



**ACTION SHEET FROM HEALTHIER COMMUNITIES PROGRAMME BOARD
4th November 2008**

Action No.	Agenda Item	Action	Timescale	Responsible
1	Item 1 – Notes of Previous Meeting	Annual Performance Review – Smoking Tobacco Control Lorna Payne to meet with Katherine Gronqvist to clarify action to be taken.	November	Lorna Payne/ Katherine Gronqvist
2		Board Balanced Scorecard developed. Add milestones for each quarter to ensure indicators on target.	November	LH



Action No.	Agenda Item	Action	Timescale	Responsible
3		Learning Disabilities – No PCT representation as of April. Roger Harris to speak to Barbara Stuttle about this. Catherine Wilson to identify most suitable place/delivery group for disabilities, to be addressed at the next HCEG	October	Roger Harris/Barbara Stuttle
4		Lorna Payne/Katherine Gronqvist to meet and discuss gap in delivery around long-term conditions and disabilities and what is needed around this.		Lorna Payne/Katherine Gronqvist
5	Item 8 – Building Capacity in the third sector	Roger Harris and Katherine Gronqvist to meet up to discuss issue of capacity raising in the third sector and the need to co-ordinate joint funding for new actions and link into the Health and Well-Being Implementation Plan.		Roger Harris/Katherine Gronqvist
6	Action Log	Paper to be taken to the HCEG noting the outcome of the Programme Board Managers Meeting that will look at membership across the partnership	October	LF
7	New project: Building capacity in the 3rd sector	Re agenda for November	November - Ongoing	LH
8	1. Notes and matters arising	SB to discuss the free swim offer for under 18s with MA	January	SB
9	1. Notes and matters arising	Add VCF engagement to the January HCPB agenda	January	LH
10	4. PCT Strategic Plan	Circulate the strategic plan via email and hard copy where necessary	ASAP	LH
11	5. Qtr 2 performance report	Pension credit report be presented to the HCPB in January	January	LH



Action No.	Agenda Item	Action	Timescale	Responsible
12	5. Qtr 2 performance report	Identify reasons behind the delayed transfers and which settings they occur in.	March	LH
13	6. Putting people first and the national dementia strategy	Amend consultation response in light of conversation and circulate to the board for sign off.	November	LH and Rita Cheatle
14	6. Putting people first and the national dementia strategy	Establish a older people mental health task and finish group that will report to the Mental Health delivery group	?	Rita Cheatle and RH
15	7. Grays Community Hospital	CIB to formally write to the HCPB Board to request input to their health themed meeting planned for February 2009.	ASAP	LH
16	8. LAA refresh and action planning	Add to the agenda as a standing item until further notice	January	LH
17	10. Delivery groups – tor	Review the scope of the Mental Health delivery group	January	LP and KG
18	10. Delivery groups – tor	Review all delivery group tor to ensure consistency in name, terminology as well as to embed a strategic, cross cutting approach is taken	January	LH and delivery group chairs



Attendees

Name	Initial	Job Title	HCPB Role	Status	Attended?
Katherine Gronqvist	KG	Director of Public Health, South West Essex PCT (SWE PCT)	Joint Chair - HCPB Board	Member Joint Chair	Yes
Lorna Payne	LP	Corporate Director Community Well-Being, Thurrock Council (TC)	Joint Chair HCPB Board	Member Joint Chair	Apology
Mel Porter	MP	Non Executive Director SWE PCT Board	Non Executive Director	Member	Yes
Mark Tebbs	MT	Strategic Commissioner, SWE PCT	Commissioner	Member	No
Mandy Ansell	MDA	Head of Strategic Commissioning & Market Development, SWE PCT	Commissioner	Member	No
Stewart McArthur	SM	Head of Children, Young People & Women's Commissioning, SWE PCT	Commissioner & link to the Children's Trust	Member	Apology
Roger Harris	RH	Head of Strategic Commissioning & Resources, TC	Commissioner and Chair of LD Partnership Board	Member	Yes – left at 11 am
Luke Addams	LA	Head of Transformation & Independence, TC	Chair of Safeguarding Adults Committee	Member	Yes
Simon Black	SB	Head of Communities, Libraries & Cultural Services, TC	Chair of Older People's Partnership Board	Member	Yes
Barbara Stuttle	BS	Director of Quality & Nursing, SWE PCT	Chair of Transformation Delivery Group	Member	Apology
Cllr Amanda Arnold	AA	Portfolio Holder Adult Social Care, TC	Portfolio Holder	Member	Yes
Cllr Tony Fish	TF	Shadow Portfolio Holder Adult Social Care, TC	Shadow Portfolio Holder	Member	Yes



Name	Initial	Job Title	HCPB Role	Status	Attended?
Richard Price	RP	Ex PPI Forum Chair	Community sector	Member	Apology
Olga Benson	OB	Thurrock Over Fifties Forum	Community Sector	Member	Apology
Barbara Ward	BW	Voluntary Sector Representative	Voluntary Sector	Member	Yes
Tom Gardiner	TG	Director of Delivery, Thurrock Thames Gateway Development Corporation	Thurrock Thames Gateway Development Corporation representative	Member	Apology
Inspector Rachel Wood	RW	Tilbury & Corringham Inspector, Essex Police	Essex Police representative	Member	Apology
Lizette Fox	LF	Interim Partnership Director, Shaping Thurrock	Advisor	Member	Yes
Mark Ansell	MA	Head of Policy, SWE PCT	LAA Block Lead	Observer	Apology
Levi Hinds	LH	HC Programme Board Manager, Shaping Thurrock	LAA Block Lead and Executive Support	Observer	Yes
Dr. Jason Horsley	JH	Public Health Manager – Government Office East (GO East)	HCOP Theme Lead	Observer	Yes



**HEALTHIER COMMUNITIES PROGRAMME BOARD
4TH NOVEMBER 2008
THE BEEHIVE**

1. NOTES & MATTERS ARISING

Notes of the last meeting, held on 08.09.08 were agreed as an accurate record of the meeting.

Matters Arising

Page 2 - SB gave an update on NI 8. Thurrock Council have accepted the offer for free swimming for the over 60s but refused the offer for under 18s. A conservative estimate of the cost to provide free swimming to the under 18s is £200k, over and above the £80k offered by Central Government. The £200k would cover the cost of the increase in swims, additional lifeguards, utility and cleaning costs.

KG suggested that SB put a bid to the PCT to enable the offer of free swims to under 18s for 2009/10. SB stated that Thurrock Council and the PCT are working together and may take a managed sessional approach to enable better management of demand and cost. In addition, the increase in under 18s can alienate other swimmers, an approach must be found that meets the needs of most. KG reiterated that it would be beneficial to offer free swims in order to improve the health and well being of children and young people.

MP stated that further discussion is required; perhaps targeting overweight and obese individuals is a way forward. We should be reassured that other activity is taking place to improve and promote healthy lifestyles.

SB will discuss this further with MA.

Page 4 – RH gave an update on the Commission for Social Care inspection. RH informed the Board that three inspectors (two from CSCI and one expert by experience) will be onsite from the 1st to the 4th December. The focus of the inspection is safeguarding adults, personalisation, use of resources and older people. The inspection will involve partners, specifically members from the HCPB, members should expect to be contacted to arrange an appointment during this week.

Page 6 – Launch of the LINK takes place on the 6th December. LH to meet with Thurrock LINK manager to discuss how the HCPB can work with the LINK and offer a seat on the HCPB. LH to add VCF engagement to the agenda for January.

2. ACTION LOG

Action Number	Update
1	KG and LP have discussed with Ian Wake. Further action to progress footprint and review Smoking Policy as part of the anniversary of the Smoke Free Policy.
2	Complete
3	Balanced scorecard is a work in progress, capacity is an issues for the corporate performance team who are helping to set this up.
4	Complete
5	Complete
6	Complete

7	Complete
8	Ongoing
9	Complete
10	Proposal to come to HCPB in January
11	Complete
12	Ongoing – will progress once CWB restructure is complete
13	Complete
14	Complete
15	Complete
16	Complete
17	Ongoing
18	Complete
19	Complete
20	Complete
21	Mel Porter providing the update on Laura Mhlanga's behalf
22	Ongoing

In relation to action 16, RH has met with Lynne Bryan and Bill Newman, out of this series of meetings will be a mechanism to influence the LDF. Tom Gardiner is also involved.

3. HEALTHIER COMMUNITIES EXECUTIVE GROUP

This item was deferred till the next meeting.

4. HEALTH AND WELL-BEING IMPLEMENTATION PLAN

LH to circulate the Strategic Plan via email and hard copies where necessary.

MP stated that this document is not the final version, the Strategic Health Authority (SHA) required a first draft by the 31st October. The SHA will carry out a challenge process with the PCT however the content is not set in stone. A consultation process will follow.

The strategic plan sets out the vision for the PCT and the context in which this will be delivered. As this is not the final version, updates will be forthcoming throughout the process.

Cllr Arnold met with Thurrock Disability Network recently, and would like to ensure on their behalf that the consultation document is accessible and the length of the consultation period is sufficient for lay people to digest the information and respond.

MP responded that a glossary will be included to aid understanding, in addition the SHA will test the PCT Board on the 5th December to ensure that Board members understand the document which should also ensure that the document is easy to understand for the general public.

RH asked where this document sits in relation to other plans and the Joint Strategic Needs Assessment. MP stated that this will be part of the consultation process. The HCPB will be the test as to whether the join up is strategic, appropriate and fit for purpose.

The strategic plan will demonstrate where we want to be in the next five years and bring service provision and commissioning closer to the community.



Cllr Arnold requested that there is sufficient publicity to ensure the public are aware of the work that is going on as well as the partnership working.

The strategic plan will be scheduled to go to overview and scrutiny committee and Cabinet.

5. QTR 2 PERFORMANCE REPORT

LH gave an overview of quarter two performance of the HCPB LAA indicators. The format of the report has changed to give a dashboard style overview on the first two pages.

4 week quitters

In terms of four week quitters, this indicator is marked as green however performance for 08/09 is not on trajectory therefore will soon be rated as amber and of performance continues on the current trend, it will be red by 09/10. Weekly meetings are taking place with the service manager to ensure the recovery plan is being met. MP stated that the PCT have this indicator as red, therefore we should be consistent in reporting and also show it as red. As the target reports an accumulative figure, the Board agreed to show it as amber.

Pension credit

Due to the DWP no longer collecting this data, Richard Potter and Elaine from GO East are working with the CLG to identify how this will be measured at the end of LAA1 in order that we receive the reward money if we reach the target.

MP requested clarity as to how we are addressing underperformance of CVS, LH responded that the LSP executive had moved lead responsibility to Thurrock Council, CVS have a budget of £16k to deliver the marketing element of the project plan and that they are under monthly supervision from the Pension Credit advisory group that is chaired by RH. RH stated that MP acknowledged the efforts that have gone into recovering performance of this indicator and requested that a full report on status of the recovery plan be presented at the HCPB in January 2009.

NI 8 Physical activity

We are still waiting for data to measure performance. SB noted that swimming, cycling and walking are the most likely activities to be taken up. Thurrock Council are working with the PCT and Children, Education and Families directorate to provide fitness equipment for adults.

There is health and safety restrictions with providing bikes for loan to the public, after some analysis it appears that it will be easier to provide more and better cycle routes than bikes for loan.

Cllr Arnold stated that Thurrock has plenty of green open spaces, the issue is the cleanliness of these spaces and this prevents residents from increasing physical activity. Until this barrier is removed, this target will be difficult to reach. JH urged the HCPB to work with the DC to improve this and also contribute to the overarching transport strategy.

KG added that there are initiatives underway to improve health, however the plan must incorporate methods of sustaining the activity. Healthy options that are available from mainstream providers are prohibitive to families on a low income, such as gym membership.

Jason commented that although we must meet this target ensure we receive funding for future development and activity, we must not lose sight of what this indicator was set up to achieve. The HCPB must balance outcomes and achievement of the target.



Cllr Arnold asked whether the HCPB can escalate this to the LSP Board in order to gain commitment to tackling this indicator with a more cross cutting, strategic approach. MP is a member of the LSP Board and will escalate this issue at the next meeting. LF added that Catherine Sackey (recently appointed LAA programme manager) can begin to look at the barriers and synergies between the indicators.

Delayed transfers of care

LH is working with Mike Cox in the PCT to identify the reasons for the delays and which settings they occur in and will progress this further with Luke Addams and Barbara Stuttle.

LA stated that some scrutiny of data previously submitted is also necessary to ensure the delays recorded are accurate. Therefore, performance against this target could be better or worse than recorded for quarter one and two.

The deferred indicators are being addressed via short term, focussed, partnership meetings which are identifying current activity to deliver the indicators and identify potential barriers in order to inform target setting in the new year.

6. PUTTING PEOPLE FIRST AND THE NATIONAL DEMENTIA STRATEGY

Rita Cheatle attended to present the first draft of the consultation response for these two items.

Putting people first

RC gave a summary of the response to the pre green paper which begins to address how adult social care will be funded in the future. RC requested that the HCPB note and sign off the consultation response.

The Board had a discussion and agreed that the messages to be taken forward are:

- A strong message that an increase in funding from central government is necessary in order to meet demand.
- Consultation is necessary with the general public as they are potential future carers who will carry the burden/additional responsibility.
- Getting over the hurdle of the postcode lottery and free care in Scotland is essential as the debate will not move forward.
- Raise issues that are of public concern and address issues that we can realistically influence locally.

RC will amend the consultation response, LH will circulate it to the Board for sign off via email with a view to submitting the response at the end of November.

National dementia strategy

RC gave a summary of the document. Thurrock Council are working with Essex and South Essex Partnership Trust to develop a pan Essex care pathway. Proposed action plan includes a multi agency team and an Alzheimer service that provides advocacy for older people with mental health (OPMH) illness.

The document proposes an OPMH working group which will also cover depression. The older people's partnership board (OPPB) does not have the capacity to tackle specific issues, this proposal will allow for a focus on developing strategies etc. This group would report to the OPPB and HCPB.



KG expressed reservations of this group being separate to the Mental Health group that reports to the HCPB. MP advised that this group, if sanctioned, should be a task and finish group and report to the Mental Health delivery group.

7. GRAYS COMMUNITY HOSPITAL

MP gave a verbal update. The strategic outline case (SOC) has been submitted to the SHA. The detailed work begins now, message from PCT Board is to try to achieve this project prior to the 2012 deadline. The process will be scrutinised to identify where time can be saved.

The PCT will inform the Board once the SHA have approved the SOC.

Cllr Arnold requested confirmation that the funds to deliver this project are definitely available, as this proposal will be competing with others. MP responded that he suspects it will be as the SHA have been very supportive of the application, it compliments central governments agenda and is a strong proposal in terms of need and ability to deliver.

LH advised the Board that the CIB are having a health themed meeting in February, this is an ideal project to present to them as it reflects their priorities. MP and KG requested that a paper stating the requirements of the CIB in respect of engagement and health be submitted to the PCT Board for a formal response.

8. LAA REFRESH AND ACTION PLANNING

LF gave a verbal update on the LAA refresh process, and informed the Board that this is an opportunity to identify activity and have a dialogue about the issues and evidence of how things have progressed.

Currently the LAA refresh document is in draft and will be refined with programme board managers prior to wider circulation.

The refresh process also presents an opportunity to review the local indicators.

Catherine Sackey is responsible for pulling the action plan together.

The LAA refresh will be a standing item on the Boards agenda for the next couple of meetings.

KG added that silo working amongst each programme board is still a barrier to true partnership working. Perhaps the solution is draft a forward plan so as to ensure alignment in agendas and adequate attention is paid to cross cutting topics.

MP suggested that the Board ensure that there is HCPB representation on each Board.

The LAA refresh document will be refined during December and submitted to GO East in the new year.

MP requested that the perspective of all partners is reflected in the paper, with emphasis on the fact that all partners have contributed.

9. DUTY TO INVOLVE



LF gave a verbal update, informing the Board that the duty to involve has two main elements to it. Firstly, to ensure engagement with service users and the general public in commissioning and secondly, involving the general public.

To an extent we are doing this already, however it is for the partnership to decide how grand or conservative they want to respond to this.

LF suggested we continue as we are and increase where there are gaps. SB challenged this view, stating that it is likely that this will grow such as introduction of participatory budgeting.

BW advised that Board to mindful of the capacity if the third sector who aim to deliver services as well as contribute to decision making and taking part in consultations.

10.DELIVERY GROUPS – TERMS OF REFERENCE

The Board considered the terms of reference. In relation to the health and well being group, some tie in to the Neighbourhood renewal group is needed, to ensure duplication of attendance and agenda is avoided. KG stated that perhaps this agenda fits better with the Sustainable Communities programme board.

The Board felt that the mental health group has too narrow a focus, although there are several other mental health groups, they do not focus on Thurrock alone. LH stated that there are a variety of other mental health groups covering a variety of boundaries and this may be why the mental health group has a narrow focus.

The Board felt that the Mental Health delivery group needed to be reconfigured to have a more Thurrock focus. In addition the Board felt that the membership does not reflect the partnership, this needs to be revisited. LP and KG to discuss the scope and direction of this group. LF will facilitate this debate including partners, specifically the voluntary sector.

MP and others requested that consistency in the names of the groups, whether they be sub groups, delivery groups or another term and terminology that describes their function such 'shaping' as opposed to 'setting', be adopted to ensure that all parties are on the same page.

All delivery group terms of reference are required to be reviewed to ensure they work strategically, address cross cutting issues in order to avoid silo working and work towards the vision of the HCPB.

11.A.O.B

Community Cohesion

The community cohesion group requested that all groups add community cohesion to their agenda as a standing item. Need to deliver this without another cycle of meetings. MP stated that we must address the capacity to deliver the full breadth of our agenda and calls for re prioritisation of workloads.

12.DATE OF NEXT MEETING

6th January 2009, 10 – 12 - location to be confirmed

Additional HCPB meeting 12th December, 10 – 12, Beehive Training Room