




ACTION SHEET FROM HEALTHIER COMMUNITIES PROGRAMME BOARD
6th January 2009

Action No.	Agenda Item	Action	Timescale	Responsible
1	Item 2 – Action log of previous meeting	Board Balanced Scorecard developed. Add milestones for each quarter to ensure indicators on target. Status: Ongoing	May	LH

Action No.	Agenda Item	Action	Timescale	Responsible
2	Item 2 – Action log of previous meeting	Form a Physical Disability and Long Term Conditions Group. Status: Ongoing	April	Roger Harris
3	New project: Building capacity in the 3 rd sector	Opportunity to be included in the Health and Well Being Plan. However, a considered discussion will need to take place around strategic commissioning across the LSP and not just the HCPB. Status: Ongoing – LF to lead on discussions concerning strategic commissioning across the LSP.	April	MA/LH
4	Action log	Invite Gordon Gambier to attend the next HCPB and provide him with a 5-minute slot on the agenda to discuss LINK. Status: Gordon has been invited. LF is to have a pre-meet with Gordon Gambier and Richard Price to discuss LINKs role in engaging with the third sector.	March	LH
5	1. Notes and matters arising	SB to discuss the free swim offer for under 16s with MA.	March	SB
6	5. Qtr 2 performance report  "delayed transfers.xls"	Identify reasons behind the delayed transfers and which settings they occur in. See document attached to the action log, this provides a breakdown of data for acute delayed transfers in care, there have been issues collecting data for non-acute delays, this will addressed with the Q3 performance report (item 9 on the agenda).	March	LH



Action No.	Agenda Item	Action	Timescale	Responsible
7	6. Putting people first and the national dementia strategy	RH to keep a watching brief on the dementia strategy from central government	Ongoing	RH

8	Item 4 – Qtr 3 performance report	<p>RH to find out how other authorities are experiencing getting data for the pension credit indicator.</p> <p>Status: Karen Glazzard (CVS) is making contact with other LSP's that have pension credit indicator.</p>	March	RH
9	Item 5 – Annual Report of the Director of Public Health	<p>The recommendations from the annual report need to be cross-referenced with the Health and Well Being Plan.</p> <p>Status: Ongoing</p>	March	MA/LH
10	Item 6 – LPSA bids	<p>The pension credit bid is to be amended to contain a part b, requesting an extra £10,000 for outreach worker.</p> <p>More information is requested on bid 35.</p> <p>LPSA bids 21 and 22 are to be deferred to the MH and PD Partnership Board.</p>	<p>January</p> <p>January</p> <p>Ongoing</p>	<p>LH</p> <p>LH</p> <p>RH</p>
11	Item 7 – LDF Sustainability Appraisal	<p>To be put on the next HCEG Agenda. Comments are to go directly back to the Planning Team and Board members are to be informed electronically.</p> <p>Status: HCEG looked at the LDF document on 16th January 2009, SB then discussed document with Zhanine Oates.</p>	January	LH
12	Item 8 - voluntary, community & faith sector engagement with the HCPB	<p>Barbara Ward and Richard Price to discuss a proposal for a way forward.</p> <p>Status: LF to chase with LINKs concerning their role engaging with the third sector.</p>	March	BW & RP



13	Item 9 – HWB Plan	<p>Move the HWB Plan to the March O&S committee and Cabinet.</p> <p>Status: This has now been moved to April’s HWB O&S and Cabinet Agenda.</p>	March	LH
14	Item 9 – HWB Plan	<p>The HWB plan will be circulated electronically to members of the HCPB and HCEG for clarification on areas of the plan that directly relate to their area.</p> <p>The HWB Plan will be signed off electronically in order to meet the deadlines for HWB O&S and Cabinet.</p> <p>Status: This is on longer required as the HWB Plan is going to April O&S and Cabinet. The Plan went to the HCEG on 17th Feb and is on the Agenda to be agreed today by the Board.</p>	February	LH/MA
15	Item 10 – LAA Refresh	<p>Remove NI 124 from the 35 basket JH to clarify with GO colleagues whether this is acceptable.</p> <p>Status: Completed – NI 124 swapped for NI 130.</p>	January	JH
16	Item 10 – LAA Refresh	<p>Jason Horsley will take advice from GO East as to whether we can reduce the 35 basket further.</p>	January	JH
17	Item 10 – LAA Refresh	<p>Roger, Jason, Lizette and Mark to participate in discussion to reduce basket of 35 indicators off line.</p> <p>Status: Undertaken</p>	January	RH/JH/LF/MA



18	Item 11 – Grays Community Hospital	<p>Written current status report to be requested about the Grays Community Hospital with someone attending the next Board to speak to the report.</p> <p>Status: Report requested from Fiona Drane and Grays Community Hospital included on the Agenda at Item 4.</p>	March	KG
19	Item 12 - AOB	<p>DTOC - TBC formally write to Pam Court to request that the data be rectified before March.</p>	March	RH
20	Item 12 - AOB	<p>Next HCPB - Chairs of each Board to provide a brief update on key issues for their delivery groups/boards.</p> <p>Status: On the Agenda at Item 8.</p>	March	LH



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	Yes
Adrian Faiers	AF	Mental Health Commissioning Consultant Attends on behalf of Mark Tebbs (Strategic Commissioner, SWE PCT)	Commissioner	Member	Apologies
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	Apologies
Roger Harris	RH	Head of Strategic Commissioning & Resources, TC	Commissioner and Chair of LD Partnership Board	Member	Yes
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	Apologies
Barbara Stuttle	BS	Director of Quality & Nursing, SWE PCT	Chair of Transformation Delivery Group	Member	Apologies
Cllr Amanda Arnold	AA	Portfolio Holder Adult Social Care, TC	Portfolio Holder	Member	Apologies



Name	Initial	Job Title	HCPB Role	Status	Attended?
Cllr Tony Fish	TF	Shadow Portfolio Holder Adult Social Care, TC	Shadow Portfolio Holder	Member	Yes
Richard Price	RP	Local Involvement Network Vice Chair	Community sector	Member	Yes
Olga Benson	OB	Thurrock Over Fifties Forum	Community Sector	Member	Yes
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	No
Inspector Rachel Wood	RW	Tilbury & Corringham Inspector, Essex Police	Essex Police representative	Member	Apologies
Lizette Fox	LF	Interim Partnership Director, Shaping Thurrock	Advisor	Member	Yes
Mark Ansell	MA	Head of Policy, SWE PCT	LAA Block Lead	Observer	Yes
Levi Hinds	LH	HC Programme Board Manager, Shaping Thurrock	LAA Block Lead and Executive Support	Observer	Yes
Kerry White	KW	LSP Support Officer	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
6TH JANUARY 2009
TRAINING ROOM, THE BEEHIVE**

1. NOTES & MATTERS ARISING

Notes of the last meeting, held on 04.11.08 were agreed as an accurate record of the meeting.

MATTERS ARISING

Page 1 - The launch of the LINK was 6/12/08 and not 6/11/08 as stated in the minutes.

Page 2 - Lyn Bryan's name is incorrectly spelt. It should be spelt Lynn Bryan.

Page 5 - Grays Community Hospital: LP was concerned that the HCPB had not received a hard copy report on the Community hospital for some time. This was discussed further under item 11.

KG updated the Board on PCT membership. Mel Porter is no longer an HCPB member due to reworking of the roles of Non-Executive Directors at NHS SWE. Laura Mhlanga has recently left the PCT. Fiona Drane replaces her as lead on the Grays Community Hospital Project.

Page 7 – The Chair raised concerns over the wording of item 10, paragraph 3 on the Mental Health delivery group. It should be reworded to illustrate that the group needs to be reconfigured to have a Thurrock focus.

Minutes were not taken for the HCPB workshop on 12/12/08 – the outcomes will be reflected in the Health and Well Being Plan.

2. ACTION LOG

Action Number	Update
1	Outstanding, KG will deal within the Annual Public Health Report.
2	The BSC will be finalised once the refresh has taken place, submitted to GO on 7 th March. Data will not be complete till May.
3 & 4	RH informed the Board that this has been taken forward, the proposal is to form a Physical Disability and Long Term Conditions Group. There are draft terms of reference. Resource to support this group needs to be identified between the PCT and TBC with a view to have this operating from April 2009. This group will cover strategy, policy, and community engagement. GO are concerned that there are too many boards and delivery

	<p>groups, which stretch capacity and complicate reporting.</p> <p>MH and PD Partnership Board have draft terms of reference to be signed off at the next HCEG.</p> <p>This group must demonstrate outcomes for Thurrock residents in a joined up manner that will also reflect the join up of the Healthcare Commission and Commission for Social Care Inspection in April 2009.</p> <p>Jason stated that CSCI report identified that delivery of care in people's own homes and Direct Payments for Carers are areas for focus and can be addressed by removing NI 124 and replacing with an indicator that reflects these areas.</p> <p>Dementia will be in the MH Partnership Board for the time being.</p>
5	To be incorporated into the HWB Plan
6	Representation of the third sector in LSP business. HCPB will engage with the LINK. Richard Price will focus on Social Care and Gordon Gambier will focus on acute care and NHS.
7	Cover in the HWB Plan.
8	Ongoing
9	Complete
10	Complete. The document circulated is draft sent to SHA
11	Complete
12	Ongoing.
13	Complete.
14	RH to keep an eye on the dementia strategy.
15	Complete
16	Ongoing
17	Complete
18	Complete

3. HEALTHIER COMMUNITIES EXECUTIVE GROUP

No minutes attached as the December meeting was cancelled.

LP requested that if a HCEG meeting is cancelled then all business should be passed onto the next HCPB, or items should be circulated virtually for discussion outside of the existing meeting schedule.

4. QTR 3 PERFORMANCE REPORT

Pension Credit

RH spoke to the HCPB on this item. There is a large body of work that is trying to recover performance of this reward target. DM is establishing whether we can access data for over 60+ to target them for uptake of Pension Credit.

We are still experiencing a data lag, most current data is from May 2008.

The John Stanley Pilot will be signposting to Pension Credit. Universal services need to target and signpost residents to Pension Credit and other entitlements. Roger to take this back and find out the experience of other authorities in relation to accessing data From the DWP.

5. ANNUAL REPORT FO THE DIRECTOR OF PUBLIC HEALTH

This is a statutory requirement that Director of Public Health produces this report stating the health of the local population. Much of the data is duplicated with the JSNA so does not have as significant an impact as previously.

Recommendations are noted throughout, some are specific to Thurrock but are also relevant to South West Essex. This report focuses on the areas where residents experience the worst outcomes and the effects of the environment on health, which will need to be picked up by the Sustainable Communities Programme Board. Some of the recommendations are currently being addressed by other LSP Boards.

Issues specific to Thurrock include a HIV increase and heart disease reduction amongst men but not amongst women. Within Thurrock the physical environment needs to be improved to encourage physical activity. Obesity and residents diets are also a concern for Thurrock.

Barbara Ward asked how the Annual Report links with the JSNA. KG stated that the annual report historically has been the mechanism to report on the state of local health and allows the DPH to focus on issues of concern locally, it uses similar data as the JSNA, due to the timing of production of both of these documents. Additionally, the JSNA is a joint piece of work unlike the annual report, which takes forward commissioning to address the hot spots as well as providing universal services.

The annual report for 2008 will focus on children and young people as will the JSNA.

Olga noted that the annual report is excellent as it identifies problems and solutions. However, prevention needs to be higher on the agenda for the PCT and other agencies.

The recommendations from the annual report will be crossed with the Health and Well Being Plan.

6. LPSA BIDS

Lizette Fox explained that there is only a small amount of funds available for bids for 2008/2009. Overall there is £236,000 capital and £166,000 revenue across all five Programme Boards.

Bids far exceed the revenue available so Programme Boards are asked to support bids that meet the criteria of their Board and are of highest priority.

LP asked about the process of the bids. Programme Boards are the first filter to shortlist the bids. The LSP Board on 22nd January will then consider all bids and may request additional performance information prior to making a decision.

The HCPB had 5 bids to consider.

- Pension Credit bid (bid 10)
- Community café bid (bid 15)
- Engagement service for those with a disability bid (bid 21)
- Support service for those with a disability bid (bid 22)
- Information support bid (bid 32)

Barbara Ward declared an interest in the Community Café bid, as she carries out work on behalf of Batias. Roger Harris declared an interest in the Pension Credit bid.

LP was concerned that bids 21 and 22 had not had sufficient engagement from the available networks, therefore requested these be deferred for comment. The Board supported LP and requested further information on these deferred bids go to the 'to be established' MH and PD Partnership Boards.

LP declared support for the Community Café and Pension Credit. However, would like a Part B proposal added to the Pension Credit bid for an outreach worker to sign residents up for Pension Credit. The Board endorsed this decision.

The HCPB requested more information on bid 32 which is requesting £5,000 to commission work on geographical areas, before they can decide whether to endorse this bid.

7. LDF SUTAINABILITY APPRAISAL

This document is for noting. Action to highlight areas pertinent to HCPB for comment, this action is deferred to the HCEG, comments are to go directly back to the Planning Team and Board members are to be informed electronically.

The recommendations are broad, strategic issues that are cross cutting which must have representation from this board.

8. VOLUNTARY, COMMUNITY & FAITH SECTOR ENGAGEMENT WITH THE HCPB

Barbara Ward and Richard Price to discuss a proposal for a way forward.

9. HEALTH AND WELL BEING PLAN

It was agreed to move the HWB Plan to the March O&S committee and Cabinet. LP stated that focus should be narrow and in depth, with short, medium and long term goals. A plan that can be built upon over the course of LAA2. The HCPB and its delivery groups are the mechanism to deliver the plan, as well as the other Programme Boards.

The plan will be circulated with a list of issues that will need consideration from the relevant officers, it will be circulated by email to all members.

The plan will need to go through the HCEG and then come back to the HCPB.

LH to move HWB Plan from Feb to March 2009 Cabinet and Health and Well being Overview and Scrutiny Committee.

10. LAA REFRESH

NI 124

Option 1 - If it is a priority leave it in the LAA as a local indicator that does not attract a reward.

Option 2 - The second option is to leave it in and fund collection of the data via the local authority.

Option 3 - is to remove it and swap it for a different indicator.

The Board have agreed to remove 124 from the 35 basket and focus on things we can do well and where we can influence. JH to clarify with GO colleagues whether this is acceptable.

Thurrock has a substantial number of indicators when the 35 basket, local and LAA07 targets are taken into account.

Jason will take advice from GO East as to whether we can reduce the 35 basket further.

Roger highlighted a risk that we may reduce our Area Based Grant allocation in the future as it will be allocated with the LAA in mind.

Roger, Jason, Lizette and Mark to participate in this discussion off line.

NI 123

This indicator remains the same. Mark circulated a paper requesting that the HCPB support 1,300 four - week quitters per year for Thurrock as a target for 2009/10. This was approved by the HCPB.

11. GRAYS COMMUNITY HOSPITAL

Written, current status report to be requested about the Grays Community Hospital as well as the meeting schedule by the end of January 2009. With someone attending the next Board to speak to the report. KG to action.

February CIB Health themed meeting, Katherine, Lynn McCullagh and Mark attending.

12. A.O.B

DTOC

Historically Thurrock was seen as a poor performer in this area, a data check has highlighted that Thurrock are actually performing very well.

This is good news, however the data must now be rectified to show true performance. Roger has spoken to Mike Cox to start this process.

TBC formally write to Pam Court to request that the data be rectified before March.

The error came from Basildon and Thurrock University Hospital, this has now been corrected.

Older People's Partnership Board

Olga is concerned that this board is not developing as it should. The OPPB felt the membership of the OPPB executive should have been elected not nominated.

Next HCPB

Chairs of each Board to provide a brief update on key issues for their delivery groups/boards.

MH

MH and dementia to be one group in the interim. An interim mental health commissioning manager has been appointed.

Date of the Next Meeting:

3rd March 2009, 10-12noon in Committee Room 2, Civic Offices.