

HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Shadow Health and Wellbeing Board held on 6 March 2012 at County Hall, Lewes.

PRESENT - Councillor Sylvia Tidy (ESCC) – Chairman
Councillor Keith Glazier – Lead Cabinet Member for Community and Resources ESCC
Councillor Bill Bentley – Lead Cabinet Member for Adult Social Care (ESCC)
Councillor David Elkin – Lead Cabinet Member for Children’s and Adults Services (ESCC)
Dr E Gill – High Weald Consortium
Dr M Writer - Coastal Community Healthcare Consortium
Dr G Wilcox - Hastings and Rother Consortium
Dr C Gurtler - Lewes and the Havens
Alan Keys - LINK
Keith Hinkley – Director of Adult Social Care
Liz Rugg– Assistant Director of Children’s Services
Dr Diana Grice – Director of Public Health

ALSO PRESENT - Becky Shaw - Chief Executive ESCC
Councillor B White – Rother District Council
Councillor A Smith – Lewes District Council
Councillor T Tester – Eastbourne Borough Council
Councillor J Birch – Hastings Borough Council
Marie Casey-Voluntary and Community Sector
Dr J Leach-Wealden District Council
Helen Markwick, Community Development Manager (WDC)
Ian Fitzpatrick Eastbourne Borough Council
Ian Kedge- Lewes District Council
Brenda mason – Rother District Council
Lorraine Reid Sussex Partnership Foundation Trust
Councillor Peter Jones, Leader of East Sussex County Council
Councillor C Belsey, Lead Member for Children and Families
Councillor Simmons (Chairman of Health Overview Scrutiny)
Claire Lee, Scrutiny Lead Officer

APOLOGIES - Councillor Howell, Wealden District Council
Claire Quigley NHS Sussex
Lisa Rodrigues – Chief Executive SPFT
Matt Dunkley, Director of Children’s Services

18. MINUTES

18.1 The Minutes of the last meeting dated 13 December 2011 were approved as a correct record.

19 APOLOGIES

19.1 Apologies for absence were received from Councillor Howell, Wealden District Council, Matt Dunkley, Director of Children's Services and Claire Quigley from NHS Sussex.

20. CLINICAL COMMISSIONING GROUPS – UPDATE

20.1 The representatives from the four Clinical Commissioning Groups (CCGs) provided an update to the Board about each of the CCGs they represented. Dr Wilcox, from the Hastings and Rother Consortium informed members about the current position of the Hastings and Rother CCG. It was noted that the Hastings and Rother CCG had local GPs sitting on the Board which had been elected by local practices. The CCG had regular locality meetings, where practices considered local issues and all practices have Patient Participation Groups. CCGs are slowly organising themselves administratively and the Hastings and Rother Consortium have a structure which has been shared with the Strategic Clinical Commissioning Group. Priorities in Hastings and Rother remained the same with the Board still focusing on issues concerning older people with long term conditions and the fact that there are not good cancer survival figures in Hastings. It was noted that communication to the public about the work of the CCG remained a priority.

20.1 The representative from the Coastal Community Healthcare Consortium, Dr Martin Writer also gave an update to the Board. Dr Writer explained to the Board that progress was constrained by lack of clarity at the moment whilst the Health Bill was passing through Parliament and before it reached Royal ascent. Due to confusion with other acronyms, the name of this CCG would need to be changed. The Coastal CCG works very closely with Hastings and Rother CCG and have a shared understanding of health needs and also a shared acute provider. The Coastal CCG was currently working to develop structures and working towards the appointment of a Chairman and Responsible Officer. These structures and practices would be shared publicly in the new financial year. Dr Writer also informed the Board that Sussex Together was a programme that the Sussex Cluster devised so that CCGs worked consistently across Sussex and to prevent overlap.

20.2 Dr Gurtler, the representative from the Lewes and the Havens CCG also updated the Board. Lewes Havens only has a 73,000 population and so was not big enough to be a stand alone statutory body. Lewes Havens would still continue as a locality but within a larger CCG – The Strategic Health Authority was currently deciding which CCG would include Lewes Havens within its remit. The two options were Brighton and Hove or High Weald. A decision was expected in the next twenty four hours.

20.3 Dr Gill from the High Weald Consortium also updated the Board. It was noted that the High Weald CCG was the largest geographical CCG in Sussex. The CCG had produced an Integrated Strategy Operational Plan and produced a Development Plan. Dr Gill reported that it had been a steep learning curve and had learnt a great

deal about being a statutory body. The CCG has a monthly board meeting and each practice has a Patient Participation Group.

20.4 RESOLVED to receive an update from the CCGs at the next meeting in June.

21. NHS SUSSEX UPDATE

21.1 Claire Quigley of NHS Sussex was unable to attend the meeting and requested that Dr Wilcox updated the Board with the latest information from the NHS Sussex Cluster.

21.2 Dr Wilcox informed the board that NHS Sussex was coming to the end of the annual planning round. The QIPP programme (quality, innovation, productivity and prevention) had been shared with CCGs and was the programme in which health colleagues discussed best ways of delivering services and high quality care in a tighter economic climate. CCGs have also been engaged with the Cluster in putting together more detailed QIPP programmes.

21.3 CCGs also have their own Integrated Strategic Operational Plans (ISOPs) specific to CCGs themselves, but which take in the main thrust of the QIPP. The Cluster is also delivering health service changes through Networks – eight clinical networks including vascular, cardiac and cancer. This is a departure from previous clinical networks which were originally quite adhoc. It was hoped consistent quality would be achieved through these Networks. It was also hoped the CCGs and Networks would work together. Sussex Together was bringing health economies from Brighton and Hove, West and East Sussex together to talk about areas where it is most important to make changes and efficiencies. Sussex Together is also being considered by a group of CCGs which have formed the Strategic Clinical Executive Committee. This group meets every month and does not just discuss Sussex Together, but also NHS 111 and out of hours provision. Within the Sussex Cluster money is extremely tight and demands for cash flow are enormous.

21.4 There is a programme of development of CCGs to formally establish their structures and administrative arrangements. At the same time arrangements are starting to establish the National Commissioning Board which will replace the Strategic Health Authority. The National Commissioning Board will have outposts, but will only be half the size of previous administrative arrangement and will not have Boards or Chairmen as there will only be one Committee representing the National Commissioning Board.

21.5 RESOLVED to request Claire Quigley to send a written note to the Health and Wellbeing Board about the NHS Sussex Update.

22. SEN GREEN PAPER PATHFINDER

22.1 The Board considered a report by the Director of Children's Services which provided Members with the background to the SEND pathfinder (East Sussex Special Educational Needs and Disability pathfinder).

22.2 The Board noted that The South East 7 (SE7) is a consortium of the seven South East main authorities set up to look at a range of services across the councils

including IT, Waste management and services for children with special educational needs. East Sussex is leading the seven authorities on services concerning Children with special needs. The Board noted that this was a great opportunity, if successful, for the SE7 to influence Government policy.

23.2 Currently, the pathfinder is working with groups of families on developing a single plan. Guidance for families is just being finalised.

22.2 RESOLVED to note the background to the SEND Pathfinder.

23. THRIVE

23.1 The Board considered a report by Director of Children's Services which briefed Members on the THRIVE transformation planned programme of change in Children's Services.

23.2 The Board noted that the current level of spend in Children's social care is not sustainable. Successful implementation of the Transformation Programme will enable the Children's Services Department to return to a balanced budget over the next three financial years. The objective of the programme is to increase investment in early help and preventative services in order to reduce the number of children and young people needing higher cost services.

23.3 RESOLVED to note the planned programme of change in Children's Services.

24. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

24.1 The Board considered a report by the Director of Public Health and Medical Director which sought to inform those working to improve health and wellbeing and reduce inequalities in East Sussex. The Board also received a presentation concerning the Annual report.

24.2 The Annual report covers three key areas, the health priorities for Sussex, findings about health and lifestyle and effective public health actions. In relation to health priorities across East Sussex one of the main headlines is that there is still a fifteen year life expectancy gap between wards. Chronic diseases, improving and protecting health and end of life were other areas identified where health inequalities are significant in East Sussex and where we are out of line nationally in these areas. It was suggested that the Board needs to ensure that action is taken within these public health priorities collectively and that improvements are made through commissioning plans.

24.3 Health and lifestyle survey information was also considered in the Annual report which focused on smoking and drinking lifestyle issues in East Sussex. The section on effective public health action in the report contains information about what is in place already in East Sussex. The Board were asked to consider how the information could be used to underpin the work of the Health and Wellbeing Board to underpin commissioning plans.

24.4 RESOLVED – to note the report and note how the findings can inform the work of the Health and Wellbeing Board.

25. HEALTH AND WELLBEING STRATEGY

25.1 The Board considered a report by the Chief Executive of East Sussex County Council which informed them of the process and progress towards developing the first Health and Wellbeing Strategy for East Sussex.

25.2 RESOLVED to note the report.

26. TERMS OF REFERENCE

26.1 The Board considered the Terms of Reference which provided the background to the establishment of the East Sussex Health and Wellbeing Board and the proposed Terms of Reference.

26.2 RESOLVED to approve the Terms of Reference as attached to these Minutes.

27. DATE OF NEXT MEETING

27.1 12 June 2012 at 2:30 p.m.

**East Sussex Shadow Health and Wellbeing Board
October 2011- March 2013**

Draft Terms of Reference

Terms of Reference

Background

The Health and Social Care Bill is currently going through parliamentary process. If given Royal Assent the Council will have to establish a Health and Wellbeing Board from April 2013. To assist with this the Council have established a Shadow Health and Wellbeing Board to help with this transition.

Purpose

The purpose of the Shadow Health and Wellbeing Board is:

To oversee and implement the creation of an East Sussex Health and Wellbeing Board in readiness to assume its statutory responsibilities from April 2013.

To advise on work to improve the health and wellbeing and reduce the health inequalities of the population of East Sussex through the development of improved and integrated health and social care services.

To use the shadow period as an opportunity to learn about the work of the Board members to ensure opportunities to reduce health inequalities are maximised.

Key Responsibilities

The key responsibilities of the Shadow Board will be to:

Identify Needs and Priorities

1. Publish and refresh the East Sussex Joint Strategic Needs Assessment (JSNA), using a variety of tools, evidence and data, including user experience, to ensure that the JSNA supports commissioning/policy decisions and the identification of priorities.

Set the Health and Wellbeing Strategy

2. Prepare and publish a Joint Health and Wellbeing Strategy that meet the needs identified in the JSNA in a co-ordinated and measurable way. The strategy will set out the high level objectives and a rate of improvement for health and wellbeing outcomes, including reduction in health inequalities and joint accountability for delivery.
3. Ensure that the County Council Clinical Commissioning Groups and other commissioners contribute to the development of the Health and Wellbeing Strategy and then integrate its agreed objectives into their respective commissioning plans.

Ensure Achievement of outcomes

4. Communicate and engage with local people about how they can achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing.
5. Have oversight of use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus and integration across outcomes spanning healthcare, social care and public health.
6. Provide advice about the authorisation and assessing of the Clinical Commissioning Groups to the NHS Commissioning Board.

Constitution

Members (12)

One representative of each Clinical Commissioning Group

Four Elected Members of East Sussex County Council (Cllr Sylvia Tidy (Chair), Cllrs Glazier, Elkin and Bentley)

East Sussex County Council Directors of Adult Social Care, Children Services and Public Health

A representative of HealthWatch (the local LINK will cover this role until HealthWatch is established)

Invited observers with speaking rights:

An elected Member from each of the five Borough and District Councils (to avoid conflict of interest this must be different from Health Overview and Scrutiny Committee member)

NHS Sussex

Chief Executive East Sussex County Council

Chief Executives of East Sussex Healthcare Trust and Sussex Partnership NHS Foundation Trust

A representative of the Voluntary and Community Sector as nominated by Speak Up

The quorum for a meeting shall be a quarter of the membership including at least one elected member from the County Council and one representative of the Clinical Commissioning Groups.