

## Minutes of the Meeting of the Health and Wellbeing Board held on 15 June 2015 at 1.00 pm

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**Present:** Councillors Barbara Rice (Chair), John Kent, Joycelyn Redsell and Bukky Okunade

Mandy Ansell, Acting Interim Accountable Officer, Thurrock NHS Clinical Commissioning Group  
Dr Anjan Bose, Clinical Representative, Thurrock CCG  
Barbara Brownlee, Director of Housing, Thurrock Council  
Graham Carey, Chair of Safeguarding Adults Board  
Len Green, Lay Member Thurrock CCG  
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  
David Peplow, Chair of Local Safeguarding Children's Board

**Apologies:** Chief Superintendent Sean O'Callaghan, Andrew Pike and Ian Wake, Director of Public Health

**In attendance:** Councillor Graham Snell, Chair of Health and Wellbeing Overview and Scrutiny Committee  
Ceri Armstrong, Strategy Officer  
Yvonne Anarfi, Designated Nurse for Safeguarding Thurrock CCG (item 6)  
Lynnbritt Brown, Associate Director Community Mental Health Services South West – SEPT (item 4)  
Ann Carter, Manager IAPT Service (item 4)  
Detective Inspector Shirley Cole, Essex Police (item 6)  
Alan Cotgrove, Thurrock Children's Partnership and Local Safeguarding Children's Board Manager (item 6)  
Catherine Edwynn, Consultant in Public Health (item 10)  
Jane Foster-Taylor, Executive Nurse, Thurrock CCG  
Nigel Kee, Chief Operating Officer, Basildon and Hospital University Hospitals Foundation Trust  
Neil Laurie, Service Manager Safeguarding and Child Protection (item 6)  
Kev Malone, Public Health Manager (item 9)  
Debbie Maynard, Head of Public Health (items 8 and 9)  
Malcolm McCann, Executive Director of Integrated Services, SEPT (item 4)  
Jane Itangata, Senior Commissioning Manager, Thurrock CCG (item 4)  
Dawn Shepherd, Housing Needs Service Development and Strategy Manager (item 7)  
Christopher Smith, Programme Manager (item 15)

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Michelle Stapleton, Integrated Care Director, NELFT (item 4)  
Mark Tebbs, Head of Integrated Commissioning, Thurrock CCG  
(item 4)  
Rita Thakaria, Assistant Director of Adult Community Health  
Services, NELFT (item 4)  
Sue Waterhouse, Director of Mental Health and Learning  
Disability, SEPT (item 4)  
Catherine Wilson, Strategic Lead for Commissioning and  
Procurement (item 4)

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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.

#### **61. Minutes**

The minutes of the Health and Wellbeing Board, held on 12th March 2015, were approved as a correct record subject to the following amendment being made:

Correction on page 7 – minutes of the meeting approved on the 12th March 2015 were from the special meeting held on the 9th February.

#### **62. Declaration of Interests**

No interests were declared.

#### **63. Urgent Items**

##### **Public Health Grant 2015/16**

Roger Harris, Director of Adults, Health and Commissioning, made Board members 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. The reduction was likely to be recurrent.

Board members highlighted that some services for children were likely to be affected and that a strong Equalities Impact Assessment should be carried out.

Carmel Littleton, Director of Children's Services commented that there were high numbers of year 6 children overweight or obese and that the Borough's teenage pregnancy numbers were above average. She raised concerns that the impact of the cut to the Grant could exacerbate these issues.

**RESOLVED:**

**1. That the 15/16 cut to the ring-fenced Public Health Grant of potentially 7.4% be noted.**

**2. That a report on how the cuts are to be made is to be brought to the July Board meeting.**

### **Success Regime**

The Director of Adults, Health and Commissioning and the Acting Interim Accountable Officer jointly presented a letter from Simon Stevens, Chief Executive of NHS England. The letter detailed arrangements for the Essex 'health and care economy' to enter the new NHS 'Success Regime'.

The focus of the Regime was likely to be the combined deficit of the area – in particular the five hospitals in Essex and a very challenged ambulance service.

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

Board members raised concerns about the lack of clarity over the process, but felt there could be opportunities as well as threats.

It was important to remember that the health economy was greater than just the acute sector and that a whole system approach including social care was required.

Nigel Kee, Chief Operating Officer at Basildon Hospital, commented that preliminary work across the three Foundation Trusts had already commenced and that Monitor was likely to be the lead organisation for the Regime.

### **RESOLVED:**

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

#### **64. ITEM IN FOCUS: Mental Health Crisis Care Concordat and Mental Health Services in Thurrock**

Catherine Wilson, Strategic Lead for Commissioning and Procurement, delivered a presentation on the Mental Health Crisis Care Concordat and Mental Health Services in Thurrock. Catherine was joined by colleagues from Thurrock CCG and mental health provider SEPT.

Whilst a high level action plan had been developed across South West Essex, Catherine commented that a Thurrock-specific action plan would be developed – via the Thurrock Mental Health Operations Group.

Board members were given an update on the Street Triage initiative between Essex Police and Mental Health provider SEPT. Sue Waterhouse from SEPT stated that the scheme had been very successful. As a result of the initiative, many individuals had been diverted away from the Section 136 suite. Due to

the scheme's success, partners had funded an extension which would include 7 day working.

Board members were keen that there was a Thurrock focus to agreed activity, and that there was clear responsibility assigned to actions and clear monitoring arrangements. It was confirmed that the Thurrock Mental Health Operations Group would be responsible for overseeing and monitoring the implementation of the action plan. It was also identified that a representative from Housing was required to sit on the Group.

Dr Bose raised concerns that some mental health referrals made for young people would often be sent back due to missing information. He was made aware that the service referred to had been re-commissioned.

The Director for Adults, Health and Commissioning stated that greater improvement in personalisation was required, similar to the transformation seen in options available for learning disabled service users.

Kim James, Chief Operating Officer for Thurrock Healthwatch provided a summary of feedback gained from users of mental health services in Thurrock. This included both positive and negative examples and would be developed in to a report for commissioners and providers of services.

Graham Carey raised two issues on behalf of Thurrock's Adult Safeguarding Partnership Board - both had supporting papers.

- The Adult Safeguarding Board wanted to ask the Health and Wellbeing Board what it was doing to reduce suicides in Thurrock given that, unlike most authorities, Thurrock did not have a suicide prevention strategy.
- Why was the level of local authority referrals to IMCA services for Thurrock residents over the last 5 years consistently at or near the bottom of a table of similar local authorities.

Suicide Prevention – Catherine confirmed that the Crisis Concordat did not include a Suicide Prevention Strategy nor a KPI on reducing suicides. Roger Harris expressed surprise that there was no strategy in existence given that there was one 5 or 6 years ago. It was agreed that there needed to be a new suicide prevention strategy and that the newly appointed Director of Public Health would be asked to develop a whole population Strategy which would be brought back to the Board for approval.

IMCA referrals – the Chair commented that she would like to know why referrals were so low and agreed that there should be a review. For example were referral rates just low, or were people who required IMCAs being missed? Graham Carey commented that there were safeguarding concerns if people were being missed at a time when they were most vulnerable.

**RESOLVED:**

**1. That the Health and Wellbeing Board support the progress of the Mental Health Crisis Care Concordat and the proposed framework for the implementation plan for Thurrock.**

**2. That the Health and Wellbeing Board are aware of the services being provided in Thurrock for people experiencing mental ill-health.**

**3. That the Health and Wellbeing Board have an opportunity to discuss in more depth mental health services in Thurrock.**

**4. That the Director of Public Health be asked to develop a Whole Population Suicide Prevention Strategy that will be brought back to the Health and Wellbeing Board for approval.**

**65. Children and Young people Emotional Wellbeing and Mental Health Service Commissioning update**

The report was presented by Carmel Littleton, Director of Children's Services.

Board members were made aware that the existing service had been successfully re-commissioned with the new service starting from the 1st November. The contract was for three years with the possibility of two twelve month extensions. The contract specification had successfully anticipated the outcomes of a recent national report and therefore reflected best practice.

Carmel confirmed that the transition from the existing service to the new one would be seamless.

**RESOLVED:**

**That progress made on the re-commissioning of integrated targeted and specialist emotional wellbeing and mental health services for children and young people be noted.**

**66. Thurrock Response to Child Sexual Exploitation**

A multi-agency presentation was delivered to the Board by Alan Cotgrove CYPP and LSCB Business Manager, Detective Inspector Shirley Cole Essex Police, Neil Laurie Service Manager Safeguarding and Child Protection, and Yvonne Anarfi, Designated Nurse for Safeguarding Thurrock CCG.

The Board were told that recommendations from recent national reports on Child Exploitation had been used to test the robustness of existing services, processes and procedures and to identify any improvement activity required. The Board were also made aware that a number of groups and teams were in place to ensure Child Sexual Exploitation was a priority. This included a dedicated team within Essex Police, and a multi-agency Sexual Exploitation Forum.

All front-line staff had completed training and a number of CSE champions had been appointed. The Youth Cabinet had put forward a number of its members as Youth Ambassadors for Safeguarding. The Board were assured that relevant safeguards were in place for the Youth Ambassadors.

Detective Inspector Shirley Cole stated that appropriate information sharing was key. She also made the Board aware that a CSE Triage Team had been established to collate information provided from a number of sources to enable the Police to see the 'bigger picture'.

Neil Laurie stated that a review of Thurrock had taken place and that no complex networks had been discovered as had been found in other areas of the country – e.g. Rotherham and Rochdale.

Councillor Redsell and Councillor Rice emphasised the importance of increasing councillor awareness, and Carmel stated that raising councillor awareness was already part of the activity being planned.

**RESOLVED:**

- 1. That progress on the response to child sexual exploitation in Thurrock be noted.**
- 2. That the Board be enabled to make comments on the progress made.**

**67. Homelessness Prevention Strategy**

Dawn Shepherd, Housing Strategy Manager, gave a presentation on Thurrock's draft Homelessness Strategy.

Dawn made the Board aware that there were four key reasons for someone becoming homeless:

- Exclusion by a parent, family member or friend;
- The ending of an assured short-hold tenancy;
- Violence and harassment; and
- Mortgage and rent arrears.

Dawn stated that there was a greater need for smaller properties, and that in Thurrock there were greater levels of under-occupation than overcrowding.

Next steps included consultation on the Homeless Review Document and Action Plan, and Board members were made aware that there were plenty of opportunities to be involved. The consultation exercise would close at the end of July.

Councillor Kent asked for monthly statistics on homelessness to be provided.

**RESOLVED:**

- 1. That the Board notes the outcomes of the initial review and draft action plan.**
- 2. That the Board notes a further period of consultation will be undertaken and that subsequently a final action plan will be devised.**
- 3. That Board members contribute to the consultation.**

#### **68. Demography JSNA**

The Head of Public Health presented the Demography JSNA. The report had previously been presented at the March Board with the Board requesting a clearer executive summary and clearer set of recommendations.

The Board members stated they wanted opportunities for people to find out more about the demography of the area they lived in, and Debbie made the Board aware that she was already sharing the document with a number of groups.

The Director of Housing wanted to ensure that the Council used one set of data, and that there was join-up in terms of where the data was placed. Debbie assured the Board that the document would be live on the Council's website and would be updated annually.

The Board agree an additional recommendation which was that a briefing session be arranged for the Health and Wellbeing Board and all councillors on the contents of the Demography JSNA.

It was further agreed that Debbie would circulate the latest Health Profile for Thurrock with the notes.

#### **RESOLVED:**

- 1. The Board endorse key recommendations and priorities identified in the Demography document.**
- 2. The Board approve the Demography JSNA document for publication.**
- 3. That the Public Health Team arranges an evening briefing session for councillors and the Board.**

#### **69. Tobacco Control Strategy**

Debbie Maynard and Kev Malone presented the Tobacco Control Strategy and action plan.

A number of Board members raised concerns about the action on page 196 'Work with public and private landlords to look at how properties may become smoke free in the future'. The Director of Housing stated that there was no

intention to make the Council's housing stock smoke-free. It was agreed that the action would be amended.

Councillor Kent questioned the action on page 199 'promote the LSSS as an e-cigarette friendly service', and suggested that to promote e-cigarettes might actually normalise smoking. Debbie responded that the action's purpose was to support people who had stopped smoking to stay off tobacco.

The Director of Children's Services recommended the refresh of a survey on children's smoking which had last taken place in 2009 and also raised concerns that e-smoking could provide a gateway to smoking for children and young people.

It was agreed that the amended Strategy would be brought back to the July Board meeting for agreement.

**RESOLVED:**

**That the amended Strategy and Action Plan be brought to the July Board for agreement.**

**70. Health impacts of Air Pollution in Thurrock**

Cate Edwynn, Consultant in Public Health, gave a presentation to the Board on the health impacts of air pollution in Thurrock.

Cate made the Board aware that there were 16 AQMAs (Air Quality Management Areas) in Thurrock and that air pollution was one of 20 leading risk factors that contributed to diseases that might lead to early death. Particulate Matter 2.5 was of particular concern as traffic was a major contributor.

Board members discussed the possibility of low emission zones, and also reducing car idling near schools as possible steps to consider in improving air quality – particularly in reducing the levels of 2.5. It was also discussed that considerations for planning applications should include the impact on air quality.

**RESOLVED:**

**That the contents of the report be noted.**

**71. Health and Social Care Transformation Update**

Roger updated the Board on progress made with the Health and Social Care Transformation Programme.

**RESOLVED:**

**1. That the report be noted.**



**2. That the Health and Social Care Transformation BCF Implementation Project Plan be agreed.**

**72. Joint Health and Wellbeing Strategy End of Year Report 2014 - 2015**

Roger reported that good progress had been made with the majority of actions rated green or amber. There were a few red rated actions, but these were low risk and being followed up.

**RESOLVED:**

**That the End of Year Report (adults) 14-15 be agreed.**

**73. Health and Wellbeing Board Development Session and Recommendations Report**

Roger presented to the Board the action plan that had been developed as a result of the Health and Wellbeing Board's Development Session held in January. The action plan had already been reviewed by the Executive Committee and many actions were being progressed.

**RESOLVED:**

**1. The Health and Wellbeing Board approve and agree the recommendations drawn from the report.**

**2. The Health and Wellbeing Board input in to further developments and future progression of the Board.**

**74. Proposed Amendments to Thurrock's Health and Wellbeing Board Membership**

Roger presented to the Board the proposal to add key NHS providers NELFT, SEPT, and BTUH and a representative from Thurrock CVS to its membership. This had been a proposal arising from the Board's Development Session held in January and would contribute to the quality of whole-system discussions.

The Board also asked for and agreed that the CCG's Executive Nurse become a member.

All changes will be subject to approval by full Council.

**RESOLVED:**

**1. The Board agrees to NHS Providers NELFT, SEPT and BTUH becoming members of the Health and Wellbeing Board.**

**2. The Board agrees to Thurrock CVS becoming a member of the Health and Wellbeing Board.**

**3. The Board agrees to Thurrock CCG's Executive Nurse becoming a member of the Health and Wellbeing Board.**

**75. CASSH fund bid - Bid to the Care and Support Specialised Housing Fund for housing for young people with autism**

Roger updated the Board that a bid had been submitted to the Care and Support Specialised Housing Fund for housing for young people with autism, including the proposal for a capital contribution of £140,000. The outcome of the bid would be known in October 2015.

**RESOLVED:**

**1. The Health and Wellbeing Board notes the terms of the bid to the Care and Support Specialised Housing Fund for housing for young people with autism, including the proposal for a capital contribution of £140,000 to be made from the Better Care Fund pooled fund.**

**76. Work Programme**

The Board's Forward Plan was updated.

**The meeting finished at 4.05 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](mailto:Direct.Democracy@thurrock.gov.uk)