

PUBLIC Minutes of the meeting of the Health and Wellbeing Board held 10th March 2016 at 2.00 pm

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

Mandy Ansell, Acting Interim Accountable Officer Thurrock CCG
Graham Carey, Chair of Thurrock Adults Safeguarding Board
Roger Harris, Director of Adults, Health and Commissioning
Kim James, Chief Operating Officer, Thurrock Healthwatch
David Archibald, Interim Director of Children's Services
Kristina Jackson, Chief Executive, Thurrock CVS
David Peplow, Chair of Local Safeguarding Children's Board
Tania Sitch, Integrated Care Director Thurrock, NELFT
Lucy Magill, Head of Residents Services
Steve Cox, Corporate Director of Environment and Place
Tim Elwell-Sutton, Consultant in Public Health

Apologies:

Andrew Pike, Director of Commissioning Operations, NHS
England Essex and East Anglia
Clare Panniker, Chief Executive, Basildon & Thurrock University
Hospital
Ian Wake, Director of Public Health
Michelle Stapleton, Integrated Care Director, NELFT
Dr Anjan Bose, Clinical Representative, Thurrock CCG
Lesley Buckland, Lay Member, Thurrock CCG
Jane Foster- Taylor, Executive Nurse NHS CCG
Malcolm McCann, South Essex Partnership Foundation Trust

In attendance:

Ceri Armstrong, Strategy Officer
Catherine Wilson, Strategic Lead- Commissioning &
Procurement (Item 5)
Allison Hall, Joint Commissioning Officer (Item 5)
Andrew Vowles, Programme Director Essex Success Regime
(Item 11)

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.

3. Minutes

The minutes of the Health and Wellbeing Board, held on 11th February 2016, were approved as a correct record.

The Chair asked Roger Harris, Corporate Director of Adults, Housing and Health to provide an update on the Public Health Grant.

A 6.2% in-year cut had been applied this financial year and had been confirmed to be recurrent. A further cut amounting to £267,000 had been allocated which amounted to a 7.34% cut in total. Roger stated that further work needed to be carried out to understand the detail and full impact of the cuts. The Director of Public Health would be asked to provide a report to the Health and Wellbeing Board and Health and Wellbeing Overview and Scrutiny Committee detailing a fully costed paper and details of the implications.

4. Declaration of Interests

There were no declarations of interests stated.

5. Essex Success Regime Update

This item was originally item 11 on the agenda.

Andrew Vowles, Programme Director for the Essex Success Regime provided a briefing on the background of the key issues and the areas where changes may be needed in order to sustain local NHS services and improve care, which is the main focus for the Essex Success Regime.

Andrew stated that on the 1st March 2016 an event was held to outline the plans emerging from the Success Regime and discussions are still taking place as to the detail of these plans.

Andrew confirmed that the two main reasons for the Success Regime was achieving a balanced budget and sustainability. If change was not achieved, the current NHS deficit in mid and south Essex could rise over £216 million by 2018/19 and would not be able to meet year on year growing demands. The aim is to get the system back in balance by 2018/19 and deliver the best joined up and personalised care for patients.

Andrew stated that the Success Regime gives the opportunity to realise the full potential of the workforce and provide the best of modern healthcare for local people. The change will be led by clinicians, but service users, staff and local people will have a say at every stage.

Six areas for change have been identified to sustain local services and improve care:

- Address clinical and financial sustainability of local hospitals;
- Accelerate plans for changes in urgent and emergency care ;
- Join up community-based services;
- Simplify commissioning;
- Develop a flexible workforce; and
- Improve information, IT and shared access to care records.

Andrew detailed the next steps and key milestones of the Success Regime. March will start of the discussions; April will focus on further detailed planning; at the end of May patient, clinical and staff engagement on potential service changes will start; in early September the options will be refined and engaged on and from September to December the public consultation on services changes will commence.

The Chair asked how the expectations of Thurrock residents would be managed, in particular in relation to congestion which came up as an issue when the specialist stroke unit was being proposed. Cllr Rice posed a second question in relation to funding and how it will be transferred from the acute services into the front line preventative services such as the Reablement and Rapid Assessment services.

Andrew stated that in relation to specialised emergency care units that there was clinical evidence to prove it was better off centralising services and key staff, and there is strong evidence that you are better off with a longer travel time, usually by an ambulance but going to a specialist service. Andrew responded to the Chair's point in relation to funding stating that logically it is agreed that resources need to be moved from reactive services and to prevention. The Success Regime's focus is to move to a one plan, one budget process.

The Chair asked a further question in relation to A&E services, querying whether there are any plans to merge and A&E departments of the three hospitals in Mid and South Essex, or whether they will stay as three separate departments. Andrew stated that no decisions have been taken and has said that it is anticipated that each of the three sites will have an accident and emergency unit, but the services currently on offer may change. The clinical groups will be discussing this in more detail in future.

Kim James posed a question whether the Success Regime truly believe that service users and local people will have at say at every stage and whether it will have any influence on the decisions being made or whether they will be told this is happening and why. Andrew stated that the commitment to have service users and local people involved is sincere and the groups making decisions will have a duty to take account of the views made during consultation and engagement.

Roger Harris stated that it is difficult to understand at the moment what the Success Regime will mean for Thurrock and its residents. Andrew stated that the Success Regime is at critical stage with discussions taking place. High level plans will be created and work streams will take place and to identify in detail what it will mean for each local authority.

6 Shared Lives

Catherine Wilson, Strategic Lead for Commissioning and Procurement updated the board on Shared Lives.

Thurrock wishes to develop a Shared Lives service to provide a new form of care for adults with support needs and an alternative to residential care and other forms of service. To support the development of the scheme the Council has engaged an external organisation 'Community Catalysts' who are experts in that area of work.

Catherine stated that to ensure the successful and sustainable development and growth of a Shared Lives scheme, the Council intend to enter into a partnership with the Shared Lives Incubator. The Incubator combines Shared Lives expertise with social investment, and is uniquely placed to both help to secure an appropriate provider and then support the provider to be able to deliver and expand Shared Lives care in a way that meets the local context and need.

Catherine advised further that Shared Lives will enable people to be connected and contributing members of their community, to stay well and independent and increase choice and control by adding diversity to the market. It will also provide lower cost, higher quality and personalised alternatives to residential care and supported living.

The Chair stated that she feels this is a very valuable piece of work and welcomes Shared Lives and sees the benefit to the Council financially but also provides a benefit for people who are cared for and also their carers.

Cllr Redsell mentioned the concern in relation to the risks of this scheme which have not been documented in the report and whether these have been looked at.

Catherine responded stating that the premise of engaging Community Catalyst is that they are experts in their field. They have already completed a huge piece of work around risk and have learnt a lot from other areas of the Country who have introduced Shared Lives scheme. The analysis carried out was a starting point and further work will be conducted in other areas of the Borough.

Graham Carey stated that schemes like this that he has seen have been very impressive and is a huge sponsor of the concept of the scheme. The main concern is learning disabled and it is reported that 82% of people on the

scheme are adults with disabilities. Catherine stated that the main service users groups that benefit from this scheme are people with learning disabilities. Work would include looking at where the Council might offer the scheme to young people in transition and people who currently live in a family home but need some shared support to enable them to continue living within the family home. This will be looked at on an individual basis.

Roger Harris reiterated Catherine's point stating that the overall majority of schemes that are in existence at the moment are supporting people with learning disabilities.

Kim James posed a question stating that if somebody takes an individual in their home and they do have a level of disability, what happens if any adaptations are needed for the property and who owns the cost of that especially with the new proposal to pay for equipment under £50. Catherine Wilson stated that this will need to be looked at further and consider how that would be addressed.

RESOLVED:

1.1 The Health and Wellbeing Board agreed the implementation of a Shared Lives scheme in Thurrock:

- **With support from Community Catalysts and the Shared Lives Incubator**
- **By finding an external provider to develop and grow the service over the 5 year contract period.**

7 Health and Wellbeing Board Development Session

Ceri Armstrong, Strategy Officer presented to the board an update following the Health and Wellbeing Board Development Session.

The Board held the recent development session on the 10th December 2015 following the Local Government Association's facilitated self-assessment offer. This consisted of a self-assessment which most members of the board completed and telephone calls were conducted.

Key themes that emerged from the self-assessment and from the facilitated session included:

- Clarity needed over the Board's vision, direction of travel and priorities
- Ensuring the Board is sufficiently ambitious
- Ability to hold partners to account
- Vary the style and structure of Board meetings
- Develop approach for communication and engagement

The report outlines the results of the self-assessment, key points from the session itself and recommendations and actions for the board to agree. The

report also reviews the actions agreed from the January 2015 development session.

RESOLVED:

1.1 That the Board agrees the report; and

1.2 The Board agrees the development action plan

8 Health and Wellbeing Strategy Engagement Report

Ceri Armstrong, Strategy Officer presented to the board an update on the Health and Wellbeing Strategy Engagement Report.

Engagement was undertaken as part of the development of the Joint Health and Wellbeing Strategy 2016- 2021. This resulted in 539 surveys being completed, mostly through face to face facilitation undertaken by Healthwatch and Ngage. Additional engagement activity was undertaken through key stakeholder meetings.

The results of the engagement exercise have influenced the shape and focus of the final Strategy document. This includes strengthening parts of the Strategy to reflect the key themes that emerged from the consultation and engagement.

The period of engagement was relatively short from the 23rd November 2015 – 22nd January 2016 but further engagement and dialogue will take place to develop the Strategy's action plans and also to ensure the community's voice is part of measuring the success of the Strategy going forward.

Kim James stated that it was a valuable engagement process as the views of the residents were listened to and the changes were actually made to the document, in relation to wording and priorities set.

Cllr Barbara Rice stated that the Health and Wellbeing Strategy is one of the best documents that she has seen produced and thanked Ian Wake, Ceri Armstrong and Tim Elwell- Sutton for its development.

RESOLVED:

1.1 That the Board agree the Health & Wellbeing Strategy Engagement Report.

9 Proposed amendments to Thurrock Health and Wellbeing Board Membership

Ceri Armstrong, Strategy Officer presented a report in relation to amending the Health and Wellbeing Board membership.

The development of the Health & Wellbeing Strategy for 2016/2021 has highlighted the relationship between 'people' and 'place' agendas, and the potential impact of the place agenda on the health and wellbeing of Thurrock people.

The purpose of the report is to ask the Board to agree to amend its membership to include the Senior Council Officer responsible for the Borough's regeneration agenda. This would be Steve Cox the Corporate Director of Environment and Place.

Tim Elwell-Sutton, posed a question whether there was a partnership board to focuses on regeneration and development that a representative for Health and Wellbeing should be on present on. Steve Cox confirmed that the Business Board would be a good opportunity to embed the Health agenda and the regeneration agenda.

RESOLVED:

- 1.1 That the Board agrees to invite the Senior Council officer with Responsibility for the Borough's regeneration agenda to become a full member of the board – subject to agreement by Council**

10 Thurrock Better Care Fund Section 75 Agreement

Ceri Armstrong, Strategy Officer presented a report in relation to the Better Care Fund Section 75 Agreement.

In March 2015, Cabinet approved Thurrock's Better care Fund Section 75 agreement between the Council and NHS Thurrock CCG. The agreement allowed the creation of a pooled fund, operated in line with the conditions set within it, to promote the integration of care and support services.

The Council is the 'host' organisation for the for the pooled fund, which means that once the Section 75 agreement is agreed, providers of community health care services to be provided under the Better Care Fund can be paid.

Roger Harris stated that the guidance for this has come out very late and we are still awaiting further guidance around social care components from NHS England.

A special meeting of the Health and Wellbeing Board will be arranged in April to agree Thurrock's Better Care Fund for 2016-17.

RESOLVED:

1.1 That the Health and Wellbeing Board note the arrangements for entering into a Better Care Fund Section 75 Agreement for 2016/17

11 Reporting arrangements with Thurrock Integrated Commissioning Executive.

Ceri Armstrong, Strategy Officer presented a report in relation to the reporting arrangements for the Integrated Commissioning Executive.

Ceri stated that the Integrated Commissioning Executive is responsible for overseeing the development and delivery of the Better Care Fund Plan. This included all decisions and oversight relating to the pooled Better Care Fund.

The ICE is responsible to the Health and Wellbeing Board and the Board are responsible for signing off the Better Care Fund Plan.

Ceri stated that the report sets out reporting arrangements between the Board and the Integrated Commissioning Executive. In doing so, it establishes an increased level of transparency and ensures the Board can gain the appropriate levels of assurance for how the Plan is being both developed and delivered.

RESOLVED:

1.1 That the Health & Wellbeing Board agrees reporting arrangements with the Integrated Commissioning Executive.

The meeting finished at 4.15 pm.

Approved as a true and correct record

CHAIR

DATE

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