

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 30th May, 2017 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Voting

Councillor Rachel Bailey, Cheshire East Council
Councillor Janet Clowes, Cheshire East Council
Councillor George Hayes, Cheshire East Council
Mark Palethorpe, Acting Executive Director of People, Cheshire East Council
Linda Couchman, Cheshire East Council
Jerry Hawker, Eastern Cheshire Clinical Commissioning Group
Dr Andrew Wilson, South Cheshire Clinical Commissioning Group
John Wilbraham, Independent NHS representative (Substitute)
Laura Smith, Healthwatch (Substitute)

Non-Voting:

Fiona Reynolds, Director of Public Health, Cheshire East Council

Observers:

Councillor Laura Jeuda, Cheshire East Council
Councillor Liz Wardlaw, Cheshire East Council

Cheshire East Officers/others in attendance:

Nigel Moorhouse, Director of Children's Social Care
Nichola Glover-Edge, Director of Commissioning
Guy Kilminster, Corporate Manager Health Improvement, Cheshire East Council
Jonathan Potter - Head of Service, Preventative Services, Cheshire East Council
Paul Mountford, Executive Democratic Services Officer, Cheshire East Council

Councillors in Attendance:

Councillor Paul Bates, Cheshire East Council

1 APPOINTMENT OF CHAIRMAN

RESOLVED

That Councillor Rachel Bailey be appointed Chairman for the 2017/18 municipal year.

2 APPOINTMENT OF VICE-CHAIRMAN

RESOLVED

That Dr Paul Bowen be appointed Vice-Chairman for the 2017/18 municipal year.

The Chairman thanked the outgoing Vice-Chairman, Dr Andrew Wilson.

3 INTRODUCTIONS, WELCOME AND APOLOGIES

Everyone present introduced themselves.

Apologies for absence had been received from Simon Whitehouse, Dr Paul Bowen, Louise Barry, Tracy Bullock, Tom Knight, Kath O'Dwyer and Councillor Stewart Gardiner.

The Chairman placed on record her thanks to Councillors Paul Bates and Liz Durham for their contribution to the work of the Board. She welcomed Councillors George Hayes and Liz Wardlaw.

4 DECLARATIONS OF INTEREST

There were no declarations of interest.

5 MINUTES OF PREVIOUS MEETING

RESOLVED

That the minutes of the meeting held on 28th March 2017 be approved as a correct record.

6 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public wishing to speak.

7 EVALUATION OF THE PILOT PHASE OF THE EMOTIONALLY HEALTHY SCHOOLS PROJECT

The Board considered the evaluation of the pilot phase of the Emotionally Healthy Schools Project. The objective of the evaluation was to assess the impact of the Project against its intended outcomes.

The evaluation had been carried out by the University of Salford CYP@Salford research group. A presentation on the evaluation and its findings was given by the Principal Investigator of the research group, Celeste Foster.

An important finding of the evaluation was that the schools involved with the pilot phase were already doing a good job in supporting emotional

health and wellbeing. Any changes as a result of the pilot were therefore likely to be minimal. However, there were a number of distinct indicators of positive changes with all domains of wellbeing showing improvement.

Whilst overall the evaluation gave a positive picture, the Board noted the relatively low level of staff participation in the pilot and a difference in perception between staff and pupils regarding the issue of bullying which was a significant concern among pupils. The Board also considered the need to involve less engaged schools in the project.

Celeste Foster was thanked for her presentation.

RESOLVED

That the findings of the evaluation be noted and the continuation of the project and the rollout of Phase 2 be supported.

8 CHILDREN'S IMPROVEMENT PLAN, IMPROVEMENT PLAN PROGRESS REPORT AND IMPROVEMENT PLAN SCORECARD

The Board considered the Children's Improvement Plan for 2017-18 and progress against the current Improvement Plan.

The Plan aimed to improve the outcomes of the most vulnerable children and young people in Cheshire East through improving the quality of children's social care services. This year, there would be a change in the way that services were delivered to put the needs of children and young people at the heart of the service and to support families to develop long lasting, sustainable solutions. The quality assurance process would be aligned to the Signs of Safety approach. A campaign for change across the partnership would be implemented to develop a shared culture and ambition for children and young people in Cheshire East. Progress would be assessed through audit reports, feedback from children, young people, parents and carers, staff and partners.

The Board considered the quarter 3 progress report which showed that service improvements had resulted in better quality services and improved decision-making. Significant improvements included an increase in good quality practice, more evidence-based decision-making and smarter child protection plans. The social work workforce had stabilised, and two experienced child protection managers had been appointed to the Child in Need Protection Team in Crewe. A number of key areas for improvement had been identified.

RESOLVED

That the Children's Improvement Plan for 2017-18 and the 3rd Quarter progress report be noted.

9 BETTER CARE FUND 3RD QUARTER REPORT 2016 - 2017

The Board considered the 3rd Quarter report for the Better Care Fund.

The report provided a summary of the key points arising from the return, and recommended next steps to improve performance within the Cheshire East health and social care system. The report looked in turn at income and expenditure, metrics and next steps.

The draft guidance for the Integration and Better Care Fund planning requirements for 2017-19 had been published but had not been finalised by NHS England and the LGA as at 11th May 2017. Key changes to the policy framework since 2016-17 included a requirement for plans to be developed for a two-year period instead of one; and the number of national conditions which local areas would need to meet through the planning process in order to access funding had been reduced from eight to four. It was likely that a report on the new plan would be considered by the Board in September.

It was proposed that future reports would include key performance indicators and would be restructured in a way which was more compatible with overview and scrutiny requirements.

RESOLVED

That

1. the contents of the Better Care Fund 3rd Quarter report be noted; and
2. the introduction of the Improved Better Care Fund forthcoming requirements of the 2017-19 plan be noted.

10 CAPPED EXPENDITURE PROGRAMME

Jerry Hawker referred to a public document called 'Next Steps on the NHS Five Year Forward View' and to plans to cap expenditure on health services within the Cheshire East footprint.

Eastern Cheshire CCG was required to make £24.6M of savings in 2017/18. £15M of savings were already included in expenditure plans, leaving £9.6M further savings to be made. The CCG would be putting options to NHS England the day after the Board's meeting. It may be necessary to make some difficult choices about accessibility and convenience of services. South Cheshire CCG was facing similar challenges.

Dr Andrew Wilson commented that this was a significant financial discipline and a change of approach.

Mark Palethorpe advised that the proposed expenditure cap did not include social care but did include continuing health care. Overview and scrutiny would want to look at the implications of any significant service changes.

RESOLVED

That the situation be noted and further developments be awaited.

11 PARTICIPATORY BUDGETING

The Board considered a report on the findings from work to introduce participatory budgeting. The report was co-presented by Shelley Brough, Commissioning Manager, and Dan Coyne, Delivering Differently in Neighbourhoods Manager, Cheshire East Council.

Cheshire East Council's Public Health and Communities Teams had worked together to co-produce a local Participatory Budgeting model with communities which aimed to co-commission community-based early intervention and prevention activities to improve public health outcomes.

Participatory Budgeting directly engaged and empowered local people in making decisions on the spending priorities for a defined public budget. In Cheshire East the defined budget was £400,000 specifically for reduced health inequalities, improved public health outcomes and to support the development of sustainable Local Community Networks.

It was felt that Participatory Budgeting was an approach that could be developed further and from which important lessons could be learned.

RESOLVED

That

1. the learning and evidence from the Participatory Budgeting project be used to inform the development of guidance toolkits and best practice for community-based commissioning across Cheshire East; and
2. commissioners recognise Participatory Budgeting as an option for future commissioning activities.

12 MEMBERSHIP REVIEW

The Board considered proposals to appoint a number of additional associate non-voting members.

Paragraph 5.3 of the Board's terms of reference gave the Board authority to appoint non-voting associate members to the Board for one year subject to re-selection at the following Annual General Meeting.

The Board considered the appointment of individual representatives of the Police and Crime Commissioner's Office, the Cheshire Fire and Rescue Service and the CVS Cheshire East as non-voting associate members for a period of one year.

RESOLVED

That in accordance with paragraph 5.3 of the Cheshire East Health and Wellbeing Board Terms of Reference, additional non-voting associate members of the Board be appointed for a period of one year (for review at the next AGM) from the following three organisations:

- The Cheshire Police and Crime Commissioner's Office
- The Cheshire Fire and Rescue Service
- CVS Cheshire East

The meeting commenced at 2.00 pm and concluded at 4.04 pm

Councillor Rachel Bailey (Chairman)