

Minutes of the meeting of the Essex Health and Wellbeing Board, held in Committee Room 1 County Hall, Chelmsford, Essex on Wednesday, 26 October 2016

Present:

Councillor Graham Butland (Chairman)	Essex County Council
Glen Chipp	District Councils
Councillor Terry Cutmore	Essex District Councils
Ian Davidson	Essex District Councils
Dr Mike Gogarty	Essex County Council
Dr Max Hickman (substitute for Dr Gary Sweeney)	North East Essex CCG
Roger Hirst	Essex Police & Crime Commissioner
Brid Johnson	Non-Acute Providers
Councillor Howard Rolfe	Essex District Councils
Ian Stidston	Castle Point and Rochford CCG

Other persons present at the meeting of the Board:

Carol Anderson	Mid Essex CCG
Phil Brown	Essex County Council
Sean Chadney	Essex County Council
Kim Cole	Essex County Council
Councillor Ray Gooding	Essex County Council
Andy Gribben	Essex County Council (Clerk)
Sam Hepplewhite	North East Essex CCG
Clare Kershaw	Essex County Council
Peter King	Castle Point and Rochford CCG
Sheila Norris	Essex County Council
Michael O'Brien	Essex County Council
Wendy Smith	NHS England
Dr Anita Donley	Chair of The Success Regime

1 Apologies for Absence and Notices of Substitution

The Chairman noted that apologies for absence had been received from:

Mike Adams	Healthwatch
Dr Karmal Bishai	West Essex CCG
James Bullion	Essex County Council
Gavin Jones	Essex County Council
Phil Morley	Acute Hospital Trusts
Sally Morris	Non Acute Providers
Steve Peacock	West Essex CCG
Gary Sweeney (substitute Dr Max Hickman)	North East Essex CCG
Andy Vowles	NHS England

2 Minutes of the meeting held on 21 July 2016

The minutes of the meeting held on 21 July 2016 were agreed and signed subject to a correction where 'Mr Sweeney' should read 'Dr Sweeney'.

3 Declarations of Interest

Councillor Rolfe declared an interest as a Director of Procurement at the East of England NHS Collaborative Procurement Hub.
Councillor Cutmore declared an interest as Chairman of the Castle Point and Rochford Health and Wellbeing Board.

4 Questions to the Chairman from Members of the Public

There were no questions from members of the public.

5 Local Digital Roadmap

The Members of the Board received a verbal update and presentation from Mr Ian Stidston, Castle Point and Rochford Clinical Commissioning Group concerning the Local Digital Roadmap (LDR) that included:

- the NHS England target for Health and Social Care to achieve paper-free at the point of care by 2020/2021,
- the Essex split across three Sustainability & Transformation Plan (STP) footprints,
- the single Local Digital Roadmaps for Essex developed to articulate how paper-free at the point of care will be achieved across care boundaries,
- the first draft of the LDR that was submitted to NHS England in June 2016 and
- the positive feedback that had been received from NHS England which had also asked to re-align LDR footprint to the STP footprints.

Members were informed that the North East Essex LDR was aligned to the Suffolk and North Essex STP footprint, the West Essex was aligned to the Hertfordshire & West Essex STP footprint and the Mid and South Essex STP was comprised of the remainder and mirrored the Essex Success Regime boundaries.

Mr Stidston then advised the Members of the Board of the Digital Roadmap Vision which was to:

- ensure Health and Social Care professionals had timely access to information when and where needed enabling efficient, effective and safe patient care,
- maximise the efficient use of both existing and new technology, together with effective data sharing (via agreed standards) so professionals could obtain

- information in the most effective way,
- ensure that patients obtain appropriate access to their care record and were supported to make best use of self care technologies to improve their engagement in their own health and wellbeing and
- ensure that the underlying infrastructure across the footprint was able to support new ways of working be it fixed or mobile access to systems.

The Board discussed funding issues and the next steps that should be taken and noted the report. They also noted that the LDR was developing and would be refreshed in the Spring.

Councillor Butland, the Chairman, in noting that the presentation had related to asked Mid and South Essex, asked:

1. where was the LDR for East and West Essex?
2. there would need to be sound system-links between the NHS and Local Authorities and did all five Local Authorities use the same system?
3. would Mr Stidston go back to the NHS to express the wish that the Board would like to see the LDR for the whole of Essex.

Dr Mike Gogarty recommended that before the Essex Health and Wellbeing Board could consider signing off a Local Digital Roadmap there should be assurances from our own IT experts that the plan was viable. It was agreed that he should provide names of those within Essex County Council who might be able to provide those assurances.

Sheila Norris also asked that in order for the LDR to be signed off by the HWB that, if the LDRs are about enabling us to do what we want to do in the STPs, were we confident that the enablers are there? So, for example, if we want activity to be moved from the Acutes to the Community, were we confident that all the enablers were present for that joined up activity to take place? Are they being prioritized in the right way in the LDRs? She suggested that she had not seen enough to assure her that this was the case. So, we need to have, as a minimum, an assurance to the HWB that there is a process for doing that in each system.

Councillor Terry Cutmore asked, with reference to there being common IT platforms and/or integrated systems if the structures of the STPs and others (some of whom were outside of Essex) created too complex a problem for this to be achieved?

Mr Stidston and Mr Peter King both agreed that there were complexities and challenges but also noted that there were a lot of commonalities and production of the report had provided a rich seam of information that would inform future progress.

Sam Hepplewhite informed Members of the Board that she was the responsible officer for North East Essex and Suffolk and at the next meeting she would be able to present the North East Essex perspective and this would also identify commonalities of the approaches taken. However, it was as yet uncertain who was the correct liaison officer for West Essex and Hertfordshire.

For clarity, the Chairman requested that he should be sent a written note to clearly identify with whom the County Council should be liaising for each of the three LDRs.

The Chairman requested that the concerns and comments made by Members of the Board be acted upon and the report was noted.

6 NHS Success Regime and Sustainability and Transformation Plans

The Members of the Board noted that Mr Steve Peacock had been delayed in traffic and had been unable to attend the meeting. The verbal update regarding the West Essex CCG Sustainability and Transformation Plan was deferred.

The Members of the Board received a verbal update from Wendy Smith, NHS England. She advised Members that with regard to the STPs there had been a key deadline on the 21 October when all the 44 STPs had been required to submit their latest developed draft. She had reported at the last meeting of the HWB that there had been a positive meeting with NHS England and other arms-length bodies on the first high-level draft that had been submitted in June and consequently, what had happened since is that there has been since a further fleshing out of that material involving social care colleagues as well as others across Mid and South Essex. However, she informed Members that at present the detailed information was still confidential but that it was expected that it would be publically available before the end of November 2016.

The working groups in Mid and South Essex that have been developing sharper focused plans under the Success Regime. She specifically wished to mention the matter of hospital reconfiguration which is, whilst not perhaps the most important part of the plan, is that which requires very specific procedures to get us to a place where public consultation could take place. So, to complete that there has been work on a pre-consultation business case including public engagement, various stakeholder events and 27 discussion workshops to inform a report to evidence local views. Also seeking, by the end of November to be able to appraise the developing options for potential hospital reconfiguration.

Members of the Board discussed and noted the verbal update.

Councillor Rolfe noted that the hospital reconfiguration seemed to be somewhat tardy and asked how the pace might be accelerated.

The Chairman, Councillor Butland, noted that there was a general disquiet about Health and Social Care Integration and the involvement of Local Authorities which were fundamentally democratic, transparent and culturally and fiscally different from the NHS.

At the invitation of the Chairman, Members were addressed by Dr Anita Donley, Independent Chair of The Success Regime, who introduced herself and expressed her opinion that the general national perspective was that the five-year forward view did not embrace the principles of NHS and Social Care Integration and did not accommodate the implications of partnership working. She added that from a

perspectives of the STP and the ESR if we start 'at the bottom' with a unit which is around 30,000 to 60,000 individuals, living in a local community we see colleagues in the NHS and Social Care already working together to deliver integrated care. That is what we should build on in terms of the relationships and behaviours that we wish to foster upwards through the organisations.

Dr Donley also noted (in relation to the governance and leaderships of the various STPs) that there were 44 STPs across England three of whom were also Success Regimes. In Essex there was co-terminosity between the Success Regimes and the STPs but that was not the case elsewhere. Four of the 44 STPs were led by Local Government whereas 35 of the remainder are led by officers from the CCGs and two have clinical leadership.

She concluded by informing members that she was convening a Programme Board, including representatives from Essex, Thurrock and Southend as well as the Chair of Anglia Ruskin University, a representative of the three Healthwatch bodies and the Chair of our Service User Advisory Group, to meet for the first time on 14 November with the intention of meeting regularly for the next year. There is a framework of principles (drawn up by the respective Chairmen of Essex, Thurrock and Southend HWBs) that will help us develop ways in which LAs can work with STPs.

The Chairman thanked her for her comments and Members of the Board discussed various elements of her comments.

The Members of the Board received a verbal update from Sam Hepplewhite, North East Essex Clinical Commissioning Group. She advised Members that much of what Wendy Smith had said on behalf of NHS England also applied to the NEECCG. The Plan doesn't look substantially different from before other than an emerging relationship between Colchester and Ipswich hospitals. The bulk of the STP was about resilient communities and out-of-hospital work which is significantly engaged with local council colleagues, the voluntary sector and GPs. There is also emerging governance with the formation of an STP Executive Group and a larger Steering Group. We are about to recruit a non-Executive Chair and a Program Director.

In conclusion, Councillor Butland, the Chairman, wished to clarify that whilst he was content that District Councils were kept informed by the STPs it would be at County Council level the plans would be signed off.

7 Update on the Progress of the Implementation of the SEND Reforms Report

Members of the Board received a report (HWB/023/16 and appendices) from Clare Kershaw, Essex County Council and Councillor Ray Gooding, Cabinet Member for Education and Lifelong Learning.

The Board were advised on the progress of the implementation of the Special

Education Needs and Disabilities (SEND) reforms and progress in relation to Essex's preparation for the proposed Ofsted local area inspection.

Resolved:

1. To note the update provided in the report.
2. To endorse the revised governance arrangements as outlined at 3.3 and Appendix 1 of the report.
3. To agree that the Board will want to be kept updated on local progress in this area in readiness for inspection.
4. To agree the continued support from all stakeholders in the implementation of the SEND reforms.

8 Carers Count in Essex – Joint Carer's Strategy – progress report and next steps

Members of the Board received a report (HWB/025/16 and appendices) concerning 'Carers Count in Essex - Joint Carer's Strategy' from Phil Brown, Essex County Council.

Members were informed that a report to the Essex Health and Wellbeing Board on the delivery so far of the endorsed 'Carers Count in Essex' - Joint Carers Strategy.

The report sought commitment from all partners on the Health and Wellbeing Board to sign up to the recently launched NHS England, Memorandum of Understanding. This was a resource which promoted working together between all partners including Adult Social Care services, Family Operations, NHS commissioners and providers, including Education providers and third sector organisations to support unpaid family carers of all ages.

Resolved

1. To note the progress of delivery of the carers strategy.
2. To agree to sign up to the Memorandum of Understanding to improve outcomes for unpaid family carers and support them to remain well.
3. All partners on the Health and Wellbeing Board to agree:
 1. To use the principles set out in the Memorandum of Understanding to re-inforce and build upon the work that is currently underway to deliver the carers strategy;
 2. To review current policy, procedures and practice within each partner organisation and strive to seek and embed best practice that effectively identifies and supports all carers
 3. To become active members at strategic level at the Carers Partnership Board to support and drive the programme of work within their own organisation; and
 4. To provide a quarterly report to the Carers Partnership Board on activity that supports carers in their locality.

9 Better Care Fund NHS England Quarterly Report (Quarter 1 2016/17) Report

The Members of the Board received report (HWB/026/16 and appendix) from Sheila Norris, Essex County Council.

In accordance with NHS England's requirements for a BCF Quarterly Review the report was to inform the Essex Health and Wellbeing Board of the content of the 2015/16 BCF Quarter 1 report submitted on 9 September 2016, and to ask the Board to approve retrospectively the Quarter 1 2016/17 BCF progress report.

Resolved:

The Board noted the contents of the Quarter 1 report for BCF 2016/17 which was submitted to NHS England on 9 September 2016 and shown as Appendix 1 to the report.

1 The role of Health and Wellbeing Board

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The Members of the Board received a report (HWB/027/16 and appendices) by the Chairman of the Board, Councillor Butland, Essex County Council and presented by Dr Mike Gogarty, Essex County Council, to review the role of the Essex Health and Wellbeing Board's and to make recommendations arising from the working group as detailed in Appendix 1 and Appendix 2 to the report.

Resolved:

that the recommendations from the HWBB working group on options for change (section 3.6 of the report and Appendix 1 to the report)

1. that the proposals for closer integration of the HWBB and the Essex Partnership Board (EPB) (section 3.7 of the report and Appendix 2 to the report).
2. that the HWBB should arrange for a further review of its role in the development and implementation of Sustainability and Transformation Plans (section 3.8 of the report) and
3. that this work is developed and led by a task and finish sub-group, and priority issues for this group are identified (section 3.9 of the report).

1 Date of Next Meeting

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The Members of the Board noted that the next meeting would take place on Thursday 26 January 2017 at 2:00pm at Basildon Borough Council, St George's Suite, The Basildon Centre, St Martin's Square, Basildon. SS14 1DL

1 Urgent Business

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None

1 Urgent Exempt Business

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None

Chairman