# Minutes of a Meeting of the Shadow Health & Wellbeing Board held at County Hall, Chelmsford, on Tuesday, 3 July 2012 DRAFT TO BE AGREED

Present:		Mike Adams, Councillor John Aldridge (substitute Councillor Peter	
		Martin), Dr Kamal Bishai, Sheila Bremner, Liz Chidgey, Councillor Terry Cutmore, Dr Rob Gerlis, Dr Mike Gogarty, Councillor Ray Gooding, Simon Hart, Dave Hill, Tony Hopper, Joanna Killian, Kevin McKenny (substitute for Dr Sunil Gupta), Councillor Ann	
		Naylor, Andrew Pike, Paul Price (substitute for Ian Davidson), Dr Brian Spencer, Sue Sumner and Dr Gary Sweeney	
Officers in		Clare Hardy, Senior Manager, Health and Wellbeing	
support throughout the		Graham Redgwell, Governance Officer	
meeting			
	Dr Gary Sweeney in the chair		
1.	Membershi	Membership, Apologies and substitutes  Apologies and substitute notices were received as follows:-	
	Apologies a		
	Councillor F	ouncillor Peter Martin (chairman ) with Councillor John Aldridge as his	
	Ian Davidson (with Paul Price as his substitute)		
	Dr Sunil Gu	pta, Malcolm Morley, Dr Ajaz Naeen and Dr Ann Pretty	
2.	Declarations of Interest		
	There were	no declarations of interest on this occasion.	
3.	Minutes		
	The minutes of the meeting held on 25 April 2012 were approved as a true record.		
4.	Safeguarding – Workshop session		
	Safeguardir Safeguardir importance beyond just document '\	e Board was addressed by Simon Hart (chair of the Essex Children's eguarding Board and soon to be confirmed as chair of the Essex Adults eguarding Board). He drew attention to the work of the two Boards and the ortance of agencies working together and sharing information. This goes ond just social care and health agencies. The national guidelines nument 'Working Together' is being redrafted at present to reflect a more alised approach. This will be a considerably shorter document than the one of in place.	
	Current issu	ues and areas of potential risks are felt to be:	
		eatment of adults in acute and residential settings d by case workers	

- Sexual exploitation and trafficking
- Drug and alcohol dependencies amongst parents of vulnerable children
- E safety and social networking
- Bullying
- 'Cultural norms'
- Pressure on resources of local authorities
- Managing individual budgets and how elements of risk can be reflected in contractual arrangements
- Role of voluntary and community groups in safeguarding

Board members then considered these issues in a number of small working groups and the outcomes from those sessions have been circulated as a separate document.

Mr Hart was thanked for his presentation and invited to attend the remainder of the Board's meeting.

#### 5. Joint Health and Wellbeing Strategy

The Board considered a report by Liz Chidgey, setting out the latest working draft of the Joint Health and Wellbeing Strategy for Essex prepared by the Board's Strategy and Priorities Task and Finish Group. This had been substantially rewritten following the discussion at the last Board meeting.

It was **AGREED** that the latest draft be approved for consultation with stakeholders, with a view to the Strategy coming back to the next meeting for final approval. The document will be one of the main items discussed at the Health and Wellbeing Conference on 18 July and at a number of other engagement events planned over the next few weeks.

The Board also **AGREED** that it must be made very clear to stakeholders, particularly the general public, how they are expected to provide feedback and how this will be evaluated.

## 6. Clinical Commissioning Groups (CCGs) – Authorisation and Commissioning Plans

The Board received updates from the three CCGs in north Essex, all of whom are going for authorisation in waves 2 and 3. An update from the CCGs in south Essex will be made at the next meeting.

Board members were encouraged to respond to any questionnaires circulated as part of the authorisation process, and Board members confirmed they would be happy to do this.

Board members commended the CCGs on the significant progress they have made to date and welcomed this opportunity to further discuss the CCG plans at the Health & Wellbeing Board alongside the draft Joint Health and Wellbeing Strategy.

A discussion occurred around some of the key areas in which we will be working in partnership:-

- It will be helpful to further articulate in any documents how the CCGs propose to work together, with mental health, maternity services and children's services being raised as particular issues requiring clarity.
- Details on how performance will be monitored and measured need to be clear and will help inform thinking for the Joint Health & Wellbeing Strategy.
- Following on from the earlier workshop responsibilities for safeguarding need to be set out clearly, it being acknowledged that the current SET guidelines apply to GPs as well as to other health professionals.
- Commissioning and procurement arrangements need to be detailed, especially where this will involve the use of Commissioning Support Services and/or purchasing expensive and specialist services across a number of CCGs.
- The opportunity to explore linkages with the shadow HealthWatch Essex organisation and how the public can 'become involved' should be explored and set out.
- All CCGs should set out details of how they propose to establish cross border links, this being a particular issue in Essex with many other local authorities on its borders and of relevance for the Health & Wellbeing Board.

The CCGs were thanked for their informative presentations and Board members were happy to follow up on any matters in relation to the authorisation process.

#### 7. Community Budgets Update

The Board considered two reports on the work being undertaken as part of the Community Budget programme, designed to produce better integrated, more responsive services.

(A) Health and Wellbeing domain

Sheila Bremner spoke to the report. The Health and Wellbeing Domain Sponsor Board had held a 'big ideas' workshop for commissioners to help develop its thinking. It now proposed that:

- Proposals in relation to Community Resilience through Asset Based Community Development (ABCD) and co-production should be followed up and developed through to a Full Business Case.
- Two options in relation to the introduction of a truly integrated /single Commissioning Approach should be followed up and developed through to a Full Business Case (these being (i) an integrated commissioning arrangement within existing and emerging organisational boundaries; and (ii) a single commissioning body approach for localities.
- All other areas discussed within the original Outline Business Case (such as Care Tracker and other ICT issues) should now be developed through

business as usual arrangements.

A six week period (16 July to 24 August) will now be set aside for stakeholder engagement, with a view to having Full Business Cases in place by the end of September 2012.

The Board **AGREED** this approach

(NB: It has since been agreed that North East Essex and Southend will be pilot areas for the health and wellbeing community budget work.)

#### (B) Families with Complex Needs

Dave Hill spoke to the report. It is proposed that locality–based Multi Disciplinary Family Teams (MDFTs) be set up to provide a 'front door' for referrals. The referral will then be screened via a multi agency tool to provide a rapid and focussed intervention for the <u>family</u>, via a single key worker. Further work will be undertaken over the next two months to expand upon this broad framework.

The Board noted potential budgetary savings, projected over a number of scenarios and timescales.

It was accepted that the current model of agency working is not sustainable. This is also the view of the Government, which is keen to see more joint working and which has been briefed on the outline proposals by the Chairman of this Board.

The Board **AGREED** this approach.

(NB: Details of the new Partnership Approach on Domestic Violence and Reoffending will be circulated under separate cover.)

#### 8. Health and Wellbeing Board development

The Board considered a report from Clare Hardy, suggesting a way forward to ensure that the Board will be effective once it assumes its statutory role in 2013.

It was **AGREED** that (i) the Executive Board should be asked to work alongside an external partner to lead a self assessment of the Board, including its governance, membership and structures; and (ii) a development day be held in October, to finalise the development plan and explore the internal and external relationships of the Board.

#### 9. Public Engagement Task and Finish Group

The Board considered a report by the Chairman of the Group.

The Board supported the work of the Group in taking forward initiatives in

#### relation to:

- Sharing engagement plans
- Public information (including leaflets)
- Liaison with Healthwatch Essex pathfinder

#### 10. Future meeting arrangements

The Board considered a report by the Head of Scrutiny and Lead Governance Officer, regarding future meeting arrangements.

It was **AGREED** that (i) future meetings be open to the public and the press (but not held as public meetings); (ii) a public question time of up to 15 minutes be included on each agenda; and (iii) meetings should be held at accessible premises across the county and not concentrated at County Hall.

### 11. Third sector funding

It was **AGREED** to invite the Executive Board to review existing arrangements and potential future options for the granting of public money to the third sector. A paper on this subject is due to be prepared in the Autumn.

#### 12. Health and Wellbeing stakeholder conference

The draft programmes for the conference on 18 July was circulated. Any additional suggestions for items to be included should be passed to Clare Hardy as soon as possible.

#### 13 Date and Time of Next Meeting

The Board's next meeting was confirmed for Wednesday, 19 September 2012 from 2.00 pm to 4.00 pm at a venue to be confirmed, but which will be in the south of the county.

Chairman 19 September 2012