

Minutes of the Meeting of the Health and Wellbeing Board held on 8 January 2015 at 2.00 pm

Present: Councillors Barbara Rice (Chair) and Joycelyn Redsell

Mandy Ansell, (Chief Operating Officer, Thurrock NHS Clinical Commissioning Group)
Dr Andrea Atherton, (Director of Public Health, Southend and Thurrock Councils)
Dr Anand Deshpande, (Chair, Thurrock NHS Clinical Commissioning Group)
Len Green, (Lay member, Clinical Commissioning Group)
Barbara Brownlee, (Director of Housing, Thurrock Council)
Roger Harris, (Director of Adults, Health and Commissioning, Thurrock Council)
Kim James, (Chief Operating Officer, Healthwatch Thurrock)
Carmel Littleton, (Director of Children's Services, Thurrock Council)
Lucy Magill, (Chair of Thurrock Community Safety Partnership)
Andrew Pike, (Director, Essex Area Team of NHS England)

Apologies: Councillors John Kent and Tunde Ojetola

In attendance: Catherine Wilson – Thurrock Council, Strategic Lead, Commissioning and Procurement
Jill Moorman – Thurrock Council, Safeguarding Adult Manager
Allison Hall – Thurrock Council, Commissioning Officer
Graham Carey – Safeguarding Adults Board (Chair)
Ceri Armstrong – Thurrock Council, Strategy Officer
Sharon Grimmond – Thurrock Council, HWBB Business Manager

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.

33. Minutes

The Minutes of the Health and Wellbeing Board, held on 13th November 2014 were approved as a correct record. BR welcomed new Board member Dr Anjan Bose who replaced Dr Pro Mallik.

The following comments and updates were received:

Actions: from last minutes

Item 5: pg. 7 Pharmaceutical Needs Assessment

LG highlighted that this item is not noted correctly – Thurrock Council do provide a collection service if you pay, but there is not a service for the collection of needles from any other exchange area e.g. pharmacies. This correction was noted.

Item 9: Better Care Fund (BCF) Section 75 agreement

RH noted that the BCF is not on the agenda as a special HWBB Meeting will be held on 9th February for the Board to agree the Better Care Fund Section 75 agreement.

34. Urgent Items

There were no items of urgent business

35. Declaration of Interests

There were no declarations of interest declared.

36. Thurrock Adult Autism Strategy Report

CW provided an overview of the Thurrock Adult Autism Strategy. The Strategy has been revised and a request was made for this to be brought back to the HWBB after consultation had taken place.

The draft Strategy is aligned to the Government's 'Think Autism' publication published in April 2014. The Strategy also takes into account Thurrock's Autism self-assessment carried out last year.

The original action plan has been updated with clear objectives of what needs to be achieved. The action plan responds to the Adult Autism event that was held at the end of 2014.

The Strategy and Action Plan will be consulted on as part of a 6 week consultation process.

An Autism Steering Group has been established and had its inaugural meeting in December.

CW explained that at least 57 young people will be going through transition from children's services to adult services, with 54% of those on the autism spectrum. Over the next 4 years through the transition process support will continue for autistic young. There are 16 service users with complex needs and would require costly specialist services e.g. residential or school placements.

CW made the Board aware of the cost of those who would transition from children's to adult services.

Weekly residential placement costs are between £2,900 - £ 5,600 The total weekly cost of all placements is around £59,000. The annual cost is £3.1million.

AH clarified that the £59,000 figure came from a combination of sources – Education and Health. Of the £3.1 million spent £2.5 million was on Adult Social Care.

BB said she would consider how Housing could contribute to providing accommodation solutions for young people through the supported living programme.

JR asked if priority for Treetops school places were given to local people.

CL informed the Board that Treetops had received a third outstanding Ofsted judgement. CL advised that there is a myth that people move to Thurrock from elsewhere in the country to attend Treetops, when this only applies to a small number of people..

JR commented on the chance to include younger children at Treetops. CL responded that there is pre-school specialist provision already and that plans were in place to expand and offer a bigger pre-school offer at Treetops.

RH commented on the joint working that had taken place with partners and health colleagues to work closely with parents and the schools at an earlier stage – looking at work opportunities, travel training, supported living. This would help to manage expectations of what adult services could provide and help to reduce the cost required.

BR supported these comments and mentioned the cuts to Adult Social Care Services. BR also asked CW if parents sat on the Autism Steering Group.

CW said that parents and carers participated in the Autism Steering Group and Autism Transitions Steering Group for parents of younger children. CW explained that there is currently a major piece of work being carried out in commissioning about autism and day opportunities, supported living and how they all interlink to start these conversations earlier. JR asked about the opportunity to share expertise and experiences from parents and children.. CW provided an example where a parent with a child going through transition had been involved with the Borough's Winterbourne work and that this had been of real benefit.

BR suggested that maybe we should undertake a media campaign to support and promote the public consultation.

CL advised that it may be worth mentioning the percentage of children with autism within the document. There may be undiagnosed autism in adults due to historic practices but diagnosing autism in children has improved and is accurate and would provide a good indicator of future demand.

RESOLVED

Recommendations agreed.

37. Safeguarding Adults Partnership Board Annual Report

JM presented the report to raise awareness of the work of the Safeguarding Adults Partnership Board. The Board congratulated JM on her Silver Award for Team Leader of the Year, in recognition of the work in Social work, championing the services and the impact on the lives of people who uses the services.

M provided an overview of the report which included: safeguarding referrals and outcomes, statistics, and partnership working with colleagues such as the Police and Ambulance Service.

BR said that Thurrock has not been involved in any serious national safeguarding issues which is reassuring and that safeguarding is taken very seriously. She also asked about the training of staff and contractors.

JM explained that at least 450 went through the training, 300 of whom were not Thurrock employees. She also informed the Board that awareness training is undertaken with all contractors and staff. RH highlighted the work carried out by the CCG and asked if future Safeguarding reports could be presented to the HWBB within 6 months of the end of the year.

MA added that Jane Foster-Taylor has been working on safeguarding on behalf of the CCG as the Executive Nurse, and that the CCG are really committed to safeguarding. AB summarised stated that it is mandatory for the safeguarding of Adults and Children to be followed through for clinical staff. GC added that work for clinical staff had been carried out by the Safeguarding Board.

RESOLVED

Recommendations agreed.

38. Public Health Commissioning 2015 16

AA presented the Public Health Commissioning Report and provided an overview of the current work done.

AA wanted to draw the Board's attention to the Public Health Team's work which is aligned to the priorities in the Joint Strategic Needs Assessments (JSNA) and Public Health Strategy.

AA explained that significant public consultation and benchmarking work has been carried out. The Benson's model has been used to identify the required skills mix for commissioned services.

BR acknowledged the difference made to services since the Public Health Team joined the Council.

BR called for GPs to get involved in the engagement and promotion of local health services being provided and asked AB to comment on this.

AB agreed that GPs do need to do more and that he would support in any way he could to get GPs to promote and engage more.

JR commented on individuals smoking outside health premises in the Borough e.g. Long Lane.

BR mentioned that she is an advocate for the Sugar Swap initiative and more needs to be done to ensure the Council's building is healthy with vending machines.

LG commended staff health and wellbeing initiatives in the Council, but was concerned the initiative should be expanded to other businesses. AA stated that there will be a strategy for 'healthy businesses'.

RH mentioned that the 'Beat the Street' campaign had been nominated for an award.

0-5 responsibilities will transfer from NHS England to Local Authority from April 2015. AA mentioned that clarity on the cost was required and that she was in discussions with NHS England.

CL also commended the Public Health Team with the support and the work it had carried out to dovetail in to effective initiatives e.g. portion control plates and beat the street. She added that this had made an impact in schools.

RESOLVED

Recommendation agreed.

39. Housing Strategy Report

BB provided a report on the Housing Strategy which is at an early stage. BB suggested that autism and dementia should be added to the Strategy.

BB highlighted the importance of the input of the HWBB to the Strategy. She added that the Housing Team wanted to empower local people, capture growth in the community, and ensure excellence in service.

The Strategy aimed to deliver high quality housing in both the Council and private housing arenas. The Strategy fitted with the priorities of the Council and would span 5 years but be extend to 30 years in terms of the action and business plan.

The Strategy will gather and respond to data concerning health and wellbeing.

A Housing Needs Survey, Strategic Market Assessment with Planning colleagues and a new Homelessness Survey leading to a Homelessness Strategy will be commissioned as part of the Strategy. Consultation will be carried out until March.

JR discussed the downsizing of properties for local people and that alternatives to flats needed to be offered - e.g. bungalows.

BR thanked BB for her approach. BR added that she was unclear about the direction of sheltered housing.

BB added that she is aware of the requests for bungalows for older people. Housing is also currently working with Public Health on intervention on improving health for older people in sheltered homes.

BR mentioned that we have Local Area Coordinators and Estate Officers and we need to ensure they work together effectively and do not overlap.

CL commented that consideration needed to be made to ensuring accommodation was suitable for young people – adequate space for studying. CL recommended the Housing Strategy was taken to the Youth Cabinet.

RH welcomed the Housing Strategy and stated it needed to be aligned to the Market Position Statement. Elizabeth Gardens should be used as a good model for other areas across the borough.

RESOLVED

BR asked for the recommendation to be altered to state ‘to help develop the Strategy’s vision’

40. The Forward Plan

The forward plan for February and March was discussed.

BR added a note: to confirm that the Board has signed up to the Disabled Children Charter and that this is being overseen by the Children and Young People’s Partnership.

Reminder of the HWB special meeting on 9th February.

The meeting finished at 3.55 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**