

**MINUTES OF A MEETING OF THE ESSEX HEALTH AND WELLBEING BOARD  
HELD ON 20 MAY 2014 AT TENDRING DISTRICT COUNCIL, WEELEY CO16 9AJ**

Present:

**Members**

Mike Adams  
Councillor Anne Brown  
Councillor Terry Cutmore  
Ian Davidson  
Councillor David Finch  
Jacqui Foyle  
Dr Mike Gogarty  
Dr Sunil Gupta  
Dr Lisa Harrod-Rothwell  
Joanna Killian  
David Marchant  
Sheila Norris (Vice Dave Hill)  
Tonia Parsons (Vice Dr Anil Chopra)  
Dr Gary Sweeney  
Peter Tempest  
Veronica Watson (Vice Andrew Pike)

Healthwatch Essex  
Essex County Council  
Essex District Councils  
Essex District Councils  
Essex County Council (Chairman)  
Voluntary Sector  
Essex County Council  
Castle Point and Rochford CCG  
Mid Essex CCG  
Essex County Council  
Essex District Councils  
Essex County Council  
Basildon and Brentwood CCG  
North East Essex CCG  
Essex County Council  
NHS England

**Co-opted Members**

Simon Hart

**Members**

Independent Chair ESCB and ESAB

**Officers**

James Bullion	Essex County Council
Ann Coldicott	Essex County Council
Charlotte Downes	Essex County Council
Peter Fairley	Essex County Council
Clare Morris	West Essex CCG
Tom Nutt	Healthwatch Essex

**1. Apologies and Substitutions**

Apologies were received from:

Nick Alston, Co-opted Member

Dr Kamal Bishai

Dr Anil Chopra

Councillor John Galley

Dr Rob Gerlis

Councillor Ann Naylor

Dave Hill with Sheila Norris as his substitute

Andrew Pike with Veronica Watson as his substitute

Essex Police and Crime Commissioner

West Essex CCG

Basildon and Brentwood CCG

Essex District Councils

West Essex CCG

Essex County Council

Essex County Council

NHS England

The Board noted that Councillor Anne Brown had replaced Councillor John Aldridge as a member of the Board and the Chairman on behalf of the Board welcomed her to her first meeting.

## **2. Minutes**

The minutes of the meeting of the Health and Wellbeing Board held on 27 March 2014 were approved as a correct record and signed by the Chairman.

## **3. Declarations of Interest**

Councillor Terry Cutmore, Essex County Council – Governor Southend Hospital  
Dr Gary Sweeney, North east Essex CCG – Member of the Essex Strategic Policing Board.

Councillor Anne Brown – Governor Colchester Hospital

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

No questions were submitted.

## **5. Matters of Governance**

The Board received a report, which was presented by Sheila Norris, Essex County Council in Dave Hill's absence, regarding key developments such as the Better Care Fund, pooled budgets and integrated and joint commissioning arrangements which require the Board to have a more agile approach to governance. The report suggested various amendments to bring about a more streamlined approach to decision making, which included making changes to the membership of the HWB. The Board were asked to consider and amend the governance and accountability arrangements for Health and Social Care integration.

In order to improve management of business, it was proposed to replace the business management group with two groups (with overlapping membership but distinct functions :

- a.** A Secretariat for the HWB to manage the agenda planning and business of the Board and ensure that regular high level reports are considered by the board, giving assurance on agreed spend and outcomes on pooled budget areas; and
- b.** A Programme and Project Board. This would support the HWB to fulfil its statutory functions. In particular it will manage the complexity and drive the delivery of the broader health and social care integration agenda. The scope and content of the programme overseen by this board and its terms of reference will need to be agreed by the HWB. It will also be important for the board to ensure there are robust arrangements in place to manage delivery of individual programmes and projects.

The Board noted that the role and place of the acute hospitals was key in the health and social care integration agenda, but at present they had not featured in the HWB or other governance arrangements. Neither have other providers of health care. At a simple level, acute hospitals are 'commissioned' by the CCG's, but there is a growing view nationally that unless the acute hospitals are embedded into the partnership arrangements, then transformation of the NHS and social care system will not progress at pace.

In order to promote closer working between the Council and CCGs the Board were recommended to ask the CCG boards to invite a nominated Council member to attend as an observer at CCG Board meetings to ensure that within the overall budget parameters that local CCG decisions can be made within the CCG board structures.

The Board noted that the key activity of strengthening and mobilising communities arising from the 'Who Will Care?' commission would be 'owned' by the Essex Partnership Board, with regular reports to the HWB.

The following comments were made at the meeting as follows:

- That the proposals were welcomed however queries were raised about who and how they would be chosen..
- Concern was expressed about the number and frequency of various Boards and Groups (even though the proposal was to replace one Board) and that setting up any additional boards or groups might cause further confusion. The Chairman suggested a review of the operation of groups and boards take place after a year.

**Resolved:**

- 1 That the following additional members be appointed to the Health & Wellbeing board:  
(a) two representatives from the Essex acute hospital trusts; and  
(b) two representatives from the mental health and non-acute providers

such representatives to be appointed by the Board on the nomination of the relevant trust(s).

In making their nominations the trusts are invited to have regard to

- achieving an appropriate balance between managers and clinicians
- the arrangements needed to ensure other trusts/major providers are represented effectively

- 2 That the Business Management Group be wound up.
- 3 That a Secretariat be established which represents health partners (membership to be agreed by a future report to the Board) to plan the Board's business including the Joint Health and Wellbeing strategy; to ensure that regular strategic reports are considered by the Board, giving assurance on agreed spend and outcomes in pooled budget areas and having regard to safeguarding.

- 4 That the Board agree to appoint task and finish groups, chaired by a HWB member, to undertake special reviews on specific areas to report back to the Board on their findings. In planning this work, the HWB would have regard to HOSC's forward programme and other review activity.
- 5 That the 'Health and Social Care Programme and Project Board be established to, represent health partners (membership to be agreed by a future report to the Board), to manage the health and social care integration agenda.
- 6 That the Board will (subject to approval by the ECC Cabinet and CCG Boards) consider annually the County wide pooled budget arrangements between Essex County Council and the CCG's, including the 'envelope' of resources be agreed.
- 7 That each CCG invites a member of the Council, nominated by the Leader, to attend and speak at their Board meetings be agreed.
- 8 That the key activity of strengthening and mobilising communities arising from the 'Who Will Care?' commission be progressed by the Essex Partnership Board, with regular reports to the Board be agreed.
- 9 That a further report be brought to the meeting in July updating the Board on progress relating to the above recommendations.

## **6. Healthwatch**

The Board received a presentation led by Mike Adams and Tom Nutt from Healthwatch Essex which set out a brief summary of current proposals and plans for the creation of a new Information and Signposting service for Essex, to be delivered by Healthwatch Essex in 2014-15. These proposals remain subject to continued discussion between Healthwatch Essex, ECC and wider stakeholders with health and social care. Healthwatch Essex intended to create a service that will add value by increasing opportunities for coordination, consolidation and collaboration amongst existing providers and future partners.

In respect of service users and the public, the proposals offer the prospect of better access via a single point of contact, a more seamless journey through the health and social care landscape and the potential for better outcomes. It was emphasised that a crucial underlying principle of the service proposed by Healthwatch Essex was that information provided by the service will be informed by the lived experience of service users and the public themselves, thereby creating a more 'customer-focussed' ethos.

In summary, the new service was being designed to add value at both an individual and a system-wide, strategic level. In addition, the service will complement the core purpose of Healthwatch Essex – through significantly enhancing their capacity to consolidate evidence of people's voice and lived experience, and to use this to shape and improve the commissioning and provisioning of health and social care services.

The representatives of Healthwatch advised that it would take three to four years to pull all the information together and to make the service really useful.

**Resolved:**

That the Board note the report,

**7. Update on Essex 5 Year Plan**

The Board received a report which was presented by Sheila Norris, Essex County Council and Clare Morris, West Essex CCG informing the Board of progress in completing the Essex Planning Unit (Essex Health and Wellbeing Board area) 5 Year Strategic Plan (Essex 5 Year Strategic Plan).

The Board noted that the Essex 5 Year Strategic Plan is currently being developed. It will be an overarching plan for the Essex Health and Wellbeing Board area and containing 5 'chapters' outlining the 5 Clinical Commissioning Group plans. This will be reported to Cabinet in detail on 24<sup>th</sup> June 2014 having been discussed at an extraordinary meeting of the Health and Wellbeing Board on 19 June. It will also be submitted in draft to NHS England on the 20<sup>th</sup> June. The Board noted this was the first time this process had been undertaken. They also noted a stakeholder day had taken place and an issues list had been compiled and was being worked through.

**Resolved:**

That:

1. the presentation on progress in producing the draft Essex 5 Year Strategic Plan following a partnership event on 6<sup>th</sup> May be noted.
2. the Essex Health and Wellbeing Board be asked to consider, at their meeting on 19<sup>th</sup> June, the draft plan, (the Final Essex 5 Year Strategic Plan will be submitted to Health and Wellbeing Board to consider for approval on 25<sup>th</sup> September 2014), be agreed.
3. the process and approach (outlined above) that CCGs and ECC are following with NHS England Local Area Team (LAT) to create the Essex 5 Year Strategic Plan be noted.

**8. Learning Disabilities (Adults)**

**• Integrated Health and Social Care Strategy and Commissioning Approach**

The Board received a presentation by James Bullion, Essex County Council and Clare Morris, West Essex CCG, regarding the integrated health and social care strategy for adults with learning disabilities in North Essex.

The strategy was developed jointly by commissioners working for ECC and on behalf of the North Essex CCGs. At the same time as the development of the

strategy, the Increasing Independence programme consulted with adults with a learning disability. Their views have shaped the core principles within the strategy.

The report also described the commissioning approach that had been agreed between the North-East, Mid, and West Essex CCG's ("North Essex CCGs") and Essex County Council ("ECC") for adult learning disability services in North Essex.

**Resolved:**

1. That the integrated health and social care strategy for adults with learning disabilities in North Essex, be endorsed.
2. That the integrated commissioning approach that has been developed in North Essex for adults with learning disabilities, be acknowledged.
3. That the commissioning approach is the first stage in developing a whole Essex approach for the commissioning of learning disability services for adults, and that the ambition is for the strategy to become a whole Essex strategy as integrated commissioning arrangements are progressed in South Essex, be acknowledged, and that a mandate to request the necessary additional resources to define and agree the new Pan-Essex arrangements is planned for July of this year, be noted.

• **Winterbourne View Action Plan Progress Report**

The Board received a report regarding progress on the actions from the national Winterbourne View Concordat, and making them aware of the challenges to the local health and social care system in implementing these actions. This report followed the update that was presented to the Board in July 2013.

The Council has invested in a newly formed Complex Behaviour Team consisting of a Team Manager, 2 Senior Practitioners, and 3 Social Workers. The team became Operational in February 2014.

The Complex Behaviour Team will be expected to work as part of an integrated health and social care system to support adults with learning disabilities whose behaviour is deemed as challenging. They will work alongside the existing ECC Behaviour Advice Team and the specialist learning disability health services provided by the South Essex Partnership University NHS Foundation Trust (SEPT), Hertfordshire Partnership University NHS Foundation Trust (HPFT), and Anglian Community Enterprises (ACE).

Facilitated workshops have taken place involving all staff to develop joint working protocols so the teams work together as part of an integrated health and social care system. Managers from these services will meet on a monthly basis to embed the joint working protocols.

**Resolved:**

1. That the significant progress that has been made so far in implementing the commitments from the Winterbourne View Concordat, be acknowledged.
2. That the national milestone of discharging all those people living in hospitals by June 2014 will not be met be acknowledged. The building blocks to enable a successful transition from hospital to community based settings have been put in place; however the complexity of some of the individuals involved has meant that the work will need to continue at the pace they need to ensure a successful move. Discussions with the national Winterbourne Joint Improvement Programme Board have indicated that most other areas are in a similar position, and in a recent visit the national Joint Improvement team were assured by the significant progress that Essex has made, be noted.
3. That the challenges associated with implementing the commitments from the Winterbourne View Concordat be acknowledged. In particular the additional financial pressures to the local health and social care system arising from not having a national mechanism to transfer funds from the NHS Specialist Commissioning Group as people transfer to locally funded services; and the inherent difficulties associated with the structure of NHS commissioning that have acted as a barrier to developing effective commissioning relationships between the NHS Specialist Commissioning Group and the local authority and Clinical Commissioning Groups of Essex, be noted.

## **9. Care Bill**

The Board received a report by James Bullion, Essex County Council which updated them on the progress of the Care Bill, and requested that they note its scope and implications, and the timescales for implementation.

The Board noted that the Care Bill was a radical reform of social care law and is directly relevant to the achievement of the Essex Joint Health and Wellbeing Strategy and a number of the County Council's priority corporate outcomes, especially:

- People in Essex enjoy good health and wellbeing;
- People have aspirations and achieve their ambitions through education, training and lifelong-learning;
- People in Essex live in safe communities and are protected from harm;
- People in Essex can live independently and exercise control over their lives.

They also noted that the Care Bill also further promotes the integration and health and social care. The Government's ambition is for Health & Social Care integration to be the norm by 2018. The Care Bill gives legislative basis to the Better Care Fund.

Implementation of the Care Bill is mandatory.

In line with national guidance, the County Council and the Clinical Commissioning Groups (CCGs) in Essex are working on integration through the Better Care Fund (BCF) schemes and finance, including preparation for the implementation of the Care Bill. The Board acknowledged that the legislation would require changes to be made but were also aware of the need to be realistic about the cost of implementing the changes.

The following comments were made:

- A process would be required for dealing with providers who fail to meet standards (the role of commissioners is to drive up standards).
- Communication will be required about what people are entitled to as it will differ according to where they live as community assets will be taken into consideration.
- More information is required regarding personal budgets and this will not be available until the Regulations are released in the near future.

**Resolved:**

That the report be noted.

**10. Date of Next Meeting**

The Board noted that there would be an extraordinary meeting which is scheduled to take place on Thursday 19 June at 2:30pm, in Committee Room 1 at County Hall, Chelmsford.

The Board also noted that its next ordinary meeting is scheduled to take place on Tuesday 15 July at 2pm, at Brentwood Borough Council, Town Hall, Ingrave Road, Brentwood CM15 8AY.

**11. Urgent Business – Co-Commissioning of Primary Care Services**

With the approval of the Chairman the Board received an urgent item of business presented by Dr Gary Sweeney, North East Essex PCT, namely a report which brought to their attention an invitation from NHS England for CCGs to submit expressions of interest to develop new arrangements for co-commissioning of primary care services with NHS England Area Teams.

Members of the Board could see some attractions in CCGs co-commissioning primary care, and did not have objections, although there was some scepticism about whether there was much to be gained as CCGs were already able to commission some services.

**Resolved:**



That the attached letter from NHS England to CCG Clinical Leads, NHS Area Directors and CCG Chief Officers, inviting CCGs to submit expressions of interest by 20 June be noted.

Chairman  
15 July 2014