



**ACTION SHEET FROM HEALTHIER COMMUNITIES PROGRAMME BOARD**  
**3<sup>rd</sup> March 2009**

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

2	<b>Item 2 – Action log of previous meeting</b>	Form a Physical Disability and Long Term Conditions Group and recruit a post to support this group.	May	RH
3	<b>New project: Building capacity in the 3<sup>rd</sup> sector</b>	A considered discussion to take place around strategic commissioning across the LSP and not just within the HCPB.	May	LF
4	<b>Item 4 – Qtr 3 performance report</b>	RH to find out how other authorities are experiencing getting data for the pension credit indicator.  Keep Pension Credit indicator on the agenda until problems rectified.	May  Ongoing	RH  LH/KW
5	<b>Item 6 – LPSA bids</b>	LPSA bids 21 and 22 to go to the PD and LTC group once it has been set up.	May	LH/KW
6	<b>Item 7 – LDF Sustainability Appraisal</b>	SB to get comments to Zhanine Oates on the LDF document.	March	SB
7	<b>Item 8 - voluntary, community &amp; faith sector engagement with the HCPB</b>	BW and RP to discuss how BW's membership on the HCPB fits in with the new LINK.	May	BW & RP
8	<b>Item 3 – LAA Submission</b>	LF and RH to discuss setting interim targets for NI 130.	March	LF/RH
9	<b>Item 4 – Grays Community Hospital</b>	Keep Grays Community Hospital on the Agenda.  <b><u>Matters Arising:</u></b> <b>At the meeting KC was asked whether the Grays Community hospital would be completed by 2012, to which he confirmed this was still the aim. However, KC has since advised that, after consultation with colleagues in the PCT and the Development Corporation and given the complexities associated with the project, he has concluded that the hospital is unlikely to be open before 2013.</b>	Ongoing	LH/KW
10	<b>Item 5 – HWB Plan</b>	Comments from members on the HWB Plan to be sent to Kerry White	March	KW

		( <a href="mailto:kwhite@thurrock.gov.uk">kwhite@thurrock.gov.uk</a> ) by Friday 6 <sup>th</sup> March.		
11	<b>Item 7 – Delivery groups</b>	Mental Health delivery group and Safeguarding Adults Board Terms of Reference to be brought back to the HCPB when they have been updated.	May	RH/LA
12	<b>Item 8 – Update on Activity of Delivery Groups</b>	Bring HWB Group Terms of reference to the next meeting.  Older People Partnership Board to provide an update at the next meeting.	May  May	MA  SB
13	<b>Item 9 – Quarter 3 Performance Report</b>	RH and BJ to have a discussion regarding recording data for NI 131.	May	RH/BJ
14	<b>Item 10 - LINKs</b>	Provide GG with a longer slot at the next HCPB to talk to the Board about LINKs.	May	LH/KW
15	<b>Item 11 – Dementia Strategy</b>	Include on the next HCPB agenda.	May	LH/KW
16	<b>Item 13 – A.O.B</b>	Include the Operating Plan and Strategic Plan on the next HCPB agenda.	May	LH/KW

### 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	No
Adrian Faiers	AF	Mental Health Commissioning Consultant Attends on behalf of Mark Tebbs (Strategic Commissioner, SWE PCT)	Commissioner	Member	Yes
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	Apologies
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	No
Cllr Tony Fish	TF	Shadow Portfolio Holder Adult Social Care, TC	Shadow Portfolio Holder	Member	No
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	Apologies
Inspector	RW	Tilbury & Corringham Inspector, Essex Police	Essex Police representative	Member	No



Name	Initial	Job Title	HCPB Role	Status	Attended?
Rachel Wood					
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	Apologies
Keith Curtis	KC	Senior Project Manager, Grays Community Hospital	Present Item 4	Observer	Yes
John Moore	JM	Assistant Director Land and Property	Thurrock Thames Gateway Development Corporation representative	Substitute Member on behalf of Tom Gardiner	Yes
Graham Carey	GC	Safeguarding Adults Champion and CIB Chair	Member of the Safeguarding Adults Board	Substitute Member on behalf of Luke Addams	Yes
Brid Johnson	BJ	Associate Director, Quality & Commissioning, Adults and Older People	SWE PCT	Substitute Member on behalf of Barbara Stuttle	Yes
Dr. Jason Horsley	JH	Public Health Manager – Government Office East (GO East)	HCOP Theme Lead	Observer	Yes
Kerry White	KW	LSP Support Officer	Executive Support	Observer	Yes
Jenny Hurley	JHu	Thurrock Sports Council	Sports representative	Observer	Yes
Clare Ridley	CR	Administrator, LINK	LINK	Observer	Yes
Kim O'Connell	KO	Administrator, LINK	LINK	Observer	Yes
Gordon Gambier	GG	Chair, LINK	Present Item 10	Observer	Yes

**HEALTHIER COMMUNITIES PROGRAMME BOARD**  
**3<sup>rd</sup> March 2009**  
**Committee Room 2, Civic Offices**

**1. NOTES & MATTERS ARISING**

Notes of the last meeting, held on 06.01.09 were agreed as an accurate record of the meeting.

**MATTERS ARISING**

**Page 3** – LF updated the HCPB on the LPSA bids. The Partnership Board took the decision on LPSA bids out of session. Both the bids endorsed by the HCPB received funding. The Pension Credit bid received £35,000 revenue and the Community Café received £17,500 capital.

**Page 6** – RH updated the Board on the creation of an Executive Group for the Older People's Partnership Board. This is being taken forward and they hope to convene a meeting in March/April.

**2. ACTION LOG**

<b>Action Number</b>	<b>Update</b>
<b>1</b>	Ongoing. Balanced Scorecard due to be developed by May 2009.
<b>2</b>	Ongoing. A post to support the PD and LTC group should be in place by May 2009.
<b>3</b>	Ongoing. Conversations needed to discuss strategic commissioning across the LSP.
<b>4</b>	Completed. Gordon Gambier in attendance.
<b>5</b>	Completed. We are not in a position to offer free swims to under 16's.
<b>6</b>	Completed. Breakdown of data by category circulated and BJ will cover at item 9.
<b>7</b>	Completed. On agenda at item 11.
<b>8</b>	Ongoing. The collection of up to date pension credit data continues to be a problem. Latest data is from May 2008. KG requested that we keep the Pension Credit indicator on the agenda.
<b>9</b>	The next Director of Public Health Report will be cross-referenced with the HWB Plan.
<b>10</b>	Completed. LF updated the board on the LPSA process.  Bids 21 and 22 are to go to the PD and LTC group once it has been set up.
<b>11</b>	Ongoing. The HCEG looked at the LDF document at its previous meeting. However, they were still unclear what was required. SB took the document away to discuss with Zhanine Oates and will carry out the necessary work.
<b>12</b>	LF had a discussion with GG and RP from LINK to discuss their role engaging with the wider third sector.  BW expressed concerns about how she fits in with LINKs and believed further conversations were required to consider this.

<b>13</b>	HWB Plan has now been moved to April HWB O&S and Cabinet.
<b>14</b>	Completed.
<b>15</b>	Completed.
<b>16</b>	Completed.
<b>17</b>	Completed. On agenda at item 4.
<b>18</b>	Completed and being sorted.
<b>19</b>	Completed. On agenda at item 8.

### 3. LAA SUBMISSION

LF explained to the Board that the LSP team submitted the first version of the LAA 08 Refreshed document to GO East yesterday. A few indicators were still to be fully agreed, this would take place over the next few weeks before the final document is submitted to the Secretary of State. In terms of the Health and Older People block:

NI 120 (all age all cause mortality) – due to a technical error when the baseline was first set for this indicator a new baseline needs to be calculated. The 10% reduction target will remain the same, calculated once the new baseline is known.

NI 123 (smoking prevalence rate) – baseline and target agreed in line with the Vital Signs target.

NI 124 (People with a long-term condition supported to be independent and in control of their condition) – this indicator has been replaced by NI 130 due to problems getting Thurrock only data and a lack of confidence that we would be able to set a baseline and target.

NI 130 (Social Care clients receiving Self Directed Support) – a target has been set of 30% by 2010/11.

NI 139 (The extent to which older people receive the support they need to live independently at home) – data is collected for this indicator through the Place Survey, this causes concern as everyone that answers the Place Survey is asked to respond to this question regardless of their age. GO East originally suggested a target of 5% increase above the baseline, however, we have negotiated a final increase of 4%, this means a target of 29.5% by 2010/11. There is a lot of work we need to do to generate positive press in order to reach this target.

NI 149 (Adults in contact with secondary mental health services in settled accommodation) – the baseline for this indicator will not be known until July 2009, therefore we have agreed to a ‘statistically significant improvement’. The target for this indicator will then be two standard deviations above the baseline, this is likely to be a 6-7% improvement.

LF explained that the Board needed to agree a way forward for it’s LOCAL indicators 124 and 150. The Board needs to decide whether to keep 124 (people with a long-term condition supported to be independent and in control of their condition) as a LOCAL indicator or remove it all together. MA explained that only South West Essex data is available for this indicator, it would therefore be labour intensive to pull out Thurrock only data and would produce only a very small sample of around 200 people. It was

agreed that this was a very important issue, however, this was not a good measure and therefore 124 would be removed from LAA08.

The Board also had to decide whether to keep 150 (Adults in contact with secondary mental health services in employment) as a LOCAL indicator or remove it. KG was concerned that the sample size for NI 149 and LOCAL 150 was so small that the confidence interval would be very large and it would therefore be very challenging to achieve a statistically significant improvement. The sample size is estimated to be less than 500 people. MA stressed that mental health was a priority for the Board and the target we are likely to set (6-7%) is the smallest possible target we could have negotiated. JH explained that the wording 'statistically significant increase' can mean either 2 standard deviations or 1 confidence level multiplied by the square root of two. MA explained that NI150 is in the Essex LAA therefore the PCT and SEPT will be measuring it anyway, so we might as well keep it in.

RH questioned whether we need to set targets for 09/10 for indicators that do not currently have them. LF explained that setting 09/10 targets was not a requirement, however if in a position to we can. JH explained that the only indicator he was getting pressure to set interim targets for was NI 130.

Action: LF and RH to discuss setting interim targets for NI 130.

#### **4. GRAYS COMMUNITY HOSPITAL**

Keith Curtis (KC), Senior Project Manager for the New Generation Community Hospital (NGCH) in Grays joined the HCPB to speak on this item. KC explained that the NGCH would provide a range of PCT services including a minor injuries unit, an outpatient's clinic and dental services for the community.

The Strategic Outline Case (SOC) for the NGCH was approved by the East of England Strategic Health Authority in November 2008. This approval gave the PCT authority to proceed to the Outline Business Case (OBC) stage. The PCT is now progressing work on this and this aligns with the Thurrock Thames Gateway Development Corporation, particularly with regard to land assembly. The PCT is also currently in the process of appointing a designer/architect for the building. The next major milestones for the PCT are completion of the Public Sector Comparator design within the next 6 months and completion of the OBC within the next nine months. The economic climate will have an impact on the availability of private finance and the PCT is looking into the Private Finance Initiative.

In April, the plan is to move forward with the consultations on the community hospital. A formal 12-week consultation will take place. The Communication Plan is currently being finalised. Previous consultations in July 2008 showed strong support for this project

RP questioned whether the aim was still to have the community hospital completed by 2012. KC assured the Board that this was still the aim.

**Matters Arising:**

**KC has since advised that, after consultation with colleagues in the PCT and the Development Corporation and given the complexities associated with the project, he has concluded that the hospital is unlikely to be open before 2013.**

RH stressed that a lot of discussions had previously taken place on the service model for the community hospital and he questioned whether this information was still being used. KC explained that these previous discussions were important. The formal consultation process in April will provide an opportunity for these discussions to continue, so we can determine what services people want. RH requested that a consultation with Partners (i.e. Council) also takes place as a separate process from the public consultation. RH also requested that we keep the Grays Community Hospital on the agenda for future HCPB meetings.

Action: Keep Grays Community Hospital on the agenda.

OB was concerned that all the past consultations were now worthless and RP was worried that we were back to square one after 6 years. BJ explained that conditions are very different from when the last consultations took place and that is why we need to engage in further consultations and discussions. KG supported this, explaining that 6 years is a long time in health and lots of things have changed. JM wanted to stress that a lot of work is happening and the project has been taken forward.

GG was concerned that the PCT was trying to design a hospital without knowing what services it wanted to provide. KC explained that they are only just recruiting designer/architect, therefore once the services have been agreed we can move forward with this.

BW stressed that it is really important that the consultation is right. For example the Strategic Outline Case, says that LINK supported the project, however, LINK was not even created when this was produced.

LF questioned whether the April date for consultation was definite. KC explained that it was possible that this would get pushed back into summer. GC raised concern over potential issues with the consultation process and recommended the CIB Engagement Toolkit to help.

## **5. HEALTH AND WELL BEING PLAN**

MA explained that the HWB Plan had been taken forward and improved since the Board meet last and there is not a lot of time left to finish the Plan before it goes to the HWB O&S Committee and Cabinet in April. The current version circulated is a draft. The is a practical document to help the HCPB and it's delivery groups deliver their targets and monitor performance. It is linked to the JSNA and the LAA, acting as an action plan for both.

The Plan has a straightforward structure. It opens with a detailed introduction.

Followed by 8 sections:

- Demography

- Social, economic and physical environmental context
- Health and welfare
- Children and young people
- Adults and Older People
- People who have learning disabilities, physical disabilities or a long-term condition
- Lifestyles
- Resident opinion – regarding their health and quality of life, the quality of care services and priorities for action

Within each section there is a summary of the evidence from the JSNA and a list of the relevant LAA indicators. As well as a set of SMART targets for each areas (Specific, Measurable, Appropriate, Realistic and Timed). At the back of the plan exists a list of all the LAA indicators and a risk register.

Joe Gillam (JG) has been leading on the social care elements within the Plan. He explained that it is important to ensure all the targets are SMART and more work will be required on targets that aren't. RH explained that the draft has moved forward a lot in the last few weeks and there is now a lot more social care work included in the plan. It is important to note that the PCT and Council are both using the plan for different purposes.

The first deadline for the HWB Plan is 11<sup>th</sup> March when the report needs to be submitted for legal, financial and diversity implications. The Plan will be Equality Impact Assessed before this. The report will then go to HWB O&S on 7 April and Cabinet on 15<sup>th</sup> April. KG stressed that this also needs to go to the PCT Board in April/May and be health inequalities impact assessed.

Action: all comments on the plan need to be submitted to Kerry White ([kwhite@thurrock.gov.uk](mailto:kwhite@thurrock.gov.uk)) by Friday 6<sup>th</sup> March 2009.

## **6. HEALTHIER COMMUNITIES EXECUTIVE GROUP**

RH updated the Board on the work of the Executive Group. Most of the items that had been to the Executive Group in January and February 2009 were on today's agenda. Including the Terms of Reference for delivery groups, LAA Refresh, HWB Plan and the quarter 3 Performance report. The Executive Group now had two new members – Brian Horne (Joint Chair of the Older People's Partnership Board) and Anne White (Joint Chair of the Learning Disability Partnership Board).

## **7. DELIVERY GROUPS – TERMS OF REFERENCE**

### *Mental Health delivery group*

RH presented this item to the Board. He explained that this group was in its very early stages. So far a lot of the work has been around the Section 75 agreement. However, now most of the work around this is complete they are looking to re-launch the group. From April the group will look at the wider mental health concerns and issues.

BW noted that the terms of reference circulated were from the meeting in November, there now exists a more up to date version.

Action: Bring back the most up to date version of the Mental Health delivery group terms of reference once it has been re-launched in April.

#### *Safeguarding Adults Board*

In LA absence, Graham Carey (GC), Safeguarding Adults Champion presented this item. The Safeguarding Adults Board held an away day on 5<sup>th</sup> February 2009 where they discussed many issues relating to vulnerable adults. They are looking to structure the Board differently and set up an Executive Group. This is due to the change in definition of what constitutes a 'vulnerable adult.'

Action: Bring back the Safeguarding Adults Board Terms of Reference once the new structure has been set up.

### **8. UPDATE ON ACTIVITY OF DELIVERY GROUPS**

MA updated the Board on the HWB Group. This delivery group has bi-monthly themed meetings. The group is was so wide that often those attending only had relevance to one item on the agenda. In order to overcome this themed meetings take place, where only the relevant members attend. Themes include Physical activity, diet and obesity and smoking and alcohol.

Actions: Bring an up to date Terms of Reference for the HWB group to the next Board meeting.

In BS absence, BJ updated the Board on the Transformation delivery group, outlining the future agenda for the delivery group. Future key issues include the use of telecare/technology, contact and connect – out of hours service, hospital discharges, stroke services, carers strategy and continuing care.

RH updated the Board on the Learning Disability Partnership Board. A new national strategy has been released on learning disabilities and this is being used to set the agenda for this group for the next three years. Areas for focus include – employment for those with learning disabilities, Direct Enhance Services, action plans for those with learning disabilities to be created by GP's and Thurrock Lifestyle solutions. The Board will be re-launched next Monday at the Culver Centre.

Action: The Older People's Partnership Board will provide an update at the next Board meeting.

### **9. QUARTER 3 PERFORMANCE REPORT**

MA updated the Board on the health indicators contained in the Quarter 3 performance report. The LAA contains two separate smoking cessation targets – one for LAA07 and one for LAA08. The LAA07 smoking cessation indicator is a reward target, with one more year to run. This is a cumulative target, currently we have recorded 810 quitters by March 2010 we need to have recorded 1185 quitters. We are confident that this will be achieved. The LAA08 smoking cessation target is more challenging for us to achieve. The target is 1300 quitters per year currently we have recorded 701 quitters for 2008/9. It is difficult to monitor the performance of this indicator due to the data lag. However, we are currently performing the best in the eastern region and the PCT

commissioner has been invited to present to the Regional Commissioning Group for Tobacco Control to share best Practice.

MA also updated the Board on NI 8 (adult participation in sport). Performance for this indicator is currently red. This indicator is measured by a Sport England Survey; most recent data showed no evidence of improvement. Comprehensive action plan is detailed in health and wellbeing plan but nonetheless there must be considerable doubt that this target will be achieved. NI 120 (all age all cause mortality rates). The original baseline set for this indicator was calculated using a different method than that prescribed by the DCLG. The baseline has now being recalculated using approved method. The target will remain a 10% reduction in the gap in mortality rates between the most and least disadvantaged quintiles of the borough. Interim data suggests we are on target to deliver this indicator.

RH talked the Board through the Pension Credit report. This indicator is now jointly owned by Thurrock CVS and Thurrock Council. A Project Worker has been recruited and CVS have employed an additional worker to support this project. LPSA money has been awarded to help with this indicator. Darlene Martin has carried out lots of work with sheltered housing schemes and other community events to promote pension credits. She is also trying to work with GP's to get letters sent out to all adults over 65 years old. There is a data lag, with the most recent data coming from May 2008. It is difficult to get a picture of the size of the group we are targeting, as we do not know how many are eligible for pension credit. The target is 27% of the whole population over 65 years, not 27% of those eligible. It is therefore difficult to know who to target and how best to target them. It was suggested that we target those retiring from work.

RH updated the Board on NI 130 (self directed support). This is a clear priority for Thurrock we are currently red and one of the worst performing areas in the country. Lots of work is taking place to rectify this. This is a key area for performance over the next 12 months.

BJ updated the Board on NI 131 (delayed transfers of care). All past data for this indicator needs to be recorded by category, her team are currently going through past data to do this. A workshop is taking place on 11<sup>th</sup> March to address these issues.

Action: RH and BJ to have a discussion regarding the recording of data for NI 131.

## **10. LINK**

Gordon Gambier (GG), Chair of LINKs joined the Board to speak on this item. He introduced his team – Kim O'Connell and Clare Ridley, RP is the Vice-Chair of LINK and already a member of the HCPB.

GG explained that the LINK is currently looking for an office in Thurrock and working on its constitution and work plan. LINK have already made contact with a vast number of people and are meeting with all the different groups and organisations within Thurrock, including the community forums.

OB questioned how confident the LINK was that it could make things happen. GG said he was very confident otherwise he would not have put himself forward as Chair. He expected good working relations with all Parties. OB question why the previous PPI had not worked. GG explained that he believed if social care had been attached to the PPI it could have been successful.

Action: Provide GG with a bigger slot at the next HCPB to talk to the Board about LINK.

## **11. DEMENTIA STRATEGY**

This item was deferred to the next Board meeting when there would be more time available to discuss this item.

Action: Include Dementia Strategy on the Board Agenda for the next meeting.

## **12. 'BETTER OUTCOMES, DIFFERENT APPROACH'**

RH explained that Thurrock Council is hosting an event on 15<sup>th</sup> June 2009 called 'Better Outcomes, Different Approach.' Adult social care is changing dramatically from 1<sup>st</sup> April 2009 and this event is to advertise this. It will be a big event at Orsett Hall with a series of workshops to showcase Thurrock.

## **13. A.O.B**

RH questioned whether the Operating Plan had been sent to Partners for comments/consultation. The Operating Plan is now complete however the Strategic Plan will be sent out for consultation shortly before it is signed off in June 2009.

Action: Include the Operating Plan and Strategic Plan on the Board's next agenda for information.

**Date of the next meeting:** 5<sup>th</sup> May 2009, Committee Room 2, 10-12noon.