

**MINUTES OF A MEETING OF THE ESSEX HEALTH AND WELLBEING BOARD  
HELD AT UTTLESFORD DISTRICT COUNCIL, LONDON ROAD, SAFFRON  
WALDEN CB11 4ER**

Present:

**Members**

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)
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
Simon Hart, Co-opted Member	Independent Chair ESCB and ESAB
Dave Hill	Essex County Council
Joanna Killian	Essex County Council
John Mitchell (Vice David Marchant)	Essex District Councils
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**

James Bullion	Essex County Council
Ann Coldicott	Essex County Council
Clare Hardy	Essex County Council
Margaret Lee	Essex County Council
Chris Martin	Essex County Council
Clare Morris	West Essex CCG
Terry Osborne	Essex County Council

**1. Apologies and Substitutions**

Apologies were received from:

Mike Adams with Tom Nutt as his substitute	Healthwatch Essex
Nick Alston, Co-opted Member	Essex Police and Crime Commissioner
Jacqui Foyle	Voluntary Sector
Dr Rob Gerlis with Dr Kamal Bishai as his substitute	West Essex CCG
David Marchant with John Mitchell as his substitute	Essex District Councils

## 2. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 18 September 2013 were approved as a correct record and signed by the Chairman.

## 3. Declarations of Interest

None.

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

Question, received in writing from Mr Kenneth Grahame Edwards BA ACIB. Mr Edwards also attended the meeting.

**"As a long standing member of a Health & Well Being Group covering one of the constituent local authority councils within Essex, I can recall no occasion since its formation when the County Board has engaged with us directly by way of consultation, collaboration or other engagement. Are there any mechanisms in place for such engagement and if so can they please be outlined"**

**Reply.**

Thank you for your question, which is a helpful reminder of the Board's need to engage with a range of stakeholders. The Health & Wellbeing Board has no formal local arrangements but engages through a number of partnership mechanisms, including Clinical Commissioning Group stakeholder forums, Healthwatch and local District Health & Wellbeing arrangements which take a different shape in each locality, depending upon local circumstances. We also maintain an extensive stakeholder database with over 350 names of partners across Essex, through which we have sought engagement on the development of the Joint Health & Wellbeing Strategy and most recently the next steps on the 'Who Will Care?' Commission. The engagement on the Strategy and the Who Will Care Commission included on-line engagement and a range of briefing seminars and workshops, including a county wide conference and 9 district workshops. Details of the activity on both the strategy and 'Who Will Care?' Commission are on the Essex Partnership website: <http://www.essexpartnershipportal.org/pages/>. We are keen to develop our engagement further and would welcome suggestions around efficient and effective ways to continue our engagement.

## 5. Who Will Care? Next Steps

The Board received a report HWB/018/13 by Dave Hill which set out the next steps on the recommendations from the "Who Will Care?" Commission report.

The Board noted the summary of all the discussions on next steps as set out in the table below:

<b>Possible Solution</b>	<b>Suggested Activity</b>	<b>Leads</b>
Co-ordination	<p>Establish a HWB Advisory Group. This group would have an oversight role across the Who Will Care recommendations developing a fully costed implementation plan by end January 2014. The HWB Advisory group is considering options for co-ordinating activity under each work stream. The initial focus of the group will be on recommendation 3.</p> <p>It is proposed that the group is chaired by Sir Thomas Hughes-Hallett and should include Dr Gary Sweeney (deputy chair), Bob Reitemeier, Cllr John Aldridge, a District Council elected member, Joanna Killian, Dr Sunil Gupta, Andrew Gardner, Andrew Pike, James Anderson, an Essex Acute Trust representative, and Dave Hill.</p> <p>The group will meet monthly and report to the Business Management Group, which is chaired by Dave Hill who will report progress back to the HWB.</p> <p>GlaxoSmithKline have also offered support us on taking the programme forward and we are exploring with them what this approach will look like.</p>	Sir Thomas Hughes-Hallett,
1. Understanding	Joint work is already taking place in each CCG locality on the Big Care debate, further consideration and work on this will be picked up through the integrated plans developed by the CCGs and the ECC Integrated Commissioning Directors which are due to come through the HWB in Jan/March. The Council will also work with Healthwatch to consider countywide	CCG Accountable Officers and ECC Integrated Commissioning Directors working with Healthwatch and partners in each locality.

	elements.	
2. Prevention	This work is at the heart of our integration programme and the proposals are being considered through the Integrated Plan process in each locality. The Integrated Plans are due to come through the HWB in Jan-March.	CCG Accountable Officers and ECC Integrated Commissioning Directors working with other partners in each locality.
3. Community	<p>The HWB Advisory Group which provides the overall co-ordination will specifically focus on recommendation 3. The group will aim to strengthen the voluntary sector and harness its support and commitment to achieve the changes set out within the recommendation.</p> <p>The group will meet monthly and report to the HWB Business Management Group, who will report progress back to the HWB. The development of the group is linking in with the Community Budget work on Strengthening Communities and will also be able to report into the Essex Partnership Board on wider opportunities.</p>	Sir Thomas Hughes-Hallett
4. Data & Technology	<p>It is proposed that a Data Reform task and finish group be established to consider Essex's whole system data requirements. The group will look to identify what data we need to share, for what purpose and to whom and will work to address local barriers at both a macro and individual level. It will also use this to develop an evidence base to inform public sector data sharing enabling powers in the Government's Communications Data Bill.</p> <p>It is proposed that the group will be Chaired by Cllr David Finch, and will include; representatives from Essex Fire, Essex Police/ PCC, NHS England, CCGs, ECC Children's Services, ECC commissioning as</p>	Cllr David Finch as Chair supported by Chris Martin, Integrated Commissioning Director, ECC

	<p>well as some technical and legal input. The group will report back to the HWB, coordinated via the HWB Business Management Group.</p> <p>The Anglia Ruskin Health Partnership and have offered support in this area which the task and finish group will be keen to explore.</p>	
5. Leadership	<p>The HWB on the 18<sup>th</sup> September agreed to progress the concept of a Care Partnership but there was concern to ensure we avoid duplication with other groups. Discussions have been taking place to bring together a number of existing forums to create a new Partnership including the Anglia Ruskin Health Partnership and the NHS England Systems Group into this.</p> <p>Work is continuing on the most appropriate model to facilitate this and the Partnership would feed in directly to the HWB as well as the NHS England Area Team or to the Advisory Group on matters relating to the WWC recommendations.</p>	Dave Hill and Andrew Pike

During the discussion on this item the following comments were made:

- Sir Thomas Hughes-Hallett was present at the meeting and reiterated his willingness to progress the areas outlined and that he was available to undertake the work during the coming year;
- Councillor John Aldridge advised that work had already commenced on some of the recommendations;
- Liaison with the Information Commissioner maybe required regarding information sharing;
- Tom Nutt advised that the provision of information needs to be useful to the people who need to access it and use it;
- Mention was made of an app being developed in the Tendring area regarding the availability of Mental Health Services;
- Councillor Terry Cutmore gave another example - a meeting had taken place with his local CCG regarding signposting what care is available;

- Simon Hart advised that there had been a piece of work undertaken regarding data sharing within the domestic abuse triage service. He thought the piece of work might be of use to the data sharing group;
- Sir Thomas Hughes-Hallett advised that he had visited the Prime Minister's adviser who was keen to help steer the work of the commission. The advisers view was that in order to succeed it would be important to set out what can be done rather than what cannot be done. He also advised that he would be willing to host a party at 10 Downing Street to launch the event for everyone involved; and
- Councillor David Finch asked if GlaxoSmithKline wanted anything in return for their offer to help. Sir Thomas advised that that they did not. It was a genuine offer of free high level advice, expertise, mentoring, space to facilitate discussions and that there might be a small sum of money available for a competition prize or something similar.

**Resolved:**

That

1. the CCG and ECC officers developing the Integrated Plans consider the recommendations around Understanding and Prevention and include appropriate activity within the Integrated Plans be agreed;
2. the establishment of a HWB Advisory Group to have oversight and co-ordination of the 'Who Will Care?' recommendations be agreed. The Group will ensure we have costed recommendations for the end of January 2014 and will focus on taking forward recommendation 3 around the community, as set out in the table above;
3. the establishment of a Data Reform task and finish group to identify data needs, address local barriers and submit evidence to support the national work on enabling data sharing as set out in section 4 of the table above be agreed; and
4. support the development of the Care Partnership concept as set out in section 5 of the table above be agreed.

**6. A Vision for the West Essex Health and Care System**

The Board received a report HWB/019/13 and presentation by Clare Morris, Chief Officer West Essex CCG and Chris Martin Essex County Council, which provided an overview of the key elements of the emerging vision for health and care commissioning and services in West Essex.

West Essex remains one of the most financially challenged economies in the region. The vision sets the scene for the forthcoming business planning round and for integrated commissioning discussions between the CCG and Essex County Council.

The Board was asked to consider how the plans fit with the wider Essex Health and Wellbeing Strategy.

The Board noted that West Essex CCG aimed to set a Vision that will:

- Put their patients at the centre – quality and outcomes;
- Determine and deliver the future model of the health and care system in West Essex; and
- Underpin plans that will secure both financial and clinical sustainability for this local system and a phased programme of implementation from April 2014.

Their underlying principles were:

1. Quality first - Patient safety, clinical effectiveness, improved clinical outcomes and care for people as people
2. Significantly shifting the point of care - right care is provided at the right time and in the right place
3. Integration between health and social care as a key enabler for delivery
4. Connected transition of care and support between professionals and organisations
5. Provision built around and responsive to the different needs of our communities and localities
6. Maximise productivity and efficiency where appropriate
7. Allow individuals to take responsibility for their own health and retain independence where appropriate.

The Board noted what professionals had told West Essex CCG regarding Frailty, ACSC, Children, Maternity and Mental Health. Work regarding Frailty services was more advanced than other subjects and the CCG planned to pilot the new model for Frailty Services from April 2014. They hoped to be able to replicate the model with regard to other subjects as they learn from experience.

Clare Morris confirmed that all the available money for a particular service will be given to one provider who will then channel the finances down to more minor services.

During the discussion on this item the following comments were made:

- Peter Tempest commented with regard to Learning Disability Services that in his experience from attending the Learning Disability Partnership Board, that most people with a Learning Disability did not trust their GP and therefore GP's may not always be the best person to deal with their issues;
- Kamal Bishai advised that GP's in West Essex were trying to champion Learning Disability needs and discuss how to co-ordinate services.

- Mention was made of how to give additional support to single doctor practices;
- Ian Davidson asked what work would be required to achieve a system that would work for the whole county; and
- Simon Hart raised an issue regarding safeguarding – he could see where it was implied in the vision but believed more work was required to urgently identify risk.

Clare Morris or Chris Martin responded to or noted the comments as appropriate.

The Board thanked them for their presentation.

**Resolved:**

That the plans and how they fit with the wider Essex Health and Wellbeing Strategy be noted.

**7. Colchester Hospital University NHS Foundation Trust**

The Board received an oral update from Dr Gary Sweeney regarding Colchester Hospital Trust having been put into special measures. He advised that during the Keogh review into mortality rates a whistleblower mentioned cancer waiting lists and made allegations regarding bullying. Significant evidence then came to light and a complicated investigation began. The inspectors did not want to unduly alarm the public or run the risk of further evidence being covered up or tampered with. Work is on going to make services safe whilst the review continues. Actual harm, potential harm and incidents of bullying are all being looked at together with undue delays in treatment and waiting time data relating to cancer treatment. The review will look back at 18 to 20,000 patients to properly assess the scale of who was affected.

He went on to say that the CCG are at present also undertaking an audit of GP's and that several issues were emerging there too.

Dr Gary Sweeney confirmed that as well as the hospital being in special measures it would also have a new Director and a buddy hospital for support. He advised that an internal investigation was also taking place regarding the allegations of bullying and why the initial whistleblowing claims were ignored.

Andrew Pike confirmed the following:

- that a major incident team have been set up and were being led by him and that he would remain in charge of the team until all actions have been completed;
- In order to insure public safety reviews will be completed by 27 November and the outcome will be put in the public domain by 11 December;
- Monitor are leading on the internal review and have powers to remove members of the board if they need to;



- The need to insure the safety of services today – will mean having to review 18 to 24,000 previous cases in order to assess data to see who needs further review; and
- there is a Police investigation regarding allegations of fraud and misconduct in public office.

Andrew Pike finished by advising that everyone involved was giving their full co-operation and that all agencies involved were working together.

During the discussion on this item the following comments were made:

- Dr Anil Chopra advised that some work had already been undertaken in the south of the county with Basildon Hospital regarding data manipulation which may be of use to the incident team;
- Andrew Pike advised that the CCG and hospital trust were reassuring the public about services and a helpline had been set up. He also stated that it was his belief that all work arising from the review should be put in the public domain;
- In response to a question regarding whether the special measures relate to the hospital or cancer care, Andrew Pike advised that as the special measures relate to cancer care services this has led to the hospital as a whole being placed in special measures;
- A report on lessons learned will be brought to the board in due course; and
- Councillor Anne Naylor asked if there would be any changes to the cancer care services provided. Andrew Pike confirmed that there were no plans to dismantle the specialist services provided the only plan was to make sure they are undertaken in the correct way.

The Chairman thanked Dr Gary Sweeney and Andrew Pike for their report.

## **8. Joint Strategic Needs Assessment (JSNA) – Countywide View 2013**

- 1.1. The Board received a report HWB/020/13 by Dave Hill which advised them of the refreshment for 2013 of the countywide view of the Joint Strategic Needs Assessment.

In particular, the Board was asked to note the Key Issues identified in the countywide JSNA attached to the report.

During the discussion on this item the following comments were made:

- The work of Healthwatch Essex had been drawn on in the writing of the overview. Tom Nutt advised that Healthwatch were looking at making the findings more meaningful;
- Councillor Terry Cutmore advised that he was pleased that children at risk and safeguarding had been included;
- Simon Hart also stated he was pleased to see the strong safeguarding around domestic abuse issues. He went on to say he believed the analysis was a useful document but more work was required in relation to

vulnerable adults and he believed it would be useful if the JSNA went to the safeguarding boards and may prove to be a useful during any inspection; and

- Simon Hart also mentioned there was a very important piece of work being undertaken regarding teenage suicide which would be innovative and he was keen to bring to a future meeting of the Health and Wellbeing Board. Other members gave examples of how the information was being used or publicised locally.

**Resolved:**

That the attached countywide JSNA overview for publication be agreed.

**9. Joint Health and Wellbeing Strategy (JHWBS) Refresh**

The Board received a report HWB/021/13 by Dave Hill advising of:

a) the 1<sup>st</sup> annual refresh of the Joint Health and Wellbeing Strategy by taking account of changes in the Joint Strategic Needs Assessment (JSNA) and national policy since the strategy's publication in March 2013;

b) the need to set the baseline figures for the key performance indicators associated with each of the three priorities in the strategy (as agreed in the strategy's evaluation framework signed off by the HWB in May 2013); and

c) to agree on the areas for focus within each of the three priorities and five cross cutting themes during 2014/15. These will guide the development of integrated commissioning plans of the CCGs with ECC.

The Board were advised that the changes that were been made to the strategy for 2013 were:

- i. incorporating the progress that has been made (and the future plans to continue at pace), with the integration of health and social care, into the whole document;
- ii. the most recent data from the JSNA;
- iii. a renewed evaluation framework for the strategy (as approved at the Health and Wellbeing Board in May 2013);
- iv. performance "score cards" for each of the three priorities, which will act as a baseline to track progress in future years;
- v. a clearer focus for each of the priorities and cross cutting themes for the year ahead (2014/15).

**Resolved:**

That:

1. the changes that have been made to the Joint Health and Wellbeing Strategy as identified in the 2013 Refresh document be agreed;

2. amendment of the fifth cross cutting theme so that it is extended to "Safeguarding and quality" be agreed;
3. to incorporate the recommendations from the "Who Will Care?" Commission report that have been accepted by the Board (agenda item 5), as additional areas of focus in the Strategy Refresh be agreed; and
4. the areas for focus for each of the three priorities and five cross cutting themes so that they can guide the development of integrated commissioning plans of the CCGs with ECC for 2014/15 be agreed.

## **10. Integration Programme Update**

The Board considered a report HWB/012/13 by Dave Hill, Executive Director for People (Adults and Children), which updated members on the progress of the health and social care integration work and the Pioneer submission made by the Health and Wellbeing Board; and on the Integration Transformation Fund and the role for the Health and Wellbeing Board; and which set out the timeline for the Integration Transformation Fund and Integrated Plans.

The Board noted that on the 30<sup>th</sup> October we were informed that our submission was the most ambitious of all those received but further planning and development as to how it would be delivered was required to enable it to be a Pioneer. Although we were not accepted in this round we were encouraged to continue to work on our Integration Programme and consider resubmitting in a future round for the Pioneer programme. The HWB will need to consider its position on this at a later date.

During the discussion on this item the following comments were made:

- Dr Gary Sweeney commented that the CCGs were hoping that the five plans would not have to be homogenised. He noted that the use of the money to support social care and health was agreed however it would take time to build up to a more ambitious scope. Dave Hill confirmed that the plan was to start modest and to build up and that rules from central government were slow to arrive;
- Andrew Pike advised that the way forward was to work on the broad principles of previous years and that the five plans should use the same timescales;
- Councillor John Galley asked if responsibility stayed with the District Councils or moved with the funding. Dave Hill confirmed that the responsibility stayed with the District or which ever authority was responsible and all would need to find a way to bring everything together;
- Dave Hill advised that there were six national indicators and by February the Board will need to be satisfied that everyone has fed in to the process; and
- Tom Nutt advised that the board would have to demonstrate how they had engaged. He went on to say that full engagement should be a long term exercise not a tick box approach.

**Resolved:**

That the timeline for the Integration Transformation Fund and Integrated Plans including an additional HWB meeting to take place in February to sign off the Integration Transformation Fund plan be agreed.

**11. Draft Voluntary Sector Strategy**

The Board considered a report HWB/023/13 by Dave Hill advising of the public consultation underway to inform the development of the Essex VCS commissioning strategy and were provided with an opportunity to respond to the consultation and disseminate the message to their networks to ensure the strategy is informed by the full range of stakeholders.

The purpose of the strategy was to provide a consistent and clear approach to commissioning the VCS in Essex. It is a high-level strategic document that sits alongside the Essex, Southend and Thurrock Compacts and states some commitments and expectations of both sectors. It acknowledges the current financial challenges and resulting structural and organisational changes and articulates what a new relationship between the statutory and voluntary sector may look like. The strategy acknowledges the value of the VCS and attempts to create conditions that support the strengthening of local communities to respond to challenges themselves and to reduce the impact on public sector services at a time of increasing demographic pressures and reduced funding.

During the discussion on this item the following comments were made:

Dr Lisa Harrod-Rothwell advised that she had recently attended a voluntary sector fayre which had been lively and helpful.

**Resolved:**

That:

- a. the Board publicise the Strategy consultation process within their organisations and wider networks be agreed; and
- b. consideration be given to the approval and governance processes required for public sector partners to formally adopt the strategy following the consultation period, and that consideration be given to developing individual action plans to deliver the objectives of the strategy.

**12. Date of next meeting**

The Board noted that its next ordinary meeting is scheduled to take place on Tuesday 14 January at 2pm, in the Council Chamber, Rochford District Council, Civic Suite, 2 Hockley Road, Rayleigh, SS6 8EB.

Chairman  
14 January 2014