

Minutes of the Meeting of the Health and Wellbeing Board held on 16 July 2015 at 2.00 pm

- Present:** Councillors Barbara Rice (Chair), John Kent, Joycelyn Redsell and Brian Little
- Mandy Ansell, Acting Interim Accountable Officer, Thurrock NHS Clinical Commissioning Group
Barbara Brownlee, Director of Housing, Thurrock Council
Graham Carey, Chair of Safeguarding Adults Board
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
Ian Wake, Director of Public Health
- Apologies:** Councillors Buckland and Andrew Pike, Director of Commissioning Operations, NHS England and East Anglia
- In attendance:** Kev Malone, Public Health Manager (item 8)
Clare Panniker, Chief Executive, Thurrock and Basildon Hospitals Foundation Trust (item 5)
Michelle Stapleton, Integrated Care Director, North East London Foundation Trust
Ceri Armstrong, Strategy Officer
-

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.

17. Minutes

The minutes of the Health and Wellbeing Board, held on 15th June 2015, were approved as a correct record.

Public Health Grant 2015/16

At the last meeting, the Board had been made aware that the Council had received notification that the currently ring-fenced Public Health Grant was to be cut nationally by £200m during 15/16. This equated to a 7.4% cut to the total Grant across England. If 7.4% was applied to Thurrock's current Grant, this would result in a reduction of £614k.

Ian Wake, Director of Public Health, updated the Board that he had looked at the current Public Health budget and identified potential savings options which include the restructuring of the core Public Health Team; and reduced spend

on breastfeeding and parenting support as the current contract is due to end with NELFT, no bidders have come forward in the retendering process, and there are opportunities with the 0-5 years agenda transferring to Public Health from October 2015. NHS England has yet to confirm how the reduction in the Grant will be distributed between authorities. Once this has been confirmed, plans will be finalised.

RESOLVED:

That the update on the Public Health Grant be noted.

Success Regime

Roger Harris, Mandy Ansell and Clare Panniker, Chief Executive, Basildon & Thurrock University Hospitals Foundation Trust, had attended a Stakeholder 'kick-off' meeting on July 15th where the purpose and delivery plan was discussed.

The focus of the Regime is to create the conditions for success in challenged local health and social care economies like Essex.

Roger Harris commented that the concern for the local authority is the enormity of the task which may pose a big distraction from the current transformation programmes already taking place.

Mandy Ansell commented that the workforce challenge was the greatest issue for Thurrock CCG.

Clare Panniker commented that the intended outcomes of the regime are not clear and would like to see clear objectives on what Health and Social Care will look like in 5 years' time.

Ian Wake raised concerns about the potential centralising of health structures and services on an Essex-wide basis and that this was not always the best solution.

Board members agreed with Clare's concerns about the lack of clarity over the process, but felt there could be opportunities as well as threats.

RESOLVED:

That the update on the NHS Success Regime in Essex be noted.

Suicide Prevention

Ian Wake, Director of Public Health updated the board on the Suicide Prevention Strategy stating that Cate Edwynn, the Consultant in Public Health is conducting a Suicide Audit and presented preliminary results to the Adults, Health and Commissioning Directorate Meeting on the 14th July. Cate is currently in the process of conducting a review with GPs in Thurrock. Options include broadening the Mental Health Strategy to incorporate suicide

prevention – focusing on good mental health, rather than a separate Suicide Prevention Strategy. Options will be considered as the work progresses.

RESOLVED:

That the update on the development of a Suicide Prevention Strategy be noted.

18. Urgent Items

Coach House Residential Home

The Chair requested an update relating to discussions around the potential closure of Coach House Residential Home.

Mandy Ansell updated that due to the 40% uplift per patient being requested by the provider – Family Mosaic, placements were no longer viable or affordable for the CCG. Thurrock has nine residents in Coach House, and they are all CCG-funded via Continuing Health Care. Mandy also updated the Board that the uplift was only one factor and that in discussions with the Home she had been made aware that it was likely to close regardless of whether the additional charge was paid.

Kim James told the Board that relatives were distressed by the potential closure, and that they had been communicated with prior to the CCG being made aware.

Cllr John Kent requested clarity around the legal requirement regarding the closure and the duty of care for the residents. Mandy Ansell replied stating that the legal obligation will be to assess the residents need and to commission a bed at an alternative location if eligible for care.

Roger Harris updated that we will work jointly with the provider and the social care team in Thurrock to create a plan for patients and a communication plan to ease concern for the residents and their relatives.

19. Declaration of Interests

No interests were declared.

20. Basildon and Thurrock University Hospitals Foundation Trust - Item in Focus

Clare Panniker, Chief Executive of Basildon and Thurrock Hospital delivered a presentation on activity levels at the Hospital. Thurrock CCG represents approximately a third of the Trust's activity which includes a 12.7% growth in Accident and Emergency (A&E) attendances. Clare made the Board aware that A&E attendances were increasing rapidly, but that Thurrock resident admissions resulting from an A&E attendance had only increased by 1%.

Clare made the Board aware that the Hospital's mortality rate (SHMI) is now in the expected range and the ambulatory care admission rate has reduced. Clare also told the Board that patient and staff satisfaction had increased, but there was further to go in improving satisfaction levels. A recent CQC inspection had rated the Hospital as 'good', with maternity services being rated as 'excellent'. It was likely that the Hospital would retain its 'good' rating, and this was waiting to be confirmed by CQC.

The Hospital's financial situation was of concern, with a £38 million deficit predicted for 15/16. Other Trusts were in a similar or worse position.

The Chair asked whether some patients attend on a regular basis, and Clare replied that there are a small proportion of people who repeatedly use A&E instead of using other suitable provisions as the service is easier to access and the A&E brand is trusted. Secondly, chronically sick patients do attend A&E frequently due to aspects of their condition, although this contributes very little to the attendance rate. Clare thought it was the Out of Hospital offer was often confusing to patients.

Roger Harris commented that resources from both the Council and the CCG had already been focused around prevention and early intervention. For example work on building on community strengths, local area coordination, and also the work of the Rapid Response and Assessment Service. Despite this work, demand continued to grow and it was unclear as to why this was.

Clare stated that there were three main strands to reducing the current financial situation. These were: Internal efficiency and productivity review; Vertical Integration (Better joining up with services within the community); Horizontal Rationalisation (Consolidate Services). Clare further commented that the public should be made aware that there needed to be a trade off between access and quality.

In response to Councillor Little, Clare stated that ideally, a 20-30% reduction in admissions was desirable as this would allow a decrease in the Hospital's bed base. Attendances were not the key issue.

21. Thurrock Adult Autism Strategy

Roger Harris, Director of Adults Health and Commissioning presented the Thurrock Adult Autism Strategy.

A draft Strategy had been presented at the January meeting prior to consultation taking place. Between January and March 2015 Thurrock Council consulted on the Strategy and minor amendments were made to the Strategy and action plan following this.

Cllr Brian Little raised a question in relation to the cost between transitioning from Children's Social Care to Adults Social Care. Roger updated that the current indications suggest that total weekly cost of those that will transition from Children's to Adults is £59k per week, an annual cost of £3.1m.

The Board asked for assurance that the Strategy would be a live document. Roger assured the board that the Strategy would be a live document, and also that it had formed a big part in the CASSH Bid which had been submitted to fund housing for adults with Autism, including the proposal for a capital contribution of £140,000

RESOLVED:

That the Health & Wellbeing Board formally adopts the Strategy.

22. Market Position Statement

Roger Harris presented the Market Position Statement

Roger updated the board that the document sets out how we see the social care market developing over the next 3-5 years. The document sets out the current and predicted need; the strategic context we are operating in; what we spend and changing trends and implications for providers.

The document will be used as a basis of discussion with current and potential providers to ensure that the market changes meet our vision of where we want to be.

RESOLVED:

The Board are asked to note the outcome of the public consultation and approve the document for publication

23. Tobacco Control Strategy

Kev Malone, Public Health Manager presented the Tobacco Control Strategy.

Kev updated the Board that this strategy was tabled at the June meeting where two amendments to the delivery plan were requested by the board. These have now been actioned.

Cllr Joy Redsell raised a concern regarding employees smoking outside of office buildings in relation to Thurrock Civic Offices and Thurrock Hospital. A second concern was made regarding Children smoking outside of school gates. Kev replied stating that mechanisms are currently being put in place to tackle smoking in schools as part of the Public Health Responsibility Deal. Secondly, the Tobacco Control Alliance is working with Basildon and Thurrock Hospital to tackle staff smoking.

RESOLVED:

- 1. That the board ratify the Thurrock Tobacco Control Strategy 2014-2019.**

2. That the board ratify the Delivery Plan contained within this document.

24. Joint Health and Wellbeing Strategy End of Year Report 2014 - 2015 (Children and Young People) and Delivery Plan 2015 - 2016

Ceri Armstrong, Strategy Officer presented the Joint Health and Wellbeing Strategy End of Year Report 2014-15 and Delivery Plan 2015-16.

Ceri updated the Board that this report provides the End of Year report against the 2014-15 Health and Wellbeing Strategy Delivery Plan for Children and Young People, and the proposed Delivery Plan for both Adults and Children and Young People for 2015-16. The End of Year Report details the progress against the 14/15 actions as provided by the action owners.

RESOLVED:

- 1. That the board endorses the Children and Young People's End of Year Report 2014/15.**
- 2. That the board endorses the Delivery Plan for 2015/16 for both Children and Young People and Adults.**

25. Forward Plan

The Board's Forward Plan was updated.

The meeting finished at 3.57 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