

Minutes of a Meeting of the Shadow Health and Wellbeing Board held at the Jubilee Suite, Saxon Hall, Aviation Way, Southend-on-Sea on Wednesday, 27 March 2013

Present:	Members: Mike Adams, Councillor John Aldridge, Sally Burton, Ian Davidson, Dr Anil Chopra, Councillor Terry Cutmore, Jacqui Foile, Dr Mike Gogarty, Councillor Ray Gooding, Dr Shane Gordon, Dr Sunil Gupta, Clare Morris, Dr Lisa Harrod-Rothwell, Dave Hill, Tony Hopper, Joanna Killian, Councillor Peter Martin (Chairman), Councillor Ann Naylor and Andrew Pike Co-opted Members: Nick Alston
Officers in support throughout the meeting	Clare Hardy, Colin Ismay, Nick Presmeg and Loretta Sollars
1.	Apologies and substitutes Apologies for absence were received from Councillor John Galley, Dr Rob Gerlis with Clare Morris as his substitute and Dr Gary Sweeney with Dr Shane Gordon as his substitute.
2.	Welcome The Chairman welcomed Sir Thomas Hughes-Hallett to the meeting. He also welcomed Jacqui Foile as the new representative of the Voluntary Sector.
3.	Co-opted Members The Chairman referred to his letter to all Members of the Board dated 21 March seeking support for co-opting the Police and Crime Commissioner and the Independent Chair of the Children and Adults Safeguarding Boards to the Board. The Board was in agreement with the proposed co-options. The Chairman welcomed Nick Alston, Essex Police and Crime Commissioner, to the meeting.
4.	Declarations of Interest Nick Alston declared a personal interest as a Non-Executive Director of the Mid Essex Hospitals NHS Trust.
5.	Minutes The minutes of the meeting held on Thursday, 17 January 2013 were approved as a correct record.
6.	Questions from the public relating to the business of the Board

	<p>A written question received from Mr Peter Blackman, relating to the East of England Ambulance Service Trust together with the question as to how the Board might want to deal with the implications of the Francis Report into Mid Staffordshire NHS Foundation Trust was referred to the Management Board to consider and bring a response to a future meeting.</p> <p>Tony Hopper raised the issue of concerns being expressed about Ambulance crews being held for long periods at A & E Departments. Andrew Pike responded that this was strongly a matter for the NHS to deal with and he would co-ordinate a response through the CCGs. Much work was already in hand. It might be appropriate to take it to the Essex Health Overview and Scrutiny Committee at a future date.</p> <p>A number of questions were put about the content of the Mid Essex Integrated Plan which were dealt with straight away or picked up as part of the presentation of the Plan later during the meeting.</p> <p>Councillor Cutmore responded to a question concerning District Council representation on the Board, explaining that there were two District Councillors and two District Chief Executives on the Board to represent District Council interests.</p>
7.	<p>Health and Social Care Commission</p> <p>The Chairman welcomed Sir Thomas Hughes-Hallett, Executive Chair and Adjunct Professor of the Institute of Global Health Innovation at Imperial College, London and former Chief Executive of Marie Curie Cancer Care, and Paul Probert, Senior Policy Manager, Strategic Services, to the meeting. Sir Thomas had been invited by the Leader of Essex County Council to Chair an independent commission to look at the future of health and social care in the County. The Commission is looking at three specific issues as part of the review:</p> <ul style="list-style-type: none"> • how to ensure that early intervention – an approach that improves outcomes for individuals and can also reduce demand for more costly services – can become more commonplace; • how Essex can create the conditions for greater joining up of services across the system of health and social care in the future; and • how communities and individuals can develop the capacity to play an active role in our health and social care system. <p>Sir Thomas introduced himself and acknowledged his fellow Commissioner, Mike Adams, who is also a Member of the Board. In introducing the work of the Commission, Sir Thomas paid tribute to the support received from Southend Borough Council. He saw it as being a bottom up Commission resulting in no more than 10 recommendations and no less than five. Everyone will understand the report as it will be a plainly-spoken review. There will be no recommendations that cost money, reduce the quality of care given, recommend a change to Statute, recommend structural change or propose anything that is already being done. The recommendations will be radical and</p>

	<p>focussed and about improving care for the people of Essex given the ever increasing and complex demands on services and diminishing resources available.</p> <p>He was taking a great deal of evidence from a range of sessions and had found fantastic individual examples of practice. He was surprised by how little the public services knew about each other and was looking at how best practice could be shared. The focus will need to be on the most vulnerable and the most frail. He is wanting to hold a session on Housing and wants to identify some early implementers before the report is published. He commented that citizens wanted to maintain the quality of the services and to receive their entitlement.</p> <p>During the discussion the following points were made.</p> <ul style="list-style-type: none"> • In response to a question regarding the Health Sector's response to innovation, Sir Thomas commented that the Health Sector was favouring current practice over the evidence available but he very much wanted to involve the Sector in the Commission's decisions and to develop some measurable outcomes. • Jacqui Foile commented that there were excellent voluntary services in Essex keen to get involved with the work of the Commission. Sir Thomas agreed to speak to Jacqui outside of the meeting. • Dr Shane Gordon asked Sir Thomas to test any innovative ideas, make evidence-based recommendations and be careful about claims being made. Sir Thomas undertook not to make recommendations that will not work. • Clare Morris stressed the need for the County Council and CCGs to make progress with integrated commissioning. • Andrew Pike commented that Sir Thomas needed to meet with the CCGs. • Nick Alston referred to the impact on other services such as Criminal Justice. • Dr Lisa Harrod-Rothwell expressed Mid Essex CCG's keenness to get involved with the Commission and the need for the Commission to think in different ways. • Sir Thomas was keen that the Commission's recommendations should not get in the way of what is already being done. He concluded by stating that the Secretary of State is interested in the work of the Commission. <p>The Chairman thanked Sir Thomas for his time and stated that he looked forward to the Commission making its report.</p>
8.	<p>Integrated Plans (including Section 256 agreements)</p> <p>The Board considered a report by Dave Hill explaining the statutory role of Health and Wellbeing Boards in relation to CCG commissioning plans, ensuring that they are in alignment with the Joint Health & Wellbeing Strategy. At the January meeting of the Board an initial presentation was given from each of the CCGs and it was agreed that two Board members would be assigned to review each plan, before the near final plans were presented to the Board in March. Whilst the Council's commissioning plans are not subject to</p>

the same statutory requirements, the County Council has agreed to put its plan through the same process with two members of the Board assigned to the Council's 6th plan.

The Board is required to consider each plan's alignment to the Strategy and its contribution to integrated commissioning and produce a statement on each CCG commissioning plan which is to be published with the plan. If the Board has particular concerns regarding the alignment of a CCG's plan to the Strategy then it can refer the matter to the NHS Commissioning Board.

It was noted that the plans were still in draft form; the CCG plans are due to go to their respective Boards for sign off before being submitted to the NHS Commissioning Board on 5 April. Likewise the County Council's commissioning plan is in draft and will be finalised after 5 April and then go through the County Council's appropriate governance route.

It was resolved:

- i. That the Board consider the draft statement for each plan and agree a final statement to be published with each CCG plan or reported back to Essex County Council in relation to its plan.
- ii. That the Board consider if it needs to refer any CCG plan to the NHS Commissioning Board for not having regard to the Joint Health & Wellbeing Strategy.

The Board then considered each draft plan individually.

North East Essex

The Board considered the North East Essex Integrated Plan.

At this point Dr Shane Gordon circulated a paper setting out the productivity challenge (QIPP) figures for 2013 to 2015 and the impact this will have on the allocation of resources to the CCGs. He argued that unless progress was quickly made on achieving joint commissioning with the County Council then the necessary savings would not be achieved. He and colleagues urged the County Council to make progress in this matter.

Joanna Killian explained the County Council's position with regard to Transformation and the financial challenges faced by the County Council. She commented that both sides were in agreement and the County Council was moving as quickly as possible to implement its new structures. Dave Hill agreed that their mutual futures were bound together around making the best use of the resources available. The Council's new structure should be in place by September. In the meantime a Team is being put together to agree how to work with CCG Colleagues in future and develop the ability to prioritise. It is looking to achieve some quick wins.

Andrew Pike commented on the very constructive conversations currently taking place between the CCGs and the County Council. In the meantime the

Integrated Plans must financially balance. Ian Davidson commented that the Board should be focussing its attention on the Integrated Plans and the proposals for reducing demand.

The Chairman ruled that the Board needed to sign off the Integrated Plans at this meeting. The County Council would address the issues raised by the CCGs.

Dr Gordon explained that the Plan was developed to commission services around patients. Ian Davidson as the representative of the Board assigned to the North East Essex Plan explained that there was a clear vision around commissioning care; it addressed how to look at demand and create better services and addressed the Living Well Agenda. In response to a question from Andrew Pike concerning whether the Plan could be implemented, Dr Gordon explained that delivering savings beyond £9m became more difficult.

In response to a question from Tony Hopper, Dr Gordon explained the benefits of having a Patient Forum in creating honest conversations.

Having consider the North East Essex Draft Integrated Plan the Board agreed the following statement:

“The Integrated Plan sets out a clear vision for integrated commissioning and service delivery, centred around bundles of care to address the needs of priority population groups, in alignment with the Health and Wellbeing Strategy. It includes action to address each of the 3 areas within the Health and Wellbeing Strategy, with a particularly detailed approach to integrated support for the Frail Elderly and End of Life care. It also includes considerable emphasis on empowering communities to contribute to planning and on safeguarding. The CCG recognises the significance of the Francis report and has incorporated its response into its plan.”

Mid Essex

The Board considered the Mid Essex Integrated Plan.

James Roach in introducing the plan explained that it specifically targeted local issues: diabetes; the use of 999 calls by care homes; care for the frail; young people and safeguarding. Dr Lisa Harrod-Rothwell warned that responding to the QIPP savings meant going beyond tweaking services at the edges. James added that some of the figures could be at risk without integrated commissioning.

Mike Gogarty as the member of the Board assigned to the Mid Essex Integrated Plan commented that the Plan addresses the Joint Health and Wellbeing Strategy, it sets out the financial challenges and needs to address integration.

Having considered the Mid Essex Draft Integrated Plan the Board agreed the

following statement:

“The Plan provides a detailed and helpful discussion of the position of the CCG and its challenges ahead. It also outlines its strategic approach to meeting these challenges, including the transformational developments that are planned. There is alignment around the priority areas in the JHWBS although less around “Starting Well” than the other areas. There is also alignment with the JHWBS cross-cutting themes including a focus on empowering the local community. Community budget areas are considered. There is less detail and consideration around the impact of planned schemes on the whole system, how these impacts can be managed, and the opportunities for collaboration that this presents. This will require further consideration outside of the plan and in the years ahead.”

West Essex

The Board considered the West Essex Integrated Plan.

Clare Morris emphasised the following points: the all-age approach and dealing with frailty; the CCG was being brave and bold with its Plan; West Essex was incredibly diverse; there were issues with its Hospitals; the Plan for this year could be delivered but there were difficulties beyond that.

Councillor Ray Gooding as the Member of the Board assigned to the West Essex Integrated Plan commented on how the Plan was looking at the wider life-style Agenda.

Having considered the West Essex Draft Integrated Plan the Board agreed the following statement:

“Alignment with JHWBS priorities is strongest in relation to the older adult agenda. There is less recognition of the potential shared agenda around specific lifestyles management with immediate consequences for health services such as alcohol and drug misuse, or key groups such as carers or domestic abuse. Community engagement is a key priority for the CCG. The plan recognises the potential for community & personal budgets and sets its ambition to develop this potential. Alignment with cross-cutting themes is an area for further development, particularly for health inequalities and safeguarding vulnerable adults. Prevention is focused on immediate avoidance of services rather than longer term prevention of disease. Opportunities for integrated working are identified but are at an early stage and conversations will need to continue to develop further and embed into the CCG’s operations.”

At 3.45 pm the Chairman adjourned the meeting until 4pm.

Basildon and Brentwood

The Board considered the Basildon and Brentwood Integrated Plan.

Dr Anil Chopra and Tonia Parsons emphasised the following points: some of the different issues faced by the CCG; high smoking and related issues; poor lifestyles; improving care for the elderly; MDTs having an impact; making QIPP relevant to GPs; the QIPP plans can be delivered; and the issues around Basildon Hospital.

Andrew Pike commented that he recognised the size of the challenge faced by the CCG and support is being provided.

Councillor Ann Naylor as the Member of the Board assigned to the Basildon and Brentwood Integrated Plan commented on the wide diversity in the area and the great health inequalities; and the difficulty with the Hospital.

Having considered the Basildon and Brentwood Integrated Plan the Board agreed the following Statement:

“The plan aligns well with the JHWBS priorities; further work is required on some cross cutting themes such as health inequalities and community engagement. Safeguarding is a strength. Opportunities for integrated working are identified but are at an early stage and conversations will need to continue to develop further and embed into the CCG operations.”

Castle Point and Rochford

The Board considered the Castle Point and Rochford Integrated Plan. Dr Sunil Gupta introduced the Plan highlighting issues of concern to the CCG. Tony Hopper commented on the Admission Care avoidance service and the closure of the walk-in centres.

Councillor Terry Cutmore as the Member of the Board assigned to the Castle Point and Rochford Integrated Plan commented that it was a good, well-considered plan and well presented, that the CCG will be able to deliver.

Ian Davidson commented that integration included Housing and commented on the need to capture and share information in relation to the families of complex needs pilot. Mike Adams commented that there are clear references to the Joint Health and Wellbeing Strategy; that cross-cutting themes are at an exploratory stage; and that partnership working extended beyond the County Council.

Having considered the Castle Point and Rochford Integrated Plan the Board agreed the following statement:

“The plan highlights clear linkages with the JHWBS; further work is required to clarify the detail and the contribution that the CCG will specifically make towards the JHWBS outcomes. There is a clear

	<p>collaborative approach which as it develops should help to provide the detail. On the cross-cutting themes there is a clear intention to contribute and further work is required to demonstrate how the CCG will address inequalities and ensure safeguarding. There is a clear focus of health interventions but less detail on the contribution that could be made to the wider determinants of health.”</p> <p>Essex County Council 6th Plan</p> <p>The Board considered the County Council’s 6th Plan. Nick Presmeg commented that this was the first time the County Council had set out its plans for joint working in this way; it demonstrated the County Council’s commitment to the Joint Health and Wellbeing Strategy; it consolidated the County Council’s intentions with the CCGs and set out the wider commissioning intentions of the Council.</p> <p>James Roach commented that the opportunity for holding to account was welcomed.</p> <p>Having considered the County Council’s 6th Commissioning Plan the Board agreed the following statement:</p> <p>“This plan provides a helpful overview of the financial and demographic challenges facing the County Council and CCG partners. It sets out at a high level principles and approaches around integrated commissioning and its importance in addressing these challenges. The document details current spend and funding for some initiatives but it is hard to be clear about which of these are new. Analysis at a locality level would help to assess the system and sub-systems impact. It would also help to make linkages with the CCG plans. Further work is continuing around health inequalities, starting and developing well, and links to strengthening communities. The plan for locality directors is strongly applauded and more discussion is welcomed around how they will work.”</p> <p>General Discussion</p> <p>In response to a question from Councillor Terry Cutmore, the Chairman agreed that proposals for monitoring the plans and budgets will need to be addressed and asked the Management Board to come back to the Board with proposals about how the Board can add value to the process.</p> <p>The Chairman thanked everyone for their contribution. He commented that there was still much to be done but a lot of progress had been made.</p>
<p>9.</p>	<p>Healthwatch role and operating model</p> <p>Mike Adams Chairman of Healthwatch introduced Dr Tom Nutt, Healthwatch’s Chief Executive to give a presentation on its role and operating model.</p>

	<p>Dr Nutt set out the following themes close to the heart of Healthwatch: the centrality of patients and service users; its independence; exploring new ways of working; finding a distinctive role in a congested landscape; being successful as a small organisation; not engaging in wasteful duplication; plugging the gaps in the system; and making an impact.</p> <p>Dr Nutt outlined how Healthwatch could work with the Board by contributing to the JSNA and by being a network of networks.</p> <p>The Chairman then asked what could the Board do for Healthwatch. Councillor Ann Naylor had agreed to provide continuous access to her as Cabinet Member; and the County Council had agreed to fund Healthwatch. Dr Shane Gordon commented that they were already having great conversations and thanked LINK for its contribution. He saw there being a role for having honest conversations. Dr Lisa Harrod-Rothwell saw the need for a constructive partnership and for Healthwatch to relate to the seldom understood in the system.</p> <p>In response to a question from Councillor Terry Cutmore about the links with Southend and Thurrock, Dr Nutt explained that the conversation was just starting. He too thanked LINK for its contribution. He saw Healthwatch achieving high standards of evidence-based consultation.</p> <p>In response to a question from Councillor Ann Naylor, Clare Hardy responded that work was being done on developing a protocol on relations between Healthwatch, the Board and the Health Overview and Scrutiny Committee.</p> <p>Tony Hopper reported that the LINK office was now closed.</p> <p>The Chairman thanked Dr Nutt for his presentation.</p>
10.	<p>The Francis Report</p> <p>The Board considered a report by Dave Hill on the second Francis Report on Mid Staffordshire Hospital published on 5 February. It was resolved:</p> <ul style="list-style-type: none"> i That the Board acknowledge the importance of this topic and direct the Business Management Group to prepare a report for a future meeting so that a full and informed discussion can take place. ii That Dr Sally Irvine (Chairman) and Dr Gordon Coutts (Chief Executive) from Colchester Hospital be invited to attend the next meeting.
11.	<p>Business Management Group Development Session</p> <p>Dave Hill outlined plans for a half day session involving the NHS Leadership Academy to help define the Management Group's role and develop the Board's Agenda. The session would be about building trust and developing the cycle of the Board's year.</p>
12.	<p>Code of Conduct</p>

	<p>The Board received a report by Miles Smith, Interim Head of Scrutiny, explaining that members of the Board will be co-opted members of the Council and therefore subject to the Council's Code of Member Conduct and required to submit a declaration of their and their partner's interests to the County Council's Monitoring Officer.</p>
13.	<p>Date of Future Meeting</p> <p>The Board's next meeting was confirmed for Wednesday, 22 May from 2 until 5 pm at a venue to be confirmed.</p>
14.	<p>Items for Information only</p> <p>The following items were submitted to the Board for Information only:</p> <ul style="list-style-type: none"> • All Age Disability Strategic Framework • Community Budget Update
15.	<p>Tony Hopper</p> <p>The Chairman announced that this would be the last meeting of the Board attended by Tony Hopper following the replacement of LINKs by Healthwatch. On behalf of the Board the Chairman paid tribute to Tony's contribution to the work of the Board.</p>
16.	<p>Councillor Peter Martin</p> <p>Councillor Terry Cutmore on behalf of the Committee paid tribute to the crucial contribution to the work of the Board of its Chairman, Councillor Peter Martin, as this would be his last meeting as he was not standing in the upcoming County Council Elections. Councillor Cutmore congratulated the Chairman that the meetings had not been too Essex County Council.</p> <p>The Chairman thanked all members for their good wishes and for their co-operation in the work of the Board. He wished them well for the future.</p>
	<p style="text-align: right;">Chairman 22 May 2013</p>