

**MINUTES OF A MEETING OF THE ESSEX HEALTH AND WELLBEING BOARD  
HELD AT COLCHESTER TOWN HALL, COLCHESTER, ON TUESDAY 16 JULY  
2013**

Present:

**Members**

Mike Adams	Healthwatch Essex
Councillor John Aldridge	Essex County Council
Nick Alston, Co-opted Member	Essex Police & Crime Commissioner
Dr Kamal Bishai & Dr Rob Gerlis	West Essex CCG
Councillor David Finch	Essex County Council (Chairman)
Dr Mike Gogarty	Essex County Council
Dr Sunil Gupta	Castle Point and Rochford CCG
Dr Lisa Harrod-Rothwell	Mid Essex CCG
Simon Hart, Co-opted Member	Independent Chair ESCB and ESAB
Dave Hill	Essex County Council
Joanna Killian	Essex County Council
David Marchant	District Council
John Mitchell (vice Ian Davidson)	District Council
Councillor Ann Naylor	Essex County Council
Andrew Pike	NHS England
Dr Gary Sweeney	North East Essex CCG (Vice-Chairman)
Peter Tempest	Essex County Council

**Officers**

Tom Abell	Accountable Officer, Basildon & Brentwood CCG
Ann Coldicott	Governance Team, Finance
John Galley	District Council
Clare Hardy	Senior Manager, Health and Wellbeing, Strategic Services
Nick Presmeg	Commissioning and Delivery Director, North East Essex
Paul Probert	Senior Policy and Strategy Manager: Adults, Strategic Services
Miles Smith	Governance Team, Finance

**1. Apologies**

Apologies were received from:

Ian Davidson with John Mitchell as his substitute	District Council
Rob Gerlis with Kamal Bishai as his substitute	West Essex CCG
Jacqui Foyle	Community & Voluntary Sector

**2. Minutes**

The minutes of the meeting of the Health and Wellbeing Board held on 22 May 2013 were approved as a correct record and signed by the Chairman.

The Chairman confirmed that the Memorandum of Understanding between the Board, the Health Overview and Scrutiny Committee and Healthwatch would be considered further at a later meeting.

### **3. Declarations of Interest**

There were no declarations of interest.

### **4. Questions to the Chairman from Members of the Public**

There were no questions.

### **5. Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment**

The Board considered a report HWBP/006/13 by Dr Mike Gogarty, the Director of Public Health, which sought agreement to:

- revising the Joint Strategic Needs Assessment (JSNA) overview reports between now and September, with final versions being published in December; and
- arrangements for producing a Pharmaceutical Needs Assessment (PNA) by March 2015.

The Board noted the proposal that the overview reports for the JSNA will be for:

1. County level
2. City, borough and district level
3. CCG level.

The Board noted the general approach to this task which was to produce reports that would:

- be as brief as possible and focused on key issues
- look at future as well as present need
- integrate a range of 'voice' data with statistical data
- consider assets as well as needs
- distinguish demand from need
- review evidence of what works and what doesn't
- consider the impact (of each specific issue) on the whole health and wellbeing system in Essex
- help policy makers determine priorities.

The Board noted that JSNAs are assessments of the current and future health and social care needs of the local community – these are needs that could be met by the local authority, CCGs, or the NHS CB. JSNAs are produced by health and wellbeing boards, and are unique to each local area. The policy intention is for health and wellbeing boards to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake

JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.

The Board also noted that in relation to PNA's the Board is under a legal duty to produce a Pharmaceutical Needs Assessment that complies with Regulations in terms of its contents and the way in which it has been produced (eg that appropriate consultations have been undertaken).

During the discussion the following points were made:

- Dr Gary Sweeney indicated that he would support and encourage a County wide JSNA.
- Nick Alston commented that he hoped the assessments would be needs led.

**Resolved:**

That:

- 1 the production of the Joint Strategic Needs Assessment reports be at
  - (a) County Level
  - (b) City, Borough and District Level
  - (c) Clinical Commissioning Group levelin accordance with the work programme set out at Annexe A of the report; and
- 2 noted the Board's legal duty to produce a single Pharmaceutical Needs Assessment by 31 March 2015.

**6. Integrated Commissioning Update**

The Board received a report HWB/007/13 by Dave Hill, Executive Director for People Commissioning, Essex County Council updating the Health and Wellbeing Board on the progress to develop integrated commissioning and and for the Health and Wellbeing Board to endorse the outcomes of the Accelerated Design Event.

The two day Accelerated Design Event was held on the 18<sup>th</sup> and 19<sup>th</sup> June 2013 and involved senior leaders from Essex County Council, the five Clinical Commissioning Groups, NHS England Local Area Team, Health and Social Care Service Providers, District Councils and Voluntary Sector organisations.

Agreement was reached at the event regarding:

- Our vision for service users and for commissioning
- Our collective ambition for commissioning
- How we want to work together
- Identified priority areas for service redesign and developed plans around them
- Identified key barriers and strategies for overcoming

The design event recognised that if the Board are to make progress we need to prioritise key areas of activity. Older People/ Frailty and Learning Disabilities

emerged as the key priority areas for accelerated focus. The remaining areas identified in the Integrated Plans will continue at the earliest possible opportunity.

Project plans for these areas are now in development.

During the discussion the following points were made:

- Dave Hill confirmed that the role and purpose of the Health and Wellbeing Board is to encourage integration and this is the core enabler of the Joint Health & Wellbeing Strategy as well as being at the heart of the organisational plans of the Council and the CCGs. He also report that the government had recently announced an Intergration pooled fund of £3.8b which would be held by local authorities, with plans agreed by the Health & Wellbeing Board and that with this in mind a review of the operation of the Board would need to take place, work on enablers such as data sharing was also required;
- Simon Hart commented that in the bullet point list under the heading “Our Vision” there was no bullet point regarding Safe and Consistent; and
- Dr Gary Sweeney commented on pace and possible outcomes. He was concerned this was not progressing at a fast enough pace. Dave Hill agreed that the project needed to pick up speed and monies needed to be available.

#### **Resolved:**

That the Board:

- 1 endorsed the outputs of the accelerated design event including:
  - citizen and commissioner visions developed through the accelerated design event as set out in 3.2 of the report and expressed a desire to see safe and consistent incorporated; and
  - the commissioning ambition and approach as set out in 3.3 of the report;
- 2 signed up to the values set out in 3.4 of the report and are prepared to be held to account/ to hold each other to account for these values.
- 3 the Board agreed to set up two task and finish groups:
  - a) to look at leadership and decision making, linking with the outputs of the design event and the recent announcement from central government on pooled funding. The task and finish group will need to meet during August with some virtual work, to come up with proposals for the HWB in September. Volunteers are sought for this group; and
  - b) to look at data sharing. This group will need to include some technical expertise on IT and information governance.

## **7. Essex Pioneer Expression of Interest**

The Board considered a report HWB/08/13 by Councillor John Aldridge, Cabinet Member for Adult Social Care, Essex County Council, asking them to endorse the Essex Pioneer expression of Interest; Seeking their views on any additional areas that should be progressed through the Integration Programme and to contribute to the Pioneer process, if the expression of interest is pursued by the Department of Health; and seeking their views on any requirements that would be needed from the Pioneer programme (set out in paragraphs 3.12 and 3.13 of the report).

Central Government asked local areas were asked to express an interest in becoming 'pioneers' to act as exemplars, demonstrating the use of ambitious and innovative approaches to efficiently deliver integrated care.

The benefits from being a pioneer are subject to negotiation but include the allocation of a dedicated account manager who will manage access to:

- i. Organisational/development support;
- ii. Flexibility to develop local payment systems;
- iii. Clarity regarding rules on choice, competition and procurement in an integrated care context;
- iv. Employment advice and workforce development;
- v. Public engagement expertise;
- vi. Data analysis, financial modelling capacity.

The Board noted that due to the number of requests to become Pioneers the final list will now be announced in October instead of September.

Our expression of interest focused on our current work to develop an accelerated programme of integration that manages the scale of Essex through a plural approach. If the Department of Health are interested in our submission they will engage with us over the summer around what we can offer the programme and how the pioneer can best support us.

Within the submission we identified the following areas in which we would be looking for the pioneer to support us:

- The application of policy and financial freedoms and flexibilities e.g. around pricing, contracting, competition, data sharing;
- Flexibility of employment;
- The possibilities of revisiting the commissioner/provider split;
- The extended role of primary care and associated contractual freedoms; and
- Support in developing our evaluation programmes and local evidence base.

During the discussion the following points were made:

- Andrew Pike asked if we had discussed making a joint submission with Southend and Thurrock. Officers confirmed an offer had been made to them but they had submitted their own applications.

- Dr Lisa-Harrod-Rothwell suggested an additional area to include in recommendation b. below would be our relationship with housing authorities.

**Resolved:**

That:

- a. The Essex Pioneer submission be endorsed;
- b. The Board agreed to consider relationship with housing as a further area that they would recommend should be part of the Integration Programme and could contribute to the next stage of the Pioneer process if the submission progresses; and
- c. The Board agreed the areas of support which should be requested from the Pioneer programme.

**8. Proposal for Use of Sustainability Funding Section 256 2013/14**

The Board considered a report HWB/09/13 by Dave Hill, Executive Director for People Commissioning, Essex County Council, which was presented by Nick Presmeg, updating the Board on the use of S.256 Sustainability Funding of £21.187m to be transferred to Essex County Council by NHS England during 2013/14. This included £15.540m which had been already allocated to ECC base budget to support delivery of services within Social Care, and £5.647m which is proposed to be used to develop Integrated Commissioning and whole system transformation for Health and Social care; to retrospectively note the allocation of the £15.540m to Essex County Council's base budget for the delivery of Social Care services; and to agree the proposed approach regarding use of the additional funding of £5.647m for Integration between Social Care and Health, Transformation and Demand Management Schemes which is intended to address the forecast gap in social care funding over future years.

The proposed programme of activity to develop integrated commissioning between Health and Social Care is already under way, with the intention that this is to be funded from the additional £5.647m covered by this agreement.

It is proposed that the remainder of the £5.647m is invested in a programme of Demand Management schemes and related activity, to be jointly developed between Essex County Council and its Health partners, with the aim of delivering changes to address the forecast gap in funding for social care in future years.

Following agreement by the Health and Wellbeing Board, and the necessary approvals having been given by the Council's Executive, further planned work will:

- Continue activity to deliver integrated commissioning between ECC and its Health partners
- Complete the schemes to be funded from the S256 monies which are already under way (Colchester Garrison posts, Family Solutions and Strengthening Communities)
- Implement proposals for Demand Management schemes which can address the forecast social care funding gap
- Commence implementation of all schemes by October 2013.

It is planned that implementation of all S256 funded schemes for the year 2013/14 will have been completed by the end of October 2014.

During the discussion the following points were made:

- Andrew Pike advised that the money would be available in three chunks throughout the year and wished to place on record that his organisation were satisfied with the proposals. He asked that the CCG's also confirm whether or not they were happy with the arrangements?
- Dr Kamal Bishai confirmed that West Essex CCG were happy with the proposals;
- Dr Lisa-Harrod-Rothwell advised that Mid Essex CCG were still discussing the proposals;
- Dr Gary Sweeney confirmed that North east Essex CCG were happy.

At the end of the meeting Dr Lisa Harrod-Rothwell confirmed that she was happy to support the recommendations in the paper.

#### **Resolved:**

That:

- a. the incorporation of £15.540m funding to Essex County Council's Base budget for the delivery of Social Care services was noted;
- b. the proposed use of additional £5.647m Sustainability funding to be made available during 2013/14 to support the Integration of Commissioning between Social Care and Health was noted and the Council's Executive was recommended to give the necessary approvals; and
- c. it was noted that the Essex County Council Integrated Commissioning Directors will commence discussions with their respective Clinical Commissioning Groups for the specific use of the Demand Management monies (Appendix 2, Schedule 4 of the report) in their locality, to ensure that opportunities for system benefits and sustainability are maximised.

## **9. "Who will care?" Commission**

The Board welcomed back Sir Thomas Hughes-Hallett, Executive Chair and Adjunct Professor of the Institute of Global Health Innovation at Imperial College, London and former Chief Executive of Marie Curie Cancer Care, and Paul

Probert, Senior Policy Manager, Strategic Services, to the meeting. Sir Thomas had been invited by the Leader of Essex County Council to Chair an independent commission to look at the future of health and social care in the County. The Commission had looked at three specific issues as part of their review. These were:

- how to ensure that early intervention – an approach that improves outcomes for individuals and can also reduce demand for more costly services – can become more commonplace;
- how Essex can create the conditions for greater joining up of services across the system of health and social care in the future; and
- how communities and individuals can develop the capacity to play an active role in our health and social care system.

Sir Thomas Hughes-Hallett reported that since he began the work in January 2013 he had been very busy and had enjoyed undertaking the role. He believed the citizens of Essex were ready for change. He had undertaken over 700 interviews and been challenged live on air by Essex Radio. He thanked John Spence, Mike Gogarty, Sheila Salmon, Gary Sweeney and Andrew Pike for their assistance.

Sir Thomas Hughes-Hallett advised that he intended with the Board's approval to publish his recommendations on Thursday 12 September. He shared his draft recommendations with the Board which are as follows:

#### **1. Agree a new charter between Essex and its citizens**

The public sector needs to be up-front and honest with its citizens, clarifying the extent of the 'care offer' available to them. People will need to take ultimate responsibility for their healthcare – based on the premise that individual care is owned by the people of Essex. The public sector will need to be able to answer questions and to help and encourage people to take on this responsibility whilst guiding residents to additional sources of support if they need them.

To support this recommendation, the Commission call for:

The production of a Citizen's Guide to Essex Care showing where the buck stops for each aspect of care.

The creation of a communication strategy, which will support the desire to create a new contract with the citizen.

The introduction of coaching, training, and help lines to allow people to take control of their own health and that of their families.

A much greater use of social prescription policies to support citizens

A greater acknowledgement of the role of informal carers



Healthwatch to consider whether a consumer 'magazine', in print, online and across other media could be of benefit to citizens

The introduction of a system of recognition and reward for informal carers and patients who self-manage.

The voluntary sector to review current voluntary sector provision in Essex and to identify how it can best support Essex citizens to take responsibility for their own healthcare.

Essex should embrace and incentivize greater participation by corporate employers and providers in improving Essex's care services. The role of the pharmacist is seen as key by many Essex citizens – and increasingly more accessible, helpful, and customer focused than GP A&E and walk in centres. Essex media to become partners in Who will Care?

## **2. Ensure clear leadership vision and accountability**

Clear leadership and accountability are the only way to deliver better, more co-ordinated care. An Essex Health Executive of commissioners and providers operating across Essex can bring together key partners from the public, private and voluntary sectors to procure and provide cradle to grave co-ordinated, convenient care for each individual. Every incentive must be aligned better to allow this to happen with a clear vision that brings everyone together.

To support this recommendation, we call for:

A Health Executive, governed by the Health and Wellbeing Board, and operating across Essex to bring together key partners from the public, private and voluntary sectors to procure and provide cradle to grave co-ordinated, and convenient care for each individual.

Investment in the leadership team and the building of trust between them.

The Essex Health Executive to develop a common vision of, and a co-ordinated approach to, care.

A focus on three to five areas that pose significant care challenges. We think improved discharge from hospital, care of those with long-term disabilities, and the identification and support of the frail elderly all merit inclusion.

The Essex leadership to work with non-executive mentors from customer-facing organisations.

The pooling of budgets

The integration of provision – in other words make services less complicated.

Permission to be sought from the relevant authorities and regulators to allow for this to be successful

A culture of measurement, comparison, acknowledgement, value, learning and improvement to be introduced governed by the Health and Wellbeing Board

### **3. Prevent unnecessary crises in care**

A new approach to change the focus of care from treating disease and chronic conditions to supporting individuals earlier - preventing crises in care and imposing a responsibility on all of us to identify the most vulnerable in our communities.

This will require new relationships between state and citizen where the long term health of families and communities is planned together, and between user and supplier of services where both must better understand there are 'right' and 'wrong' care settings, dependent upon the health issue at hand, and where using the most appropriate access points helps ensure the right care is received in the right place.

To support this recommendation, we call for:

A new register for vulnerable individuals to allow for advanced planning and improved support.

Services to provide care to these vulnerable individuals

The provision of initial intensive care and support when an individual is first identified as vulnerable rather than when they reach the point of crisis.

Every vulnerable individual to choose a coordinator to support them in taking responsibility for their care, with communities and the voluntary sector will be encouraged to step into this role but on a new non-disease based approach.

Essex should look to promote the idea of a wellness worker carrying out home visits monitoring medicines, and identifying problems.

Essex should support the evolution of Long Term Conditions Centres

Essex should consider collaborating with NESTA to pilot the TYZE scheme, first tested successfully in Canada, to create online communities to support vulnerable individuals and to combat loneliness.

#### **4. Support communities to play a key role**

Individuals and communities may have to do more. This should not be thought of as a default assumption that communities deliver care '*on the cheap*'. Instead it is an acknowledgement that, alongside occasions when voluntarism needs to play a greater role, there will also be instances where a local approach and local understanding of grass-roots needs can deliver.

To support this recommendation, we call for:

The introduction of a new award scheme for the most vibrant communities in Essex.

Public agencies who commission services to agree longer-term contracts than happens now.

Employers to support staff volunteering.

The creation of a countywide scheme similar to the Village Agents

#### **5. Use technology to all our advantage**

Given advances in recent years, it is perhaps surprising that the health economy has not done more to embrace technology. Organisations and individuals will welcome the benefits of technology to support independent living, self-care, co-ordination and to give more convenient access to good advice.

To support this recommendation, the Commission call for:

Borough, city, district and unitary councils and housing associations to work together to create a housing strategy, which will support the inclusion of assisted technology.

A thorough telehealth and telecare trial in a meaningful population to identify the benefits and appropriate design of the packages. This should be an area of good internet coverage, good mobile signal coverage and with all patients consenting to open sharing of their data.

The individual to be the ultimate owner and custodian of their own health record

Essex to create as an urgent priority a Pan Essex data strategy, and a complementary IT technology strategy, which allows for data exchange.

Members of the Board made the following comments/ observations/ or asked questions as follows:

- Andrew Pike advised that he had enjoyed working with Sir Thomas Hughes-Hallett and hoped that lessons learned from the work would aid any review of the structure and timetable of the Board;
- Councillor John Aldridge advised that he believed that the report will reinforce things that are already taking place;
- There was an acknowledgement that it was not always necessary to spend time working out how to do something perfect when good enough would do;
- Kamal Bishai stated that he did not believe there was anything new in the presentation and that we all suffer vulnerability at some point in life;
- End of life care registers can be successful;
- The Board welcomed the creation of a countywide scheme similar to village agents;
- With regard to technology there must be a pan Essex data strategy divided similar to the eclipse system on the Isle of Wight;
- That Borough, City and District Councils need to work towards a housing strategy; and
- That a telecare health trial should be carried out.

Sir Thomas Hughes-Hallett ended by saying he believed that District Council's have a huge role to play. On behalf of the Board the Chairman thanked Sir Thomas for his presentation.

#### **10. Winterbourne View Stocktake and Progress Update**

The Board considered a report HWB/10/13 by Sally Burton, Interim Director for Adult Social Care, Essex County Council, outlining the progress made against the commitments in the Winterbourne View Concordat which is accompanied by the Essex submission of the Winterbourne Stocktake; and advising that local authorities and Clinical Commissioning Groups had been required to submit the Stocktake by the 5<sup>th</sup> July to report on progress against the commitments within the Concordat to the national Winterbourne View Joint Improvement Board.

In December 2012, The Department of Health published a comprehensive review of the service failures that led to abuse that took place at the Winterbourne View Hospital entitled "Transforming Care – A national response to Winterbourne View Hospital" with a clear programme of action agreed by a range of stakeholders.

There were no Essex residents placed at Winterbourne View, however there are Essex residents with learning disabilities placed in out of area Independent Hospitals.

The Essex residents placed outside Essex are either in Norfolk, Southend, Suffolk or Hertfordshire.

There are 5 Independent Hospitals for people with learning disabilities within Essex providing a total of 145 beds. All of these are in North Essex. Only 17 Essex people are placed in these hospitals.

The Board noted the key responsibilities for local authorities and Clinical Commissioning Groups from the Winterbourne View Concordat and also noted the progress to date as set out below:

<b>Commitments</b>	<b>Progress</b>
Identifying people with learning disabilities in NHS funded placements	Registers have been completed of all people with learning disabilities in NHS funded services and these registers were transferred to the CCG's on the 1 <sup>st</sup> April 2013.
Ensuring that these people have a person centred review by June 2013	<p>The 2 CCGs in South Essex commissioned independent support planners to review the people they fund. Personal support plans developed from the reviews were presented to ECC and CCG commissioners on the 20<sup>th</sup> May 2013.</p> <p>For people in placements funded by the 3 CCGs in North Essex, reviews were undertaken by ECC care managers and a senior Community Nurse. The outcomes of the reviews were presented to commissioners on the 25<sup>th</sup> June 2013.</p> <p>The SCG completed their reviews in May 2013. Neither the CCGs nor the Council have been involved in these reviews so cannot provide assurance about their quality.</p>
To support those people who do not require in-patient services to move to community based settings by June 2014	<p>In South Essex one person in a CCG funded placement has been identified as having the potential to move from an in-patient service to a community based service over the next 12 months.</p> <p>Six people in CCG funded placements from the 3 North Essex CCGs have been identified as having the potential to move from an in-patient service to a community based service over the next 12 months.</p> <p>The SCG have identified seven people that are ready to be discharged and move to community based settings.</p>
To work together to develop a commissioning strategy to meet the needs of adults, children, and young people with challenging behaviour in their area by April 2014; with a strong presumption that this will be supported by pooled budget arrangements.	The project that was instigated following the NDTI audit of Challenging Behaviour services has clear milestones to deliver a commissioning strategy for people with challenging behaviours by April 2014, and to develop local services to avoid future unnecessary in-patient admissions. This is a joint project with the Essex CCGs and the local authorities and CCGs of Southend and Thurrock. Carers and service users are fully involved in co-producing the strategy and resulting services.
To work collaboratively with all partners to ensure	Safeguarding Essex has worked closely with the Independent Hospitals in Essex providing training and

that safeguarding boards are fully effective in safeguarding people with challenging behaviour.	support to ensure they have open and robust safeguarding systems in place. Councillor Aldridge has visited the Hospitals to provide assurance about the safeguarding systems in place between the hospitals and ECC.
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**Resolved:**

That.

1. The Chair of the Health and Well Being Board sign off the Stocktake on behalf of the Board to allow submission by the required deadline, was agreed; and
2. action to date be confirmed and the Board acknowledged the progress so far against the commitments from the Winterbourne View Concordat.

**11. Public Health Grants to the Voluntary and Community Sector Strategy**

The Board considered a report HWB/11/13 by Dr Mike Gogarty, Director of Public Health, Essex County Council, informing the Board of the current grant agreement arrangements in place with the voluntary and community sector (VCS) as a result of the Public Health transition from the former PCTs to Essex County Council; and setting out the issues that need to be taken into consideration with respect to future funding of the sector from 1st April 2014 onwards.

The Board were advised that given the length of time required to manage a grant making process agreement must be reached by the end of Q2 of this year with respect to the future intentions for 2014/5 onwards so that these can be communicated to the sector at the earliest opportunity.

It was therefore proposed that ECC commissioning leads should agree a common approach for future commissioning of projects that meet the outcomes required by corporate priorities by the end of Quarter 2 2013/14 with a view to putting into place a process that will enable contracts to be in place by 1<sup>st</sup> April 2014.

This process will meet the objectives developed as part of the Essex Voluntary & Community Sector Strategy and will form part of a partnership approach to future commissioning intentions.

**Resolved:**

That:

Commissioning leads for voluntary sector funding progress a common approach that is in line with the objectives of the Essex Community and Voluntary Sector Strategy and enables processes to be put into place by the beginning of Q3

2013/14 to ensure that projects that meet ECC corporate priorities are commissioned and contracts are in place by 1<sup>st</sup> April 2014, be agreed.

**12. Date of next meeting**

The Board noted that its next ordinary meeting is scheduled to take place on Wednesday 18 September at 2pm at the Basildon and Brentwood Clinical Commissioning Group, Phoenix Court, Basildon, SS14 3HG.

**13. Urgent Business**

**The Keogh Mortality Review outcome reports**

The Board were advised that the Keogh Review into the Quality of Care and Transparent Treatment by 14 Hospital Trusts in England had been published. The Board noted that Colchester Hospital would be subject to locally agreed action and that Basildon and Thurrock University Hospital would be in Special Measures which would include a visiting team that would oversee action taken at the hospital to resolve the issues highlighted in the report.

The Chairman read out a press release and sought the Boards agreement to release the statement.

Andrew Pike, NHS England encouraged all members of the Board to have a look at the reports which had been published on NHS England's website.

Chairman  
18 September 2013