STRATEGIC OVERVIEW AND SCRUTINY PANEL
29 AUGUST 2012

Present :-	Councillor Kevin Bentley (Chairman) Councillors Beverly Davies, Bill Frame, Pauline Hazell, Peter Higgins, Kim Naish, Nigel Offen, Gerard Oxford and Terry Sutton
Substitute Member :-	Councillor Laura Sykes for Councillor Helen Chuah
Also in Attendance :-	Councillor Nick Barlow Councillor Mary Blandon Councillor Barrie Cook Councillor Nick Cope Councillor Stephen Ford Councillor Marcus Harrington Councillor Sonia Lewis Councillor Michael Lilley Councillor Sue Lissimore Councillor Colin Sykes Councillor Tim Young

12. Minutes

The minutes of the meeting held on 11 July 2012 was confirmed as a correct record.

The minutes of the meeting held on 17 July 2012 was confirmed as a correct record.

13. Local Health and Wellbeing Arrangements - North East Essex Clinical Commissioning Groups

The following guests were in attendance;

Councillor Ann Naylor, Portfolio Holder for Health and Wellbeing, ECC
Councillor Anne Brown, Deputy Portfolio Holder for Health and Wellbeing, ECC
Ms. Clare Hardy, Senior Manager for Health and Wellbeing, ECC
Dr. Shane Gordon, CEO, North East Essex Clinical Commissioning Group
Dr. Gary Sweeney, Chairman, North East Essex Clinical Commissioning Group
Ms. Alison Woolnough, Public Health Specialist, NHS North Essex / CBC
Councillor Annie Feltham, Portfolio Holder for Communities and Leisure Services
Ms. Bridget Tighe, Community Initiatives Manager

The following Councillors declared non-pecuniary interests in the following item pursuant to the provisions of Meetings General Procedure Rule 7(5);

Councillor Bentley in respect of being a Member of Essex County Council.
Councillor Frame in respect of his work as an Associate Hospital Manager for the North Essex Partnership NHS Foundation Trust.
Councillor P. Higgins in respect of his spouse being a Member of Essex County Council.
Councillor Naish in respect of his spouse being a carer.
Councillor Offen in respect of being a Member of the Essex County Council's Health Overview and Scrutiny Committee and a retired employee of the NHS.

Presentation – Essex County Council

Councillor Ann Naylor, Portfolio Holder for Health and Wellbeing at Essex County Council thanked the Council for inviting her and Ms. Hardy to the meeting.

Councillor Naylor said the introduction of the Health and Wellbeing Strategy was part of a huge political change that will come into effect from 2013. The changes would be important to Doctors, Nurses and other staff, but most importantly to the service users, and therefore everyone had a vested interest.

Ms. Clare Hardy, Senior Manager at Essex County Council for Health and Wellbeing gave a presentation on Implementing the Health and Social Care Act, to provide some context to the evening's discussions.

The new Health and Social Care Act provided the impetus to liberate the NHS.

At the higher level there would be a National NHS Commissioning Board to support, develop and hold to account an effective and comprehensive system of Clinical Commissioning Groups (CCG), deliver specialist commissioning functions and ensure the whole of the NHS architecture is cohesive, coordinated and efficient.

There will be five CCG in Essex, with Colchester BC and Tendring DC areas covered by North East Essex CCG, responsible for commissioning local acute care and community care.

Local HealthWatch will be the membership body representing the patients and public voice, due to be established by April 2013, accountable to Healthwatch England and upper tier local authorities. Essex HealthWatch Pathfinder has been established with 24 members representing Essex, its population and interests, and is exploring an operating model and how it will work within a network of existing groups.

With regard to Public Health, all functions will move to upper tier or unitary Local Authorities or to Public Health England in April 2013. Public Health England will hold Local Authorities to account for public health outcomes within a ring fenced budget. The new model will need to ensure all Council services and key partners are supporting public health outcomes with District Councils having a key role in health improvement.

The Health and Wellbeing Board will be a statutory public committee of Essex County Council, with the aim of integrating health and social care and public health as

enshrined in the Joint Health and Wellbeing Strategy, and for strengthening the local democratic legitimacy of the NHS. A Shadow Board has been operating since April 2012, meeting every month and is supported by the Executive Board and task and finish groups. The Statutory Board will come into effect from April 2013.

The Shadow Health and Wellbeing Board is involved in governance and public engagement, and had 20 members comprising of 5 Members from the Care Commissioning Groups (CCG) in Essex, 3 Directors from Public Health and Social Care bodies, The Leader and the Chief Executive of Essex County Council, Essex County Council Portfolio Holders for Adult Social Care and Children Services and Health and Wellbeing, 1 voluntary sector representative, 2 service users representatives, 1 NHS Commissioning Board Member, 2 District Chief Executives from Essex and 2 District Council Leaders from Essex.

The initial thinking coming from the Shadow Board, fed by engagement and consultation events throughout the summer of 2012, has fed into the proposed Joint Health and Wellbeing Strategy, with a final draft to be approved in September 2012. This would enable time to engage on the delivery of priorities in time for the April 2013 implementation.

Presentation – North East Essex Clinical Commissioning Group

Dr. Shane Gordon, Clinical Chief Officer for NEE CCG and Dr Gary Sweeney, Chairman of NEE CCG gave a presentation on the role and local working arrangements of the North East Essex Clinical Commissioning Group including the health and wellbeing priorities.

The NEE CCG had been in shadow since April 2012, with a board led by clinicians and including doctors, nurses, public health and social service representatives and lay members, all representing Colchester and Tendring, and was aiming for authorisation by the end of October 2012, to be established from April 2013.

The NEE CCG will cover 250 square miles, including 44 GP practices in 6 locality forums. The CCG will serve a current population of 324,000 with a growth estimate of 12.3% between 2018 and 2035, and an above average life expectancy of 79.4 (males) and 83.3 (females). The overall current budget of NEE CCG is £417m, with a savings target of £11.2m in 2012/13.

With regard to what the CCG does, it has responsibility for planning and buying healthcare, with most community services currently provided by Anglian Community Enterprises (ACE). Engaging with people was important to be able to accurately assess local needs, plan in partnership and design services, contract with providers and manage quality, performance and the annual budget.

The NEE CCG is a Member of the Health and Wellbeing Board and is involved in multi-agency planning groups and projects including links with the Council. There are 6 locality forums (3 in Colchester) with connection to frontline services and local needs, plus a Community Health Forum that included 3 locality patient forums, with one of these at Colchester.

In regards to health and wellbeing now is the time of greatest opportunity but also the greatest challenge in NHS history. New technology and treatments will enable care at home, with clinicians in the driving seat, thought by the CCG to be a good thing, and with joined-up health and social care a real prospect. This joining-up is vital due to increasing demand, linked to an ageing population, set in the context of a very challenging economic climate. The CCG's priorities are to improve quality of care without increasing costs, with a system-wide plan for radical change in care for the elderly, long term conditions and urgent care. Examples of this are investment in dementia services with earlier diagnosis, specialist support for people and carers, improvements in stroke with an early supported discharge, end of life care, choices with 24 hour nursing and the rolling out of virtual wards.

Improving urgent care would include investment and development in network of 24/7 services including crisis teams, mental health teams and health and social care working together. There will be simpler access to advice via telephone number '111', with A&E being limited to accidents and life-threatening situations only.

General discussions

With regards to the new '111' number and in response to Councillors Lewis, Davies, Naish and Bentley, Dr Gordon said the '111' number would provide easier access to callers and is being rolled out as part of a national programme, to sit alongside the current '999' emergency number for A&E, Ambulance and GPs. When '111' calls are received, the caller will initially be asked the same questions that are critical to a '999' emergency call, to determine if the call constitutes an emergency. Emergency calls would be dealt with as a '999' call, with non-emergency callers given the appropriate advice to service their needs as quickly and directly as possible. Filtering these calls would enable A&E to predominantly deal with life-threatening situations. Dr Gordon confirmed that '111' calls would be free-calls. '111' will supercede 'NHS Direct', and though some of the functionality will remain, overall it was anticipated that there would be better connectivity.

In response to Councillor Feltham, Dr Gordon said with regards to the partnership with the CCG and Colchester Borough Council, for the short term it was about identifying areas of 'synergy' where partners can gather resources to produce a result collectively and at less overall cost. There is already a local system partnership in place and looking at joint schemes, attended by Mr. Adrian Pritchard the lead officer for the Council. In the long-term it was about partnership working to ensure we meet the aspirations of future health needs as identified in the Health and Wellbeing Strategy and most importantly to provide a better start in life for children. Councillor Naylor said as an example there was to be a revamping of the district nurse system, providing health visitors, an old-fashioned idea, but one it is now felt does provide a better start for children in the home. Councillor Naylor said the Council did have a part-time officer dealing with public health and who worked in partnership with Colchester, ECC and the CCG. Further to this, in response to Councillor Ford, Ms. Hardy and Councillor Naylor said Colchester had a huge role to play in improving health including air quality, Community Safety, Environmental Protection and Leisure Services.

Dr Sweeney responded to Councillor Ford concerning communication, explaining that it

will be vital for the CCG to get the public involved in decisions on health and well being. As previously explained 6 locality forums (3 in Colchester) of GP practices, with connection with frontline and local needs and the Community Health Forum with 3 locality patient forums in Colchester, Harwich & Clacton would provide the links with the public, though the intention was to get more people involved by work underpinned by the Communication Strategy. Councillor Naylor said one of the secrets to the success of the Joint HWB Strategy was to get the general population to understand the new services would be better and more focused, and this would be difficult. Rapid discharge from hospital was one of the key ideas, but again this should be possible given patients are generally disappointed if they have to stay in hospital a long time.

Responding to Councillor Lissimore, Dr Gordon said the annual budget of £417m has been for 2012/13 and had been an estimate figure to cover all the responsibilities coming to the CCG. The budget for 2013/14 was unknown but would be announced probably early in the New Year. There remained a risk that the funding could be cut, despite being one of the lowest funded groups per capita. Funding streams for local authorities and CCG would remain the same in so much as there will be no functions carried out by the Council moving to the CCG. However in the future there will be a possibility of combining services to reduce costs.

In response to Councillor Offen, Dr Sweeney confirmed that consultants in 'Acute Services' and with direct high level responsibilities are represented on the CCG Board. Clinicians now have regularly meetings, and their representation on the Board will ensure a great deal more interaction than was the case previously. With regards to 'Community Matrons' as key workers, the introduction of key workers as a concept will be a part of the whole way of working, with the most appropriate person taking the lead key worker role, whether for example, they are a mental health worker or social health worker. Dr Sweeney responded to Councillor Frame, saying in regards to mental health care there would be themed delivery groups such as 'Healthier Mind' and 'Healthier Body', where key workers will deal with issues and mitigate at a local level, though the present way that mental health services are commissioned will remain unchanged. Ms. Hardy confirmed that mental health came through very strongly in respect to their recent consultation and remained a large cross-cutting theme that required serious consideration.

Dr Gordon said the reduction in A&E attendance, as a measure of how well things are going and to be used as a performance measure was a good idea, though it should be remembered that NEE already have one of the lowest attendance records nationally, so driving down further may not be realistic. That said, if NEE could keep attendances at the same levels while factoring in growth it could be a more realistic and good idea.

In response to Councillor Naish, Councillor Naylor said that whilst 'Quality of Life' had not been mentioned within the presentations, all of the work being undertaken was to do with putting the patient at the centre, so quality of life was at the centre of discussions even if those words had not been used. A lot of the envisaged health improvements will put GPs at the front-line, a real trick missed in past reorganisations. Dr Sweeney understood Councillor Naish's concern about what appeared to be an emphasis placed on linking the elderly with dementia, saying the health services had reduced the ageism approach of 'too old to operate', though there was no escaping that the number of

cases of dementia in North East Essex was above the national average. The intention was to diagnose dementia at an earlier stage and this will help the person's quality of life. Dr Gordon said focusing on dementia was very important given the huge proportion of the CCG budget spent on this illness.

Dr Gordon said reorganisation and natural wastage had meant very few redundancies so far, and the CCG are going through the restructuring carefully to minimise redundancies, though it will be inevitable that there will be a small number of redundancies at the end of the process.

Dr Gordon confirmed to Councillor Hazell that the CCG would have full responsibility for their budget. Dr Gordon was shortly to be appointed the Chief Executive Officer (similar to the role of CEO for the PCT), supported by several senior health managers including the Chief Financial Officer (CFO). The CFO will report to the Accounts and Performance Committee who will scrutinise financial and audit reports and all internal procedures will be subject to internal and external auditing as part of the CCG overall financial arrangements. Dr Gordon would be accountable for ensuring the CCG costs remained within budget. Dr Gordon said there remained extremely experienced managers and staff within the NHS, good people delivering all the services, and that the new organisation would not require a complete staff overhaul.

Dr Gordon confirmed that the National Commissioning Board (NCB) and not the CCG commissioned dentistry. That said, a part of the role of the CCG would be to reduce 'poor self-health care' of which dentistry was an important part, and it was imperative that in the future the CCG worked closely with the NCB to achieve this end.

Councillor Laura Sykes said that in her work as a Ward Councillor it was still the case that many people remain off the health radar. This was for a variety of reasons such as elderly or vulnerable people living alone, a lack of communication skills or technology at their disposal (or a poor telephone service being offered) or no educational or intellectual skills. What's more, many of these people had little or no contact with the outside world, often living in overcrowded accommodation or accommodation requiring aids or adaptations. All of these problems inevitable led to an increase in stress or depression, with the individual often in no fit state to take their medication.

Councillor Naylor sympathised with Councillor Sykes, understanding the plight of many vulnerable and elderly people in the community. Whilst some people do slip through the net, it was the responsibility of the agencies dealing with health and wellbeing to work together and minimise. Assessing the needs of individuals and then placing them in accommodation suitable for their needs can be extraordinarily difficult. Aids and adaptations within households should not be an issue with the local council providing support in this work. Ms. Hardy said under social care, there are options for people, with the provision of personal health budgets for those who fit the criteria. Dr Gordon said there are 24 hour services available, and agreed to provide Councillor Sykes with the contact details of people who could provide her with guidance. Councillor Hazell understood the points made by Councillor Sykes, agreeing that these people needed to be identified and more help given. Dr Gordon said this remained a key challenge, and despite all the statutory services some individuals do slip through the net. There are now new opportunities with telephone 'Care Line', providing quicker responses and

solutions. Dr Sweeney said the voluntary sector would have a large part to play in this problem in the future, and harnessing their services through formal commissioning may help in providing the solutions.

Dr Gordon responded to Councillor Gerard Oxford in respect of the use of resources. Dr Gordon said most of the budget is spent on the demand for services already provided, so it was important that the remaining budget was channelled to those services with the greatest need, with all money allocated via a vigorous strategic needs assessment.

In response to Councillor Bentley, Dr Gordon said the change to the CCG will be seamless, so that local residents will not notice a difference. The main challenge for the CCG will be to provide a better overall standard of care within the budgets provided. Part of this improvement would be to speed-up treatment processes. Very often there are a lot of processes that form part of the overall treatment and improvements can be achieved where all the different treatments are brought together and rationalised. In respect of democratic representation on the HWB Board, Ms. Hardy said there will be some self-assessment with many issues raised being considered including the number of elected members on the Board. In respect of scrutiny and transparency, whilst it was acknowledged that health scrutiny would be the responsibility of Essex County Council, County would be keen to work in close partnership with District Councils, and without duplication. To this end it was conceivable that issues or concerns specifically raised within a North East Essex hospital could be subject to local scrutiny, whereas issues concerning all hospitals in Essex could be dealt with by Essex County Council. Councillor Naylor acknowledged the need for health scrutiny and the possible representation from district members. In respect of what percentage of local people received private medical care, Councillor Naylor said that speaking from her many years experience as an anaesthetist the pattern of the number of people receiving either private medical care or NHS care had changed very little. Dr Gordon stated that the CCG commissioned services for all local residents, regardless of the number subscribing to private medical care.

Councillor Bentley said the review had been an excellent piece of scrutiny, and thanked all the guests for attending the meeting, and for their presentations and contributions to the discussions.

RESOLVED that the Panel;

i) Thanked Councillors Naylor and Feltham, Doctors Gordon and Sweeney and officers for attending the meeting, giving their presentations and providing positive responses to questions from guest councillors and members of the Panel.

ii) Agreed that the presentation slides and minutes from the meeting would be forwarded to all members.

iii) Agreed that the Chairman would write to Essex County Council and the Clinical Commissioning Group to thank them for their participation in the HWB review and to restate the issues that arose at the two meetings.

14. Work Programme

Councillor Bentley said that at the previous week's briefing, he and Councillor Offen had discussed and agreed to three further reviews being added to the Work Programme pending agreement by the Panel. The reviews and review dates are as follows;

- 11 December 2012 – HRA Reform
- 12 February 2013 - Welfare Reform, including the process and implementation arrangements including Customer Contact, Homelessness, Housing Allocations.
- 19 March 2013 - Investments in Colchester's Arts and Culture - Review of the Council's investment in Colchester's major art venues, and the extent to which those venues contribute to the Council's strategic priorities

RESOLVED that the Panel noted the Work Programme 2012/13 and agreed to the proposed reviews being added to the programme.