

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 31st May, 2016 in Committee Suite 1,2 & 3, Westfields, Middlewich
Road, Sandbach CW11 1HZ

PRESENT

Voting Members

Cllr Rachel Bailey (Chairman)
Cllr J Clowes – Cheshire East Council
Cllr G Hayes – Cheshire East Council
Kath O'Dwyer – Executive Director People Cheshire East Council
Tracy Bullock – Mid Cheshire Hospital Foundation/Independent NHS representative
Jerry Hawker – Eastern Cheshire Clinical Commissioning Group
Caroline O'Brien – Healthwatch
Simon Whitehouse – Southern Cheshire Clinical Commissioning Group

Non voting Members

Mike Suarez – Chief Executive Cheshire East Council
Heather Grimbaldston – Director of Public Health Cheshire East Council

Observers

Cllr P Bates – Cheshire East Council
Cllr S Gardiner - Cheshire East Council

Cheshire East Officers/others in attendance

Caroline Baines – Commissioning Manager Health and Social Care/BCF Cheshire East Council
Gill Betton – Head of Service Children's Development and Partnerships Cheshire East Council
Sheena Cumiskey - Chief Executive Cheshire and Wirral Partnership NHS Foundation Trust
Guy Kilminster – Head of Health Improvement, Cheshire East Council
Nigel Moorhouse – Director of Children's Social Care Cheshire East Council
Deborah Nickson – Legal Team Manager (People) Cheshire East Council
Cherry Foreman – Democratic Services Officer Cheshire East Council

Councillors in attendance:

Rhoda Bailey – Cheshire East Council
Cllr M Grant – Cheshire East Council

1 APPOINTMENT OF CHAIRMAN

RESOLVED

That Councillor Rachel Bailey be appointed Chairman for the 2016/17 municipal year.

2 APPOINTMENT OF VICE-CHAIRMAN

RESOLVED

That Dr Andrew Wilson be appointed Vice-Chairman for the 2016/17 municipal year.

3 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors S Corcoran and L Durham, and from Doctors P Bowen and A Wilson.

4 DECLARATIONS OF INTEREST

Caroline O'Brien declared a personal interest in items involving the voluntary sector by virtue of recent changes in her work role.

5 PUBLIC SPEAKING TIME/OPEN SESSION

No members of the public wished to speak.

6 THE MENTAL HEALTH GATEWAY

The representative of the South Cheshire Clinical Commissioning Group (CCG) asked for consideration to be given to the removal of this item from the agenda and for it to be referred to the Health and Adult Social Care Overview and Scrutiny Committee for review.

The position of the NHS was noted and it was agreed that consideration be deferred pending there being a scrutiny review. It was agreed that in the meantime work on the project be deferred pending the outcome of that review.

RESOLVED

That consideration of this item be deferred, and that a report on the outcome of a review by the Health and Adult Social Care Overview and Scrutiny Committee be considered at future meeting of the Committee. It was noted that the South Cheshire CCG objected to the decision to defer and not to remove the item from the agenda.

7 THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH

The Chief Executive of the Cheshire and Wirral Partnership NHS Foundation Trust, introduced the recently published Mental Health Taskforce Five Year Forward View report and recommendations. The Taskforce had examined variation in the access to, and quality of, mental health care and support, outcomes for people in receipt of services and those without, and ways to tackle the prevention of mental health problems.

A ten year plan for the transformation of mental health services had been produced and it contained 57 recommendations for NHS bodies, government and wider stakeholders to help achieve the government's commitment to tackle the

inequalities at local and national level. The report set out a three pronged approach to improving care through prevention, the expansion of mental health care to include, for example, seven day access in a crisis, and integrated physical and mental health care. A key role for Health and Wellbeing Boards was to ensure they had plans in place to promote good mental health, prevent problems arising and improve mental health services in their local area.

The recommendations of the report were welcomed by the Committee. The important role of the commissioning bodies and the need for extra funding particularly in the area of prevention was recognised, as was the inclusion of support for peoples' mental health alongside their other needs such as physical health, employment, housing and social care.

RESOLVED

That the report and its recommendations be noted and welcomed.

8 MINUTES OF PREVIOUS MEETING

RESOLVED

That the minutes of the meeting held on 5 March 2016 be approved as a correct record.

9 BETTER CARE FUND UPDATE

The Committee considered a briefing note on the plan for the Better Care Fund (BCF) in 2016/17 following the submission in April this year of the third of three BCF planning submissions. Since that time work had continued with finance colleagues across all partners to develop the final expenditure plan which was awaiting executive level agreement although some further changes might be needed in the light of the potential withdrawal of funding for carers breaks by the Clinical Commissioning Groups.

Formal feedback from NHS England was awaited although it was expected the submission would be 'approved with support' which meant additional work on the plans would be required by the end of June to ensure they could be fully approved. It was not expected that any formal conditions would be attached although this also remained to be confirmed.

The total pooled budget submitted was £25,825,383 and incorporated the additional areas of Cheshire Care Record, Mental Health Reablement, Carers and Community Equipment Scheme, as well as those in the 2015/16 BCF. The position regarding underspends was discussed and the Committee agreed they should be used in those areas in which they had arisen.

RESOLVED

That the update be noted and agreement be given for overspends to be used in the areas in which they had arisen.

10 CHILDREN AND YOUNG PEOPLE'S IMPROVEMENT PLAN UPDATE

Consideration was given to this report on progress to date against the Children and Young Peoples Improvement Plan. Following an Ofsted inspection of Children's Services in 2015 twenty-five recommendations had been made and this Committee had the responsibility of ensuring sufficient progress in their implementation. This was the first time a report had been made to the Committee and progress against the plan was set out under the following four key objectives:

- Embedding listening to and acting on the voice of children and young people throughout services
- Ensuring frontline practice is consistently good, effective and outcome focused
- Improving senior management oversight of the impact of services on children and young people
- Ensuring the partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East

It was reported that the Adoption Service had now achieved a 'good' level and all concerned were working consistently hard to achieve this same level of progress across the board. Quality, the importance of a partnership approach and the sharing of best practice was emphasised, and the need for there to be a targeted improvement plan.

RESOLVED

1. That the update on progress and performance against the improvement plan, set out in Appendices 1 and 2 of the report, be noted.
2. That the next steps to sustain and embed progress as set out in the report be endorsed.

11 CHESHIRE AND MERSEYSIDE SUSTAINABILITY AND TRANSFORMATION PLAN

The Chief Officer of the Eastern Cheshire Clinical Commissioning Group provided an oral update on the progress of this plan. He informed the Committee that all plans had been assessed and had made significant progress. The intention had been for a forward plan to be available by the end of June but the NHS was now asking for three or four high level assessments. A large amount of work was being carried out and PWC had been commissioned to consolidate some of the smaller pieces of work from across the 42 different partners.

It was noted that whilst Cheshire/Merseyside was not a natural geographical partnership everybody was doing all they could to achieve the best allocation.

RESOLVED

That the update be noted.

12 COUNCIL STRUCTURE UPDATE

The Chief Executive of Cheshire East reported that there had been many changes in the recent past including there being 30% less staff than there were

three years ago, and the introduction of a number alternative service delivery vehicles (ASDVs). The focus for the Council was to deliver first class services to its residents, and improve accountability; recent changes to the Management structure reflected this with the key posts reflecting these aims.

RESOLVED

That the update be noted.

13 THE CHESHIRE INTEGRATED HEALTH AND CARE PIONEER PROGRAMME

The Interim Director of the Integrated Health and Care Pioneer Programme reported on the need to revisit the aspirations and running of this Programme. This was its third year during which requirements had been introduced to draft Sustainability and Transformation Plans, and there had been developments in Caring Together, Connecting Care and the West Cheshire Way. The report included a resume of key achievements to date, the budget position and the current position regarding the role of Director which had been covered on a three day basis since October 2015.

Partners through the Cheshire East and the Cheshire West and Chester (CWAC) Health and Wellbeing Boards needed to reaffirm their support to continue as a pioneer area, and also to continue to commit the resources to support its implementation for the remainder of the programme. It was reported that CWAC was not able to do this at present and consideration therefore needed to be given to future planning.

It was suggested the budget be considered as part of a wider view including alternative ways of funding as a great deal of solid work had been carried out or was ongoing on a number of projects for which funding had been provided and outcomes expected.

It was agreed that the role of Interim Director continue as at present and that a facilitated session for members and partners be organised to enable these matters to be discussed and considered further.

RESOLVED

1. That the background to, and the achievements and costs of the Programme for 2015 – 2016 be noted.
2. That the post of Director continue on an interim basis for the time being.
3. That a facilitated session be arranged for the Committee Pioneer Panel and wider partners to discuss the future of the Programme.

14 DRAFT ALCOHOL HARM REDUCTION POSITION STATEMENT AND FORWARD PLAN

Consideration was given to support for the many organisations working to reduce levels of consumption and promote safe, sensible and social drinking. Alcohol related harm resulted in a significant cost to the public purse and a draft Position Statement and Forward Plan had been prepared by a multi agency working group

to bring together a summary of current activity and provide clarity on initiatives that were underway or planned to reduce levels of harm.

Five priorities had been identified:

- To reduce alcohol related health harms
- To reduce alcohol related hospital admissions
- To reduce alcohol related crime, anti-social behaviour and domestic abuse
- To support a diverse, vibrant and safe night time economy
- To improve our co-ordination / partnership work to ensure all the above are met in an efficient and affordable way.

It was intended that there would be engagement and consultation through the networks of the partner agencies and the responses would form an implementation plan based around the themes of prevention, protection, treatment, recovery, enforcement and control.

RESOLVED

That the draft Position Statement and Forward Plan be received and noted and that all parties consider in what way they could assist to ensure there was as wide a participation as possible in the forthcoming consultation.

The meeting commenced at 2.00 pm and concluded at 4.55 pm