

**LOCAL STRATEGIC PARTNERSHIP  
HEALTHIER COMMUNITIES PROGRAMME BOARD**

**MINUTES OF THE MEETING HELD  
ON 11 September 2007**

**Present:** Please see attached  
**Apologies:** Please see attached

**1. Welcome and introduction**

- 1.1 Laura Mhlanga welcomed all present to the meeting and introductions were made.

**2. Minutes of previous meeting**

- It was noted that the minutes of the previous meeting had not been circulated. LM agreed to check the draft minutes and circulate.

**3. Membership**

The current membership list was discussed and it was agreed that some representatives would be removed as their role had now changed with the new organisation. It was noted there should be representation from the acute Trust, Mental Health and GPs. LM to invite representatives from these areas to become members of this Board.

It was agreed that LM, LP, CS, KG & SB would meet outside the meeting to scope new Terms of Reference for this Group.

**Action: LM**

**4. Tobacco Control Review**

It was noted that complaints have been received from members of the public about hospital staff smoking, in uniform, within the grounds of BTUH. It was agreed that LM should write formally to Alan Whittle raising these concerns. KP to draft letter for LM signature.

**Action: KP/LM**

**5. PCT Capital Plans for Thurrock**

Mandy Ansell explained the background behind the presentation that is to be given during the consultation process for the PCT's Draft 5 Year Strategy on Improving Lives, which has been created to identify key priorities for the new commissioning organisation. It is looking at how to bring more services out of the Acute sector into the community, i.e. minor injuries, conditions that would normally go to A&E, tackling inequalities and well being. It is also about the best way to engage clinicians and local communities, developing patient choice in places and at times to suit the patients, not clinicians. It was noted that there had been no input from partner organisations on the document and that members had not had sight of it prior to it being sent out for consultation. Mandy explained that this document had been produced to a very tight deadline imposed by the SHA. It was agreed that Mandy Ansell would send

to Laura Mhlanga for forwarding to members. It was also noted that ways of working together and how we progress the draft strategy and get comments must be agreed.

It was noted that this will be on the Agenda for the October meeting of the Overview and Scrutiny Committee.

MA advised that this presentation will be given to stakeholder groups at a series of meetings throughout the SW Essex PCT area. Pam Court and Val Liddiard will be leading one meeting at each locality on the following dates:

Thurrock	- 24 <sup>th</sup> October
Basildon	- 29 <sup>th</sup> October
Brentwood	- 1 <sup>st</sup> November

Lorna Payne noted that the 24<sup>th</sup> October falls within half-term, which may cause problems for some stakeholders. MA advised that that stalls are to be set up in supermarkets at various times. LM advised that Locality Directors would also be holding events – dates to be confirmed.

It was noted that one of the key priorities for the next five years is to ensure that all buildings are fit for purpose. We will also be looking at how we can bring more services out of hospital into the community, particularly minor injuries that would go to A&E, also tackling health inequalities and wellbeing. CS asked how these priorities are established – some are nationally driven, i.e. chronic disease management.

Discussion took place on how links and partnership working can be improved. It was suggested that childrens' services could be used as a basis for this.

LM reported service reviews are being undertaken on Phase 1. Noted that more information is needed on the other phases so that the reason for the review is clear.

LM will be taking this document to the Overview and Scrutiny Committee. CS felt that this should be shared with the Council prior to going to Overview and Scrutiny.

LP suggested that this group should meet more regularly. LM suggested bi-monthly meetings for the next few meetings and that the membership should be looked at to ensure no duplication and the responsibilities of each member.

## **6. Health & Wellbeing Status Report & Action Plan**

The workshop in May discussed strategic needs analysis and work needed on where we are at and to come up with a status report. Ceri had taken this document as far as she could which can be used as a starting point towards management of improving delivery. Noted that input is required from KP to see if there are any issues at this level. Noted that the Health & Wellbeing Action Plan work should be led by other Programme Boards. It was agreed

that notes from the Health & Wellbeing Group should be brought to this Group's attention.

Issues around performance are critical. Responsibility for performance to all delivery groups is being co-ordinated centrally.

SB advised that the LSP Executive are meeting on 20<sup>th</sup> September and the Performance Report is due this week and will be presented as a draft. She requested LM to fill in gaps.

## 7. **Joint Governance**

CS noted that there are issues which have not been resolved around governance and partnership arrangements. It had been proposed, but not agreed, to divide into two parts:

Community strategy and LAA, either mainstream health and social care, LD, mental health. There has been a proposal to split the joint board with the primary remit on the strategic needs assessment. It was suggested that it might be better to have one board to manage the whole partnership agenda.

LM agreed to co-ordinate meetings to take on this work and it was agreed that meetings should take place more frequently, at least before the end of this year.

It was noted that the Board had asked for an update on the LAA for the September meeting.

It was agreed that more work would be done on the indicators for the next meeting as well as the Balanced Scorecard and how reports on the CPA indicators will be made. It is anticipated that the same reports can be used for multiple purposes.

CS noted that we need to be clear about twin-tracking Essex work relevant as a start point for the Joint Strategic Needs Assessment. The requirements for the JSNA must be published and should be an element of the public consultation. LM noted that it has been suggested that a timetable should be established and it was agreed that a meeting should be held to discuss what is needed.

**Action : LM to try to set up a further meeting before the end of October.**

8. Items not covered today will go to the next meeting.
9. LM to check with Richard Hatter to see if he will attend future meetings.
10. LM will give presentation on the proposed facilities for Grays and Tilbury for the next meeting.

**PRESENT:**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Olga Benson		TOFFS and LSP Community Involvement Board
Selena Bolingbroke	LSP Partnership Director	Shaping Thurrock
Simon Eatherton		East of England Ambulance NHS Trust - Essex
Laura Mhlanga	Locality Director - Thurrock	SW Essex PCT
Kishor Padki	Public Health	SW Essex PCT
Lorna Payne	Director of Community Wellbeing & Director of Adult Social Care	Thurrock Council
Mark Ansell (for Katherine Gronquist)		SW Essex PCT
Colin Slasberg	Head of Business Management	Thurrock Council
Mandy Ansell		SW Essex PCT

**APOLOGIES:**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Mel Porter	Non Executive Director	SW Essex PCT
Linda Kirton		Thurrock MIND
Katherine Gronquist	Director of Public Health	SW Essex PCT