Essex Health and Wellbeing Board	HWB/015/14
Date: 20 th May 2014	

Essex 5 Year Strategic Plan Process

Report by Clare Morris
Enquiries to Sheila Norris

Purpose of report and Decision Areas and Recommendations	1.1.	The purpose of this report is to inform the Health and Wellbeing 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 E	Board are requested to:
	1.2.	Agree to receive a presentation on progress in producing the draft Essex 5 Year Strategic Plan following a partnership event on 6 th May.
	1.3.	Note that the Essex Health and Wellbeing Board will be asked to consider, at their meeting on 19 th June, the draft plan. Note that the Final Essex 5 Year Strategic Plan will be submitted to Health and Wellbeing Board to consider for approval on 25 th September 2014.
		Note 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.

Background	and
context.	

- 2. Background and proposal
- 2.1. Essex Health and Wellbeing Board have agreed that an Essex 5 Year Strategic Plan will be created to include programmes of work by ECC and the CCGs to integrate health and care. The plan will aim to ensure that the interdependencies between the CCGs and ECC are identified and managed effectively
- 2.2. CCG 5 Year Strategic Plans covering 2014/15 to 2018/19 are required by NHS England. The Essex 5 Year Strategic Plan is being developed jointly by ECC, our five Clinical Commissioning Groups and NHS England in line with NHS England guidance.

Context

- 2.3. In December 2013 Sir David Nicholson, Chief Executive, NHS England launched Everyone Counts Planning for Patients 2014/15 to 2018/19. This document outlined the ambitions of NHS England and its approach to strategic, operational and financial planning.
- 2.4. The Government's intention is for NHS and local government social care services to have adopted of commissioning delivering and be integrated care and support. This was outlined with the publication of Integrated Care and Support; Our Shared Commitment by NHS England and the Local Government Association and NHS England's A Call to Action published in July 2013. The shared commitment expresses the intention that integration will be achieved within 5 years.
- 2.5. Health and Wellbeing Boards are required to endorse CCG 5 year strategic plans that are required to be submitted in draft form to NHS England by 20th June 2014.
- 2.6. The Essex 5 Year Strategic Plan is currently being developed. It will be an overarching plan for the Essex Health and Wellbeing Board area supported by 5 Clinical Commissioning Group plans. This will be reported to Cabinet in detail on 24th June 2014. The Plan will take account of NHS England guidance and will include our shared strategy with CCGs for integration with social care. The recently agreed Better Care Fund plan for 2015/16 and the CCG 2 Year Operational Plans will be reflected in the

	strategy.
	2.7. The financial context for the integration of health and social care is both challenging and uncertain. Health and Adult Social Care services in Essex collectively spend around £2.5 billion each year. Essex County Council spends around 43% of its 2014/15 net revenue budget on Adult Social Care. The current MTRS for the service incorporates additional funds of £89m up to 2016/17 for inflation and demographic growth, offset by planned savings across the service over the same period of £75.3m. Further savings are likely to be required to close the current budget gap reported at County level of £69m. The five CCG's, also need to make aggregate savings in the region of £84m ^[1] (5%) of their combined budgets totalling £1,631.0m for 2014/15.
	¹ Health and Social Care Integration Workshop 18-19 June 2013, page 7
Options/Proposals	None
Equality and Diversity	As this is a strategy there are no direct Equality and
	Diversity implications. However, the Essex 5 Year Strategic
	Plan will lead to a series of initiatives by the Council and its
	partners. These will require Equality and Diversity Impact
Dealers and Denes	Assessments as this work proceeds.
Background Papers	None