

**MINUTES OF A MEETING OF THE ESSEX HEALTH AND WELLBEING BOARD
HELD AT ROCHFORD DISTRICT COUNCIL, HOCKLEY ROAD, RAYLEIGH SS6 8EB**

Present:

Members

Mike Adams	Healthwatch Essex
Nick Alston, Co-opted Member	Essex Police and Crime Commissioner
Councillor John Aldridge	Essex County Council
Dr Kamal Bishai (Vice Dr Rob Gerlis)	West Essex CCG
Dr Anil Chopra	Basildon and Brentwood CCG
Councillor Terry Cutmore	Essex District Councils
Ian Davidson	Essex District Councils
Councillor David Finch	Essex County Council (Chairman)
Jacqui Foyle	Voluntary Sector
Councillor John Galley	Essex District Councils
Dr Mike Gogarty	Essex County Council
Sunil Gupta	Castle Point and Rochford CCG
Dr Lisa Harrod-Rothwell	Mid Essex CCG
Dave Hill	Essex County Council
Joanna Killian	Essex County Council
David Marchant	Essex District Councils
Councillor Ann Naylor	Essex County Council
Andrew Pike	NHS England

Officers

Tom Abel	Basildon and Brentwood CCG
Steven Allen	Essex County Council
Ann Coldicott	Essex County Council
Clare Hardy	Essex County Council
Sam Hepplewhite	North East Essex CCG
Barbara Herts	Essex County Council
Linda Hillman	Anglia and Essex Public Health England Centre
Sheila Norris	Essex County Council

1. Apologies and Substitutions

Apologies were received from:

Dr Rob Gerlis with Dr Kamal Bishai as his substitute	West Essex CCG
Simon Hart, Co-opted Member	Independent Chair ESCB and ESAB
Dr Gary Sweeney	North East Essex CCG (Vice-Chairman)
Peter Tempest	Essex County Council

2. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 21 November 2013 were approved as a correct record and signed by the Chairman.

The Board received updates regarding “Who Will Care” and Colchester and Basildon Hospitals.

3. Declarations of Interest

Councillor Terry Cutmore, Essex County Council advised that he had been appointed as a Governor of Southend Hospital Trust.

Nick Alston, co-opted member, Essex Police and Crime Commissioner advised that he was a non-executive director at Broomfield Hospital.

4. Questions to the Chairman from Members of the Public

No questions were submitted.

5. Integration Update: Better Care Fund and Integrated Plans

The Board received a presentation led by Sheila Norris, Essex County Council and a one page summary from each of the Integrated Commissioning Directors/ CCG's.

The Board noted that on 20 December 2013 guidance had been received regarding the Better Care Fund: “A single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities”.

The CCGs and ECC Integrated Commissioning Directors are working up schemes in each CCG locality and the Health and Wellbeing Board Business Management Group is co-ordinating and will pull together the Essex Health and Wellbeing Board submission.

The Health and Wellbeing Board Business Management Group agreed scheme headings for BCF as follows:

- Protection of Social Care to benefit health
- Community Health services incl admission avoidance
- Reablement
- Joint Nursing and Care Home commissioning incl CHC
- Discharge support
- Acute mental health and dementia
- Primary care
- Care Bill
- Early intervention and prevention
- Community resilience
- Carers
- Disabled Facilities Grant
- Other and enablers

The Board noted the Plans on a Page presented by each CCG. Andrew Pike, NHS England commented that having heard the presentations he was not clear how it was planned to turn strategic intent into action. Members of the Board and staff present agreed there was still a lot of work to be done before submission of drafts to the Board in February.

Resolved:

That the Plan on a Page presented by each CCG be noted.

6. Essex Police Crime Commissioner and Essex Health and Wellbeing Board Strategy

The Board received a presentation by Nick Alston, Co-opted Member of the Board, which provided an overview of the key elements of the Strategy.

The Board noted that the Plan contained eight priority areas of focus:

- Local solutions for local problems
- Tackling domestic abuse
- Supporting victims of crime
- Youth crime and reducing reoffending
- Reducing harm caused by alcohol and substance misuse
- Road safety
- Crime prevention
- Effectiveness and efficiency

The Board also noted the shared outcomes relating to crime and health, the impact of domestic abuse on health services in Essex, the scale of the problem in Essex, the health impacts of domestic abuse and what helps to reduce risk and recent progress that has been made.

The Board noted that the Police and Crime Commissioner would like all partners to undertake the following:

- Increase awareness of issues across health professionals
- Data Sharing
- Engaging in the information sharing arrangements of the Joint Domestic Abuse Triage Team.
- Train health professionals in domestic abuse awareness and risk assessment.
- Joint commissioning of IDVAs

During discussion on this item comments were made about how domestic abuse cases are referred and the need for a single contact number.

Resolved:

That the Strategy and how it fits with the wider Essex Health and Wellbeing Strategy be noted.

7. Essex Orthodontic Needs Assessment 2013 – Key Findings and Next Steps

The Board received a report by Linda Hillman, Anglia and Essex Public Health England Centre regarding orthodontics which is a specialist branch of dentistry concerned with aligning the teeth and jaws, usually during a specific period of a child's development, in circumstances where the natural alignment will develop outside a functional and aesthetic range perceived as normal. An orthodontic needs assessment was undertaken for the Essex Area Team, between May and July 2013, by a consultant in dental public health from Public Health England, in collaboration with providers in the Essex local dental network, dental public health colleagues, contract managers and the NHS Business Services Authority, following a recommended framework.

The Board were advised that demographic data showed that absolute numbers of children in the age groups where orthodontic care is most commonly begun are unlikely to have increased in the years since a nationally co-ordinated survey that included assessment of orthodontic treatment need was carried out in 2009 – 10, although numbers will again begin to rise a little by 2020. At the time of the survey, data suggested that across the county, 6055 12 year old children either needed orthodontic care or were already in treatment and it was demonstrated that professional judgement was important to accurately identify who was eligible for care and when it should begin, and hence manage demand.

During discussions regarding this item the following comments were made:

- That the Essex Young Assembly be asked to give their comments on the service as it was possible some of them may have had Orthodontic care.
- Members of the Board discussed whether there was a link to mental health and other conditions due to poorly treated or untreated dental problems?
- Concern was expressed that the service was accessed by 1 in 3 12 year olds and whether this was appropriate as other specialist services to address improvements to physical appearance are not provided on the NHS.

The Board noted the following 11 recommendations:

1. An orthodontic network should be formally recognised as part of the local dental network in Essex. It should:
 - Support provision of good general dental services as a priority, to ensure basic, good quality preventive care for Essex residents.
 - Promote demand management for orthodontics.

- Promote the standards that are monitored by NHS Essex, using data provided through the Dental Services Division of the NHS Business Services Authority.
2. Long term population projections indicate that overall orthodontic need is unlikely to change radically over the next few years; some increase in capacity is achievable through measures to ensure that current services are delivered effectively, through collaborative planning plus quality improvement supported and promoted by the local orthodontic network.
 3. Care should be taken to ensure that orthodontic care is accessible to eligible special needs patients and those in vulnerable groups, informed by an equity audit.
 4. It is clear that patients in the North and East of Essex have to undertake significant travel in order to access primary care services, and they are most likely to wait for their care to commence. Their perspectives on this should be understood by commissioners.
 5. Orthodontic consultants are ideally placed to provide clinical leadership to the orthodontic network, and the large size of the population and the differences in the communities in the South and North of Essex support the need to retain current levels of consultant presence in the major urban areas.
 6. It is important that the resources currently invested in secondary care orthodontics are identified and transferred to the NHS Essex dental budget.
 7. Continued evidence of long waits and the need to establish the referral management centre in the North of Essex suggest that there is currently insufficient local capacity to meet the local demand as well as the needs of those of patients who travel a long way to reach services. Some capacity will be created through effective management by clinicians and through contract, performance and quality management by Essex Area Team, supported by the managed clinical network.
 8. Capacity in primary care in West and South Essex is bolstered through Essex patients accessing care in adjacent counties, and this supports the observation that there is an under supply in other areas of Essex (see above), where the need and capacity calculations alone do not show this. Patients in the East, North and North East do not have similar opportunities to access services out of county.
 9. Further information is awaited on cost, outputs and outcomes of the referral management service for orthodontics.
 10. Better information is needed, in general, on patient perspectives.
 11. The optimal configuration and contribution of secondary care orthodontic services is best decided once more data is available, and the greater skills and training of orthodontic consultants should be used to the full in order to

get the best possible care to all patients who need it, as close to people's homes as possible.

Resolved:

That the Eleven recommendations set out above be addressed through the following six actions that were put to NHS Essex, contributing to overarching aims to ensure service continuity and equity of provision for all population groups and that:

1. NHS Essex should work with the profession to address observed shortfall in capacity in North East Essex (this in part is caused by children being referred who don't need to be).
2. NHS Essex should support the establishment of an orthodontic sub-group of its existing Essex Local Dental Network. This should be consultant led and support further communications and work on all its orthodontic services. The network would also routinely monitor patient and public experience and views, especially those from people in vulnerable groups and their representatives.
3. Orthodontic consultants are well placed to support the Area Team to maintain and improve orthodontic standards across Essex in addition to their roles to undertake the most complex work, working with other specialists as required, and to provide specialist training. Levels of investment in current hospital services and specialist training should be identified and future service models developed in liaison with the current consultant staff, the Essex orthodontic network and Health Education England.
4. Work would continue within NHS Essex to ensure consistency and excellence in management of primary care orthodontic contracts, in line with the new national performance framework, and to review the referral management system in North East Essex.
5. Management time is required to tackle areas where contract delivery falls below standards expected nationally, and staff should be supported by the local orthodontic network as outlined in recommendation 2 above. Further work should begin to establish the extent of extra clinical capacity that this should release.
6. Pathways through local services should be clear and understandable for the public, and processes in place to deal with cases that might fall outside those agreed.
7. Health Watch and the Health and Wellbeing Boards provide patient and public perspectives, plus those from other local organisations and professional groups. Early feedback to the Area Team would be gratefully received, along with any recommendations for more detailed or specific investigations that should be undertaken, and any ongoing support that could be offered be agreed.

8. National Autism 2nd Self Assessment

The Board received a report by Linda Hillman, Anglia and Essex Public Health England Centre, in line with the request from Norman Lamb MP Minister of State for Care and Support dated 2nd August 2013 (see attached), all Health and Wellbeing boards are requested to endorse their local 2nd Adult Autism Self-Assessment submission as part of the evidence for local planning, health needs assessment strategy development and the supporting of local implementation work.

The purpose of this report is to provide the information submitted as the 2nd Adult Autism Self-Assessment framework for Essex in order for the Health and Wellbeing Board to endorse prior to the January 2014 deadline.

The Board noted that the Autism Strategy has five areas for action aimed at improving the lives of adults with autism:

- increasing awareness and understanding of autism;
- developing a clear, consistent pathway for diagnosis of autism;
- improving access for adults with autism to services and support;
- helping adults with autism into work; and
- enabling local partners to develop relevant services.

The Strategy is not just about putting in place autism services but about enabling equal access to mainstream services, support and opportunities through reasonable adjustments, training and awareness raising.

During discussion the following comments were made:

- Mike Adams Healthwatch Essex advised that he had spoken to Safe Watch and their view was that there was a lack of a coordinated approach across Essex.
- The adequacy of diagnostic pathways was also mentioned.
- Board members asked that the deficiencies highlighted must be worked on.
- Councillor Aldridge undertook to take back the issues raised.

Resolved:

That the Adult Autism Self-Assessment submission be endorsed and that the further submission from South Essex's CCGs be agreed.

9. Annual Public Health Report 2013

To receive a report by Mike Gogarty, Essex County Council seeking endorsement of the Annual Public Health Report: There is an expectation that Directors of Public Health (DPHs) produce an annual report pertinent to the needs of the local population.

Given the JSNA suite provides detail on needs, this report focusses on the evidence base around interventions to deliver productivity for health and social care.

During discussion on this item Members of the Board stated that there are a number of topics covered but little or no evidence to support some of them. Clear direction is still required even though there are big pressures coming up.

Resolved:

That the report and its recommendations be agreed.

10. Commissioning Intentions for Children Young People and Families

The Board considered a report by Barbara Herts, Essex County Council, which set out the commissioning Intentions and priorities of Essex County Council and the Clinical Commissioning Groups across Essex for children young people and families. The report included Commissioning Priorities also identified by Southend and Thurrock Unitary Councils.

The Board were asked to identify where there are opportunities for joint commissioning and collaborative working across key partners that support children, young people and families.

Resolved:

That:

The Board agree and support the document as a starting point and acknowledge that it will need to develop as a result of the implementation of the Children and Families Bill; and

the CCG's be encouraged to work with the ECC Integrated Commissioning Directors to support the Children's Integrated Planning and Commissioning Process, be agreed.

11. Date of next meeting

The Board noted that its next ordinary meeting is scheduled to take place on Thursday 27 March at 2pm, at Braintree District Council, Causeway House, Bocking End, Braintree CM7 9HB.

The Board also noted that there would be an extraordinary meeting which is scheduled to take place on Wednesday 12 February at 4:30pm, in Committee Room 1 at County Hall, Essex County Council.

12. Date of future meetings

The Board noted that meetings be scheduled for 2014/15 as set out below:

Tues 20 May, 2pm at Tendring venue TBA
Tues 15 July 2pm, Brentwood venue TBA
Thurs 25 Sept 2pm, Harlow venue TBA
Tues 25 Nov 2pm, Castle Point venue TBA
Tues 13 Jan 2pm, Maldon venue TBA and
Tues 31 March 2pm, Colchester venue TBA.

13. Clare Hardy

The Board noted that this was the last meeting Clare would support as she was moving to a new role. .

The Board thanked Clare for all her hard work setting up the Shadow Board and ensuring the work undertaken during the Board's first year of operation was carried out efficiently. The Board wished Clare well for the future and welcomed Sheila Norris who would now be supporting the Board.

Chairman
27 March 2014