

Minutes of the Meeting of the Health and Wellbeing Board held on 13 November 2014 at 2.00 pm

Present:	Councillors Barbara Rice (Chair), Tunde Ojetola and Joycelyn Redsell	
	Mandy Ansell, (Chief Operating Officer, Thurrock NHS Clinical Commissioning Group) Barbara Brownlee, (Director of Housing, Thurrock Council) Len Green, (Lay member, Clinical Commissioning Group) Roger Harris, (Director of Adults, Health and Commissioning, Thurrock Council) Carmel Littleton, (Director of Children's Services, Thurrock Council)	
Apologies:	Councillors John Kent, Dr Anand Deshpande, Kim James, Andrew Pike and Ian Stidston	
In attendance:	Christopher Smith (CS)	Community Wellbeing Project Manager
	Sharon Grimmond (SG)	HWBB Business Manager
	Louisa Moss (LM)	Housing Enforcement Manager
	Paula McCullough (PM)	Commissioner - Emotional Health and Wellbeing
	Sarah Turner (ST)	Commissioning Officer - Older People
	Karen Samuel -Smith (KSS)	Business Development Manager, Essex Local Pharmacy Committee (LPC)
	Louisa Moss	Housing Enforcement Manager, Thurrock Council
	Dawn Scrafield (DS)	Director of Finance – on behalf of Andrew Pike, Director, NHS England Essex Area Team

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.

22. Minutes

The minutes were agreed. The following comments and updates were received:

Actions: from last minutes

Item 5: Care Act Implementation

CL asked whether there was a National Board regarding adult safeguarding reviews? RH provided a verbal update that there was no formal national body at the moment but was under consideration.

Regarding Care Act consultation and engagement, CA stated that the Council was liaising with Thurrock Coalition to develop how service users should be engaged with and on what elements. Additionally, a national toolkit will be made available at the end November.

Item 8. Health and Wellbeing Strategy Annual Report 13/14 and Delivery Plan 14/15 (Children and Young People)

CL commented that the Thurrock schools are above the national average with regards to Maths and English.

BR commented that the Stakeholders Event is being planned and the Board will be notified in due course.

23. Urgent Items

There were no items of urgent business

24. Declaration of Interests

TO declared that he is a member of the Children's Overview and Scrutiny Committee.

25. Pharmaceutical Needs Assessment Report Nov 14

AA provided an explanation of the Pharmaceutical Needs Assessment (PNA). As a result of the Health and Social Care Act 2012, it was a responsibility of the Health and Wellbeing Board to produce the PNA. KSS from Essex Local Pharmaceutical Committee (PNC) also commented on a contingency strategy being developed.

In response to a question asked about why more surgeries were not carrying out their own prescriptions within surgeries, KSS stated that regulations meant that only applied to residents living more than a mile from community pharmacies.

BB felt that the PNA could be strengthened by clearer objectives and also questioned what the 65 units of extra care referred to (p111 of PNA). AA stated that the PNA was a needs analysis to inform commissioning and therefore would not have specific objectives.

RH felt that pharmacies and pharmacist were currently underused and that they needed to be considered as an option for providing certain services – e.g. as part of a community-based offer.

In response to JR asking about the appliance contractors in regards to what would residents do if they want to return crutches or wheelchairs once they are no longer required, Michelle Stapleton from North East London Foundation Trust (NELFT) commented that it is not necessarily cost effective to take back and recondition all equipment.

TO applauded and welcomed the report and offered to assist with any statistics on the report. TO spoke about a charity that would take crutches and wheelchairs to third world countries TO confirmed he is happy to pass on further information on this.

LG asked about needles for diabetics and that there is currently no collection service in existence. AA informed the Board that needles were clinical waste and the Local Authority were the responsible agency. AA further commented that she was working with the Environmental Services Team about a solution.

Recommendations agreed.

26. Child Sexual Exploitation and the Jay Report Nov 2014

CL presented the report to raise awareness of the Jay Report in to Child Sexual Exploitation and to provide the Board with assurance about Thurrock's preparedness. The Jay Report outlined failures of agencies to uncover and deal with child sexual exploitation.

CL stated that every area should assume that child sexual exploitation is occurring and needed to ensure that vulnerable children were identified. In Thurrock, risk assessments were carried out on every vulnerable child.

CL provided an update on what has been done locally and stated that an action plan had been developed which responded to recommendations made by the Jay Report The Action Plan will go back to the Childrens Overview and Scrutiny in February and be subject to regular review.

JR applauded the work done by the Children's Social Care.

BR asked whether the workforce was fit for purpose.

CL commented that all social workers have compulsory training around Child Sexual Exploitation And that there is also ongoing work such as training for head teachers, directors and heads of services.

CL concluded that some of the ongoing work of the LSCB Board and Childrens Partnership is to ensure that partners agencies challenge each other to ensure we continue to work collectively to protect vulnerable young children.

MA asked CL what was being done to address the growth of female gangs locally. CL stated that the issue was being reported on to the Children's Partnership Board and also Community Safety Partnership and that joint working with housing was also in place.

BB said that Housing has set up an Anti Social Behaviour Team and that the team works closely with Children's Social Care. The Multi Agency

Safeguarding Hub (MASH) also provides a strong model for improvement. BB added that we are in a better place to deal with the issue than before. KSS informed the Board that work has been carried out with the police and the pharmacies at least 50 pharmacists were offered awareness training as they are usually the first point of contact by the victims or the perpetrator who may go to the pharmacy. KSS said that she would be happy to get involved in this work.

OT explained that due to the demographic changes to the area, gang members in London are being placed in Thurrock and this is the reason for the increase in gang activity in this area. OT questioned how do we reach the hard to reach groups and those that may fall through the system as this needed to be addressed.

CL explained that there is a missing children panel that work with school to review children that not only go missing but who also miss school. Due to training and sharing of information through partners, schools are more alert and provide an assessment to monitor pupils by undertaking registrations after each school subject.

CL stated that young people were very aware of who of their peers were vulnerable or at risk that we must use as a powerful ally.

CL spoke about meeting with a group of survivors of exploitation – who are now able to run workshops on how to be a survivor of Sexual Abuse. CL concluded that this was the best experience seeing the group supporting others, going through this trauma.

27. EWMH - Project Update

PM presented Emotional Wellbeing and Mental Health Services Report previously CAMHS.

The project has been refreshed and aims to provide a better service for young people with Mental Health needs including a greater emphasis on keeping people well. Early Intervention is an effective way of working with young people in schools and youth organisations. This is the first time 3 local authorities and 7 CCGs have worked together to commission an integrated service across Essex, Thurrock and Southend.

Interventions will be evidence-based and joint service commissioning will provide one provider with one contract with the ability to redirect resources for children and young people. Young people have told us that they wanted a modern service and this will be reflected in the new service.

Resources and services will be provided though a digital medium and within schools and practitioners will go to where young people are based rather than expecting young people to go to the service – e.g. Schools and children centres etc.

PM said this the contract specification had gone out to tender and applications were currently being reviewed.

BB said it was important that whilst the contact was pan-Essex, it reflected Thurrock's needs. PM confirmed that this would be the case.

PM stated that a lesson's learnt review was being compiled which could influence how future procurement exercises might be carried out.

TO asked about councillor involvement and RH clarified that the CAMHS proposal had gone through cabinet and had been approved.

Recommendation agreed.

28. Well Homes Project Report November 2014

BB commented on the work being carried out with public health colleagues on 1000 residents in sheltered complexes across the Borough. The work would identify what Public Health interventions could be of benefit to commission in sheltered housing complexes.

A report on the links between housing and wellbeing will be brought to a future Board meeting.

LM spoke about the Public Health-funded Well Homes initiatives focused on private housing. At least 80% of homes in the Borough are defined as 'private'.

LM explained that the project had been in existence for 4 months and aimed to ensure that people have a safe place to live that can accommodate their wellbeing and health.

The project is gathering momentum and the intention is that it will become mainstreamed – should the funding be available. The Well Homes project's actions feed in to the JSNA. The project is also an agenda item on the Public Health Strategy Board. This project is saving money through its advice and interventions and is estimated to be saving £100,000 for the NHS for example by helping to avoid hospital admissions through issues such as falls.

RH said that the project was an excellent example of the benefits of public health working with partners.

RH stated that at this point it was not possible to say whether the project would receive on-going public health funding, and this would be subject to amongst other things, the size of the future Public Health grant.

AA said she was delighted with the report which provided an example of the cost savings that could be achieved if avoiding accidents in the home that could lead to an emergency admission – e.g. trips and falls.

BR comments that the £1.2 million public health grant that Thurrock had managed to secure for 2014/15 was not a certainty for 2015/16 and that this needed to be confirmed before any further funding could be committed. DS stated that the aware of the Public Health grant was outside of NHS England's remit.

Recommendation 1.2 Subject to Public Health funding allocations 2015/16.

29. Final BCF pooled fund S 75 Agreement Nov 2014

RH provided an update on the Better Care Fund and the development of the pooled fund section 75 agreement. The 'Heads of Terms' were presented to the Board for its agreement.

RH stated that Thurrock's Plan had been awarded 'approved subject to conditions'. Thurrock had been assigned a 'Better Care Advisor' and would resubmit the plan on the 28th November as part of a 'lite touch' process. The Plan would then be subject to another round of assurance where it was hoped that conditions would be removed.

MA commented that collaborative and integrated working had already begun before the Better Care Fund, and the resubmission had allowed Thurrock to clarify what was already in place.

With regards to the Section 75 agreement, the 'Heads of Terms' had been brought to the Board for agreement. This would inform the final agreement which would be brought to the January Board for endorsement, followed by Cabinet and CCG Board approval.

CS made the Board aware that authorities whose BCF Plans had been graded as 'not approved' or 'approved subject to conditions' were unable to enter in to a BCF pooled section 75 agreement until approval without conditions had been achieved. Thurrock was using its BCF Plan and the funding attached to it to focus in the first instance on people aged 65 and above. As part of the BCF, the CCG were having to find funding to support the implementation of the Care Act 2014.

CS further stated that governance arrangements would be established to ensure that funds were managed as agreed. This would include reporting to the HWBB and the establishment of an Integrated Commissioning Executive (ICE).

TO voiced concerns about ensuring arrangements did not become overly bureaucratic.

DS commented that risk share arrangements needed to be considered.

BR thanked the team for their continued work and commitment

Recommendation agreed

30. Proposed amendments to Thurrocks HWBB Membership

CL updated the Board on why proposed changes to the Board's membership had been made. This included adding the Chair of the Local Children's Safeguarding Board and Portfolio Holder for Children's Services as members.

CL stated that a number of authorities had been criticised by Ofsted through inspections carried out, for not having the LCSB Chair as a member of their respective Health and Wellbeing Board. The proposed amendments to the Board's membership would show a strong link between the Board and children's safeguarding.

RH added that as the Care Act 2014 had provided the Adult Safeguarding Partnership Board with an equal footing, then changes to Board membership had also included adding the Chair of the Adult Safeguarding Board.

Changes would be subject to approval by Council in January.

Recommendations amended and agreed.

The Board endorses the recommendation that the Chairs of the Adults and Children's Safeguarding Boards and the Children's Social Care Portfolio Holder are to become full Board members- subject to an agreement by Council on the 28th January 2015'.

31. Market Position Statement Report

RH stated that it was a requirement of the Care Act to produce a Market Position Statement (MPS) which would help to ensure Thurrock could influence the care market that was needed rather than what was available.

ST stated that the document set out behaviours to be encouraged and discouraged.

There would be two consultation events organised, and approval by the Board would be to enable the consultation process to commence.

BR welcomed the document and felt it was a stepping stone to ensuring providers knew what we wanted them to provide. She further added that contract monitoring was key.

BB added that the Housing Department had been brought in to discussions at an early stage which was welcomed.

Recommendations agreed

32. The Forward Plan

The forward plan for January was discussed.

Confirmation made to change the date of the next HWB Meeting to 08th January.

BB to bring the Housing Strategy to a future Board meeting.

The meeting finished at 4.00 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**