

MINUTES OF A SPECIAL MEETING OF THE ESSEX HEALTH AND WELLBEING BOARD HELD ON 12 FEBRUARY 2014 AT ESSEX COUNTY COUNCIL, CHELMSFORD

Present:

Members

Mike Adams	Healthwatch Essex
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)
Dr Mike Gogarty	Essex County Council
Sunil Gupta	Castle Point and Rochford CCG
Simon Hart, Co-opted Member	Independent Chair ESCB and ESAB
Dr Lisa Harrod-Rothwell	Mid Essex CCG
Dave Hill	Essex County Council
Councillor Ann Naylor	Essex County Council
Dawn Scrafield (vice Andrew Pike)	NHS England
Dr Gary Sweeney	North East Essex CCG (Vice-Chairman)
Peter Tempest	Essex County Council

Officers

Charlotte Downes	Essex County Council
Colin Ismay	Essex County Council
Sheila Norris	Essex County Council
Tonia Parsons	Basildon and Brentwood CCG

1. Apologies and Substitutions

Apologies were received from:

Councillor John Galley	Essex District Councils
Dr Rob Gerlis (with Dr Kamal Bishai as his substitute)	West Essex CCG
Joanna Killian	Essex County Council
David Marchant	Essex District Councils
Andrew Pike (with Dawn Scrafield as his substitute)	NHS England

2. Better Care Fund and Clinical Commissioning Groups 2-Year Operational Plans for 2014-2016

The Board received a report by the Director for People Commissioning, Essex County Council, and presented by Sheila Norris, Director for Integrated Commissioning and Vulnerable People, Essex County Council, seeking agreement to submit by 14 February 2014 the Better Care Fund (BCF) templates

and Clinical Commissioning Group (CCG) 2-year operational plans as drafts to NHS England as required under NHS Planning Guidance.

Dave Hill, Director for People Commissioning, introduced his report saying that the documents represented an early draft so that the Board could endorse the work in progress although much still remained to be done. He also advised the Board that earlier in the day some information had been made available on the Quality Assurance process.

Further to the information provided at the last meeting, the Board noted that the BCF submission involves the completion of a template covering the Board's area. There is a narrative section covering vision, aims and objectives and sections showing how Essex has met the BCF requirements including provider and service user engagement; fulfilment of the national conditions; planned changes to services covering the BCF schemes; implications for the acute sector of these changes; governance and risks. The rest of the submission covers metrics: baselines and targets proposed against the required and locally- agreed measures; and details of BCF investment with expected financial benefits.

The draft versions of the BCF template Parts 1 and 2 were attached to the report for the Board's endorsement for submission to NHS England. The final version will be sent to NHS England in April, following endorsement by the Board in March. Progress in completing the template has been driven and monitored by the Board's Business Management Group (BMG).

Each CCG has produced its own BCF return. These will be embedded in the Essex submission and give detail on engagement with providers and proposed schemes. The typology for schemes provides some consistency to these submissions. Nonetheless BMG agreed that consistency should be improved between CCG submissions for the final submission and colleagues will be working together to achieve this.

The CCGs' 2-year operational plans, of which the BCF should be an integral part, were also attached for endorsement as drafts for submission to NHS England. The Board received presentations and 'plans on a page' setting out the main points from these Plans in January.

The Board noted that the timetable had been agreed by all partners on the BMG to ensure that the Essex BCF submission and CCG 2 year operational plans are completed for endorsement in March.

While there is clear agreement to the vision for Essex and to the direction of travel, there are several key aspects of the BCF submission which at this stage necessarily remain incomplete. All CCGs and the County Council have made a commitment to revising and completing the draft to the agreed timetable, following conclusion of CCG negotiations with acute hospitals. This is essential to meet submission deadlines.

Sheila Norris provided some information on the Quality Assurance process which will be led by the NHS Area Team and the East of England Local Government

Peers. Outcomes will be known on 21 April. A copy of the checklist to be used has been made available and this will help inform the content of the Essex submission.

Resolved:

- (1) That the progress in completing the BCF template for Essex and the CCG operational plans be noted.
- (2) That the timetable for further work to be undertaken to complete these documents for endorsement by the Board at its meeting on 27 March 2014 be noted.

3. Exclusion of the Press and Public**Resolved:**

That, having reached the view that the public interest in maintaining the exemption (and discussing the matter in private) outweighed the public interest in disclosing the information, the public (including the press) be excluded from the meeting during consideration of the following item of business on the grounds that it involves the likely disclosure of exempt information as specified in paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

4. Better Care Fund and Clinical Commissioning Groups 2-Year Operational Plans for 2014-2016

(Exempt under paragraph 3 - information relating to the financial or business affairs of a particular person)

The Board received a report by the Director for People Commissioning, Essex County Council, which contained exempt information referred to in the report on the same issue and decisions taken earlier in the meeting (minute 3 above refers).

Councillor Cutmore declared a personal interest as a Governor of Southend University Hospital.

In the ensuing discussion Dave Hill acknowledged that the following points needed to be addressed as part of the submission process:

- ensuring acute providers are aware of a shift in funding priorities;
- evidencing patient outcomes;
- the need for the market to respond to new requirements;
- data sharing
- emphasising the resources for reducing demand and meeting demand in different ways; and
- the need to develop metrics to be able to address local demands.

Dave Hill outlined the process for presenting the submission to the March meeting.

Dawn Scrafield asked that the immense challenge faced by the NHS and Social Care in meeting emergency provision be placed on record.

Resolved:

That the draft BCF documents attached as appendices 1 & 2 to the report for submission to NHS England by 14 February 2014 be endorsed.

Chairman
27 March 2014