

**MINUTES OF A MEETING OF THE ESSEX HEALTH AND WELLBEING BOARD
HELD ON 27 MARCH 2014 AT BRAINTREE DISTRICT COUNCIL, BOCKING END,
BRAINTREE CM7 9HB**

Present:

Members

Tom Abel (Vice Dr Anil Chopra)	Basildon and Brentwood CCG
Mike Adams	Healthwatch Essex
Councillor John Aldridge	Essex County Council
Dr Kamal Bishai (Vice Dr Rob Gerlis)	West Essex CCG
Councillor Terry Cutmore	Essex District Councils
Ian Davidson	Essex District Councils
Councillor David Finch	Essex County Council (Chairman)
Jacqui Foyle	Voluntary Sector
Councillor John Galley	Essex District Councils
Dr Mike Gogarty	Essex County Council
Sunil Gupta	Castle Point and Rochford CCG
Dr Bryan Spencer (Vice Dr Lisa Harrod-Rothwell)	Mid Essex CCG
Joanna Killian	Essex County Council
David Marchant	Essex District Councils
Councillor Ann Naylor	Essex County Council
Sheila Norris (Vice Dave Hill)	Essex County Council
Andrew Pike	NHS England

Officers

Ann Coldicott	Essex County Council
Charlotte Downes	Essex County Council

1. Apologies and Substitutions

Apologies were received from:

Dr Rob Gerlis with Dr Kamal Bishai as his substitute	West Essex CCG
Simon Hart, Co-opted Member	Independent Chair ESCB and ESAB
Nick Alston, Co-opted Member	Essex Police and Crime Commissioner
Dr Anil Chopra with Tom Abel as his substitute	Basildon and Brentwood CCG
Dave Hill with Sheila Norris as his substitute	Essex County Council
Dr Lisa Harrod-Rothwell with Dr Bryan Spencer as her substitute	Mid Essex CCG

2. Minutes

The minutes of the meetings of the Health and Wellbeing Boards held on 14 January and 12 February 2014 were approved as a correct record and signed by the Chairman subject to the following correction regarding Minute 8 National Autism 2nd Self Assessment – the report was presented by Councillor John Aldridge, Essex County Council and not Linda Hillman as stated.

3. Declarations of Interest

Andrew Pike, NHS England advised that he is one of the assessors regarding the Better Care Fund Final submissions.

4. Questions to the Chairman from Members of the Public

No questions were submitted.

5a. Essex CCG 2 Year Operational Plans and Essex 5 Year Strategic Plan

The Board received a presentation led by Sheila Norris, Essex County Council seeking endorsement of the Clinical Commissioning Group (CCG) 2 year operational plans which were due to be submitted in final form to NHS England as required under NHS planning guidance by 4th April 2014 and received an update on proposals for producing CCGs 5 year strategic plans, in preparation for submission to the Health and Wellbeing Board in June 2014; and for producing a larger 'Unit of Planning', in preparation for submission to the Health and Wellbeing Board in September 2014.

The Board noted that for Essex the 'Unit of Planning' should be the Essex HWB area. The Business Management Group (BMG) of the HWB proposed that the 5 year Plan should be an integrated plan for health and social care and had already discussed an outline for developing a draft. The Plan would set out:

- key messages from the JSNA and local needs assessments, including views from service users and patients
- plans for different populations eg older people, working age adults
- identify key Essex enablers and plans for developing these eg data sharing and workforce
- impact of these plans for citizens, commissioners, providers, staff etc
- governance for delivering the plans and monitoring performance and impact.

The BMG had also proposed that an event should be held in May 2014 on the model of the Accelerated Design Event that took place last year. This would provide an opportunity to revisit the vision agreed at last year's event, agree the main elements of the Plan and begin work on the content.

During discussion on this item comments were made about:

- The importance of dialogue.
- Being confident that other organisations have the capacity to deliver what is expected of them.

Resolved:

1. That the CCG 2 year operational plans (attached to the report as appendices) for submission to NHS England be endorsed; and
2. That proposals for progressing 5 year strategic plans be agreed.

5b. Presentation of the final Better Care Fund template for approval for submission

The Board received a presentation led by Sheila Norris, Essex County Council seeking agreement to submit the Better Care Fund (BCF) templates (attached to the report) to NHS England as required under NHS Planning Guidance by 4th April 2014.

The Board were reminded that they need to agree 2 year BCF plans by 4th April 2014. In considering the BCF plans the HWB were required to consider whether “they were sufficiently challenging and would deliver tangible benefits to the local population” (linked to the Joint Strategic Needs Assessment and Health and Wellbeing Strategy).

The BCF plan is required to identify which organisation will hold the pooled fund. It had been agreed, in principle, to establish a pooled Better Care Fund from 1st April 2015 under section 75 of the National Health Service Act 2006 and for Essex County Council to host on behalf of all partners.

The plans were required to meet 6 national conditions:

- Jointly agreed plans
- Protection for social care services
- 7 days services (discharge and avoidance of unnecessary weekend admissions)
- Data sharing (based on NHS number)
- Joint assessments and care planning with accountable named professional
- Agreement on consequential impact of changes on the acute sector.

The February draft BCF passed through the assurance process with 20 items marked “green” out of a possible 27.

Points raised through the assurance process and by HWB in February have been addressed in the final submission, in particular:

- Implications for the Acute Sector: acknowledgement that more work on this was needed. The final version describes the modelling activity underway and the timetable for completing this activity.
- Reviewed ambition on targets for:
 - effectiveness of reablement (despite the acknowledgement that Essex is already performing above the regional average and in the top quartile for its target metric). We have slightly increased our target from 82% to 84%.

- avoidable emergency admissions. Agreed to maintain target level at a time of population increase. Planned further modelling.

The BCF submission involved the completion of a template covering the HWB area. There is a narrative section covering vision, aims and objectives and sections showing how Essex had met the BCF requirements including provider and service user engagement; fulfilment of the national conditions; planned changes to services covering the BCF schemes; implications for the acute sector of these changes; governance and risks. The rest of the submission covers metrics: baselines and targets proposed against the required and local agreed measures; and details of BCF investment with expected financial benefits.

Having revised the BCF draft plan and taken account of feedback from NHS England (Local Area Team and local government peers) through the assurance process, it was recommended that this now be endorsed by HWB. In doing so it is recognised that there are aspects of the BCF plans which, in common with other areas, require further work and refinement. In these instances action plans with clear timescales have been included in the template. There will be further reporting to HWB on progress in implementing these plans and preparation for the pooled fund in 2015/16.

The Board made the following comments:

- Dr Gary Sweeney confirmed the BCF had been considered by his Board and there was one outstanding matter of principle – the need to be able to attribute health monies to a health outcome and he requested assurance that this can be achieved.
- Confirmation that £16M was in social care base budget, £6M was scheme specific and the use of a further £5M was to be determined.
- Risk assessment of spend on acute hospital activity was important.

Resolved:

- 1.1. That the BCF (attached as appendices 2 & 3 of the report) for submission to NHS England by 4 April 2014 be endorsed; and
- 1.2. That the proposal contained within the BCF templates that ECC will hold the pooled budget also be endorsed.

5c. Primary Care Strategy

The Board received a report presented by Andrew Pike, Area Director, NHS England.

The Board noted that the Essex Area Team was developing a new primary care strategy for Essex. A strategy had been produced following engagement with stakeholders across Essex. A full version of the draft strategy will be available at the end of March. The Area Team will then have a series of engagement events across Essex co-hosted with the respective CCGs. A final primary care strategy will be produced for the end of June 2014.

The report provided the HWB with some key headlines from the strategy.

Primary care is the heart of the wider health and social care system. Our vision for primary care in Essex is that it should provide the same high quality service over seven days a week fully integrated with other services creating new models of care and pathways that patients use confidently.

The new model of primary care will make a commitment to deliver the following key areas:

Consistent
High Quality
Responsive and Accessible
Integrated
Sustainable
Preventative

Some questions for engagement by the Board were set out as follows in the report:

- Do stakeholders endorse the objective to bring primary care services together to form hubs which provide a superior service for patients?
- How far should these hubs go?
- Should clear statements about minimum standards patients can expect to receive be included in the strategy?
- Do you welcome seven day working for primary care?
- Do you think pharmacists, dentists and opticians could be doing more in the community? If so, what could they be doing?
- Should we embrace new technologies to deliver primary care services differently?
- Should the strategy state that all GP contracts should eventually (in the next five years) be held by at least two GPs in partnership to ensure stability and sustainability?

During discussion on this item the following comments were made or questions were asked:

- Is there an overview of what investment is needed in specific areas to provide similar services across the area? The Board were advised that 3 and a half million had already been assigned to providing new buildings in

Stansted, Ongar and Frinton and other schemes had been put forward for Witham and Braintree.

- Councillor Ann Naylor asked for an assurance that there would be investment for training. The Board were advised that the plan was to provide a training hub which would enable training to be provided to a larger group.
- There was a general acceptance that services for people with a learning disability could be better.
- Mike Adams asked for an assurance that public engagement would be at the forefront of developing the strategy.
- Andrew Pike confirmed that whilst the Strategy was being co-ordinated by NHS England, local ownership was required. He urged members of the Board to speak to his colleague Ian Stidston in more detail about the proposals.

Resolved:

That the proposed Strategy be noted.

6. Implications of the Children and Families Act for Children with Special Educational Needs and Disability (SEND)

The Board received a report by Tim Coulson, Essex County Council advising the Board of the implications of the new legislation for joint commissioning of services for Children with SEND between Education, Health and Social Care and asking the Board to consider and approve the next steps in ensuring that Essex has a co-ordinated response to the new SEND legislation in the Children and Families Act in time for its implementation in September 2014.

The legislation requires:

- Greater focus on outcomes and achievement for children and young people with SEND;
- The Local Authority to work with health to jointly commission services to deliver integrated support for children and young people with SEN 0-25;
- Consultation with children, young people and their parents in delivering the new system;
- Cooperation with a range of local providers to deliver the new system including providers with whom relationships may not be so well established currently, for example post 16 education and training providers;
- Publication of a local offer of SEN services and provision;
- Local Authority to publish comments on the adequacy of the Local Offer and what steps it will take to improve services where complaints are made.

- Provision of a coordinated education, health and care assessment for CYP 0-25 and a new EHC Plan if required; this will replace the current system of SEN statements in schools and Learning Disability Assessments (LDAs) in further education and training;
- Offering those with EHC plans the option of a personal budget;
- Reviewing transition from children to adult services and whether to use the new power to provide children's services to over 18s to smooth transition

The Government is currently developing a new SEN Code of Practice which will act as the statutory guidance on implementing these requirements. Draft versions have been available for consultation and a final version is now awaited by spring 2014.

The draft Code of Practice also places an expectation on CCGs that a Health Officer (DHO) should be identified, whose role will be to ensure that the CCG is meeting its statutory responsibilities for SEN.

During discussion of this item the following comments were made or questions asked:

- SEN services will apply to children/ young people upto 25 years old, the cost of this change will need to be considered along with what happens to the person once they are over 25.
- Data sharing would be an essential part of implementing these changes.
- Mike Adams advised that Healthwatch were at present undertaking work around aspirations, personal budgets and practicalities and advised that he would talk to Tim Coulson direct.
- The Board were advised that more work was required in order to scope the cost of the proposed changes.

Resolved:

That the proposals of the SEND strategic Oversight Group as to how Essex is going to implement the SEND reforms be agreed specifically that:

- The Strategic Maternity, Children and Young People's Integrated Commissioning Group will oversee and manage the development of joint commissioning in priority areas with health, education and social care, for example, speech and language, occupational therapies as set out in the Integrated Commissioning Intentions document.
- Acknowledge the commitment required of Health partners as outlined in the NHS Mandate and NHS England operational plan, including engagement in the relevant SEND work streams to implement the bill;
 - Joint commissioning

- Education, Health and Care (EHC) Plans
- Personalisation
- Local Offer

7. OFSTED Inspection Feedback

Joanna Killian, Essex County Council advised that a major inspection of Children's Services had recently been undertaken at Essex County Council and she was delighted to announce the outcome was "Good". The inspectors had observed children in care were happy and doing well and had also mentioned the good partnership working at Essex.

11. Date of next meeting

The Board noted that its next ordinary meeting is scheduled to take place on Tuesday 20 May at 2pm, at Tendring District Council, Town Hall, Station Road, Clacton-on-Sea CO15 1SE.

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

12. Urgent Business – Harwich and Clacton Maternity Unit

The Board were advised that there was significant local concern in the Tendring area regarding temporary changes to services affecting the Harwich and Clacton Maternity Unit and the possibility of having to travel to Colchester. The matter was due to be discussed at the local Health and Wellbeing Board and at Health Overview and Scrutiny Committee.

Chairman
20 May 2014