Minutes of a Meeting of the Shadow Health & Wellbeing Board held at Basildon Borough Council on Wednesday, 19 September 2012

Present:	Mike Adams, Councillor John Aldridge, Dr Kamal Bishai, Liz Chidgey, Dr Anil Chopra, Councillor Terry Cutmore, Dr Mike Gogarty, Councillor Ray Gooding, Roger Green, Dr Sunil Gupta, Dave Hill, Tony Hopper, Joanna Killian, Steven Lee-Foster, Councillor Peter Martin, Councillor Ann Naylor, Tonia Parsons, Andrew Pike, Dr Ann Pretty, Joshua Resoun, Councillor Terri Sargent, Loretta Sollars, Brian Spencer, Susan Sumner, John Taylor, Yvette Wetton
Officers in support throughout the meeting	Clare Hardy, Senior Manager, Health and Wellbeing Robert Fox, Governance Officer

	Councillor Peter Martin in the Chair
1.	**Apologies and substitutes** Apologies and substitute notices were received as follows:-
2.	**Declarations of Interest** There were no declarations of interest.
3.	**Minutes** The minutes of the meeting held on Tuesday, 3 July 2012 were approved as an accurate record.
4.	**Workshop: Health and Wellbeing Board development and self-assessment** The Workshop session on the development and self-assessment of the Board was based upon a national self-assessment tool. The Groups were asked to consider the strategy, and the purpose and vision of the shadow B. The evidence collected would be collated and analysed to inform a Development Day being organised for Tuesday, 30 October. Clare Hardy informed the Board that one-to-one interviews over the telephone might also be conducted to seek out the personal views of members of the Board. The four Groups were asked to feed back two points from the discussion. The Groups discussed Governance and Accountabilities; Roles and Contributions; Strategy and Vision; and Relationships and ways of working. The feedback from the Groups was thus: <u>Governance and Accountabilities</u>

	i) There is lots of work being done in 'shadow' mode, so there should be recognition that the Board will soon be going into a 'different place'. It is a complicated system but progress has been made but there is still much to be done on the governance and accountabilities; ii) Strategic conversations are being had. The Board is yet to challenge itself about the quality of service provision. Performance failures should lead to conversations about quality. What is the relationship between the H & W Board, Helathwatch and the HOSCs? <u>Roles and Contributions</u> i) Don't know an extensive amount about what each member of the Boards contributions and skills. Everyone knows why they are 'around the table'. Perhaps there should be an audit of the capabilities and interests of Board members – so future tasks can be 'divvied' up; ii) Does the Board have a view whether partnership working is good or bad, as this has not been asked yet? Should the Board commission a study on what success should look like? What is the best way forward on community budgets? <u>Strategy and Vision</u> i) The Board has the ambition to improve health and wellbeing and the greater integration of health and social care. Is this ambition rooted in reality? Should a narrative be developed to state what is different about the Health and Wellbeing Board? ii) Board members have yet to fully understand each others organisations. So how well can the Board challenge each other? <u>Relationships and ways of working</u> i) Work has started on looking at local relationships in terms of development, and the Board's understanding of equalities legislation; ii) Members of the Board feel they have effective working relationships already and these are starting to have an influence within their own organisations.
5.	**Questions from the public relating to the business of the Board** With respect to the Essex Health & Wellbeing Board Joint Health & Wellbeing Strategy for Essex draft a member of the public requested a definition of community assets. A response that they were buildings or assets in public ownership (Local Authority, NHS etc.) was received. There is potential for such buildings to be used to benefit local communities in terms of capacity building. Could investment extend to helping VCOs that cannot accept grants for other bodies? Could this include the free use of buildings? A response that it could extend to that was received. It was also stated that this could extend to the use of people's time as well as monetary exchanges.

	The member of the public requested whether “more effective education in health matters” could be added to the document on page 18? This was answered affirmatively. The member of the public also requested whether “better support for carers” could be added? The response stated that a great deal of work is currently going on in respect to this. Liz Chidgey **agreed** to contact the member of the public regarding clarification on support for those in receipt of Self Directed Support.
6.	**Community Budgets Business Cases** <u>Families with Complex Needs</u> The final deadline for the Full Business Case is 20 September 2012. The focus is on preventatiove measures for families with complex needs and who have difficulty in accessing help. There is a great deal of financial pressure on Local Authorities as a result of late intervention. The wish is to see a significant cultural change across Essex with agencies working in a holistic way. Families should have a single assessment in order that they receive one set of services; also to build upon the strengths of these families rather than concentrating upon their difficulties; and a reshape into multi-disciplinary teams, with four teams across Essex to begin with. Eight teams will be operative in 12-months time, with the ultimate aim to have 12 teams operating - one per district. The families will have one point of contact, with each also receiving a voulnteer to work with them who will check on their progress and act as the eyes and ears of the family they are working with. It is recognised that it will be challenging to racruit and train the right sort of volunteers for what will be a high level volunteering contribution. There are two programmes: Troubled Families and Complex Families. There are around 6,000 families in Essex which fall into the latter group. <u>Health & Wellbeing</u> Liz Chidgey described what the outline Business Case intends to take forwrad and how commissioning services might be addressed differently in Essex in order to achieve an integrated model. The integrated commissioning pilots are being undertaken in Essex with the seven CCGs. The plan is to roll this out to all CCGs. There are no assumptions with regard to the Integrated Commissiong Board ate the present time. Any future ideas will be communicated to the Board. There will be agreements on governance by April 2013. Discussions on governance may be different in some parts of Essex than another as it is hoped to build localism into the

	process. As the Business Case gets signed-off and taken to the CCGs and partners it is felt it should also be signed-off by the Health & Wellbeing Board. It is proposed the Health & Wellbeing Boatrd assumes a place of authority alongside the statutory authorities. Councillor Martin stated elected Members should be on the Co-ordination Group. The Board **agreed** the principle of the Co-ordination Group and Cllr Martin will speak with his equivalents at Southend-on-Sea Borough Council and Thurrok Council. The Board **agreed** the Governance principle arrangement with the caveat of elected Member involvement. Issues around organisational design, Business as Usual modes,integrated work plans, and budgetary decisions will be discussed at the Development Day in October 2012. <u>Strengthening Communities</u> Dave Hill explained the early stages of this work which aims to create the conditions for communities to better support themselves. Dave Hill and Mike Adams are to meet to discuss further what the offer is to strengthen communities and how people can act as voices and proxys for communities.
7.	**Joint Health & Wellbeing Strategy** Steven Lee-Foster explained that the document had altered significantly since it was last received by the Board. The report provides a clear yardstick for the Board to work against in the next year. The Board **agreed** the Strategy.
8.	**Clinical Commissioning Groups Authorisation and Commissioning Plans** Dr Sunil Gupta outlined the authorisation and commissioning plans of the Castle Point and Rochford CCG. The priorities of the CP & R CCG are to close the gap of health inequalities; improving the general mental health and wellbeing of the population; preventing thecauses of ill health and unnecessary illness; providing services to cope with an ageing population; improving the quality and safety of services; ensuring resources are used more productively; to develop commissioners' capabilities to ensure high quality services for the population within available resources; develop integrated approaches for vulnerable children and young people through joint commissioning; and ensure safeguarding across adult and children's services remains a priority. Dr Gupta explained that there is a financial gap of in excess of £5m so the CCG will be concentraing on bridging that gap by concentrating on thethings GPs can have an influence upon.

	Tonia Parsons and Dr Anil Chopra outlined the authorisation and commissioning plans of the Basildon and Brentwood CCG. The CCG has a locality model working with four locality groups that were set-up as smaller CCGs initially. A 'deep dive' is being undertaken into the five JSNA priorities in the CCG area (circulatory disease, respiratory, endocrine/nutritional, lung cancer and lifestyle). The other priorities are to promote health, prevention and the management of disease and in so doing reduce morbidity and the reliance on secondary care; working together with patients, communities, and partner organisations to plan and deliver services that are local to the community in appropriate settings; provide care that is effective, of a high quality and provides value for money; and look to address local health inequalities across all localities. The absolute priority is to provide better qulaity services. Dr Chopra explained how the CCG is moving forwrad to achieve their aims and objectives and how it is conducting conversations with clinicians.
9.	**Any other Business** No further business was identified.
10.	**Joint Health & Wellbeing Strategy guidance consultation** The Board received and noted the draft response on the draft guidance on the joint Health and Wellbeing strategy which has been out to consultation.
11.	**Social Care White Paper and Care and Support Bill** The Board received and noted the Socila Care White Paper and Care and Support Bill.
12.	**Essex Safeguarding Children Board: Annual Report** The Board received and noted the Annual Report of the Essex Safeguarding Children Board.
13	**Dates of future meetings** The Board's next meeting was confirmed for Thursday, 22 November 2012 from 2.30 – 4.30 p.m. at a venue to be confirmed. The meeting will be held in public.
	Chairman 22 November 2012