healthier for Longer were agreed.

The setting up of a review meeting for all of Thurrock Health and Wellbeing Strategy Goals was agreed.

## **6. Thurrock Better Care Fund Section 75 Agreement**

Ceri Armstrong, Senior Health and Social Care Development Manager, provided the Board with a progress report on the Better Care Fund which included:

- The Council is still to receive the final Better Care Fund guidance. 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.
- Draft guidance 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.
- 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.

**RESOLVED:**

The Health and Wellbeing Board noted the arrangements for entering into a Better Care Fund Section 75 Agreement for 2017-19 and agreed to convene a special Health and Wellbeing Board meeting to agree the final BCF plan, if necessary.

**7. For Thurrock in Thurrock**

Jeannette Hucey (Director of Transformation, Thurrock CCG) and Ceri Armstrong (Senior Health and Social Care Development Manager) provided the Health and Wellbeing Board with an update on For Thurrock in Thurrock which included:

- For Thurrock in Thurrock is the umbrella brand for developing a collaborative approach across the local health and care economy
- Developing alternative delivery models and expanding market choice
- Working in partnership with the public to identify and provide the best solution for them
- Is flexible enough to respond and adapt to the public and neighbourhood's changing circumstances
- The majority of the support that people need will be accessible from within their neighbourhood and as a result they will need to access health and care services less frequently

**RESOLVED:**

The Board noted and welcomed the approach being adopted as part of the For Thurrock in Thurrock programme.

**8. Thurrock Provider Partners Out of Hospital Services Proposal**

Malcolm McCann Executive Director of Community Services and Partnerships, South Essex Partnership Foundation Trust presented this item. Malcom's presentation included:

- Establishing an Accountable Care Partnership (ACP) for the locality of Thurrock, but to demonstrate proof of concept by focussing initially on the area of Tilbury, which is one of the four CCG locality areas.
- It is anticipated that the Accountable Care Partnership will evolve into an Accountable Care Organisation over a three to four year period. Clinical and professional care staff across physical health, mental health and social care will be at the centre of driving the change.

- The ACP for Tilbury will aim to transform health and care services in the short term (six to twelve months), and subject to demonstrating proof of concept roll the transformation programme out to the other three locality areas of Thurrock.
- The Executive Partner lead will be Malcolm McCann, SEPT Executive Director of Community Services and Partnerships, who will work with a Thurrock ACP Executive. The precise make up of this executive is to be confirmed. However there is a commitment to ensure that a genuine partnership approach is adopted with one organisation receiving one vote as part of decision making.

During discussions the following points were made:

- This approach provides an opportunity to develop and deliver primary and secondary care in a completely different way.
- The approach is underpinned by the 5 year forward view for Primary Care.
- The new approach provides opportunities to develop a common understanding of how services will be delivered, provides potential to pool budgets and to realign services.
- Partnership working enables and encourages partners to adopt and consider a whole system approach, changing from the traditional organisational approach.
- It is important to consider potential conflicts of interest and ensure that the governing body is not responsible for commissioning and providing services

RESOLVED:

The Board agreed to receive a further update at a future Health and Wellbeing Board meeting

## 9. Evidence on the use of Primary Care HUBs

Mandy Ansell, Accountable Officer, Thurrock CCG introduced the item and explained that £750,000 had been used to put in place out of hours primary care hubs.

Gemma Curtis, Locality Manager, Primary Care, Thurrock CCG explained that:

- The Thurrock Health Hubs provide additional pre-booked access to Primary Care services in Thurrock.
- 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 Saturdays and Sundays. The locations of the hubs were arranged by Thurrock CCG's 4 geographical localities:
  - Corringham  
Neera Medical Centre
  - Tilbury  
Tilbury Health Centre
  - Grays  
Thurrock Community Hospital
  - South Ockendon  
Purfleet Care Centre

- In 2015/16 the hubs offered 6,102 GP appointments, 3,248 of these were booked. It is thought that 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, this included newspaper articles, posters and hand-outs, and this assisted with uptake increased.
- 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.
- The average Did Not Attend (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.

During discussion the following points were made:

- The Board would like future reports to include the name of GP Practices instead of practice codes.
- Board members requested that future reports separate practices who legitimately do not refer patients to primary care hubs from those that are reluctant to do so.
- It would be helpful for the Board to know the impact that Primary Care Hubs have had on accident and emergency admission rates. It is important that accident and emergency departments refer individuals to the out of hours primary care hubs and not provide treatment when not essential.
- Anecdotal feedback suggests that some people do not wish to use out of hours primary care hubs as they like continuity of treatment with their own GP.

RESOLVED:

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

## **10. Establishment of a Primary Care Improvement and Delivery Group**

Councillor Halden introduced the proposal to create a Primary Care Improvement and Delivery Group and explained that:

- He remains committed to delivering 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.
- 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 group will act as a joint strategic delivery group between Council and CCG Chief/Senior Officers and Portfolio Holder for Education and Health, with regard to improving clinical capacity and standards within Primary Care in Thurrock and address clinical variation.
- The first meeting will take place in April 2017.

RESOLVED:

The Board agreed the establishment of the Primary Care Improvement and Delivery Group

**11. Health and Wellbeing Board Executive Committee Minutes**

RESOLVED:

The Board noted the minutes of February's Health and Wellbeing Board Executive Committee.

**12. Work Programme**

RESOLVED:

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

**The meeting finished at 4.45 pm**

Approved as a true and correct record

**CHAIR**

**DATE**

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