

PUBLIC Minutes of the meeting of the Health and Wellbeing Board held 1st October 2015 at 2.00 pm

Present: Councillors Barbara Rice (Chair), Brian Little, Bukky Okunade and Joy Redsell

Mandy Ansell, Acting Interim Accountable Officer Thurrock CCG
Richard Parkin, Head of Housing
Graham Carey, Chair of Thurrock Adults Safeguarding Board
Roger Harris, Director of Adults, Health and Commissioning
Kim James, Chief Operating Officer, Thurrock Healthwatch
Carmel Littleton, Director of Children's Services
Michelle Stapleton, Integrated Care Director, NELFT
Chief Superintendent Sean O'Callahan, Chair of Thurrock Community Safety Partnership
Dr Anjan Bose, Clinical Representative, Thurrock CCG
Lesley Buckland, Lay Member, Thurrock CCG
Graham Carey, Chair of Safeguarding Adults Board
Malcolm McCann, South Essex Partnership Foundation Trust
Ian Wake, Director of Public Health
Kristina Jackson, Chief Executive, Thurrock CVS

Apologies: Councillor John Kent, Leader of the Council
Clare Panniker, Chief Executive, Basildon & Thurrock University Hospital
David Peplow, Chair of Local Safeguarding Children's Board
Andrew Pike, Director of Commissioning Operations, NHS England Essex and East Anglia

In attendance: Ceri Armstrong, Strategy Officer
Mikaela Burns, Executive Assistant
Maria Payne, Needs Assessment Manager (Item 4)
Les Billingham, Head of Adult Social Care (Item 5)

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.

2. Minutes

The minutes of the Health and Wellbeing Board, held on 16th July 2015, were approved as a correct record, with an amendment to Page 7 to state that the work on the Mental Health Strategy is in line with and incorporates the Youth Suicide Prevention Strategy.

3. Items of Urgent Business

Success Regime

Roger Harris and Mandy Ansell attended a meeting on Tuesday (29th September) hosted by NHS England, Monitor and TDA. Roger Harris stated that the initiative had not progressed as quickly as first hoped considering it was announced in June 2015.

The Essex health economy was chosen with two other areas: North Devon and Cumbria. This was because of the particular financial and workforce challenges all three areas were facing. Progress is being made with Boston Consulting Group, a consultancy firm who have been appointed to conduct an initial scoping exercise to identify what the Success Regime should look at and define what it will be. This exercise will take place for four to six weeks.

There were concerns from local authorities present at the meeting that the sole focus of the Regime appeared to be solving the financial problems of the acute sector across Essex rather than looking at the system in its entirety. Roger Harris stated that the accumulated debt of all five acute trusts across Essex is £140 - £150 million, which needs to be tackled amongst other issues

Lastly, Roger updated the Board that the interviews for the Programme Director will take place on Thursday 8th October.

RESOLVED:

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

Coach House

The Chair updated that a meeting took place on the 30th September which she was in attendance along with Roger Harris, Mandy Ansell, CCG colleagues and Thurrock Healthwatch regarding the viability of the Coach House nursing home. The Chair updated that the provider, Family Mosaic has not made a decision on the future of the Coach House and discussions will take place at their Board of Governance meeting in November to determine the decision.

RESOLVED:

That the update on the Coach House be noted.

4. ITEM IN FOCUS – Demography Joint Strategic Needs Assessment (Maria Payne)

Maria Payne, Needs Assessment Manager; delivered a presentation on the Demography JSNA. The presentation covered key points and findings.

Cllr Joy Redsell stated that Thurrock is not building sufficient, fit for purpose properties for elderly residents to downsize and move into, to free up family homes. The only option available is moving to complexes, where not all residents want to live amongst other elderly residents.

Roger Harris stated that work is currently taking place by using the Housing Needs Assessment, JSNA and the Market Position Statement in developments such as Derry Avenue and Calcutta Road. The Chair further stated that in Chadwell-St-Mary there is a proposed housing development which councillors of the area have been involved in which will mainly be bungalows to suit the need of elderly residents.

Carmel Littleton, Director of Children's Services stated that by using the 2011 census the document was underestimating the massive increase in the child/young people population and that Children's Services held live admissions data which could give a more accurate projection. Carmel provided an example that over the summer, School Admissions received one thousand in-year applications for new school places in the six weeks which was the equivalent to the whole of the previous year. The data realised from the Department of Education, Thurrock is in the top 20 (19) out of 150 authorities with the biggest increase in child population modelled between 2014- 2020.

Maria Payne stated that the JSNA is a live document and will feed in any live available data, the document will be updated on a regular basis as new information is received.

Cllr Brian Little stated that he noted in the pack that in 1948 when the NHS was formed only 52% of people survived past the age of 65 and it is now 86% which causes a considerable strain on services. Cllr Little stated that as private-sector rented housing has increased by 137.9%, how does this relate to regional and national statistics? Maria Payne will provide this information to Cllr Little outside of the meeting.

Graham Carey stated that unsurprisingly the older population is increasing as people are living longer but less of them are living in households. He queried where these people are living, either in homes or complexes or living with family members. Graham stated that the JSNA mentions households with dependent children, but does not include households with dependant adults and feels this will be an increasing population in years to come. Graham stated that he would like to see statistics on vulnerable populations included within the document – including how many people and who they were (in terms of groups).

Roger queried where the projected data comes from and reiterated Carmel's point regarding the underestimated figures within the document. Roger required clarity about what goes into this data, whether it incorporates housing developments and strategic plans or whether it is just a straight line projection.

Maria Payne stated that the projected figures are calculated by the Office of National Statistics and the factors and methods are based on previous trends, census change and changes in population. It has not been possible to factor plans and strategies into the data. Roger stated that this needed to be looked at further to ensure demographic data and related projections were more realistic.

Cllr Bukky Okunade queried the data provided in the JSNA presentation in relation to the 'other' classification. Maria Payne updated that the description of 'other' is – *“Other changes presented in this table comprise changes to the size of armed forces stationed in the UK, other special population adjustments and rounding”*. In the case of armed forces this also includes UK armed forces stationed in Germany and therefore any dependants which may have returned or left the country. In essence 'other' can partially be described as a sub set of migration data

5. Housing and Planning Advisory Group Progress Report

Les Billingham, Head of Adult Services attend the Board to present a progress report of the Housing and Planning Advisory Group.

This Group is a multi-agency group which considers the health and wellbeing implications of major planning applications (25 dwellings or more), care homes and other specialist housing and provides advice and guidance on the health, social care and community impacts of proposed new developments.

The Group has been consulted on a significant number of planning applications; it has developed a role in relation to strategic policy development and has been pro-active in relation to large scale regeneration plans. The group has also raised the profile of HAPPI housing, Well Homes Programme and Care and Support Specialist Housing (CASSH) Fund, both across the Council and with developers. The group has broken down the professional barriers that can often exist between services, where there is no regular channel for communication and the sharing of information and views. This has gained interest from other people around the country and Health and Wellbeing Boards.

The Chair stated that the group is unique and congratulated Les for taking this group forward and working together to achieve the best result instead of working in silos.

Graham Carey reiterated comments made under item 4 concerning the increase in the older population but with apparently less older people living in households – e.g. were they living with family members.

Les Billingham responded stating that this is part of a larger issue which is recognised. Creating the right stimulus for older people to re-think about their housing situation is a complex question. The work taking place within the communities is vital in identifying the needs as well as building mainstream homes within communities and not segregated on their own. Although, work

still needs to be done to incentives older people in making the right decision for them so their housing needs can be sustainable.

RESOLVED:

- 1.1 That the Health and Wellbeing Board notes the work of the Housing and Planning Advisory Group.**
- 1.2 That the Health and Wellbeing Board approve the Advisory Group's proposal to develop a housing strategy specifically for older adults (65+), and working age adults with support needs.**
- 1.3 That the Health and Wellbeing Board approve the revised Terms of Reference of the Advisory Group.**

6. Joint Health and Wellbeing Strategy

Ian Wake, Director of Public Health presented the Joint Health and Wellbeing Strategy 2016-2019.

Ian Wake stated that the following aspects factor into an accomplished and sufficient Health and Wellbeing Strategy: That it is co-created through effective engagement with providers and the community; driven using intelligence from the JSNA; adds value to strategic plans to reduce health inequalities; addresses wellbeing and not just health; systematically aligns partner resources with strategic priorities; has clear delivery mechanisms in place; and holds partners to account for actions and that outcomes are presented in an accessible and compelling way. Ian posed the question to Board members as to whether the currently strategy and Board met the key factors highlighted.

Ian continued stating that the current health care system is ill-equipped to meet future needs and there are a number of reasons for this. For example, 70% of the NHS budget is spent on caring for patients with long-term conditions, and the complexity of cases seen by both the NHS and Social Care has increased through the rise of conditions such as dementia, and the number of people living with multiple health conditions. The system's focus needs to shift from treating and responding to ill-health to prevention and early intervention. The proposed priorities for the strategy include: prevention and early intervention; building strong and sustainable communities; strengthening the mental and emotional wellbeing of people in Thurrock and finally Health and social care transformation.

RESOLVED:

- 1.1 That the Health and Wellbeing Board agrees in principle the draft outline for the refreshed Health and Wellbeing Strategy- including the direction of travel and draft priorities.**

- 1.2 That the Health and Wellbeing Board agrees to test the vision, aims priorities and direction of travel through a period of consultation and engagement – including a stakeholder workshop with the Board to be held in autumn.**

7. Health and Wellbeing Board Self-Assessment

Ceri Armstrong, Strategy Officer outlined the elements of the Local Governments Association's Improvement Offer. This is aimed at supporting Health and Wellbeing Boards to develop towards effective system leadership.

The Care and Health Improvement Programme consists of three elements; Health and Wellbeing Board Self-Assessment, Leadership Offer and Health and Wellbeing Board Peer Challenge.

The preferred method of the Board is to take part in the Self- Assessment Tool. This option was chosen as it was the less resource intensive option and provides the Board with insight of where it is and what it needs to do to establish itself as an effective systems leader. Cllr Barbara Rice will take up the Leadership offer in conjunction with the Children's Portfolio Holder if accepted by the LGA.

RESOLVED:

- 1.1 For the Health and Wellbeing Board to agree to participate in the LGA's facilitated self-assessment process.**

8. Healthwatch Thurrock Annual Report

Kim James, Chief Operating Officer for Healthwatch Thurrock updated the Board on the key work that Healthwatch Thurrock achieved during 2014-15.

Healthwatch Thurrock is an independent organisation commissioned by Thurrock Council to gather the views of the residents of Thurrock regarding Health and Social Care services for both Adults and Children's Services.

Healthwatch Thurrock now provides PALS service for primary care services and has taken over 2,000 calls for information, advice and signposting. Including finding a GP, a NHS dentist, pharmacies, finding residential homes for a person with Dementia and providing support for residents following diagnosis of a long term medical condition.

Healthwatch Thurrock holds seats on the HWBB, HOSC, and Safeguarding board for both Adults and Children's as well as partnership boards to ensure the voices of residents are heard when decisions affecting residents are being made.

RESOLVED:

- 1.1 That the Health and Wellbeing Board note Healthwatch Thurrock's Annual Report**

9. South Essex Emergency Doctors' Service (SEEDS) update

Rahul Chaudhari, Head of Primary Care Strategy, Thurrock CCG presented a report to update the Board on the changes to the Out of Hours (OOH) Primary Care Emergency Services.

14 Thurrock practices have OOH services provided via SEEDS who have recently announced that the service will close. The recommended and likely outcome is that those practices currently using the SEEDS OOH service will use the service provided by IC24.

RESOLVED:

- 1.1 The Board is asked to note the contents of the report.**

10. Public Health Grant 2015/16 – Proposed Reductions

Ian Wake, Director of Public Health, updated Board members on the Government's proposed in-year reductions to the Public Health Grant.

The Department of Health ran a short consultation during August on the methodology for applying the cut and proposed four options. Thurrock supported option A which was to devise a formula that claims a larger share of the savings from Local Authorities that are significantly above their target allocation. Thurrock is currently 2.9% below its Public Health allocation which equates to being under funded by £322,478 by the Department of Health's own formula.

Ian confirmed that he did not expect there to be a final announcement until after the Comprehensive Spending Review at the end of November.

RESOLVED:

- 1.1 To note the proposed reductions in the Public Health Grant and to comment on the cuts put forward.**

11. Work Programme

The Chair made a recommendation to the Work Programme by stating that the meeting scheduled for the 14th January 2016, will be changed to the 7th January 2015.

The meeting finished at 4.01 pm.

Approved as a true and correct record

CHAIR

DATE

**Any queries regarding these Minutes, please contact
Democratic Services at**