

Minutes of a Meeting of the Shadow Health & Wellbeing Board held at the Council Chamber, Harlow Council, Civic Centre, Harlow on Thursday, 17 January 2013

Present:	Mike Adams, Councillor John Aldridge, Dr Kamal Bishai, Liz Chidgey, Dr Anil Chopra, Councillor Terry Cutmore, Councillor Ray Gooding, Dr Sunil Gupta, Dr Lisa Harrod-Rothwell, Dave Hill, Tony Hopper, Joanna Killian, Councillor Peter Martin (Chairman), Councillor Ann Naylor, Andrew Pike, Lynn Seward, and Gary Sweeney
Officers in support throughout the meeting	Clare Hardy, Colin Ismay, Nick Presmeg, Richard Puleston, Sarah Roberts and Loretta Sollars
1.	<p>Apologies and substitutes</p> <p>Apologies for absence were received from Ian Davidson, Councillor John Galley, Dr Mike Gogarty, Malcolm Morley with Lynn Seward as his substitute.</p>
2.	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>
3.	<p>Minutes</p> <p>The minutes of the meeting held on Thursday, 22 November 2012 were approved as a correct record.</p>
4.	<p>Questions from the public relating to the business of the Board</p> <p>There were no questions from members of the public.</p>
5.	<p>Draft Integrated Commissioning Plans</p> <p>Andrew Pike introduced the item. He explained that each of the integrated commissioning plans would come to the March meeting for approval. In the meantime the Board should be seeking evidence from each of the following presentations that the plan will achieve the aims of the Health and Wellbeing Strategy. He encouraged the Board to be robust in its discussion.</p> <p>Each of the CCGs gave a presentation on progress towards achieving their integrated commissioning plan. In advance the presentations were asked to address the following points:</p> <ul style="list-style-type: none"> • Challenges • Local Service Priorities • Key Commissioning Priorities • How the Plan will respond to the priorities • How the plan responds to the Whole Essex Community Budget • Integrated Planning and Commissioning • Alignment with the Health and Wellbeing Strategy

- Alignment with Cross –cutting themes and a self-assessment against the extent of integration throughout the Plan
- QIPP Plans and Budget Summary.

The presentation on behalf of Basildon and Brentwood CCG was made by Tonia Parsons.

Following the presentation the following points were made.

- Liz Chidgey raised the issue of unplanned care for the frail elderly in relation to commissioning primary care, which is a particular problem in Basildon. She asked what could be done differently to manage the problem. Andrew Pike responded that there was a need for a primary care strategy. The money is spread across a number of small practices and there is a need for a dialogue with GPs about reform and reorganisation. He felt that realistically there were limited opportunities to take a longer-term view. Andrew also thought that help was needed to develop a single point of referral. Nick Presmeg, the County Council's Commissioning and Delivery Director will work with the CCG in addressing this issue.
- In response to a comment that primary care expenditure was low it was explained that 2% could be made available for transformation, which was a valuable pot. Tanya explained that the CCG needed to put aside 2% for commissioning. Andrew explained that the sum could be used for transformation but it would be less than 2%.
- In relation to Dementia reference was made to the scheme in Castle Point where help is provided to those living alone.

The presentation on behalf of Castle Point and Rochford CCG was made by Dr Sunil Gupta.

Following the presentation the following points were made.

- In response to a question relating to the gap in the budget summary, Sunil explained that at this stage it had been projected by working out the needs first.
- In response to a question relating to Southend Hospital having similar problems with Emergency admissions as Basildon Hospital and what can be done about the management of unplanned care it was suggested that it would benefit from further development of the proposals for a single point of contact and closer working with care homes.
- In response to a question relating to the priorities identified and the need to think in the medium and longer term about all systems options Sunil suggested that at the moment it was difficult to think long-term.
- Andrew Pike suggested that it was necessary to address the budget gap in advance of the next meeting and to look at the level of intermediate care for the elderly which was lower than elsewhere.

The presentation on behalf of Mid Essex was made by Dr Lisa Harrod Rothwell.

Lisa felt that Mid Essex was seen as the poor relation: it is a largely affluent

area but with a rapidly aging population and small pockets of inequalities, the is also experiencing financial challenges. There is a need to think about a major transformational project in relation to the increase of Frailty but it is a challenge to undertake this without having the resources upfront. Andrew Pike commented that in relation to the figures for the QIPP Plans clarity was needed around the extent to which the plans are already delivering savings and those which are not yet in place.

The presentation on behalf of North East Essex was made by Dr Shane Gordon. The presentation he gave was not based on the template used for the other presentations. His presentation highlighted the need to adopt a different approach to purchasing services based around “care”, not “health care” or “social care” thus releasing funds through combined, streamlined commissioning; delivering efficiencies through combined procurement; and addressing inequalities by commissioning for subgroups of population.

At the end of the presentation he posed four questions to the Board: In delivering the Whole Essex Community Budget will the County Council delegate authority to the appropriate level to deliver Integrated Procurement? In the County Council’s latest proposals for transformation, is there a clear commitment to CCG level Integrated Commissioning posts and at NCB level and to a commitment of County Council commissioning support? Joanna Killian responded that the County Council shares the CCG’s ambitions.

The presentation on behalf of West Essex was made by Dr Kamal Bishai. Of the QIPP savings required £17.5m of the £20m had so far been identified.

Nick Presmeg then gave a presentation on the integrated planning process. This set out what had been achieved as part of Phase 1 of the process; plotted the extent of the integration; and set out the plans for Phase 2 of the process.

Phase 2 (February & March 2013) will see the plans produced and signed off by individual organisation governance processes. For the plans to be robust there will be two key outputs:

- Clear definition of opportunities and activity for the next three years
- Clear County Council Integration Plans that fit with Transformation Mark 2
- The plans will draw together County Council and NHS contestability requirements, contract mapping, transformation objectives and set out the key priorities and requirements for the plan period. This will include:
 - Financial sizing: specifying County Council resource requirements for the commissioning process and aligning this with the Council’s financial challenge and efficiency requirements
 - Reablement monies: Each plan will specify how these funds will be used on a joint commissioning basis
 - Transformation funding: How CCG’s will deploy within the process
 - A Clear County Council Integration Plan will describe how integration will be delivered within the design of Transformation Mark 2 and how the NHS transfer of sustainability monies will underpin the process.
- The initial proposals for the use of sustainability monies, which have yet

	<p>to be agreed between the NCB- LAT, ECC and CCG lead Commissioners, are:</p> <ul style="list-style-type: none"> – Fund a jointly appointed / integrated ECC Commissioning Lead within each CCG – Provide CSU and Project Management capacity for the development of integrated specifications and the delivery of plans – Fund, on a CCG population basis in alignment with CCG transformation funds, resource for mutually beneficial demand management schemes and provider transformation <ul style="list-style-type: none"> • It is expected that the activities described in the plans commence in April 2013. • A close alignment with the County Council's Transformation Mark 2 process will be required. <p>The Board endorsed these proposals. Dave Hill commented on the short time available to produce the final plans. He proposed that the plans be considered by the Management Group in February / March and that two Board Members be allocated to focus with each CCG on the Plan.</p> <p>In drawing together the debate it was agreed that the County Council's efficiency targets for Social Care should be incorporated in the final iterations of the Plans. It was necessary to capture the breadth of thinking across the CCGs via the Commissioning Development Forum for instance to think about the conditioning of the markets, calculating need, pre-planning and preparation. The cost pressures relating to continuing health care were acknowledged.</p> <p>In response to a question from Joanna Killian Andrew Pike responded that the County Council had done enough to help the problems in the South West. The issue was one of data intelligence and integrating data. Liz Chidgey suggested that the Southend and Thurrock Councils also needed to be part of the process. It was agreed that the Management Group should pick up the issue of data integration.</p> <p>The Board agreed the process outlined by Dave Hill for finalising the Plans. The Chairman agreed that the Board Members would be allocated centrally to each of the CCG Plans. Dave Hill and Andrew Pike would agree the process to be followed and what needed to be in place through the Management Group to ensure there was consistency across the Plans.</p> <p>The Chairman thanked all those who had made presentations.</p>
6.	<p>Health and Wellbeing Board Terms of Reference / and Procedure Rules</p> <p>The Board considered a report by Clare Hardy seeking the Board's agreement to the report proposed to go to the County Council's Cabinet on 22 January regarding the Board's terms of reference and procedure rules.</p> <p>The proposed report and the Board's terms of reference and procedure rules as set out in the report were agreed.</p>

7.	<p>Challenge on Dementia</p> <p>The Board considered a report by Older Peoples Strategic Planning and Commissioning on the current position in relation to Dementia and the Prime Minister's Challenge on Dementia launched in March 2012 to deliver major improvements in dementia care and research by 2015. The report also included the Mapping and Progress Report which identifies what has been achieved and what will be achieved in the future.</p> <p>The report set out for the Board the Essex response to certain elements of the challenge.</p> <p>Liz Chidgey spoke to the report and outlined the following actions that needed to flow from the report:</p> <ul style="list-style-type: none"> • a check that dementia is identified as a priority in each of the integrated commissioning plans; • sign off across Health of the principles underpinning the priorities in the Essex, Southend and Thurrock Dementia Strategy; and • sign up to the National Dementia Declaration. <p>The report was agreed.</p>
8.	<p>Launch of National Audit of Intermediate Care 2013</p> <p>The National Audit is undertaken in collaboration between the British Genetics Society, the NHS Benchmarking Network, other professional bodies, NHS organisations and local authorities.</p> <p>It was agreed to refer the matter to the Management Group.</p>
9.	<p>Liz Chidgey</p> <p>The Chairman announced that this would be the last meeting of the Board attended by Liz Chidgey before she takes up her new role as Managing Director of Essex Cares. On behalf of the Board the Chairman said that Liz was owed an enormous vote of thanks for getting the Board to this point. He wished her well in her new post.</p>
10.	<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"> • Community Budget Update • Health and Wellbeing Board Development Plan • Changes to Local Pathology Services
11.	<p>Abolition of Local Involvement Networks (LINKs)</p> <p>Tony Hopper referred to the imminent abolition of the LINKs and their replacement by Local Healthwatch and the arrangements being put in place for</p>

	merging the membership.
12.	Dates of future meetings The Board's next meeting was confirmed for Wednesday, 27 March 2013 from 2 – 5 pm at a venue to be confirmed. The meeting will be held in public.
	<div style="text-align: right;">Chairman 27 March 2013</div>