

Thurrock Health and Well-Being Board
11th July 2013
(Draft) Notes and actions of the meeting

Board Attendees		
Name	Title	Organisation
Roger Harris (RH)	Director of Adults, Health & Commissioning	Thurrock Council
Dr Andrea Atherton (AA)	Director of Public Health	
Mandy Ansell (MA)	Chief Operating Officer Thurrock	Thurrock NHS CCG
Dr Pro Mallik (PM)	Clinical Representative	
Len Green (LG)	Lay Member – Patient and Public Engagement	
Kim James (KJ)	Chief Operating Officer	Thurrock Healthwatch
Ian Stidston (IS)	Director of Primary Care & Partnership Commissioning	NHS England Essex Area Team
Also in Attendance		
Councillor Gaywood (CG)	Portfolio Holder Public Protection	Thurrock Council
Ceri Armstrong (CA)	Directorate Strategy Officer	
Malcolm Taylor (MT)	Strategic Lead-Learner Support	
Catherine Wilson (CW)	Service Manager Commissioning	
Allison Hall (AH)	Joint Commissioning Officer (Health Inequalities & Reablement)	
Sarah Turner (ST)	Commissioning Officer - Older People	
Richard Parkin (RP)	Head of Housing	
Carolyn Larsen (CL)	Head of Primary Care	NHS England Essex Area Team
Nick Alston (NA)	Police and Crime Commissioner	PCC For Essex
Apologies		
Name	Title	Organisation
Councillor Barbara Rice (BR)	Portfolio Holder Adult Social Care and Health/Chair	Thurrock Council
Councillor Shane Hebb (SH)	Opposition Group Representative	
Carmel Littleton (CLi)	Director of Children's Services	
Barbara Brownlee (BB)	Director of Housing	
Cllr John Kent (JK)	Leader of the Council	
Andrew Pike (AP)	Director	NHS England Essex Area Team
Dr Anand Deshpande (AD)	Chair	Thurrock NHS CCG

Chief Superintendant Andy Prophet (APr)	Chair	Thurrock Community Safety Partnership Board
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Agenda Item	Key Points, Actions, and Decisions	Lead	Due Date
1. Apologies for absence	Apologies as above.		
2. Minutes of the Health and Well-Being Board meeting held on 9 th May 2013	Minutes from 9 th May agreed subject to: <ul style="list-style-type: none"> • Carmel Littleton's job title is Director of Children's Services. • Actions were confirmed and/or updated. 		
3. To receive any additional items that the Chair is of the opinion should be considered as a matter of urgency	None.		
4. Declaration of interests	No interests were declared.		
5 Draft Primary Care Strategy	<p>Carolyn Larsen provided an update on the NHS England Essex Primary Care Strategy and Primary medical service provision in Thurrock.</p> <p>Key points and actions were:</p> <ul style="list-style-type: none"> • Thurrock will be part of the Essex Primary Care Strategy • The Essex Strategy will be written in tandem with National Stakeholder Events throughout the Autumn • 10% of Thurrock GPs are over70 and succession planning is vital • The average list size for practices in Thurrock is the highest in Essex. • 3 practices in Thurrock are in the bottom 10 on the Patient Satisfaction Survey. • GPs will be held to account via improvement action plans and performance will be measured <p>A number of questions were asked and issues raised by Board members:</p> <p>Learning Disability Health Checks</p> <ul style="list-style-type: none"> • Concerns were raised about LD health checks. A number of practices were signing up to the Learning Disability Health Check DES but then not carrying them out. CCG and Council officers confirmed that there was an alternative service that would be commissioned via NELFT for GPs not 		

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	<p>wishing to carry out the health checks.</p> <ul style="list-style-type: none"> • IS confirmed that all practices have to be offered the DES regardless of whether health checks were carried out previously or not • Members raised concerns that delivery of the DES could not be enforced and IS agreed to raise this point with NHS England • 2012-2013 figures showed that 37 practices in Thurrock signed up to carry out the checks. Only 35% of these practices signing up had delivered the relevant checks. <p>Other Points</p> <ul style="list-style-type: none"> • Concerns were raised about how patient rights to access should be balanced with expectations. • IS stated that the Strategy would make statements about what was 'core' to the service so patients knew what to expect • CL stated that performance was currently measured against a number of clinical outcomes and that only one practice was an outlier of 5 or more clinical outcomes. • Board members stated that the Strategy would need to clarify what 'reasonable access' meant. • Concerns were raised about the current complaints system and also that patients were often worried to complain about their GP – LG has written to AP on this issue and about the sharing of sensitive data • CL confirmed that the backlog of complaints was now being dealt with. • RH stated that it was important that the Board and LA were kept involved in the development of the Strategy and that it was important to recognise that Primary Care was broader than GPs • Concerns were raised about the Out of Hours Service and the Board identified that this was an area for joint working between the LA and CCG. • Planned Housing Developments needed highlighting to ensure Primary Care demands could be met. Housing Developments need to be identified and incorporated within the Primary Care 	<p>CL</p> <p>RH/MA</p> <p>RH</p>	<p>01/10/13</p> <p>TBC</p> <p>01/09/13</p>

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	Strategy. A meeting with NHS England and the CCG was planned for August to agree how this would be taken forward.		
6. Police and Crime Plan	<p>Nick Alston, Essex Police and Crime Commissioner attended to brief the Board on the Essex Police and Crime Plan and links with the Health and Wellbeing Board:</p> <ul style="list-style-type: none"> • The ambition is to reduce the number of victims of crimes in Essex and local solutions are key • Alcohol, drugs and mental health is apparent in the majority of crime and every day policing and Police Officers are receiving mental health awareness training • There is an increased focus on domestic violence and stalking, and Thurrock's response is the Violence Against Women and Girls Strategy • Cllr Gaywood stated that NA recognised Thurrock's differences with regards to sexual violence and also commented that Thurrock's DAAT was the best performing in the country • It is important that we join our collective resources and put resource in to early intervention • It was important that health colleagues were fully engaged in the multi-agency safeguarding hubs • NA suggested that maybe GPs and hospital staff should be trained in recognising the possible signs of domestic abuse and drugs and alcohol abuse. They should be trained to look for certain injuries and access to information and who to report to in GP practices is crucial. • PM stated that there has been safeguarding training for GPs but access to resources 27/7 is difficult. • LG suggested that victims of abuse may not go to their GP and may attend different walk in centres to hide the fact they are getting abused. How to communicate this when someone is in danger needs to be addressed. • AA suggested there needs to be better communication between the hospitals and the Police on abuse issues. 		

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	<ul style="list-style-type: none"> • Cllr Gaywood is working with the licensing team regarding alcohol sales. • NA stated that there is still more work and training to be done on LD. They have advisory groups and the police officers do get training but there needs to be a little more. • KJ advised that there are 'Stay Safe' workshops where they promote 999 cards for learning disabled people and that Police officers need to be made aware of this system. 999 cards were placed in someone's bus pass 		
7. Hyper Acute Stroke Service	<p>Mandy Ansell updated the Board on the Hyper Acute Stroke Unit (HASU) Service Review:</p> <ul style="list-style-type: none"> • Concerns regarding the consultation process and local feedback had been raised. • The main issues raised relate to the location of the HASUs and only one option being consulted on. • IS stated that consultation will start only after CCGs have signed up to the business case and that the clinical case for change and financial implications are currently being developed • PM advised that location is essential for a time-critical service such as stroke. • RH stated that it was important that the right balance was struck between local and strategic – taking in to account long term consequences for general hospitals should services be removed • The Board agreed that there also need to be a discussion about what services should be provided in the community and what community services would look like over the next three years. It was agreed that this would be discussed at a Board meeting towards the end of the year. • LG stated that it was important to involve patients and the public in that conversation. 	LN	
8. Health and Well-Being Board Development Plan	<p>Ceri Armstrong presented the Board's Development Plan.</p> <ul style="list-style-type: none"> • It was proposed and agreed that the Board would hold a development workshop in 		

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	<p>November.</p> <ul style="list-style-type: none"> • In preparation the LGA Toolkit Questionnaire would be used to assess how members felt the Board was progressing and to identify any areas of development • A Health Summit is planned for September. This will include key health providers and be similar to the one held last year • An Annual Stakeholder Event is planned for January. • Ian Stidston informed the Board of a major stakeholder event for the Primary Care Strategy will be taking place early October and it was important that events did not clash. 		
9. Smoking and Obesity Scoping Paper	<p>Andrea Atherton presented the smoking and obesity scoping paper:</p> <ul style="list-style-type: none"> • Smoking prevalence in Thurrock is high but decreasing. The downward trend needs to be sustained. • There is much higher adult obesity prevalence in Thurrock compared to the national average and Thurrock also has a higher than national average with regards to Diabetes. • Work to address smoking and obesity prevalence will be developed through the new Public Health Strategy Board • Hospital admissions are still rising for alcohol related issues but Thurrock ranks very low down for liver disease • Andrea Atherton will bring a report on 'Longer Lives' to the September Board. 	AA	09/13
10. LD Health Checks	<p>Catherine Wilson updated the Board on the latest position regarding Learning Disability Health Checks</p> <ul style="list-style-type: none"> • There is a plan in place with NELFT to deliver health checks for patients whose GPs do not sign up to the DES – but this is dependent on knowing how many GPs have not signed up and how much money this leaves to commission the service from NELFT • Board members wanted to know if GPs who had not previously delivered health checks after signed up to deliver them 	IS	TBC

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	<p>could be prevented from signing up this year. IS stated that all GPs had to be offered the opportunity to sign up to the DES – but would be feeding back concerns to NHS England</p> <ul style="list-style-type: none"> • Board members felt that pressure needed to be put upon GPs who are not delivering and that those who sign up to the DES this year should be monitored. 		
11. Winterbourne View Review	<p>Catherine Wilson presented an update on implementing actions from the Winterbourne View</p> <ul style="list-style-type: none"> • This is a joint piece of work between Thurrock Council and Thurrock CCG • All those requiring assessments (5 people) have now received them • The Winterbourne View Stocktake covers 11 key areas and is progressing well. • CW is confident that the timescales are being met. • CW will continue to report to the board with any progress – the next report is due in November. • A concern was raised about the financial impact of those people who have had their care paid for by Specialist Commissioning and will now transfer to the CCG and Local Authority • IS will feed back concerns to the Essex and Anglia Area Teams. <p>CW is currently devising a financial paper to bring to the Board about this issue.</p>	<p>CW</p> <p>IS</p>	<p>14/11/13</p> <p>TBC</p>
12. Reablement and Social Care Funding 2013/2014	<p>Allison Hall presented the Reablement and Social Care Funding joint commissioning plans for sign off:</p> <ul style="list-style-type: none"> • Health and Well-Being Boards are required to sign off plans for spending the reablement and social care monies. • Joint working is proving very effective – for example the Rapid Response and Assessment Service (RRAS). • The Comprehensive Spending Review for 2014 announced that money will be put into a Social Care integrated fund and more joint resources will be available – although much of the money is not ‘new money’ and already in the system. • Although the money is not ‘ring fenced’, the 		

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	<p>CCG, Local Authority, and Board will be expected to sign off how the Social Care Integrated Fund will be spent</p> <ul style="list-style-type: none"> • The Board approved the joint investment plans for 2013-14 reablement allocations and the adult social care funding 2013-14. 		
13. Loneliness Scoping Paper	<p>Sarah Turner presented a scoping paper on Loneliness and Older People:</p> <ul style="list-style-type: none"> • Loneliness effects mostly people aged over 75 and has both physical and mental implications • Mortality due to loneliness in older people is equivalent to mortality caused by smoking 15 cigarettes a day. • People who are lonely are also more likely to develop Dementia. • Thurrock has been assessed as achieving 'gold status' by the Campaign to End Loneliness because plans to address loneliness features in Thurrock's Health and Well-Being Strategy. • Thurrock is the first area to be piloting Skype befriending through televisions to enable older people to communicate with family and friends. 		
14. Forward Plan 2013-2014	<ul style="list-style-type: none"> • 'Longer Lives', the 'Stroke Unit Review' and the 'Keogh Review' will be added to the September Board Agenda and Forward Plan. • Malcolm Taylor will liaise with Carmel Littleton regarding bringing children's items to the Board. 	<p>CA/LN</p> <p>MT</p>	<p>07/13</p> <p>08/13</p>

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