



**ACTION SHEET FROM HEALTHIER COMMUNITIES PROGRAMME BOARD
7th July 2009**

Action No.	Agenda Item	Meeting date action was recorded at	Action	Timescale	Responsible
1	Item 2 – Action log of previous meeting	Action updated on 8 September 2008	Board Balanced Scorecard developed. Add milestones for each quarter to ensure indicators on target.	September 2009	LH
2	Item 2 – Action log of previous meeting	Action updated on 5 May 2009	Continue to set up the Physical Disability and Long term Conditions delivery Group.	Autumn 2009	RH
3	New project: Building capacity in the 3rd sector	Action updated on 3rd March 2009	A considered discussion to take place around strategic commissioning across the LSP and not just within the HCPB. (This to take place as part of the LSP Review).	September 2009	LF
4	Item 7 – Delivery groups	3 March 2009	Safeguarding Adults Board Terms of Reference to be brought back to the HCPB when they have been updated.	September 2009	LA
5	Item 7 – Health and Well Being Plan	5 th May 2009	In 6 months review the LAA08 action plans (include on January 2010 agenda). This is to be done on a 6 monthly basis.	January 2010	LH
6	Item 10 – Dementia Strategy	5 th May 2009	Update on the Dementia Strategy to be presented to the Board in March 2010.	March 2010	LH
7	Item 14 – A.O.B	5 th May 2009	Janice Forbes-Burford and Councillor Arnold to discuss Tilbury Consultation.	September 2009	JFB



8	Item 3 - NHS SWE Operational Plan and Strategic Plan	7 th July 2009	Lawrence Blight to consider how to include Partners in taking forward the NHS SWE 5 year strategy.	September 2009	LB
9	Item 3 - NHS SWE Operational Plan and Strategic Plan	7 th July 2009	Lynelle Hales to bring updates on the priorities and pathways identified in NHS SWE 5 year strategy to future meetings.	January 2010	LHa/LH
10	Item 4 - Primary and Community Care Strategy	7 th July 2009	William Guy to report back on progress made against the Primary and Community Care Strategy and the development of the GP Led Health Centre. This to be linked with Lynelle Hale's report back on the NHS SWE 5 year strategy.	January 2010	WG/LH
11	Item 4 - Primary and Community Care Strategy	7 th July 2009	Mark Ansell to discuss with William Guy how to monitor performance in order to report against the Local indicator regarding residents' ability to book a GP appointment.	September 2009	MA
12	Item 7 – Place Survey	7 th July 2009	Leroy Richards and Christopher Ochulor to bring a report on the analysis of the findings of the Place Survey to the next meeting of the HCPB.	September 2009	LR/CO/LH
13	Item 11 – A.O.B	7 th July 2009	MA to send information on bowel cancer screening to KW to circulate with the minutes.	July 2009	MA/KW



Attendees

Name	Initial	Job Title	HCPB Role	Status	Attended?
Katherine Gronqvist	KG	Director of Public Health, NHS SWE and Thurrock Council	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, NHS SWE)	Commissioner	Member	Apologies
Stewart McArthur	SM	Head of Children, Young People & Women's Commissioning, NHS SWE	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, NHS SWE	Chair of Transformation Delivery Group	Member	Apologies
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
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
Jenny Hurley	JHu	Thurrock Sports Council	Sports representative	Member	Yes
Tom Gardiner	TG	Director of Delivery, Thurrock Thames Gateway Development Corporation	Thurrock Thames Gateway Development Corporation representative	Member	Apologies
Inspector Rachel Wood	RW	Tilbury & Corringham Inspector, Essex Police	Essex Police representative	Member	Apologies



Name	Initial	Job Title	HCPB Role	Status	Attended?
Lizette Fox	LF	Interim Partnership Director, Shaping Thurrock	Advisor	Member	Yes
Janice Forbes-Burford	JFB	Interim Associate Director of Quality and Commissioning, NHS SWE	NHS SWE	Substitute Member on behalf of Barbara Stuttle	Yes
John Moore	JM	Assistant Director Land and Property	Thurrock Thames Gateway Development Corporation representative	Substitute Member on behalf of Tom Gardiner	Yes
Mark Ansell	MA	Associate Director of Public Health, NHS SWE	LAA Block Lead	Observer	Yes
Levi Hinds	LH	HC Programme Board Manager, Shaping Thurrock	LAA Block Lead and Executive Support	Observer	Apologies
Luke Ward	LWa	Programme Lead Joint Strategic Needs Assessment – Department of Health	HCOP Theme Lead	Observer	Apologies
Lawrence Blight	LB	Associate Director Strategy	Present Item 3	Observer	Yes
Lynelle Hales	LHa	Director of Strategic Commissioning, NHS SWE	Present Item 3	Observer	Yes
William Guy	WG	Head of out of Hospitals Commissioning, NHS SWE	Present Item 4	Observer	Yes
Keith Curtis	KC	Senior Project Manager, Grays Community Hospital	Present Item 5	Observer	Yes
Jacqui Payne	JP	Community Development Officer, Ngage	Present Item 5	Observer	Yes
Catherine Sackey	CS	LAA Programme Manager, Shaping Thurrock	Present Item 6	Observer	Yes
Leroy Richards	LR	Policy Officer, Thurrock Council	Present Item 7	Observer	Yes
Darlene Martin	DM	Special Projects Manager, Thurrock Council	Present Item 8	Observer	Yes
Gerry Balding	GB	Audit Commission	Lead, Thurrock CAA	Observer	Yes
Kerry White	KW	LSP Support Officer	Executive Support	Observer	Yes
Steven Prosser	SP	Health Improvement Specialist (Communities), Vitality	Vitality	Observer	Yes
Di Dadman	DD	Community Involvement Board	Community Sector	Observer	Yes

HEALTHIER COMMUNITIES PROGRAMME BOARD

7th July 2009

Committee Room 1, Civic Offices

1. MINUTES & MATTERS ARISING

The Chair welcomed everyone to the meeting and introduced Gerry Balding from the Audit Commission and Steven Prosser from Vitality as observers.

Minutes of the last meeting, held on 05.05.09 were agreed as an accurate record of the meeting with the following minor amendments:

Page 5 – paragraph 5 – should read ‘complement’ not ‘compliment’.

Page 7 – paragraph 6 and 7 – should read ‘McKinsey’ not ‘McKenzie’.

Matters Arising:

Item 14 – A.O.B – Tilbury Consultations:

RP updated the Board on the current Tilbury Consultation. The following events are taking place for residents to have their say on the medical services they would like to be provided in Tilbury:

ASDA, Thurrock Park Way

Date to be confirmed

12noon – 3pm and 5pm-7pm

Tilbury Market

3 July 2009, 10 July 2009, 17 July 2009, 24 July 2009 and 31 July 2009

12noon-4pm

Public Meeting

23 July 2009, 3 August 2009

1pm-3pm and 6pm-8pm

Discussion Groups

Will be taking place if members which to be involved they need to contact pals@swessex.nhs.uk or 0800 587 9159 (free phone) / 01268 705180.

2. ACTION LOG UPDATE

Action Number	Update
1	The Healthier Communities Programme Board scorecard has been developed on Inphrase and will be taken forward by the Council's Corporate Performance Team as part of the Improvement Process.
2	The PD and LTC group is still being set up. This is due to a slight set back with the member of staff tasked with organising this having left the Council. A new member of staff has been recruited for this post. Group likely to be set up by Autumn 2009.

3	Ongoing. Timescale September 2009.
4	<p>LPSA bids 21 and 22 cannot go to the PD and LTC group until it has been set up. Therefore, deferred to Autumn 2009.</p> <p>Barbara Ward – requested that applicants are made aware of the delay.</p> <p><u>Update since meeting:</u></p> <p>Bid 21 has been funded from the £15,000 of LPSA monies allocated to the CIB. Bid 22 will be considered if more funding becomes available. The applicant has been informed that they have been unsuccessful this time round and will be notified if there is an opportunity to reapply for funding later in the year.</p>
5	Ongoing. Timescale September 2009.
6	Complete. The Grays Community Hospital Consultation had been discussed at the Programme Board Managers meeting and KW has circulated the consultation document to all Programme Board Managers to circulate for information.
7	Complete. Council inputted into consultation document.
8	Complete. On agenda at item 5.
9	Complete. A copy of the final version of LAA08 action plans had been circulated to Board members for information.
10	Ongoing. Timescale January 2010.
11	Complete. On agenda at item 4.
12	Complete. KG reported that no external Partners had been consulted by McKinsey.
13	Complete. On agenda at item 3.
14	Ongoing. Timescale March 2010.
15	Complete. On agenda at item 8.
16	Janice Forbes-Burford has made contact with Councillor Arnold a meeting still needed to take place.

Discussion/Decision Items

3. NHS SWE Operational Plan and Strategic Plan

Lawrence Blight (LB) from NHS SWE presented an overview of the NHS SWE 5 year Strategy which is currently being developed. Board members were invited to attend the launch of this Strategy on 29th July, 3-6pm at the Selex Sports and Social Club, Gardiners Way, Basildon, SS14 3AP.

Lynelle Hales (LHa), Director of Strategic Commissioning, NHS SWE explained that before NHS SWE went through the current process to develop priorities and write the 5-year Plan there were approximately 43 key pathways taking place. Over the next 18 months NHS SWE will focus on a smaller number of priority pathways, once improvements have been made in priority areas the focus can switch to some of the other pathways that need work.

Following on from the presentation LB and LHa invited questions from Board members. RH asked how the Local Authority could get more engaged in the process involved in developing the strategy. LHa explained that up until now the process had been very internally focused with NHS SWE needing to identify its key priorities for future delivery, NHS SWE is now in a place where it can work with its Partners on how to take the priorities from the strategy forward and ensure delivery. LB asked Partners how they would like to be involved. LP explained that the Council would have liked more involvement at earlier stages of the process when NHS SWE was choosing its priorities and would have liked to see a draft of the Strategy so that the Council could provide comment. However, LP explained that she did not see that the Council would change much as the Health and Well Being Plan had already been agreed which states the joint priorities of Partners including the Council and PCT. LP felt that more cooperation was needed with Partners when writing the strategy, especially if prevention and screening were going to be areas for development. RH would be the Council's key contact to work with NHS SWE on this matter. LHa stressed that NHS SWE was keen to work with its Partners to deliver its key priorities. OB urged the PCT to use the voluntary and community sector to help deliver preventative health care. LP stressed that lots of joint working is taking place between the Council and PCT around prevention and care, there is just a little more work required to further link services. MA reiterated LP's points that lots of joint working is taking place, quite often this partnership working takes place informally. LB offered to take away an action to investigate how best to take forward this piece of work and other such pieces of work through partnership working.

Action: Lawrence Blight to consider how to include Partners in taking forward the NHS SWE 5 year strategy.

LP asked LHa and LB what they need to get back from this meeting group. LHa explained that they wanted to take the Strategy forward through Partnership working and offered to bring updates on the priorities and pathways work to the Board.

Action: Lynelle Hales to bring updates on the priorities and pathways identified in NHS SWE 5 year strategy to future meetings.

4. Primary and Community Care Strategy

The Healthier Communities Programme Board received a presentation from William Guy (WG), NHS SWE on the Primary and Community Care Strategy 2009-2014.

After the presentation WG took questions from the Board.

Councillor Arnold asked whether the LDF had been considered when deciding where to build/develop new infrastructure, in a tight economic climate it might be worth joining efforts to develop community infrastructure.

MA explained that NHS SWE and the Healthier Communities Executive Group has contributed to the LDF to ensure consistency between the LDF and Partner developments around health and social care to ensure that Partners are collectively using space.

LP asked when the GP Led Health Centre would be ready to provide services in Grays. WG explained that this was planned for December 2009. LP therefore requested that WG comes back to the Healthier Communities Programme Board in early 2010 to report on progress made against the Primary and Community Care Strategy and the development of the GP Led Health Centre. LP requested that this was linked in with LHa's report back on the NHS SWE 5 year strategy.

Action: WG to report back to the HCPB in early 2010 on progress made against the Primary and Community Care Strategy and the development of the GP Led Health Centre. This to be linked with LHa's report back on the NHS SWE 5 year strategy.

MA raised an area for concern regarding the reporting of residents' ability to book a GP appointment. This is a Local indicator contained within the Thurrock LAA and was due to be reported on in the circulated quarter 4 performance report. However, the survey used to monitor this has stopped. NHS SWE needs to ensure it can still report against this local indicator.

Action: Mark Ansell to discuss with William Guy how to monitor performance in order to report against the Local indicator regarding residents' ability to book a GP appointment.

5. Grays Community Hospital – consultation

Keith Curtis (KC) (NHS SWE) and Jacqui Payne (JP) (Ngage) joined the Board to discuss the current consultation taking place regarding the development of a New Generation Community Hospital in Grays. KC explained that the consultation started on the 8th June and will run until 14 September.

Following on from the last meeting of the Healthier Communities Programme Board, a virtual meeting of the Steering Group took place and the Local Authority and Development Corporation inputted into the consultation document that has been circulated to Board members.

Letters have been circulated to GPs, dentists, optometrists, pharmacists, MPs and Councillors. Leaflets have been distributed to ensure that local staff are aware of the consultation and links to the consultation have been placed on the PCT website. NHS SWE is also trying to use train stations as a venue for the consultation as suggested by LP at the last meeting. It appears that not all GPs are currently displaying the leaflets so KC will chase this up.

Ngage has been appointed to facilitate and support the consultation. JP explained that Ngage is a Thurrock based organisation that was involved in the previous consultation on the Community Hospital. Ngage have circulated leaflets to Partner organisations and are looking for these organisations to cascade the information out. A link to the consultation is available on both the Ngage and Thurrock Council website. Thurrock Community TV will also show information on the consultation. Ngage have contacted organisations with newsletters and asked for information on the consultation to be included, information has been put in community and public buildings such as libraries, displays will be put in four supermarkets, a touring display is available to take around the borough, Ngage will be attending 8 community events over the summer period to

promote the consultation and are also try to attend as many other community events as possible, if Ngage cannot attend events personally they will encourage Partner organisations to take leaflets on the consultation to the event for them. Focus group meetings will also be taking place.

One area that has been raised for concern is that the consultation document does not have a diversity section. Also some residents are still upset about Orsett Hospital and others are not happy that the Community Hospital will be built in Grays.

Ngage is in the process of setting up the database for the findings of the consultation. KG asked whether JP was working with MA or Leroy Richards (LR) regarding recording the findings. JP explained that she had had discussions with LR regarding a new software package that could be used to record consultation results. LR explained that the Council is considering purchasing consultation portal software.

RH asked how the services to be provided by the Grays Community Hospital would be chosen from the long list that will be compiled following the consultation. KC explained that the Consultation Steering Group will play a role in this. Some suggestions will just not be possible for a variety of reasons i.e. not clinically appropriate, will not fit in the space etc. The list will then be considered by the Steering Group and a decision made as to the most appropriate services. JP stressed that it is crucial that feedback is provided to residents following the consultation and a statement issued that explains to residents how the findings from the consultation have led to the decisions made.

OB asked whether there will be beds in the Community Hospital. KC confirmed that the Community Hospital will contain 25 beds.

Councillor Arnold explained that residents are asking questions regarding Orsett Hospital. It is crucial that once the decision has been taken on the future of this Hospital that a communications exercise takes place so residents are fully aware of what is happening.

RP asked how the CRO was developing. John Moore explained that a provisional date of late autumn has been given for the Public Inquiry.

6. Comprehensive Area Assessment (CAA)

LF provided an update on CAA. The Self-Assessment for the Area Assessment is currently being drafted to tell the story of Thurrock. Thurrock was part of the Pilot Project and the report from the pilot is being used as the basis for the current self-assessment. Performance data from 2008/09 is also being used when drafting the statement.

LF explained that she will circulate the draft Area Assessment to Partners on Friday 10th July. Partners will then have 5 working days to consider the draft and get comments to LF. The Self-assessment is an opportunity to tell what good partnership working is taking place in Thurrock. In terms of the successes of the HCPB the HWB Plan has now been signed off and is being performance monitored, large PCT investment has taken place and the LINK has been set up.

LF also needs Partners to identify good case studies which can also be used as good news stories. LP explained that there is lots of good partnership work taking place at local level, for example work taking place around strokes. Other good news stories include news around Vitality and falls prevention. RH also highlighted the success story surrounding the reduction in Delayed Transfers of Care, this could not have been achieved without Partnership working.

7. Place Survey

Leroy Richards (LR), Thurrock Council, attended the Healthier Communities Programme Board to present this item.

Leroy Richards explained that the headline scores from the Place Survey were released on the 23rd June 2009. These scores were provisionally released in February 2009 the CLG then conducted a quality review of the survey which was based around the principles in the Code of Practice for Official Statistics. The provisional data was revised as a result of the review and then the final scores released.

A total of 1,381 questionnaires were completed making the response rate for Thurrock 40%.

The scores from the Place Survey are currently being analysed, the final report on the analysis of the results will be sent to Partners. The report will include recommendations on how to make improvements.

Section 6 of the report shows a summary of the results relating to Adult Health and Well-Being national indicators. Section 7 then illustrates the results of the survey linked to access to Health and Social Care services.

MA asked whether there will be national averages for the findings in section 7. LR explained that these were additional questions chosen by Thurrock. CLG has not published all the figures therefore there is currently nothing to compare with.

LF explained that using the findings of the Place Survey there is opportunities to run generic marketing campaigns. RH commented that the perception of services is low however, services are improving well. LR explained that there is scope for raising perceptions, for example for NI 139, 57% of respondents don't know about the services available, therefore by getting more information out to the public it is possible to improve perception.

MA questioned whether NHS SWE would be able to find out the results for Basildon and Brentwood. LF recommended that MA speak with Christopher Ochulor, LSP Information Manager regarding this request for information.

LP asked whether Leroy Richards would come back to the Board with the analysis of the results.

Action: Leroy Richards and Christopher Ochulor to bring a report on the analysis of the findings of the Place Survey results to the next meeting of the HCPB.

Standing Items

8. Quarter 4 Performance Report

MA presented to the Board the performance data for the health indicators contained within Thurrock's LAA. The LAA07 indicator regarding the number of four week quitters in the most disadvantaged areas is currently green and has therefore achieved target for 2008/09 and is on track to achieve its 3 year LAA07 target by the end of March 2010. The LAA08 smoking prevalence indicator (NI 123) has performed slightly below target for 2008/09 and is therefore currently rated amber. There is a recovery plan in place and both the commissioner and provider of this service are fairly confident that target will be achieved by the end of March 2011. NI 120 (all age all cause mortality), the gap between the mortality rate of the most advantaged and most disadvantaged in the borough has reduced but this is due to the fact that the mortality rates in the most advantaged areas has increased. This increase was not statistically significant and may be just 'noise'. Further data is needed to determine whether this is evidence of continuing trend and hence significant cause for concern. In terms of the LAA07 physical activity indicator this is currently underperforming and is therefore currently rated as red. This is the indicator that is causing most concern and is least likely to achieve target by end of March 2010. An interim survey has shown that physical activity has actually decreased. Lots of work has been put in place to try to improve performance including a free bus service to leisure centres.

RH presented to the Board the performance data for the social care indicators contained within Thurrock's LAA. The LAA07 pension credit indicator is currently performing below target and is rated red. The target is 27% by the end of March 2011, indicative data currently shows that performance is approximately 24.1%. Darlene Martin, Special Projects Manager, Thurrock Council explained that there is a recovery plan in place this includes Pension Credit Clinics in all Sheltered Accommodation, as well as in Thurrock Community Hospital, libraries, and health centres. A pension credit events calendar has also been developed and an advertisement in the Gazette. A pension credit champion project has been introduced through TOFF, information has been promoted at the Healthy Wealthy Wise Road shows, and there has been targeted door canvassing as well as attendance at community events across the borough. All this work has led to an increase in new claimants, however, this achievement is being offset by the number of deaths within the over 65 age group. LF explained that the Shaping Thurrock Partnership Board has charged her with considering what extra work can be done and what funding is needed to achieve LAA07 target. LF is considering a more generic communications campaign. KG suggested that GP's are asked for the details of patients over 65 years old so they can send out letters to them all. Darlene Martin explained that this had been done, letters had gone out and more were due to be going out.

NI 130 – Social Care Clients receiving self-directed support, this indicator is currently red. The target is due to be achieved by end of March 2011. Current performance is low however, the last year's performance only measures direct payments, from 1st April 2009 this indicator will include a broader range of schemes such as Individual Budgets. Lots of work is being done to try to achieve the target set for this indicator.

NI 131 – Delayed Transfers of Care – this indicator is current performing above target and is therefore rated as green.

9. Thurrock Health and Well Being Plan – Progress Report

MA presented this item to the Board explaining that this was the first progress for the HWB Plan and focused on all actions with a short-term priority status and should have therefore been completed. These actions were highlighted in yellow throughout the progress report and an update comment had been provided by action leads and progress rated using a RAG rating system. Actions were largely on track and the Executive Group had no areas of concern to report onto the Board relating to performance against actions.

One area of concern noted by the Healthier Communities Executive Group is the timescales set for delivering actions. Not many of the targets are SMART with timescales vague i.e. 2009/10. In order to address this area of concern the Executive Group has tasked delivery Group Chairs with setting more specific timescales for delivery. These accurate timescales should be available by the time of the next Progress Report which will cover the period April-June 2009 (quarter 1, 2009/10).

10. Healthier Communities Executive Group update

RH updated the Board on the work of the Healthier Communities Executive Group. The Executive Group is responsible for Progress monitoring the HWB Plan and has been looking at the Plan in detail regarding delivery. At each meeting of the Executive Group a different delivery group Chair reports back on the work of the sub-group to share best practice and report on any problems that have arisen.

11.A.O.B

a) Swine Flu

KG provided a verbal update on swine flu. Public agencies are no longer trying to contain swine flu. If individuals are concerned they should check the NHS SWE website and if they think they may have symptoms phone NHS Direct/contact GP. A Flu line is also being set up. If symptoms likely to be swine flu, individual will be given a unique swine flu identification number, this number is to be given to a 'flu friend' who will take the number to a designated centre where they can collect medication. Whilst a limited number of individuals have swine flu the medication can be collected by a 'flu friend' from a community pharmacy. When numbers increase, switch to a designated centre to pick up medication. A swine flu vaccine is being developed and will be available from August/September 2009. When the vaccine is developed a mass immunisation programme will be put into place. Plans for the vaccination programme are currently being made.

b) Screening for Bowel Cancer

Olga Benson requested an update on the plans for Bowel Cancer Screening. MA explained that screening is taking place as directed by a national strategy.

DRAFT



Action: MA to send information on bowel cancer screening to KW to circulate with the minutes.

Information Items

The below items were circulated for information.

- 12.Final LAA08 Action Plans for HCPB indicators**
- 13.ERPHO Health Inequalities Profile**
- 14.Thurrock Health Inequalities Matrix**
- 15.Quality of Life Report 2008**
- 16.LSP Review Update**

END