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Cheshire East Council

NHS
Eastern Cheshire
Clinical Commissioning Group

NHS
South Cheshire
Clinical Commissioning Group

Cheshire East Health and Wellbeing Board

Agenda

Date:	**Tuesday, 27th September, 2016**
Time:	**2.00 pm**
Venue:	**Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ**

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Declarations of Interest**

   To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

3. **Minutes of Previous meeting** (Pages 1 - 10)

   To approve the minutes of the meeting held on 26 July 2016.

For requests for further information
Contact: Julie North
Tel: 01270 686460
E-Mail: julie.north@cheshireeast.gov.uk with any apologies

4. **Public Speaking Time/Open Session**

In accordance with Procedure Rules Nos.11 and 35 a period of 10 minutes is allocated for members of the public to address the meeting on any matter relevant to the work of the body in question. Individual members of the public may speak for up to 5 minutes but the Chairman or person presiding will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers. Members of the public are not required to give notice to use this facility. However, as a matter of courtesy, a period of 24 hours' notice is encouraged.

Members of the public wishing to ask a question at the meeting should provide at least three clear working days' notice in writing and should include the question with that notice. This will enable an informed answer to be given.

5. **The Future of Community Bed-Based Care for Older People in Cheshire East** (Pages 11 - 40)

To note the content of the report and to support action to deliver a shared vision of the future of bed-based care for older people in Cheshire East and the alignment of individual agency plans.

6. **Social Care Precept 16-17 report** (Pages 41 - 44)

To consider a report describing the impact of the social care precept.

7. **Joint Targeted Area Inspection on Domestic Abuse** (Pages 45 - 48)

To consider a report informing the Board of the new Joint Targeted Area Inspection framework for children living with domestic abuse.

8. **Annual Review of the Health and Wellbeing Board's Terms of Reference** (Pages 49 - 58)

To consider the Terms of Reference and whether or not any amendments are required.

Agenda Item 3

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 26th July, 2016 at 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 L Durham – Cheshire East Council
Kath O'Dwyer – Executive Director People Cheshire East Council
Jerry Hawker – Eastern Cheshire Clinical Commissioning Group
Simon Whitehouse – South Cheshire Clinical Commissioning Group
Caroline O'Brien – Healthwatch
Non voting Members
Mike Suarez – Chief Executive Cheshire East Council
Heather Grimbaldeston – Director of Public Health Cheshire East Council
Tom Knight – NHS England

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

Cheshire East Officers/others in attendance
Ian Rush – Independent Chair, Cheshire East Safeguarding Board
Gill Betton – Head of Service Children's Development and Partnerships, Cheshire East Council
Caroline Baines – Commissioning Manager Health and Social Care/BCF, Cheshire East Council
Victoria Howarth – SEN Implementation Officer, Cheshire East Council
Ian Donegani – Head of Service SEND, Cheshire East Council
Guy Kilminster – Head of Health Improvement, Cheshire East Council
Julie North – Senior Democratic Services Officer Cheshire East Council

Councillors in attendance:
Cllr J Saunders– Cheshire East Council
Cllr Rhoda Bailey - Cheshire East Council

Apologies

Dr P Bowen, Dr A Wilson and T Bullock.

16 **DECLARATIONS OF INTEREST**

Councillor S Corcoran declared a non-pecuniary interest by virtue of his wife being a GP and a Director of South Cheshire GPs Alliance Ltd.

17 **MINUTES OF PREVIOUS MEETING**

That subject to an amendment to the second paragraph of minute 6, to state that it was agreed that the "paper" be deferred pending the outcome of the review, rather than the "project" be deferred and an amendment to the second paragraph of minute 10, to state that the Adoption Service had "retained " a good level, rather then "now achieved", the minutes be approved as a correct record.

18 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present wishing to use public speaking time.

19 **LOCAL SAFEGUARDING CHILDRENS BOARD ANNUAL REPORT 2015-2016 AND BUSINESS PLAN 2016 - 2017**

Ian Rush, Independent Chair of the Cheshire East Safeguarding Board, together with Gill Betton, Head of Service, Children's Development and Partnerships, presented the Local Safeguarding Childrens Board(LSCB) Annual Report 2015-2016 and Business Plan 2016 – 2017. This included comprehensive information about the work undertaken for the year 2015-16, which had been broken down into each of the key strategic objectives set at the beginning of the year and included comment on the progress made against each of the objectives. The report also identified the key challenges to be faced in the forthcoming year and beyond.

(It was noted that Mr Rush would be standing down as Independent Chair of the LSCB and that Gill Frame would be taking over this role in the following week. The Chairman thanked Mr Rush, on behalf of the Health and Wellbeing Board, for all that he had achieved for the LSCB in the past years).

Whilst the LSCB was an independent board, due to revised governance arrangements, it was important to have the support and confirmation of the Health and Wellbeing Board and any comments and proposed changes would be raised with the LSCB and incorporated into the report.

Child Sexual Exploitation (and sexual assault of all kinds to children and young people) and neglect remained the overarching twin priorities of the LSCB and early help was a third priority.

The three overarching strategic priorities for 2016-18, as set out in the report were:-

- Frontline practice is consistently good, effective and outcome focused
- Listening to and acting on the voice of children and young people
- The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.

The LSCB had been rated as “requires improvement” by Ofsted and members of the LSCB had felt that overall Ofsted’s judgement was accurate and in line with its own self-assessment. The board had received formal acknowledgement about its efforts to make progress and improve, but was still not yet rated as "good" and further work would be required.

There had been improved links with other bodies, such as the Adult Safeguarding Board and the Community Safety Partnership and the Local Authority would play a major part in forming future partnership working.

Reference was made to the forecasting of a large deficit for the current year and it was queried what the plans were for 2017/18 to address this and whether it would be through extra income or by cutting costs. It was noted that it was likely to be through both. Part of what the LSCB would need to do immediately would come from the requirements from the Wood review. Discussions were ongoing with the other three LSCBs in respect of smarter working and savings were already been made and it was considered that there could be some streamlining across the four boards.

Reference was also made to the Quality Assurance Framework and it was considered that it would be important for all partners to work together to drive continual improvement.

A question was asked as to whether there had been any consideration as to how the LSCB would deal with the rehousing of asylum seeker families. It was reported that a great deal of work was taking place sub-regionally and it had been agreed that this matter should be dealt with on a case by case basis, in order to respond to needs and put the right services in place. This also included unaccompanied children and work was also ongoing with regard to dispersing families to local authorities.

Reference was made to the lack of any overt statement regarding the link to the Adult Safeguarding Board and it was felt that work needed to be done in order to develop this. It was noted that the two Board Chairs had met and discussed this issue and it was agreed that this should be highlighted in the report.

RESOLVED

That the Local Safeguarding Childrens Board Annual Report 2015-2016 and Business Plan 2016 – 2017 be welcomed and noted.

20 **BETTER CARE FUND 2015/16 - END OF YEAR REPORT**

Consideration was given to a report relating to the Better Care Fund (BCF) 2015/16 - End of Year Report.

On 31st May 2016, Cheshire East had submitted the 2015/16 quarter 4 BCF return which had incorporated a look-back over 2015/16. The

complete submission was appended to the report. This return had been signed-off by Cllr Rachel Bailey as Chair of the Health and Wellbeing Board.

The purpose of the report was to provide the Board with a summary of the key points arising from the return.

The report also looked at national conditions, income and expenditure, non-elective admissions and supporting metrics, in line with the format of the return.

It was reported that a number of national conditions were not being met, details of which were set out in the report, and it was recommended that the Board note these and identify where it was able to assist in the achievement of these across Cheshire East.

With reference to paragraph 7.4 of the report, it was noted that the challenge for the Health and Wellbeing Board would be to recognise that the BCF was a small part of the wider work that was progressing and that it would be important to look at ways in which this could be reflected and reported.

It was felt that the Board could note, as a partner, that the template was a national one, but that an attempt had been made to make sense of local prioritising and to work through this and convey the information following the national conditions, whilst recognising the priorities at a local level. It was felt that it would make sense to join up some to the various processes involved and it was suggested that this should be raised with NHS England.

RESOLVED,

That the Board notes the national conditions which are not being met, as highlighted in section 3.2 of the report and supports a review of the performance reporting across BCF and the Transformation Programmes to align more effectively and ensure a joined up approach to tackle the areas of under performance.

21 **CHILDREN'S JOINT COMMISSIONING STRATEGY**

Consideration was given to a report providing the Board with the opportunity to comment upon and amend the draft Children's Joint Commissioning Strategy. The Board was asked to provide any amendments to improve the Strategy, to agree the Strategy (subject to any amendments) and to agree to receive an annual update on the actions to improve joint commissioning across Children's Services.

The Strategy and plan responded to the national and local requirements for Clinical Commissioning Groups (CCG), NHS England and Local Authorities to align commissioning plans and to integrate services for children, young people and families. The strategy set out the joint commitment of all key partners delivering to improve the lives and life chances of all children and young people (aged 0 – 25 years) in Cheshire East to a joint commissioning approach that delivered integrated services for children, young people and families.

In considering the report, members of the Board asked a number of detailed questions and received clarification in respect of a number of matters and:-

- Commended the large amount of joint work that had gone into supporting the strategy.
- Requested a closer link between the priority actions and the six key priorities of the Children's Plan.
- Referred to the principles and asked for the inclusion of information to show how the outcomes had improved in respect of Children's care.
- With reference to the Commissioning for Children Accountabilities, noted that in terms of co-commissioning, GP services had now been delegated to both CCGs.
- With regard to partnership working, considered that it was important to keep the various joint commissioning work under review. And asked for the some evidence that the joint commissioning was going to work.

It was requested that the annual update should include information in respect of these matters.

RESOLVED

1. That the Children's Joint Commissioning Strategy be agreed, subject to the above comments.
2. That it be agreed that an annual update on the actions to improve joint commissioning across Children's Services be submitted to the Board and that the annual update should include the information requested by Board members, as set out above.

22 **SPECIAL EDUCATIONAL NEEDS AND DISABILITY JOINT INSPECTION FRAMEWORK**

Consideration was given to a report informing the Board on the joint local area inspection framework for services for children and young people aged 0-25 who had special educational needs and/or disabilities (SEND).

The Health and Wellbeing Board had a statutory responsibility to improve the health and wellbeing of the children, young people and their families in Cheshire East, to reduce health inequalities and promote the integration of services. This included services for children and young people with SEND.

It was important that the Health and Wellbeing Board was informed of the new SEND joint inspection framework and was assured that arrangements were in place to develop services for these children and young people and their families.

RESOLVED

1. That the content of the report and the implications of the inspection framework for the Health and Wellbeing Board and the agencies represented be noted.

2. That the Board agrees to ensure that activity to develop SEND services is prioritised and all agencies contribute to the work of the 0-25 SEND Partnership Board and work streams.

3. That an update report be submitted to the next meeting of the Board.

23 **SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) UPDATE**

Consideration was given to an update report in respect of Special Educational Needs and Disability (SEND). The report was in two sections. Section 1 described the progress being made in meeting the collective SEND responsibilities defined in the Children and Families Act from September 2014 in relation to the implementation of the 0-25 SEND reforms and the governance arrangements established in Cheshire East to fulfil the requirements and lead the implementation of the reforms. Section 2 outlined the principles set out in the Disabled Children's Charter and the work that the Local Authority was undertaking, prior to bringing back a report back to the Board for consideration and collective formal sign up to the Charter**.**

The Board was asked to comment on the progress being made, to comment on the 0-25 Governance arrangements and to commit to multi-agency ownership and active participation in these arrangements.

The Board was also requested to endorse the principles set out in the Disabled Children's Charter and to undertake to give future consideration to signing up to the Charter.

In considering the report, members of the Board referred to the need to build confidence in community engagement work and to show that the comments from the Parent Carer Forum would be taken forward. It was also queried why the organisations in the Better Care Fund sector had not been involved. It was suggested that a link to the CBS newsletter may help with this. It would also be necessary to bring in other partners when moving forward to implement the requirements of the Act.

It was considered that there needed to be better clarity in respect of the 0-25 governance arrangements and it was requested that a report be brought back to a future meeting of the Board in respect of this. It would be important for all parties to take this back as an action and to give it some priority.

RESOLVED

1. That the progress being made be noted.

2. That a report be brought back to the Board in respect of the 0-25 governance arrangements.

3. That the Board endorses the principles set out in the Disabled Children's Charter and undertakes to give future consideration to signing up to the Charter.

24 **POLICY AND GUIDANCE DOCUMENT - SPECIAL EDUCATIONAL NEEDS PERSONAL BUDGETS (RELATING TO EHC PLANS)**

Consideration was given to a report relating to Policy and Guidance Document on Special Educational Needs.

The purpose of the Policy and Guidance document was to outline the policy of Cheshire East Council, together with NHS Eastern CCG and NHS South Cheshire CCG, in relation to Personal Budgets.

The policy applied to any child or young person with special educational needs and/or a disability (SEND) who had an Education, Health and Care Plan (EHC plan) or was undergoing an Education, Health and Care needs assessment, and their parent/carer(s), where a Personal Budget had been requested.

The Board was asked to comment on the Policy and Guidance Document for Special Educational Needs Personal Budgets, relating to EHC Plans and to agree the implementation and publication of the policy.

The policy sought to enable Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG to offer the option of a Personal Budget for individuals with an EHC Plan in a fair and equitable manner, thereby increasing personalisation for residents and meeting statutory obligations.

In considering the report members of the Board:-

- Questioned whether it was necessary for recipients of personal budgets to have a bank account and suggested providing other options, such as building society and credit union accounts.
- Sought clarification on the personalisation rules, as to whether they were slightly different for children and young people and referred to the need to align their requirements with those of adults.
- Suggested the use of mentors to assist those with learning difficulties.
- Requested that any information leaflets and letters be in plain English.
- Sought clarification as to how the complaints process fed in and how the service would be reviewed and changed if required.
- Requested that the Board be informed when the policy was published on line.
- Noted that the policy had not yet been considered by the CCG strategic bodies and that this would take place in September.

RESOLVED

That the implementation and publication of the policy be agreed, subject to the above comments.

25 **SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE**

The Board received an update in respect of the Sustainability and Transformation Plan(STP).

It was noted that there were 44 STPs across England and Cheshire and Merseyside was the second largest. There were 20 NHS providers in the area and 32% of the population lived in the most deprived areas. One of the unique aspects of the area was that the growing age of the population was larger than the national average.

Details of the decision making levels were provided and it was noted that the challenge would be how to bring everything together into a coherent plan.

It had been agreed that there would be a single Cheshire and Wirral local delivery system, whilst recognising that there was no perfect solution in terms of geography. There were, however, some real commonalities across these areas and there was a real focus on how to change people's lives and on locality.

There were three areas of working:-

Level 1 – Design solutions conceived and delivered across the STP footprint and solutions to be delivered via LDS frameworks.

Level 2 – LDS design solutions conceived and delivered across each Local Delivery System(LDS) footprint, as well as solutions to be delivered via Locality frameworks.
Level 3 – Local design solutions conceived and delivered across locality (or network) footprint and delivered via local (or network) framework.

A Cheshire and Merseyside Plan had been developed and agreed and submitted on 30 June and a Cheshire and Wirral Plan had been developed and refined alongside this. This had been reviewed with NHS England and the Arms Length Bodies on 20 July. The next steps would be to develop and agree governance arrangements, appoint leadership and carry out design and assurance work.

It was noted that the full detailed Plan would need to be submitted by the end of October and it was agreed that the draft Plan should be submitted to an informal meeting of the Board and then the formal meeting of the Board for consideration, before submission.

26 **CCG FINANCIAL RECOVERY UPDATES / OPERATIONAL DELIVERY PLANS 2016 - 17**

RESOLVED

That, due to time constraints, this item be deferred until the next meeting of the Board.

27 **HEALTH AND WELLBEING BOARD TERMS OF REFERENCE REVIEW**

RESOLVED

That, due to time constraints, this item be deferred until the next meeting of the Board.

The meeting commenced at 2.00 pm and concluded at 4.10 pm

Councillor Rachel Bailey (Chairman)

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REPORT TO: Health and Wellbeing Board

Date of Meeting: 27 September 2016

Report of: Sue Redmond, Interim Director of Adult Social Care, Cheshire East Council
Sally Rogers, Executive Nurse and Director of Quality, East Cheshire CCG
Judith Thorley, Chief Nurse and Director of Quality & Safeguarding (NHS South Cheshire and NHS Vale Royal CCG's)

Subject/Title: The Future of Community Bed-Based Care for Older People in Cheshire East

1. Report Summary

1.1 This is a short update report to the Board on action taken to accelerate alignment of commissioning and operational plans to meet future demand for community bed-based care for older people in Cheshire East.

2. Recommendations

2.1 To note the content of the report and to support action to deliver a shared vision of the future of bed-based care for older people in Cheshire East and the alignment of individual agency plans.

3. Reasons for Recommendations

3.1 Joint action is required to address the challenge of a forecast growth of 57% in the total number of people living in long term residential and nursing homes in Cheshire East over the next 14 years.

4. Impact on Health and Wellbeing Strategy Priorities

4.1 In September 2015 the Health and Wellbeing Board received a report *Ensuring and Improving quality and choice in residential and nursing home provision, 15 Sep 2015* and supported the proposal for work to review residential and nursing home provision in Cheshire East with the following objectives:

- To assure delivery of high quality, effective services, led by demand, needs and the desired outcomes of the people of Cheshire East.
- To align existing single agency plans, reducing duplication, providing a clear vision for the future of care home provision.
- To improve the robustness of contracts, setting clear expectations for continuous improvement of quality and safety, enabling partners to jointly hold Providers to account.
- To enhance the joint scrutiny of providers and action plans

4.2 The report identified the need for joint action to address the challenge of a forecast growth of 57% in the total number of people living in long term residential and nursing homes in Cheshire East over the next 14 years. The report recommended that a task and finish group address this systemic challenge and a number of other commissioning and operational challenges amongst which: delays in transfer of care from acute and intermediate care beds; the rising cost of bed-based care; and difficulty in finding some services at sustainable cost were most pressing.

5. Progress

5.1 Transformation

Since September 2015 transformation initiatives under the Caring Together (East) and Connecting Care (South) programmes have begun to address the most pressing operational challenges including:

- joint action to address Delayed Transfers of Care (DTOCs)
- winter plans to increase the capacity of the system to respond to the high demand on the health service in winter
- work underway to re-model urgent care and reduce the conveyance to Emergency Departments and admissions to hospital

5.2 Quality Assurance

The monitoring and quality assurance of care homes in Cheshire East continues, led by Adult Social Care, Cheshire East Council and supported by input from NHS East Cheshire Clinical Commissioning Group (ECCCG) and NHS South Cheshire Clinical Commissioning Group (SCCCG).

5.3 Care Home Quality and Patient Safety Events

Care home quality and patient safety events have also been held for providers to support quality improvement in specific areas such as tissue viability and the prevention of pressure ulcers. This has been further supported by the development of a care home news letter.

5.4 Commissioning Safeguarding Standards

We have also worked in partnership to set Commissioning Safeguarding Standards for children and adults at risk across all commissioned services which will form part of the contract and performance management of the services we commission.

5.5 My Home Life

More recently we have commissioned My Home Life to further promote quality in Cheshire East Care Homes. My Home Life is a UK-wide initiative, led by City University London in partnership with Age UK that promotes quality of life

and delivers positive change in care homes for older people. It is based on a vision for best practice that is evidence-based and relationship-centred. Three strands of activity are proposed. Full details are attached at Appendix 1.

- Leadership support to care home managers in Cheshire East
- Integration – whole systems support
- Community engagement

However, a shared vision of the future of bed-based care for older people in Cheshire East and the alignment of individual agency plans around that element has not yet been achieved.

5.6 Action to accelerate the alignment of plans

In August 2016, commissioning leads from the partner organisations identified the main obstacles to progress and agreed action to accelerate work to align plans and deliver:

- more robust information on the current use of community bed-based care and placement activity
- agreement on an appropriate and sustainable mix of bed-based provision to meet the needs of older people over the next 3-5 years
- an estimate of the overall systemic cost of meeting forecast demand and agreement on how the overall cost can best be apportioned and managed
- commissioning and operational plans to deliver care to meet forecast demand.

Work has already started and following a Commissioners Workshop in October and Director-level review in November a report will be brought to the December meeting of this Board defining the joint project implementation document for a bed-based care work stream. The full project brief can be found in Appendix 2.

This project will inform work to align and integrate care and service pathways under the Caring Together (East) and Connecting Care (South) programmes.

6. Access to information

The background papers relating to this report can be inspected by contacting the report writer:

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My home life

Promoting Quality in Cheshire East Care Services

Proposal to Cheshire East Council

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1. Introduction

This proposal provides an outline of activity to be delivered by *My Home Life* (MHL) to support transformation in quality of life in Cheshire East Care Homes. It follows early conversations with Sue Redmond, Sarah Smith and colleagues at Cheshire East Council. There was recognition that among the 97 care homes in the area, some great work had been undertaken through the new Quality Assurance Team but additional investment would be help to 'notch up quality' in terms of:

- Supporting leadership and engagement with best practice in care homes.
- Supporting an integrated approach to improving dialogue across care homes and the wider system in relation to improving system flow to/ from hospital, improving relationships across professionals and potentially exploring the wider role that care homes could play in supporting the needs identified within the community.
- There was also some interest in taking forward community engagement in care homes through the Friends and Neighbours (FANS) model.
- While there was a view that care homes would be the first area of focus, there was potential interest in delivering leadership support to homecare and extracare services but possibly later on.

In response to these identified needs, the proposal offers three strands of activity:

1. **Leadership Support to care home managers in Cheshire East**

   There is national recognition that leadership of care home managers is pivotal to both the quality of life and quality of care that is delivered. My Home Life proposes the delivery of Leadership Support programme to care home managers based on a model that has been delivered to over 900 managers across the UK with proven outcomes.

2. **Integration – whole systems support**

   Quality of life in care homes relies on positive support and partnership between care homes and the wider health, social care and housing systems. Having invested in the leadership of care home managers, this strand helps to ensure that they are supported to

offer a positive contribution to meeting shared priorities and concerns of the wider health and social care system (e.g. supporting system resilience, integration, partnership).

3. **Community Engagement**: My Home Life is developing a new initiative called 'Care Home Friends and Neighbours' based upon some innovative work being delivered in Essex. Our work here will explore the potential value of bringing the initiative into East Cheshire and potentially helping third sector organisations to play a brokerage role to support stronger links between care homes and the wider community.

2. Impact

"Essex CC has been working with My Home Life for the past four years. It has been invaluable to us. It has enabled the 90 care home managers who have been through the programme to understand and put into practice the evidence base for quality in care homes and create real sustainable improvements for their residents, relatives and staff. There is now a movement of managers who have found new energy and capacity to ensure care homes are a positive option for older people. Through the broader community development work of My Home Life, we are helping to open up a dialogue between care homes, health and social care professionals to ensure that they are working collaboratively to deliver improvements."

The work will help deliver some of the key policy drivers currently being developed in Government.

- ✓ Promoting quality of life (wellbeing)
- ✓ Integration of health and social care
- ✓ Better integration and partnership working with NHS
- ✓ Compassionate and dignified care
- ✓ Personalisation
- ✓ Workforce and leadership development
- ✓ Dementia friendly communities
- ✓ Community engagement
- ✓ Stronger commissioning to shape future markets

The work here will demonstrate the following QIPP outcomes (as gathered through self-report from professionals and practitioners):

Quality

- Improved quality of life for older people, relatives and staff.

- Care home managers feeling equipped to lead change and improve quality based on relationship centered care and personalised approaches.

- Care home managers feeling more like a part of local health and social care teams, working together towards a shared vision of quality and asking for help rather than waiting until crisis point.

Innovation

- Care home managers have access to national networks and are part of a local collaboration of care homes, they share best practice across homes rather than 'holding the competitive advantage'.

- Teams from the public sector have changed the way they work with care homes from 'monitoring' to actively supporting 'quality development' in care homes.
- Care homes work together to try out new approaches to delivering care and support to older people with potential added benefits to the wider health and social care system.

Productivity

- Care homes involved in the programme are more confident, skilled and resilient to both deliver efficient care and to help reduce admissions to acute hospital environments.
- Care home managers are better able to work with others to support improvement, tapping into resources within the community.

Prevention

- Care home managers are better placed to 'nip issues in the bud', prevent problems from developing rather than allowing crises to occur.
- Care homes are more able to develop an offer around prevention of admission, early discharge and supporting people with dementia.
- Staff feel valued in what they do, connecting better with their role, and more motivated to 'go the extra mile'.

My Home Life can provide you with further data to demonstrate the impact of the work to date on request.

3. Leadership Support for Care Home Managers

Introduction

Care home managers are pivotal to the delivery of quality. They often work very long hours and operate within a highly stressful environment. Rarely are they offered support to develop professionally and lead change within the home.

Training programmes often have the tendency of taking staff away from their work and engaging on issues which are not directly linked to their normal day-to-day activities. The model we propose here is about ensuring that the learning brings individuals closer to their day-to-day work, helping staff to think objectively about the culture of care in their home and to work creatively, with support, to identify realistic solutions for improving voice, choice, and control and quality of life of older people, their relatives and the staff that support them.

My Home Life supports care home managers on a journey of voluntary self-development, so that they can be inspired to lead cultural change in care homes that makes care for older people more relational, personalised, dignified and compassionate. Our emphasis is on encouraging sustainable transformational change where staff are supported to *do things differently* rather than simply *doing different things.* We work with people wherever they find themselves on the journey of improvement.

Managers are telling us that our approach is completely different from anything else that they have experienced. They are demonstrating greater leadership and transformational skills leading to positive outcomes for residents, relatives and staff and a greater understanding of how their own management style can enable culture change in relation to voice, choice and control for their residents.

They are quickly seeing the benefits of small shifts in their behaviour/practices with regard to working with staff and relatives alike. Some managers now have the skills to influence downwards to their staff and upwards to their provider group/care home owners and across the wider health and social care system. Many managers have stated how, because they are more resilient, they are better able to move from ‘reactive management’ to pro-active

management in preventing staff problems or responding with greater speed/ quality to external requests and requirements (i.e. hospitals).

How it works

The 12-month Leadership Support Programme comprises four workshop days, seven action learning sessions and a completion day for groups of sixteen care home managers. The process has five stages:

a) *Launch and recruitment*

A large group of care home managers, deputies and stakeholders from statutory agencies attend the Launch. The event provides opportunities to:

- Gather information on 'what's working well' and 'what could be better in delivering quality in care homes'?
- Share the key research messages on delivering quality.
- Identify support needed from the wider system / community to support quality.
- Recruit managers who will go forward with the programme.

b) *Care home proprietor meeting*

An additional session may be held with owners / provider groups to help them engage with the programme, to understand the business case for investing in quality and examine how they can better support their managers' capacity to drive forward real change in the care home. Following on from these sessions, managers will be recruited to the leadership support programme.

c) *Leadership Support Programme - four-day workshop*

During the first two months of the leadership support programme, each group of 16 care home managers come together on four occasions (2 x 2 day workshop sessions) to learn about the evidence base for best practice and the importance of relationships to ensuring quality. They examine their leadership style and consider their pivotal role as agents of change. These workshop days will help the Group reflect deeply on the skills and best practice required to transform the culture in their Care Homes. The work will have a specific focus on supporting older people living with dementia.

d) *Leadership Support Programme - Action Learning sessions*

Following the workshop days, the group of 16 managers are split into morning and afternoon sub-groups for monthly action learning will support participants to take forward changes in their homes through a process of action learning (seven day sessions in total). Managers will meet as a whole group for lunch discussions.

Action learning involves learning through action. It is a continuous process of learning and reflection, supported by colleagues, with an intention of getting things done. It recognises that individuals learn best when they learn with and from each other, by working on real problems and reflecting on their own experiences with the intention of achieving improvement and transformation in the workplace.

e) *Validation / Completion Day*

The Leadership Support Programme concludes with Validation and celebration. The day is important because it not only recognises the contribution made by the managers thus far but also encourages them to promote and sustain the programme.

Highly experienced Action Learning facilitators are trained and supported by the My Home Life Team at City University, to lead the sessions.

"We have made it less task-orientated and more about people" Manager, Essex

"The whole place is calmer. . . . . more residents are referring to staff by name rather than shouting 'nurse' which some of them used to do. This is because there is better human engagement between residents and staff" Manager, Derbyshire

"We have seen more engagement between residents, helping to feed each other. Relationship is across the home. There is such an emphasis and feeling of family now" Manager, Kent

4. Integrated Care strand

Quality of life in care homes relies upon positive support and partnership between care homes and the wider health, social care and housing systems. Having invested in the leadership of care home managers, this strand helps to ensure that these managers to work in stronger partnership with the wider health and social care economy to take forward a shared vision and co-ordinated approach for promoting quality in care homes as well as meeting to meet wider strategic goals (e.g. supporting system resilience, discharge / admissions etc.). In particular, East Cheshire may wish MHL to help them support better partnership between care homes and the wider agencies to explore:

- ✓ What works well and what could be better in supporting hospital admission / discharge.
- ✓ How care homes may be able to offer more flexible services (such as 'step-up and step down' services) that will benefit older people living in the community and reduce the pressures placed upon hospitals.

My Home Life has significant experience in 'whole-systems' working that focuses on being appreciative – considering what works rather than what doesn't. This allows us to address shared issues and promote positive and equal relationships between care homes and the wider agencies in enabling a step-change in partnership-working and integration.

"My Home Life is assisting us in bringing about a cultural change in how we work with local residential and nursing home providers. The role of the council and health in working with providers is becoming clearer. Through facilitation by My Home Life, we have all begun to examine how we need to change in order to bring about better services for very vulnerable residents" **Ray Boyce, (former) Head of Older People's Services, London Borough of Southwark.**

We were delighted with the benefits offered to our homes through My Home Life. It helped the authority in providing a mechanism through which to explore some difficult issues such as improvements in discharge from hospital, access to a fuller range of health and social services, and protocols for accessing equipment. I would strongly recommend My Home Life and feel that it has much much more to offer – as the potential to build on its foundation is enormous, and the benefits clearly cascade down … to the residents

How it works

My Home Life will adopt the right approach in order to respond to the specific priorities and local context. That said the typical intervention comprises three stages:

1) Information is gathered

Information is gathered at the Launch and from managers undertaking the Leadership Support Programme. We do this to ascertain what support from the wider health and social care will enable care home managers to deliver quality of life to residents, relatives and staff in care homes.

2) Information is shared

Local commissioning teams across health and social care sectors explore and consider how the issues identified relate to their own strategic priorities. An initial plan is agreed for taking forward some key work that supports these priorities (i.e. how we reduce pressures placed upon hospital and offer greater quality to older people).

3) Whole-systems group for Change is created

Health and social care stakeholders come together with care home managers who are undertaking the Leadership Support Programme in an attempt to explore:

- What is currently working well?
- What would make it better?
- How can we make this happen together?

The outcome of this 'discovery phase' will be the emergence of a better understanding of the challenges and opportunities facing different stakeholders and a clear understanding of the small changes and large strategic changes that need to take place to deliver improvements.

The work is facilitated by My Home Life using a model called Appreciative Inquiry – a well established approach that helps deliver positive change. Those involved are supported to identify an Action Plan for change which is owned and taken forward by all stakeholders.

Different models of this strand have been adopted across the UK. Our intention is to convene half day meetings in the afternoon of some of the leadership support action learning sessions, so that managers attending the morning action learning sessions will be available in the

afternoon for these discussions with wider stakeholders.

5. Community Engagement

Existing work that My Home Life and others have developed supports the idea of **having a role of a connector between care homes and the wider community**. This connector, which might be a local charity or social enterprise, is identified and supported to foster positive and trusting relationships between care homes and their local communities. The connector gains the endorsement from public and private organisations to support implementation, and encourages care homes and community partners to understand each other better. A voluntary organisation acting in this connector role is able to navigate around the often-seen reservation of businesses and funding bodies about working directly with care homes (due to poor public image and around 75% care homes being run by private companies, making them ineligible for grants).

Recently, Essex County Council has made an investment into the My Home Life Essex Community Association to support greater community involvement with Essex's care homes and to support this they have established the Friends and Neighbours (FaNs) programme (http://www.fansnetwork.org/). Initial feedback has been very positive, and an evaluation is planned which will provide further details. MHL is exploring the transferability of this model to different areas and is currently working on a strategy for national rollout with MHLECA.

What is the FaNs model?

FaNs stands for Friends and Neighbours. Its ultimate aim is to help improve the quality of life available to older people living in care homes. It does this, firstly, by encouraging, supporting and helping people and organisations to be good 'friends and neighbours' to their local care homes and the people who live in them. Secondly, it offers practical help and support to care home owners and managers to build on existing links with their surrounding communities and make sure their residents benefit from the fan, the friendships and the opportunities that these links can open up.

Fans is not an organisation in its own right, but a movement of people who are united by a shared belief in the aims and values of Fans and who choose to take an active interest in the wellbeing of care homes and the people who live in them. Fans can be members of any

organisation or none. They are not required to make any specific commitment and can make their contribution in whatever way suits them.

What will we offer?

Across the country, organisations are thinking about how they can include care homes in the activities and services they already deliver to communities. Our role will be to open up a dialogue with care homes and those third sector organisations that would potentially be interested in taking forward this area, providing them with the concept and some support in taking it forward.

6. Evaluation

What data is captured?

1) The facilitator of the Leadership Support programme typically captures data on 'the collective journey of the group of managers' in terms of the qualitative outcomes and challenges that the group has achieved over the period of the programme. The date is translated into a confidential report for managers to validate and add to, during the completion meeting of the group. During this meeting we will ask:

    - Has this leadership development programme worked for you?
    - What difference, if any, do you feel this programme has made in raising the quality of life for residents, staff and visitors in your Home?

2) To measure change over time, self-report measures are used at the beginning and end of some of the Leadership Support programmes – in particular, the Perception of Workplace Change Schedule (POWCS) which reports perceived changes to themselves or their place of work as a result of the programme has been adapted for the My Home Life programme from work done by Nolan et al1 and Patterson et al2.

3) We will work with the funder to identify other data that is routinely gathered that can help measure impact of the Integration Strand.

1 M, Nolan, G, Grant, J.Brown and J. Nolan (1998); Assessing Nurses Work Environment: old Dilemmas, New Solutions Clinical Effectiveness in Nursing 2, 145-156

2 Patterson M, Nolan M, Rick J, Brown J, Adams R, Musson G (2010) *From Metrics to Meaning: Culture Change and Quality of Acute Hospital Care for Older People* SDO Project (08/1501/93), University of Sheffield.

Added value of working with My Home Life

- Access to a very large range of accessible tools and resources that MHL have developed to support quality
- Opportunities to work together to develop joint funding bids for research that supports on-going improvements
- Opportunities to feed in to My Home Life influencing activity at national policy/ regulation level
- Links to the National Care Home Research & Development Forum (Reg. nurse role in care homes) and a range of seminars that will be developed
- Ad hoc advice on a range of issues that relate to promoting quality of life in care homes

Appendix 1: About My Home Life

My Home Life is a UK-wide initiative that promotes quality of life and delivers positive change in care homes for older people. It is based on a vision for best practice that is evidence-based and relationship-centred. My Home Life is led by City University London in partnership with Age UK.

The My Home Life Transformation Package has emerged through working with care homes in approximately 35 local authority areas across the UK.

The underpinning evidence base was created by over 60 academic researchers from Universities across the UK in partnership with older people, relatives and staff in care homes. Comprising eight best practice themes, 'the Senses Framework' and 'Caring Conversations', the evidence base offers a framework from which to deliver quality:

1. Maintaining Identity
2. Sharing Decision-making
3. Creating Community
4. Managing Transitions
5. Improving Health and Healthcare
6. Supporting Good End of Life
7. Keeping Workforce Fit for Purpose
8. Promoting a Positive Culture

The vision is underpinned by 'relationship-centered care' that recognises the importance of seeing the care home as a community where the quality of life of staff, family, friends and residents are all crucial to improvements in practice.

My Home Life is endorsed by:

- ✓ Government and CQC, as a 'recognised quality scheme' for care homes in England.
- ✓ Residents and Relatives Association & all UK national provider organisations for care homes.
- ✓ Local Government Association/NHS Confederation/Age UK Commission on Dignity.
- ✓ Centre for Social Justice Older Age Review & the Welsh Assembly's Review of Residential Care.

CONTACT US

The *My* Home Life Team is based out of City University, School of Community and Health Sciences. The team have had considerable experience in working with the care home sector.

A team of facilitators who are highly experienced in leading action learning across a range of organisations, for example Primary Care Trusts, Acute Trusts, Independent Care Homes and Higher Education Institutions has been developed.

The *My* Home Life team have considerable experience of working and researching care home practice. Our work has helped us develop a full understanding of the barriers and problems facing both the sector and the wider health and social care system. We have also developed a range of tools for use within culture change initiatives. Full CV and publication details are available on request.

MHL Core Team includes:

Professor Julienne Meyer – Executive Director

Tom Owen – Director

MHL Centre for Care Home Studies
School of Community & Health Sciences
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www.myhomelife.org.uk

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Appendix 2
Project : The Future of Community Bed-Based Care for Older People in Cheshire East

1. Lead Organisation : Cheshire East Council

SRO: Sue Redmond, Interim Director Adult Social Care.

2. Partner Organisations :

Cheshire East Council

South Cheshire Clinical Commissioning Group

Eastern Cheshire Clinical Commissioning Group

Mid Cheshire Hospitals NHS Foundation Trust

East Cheshire NHS Trust

Cheshire and Wirral Partnership NHS Foundation Trust

3. Project Aim

3.1 To improve the use of community bed-based care for older people in Cheshire East, address delayed transfers of care, and reduce overall system costs.

4. Strategic Priorities Addressed

4.1 Sustainability and transformation

4.2 Market shaping and management

5. Scope

5.1 All partner organisation activity and expenditure related to community bed-based services for people aged 65+

6. Objectives

6.1 The project objectives are to :

- Deliver commissioning analysis on the current use of community bed-based care - activity/service type/location/cost
- Forecast three year demand for bed-based care and the financial implications of meeting the forecast demand.
- Document the current commissioning and operational challenges including availability; effectiveness; financial; quality.
- Recommend priorities for short term (3-12 month) and medium term (1-3 year) action to address the financial, commissioning, and operational challenges of delivering effective and sustainable community bed-based care for older people in Cheshire East.
- Agree the action plan for implementation.

7. Context

7.1 In September 2015 the project partners agreed to accelerate work to improve the commissioning of community bed-based care and assure an adequate supply of quality services at sustainable cost (*Report to Health and Wellbeing Board; Ensuring and Improving quality and choice in residential and nursing home provision, 15 Sep 2015*).

7.2 This agreement was driven by concern about a growth forecast of 57% in the total number of people living in long term residential and nursing homes in Cheshire East over the next 14 years and three current operational challenges:

- Delays in transfer of care from acute and intermediate care beds
- The rising cost of bed-based care
- Difficulty in finding some services at sustainable cost e.g support for people with dementia requiring specialist nursing care

7.3 A number of transformation project initiatives have begun to address some of these operational challenges. However, partners now require:

- more robust information on the current use of community bed-based care and placement activity
- agreement on an appropriate and sustainable mix of bed-based provision to meet the needs of older people over the next 3-5 years
- an estimate of the overall systemic cost of meeting forecast demand and agreement on how the overall cost can best be apportioned and managed
- commissioning and operational plans to deliver care to meet forecast demand.

7.4 This project will inform work to align and integrate care and service pathways under the Caring Together (East) and Connecting Care (South) programmes.

8. Approach

8.1 Project Leads will be asked to provide activity information (and any recent analysis) on the community bed-based care commissioned and paid for by their organisation. This information will be combined with wider care market information as the background to a briefing/interview to understand how the partner organisation currently uses community bed-based care and the commissioning, operational, and financial challenges they face.

8.2 The briefing provides an opportunity for Project Leads to share their organisation's perspective on the wider systemic challenges and opportunities in meeting future demand for health and care services for older people in Cheshire East.

8.3 Local activity data and contextual information will be compared with regional and national performance and best practice to produce a *Commissioning Insight Analysis*. The analysis and findings will be validated and developed at a commissioners workshop.

8.4 Draft findings will be presented for review by the responsible Director-level representative of each partner organisation.

8.5 The action plan for the final report will be agreed at a working meeting of commissioners.

8.6 The final report will form the project implementation document for a bed-based care work stream under the overall Caring Together (East) and Connecting Care (South) programmes.

9. Deliverables

9.1 *Commissioning Insight Analysis & Recommendations* (initial findings & final report)

- bed numbers, location, service/therapy types, use of beds, cost
- commissioning & operational challenges : placement practice; admission avoidance; delayed transfers of care; hard to find placements and services/therapies; response times, utilisation, turnover and capacity

blocking, quality and safeguarding, management and communication, policy (including changes to national policy & care act) and practice.

- forecast of future demand and the cost implications
- recommendations for short (in-year) to medium term (3-5 year) commissioning action to manage demand, and assure an adequate supply of bed based care at optimal systemic cost.

9.2 *Commissioners Workshop* - early mid-October

10. Timeline

High Level - Aug - Dec 2016 *detailed project timeline will be agreed with project leads*

August

High level requirement & engagement of external resource (complete).

September

Sign-off Project Brief (this document).

Contact project leads (email & phone) : answer clarifications on project brief; issue data request; poll for commissioning workshop & commissioners action planning.

Data gather.

Desk based review of available activity information (unique service episodes: name of home/establishment; post code; type of service; start date, end date, gross cost) and analysis of the use of nursing, intermediate care, and residential bed-based care by commissioner (partner organisation).

Individual briefing meetings with project leads to understand the commissioning, financial, and operational context and challenges for each partner (face to face meeting).

Data clarifications & queries (email).

Develop commissioning insight material for commissioners workshop.

October

Commissioners Workshop (half-day working session to test and validate commissioning insights).

Refine and develop analysis.

November

Director's review - individual briefing meetings with Directors to present commissioning insight and draft recommendations.

Draft report.

December

Commissioners Action Planning - two hour working session final review of draft report and agree action plan.

Final report - Commissioning Insight Analysis & Recommendations : The Future of Community Bed-Based Care for Older People in Cheshire East

11. Resource Implications

External expert commissioning resource **40 days** (Aug-Dec by month 5-10-10-10-5)

Estimates per partner organisation:

Project Lead/Commissioning Resource **4 days** (data gather & response 2 days - interview/commissioners workshop/action plan 2 days)

Director-level representative **2 hours**

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REPORT TO: Health and Wellbeing Board

Date of Meeting: 27th September 2016
Report of: Kath O'Dwyer, Executive Director of People and Deputy Chief Executive
Subject/Title: Social Care Precept 16-17

1 Report Summary

1.1 This report describes the impact of the social care precept, a 2% increase in council tax valued at £3.5M, which was and continues to be invested into adult social care to benefit our service users and those who care for them.

1.2 However the costs of providing care and support for adults in Cheshire East exceeds this additional funding and has necessitated additional investment of over £21m by Cheshire East Council between April 2015 and April 2017 as detailed in the budget book.

2 Recommendations

2.1 That the Health and Wellbeing Board note that the social care precept is welcomed but not sufficient to meet the rising complexities and demands of meeting care and support needs in Cheshire East.

3 Reasons for Recommendations

3.1 Council tax is worth approximately £180M in Cheshire East, of which 2% or £3.4M is set aside to be invested in adult social care. This has enabled the council to ensure that there is no charge to carers, free telecare equipment for all residents over 85 who live alone and investment in new information systems to enable joined up care.

3.2 However the cost of care is rising due to the national living wage. In April 2017 Cheshire East Council implemented an increase in fees to care providers to ensure the sustainability of the care and support market. The recent survey of Directors of Adult Social Services (ADASS) found that '*the social care precept this year raises less than two-thirds of the calculated costs of the National Living Wage.'*

3.3 Rising demand and complexity for both older people and people with learning disabilities when coupled with a volatile labour market in which health and care professionals are increasingly opting for more lucrative agency and contract work means that adult social care both in Cheshire East, and nationally, face financial challenges.

3.4 This pressure is exacerbated by both reductions in central funding to the council and financial deficits for health partners within the borough. Both Eastern Cheshire Clinical Commissioning Group (ECCCG), South Cheshire Clinical Commissioning Group (SCCCG) and Vale Royal Clinical Commissioning Group (VRCCG) have identified reductions in funding for services from mental health reablement to continuing health care. These actions are illustrative of the severity of the financial outlook for the health and care economy across the borough. In total ECCCG predicts a deficit of £132m[1] across the health and care economy by 2018/19 with similar projections for South and Vale Royal.

3.5 Cheshire East Council remains committed to putting our 'residents first' - supporting local people to live well and for longer. To continue to do this, Cheshire East and health and care partners, from commissioners to providers, need to continue to work together to manage our funding focussing on whole system implications.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 Our ambition is that people live well and for longer. We are mitigating the financial pressures described above, not only via the social care precept, but by changing how we work to ensure that we provide personalised care that maximises independence and wellbeing and hence reduce reliance on public sector support.

4.2 Better uses of technology such as the Cheshire Care Record and integrating practice around the people who need care and support in Cheshire East as well as adopting efficient, best practice processes are crucial to achieving this and mitigating the impact of financial pressures

5 Background and Options

5.1 n/a

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1 http://moderngov.cheshireeast.gov.uk/ecminutes/documents/s48026/ECCCG%20Financial%20Recovery%20overview%20090616.pdf

6 Access to Information

6.1 For more information see the Cheshire East Council Tax booklet http://www.cheshireeast.gov.uk/pdf/council-tax/your-cheshire-east-booklet-2016-17.pdf

6.2 Cheshire East Council's budget information is available online here: http://www.cheshireeast.gov.uk/council_and_democracy/your_council/council_finance_and_governance/cheshire_east_budget/cheshire_east_budget.aspx or type 'budget book' into the search box on www.cheshireeast.gov.uk

The background papers relating to this report can be inspected by contacting the report writer:

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REPORT TO: Health and Wellbeing Board

Date of Meeting: 27th September 2016
Report of: Kath O'Dwyer, Deputy Chief Executive and Director of People's Services
Subject/Title: Joint Targeted Area Inspection on Domestic Abuse

1 Report Summary

1.1. This report informs the Health and Wellbeing Board of the new Joint Targeted Area Inspection framework for children living with domestic abuse.

2 Recommendations

2.1 The Health and Wellbeing Board is recommended to:

a) Note the contents of this report, and the implications of the inspection framework for the Health and Wellbeing Board, and it's members,

b) Recommend to partner agencies that activity to support service improvement and inspection preparation is prioritised across the partnership.

c) Endorse that an update report will be received by the Health and Wellbeing Board in 6 months' time.

3 Reasons for Recommendations

3.1 The Health and Wellbeing Board has a statutory responsibility to improve the health and wellbeing of the children, young people and their families in Cheshire East, and promote the integration of services. This includes services for children and young people living with domestic abuse.

3.2 Joint Targeted Area Inspections (JTAIs) will assess our effectiveness as a local area in identifying and meeting the needs of children and young people under a specific theme. The theme for the next six months from the beginning of September 2016 to the end of March 2017 is children living with domestic abuse.

3.3 It is important that the Health and Wellbeing Board is informed of the new theme for the JTAIs, and is assured that arrangements are in place to develop our services for these children and young people, and their families.

3.4 Clear governance arrangements are in place which drive, implement and scrutinise developments to these services. The Cheshire East Domestic Abuse Partnership Board (CEDAP), led by the Head of Service for Children's Safeguarding, is driving developments to domestic abuse services. Inspection preparation activity has been aligned with service development activity and is being overseen by this Board.

3.5 An action plan is in place to ensure that we are prepared for inspection, which includes;

- Completing a self-assessment of the quality of our services to inform the priority areas for development and to demonstrate that we have a good understanding of our strengths and areas for improvement,
- Communication and engagement with key stakeholders on plans for and progress in developing services, and the inspection framework,
- Collating key sources of evidence and information on our services to inform the inspection,
- Refresh of the JSNA section on domestic abuse, and
- Quality assurance of casework.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 Outcome one of *The Joint Health and Wellbeing Strategy for the Population of Cheshire East 2014 - 2016*, 'Starting and Developing Well' sets out the Health and Wellbeing Board's priority to ensure that children and young people have the best start in life; they and their families or carers are supported to feel healthy and safe, reach their full potential and are able to feel part of where they live and involved in the services they receive.

5 Background and Options

5.1 The framework and guidance for the Joint Targeted Area Inspection on domestic abuse was published on 10th August 2016.

5.2 The inspection is a **local area** inspection reviewing the quality of our joint working arrangements and the impact on outcomes for children and young

people. It reviews services offered and commissioned by the local authority, health, police and probation.

5.3 All JTAIs review the effectiveness of the front door. They evaluate the effectiveness of our multi-agency arrangements in:

- The response to all forms of child abuse, neglect and exploitation at the point of identification
- The quality and impact of assessment, planning and decision making in response to notifications and referrals

5.4 For the purpose of this inspection, the term living with domestic abuse includes: children who are currently living where there are incidents of domestic abuse or where there is risk of incidents of domestic abuse taking place; and children seeing or hearing domestic abuse outside of their home or witnessing the effects of domestic abuse on others.

5.5 Inspectors will evaluate the effectiveness of interventions for adult perpetrators and victims of domestic abuse in relation to the impact this has on the welfare and protection of children.

5.6 The inspection will evaluate the effectiveness of our joint arrangements for:

- Protecting children and young people at risk due to domestic abuse
- Leading and managing work in relation to domestic abuse
- The Local Safeguarding Children Board's (LSCB) coordination of partnership working, scrutiny and direction in relation to domestic abuse

5.7 Prior to inspection, our Joint Strategic Needs Analysis (JSNA) and will be reviewed to evaluate our consideration of the needs of children and young people who are living with domestic abuse. The JSNA section on domestic abuse is currently being refreshed to ensure that they provide a robust assessment of needs within Cheshire East.

5.8 The inspection will involve three Ofsted inspectors, three inspectors from the Care Quality Commission (CQC), three inspectors from Her Majesty's Inspectorate of Constabulary (HMIC), and two inspectors from Her Majesty's Inspectorate of Probation (HMI Probation).

5.9 We will receive 9 days advance notice of the inspection before inspectors arrive onsite. The notification of inspection is on Tuesday morning before 9.30am (week 1). The inspection will last for 5 days from Monday-Friday in the

third week. Documentation to support inspection will be requested in advance of the inspection, and a joint audit of practice for between five and seven cases selected by inspectors will need to be completed and provided to inspectors in week 2. The list of documentation required is specified in the framework.

5.10 The child's journey for these five to seven cases will be tracked in depth by inspectors during the inspection. Additional cases will also be sampled and reviewed while the inspectors are onsite in week 3.

5.11 The inspection will involve meetings with professionals at all levels, observation of practice within teams and in multi-agency meetings for children, discussion with children and young people, parents are carers on their views of our service, and reviewing casework and supervision.

5.12 A judgement will not be given but there will be a letter will be published in week 9 on the area's strengths and areas for improvement.

6 Access to Information

6.1 The framework and guidance for Joint Targeted Area Inspections is available on the website https://www.gov.uk/government/publications/joint-inspections-of-arrangements-and-services-for-children-in-need-of-help-and-protection

6.2 The guidance for the theme of children living with domestic abuse is available on the website https://www.gov.uk/government/publications/joint-inspections-of-the-response-to-children-living-with-domestic-abuse-september-2016-to-march-2017

The background papers relating to this report can be inspected by contacting the report writer:

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NHS South Cheshire Clinical Commissioning Group
NHS Eastern Cheshire Clinical Commissioning Group
Cheshire East Council

REPORT TO: Health and Wellbeing Board

Date of Meeting: 27th September 2016
Report of: Guy Kilminster, Corporate Manager Health Improvement
Subject/Title: Annual Review of the Health and Wellbeing Board's Terms of Reference

1 Report Summary

1.1 The Health and Wellbeing Board's Terms of Reference (ToR) include the requirement for them to be reviewed on an annual basis. This provides an opportunity to ensure that they remain fit for purpose and are appropriate for the smooth functioning of the Board.

2 Recommendations

2.1 That the Board consider the Terms of Reference and whether or not any amendments are required.

3 Reasons for Recommendations

3.1 To ensure that the Health and Wellbeing Board is operating with an appropriate Terms of Reference to facilitate its effective functioning.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 Strong and effective Terms of Reference for the Board will support the delivery of the Health and Wellbeing Strategy priorities.

5 Background and Options

5.1 The current version of Health and Wellbeing Board's Terms of Reference were approved by Full Council on 22nd October 2015. This followed a review and proposed amendments to the membership of the Board, which were incorporated into the ToR.

5.2 The existing ToR are attached as Appendix One. Any proposed amendments need to be agreed by the Board prior to referral to the Constitution Committee and Council.

6 Access to Information

6.1 The background papers relating to this report can be inspected by contacting the report writer:

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Appendix One As approved 22/10/2015

Cheshire East Statutory Health and Wellbeing Board

Terms of Reference As (approved 22/10/2015) :

1. Context

1.1 The full name shall be the Cheshire East Health and Wellbeing Board.

1.2 The Board assumes statutory responsibility from April 2013.

1.3 The Health and Social Care Act 2012 and subsequent regulations provide the statutory framework for Health and Wellbeing Boards (HWB).

1.4 For the avoidance of doubt, except where specifically disapplied by these Terms of Reference, the Council Procedure Rules (as set out in its Constitution) will apply.

2. Purpose

- To work in partnership to make a positive difference to the health and wellbeing of the residents of Cheshire East through an evidence based focus on improved outcomes and reducing health inequalities.

- To prepare and keep up to date the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), which is a duty of local authorities and clinical commissioning groups (CCGs).

- To lead integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (ie lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.

- To lead close working between commissioners of health-related services and the board itself.

- To lead close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services

- Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012. Such delegated functions need not be confined to public health and social care.

- To provide advice assistance and support for the purpose of encouraging the making of arrangements under section 75 of the

National Health Service Act 2006 in connection with the provision of such services.

3. Roles and Responsibilities

3.1 To work together effectively to ensure the delivery of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

3.2 To work within the Board to build a collaborative partnership to key decision making that embeds health and wellbeing challenge, issue resolution and provides strategic system leadership.

3.3 To participate in Board discussions to reflect the views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery.

3.4 To champion the work of the Board in their wider work and networks and in all individual community engagement activities.

3.5 To ensure that there are communication mechanisms in place within partner organisation[s] to enable information about the Health and Wellbeing Board's priorities and recommendations to be effectively disseminated.

3.6 To share any, changes to strategy, policy, and the system consequences of such on budgets and service delivery within their own partner organisations with the Board to consider the wider system implications.

4. Accountability

4.1 The Board carries no formal delegated authority from any of the individual statutory bodies.

4.2 Core Members of the board have responsibility and accountability to their individual duties and to their role on the Board.

4.3 The Board will discharge its responsibilities by means of recommendations to the relevant partner organisations, which will act in accordance with their respective powers and duties.

4.4 The Council's Core Members will ensure that they keep Cabinet and wider Council advised of the work of the Board.

4.5 The Board will report to Full Council and to both NHS Clinical Commissioning Groups (CCG's) Governing Bodies by ensuring access to meeting minutes and presenting papers as required.

4.6 The Board will not exercise scrutiny duties around health or adult social care services directly. This will remain the role of the Cheshire East Health and Adult Social Care Overview and Scrutiny Committee and in respect of children's health, the Children and Families Overview and Scrutiny Committee. Decisions taken and work progressed by the Board will be subject

to scrutiny by the Health and Adult Social Care Overview and Scrutiny Committee.

4.7 The Board will provide information to the public through publications, local media, and wider public activities by publishing the minutes of its meetings on the Council's website. The Board is supported by an Engagement and Communications Network across Board organisations to ensure this function can operate successfully.

5. Membership

5.1 The Core membership of the Board will comprise the following:

Voting members:

- ***Three*** councillors from the local authority
- The Director of Adult Services
- The Director of Children's Services
- A local Healthwatch representative
- Two representatives of NHS Eastern Cheshire CCG
- Two representatives of NHS South Cheshire CCG
- Independent NHS representative (nominated by the CCGs)

Non-voting members

- The Chief Executive of the Council
- The Director of Public Health
- A nominated representative of NHS England

The councillor membership of the Board is nominated by the Executive Leader. The Executive Leader can be a member of the Board as one of the three councillors.

5.2 The Core Members will keep under review the Membership of the Board and if appropriate will make recommendations to Council on any changes to the Core Membership.

5.3 The above Core Members [1] through a majority vote have the authority to appoint individuals as Non Voting Associate Members of the Board. (Committee Procedure Rule 20.1 refers). The length of their membership will be for up to one year and will be subject to re-selection at the next Annual General Meeting "AGM". Associate Members will assist the board in achieving the priorities agreed within the Joint Health and Wellbeing Strategy and may indeed be chairs of sub structure forums where they are not actual Core Members of the Board.

5.4 The above Core Members [2] through a majority vote have the authority to recommend to Council that individuals be appointed as Voting Associate

[1] Regulation 5(1) removes this restriction in relation to health and wellbeing boards by disapplying section 104(1) of the 1972 Act to enable the local authority directors specified in the 2012 Act to become members of health and wellbeing boards

[2] Regulation 5(1) removes this restriction in relation to health and wellbeing boards by disapplying section

Members of the Board. The length of their membership will be for up to one year and will be subject to re-selection at the next Annual General Meeting "AGM".

5.5 Each Core Member has the power to nominate a single named substitute. If a Substitute Member be required, advance notice of not less than 2 working days should be given to the Council whenever practicable. The Substitute Members shall have the same powers and responsibilities as the Core Members.

6. Frequency of Meetings

6.1 There will be no fewer than six public meetings per year (including an AGM), usually once every two months as a formal Board.

6.2 Additional meetings of the Board may be convened with agreement of the Board's Chairman.

7. Agenda and Notice of Meetings

7.1 Any agenda items or reports to be tabled at the meeting should be submitted to the Council's Democratic Services no later than seven working days in advance of the next meeting. No business will be conducted that is not on the agenda.

7.2 In accordance with the Access to Information legislation, Democratic Services will circulate and publish the agenda and reports prior to the next meeting. Exempt or Confidential Information shall only be circulated to Core Members.

8. Annual General Meeting

8.1 The Board shall elect the Chairman and Vice Chairman at each AGM, the appointment will be by majority vote of all Core Members present at the meeting.

8.2 The Board will approve the representative nominations by the partner organisations as Core Members.

9. Quorum

9.1 Any full meeting of the Board shall be quorate if there is representation of any four of the following statutory members: – NHS Eastern Cheshire CCG, NHS South Cheshire CCG, Local Health Watch, a Councillor and an Officer of Cheshire East Council.

9.2 Failure to achieve a quorum within fifteen minutes of the scheduled start of the meeting, or should the meeting become inquorate after it has started, shall mean that the meeting will proceed as an informal meeting but that any decisions shall require appropriate ratification at the next quorate meeting.

104(1) of the 1972 Act to enable the local authority directors specified in the 2012 Act to become members of health and wellbeing boards

Appendix One As approved 22/10/2015

10. Procedure at Meetings

10.1 General meetings of the Board are open to the public and in accordance with the Council's Committee Procedure Rules will include a Public Question Time Session. Papers, agendas and minutes will be published on the Cheshire East Health and Wellbeing website.

10.2 The Council's Committee Procedure Rules will apply in respect of formal meetings subject to the following:-

10.3 The Board will also hold development/informal sessions throughout the year where all members are expected to attend and partake as the agenda suggests.

10.4 Core Members are entitled to speak through the Chairman. Associate Members are entitled to speak at the invitation of the Chairman.

10.5 With the agreement of the Board, subgroups can be set up to consider distinct areas of work. The subgroup will be responsible for arranging the frequency and venue of their meetings. The Board will approve the membership of the subgroups.

10.6 Any recommendations of the subgroup will be made to the Board who will consider them in accordance with these terms of reference and their relevance to the priorities within the Joint Health and Wellbeing Strategy and its delivery plan.

10.7 Whenever possible decisions will be reached by consensus or failing that a simple majority vote by those members entitled to vote.

11. Expenses

11.1 The partnership organisations are responsible for meeting the expenses of their own representatives.

11.2 A modest Board Budget will be agreed annually to support Engagement and Communication and the Business of the Board.

12. Conflict of Interest

12.1 In accordance with the Council's Committee Procedure Rules, at the commencement of all meetings all Board Members shall declare disclosable pecuniary or non-pecuniary interests and any conflicts of interest.

12.2 In the case of non pecuniary matters Members may remain for all or part of the meeting, participate and vote at the meeting on the item in question.

12.3 In the case of pecuniary matters Members must leave the meeting during consideration of that item.

13. Conduct of Core Members at Meetings

13.1 Board members will agree to adhere to the seven principles outlined in the Board Code of Conduct when carrying out their duties as a Board member [Appendix 1].

14. Review

14.1 The above terms of reference will be reviewed annually at the Health and Wellbeing Board AGM.

14.2 Any amendments shall only be included by consensus or a simple majority vote, prior to referral to the Constitution Committee and Council.

October 2015

Definition

Exempt Information
Which is information falling within any of the descriptions set out in Part I of Schedule12A to the Local Government Act 1972 subject to the qualifications set out in Part II and the interpretation provisions set out in Part III of the said Schedule in each case read as if references therein to "the authority" were references to "Board" or any of the partner organisations.

Confidential Information
Information furnished to, partner organisations or the Board by a government department upon terms (however expressed) which forbid the disclosure of the information to the public; and information the disclosure of which to the public is prohibited by or under any enactment or by the order of a court are to be discussed.

Conflict of Interest
You have a Conflict of interest if the issue being discussed in the meeting affects you, your family or your close associates in the following ways;
- *The issue affects their well being more than most other people who live in the area.*
- *The issue affect their finances or any regulatory functions and*
- *A reasonable member of the public with knowledge of the facts would believe it likely to harm or impair your ability to judge the public interest.*

Associate Members
Associate Member status is appropriate for those who are requested to chair sub groups of the board.

Health Services
Means services that are provided as part of the health service.

***Health-Related Services** means services that may have an effect on the health of individuals but are not health services or social care services.*

Social Care Services
Means services that are provided in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970

Appendix One As approved 22/10/2015

Appendix 1

Cheshire East Shadow Health and Wellbeing Board Member Code of Conduct

1. Selflessness

Members of the Cheshire East Health and Wellbeing Board should act solely in terms of the interest of and benefit to the public/patients of Cheshire East. They should not do so in order to gain financial or other benefits for themselves, their family or their friends

2. Integrity

Members of the Cheshire East Health and Wellbeing Board should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their duties and responsibilities as a Board member

3. Objectivity

In carrying out their duties and responsibilities members of the Cheshire East Health and Wellbeing Board should make choices based on merit and informed by a sound evidence base

4. Accountability

Members of the Cheshire East Health and Wellbeing Board are accountable for their decisions and actions to the public/patients of Cheshire East and must submit themselves to whatever scrutiny is appropriate

5. Openness

Members of the Cheshire East Health and Wellbeing Board should be as transparent as possible about all the decisions and actions that they take as part of or on behalf of the Board. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands

6. Honesty

Members of the Cheshire East Health and Wellbeing Board have a duty to declare any private interests relating to their responsibilities and duties as Board members and to take steps to resolve any conflicts arising in a way that protects the public interest and integrity of the Cheshire East Health and Wellbeing Board

7. Leadership

Members of the Cheshire East Health and Wellbeing Board should promote and support these principles by leadership and example

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