MINUTES of the meeting of Thurrock Health and Wellbeing Board held on 13th March 2014 at 14.00pm

Present:

Board Member	Position	Organisation
Councillor Barbara Rice	Chair and Portfolio Holder for Adult Social Care and Health	Thurrock Council
Councillor Shane Hebb	Opposition Group Representative	
Councillor Joy Redsell	Opposition Group Representative	
Roger Harris	Director of Adults, Health and Commissioning	
Carmel Littleton	Director of Children's Services	
Barbara Brownlee	Director of Housing	
Mandy Ansell	Chief Operating Officer	Thurrock Clinical Commissioning Group
Len Green	Lay Member Patient and Public Participation	

Apologies:

Board Member	Position	Organisation
Councillor John Kent	Leader	Thurrock Council
Andrea Atherton	Director of Public Health	
Lucy Magill	Chair	Thurrock Community Safety Partnership
Dr Anand Deshpande	Chair	Thurrock Clinical Commissioning Group
Ian Stidston	Director of Commissioning	NHS England Essex Area Team
Andrew Pike	Director	

In attendance:

Name	Position	Organisation
Ceri Armstrong	Strategy Officer	Thurrock Council
Debbie Maynard	Head of Public Health	
Catherine Wilson (Items 9 and 10)	Service Manager Commissioning and Service Development	
Paula McCullough (Item 8)	Children's Commissioning Officer	
Chief Superintendent Sean O'Callaghan	Vice-Chair	Thurrock Community Safety Partnership

Item	Key points and actions	Owner and deadline
1. Apologies for absence	Apologies as detailed.	
2. Minutes 9th January and 10th February	Minutes approved as a correct record of the meetings of 9th January and 10th February.	
3. Additional items	None	

4. Declarations of interest	None	
5. Better Care Fund Plan	Ceri Armstrong and Roger Harris updated Board members on the Better Care Fund Plan (BCF Plan). • Feedback has been received from the assurance process on the draft submission. • Feedback will be used to develop the final submission. • Areas for development include stating how the Plan will impact upon mental health; and being clear on the impact of plans on the acute sector. • Thurrock's Plan needs strengthening to incorporate requirements contained within the Care Bill, with all legislation relating to Adult Social Care being consolidated within this piece of legislation. • There are a number of issues concerning 'governance' that need to be considered. Initial thoughts will be brought back to the May Board meeting. • Board members discussed the idea of establishing a governance task and finish group. This would be discussed further at the next meeting. • Board members also emphasised the need to ensure that the focus was on making a difference – this would need to be clearer in the final draft. • LG noted a correction on page 25 of the Plan. • CL stated that there was strong buy-in from the Cultural Skills Academy to use arts to support older people. • Formal questions and queries received and the response to those questions and queries was included at appendix 2. • Cllr Hebb requested that the appendix be re-circulated to all Board members due to incomplete information.	CA CA
6. Thurrock CCG 2-year Operational Plan	Mandy Ansell presented an overview of Thurrock CCG's 2-year Operational Plan to the Board. • The Primary Care Strategy was key • There was a clear fit between the Operational Plan and the BCF Plan • Although there were a number of metrics – including those spanning the BCF Plan, it was important to note the 15% reduction in unplanned care and 20% reduction in planned care to be made over the next five years • Engagement was key and a number of engagement opportunities were being planned • One Board member asked about Basildon Hospital's friends and families results being	

	'poor'. MA clarified that the 'poor' related to the number of people who gave their feedback, and that the Hospital had turned a corner. Ward by ward monitoring was taking place, and every incident was reported to the CCG. MA further stated that she would be able to provide feedback to councillors, but that it would also be helpful if ward councillors could report any information to the CCG. • Board members raised concerns that the information was not suitable for a lay person to understand • Board members also asked whether there were opportunities to move resource from acute services to the community. MA responded that the shift of resource was being negotiated with the Hospital • Board members emphasised the need for a whole system approach – e.g. the Council would benefit from looking at the CCG's Plan and identify how they could input. The role of the Health and Wellbeing Board in bringing whole systems discussions together was vital.	
7. Local Children's Annual Safeguarding Report	Carmel Littleton presented the Local Children's Annual Safeguarding Report 2012-2013. • The 2013-14 report would be ready to come to the Board in a couple of months' time • A number of successful events had been held – for example the Sexual Exploitation training • The website had been reviewed, a business manager was in place, and Children's Social Care Section 11 requirements had been reviewed • The 2013-14 report would look at the relationship with the Health and Wellbeing Board • The Health and Wellbeing Board's Chair stated that the Chairs of both Safeguarding Boards had attended a prior Board meeting. • An update was also provided on the MASH (Multi-Agency Safeguarding Hub). This had been a year in the making and had been developed in consultation with a national expert. CL wanted it noted that the work of the Police was to be commended. A police officer was co-located with social workers which was making a significant difference.	
8. Children and Adolescent Mental Health Service re-design	Paula McCullough presented the report. • The Children and Adolescent Mental Health Service (CAMHS) was currently a fragmented service, and there was a desire to achieve an integrated model across Southend, Essex and Thurrock. As such, a service model had been developed for consultation. Following a procurement process, the new service would	

	commence from April 2015. • Board members wanted to know if we provided a tier 4 service and whether some of the resource spent on tier 4 could be redirected back to the community • Tier 4 services were commissioned as a specialist service by NHS England, and as such, this was not within the remit of the project. Any savings made at tier 4 would not be redirected due to the funding stream. Despite this, the Board asked that funding was looked at in its totality – i.e. including tier 4 • Work had been done to ensure that Thurrock's needs were represented – e.g. eating disorders were not a high priority for Thurrock, but children in families where domestic violence was an issue was • CL asked for a report on CAMHS to be brought back to a future Board meeting.	PM - TBC
9. Thurrock Adult Autism Strategy	Catherine Wilson presented the Thurrock Adult Autism Strategy. • The Strategy was to be delivered at no extra cost • The action plan would be refreshed at the end of April • Work had commenced to start mapping was resource was available • A key part of the Strategy was the transition from children's to adult services • The Chair stated that the Board needed to be provided with the assurance that if it agreed a strategy, then the strategy was being delivered, and that the action plan was out of date, so it was difficult to assess what had been achieved and the impact. A refreshed action plan was to go to the Executive Committee and then to the Board. • It was important that the Board could monitor the progress of all strategies it was being asked to sign off, and gain assurance that sufficient progress was being made. This was something that needed to be considered. • A Board member asked whether there was an issue with getting children in to a specialist school early enough, and ensuring that specialist places were kept for Thurrock children. • CL stated that not all children required a specialist school place, and that many were in mainstream education. Also, the law prevented us from retaining specialist school places for Thurrock children. • CW was asked to review the wording relating to conclusion 4. • The Board agreed an amended recommendation: 'That the health and wellbeing board note and approve the autism strategy; and that the	CW CA CW

	progress of the Action Plan be take to the HWBB Executive Committee and subsequently brought back to the Board'	
10. Health and Social Care Learning Disability Self-Assessment	Catherine Wilson presented the report. • There were a number of areas that had never been reported on before which meant that data was not always available – e.g. screening statistics. This was a national issue • Work was being carried out to identify how the data could be retrieved • A strategic approach to data gathering was being established which would cut across Adult Social Care, Public Health and the CCG • A change to recommendation 1.2 was agreed as the Chair stated that she was not clear about the areas of concern. Recommendation 1.2 was changed to read that the 'Board agreed that the Executive Committee would note key areas of concern and provide assurance to the Board as to how the concerns were being addressed'.	
11. Public Health Commissioning Intentions	Debbie Maynard presented the report. • Public Health has undertaken a number of service reviews to ensure value for money. As a result, the Team has served notice on the Children's and Adult Weight Management Services, and the 5-19 Service. • Further reviews are being carried out (appendix 2) • The £1.1 million Public Health grant shortfall has been recovered and a number of options have been considered as to how the money should be spent. These were discussed (appendix 3) • Board members commented that there may be some grants available that would avoid some of the public health money needing to be spent – e.g. National Lottery funding • Board members also commented on short-term projects and whether more impact would be made if they were over a longer timescale • In response to comments relating to engagement, RH stated that the report was primarily concerned with re-commissioning and that there would be a co-produced approach.	
12. Public Health Responsibility Deal	Debbie Maynard presented the report. • There are a number of benefits to the Council signing up to the Responsibility Deal – this includes the possibility of using the Deal as a 'kite mark' to ensure that the Council is seen as an employer of choice. • The Board were asked to endorse 12 pledges • Some Board members commented on the need to promote healthy food options within the	

	Council and to make fruit affordable, and also the possibility of cashless cards.	
13. Health and Wellbeing Board Development Plan	Ceri Armstrong presented the report. • The Board had attended a development session at the end of November • The session was to enable the Board to take stock of what it had achieved, and also to identify what it needed to do going forwards – in terms of its own development needs • A report from the day and accompanying action plan were presented for approval. The action plan would be monitored by the Executive Committee. • The action plan was agreed.	
14. Primary Care Strategy	Mandy Ansell presented the report. • The full document was in the process of being published and ready for consultation in April • Events would be arranged • A key challenge was the GP workforce and attracting newly qualified GPs to Thurrock • It was also important that primary care estate was fit for purpose • BB stated that the Council's Core Strategy was being re-looked at and that this would provide an opportunity to identify land required for health estate • It was important to recognise that the Primary Care Strategy had shifted away from a more 'traditional' NHS document. • There was also comment that the role of clinicians other than GPs was vital – e.g. expanding the role of community pharmacists	
15. Forward Plan	The forward plan was reviewed. Amendments include: • PREVENT – Lucy Magill • Obesity and Smoking Strategies – Debbie Maynard It was agreed that as of the next meeting, a regular pre-meeting would take place with the Chair, RH, and CA prior to papers being published.	