

# Cheshire East Health and Wellbeing Board Agenda

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**Date:** Tuesday 25th June 2019  
**Time:** 2.00 pm  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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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. **Appointment of Chairman**

To appoint a Chairman for the Municipal Year 2019/20.

2. **Appointment of Vice Chairman**

To appoint a Vice Chairman for the Municipal Year 2019/20.

3. **Apologies for Absence**

4. **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.

5. **Minutes of Previous meeting** (Pages 3 - 6)

To approve the minutes of the meeting held on 26 March 2019.

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For requests for further information

**Contact:** Rachel Graves

**Tel:** 01270 686473

**E-Mail:** [rachel.graves@cheshireeast.gov.uk](mailto:rachel.graves@cheshireeast.gov.uk) with any apologies

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

In accordance with paragraph 2.32 of the Committee Procedural Rules and Appendix 7 to the Rules 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.

7. **Health and Wellbeing Board Terms of Reference - Review** (Pages 7 - 18)

To review the Terms of Reference of the Cheshire East Health and Wellbeing Board.

8. **Cheshire East Children and Young People's Plan 2019-21** (Pages 19 - 36)

To consider the Cheshire East's Children and Young People's Plan 2019-21.

9. **Child Death Overview Panel New Arrangements** (Pages 37 - 42)

To consider the revised arrangements for the Child Death Overview Panels

10. **Health and Wellbeing Board - Annual Report 2018/19** (Pages 43 - 50)

To approve the annual report of the Health and Wellbeing Board's work in 2018/19.

11. **Cheshire East Partnership Transformation Update**

To receive a verbal update on the Cheshire East Partnership Transformation.

12. **Working Together Across Cheshire**

To receive a consultation document on the proposed merger of the Cheshire Clinical Commissioning Groups and the move towards place-based care.

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**  
held on Tuesday, 26th March, 2019 at Committee Suite 1,2 & 3, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

**PRESENT****Voting Members**

Councillor Rachel Bailey (Chairman)  
Dr Andrew Wilson (Vice-Chairman)  
Councillor J Clowes, Cheshire East Council  
Councillor J Saunders, Cheshire East Council  
Linda Couchman, Cheshire East Council  
Mark Palethorpe, Cheshire East Council  
Louise Barry, Healthwatch  
Dr Danile Harle, Eastern Cheshire CCG  
John Wilbraham, NHS Provider

**Non-Voting Members**

Kath O'Dwyer, Cheshire East Council  
Tom Knight, NHS England  
Chief Inspector Jez Taylor, Cheshire Police

**Observers**

Councillor Sam Corcoran, Cheshire East Council  
Councillor Liz Wardlaw, Cheshire East Council

**Cheshire East Officers/Others in Attendance**

Guy Kilminster, Cheshire East Council  
Rachel Graves, Cheshire East Council  
Neil Evans, Eastern Cheshire CCG (minute 44 only)  
Alex Jones, Cheshire East Council (minute 45 only)

**40 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Clare Watson (South Cheshire CCG), Alex Mitchell (Eastern Cheshire CCG) and Fiona Reynolds (Cheshire East Council).

**41 DECLARATIONS OF INTEREST**

Councillor S Corcoran declared a non-pecuniary interest by virtue of his wife being a GP.

**42 MINUTES OF PREVIOUS MEETING**

**RESOLVED:**

That the minutes of the meeting held on 29 January 2019 be confirmed as a correct record.

**43 PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present.

**44 DRAFT OPERATIONAL PLAN 2019-20 FOR THE CHESHIRE CLINICAL COMMISSIONING GROUPS**

The Board considered the draft Operational Plan 2019/20 for the Cheshire Clinical Commissioning Groups.

This was the first time that the four Clinical Commissioning Groups had worked together to produce a single Operational Plan.

The Board were asked to provide feedback on the content and commented on the following:

- Mental Health - the figures for children and young people with a diagnosable mental health condition and that this should be given a higher priority for providing services
- importance of routine health related engagement
- the Plan should be user friendly in appearance and language and the public engagement section expanded
- include reference to the Cheshire and Merseyside Health and Care Partnership Plan and Cheshire and Merseyside Population Health Framework
- the correct timeline for CHC eligibility be included

The draft Operational Plan was being shared and discussed with other bodies and a final version would be circulated to Board members before submission to NHS England in April 2019.

**RESOLVED:** That the Board

- 1 note the current progress in developing the content of the Operational Plan; and
- 2 endorse the submission of the Operational Plan to NHS England in April 2019.

**45 BETTER CARE FUND AND IMPROVED BETTER CARE FUND 2018/19  
QUARTER 3**

The Board considered a report which provided a summary of the key points arising from the 2018/19 Quarter 3 Better Care Fund and Improved Better Care Fund return.

The report detailed performance against the Better Care Fund four metrics and highlighted the performance of the 'Live Well Cheshire East' scheme, which was an online resource.

**RESOLVED:**

That the Better Care Fund and Improved Better Care Fund performance during Quarter 3 be noted.

**46 MAKING THE MILE**

The Board considered a report on the Making the Mile initiative.

The Government's Obesity Guidance - Childhood Obesity: A Plan for Action (Jan 2017) and A Plan for Action Chapter 2 (June 2018) recommended initiatives that encouraged children to walk or run a mile every day in school. In Cheshire East, the Public Health Team supported a Make the Mile initiative.

The Make the Mile has been promoted in all Cheshire East Primary Schools with a target that all schools increase levels of physical activity of children. A total of 54 schools had implemented a scheme.

There was limited evidence to suggest that the initiative would reduce obesity levels in children on its own. However, if developed as a whole system approach to tackling obesity including healthy eating, physical activity and environment, future benefits would be realised.

The Board discussed the benefits of this initiative and felt that it should be encouraged as it helped with mental health wellbeing and should be linked with other initiatives which promoted healthy eating. Reference was made to an American study which noted that low physical fitness killed more people than did either smoking, diabetes or obesity.

It was agreed that a further report would be brought to the Board which set out what was already being done and what could be done to support and encourage healthy weight in children and adults in Cheshire East.

**RESOLVED:** That the Board

- 1 promote and support the Making the Mile initiative, which encourages schools to facilitate sessions for school children to run/walk/jog a mile every day; and
- 2 to consider further taking specific actions to support efforts to encourage, support and facilitate healthy weight in children and adults across Cheshire East.

### **47 HEALTH AND CARE PARTNERSHIP PLAN**

The Board received a verbal report on the Health and Care Partnership Plan.

It was reported that the Cheshire and Merseyside Health and Care Partnership had to submit to NHS England by next week a one year operational plan. A five year plan was in the early stages of development, which would be subject to public and partnership engagement. This would be informed by the nine Place five year plans. The Cheshire East Plan would be drafted over the next couple of months.

#### **RESOLVED:**

That the verbal report be received.

### **48 CHESHIRE EAST PARTNERSHIP TRANSFORMATION UPDATE**

The Board received an update on the Cheshire East Partnership Transformation.

It was reported that the new Executive Chair had taken up their position and that Mark Palethorpe would be taking over the Place SRO lead from Tracey Bullock. Work was being undertaken to define roles and responsibilities to ensure that resources were in place to deliver the transformation.

#### **RESOLVED:**

That the update be received.

The meeting commenced at 2.00 pm and concluded at 3.15 pm

Councillor Rachel Bailey (Chairman)

## CHESHIRE EAST HEALTH AND WELLBEING BOARD

### Reports Cover Sheet

<b>Title of Report:</b>	Health and Wellbeing Board Terms of Reference - review
<b>Date of meeting:</b>	25 <sup>th</sup> June 2019
<b>Written by:</b>	Guy Kilminster
<b>Contact details:</b>	Guy.kilminster@cheshireeast.gov.uk
<b>Health &amp; Wellbeing Board Lead:</b>	Chairman of the Board

### Executive Summary

<b>Is this report for:</b>	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
<b>Why is the report being brought to the board?</b>	The Terms of Reference state that the Board should review them every two years. They were last reviewed in 2017.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	The Board is asked to consider whether the Terms of Reference as written remain fit for purpose or whether any changes are required.  Any proposed changes will be forwarded to the Constitution Committee for consideration and then to the Council for approval. The Constitution would then be updated to reflect the approved changes.		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	N/A		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	N/A
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	N/A

## 1 Report Summary

- 1.1 The current Terms of Reference (ToR) of the Board (paragraph 14.1) require the Health and Wellbeing Board to review their ToR every two years at the Annual General Meeting. Any proposed changes will be referred to the Constitution Committee and subject to their agreement to Council for approval.

## 2 Recommendations

- 2.1 That the Health and Wellbeing Board review the current Terms of Reference (as approved by Council on 17<sup>th</sup> May 2017) and, if felt necessary, make recommendations to the Constitution Committee on required changes.

## 3 Reasons for Recommendations

- 3.1 To ensure that the Terms of Reference remain up to date and fit for purpose.

## 4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 The Terms of Reference help to ensure that the Board operates effectively as a system leadership forum, and that it undertakes its statutory requirements that include the publication of a Joint Health and Wellbeing Strategy.

## 5 Background and Options

- 5.1 The Health and Wellbeing Board's current Terms of Reference were agreed in May 2017 following an extensive review. Paragraph 14.1 requires the Board to review its ToR at the Annual General Meeting every two years. The 2019 AGM is therefore the first review of these ToR since they were adopted.
- 5.2 The Board is asked to consider the Terms of Reference and consider whether they remain fit for purpose or whether any changes are required. Proposed changes that are agreed by the Board will, as referenced in Paragraph 14.2, be referred to the Constitution Committee of the Council and then the next meeting of the Council for approval.



**6 Access to Information**

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

Name: Guy Kilminster

Designation: Corporate Manager Health Improvement

Tel No: 01270 686560

Email: [Guy.kilminster@cheshireeast.gov.uk](mailto:Guy.kilminster@cheshireeast.gov.uk)

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## **Terms of Reference as approved by Council 17<sup>th</sup> May 2017**

### **1. Context**

- 1.1 The full name of the Board shall be the Cheshire East Health and Wellbeing Board. (CEHWB)
- 1.2 The CEHWB was established in 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 be a forum that enables member organisations of the Board to hold each other to account for their responsibilities for improving the health of the population
- To assist in fostering good working relationships between commissioners of health-related services and the CEHWB itself.
- To assist in fostering good working relationships between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services
- To undertake any other functions that may be delegated to it by the Council under section 196(2) of the Health and Social Care Act 2012.

Agreed by Board 31<sup>st</sup> January 2017  
As approved by Council 17<sup>th</sup> May 2017

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 with the Council and CCGs effectively to ensure the delivery of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- 3.2 To work within the CEHWB 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 CEHWB 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 CEHWB 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 organisations to enable information about the CEHWB'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 CEHWB to consider the wider system implications.

### **4. Accountability**

- 4.1 The CEHWB carries no formal delegated authority from any of the individual statutory bodies.
- 4.2 Core Members of the CEHWB have responsibility and accountability for their individual duties and their role on the CEHWB.
- 4.3 The CEHWB 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 CEHWB.
- 4.5 The CEHWB may report and be accountable 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.

Agreed by Board 31<sup>st</sup> January 2017  
As approved by Council 17<sup>th</sup> May 2017

- 4.6 The CEHWB 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 CEHWB will be subject to scrutiny by the Health and Adult Social Care Overview and Scrutiny Committee.
- 4.7 The CEHWB 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 CEHWB is supported by an Engagement and Communications Network across HWB organisations to ensure this function can operate successfully.

## 5. Membership

- 5.1 The Core membership of the CEHWB will comprise the following:

Voting members:

- **Three** councillors from Cheshire East Council
- The Strategic Director of Adult Social Care and Health
- 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 CEHWB is nominated by the Leader of the Council. The Leader can be a member of the CEHWB as one of the three councillors who are voting members.

- 5.2 The Core Members will keep under review the Membership of the CEHWB and if appropriate will make recommendations to Council on any changes to the Core Membership.
- 5.3 The above Core Members <sup>1</sup> through a majority vote have the authority to appoint individuals as Non Voting Associate Members of the CEHWB. (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" of the CEHWB. Associate Members will assist the CEHWB in achieving the priorities agreed within the Joint Health and

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<sup>1</sup> 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

Agreed by Board 31<sup>st</sup> January 2017

As approved by Council 17<sup>th</sup> May 2017

Wellbeing Strategy and may indeed be chairs of sub structure forums where they are not actual Core Members of the CEHWB.

5.4 The above Core Members <sup>2</sup> through a majority vote have the authority to recommend to Council that individuals be appointed as Voting Associate Members of the CEHWB. 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” of the CEHWB.

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 four public meetings per year (including an AGM), usually once every three months as a formal CEHWB.

6.2 Additional meetings of the CEHWB may be convened with agreement of the CEHWB’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. Generally, no business will be conducted that is not on the agenda.

7.2 Any voting member of the Board may approach the Chairman of the Board to deal with an item of business which the voting member believes is urgent and under the circumstances requires a decision of the Board. The Chairman’s ruling of whether the requested item is considered / tabled or not at the meeting will be recorded in the minutes of the meeting.

7.3 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 CEHWB 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.

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<sup>2</sup> 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

Agreed by Board 31<sup>st</sup> January 2017

As approved by Council 17<sup>th</sup> May 2017

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

### **9. Quorum**

9.1 Any full meeting of the CEHWB 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.

### **10. Procedure at Meetings**

10.1 General meetings of the CEHWB 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 CEHWB 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 CEHWB, 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 CEHWB will approve the membership of the subgroups.

10.6 Any subgroup recommendations will be made to the CEHWB 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 CEHWB budget will be agreed annually to support engagement and communication and the business of the CEHWB.

Agreed by Board 31<sup>st</sup> January 2017  
As approved by Council 17<sup>th</sup> May 2017

## 12. Conflict of Interest

- 12.1 In accordance with the Council's Committee Procedure Rules, at the commencement of all meetings all CEHWB 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 CEHWB members will agree to adhere to the seven principles outlined in the CEHWB Code of Conduct when carrying out their duties as a CEHWB member [Appendix 1].

## 14. Review

- 14.1 The above terms of reference will be reviewed every two years at the CEHWB 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.

*January 2017*

### **Definition**

#### **Exempt Information**

*Which is information falling within any of the descriptions set out in Part I of Schedule 12A 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 "CEHWB" or any of the partner organisations.*

#### **Confidential Information**

*Information furnished to, partner organisations or the CEHWB 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.*

OFFICIAL



Agreed by Board 31<sup>st</sup> January 2017  
As approved by Council 17<sup>th</sup> May 2017

**Associate Members**

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

**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 1**

## **CEHWB Member Code of Conduct**

### **1. Selflessness**

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Members of the Cheshire East Health and Wellbeing CEHWB 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**

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Members of the Cheshire East Health and Wellbeing CEHWB 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 CEHWB member

### **3. Objectivity**

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

### **4. Accountability**

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Members of the Cheshire East Health and Wellbeing CEHWB 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**

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

Agreed by Board 31<sup>st</sup> January 2017  
As approved by Council 17<sup>th</sup> May 2017

## **6. Honesty**

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Members of the Cheshire East Health and Wellbeing CEHWB have a duty to declare any private interests relating to their responsibilities and duties as CEHWB 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 CEHWB

## **7. Leadership**

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



## CHESHIRE EAST HEALTH AND WELLBEING BOARD Reports Cover Sheet

<b>Title of Report:</b>	Cheshire East Children and Young People's Plan, 2019-21
<b>Date of meeting:</b>	25 <sup>th</sup> June 2019
<b>Written by:</b>	Gill Betton, Head of Children's Developments and Partnerships
<b>Contact details:</b>	<a href="mailto:Gill.betton@cheshireeast.gov.uk">Gill.betton@cheshireeast.gov.uk</a>
<b>Health &amp; Wellbeing Board Lead:</b>	Cllr Dorothy Flude

### Executive Summary

<b>Is this report for:</b>	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
<b>Why is the report being brought to the board?</b>	Cheshire East Children and Young People's Trust (CYPT) is a partnership of organisations responsible for services for children, young people and families. The Trust works towards achieving the three outcomes of the Health and Wellbeing Strategy in relation to children and young people. The Children and Young People's Plan sets out in further detail the outcomes and priorities of the Trust to improve outcomes for children and young people across the Borough.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	The Health and Wellbeing Board is recommended to endorse the new Children and Young People's Plan, 2019-21.		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	The Plan has been developed and discussed at the Children and Young People's Trust, which includes leads from the key children's partnerships. It has also been considered by the Council's People Departmental Management Team (DMT), Corporate Leadership Team (CLT) as well as Cabinet Members. The Plan will be sent to the 0-25 SEND Partnership, the Safeguarding Children Partnership and the Corporate Parenting Committee.		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	The Plan has been put together with a range of children and young people in Cheshire East (together is the word that young people in Cheshire East want to use instead of co-production). A number of workshops for staff and managers have taken place.
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	The Children and Young People's Plan sets out a number of outcomes and priorities that are intended to benefit children, young people and their families over the next three years.

## 1 Report Summary

- 1.1 This is a covering report to Cheshire East's Children and Young People's Plan, 2019-21. The new Plan is needed as the existing Children and Young People's Plan came to an end in 2018.

## 2 Recommendations

- 2.1 The Health and Wellbeing Board is recommended to endorse the new Children and Young People's Plan, 2019-21.

## 3 Reasons for Recommendations

- 3.1 The Children and Young People's Trust is a multi-agency group and reports to the Health and Wellbeing Board.
- 3.2 The Children and Young People's Plan sets out a number of outcomes and priorities that will contribute to achieving the outcomes for children and young people as set out in the Health and Wellbeing Strategy.

## 4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 The Children and Young People's Plan sets out a number of outcomes and priorities that will directly contribute to achieving the Health and Wellbeing priorities, including:

**Outcome 1 - Children and young people we care for are happy and given every opportunity to achieve their full potential** – addresses the need for all members of Health and Wellbeing Board to demonstrate their commitment to the role of 'corporate parent' to our cared for children and young people.

**Outcome 2 - Children and young people feel and are safe** – links to the Health and Wellbeing Board principle around ensuring that services and staff prioritise keeping vulnerable people of all ages safe.

**Outcome 3 - Children and young people are happy and experience good mental health and wellbeing** – links to outcome two of the Health and Wellbeing Strategy, 'Improving the mental health and wellbeing of people living and working in Cheshire East'.

**Outcome 4 - Children and young people are healthy and make positive choices** – links to outcome three of the Health and Wellbeing Strategy, 'Enable more people to Live Well for Longer'.

**Outcome 5 - Children and young people leave school with the best skills and qualifications they can achieve and the life skills they need to thrive into adulthood** – links to outcome one of the Health and Wellbeing Strategy, 'Create a place that supports health and wellbeing for everyone living in Cheshire East'.

**Outcome 6 - Children, young people and young adults with additional needs have better chances in life** – links to the Health and Wellbeing Board principle of ensuring that services are accessible to all, with factors including geography, opening hours and access for disabled people and other vulnerable groups considered.

## 5 Background and Options

- 5.1 The current Children and Young People's Plan was in place from 2015-18. During 2018-19 the Children and Young People's Trust reviewed the impact of the existing plan and worked with a range of stakeholders to inform the outcomes and priorities of the new plan.
- 5.2 The new Plan has been developed together with children and young people who have been identified as 'outcome leads' alongside officer outcome leads.
- 5.3 In summary the Trust, together with young people, agreed:
- That there be one plan that has been 'youth proofed' and is accessible to all.
  - It is a short document, more focussed on visuals/infographics than detailed written content.
  - That the artwork for the new plan is similar to the last plan as that 'brand' is now recognised by staff.
  - The overarching outcomes will be the same as the 2015-18 plan, except for Outcome 1, which was around participation with children and young people – this is now embedded in each outcome area. The new Outcome 1 is around cared for children and care leavers to give greater ownership to our 'corporate parenting' role.
  - Each outcome area will have a Trust Board, partnership and young person lead.
  - TOGETHER, the new co-production guidance, will be central to the plan.
  - The plan includes 3-4 outcome area priorities that are linked to partnership plans, along with a number of joint commitments that focus on what we can do better together.
  - The plan includes some key measures that will enable us to see if we are making a difference.
  - The action areas in the plan are based on the areas that children and young people, staff and our performance information have told us need to improve.

- The new plan will be launched alongside the new Participation Strategy and look to embed stronger place based (locality) relationships.

**6 Access to Information**

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

Name: Gill Betton

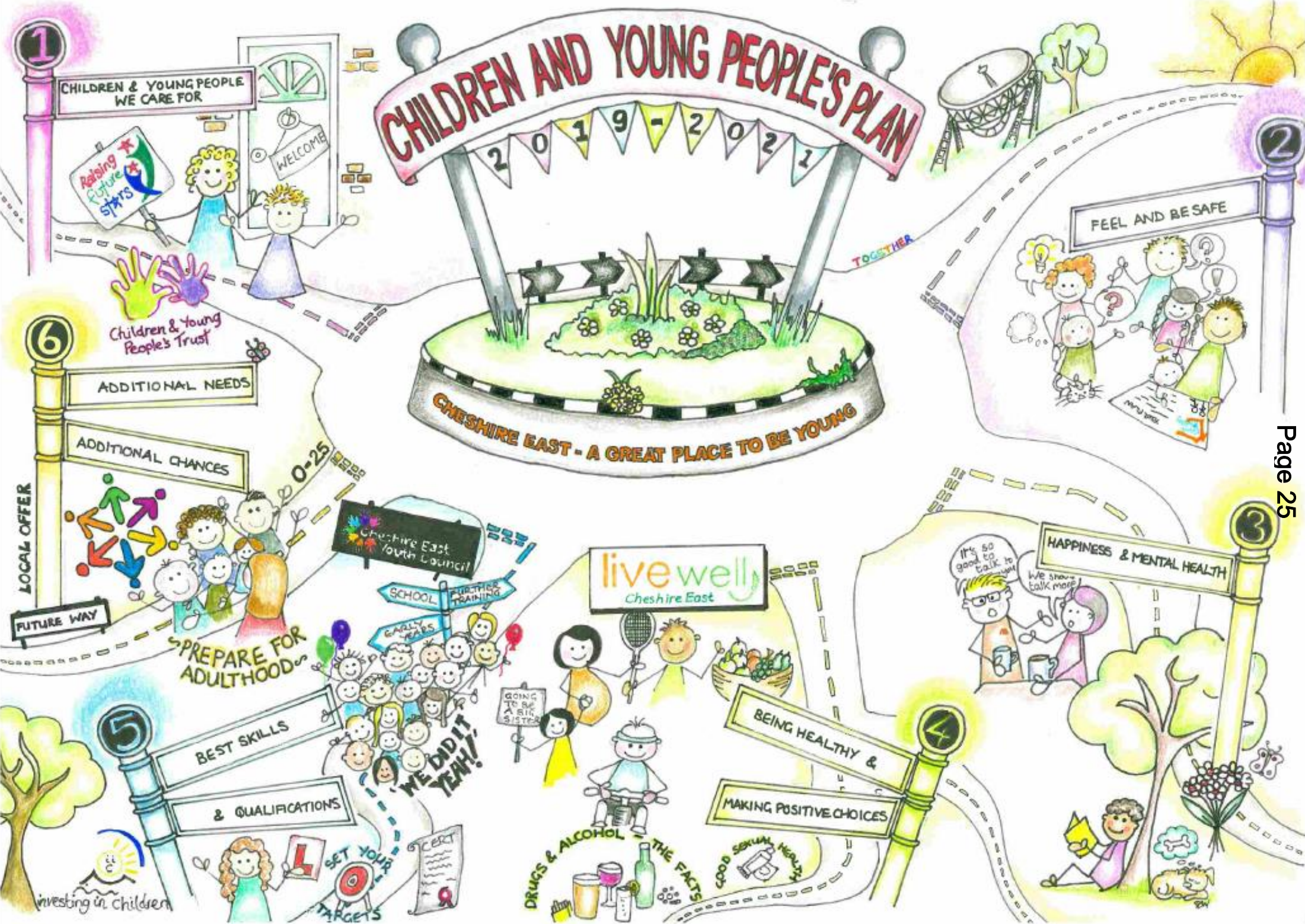
Designation: Head of Service, Children's Developments and Partnerships

Tel No: 07764 166262

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## Foreword

Our ambition is for every child and young person in Cheshire East to have the best start in life, be safe, happy, healthy and to reach their potential. We are proud of what we have already achieved as a Trust towards our ambition, but there is more we need to do.

We want this plan to make a difference, not just to the services we deliver, but to children's lives. No one agency can do this alone, which is why we have set out our commitments to improving outcomes for children and young people in this joint plan.

We believe that through working **TOGETHER**, our Children and Young People's Trust, which is well represented by young people and all relevant agencies, can make Cheshire East a great place to be young for all children and young people.



May 2019

*Mark Palethorpe,  
Chair of the Children  
and Young People's  
Trust and  
Representatives from  
Cheshire East Youth  
Council*

## Our Vision and Ambition

**TOGETHER** We will make Cheshire East a **great place to be young**.

This plan has been put **TOGETHER with young people** from Cheshire East in an easy read format.

The plan builds on the success of our 2015-18 plan to take us on the next steps to achieving our **joint ambition** to make Cheshire East a great place to be young. Together we want the following **6 outcomes** for children and young people:

1. **Children and young people we care for** are happy and given every opportunity to achieve their full potential.
2. Children and young people **feel and are safe**.
3. Children and young people are **happy** and experience **good mental health and wellbeing**.
4. Children and young people are **healthy and make positive choices**.
5. Children and young people leave school with the **best skills and qualifications** they can achieve and the life skills they need to thrive into adulthood.
6. Children, young people and young adults with **additional needs have better chances in life**.

## Who are we?

The Cheshire East Children and Young People's Trust (CYPT) is a group of people who provide services for children, young people and families. We work with other groups, such as the Health and Wellbeing Board, the Safeguarding Children Partnership and the 0-25 Special Educational Needs and Disabilities Partnership to make the lives of children and young people better.

## Jargon buster

Although we have tried to make this plan simple, there are some words that might need explaining.

Jargon	Meaning
<b>Autism spectrum disorder</b>	A developmental disorder where there are mild to severe difficulties in areas of social skills, communication and thinking.
<b>Cared for</b>	Those who the local authority care for when they are not able to live with their families.
<b>Care Leaver</b>	An adult who has spent time in care outside of their immediate or extended family before the age of 18.
<b>Child protection (CP) plan</b>	A plan drawn up to set out how we will work together to keep a child safe.
<b>Commission</b>	Choose someone to do a piece of work.
<b>Corporate Parent</b>	Collective role of the council, elected members, employees, and partner agencies, for providing care and

	safeguarding those in care.
<b>Contextual Safeguarding</b>	Risk of harm for children and young people beyond their family.
<b>Co-production</b>	Working on a project from the start to the end with those who use the service. In Cheshire East, we call this <b>TOGETHER</b>
<b>County Lines</b>	Groups or gangs that use young people to carry and sell drugs from borough to borough, and across county boundaries.
<b>Education, Health and Care Plan (EHCP)</b>	A plan for children and young people aged 0-25 in education who have additional needs.
<b>Health inequalities</b>	Unfair differences in people's health across the population or between groups.
<b>NEET</b>	Unemployed or not in training or in education
<b>Outcome</b>	What we want to achieve in the end or the difference we want to make.
<b>SEND</b>	Special educational needs and disabilities – children who have additional needs
<b>Signs of Safety</b>	A way of working with families that looks at what's working well, what we are worried about and what needs to change.
<b>Transition</b>	When children and young people move from one stage to another, so it means preparing for change, eg, from primary to secondary school.

# TOGETHER in Cheshire East

**TOGETHER is our shared definition of coproduction in Cheshire East because it is inclusive to all.**

- T**eamwork when designing, delivering and evaluating individual support and services
- O**pen-minded ideas and discussions
- G**enuine communication for all parties involved
- E**qual partners help to shape and improve support for all
- T**rust each other to make the right decisions
- H**onest
- E**ngage and empower children, young people, adults and families
- R**espect for everyone's views and opinions

**Working TOGETHER as equal partners towards a common goal for all of our children, young people, adults living in Cheshire East.**

## Our TOGETHER Values and Commitment

### We will...

- Listen to your views
- Communicate honestly
- Trust each other
- Be person centred
- Adapt to people's needs
- Respect and value all opinions
- Do what we say we will

### We won't...

- Use jargon or acronyms
- Give too much information
- Rush meetings
- Take too long to complete our actions
- Be judgemental

Here is some further information about our four key principles of **TOGETHER** going forward, and who is involved in delivering that.



### Co-Involvement

We will involve and engage with you from the very start to make you aware of changes to services and policy. Your needs will be identified and views are welcomed at every stage.

### Co-Design

We will work closely with you to plan and design your individual support, services, and policy making sure that children, young people, adults and families are at the centre of those services.

### Co-Delivery

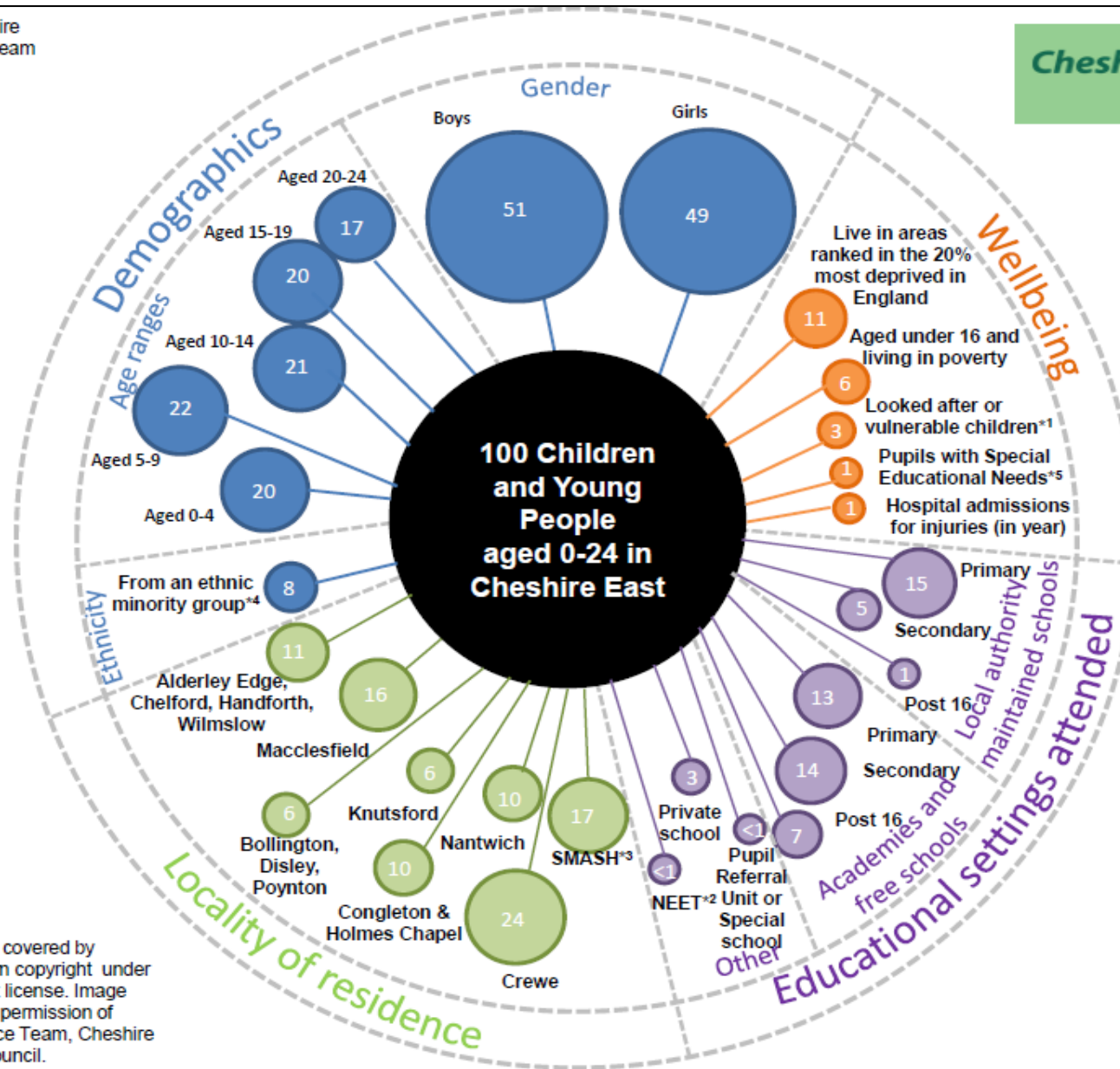
We will plan and deliver services together ensuring your voice is heard and acted on at every stage.

### Co-Evaluation

We offer opportunities for feedback so that we can improve your experience.

# Children and Young People in Cheshire East

Produced by: Cheshire  
East Public Health Team  
June 2019



\*<sup>1</sup> Looked after or vulnerable children includes Children in Need and children on Child Protection plans

\*<sup>2</sup> NEET – not in education, employment of training, 16-18 year olds

\*<sup>3</sup> SMASH – Sandbach, Middlewich, Alsager, Scholar Green, Haslington

\*<sup>4</sup> Ethnic minority includes Irish, Gypsy/Traveller and white-other

\*<sup>5</sup> Special Educational Needs includes Pupils with statements or EHC plans only

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## Outcome 1 Children and young people we care for

### Why this is a priority

Cared for children face some of the biggest challenges in life. Their pre-care experiences can impact significantly on their outcomes. However with the right support, we can shape their future happiness and set the foundations for what they can achieve throughout their adult lives. As their '**Corporate Parents**' all staff working in Children's Services are 'raising our future stars' and we all have a responsibility to do for them what any good parent would do for their own child.

### What we will do

The Corporate Parenting Strategy 2018-21 sets out a number of pledges to improve outcomes for cared for children, including:

- **Being a good corporate parent**, i.e., giving cared for children and young people the same opportunities we would give to our own children.
- Enabling them to live in **good, safe homes locally**, either with their family or in another permanent home, as **early as possible**.
- Improving their **education, employment and training** outcomes.
- Improving their **health and wellbeing** outcomes.
- **Preparing** these children and young people **for adulthood**.

**Who will lead this?:** Corporate Parenting Committee



## Outcome 2 Feel and be safe

### Why this is a priority

We want all children and young people to be safe and to feel safe in their families and communities. We must tackle the risks that they face, including bullying, domestic violence, substance misuse and more complex safeguarding issues such as county lines.

To achieve this, we need to work together to identify and offer early help at the right time and place for those children and young people who need it. By reducing levels of risk to children and help families, we can lessen the impact and reduce and prevent problems from reoccurring.

### What we will do

Key priorities for the Safeguarding Children Partnership include:

- **Working together to make safety plans** for children and young people
- Protecting young people **at risk of harm beyond their family** (contextual safeguarding)
- Embedding **new partnership arrangements**
- **Emotional health and wellbeing** of our **vulnerable children**

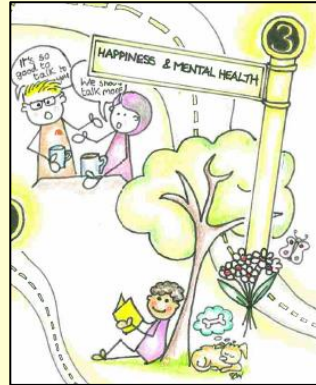
**Who will lead this?:** Safeguarding Children Partnership (was the Local Safeguarding Children Board)



### Outcome 3 Happiness and mental health

#### Why this is a priority

The latest data suggests that there are around 12,500 individuals aged 0-24 with a mental health diagnosis in Cheshire East. The majority of mental health problems are preventable and almost all are treatable.



#### What we will do

Cheshire East's All Age Mental Health Strategy 2019-2022 sets out a **whole system approach** to improve the mental health and wellbeing of individuals and their families, supported by **integrated health and social care services**, resilient communities, **inclusive employers** and services that **maximise independence and choice**. This includes improving mental services for our **most vulnerable children and young people**:

- those in transition (ie, between services)
- cared for children and young people and care leavers
- those in supported employment
- those at risk of entering or in the youth justice system; and
- those who are experiencing or have experienced abuse.

It also sets out plans to improve **crisis care services**. Young people told us that they want **more information that is easy for them to access**.

**Who will lead this?:** Health and Wellbeing Board

### Outcome 4 Being healthy and making positive choices

#### Why this is a priority

In general, the health of children and young people in Cheshire East is good. However, there are still some big differences across the Borough, which means that the quality of health and how long a person lives depends on where they grow old in Cheshire East.



#### What we will do

The *Joint Health and Wellbeing Strategy, 2018-21* set out 3 priority areas. The *NHS long-term plan*, published in 2019, gives key ambitions for the health service over the coming years.

Both of these documents focus on stopping people from getting poor health. The following are priorities for Cheshire East:

- **Preventing poor health** – promoting healthy lifestyles to address the main root causes of poor health – smoking, poor diet, high blood pressure, obesity and alcohol and drug misuse
- **Tackling health inequalities** – targeted work in those areas most at risk of poor health outcomes
- **Supporting change** – for those already living with a health or social care need so they can live well for longer.

**Who will lead this?:** Health and Wellbeing Board

## Outcome 5

### Best skills and qualifications

#### Why this is a priority

The majority of children in Cheshire East have high quality education in good or outstanding early years settings, schools and colleges.

However, a number of our more vulnerable pupils do not have access to full time education, employment or training and this impacts on their outcomes. There are also certain groups that do less well than their peers and we need to address these inequalities.

#### What we will do

- Work across the partnership, with education providers and employer's to develop a **skills strategy to improve the delivery of skills** in the Borough through a range of pathways and provision for young people.
- Develop a **sustainable sector led approach** to improving education outcomes.
- Deliver **sufficient school places** to enable children to attend their local/preferred school and reduce demand for transport.
- Provide **support for those most vulnerable to the poorest outcomes** including cared for children, those not accessing mainstream education, those with poor attendance and those with medical needs.

**Who will lead this?:** Education Extended Senior Leadership Team



## Outcome 6

### Those with additional needs have better life chances

#### Why this is a priority

In March 2018 an inspection of the local arrangements for children with special educational needs and disabilities (SEND) found a number of significant weaknesses. These included how quickly children with SEND got good plans to support them in their learning and how well we made sure those with autism got the help they needed at the right time.

Our ambition is to provide support to children and families earlier to ensure better outcomes and to prevent escalation of their needs where possible. We want children and young people with SEND and their families to feel supported by all services in Cheshire East and to receive high quality education, care and health provision.

#### What we will do

There are a range of actions underway to address the following two main areas for improvement:

- Improve the **timeliness, process and quality of education, health and care (EHC) plans**
- Establish an **effective autism spectrum disorder (ASD) pathway** and reduce **waiting times** for diagnosis.

**Who will lead this?:** 0-25 SEND Partnership







## We expect everyone to...

### Support Good Relationships

Work hard to build good relationships with families and colleagues. Help families to find and strengthen their networks.



### Honour Families and Colleagues

Work hard to understand and recognise everything that is working well.



### Be Brave!

Be creative and try something different.



### Work together WITH

Involve people, offer choices, be curious.



### Share Experiences

Share what you have learned, and learn from what others have tried and are doing well.



### Learn and Reflect Together

Practice using Signs of Safety in Group Supervision, and reflect on practice with your colleagues.



## Our plan on a page

Outcomes	Priorities	Key Success Measures	Joint Commitments
1. Children and young people we care for	<ul style="list-style-type: none"> <li>Good, safe homes locally</li> <li>Improved education, employment and training outcomes</li> <li>Improved health outcomes</li> <li>Preparing for adulthood</li> </ul>	<ul style="list-style-type: none"> <li>% of children with plan of permanency at second review</li> <li>% of children living 20+ miles from their home address</li> <li>% of care leavers who are not in education, employment or training</li> <li>% of care leavers who are in suitable accommodation</li> <li>No. of children adopted</li> </ul>	<ul style="list-style-type: none"> <li>Embed the <b>TOGETHER</b> principles across all agencies.</li> <li>Improve the way we work together on a place based model (<b>Together in our Community</b>).</li> </ul>
2. Feel and be safe	<ul style="list-style-type: none"> <li>Safe plans for children and young people</li> <li>Contextual safeguarding</li> <li>Embed new partnership arrangements</li> </ul>	<ul style="list-style-type: none"> <li>No. of early help assessments</li> <li>% of repeat referrals</li> <li>% of assessments completed within 45 days</li> <li>% of children with a 2<sup>nd</sup>/subsequent child protection (CP) plan</li> <li>% of children on CP plans reviewed within timescales</li> </ul>	<ul style="list-style-type: none"> <li>Use a strength based approach to working with families (<b>Signs of Safety</b>).</li> <li>Have <b>high aspirations for our cared for children and care leavers</b> as their corporate parents.</li> </ul>
3. Emotional and mental health and wellbeing	<ul style="list-style-type: none"> <li>Improved mental services for most vulnerable</li> <li>Access to information</li> <li>Better crisis care</li> </ul>	<ul style="list-style-type: none"> <li>No. of children and young people who report good wellbeing</li> <li>No. of appropriate referrals to specialist services</li> <li>Waiting times for access to services</li> <li>Availability of information to children and young people</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen the focus on <b>prevention and early help</b> through delivery of the Early Help Strategy.</li> </ul>
4. Healthy and make positive choices	<ul style="list-style-type: none"> <li>Preventing poor health</li> <li>Tackling health inequalities</li> <li>Supporting change</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of children aged 4-5 and 10-11 classified as overweight or obese</li> <li>Number of children and young people with tooth decay</li> <li>Hospital admission episodes for alcohol related conditions</li> </ul>	<ul style="list-style-type: none"> <li><b>Jointly commission</b> and shape services, where possible, including sub-regionally.</li> </ul>
5. Best skills and qualifications	<ul style="list-style-type: none"> <li>Support for most vulnerable</li> <li>Sufficient school places</li> <li>Sustainable sector led model</li> <li>Improve delivery of skills</li> <li>Develop a skills strategy</li> </ul>	<ul style="list-style-type: none"> <li>% good or outstanding primary, secondary and special schools</li> <li>No. of vulnerable children not in full time education (missing education, low attendance, excluded etc.)</li> <li>Improved annual outcomes for disadvantaged learners at the end of Key Stage 2 and 4</li> <li>Outcomes/destinations of young people post-16 and 19+</li> </ul>	<ul style="list-style-type: none"> <li>Improve <b>transitions</b> for children and young people, including stepping up/down between services.</li> </ul>
6. Additional needs have better life chances	<ul style="list-style-type: none"> <li>Timeliness, process and quality of EHCPs</li> <li>Effective autism spectrum disorder (ASD) pathway</li> </ul>	<ul style="list-style-type: none"> <li>Education, Health and Care Plans (EHCP) completed in 20 weeks</li> <li>Timeliness of advice provided from professionals</li> <li>% good or outstanding EHCP plans</li> <li>No. children awaiting start of autism assessment (12+ weeks)</li> <li>Average length of wait for autism assessment</li> </ul>	<ul style="list-style-type: none"> <li>Use <b>ways of working</b> that are proven to make a difference to children and young people.</li> <li><b>Strengthen our partnerships</b> to deliver services that are integrated, child-centred and meet need.</li> </ul>

## How we will know we have made a difference

We will measure the success of this plan against the difference we make to the lives of our children and young people. We will use the following sources to inform us on how well we are performing, what's working well, and where we need to take action to achieve change.

### What our performance tells us

We have a number of scorecards in place which tell us how well we are performing. The Trust will monitor the key measures set out in this plan, along with any other relevant information, to check changes in performance over time.

### What our audits tell us

A number of single and multi-agency audits are carried out across children's services. We will use the findings of these to tell us whether the quality of what we are doing is getting better.

### What young people and their families tell us

We will continue to work **TOGETHER** with our young people and their families as they are the experts on what works for them.

### What staff tell us

We will listen to what staff working direct with children, young people and their families tell us as they have a good insight into what needs to improve.



## How we will check on our progress

Each Outcome has the following:

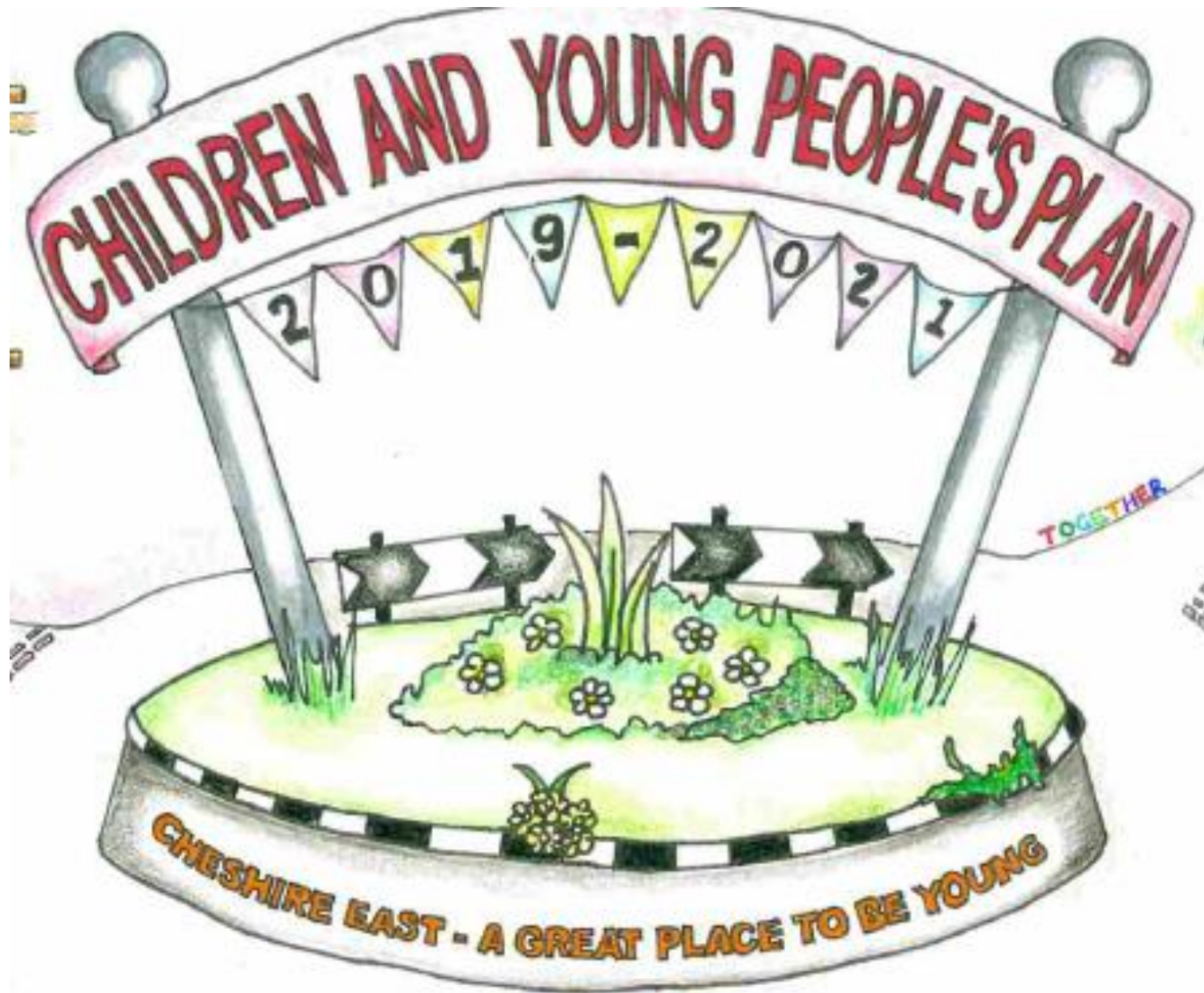
- **A Lead Partnership** – this is the multi-agency partnership that has the most focus on the outcome area and will closely monitor progress.
- **An Officer Outcome Lead** – This Officer will be the key link between the Lead Partnership and the Trust and will coordinate information to the Trust on progress and issues.
- **A Young Person Outcome Lead** – There will be at least one young person with a focus on each outcome area. They will link with the Officer Outcome Lead to ensure that work is done **TOGETHER**.

Progress against our plan will be monitored by the Children and Young People's Trust. Progress against individual outcome areas will also be monitored by the Lead Partnership.

Cheshire East Health and Wellbeing Board (HWBB) is the overarching board for the Trust. The HWBB will sign off this plan; ongoing updates will be provided to the board. Individual agencies will also be encouraged to share progress and issues through their own governance and other relevant boards will be informed/consulted, as appropriate.

Following each meeting, the Trust will continue to send out an easy read newsletter to update all on progress.





# Your thoughts matter

If you have any views on this plan or how we can improve our services, please contact us at [ChildrensTrust@cheshireeast.gov.uk](mailto:ChildrensTrust@cheshireeast.gov.uk)



## CHESHIRE EAST HEALTH AND WELLBEING BOARD

### Reports Cover Sheet

<b>Title of Report:</b>	Child Death Over-view Panel New Arrangements
<b>Date of meeting:</b>	25 <sup>th</sup> June 2019
<b>Written by:</b>	Pan Cheshire CDOP
<b>Contact details:</b>	Local contact: Kate Rose – kate.rose@cheshireeast.gov.uk
<b>Health &amp; Wellbeing Board Lead:</b>	Mark Palethorpe

### Executive Summary

<b>Is this report for:</b>	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
<b>Why is the report being brought to the board?</b>	Changes to the statutory requirements of Local Safeguarding Children's Boards (LSCB) require a change to local governance arrangements for CDOPs		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input checked="" type="checkbox"/> All of the above <input type="checkbox"/>		

<p><b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b></p>	<p>Cheshire and Warrington CDOP have agreed to continue with a Pan-Cheshire CDOP approach and review effectiveness of the current arrangement in January 2020 – this includes a commitment to the current funding and business support model until that time. However locally, each area needs to agree:</p> <ol style="list-style-type: none"> <li>1. The local governance for CDOP to move from Local Safeguarding Children's Boards (LSCB) to Health and Wellbeing Boards (H&amp;WBB) and</li> <li>2. To develop an effective relationship between the Local Safeguarding Children's Boards (LSCB) and Health and Wellbeing Boards (H&amp;WBB) in line with local agreements to ensure where there are safeguarding issues identified these are reported quickly and effectively.</li> <li>3. CDOP Members (Designated Doctor) for each area will take responsibility for reporting into the CE H&amp;WBB for their area to ensure necessary activity is undertaken. As the numbers are potentially small, particularly in the quarterly reports, there is potential for individuals to be identified. It will be important therefore for the information to be heard in a non-public section of the meeting</li> <li>4. A workshop of CDOP members will review any required operational changes to be in line with statutory guidance such as the undertaking of thematic reviews, policy, and practice guidance amendments</li> </ol>
<p><b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b></p>	<p>N/A</p>
<p><b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b></p>	<p>Not applicable</p>
<p><b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b></p>	<p>The learning from child deaths, outside of serious case reviews (SCRs) are essentially a health and wellbeing public health issue, less a safeguarding issue. It is therefore appropriate that the H&amp;WBB is sited on this information, scrutinises the reports, takes action where appropriate and uses it to inform practice and commissioning requirements.</p> <p>The functions for H&amp;WBB focus on the joint activity required between Local Authorities and health partners to improve the health and wellbeing of the community they serve. Where preventable factors that may influence the death of a child can be identified, these are mostly relevant to health and well-being rather than safeguarding (eg: smoking, obesity, substance misuse). The themes and trends identified through the CDOP process should be placed within the context of the wider health and wellbeing data already considered at H&amp;WBBs to inform their priorities and action, including joint commissioning. CDOP is also collating data where Adverse Childhood Experiences (ACEs) can be identified and this might usefully provide the H&amp;WBBs with additional information to inform their agenda for prevention.</p>

## 1 Report Summary

- 1.1 Following the implementation of the Children and Social Work Act 2017, revised statutory guidance has been issued that creates a new framework of expectations around children's safeguarding arrangements and Child Death Overview Panels (CDOP). At present the CDOP functions sit within the statutory functions of Local Safeguarding Children's Boards (LSCBs). The new guidance states that this will no longer be the case, LSCBs are to move to new partnership arrangements and LSCBs must complete all child death reviews by 29th January 2020 and transfer the arrangements to fit local governance structures. Subsequently, consideration needs to be given as to how the statutory duties in relation to CDOP can be met moving forward in a changing safeguarding landscape.

## 2 Recommendations

1. Cheshire East Health and Wellbeing Board agree to assume governance responsibilities for Child Death Overview Panels and agree to continue with a Pan-Cheshire Child Death Overview Panels approach with a review of arrangements and effectiveness in January 2020 – this includes a commitment to the current funding and business support model up to that point.
2. The local governance for Child Death Overview Panels develops an effective relationship between the Local Safeguarding Children's Boards and Health and Wellbeing Boards in line with local agreements.
3. Child Death Overview Panels Members for each area (Designated Doctor) take responsibility for reporting into the Health and Wellbeing Board to ensure necessary activity is undertaken and that these reports are heard in a non-public section of the meeting to avoid identifying individual children and families.
4. A workshop of Child Death Overview Panels members will review any required operational changes to be in line with statutory guidance such as the undertaking of thematic reviews, policy, and practice guidance amendments

## 3 Reasons for Recommendations

- 3.1 Under the revised guidance the new Child Death Review (CDR) partners, the Local Authority (LA) and the Clinical Commissioning Groups (CCG) in an area, have statutory responsibilities to:
- Make arrangements to review all deaths of children normally resident in the local area and, if they consider it appropriate, for any non-resident child who has died in their area.
  - Make arrangements for the analysis of information from all deaths reviewed
  - Prepare and publish reports on what they have done and effectiveness of arrangements

The CDR partners have been given freedom to decide the structure within their area to meet these statutory duties which includes continuing with the current arrangements provided a minimum of 60 cases are reviewed and the learning is conducted in a way that can be shared nationally. This includes supporting the plans for a national database and utilising revised forms for the collation and analysis of data.

## 4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 This is a statutory requirement which requires each area to make arrangements to ensure that Child Deaths are reviewed and any learning informs future health and wellbeing activity in order to prevent and reduce future deaths.

## 5 Background and Options

### 5.1 Current CDOP Model:

Within Cheshire this operates on a Pan-Cheshire footing with CDOP representing all four Local Authorities and 5 Clinical Commissioning Groups in the area under the scrutiny of the LSCBs. CDOP meet quarterly to review all Child Deaths and make proposals to the LSCBs regarding escalation issues or actions specific agencies need to take to respond to actions arising from a child's death, including the instigation of a serious case review where appropriate. This work is monitored under the Pan-Cheshire LSCB arrangements with an allocated LSCB board manager overseeing the process and the work of the Independent Chair of the Panel.

To support the functioning of the Panel there is an administrator that works 4 days per week. Each area contributes a set amount towards Independent Chair costs and a further additional payment based on case numbers for their area towards administration costs. In total CDOP administration costs approximately £26,000 alongside Independent Chair costs of £16,000. This funding ensures that statutory duties in relation to recording child deaths, collating multi-agency information, reporting to the national system and reviewing child deaths for modifiable factors are conducted. It also leads to quarterly reports and an annual report on activity and concerns for the locality.

The Panel is currently made up of the following:

<b>Chair Health</b>	Independent CDOP Chair
	Designated Doctor (Cheshire East)
	Designated Doctor (Cheshire West and Chester)
	Designated Doctor (Warrington/ Halton)
	Cheshire East Specialist CDOP Nurse
	Cheshire West Specialist CDOP Nurse
	Warrington Designated Nurse Safeguarding
	Designated Nurse Halton CCG
	Supervisor of Midwives CWAC
	Warrington Safeguarding Nurse
<b>Local Authority</b>	Cheshire East Head of Service – Children's Safeguarding
	Public Health Consultant (Cheshire W. and Chester)
<b>LSCB</b>	LSCB Business Manager (Warrington Borough Council)
<b>Police</b>	Public Protection Unit



## Proposal to meet requirements of statutory guidance:

**Model:** It is proposed that the current CDOP model is working effectively and is in line with statutory guidance in relation to reviewing deaths and identifying local lessons. Guidance requires 60 cases to be reviewed each year to be viable and CDOP reviews between 55-60 cases each year making a reasonable argument to maintain this footprint. The group did consider the possibility of a merger with another area. Merseyside is seen as a potential area for alignment for this work. However, there was general agreement that this would increase costs without tangible benefit and potentially lead to an overshadowing of our local trends and themes within a much larger dataset. The opportunity to share learning and collaborate on a larger footprint for action on shared issues (for example campaigns and thematic reviews) would continue both with Merseyside and the wider North West region. This is currently supported through the activity of the Chair and the panel administrator. There is also potential in the future to consider partnership arrangements with Local Authorities to the East, West and South of the sub region (e.g. Derbyshire, Staffordshire, Flintshire), this will be kept under review by CDOP. ***Therefore, partners propose that the Pan-Cheshire model is maintained. Partners will monitor the effectiveness of CDOP in 12 months to ensure it continues to operate within Statutory guidance and meet the needs of the CDR partners and the model supports the most effective response to Child deaths in the area.***

**Governance:** CDOP is currently managed via the LSCBs in Cheshire who are simultaneously going through a transition to new arrangements. The guidance is clear that CDOP is now a parallel rather than a subgroup process. Previously the Pan-Cheshire Protecting Vulnerable People Forum was considered for governance purposes. This approach was rejected on the grounds that this is not a statutory group with the relevant representation. The partners have identified that the requirement for analysis and the subsequent lessons emerging from CDOP are predominantly public health matters as opposed to safeguarding issues. The functions for H&WBB focus on the joint activity required between Local Authorities and health partners to improve the health and wellbeing of the community they serve. Where preventable factors that may influence the death of a child can be identified, these are mostly relevant to health and well-being rather than safeguarding (eg: smoking, obesity, substance misuse). The themes and trends identified through the CDOP process should be placed within the context of the wider health and wellbeing data already considered at H&WBBs to inform their priorities and action, including joint commissioning. CDOP is also collating data where Adverse Childhood Experiences (ACEs) can be identified and this might usefully provide the H&WBBs with additional information to inform their agenda for prevention. The LSCBs and new safeguarding arrangements will still be significant in leading on individual case reviews where abuse or neglect is identified in a child death and being assured on the effectiveness of services responsible for supporting parents whose parenting capacity is compromised by their mental health, drug and alcohol misuse and/ or domestic abuse. As each area operates different partnerships it was agreed that this decision will be made locally. In order to manage costs reporting into these forums will be led by CDOP members for that area. This will enable informed scrutiny of CDOP activity and local accountability for ensuring relevant learning is actioned in each area. ***Therefore, each area will need to agree for Health and Well-Being Board to take lead responsibility for scrutinising the work of CDOP, agreeing the actions, and over-seeing the effectiveness of those actions. There will also need to be local agreement as to the pathway between the 2 Boards and how this will function so assurance is provided***

**Over-sight:** *The current senior leaders group, consisting of Executive Directors for Social Care, Directors of Public Health and CCG Chief Nurses or their designated representatives, drawn together to consider options for CDOP will continue to monitor arrangements virtually for the next 18 months.* This is to provide senior leadership for any barriers or challenges that emerge in relation to implementing the revised guidance in practice. The CDOP group will bring together these leaders as and when needed to resolve any issues in relation to practice or strategic accountability

**Next Steps:** *CDOP members will revise its policy, procedures and practice guidance on behalf of the Cheshire Area to ensure that compliant documentation is in place by the deadline of June 2019 and in operation by September 2019.* To facilitate this a workshop has been held and panel members have been tasked to revise terminology and map the pathways for child death reviews as needed. This will also include revisiting the terms of reference for CDOP to ensure there is sufficiently robust data analysis for the area in quarterly and annual reports

It was acknowledged that the transition of the safeguarding arrangements across Cheshire are varied which has created a degree of fluidity in relation to the continuation of shared approaches. ***Warrington have agreed to continue to provide business manager support to the CDOP processes up to January 2020 when the model will be reviewed, and Cheshire East will continue to host and manage the business support functions.*** This will provide some consistency during the transition period and allow decisions to be reviewed when greater clarity of the Pan-Cheshire landscape is available.

Overall, after a review with CDOP panel members it would appear that CDOP can continue in its current format with the same stakeholders ensuring the operational activity is in line with statutory requirements. The main area for focus appears to be strategic accountability due to the changes to LSCB formats

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

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## Health and Wellbeing Board

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**Date of Meeting:** June 2019

**Report of:** Fiona Reynolds (Director of Public Health)

**Subject/Title:** Health and Wellbeing Board – Annual Report 2018/19

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### 1 Report Summary

**1.1** The Health and Wellbeing Board has a duty to provide an annual report on its business and activities. This draft report will also be submitted to Overview and Scrutiny Committee. The report is being brought to the Health and Wellbeing Board for comment, amendments and sign-off before it is published.

### 1.2 Recommendations

**2.1** The recommendation is that the Board:

Approve this paper as the annual report of the Health and Wellbeing Board's work in 2018/19.

### 2 Reasons for Recommendations

**3.1** The report enables residents to hold the Health and Wellbeing Board to account for its actions. It is a summary of the previous year's work and a mechanism to promote the role of the Board and improve understanding of the work.

### 4 Impact on Health and Wellbeing Strategy Priorities

**4.1** The report is a record of the Board's activity to address Health and Wellbeing priorities. This report does not capture every issue discussed at each meeting – this is a summary of the variety of work that has been undertaken by the Board.

### 5 Background

**5.1** Health and Wellbeing Boards bring together key leaders from not only the local health and care system, but also partners from wider services that are responsible for shaping our environment. This enables us to work together to improve the health and wellbeing of our residents and reduce health inequalities through:

- developing a shared understanding of the health and wellbeing needs of our communities;
- providing system leadership to secure collaboration to meet these needs more effectively;
- having a strategic influence over commissioning decisions across health, public health and social care; and
- involving councillors and patient representatives in commissioning decisions.

5.2 The work presented in this year's report has been guided by the Health and Wellbeing Strategy and the snapshot presented here provides examples of the range of issues that have been considered.

### **5.3 The Health and Wellbeing Strategy**

5.3.1 The Health and Wellbeing Strategy was ratified at the May 2018 meeting and its objectives have shaped the work of the Board throughout 2018/19. Focus in meetings has been given to the following three priorities:

- Create a place that supports health and wellbeing for everyone living in Cheshire East.
- Improve the mental health and wellbeing of people living and working in Cheshire East.
- Enable more people to live well for longer.

Campaign work through the Health and Wellbeing Network – focusing on four key campaigns per year has supported awareness raising on mental health, alcohol,

### **5.4 improved Better Care Fund (iBCF)**

5.4.1 iBCF monies can be used to support existing adult social care services, as well as investing in new services. The Government has made it clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in the local care systems. The proposals (agreed at the May meeting) included investment in a combination of new and existing services essential in managing demand, maintaining Care Act compliance, protecting existing key services, maintaining the adult care statutory duties whilst also enhancing NHS community and primary care services to facilitate hospital discharges. These proposed schemes will help to promote the sustainability of adult social care and other care services within the care economy as a whole.

5.4.2 The grant is spent on three care purposes:

- Meeting adult social care needs
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
- Ensuring that the local social care provider market is supported

## 5.5 Live Well Cheshire East

5.5.1 An example of work funded by the iBCF and linking into a number of digital workstreams to support health and social care users to better manage their own conditions is Live Well Cheshire East (Live Well).

5.5.2 Live Well is an online resource and an example of the Health and Wellbeing Board's place based approach. It is designed to give people greater choice and control by providing easily accessible information and advice about care and support services in the region and beyond. This new digital channel was officially launched in September 2017, initially offering information and advice and a directory of local services in one place covering Adult, Children, Community and Public Health services. Information and advice is available to the public on a range of subjects, and an easy to use directory of over 3,000 services and activities.

5.5.3 These services consist of those provided and commissioned by Cheshire East Council and the NHS, as well as offered those in the wider community such as services run by the voluntary sector and activities and groups.

5.5.4 Live Well provides a single point of access for individuals to understand support available locally which can be used to help them build a package of support to help them with their needs. It enables an individual to access support from a range of sources and some of this support will also serve a preventative function, for instance: attendance at walking group may help an individual become less socially isolated and reduce risk of frailty (which are both risk factors for entry into the social care system).

5.5.5 Live Well Cheshire East has had sustained growth in usage since it was launched.

	Page Views	Unique visitors
March 2018 (month)	63,146	23,861
March 2019 (month)	82,409	34,564
<b>Increase</b>	<b>30.5%</b>	<b>44.8%</b>
<b>New users over this period: 121,763 (over 10k per month)</b>		

5.5.6 Recent work has included:

- Updating the information on the site to ensure that it remains relevant and accurate.
- Services on the resource directory have grown by approximately 800 in the last 12 months.
- Tablets and information materials deployed at local Connected Community Centres to support residents to access the site - each of the 30 connected community centres has a tablet which is Wi-Fi enabled and links to the Live Well site.
  - Choices for Care section launched on the site which allows an individual to apply for a social care assessment online. The form also highlights services on the directory which are relevant to the individual which might address their care needs.
  - Survey of local residents on awareness of the site which will help drive future marketing actions.
  - Incorporation of a need to update and publicise Live Well Cheshire East into our standard specification for commissioned services.
  - Updated links to information on NHS Choices.
  - Regular usage of the Live Well Cheshire East home page to promote issues of health and social care concern e.g. Falls Prevention, Winter Wellbeing.

## **5.6 Green Infrastructure Plan**

- 5.6.1 As part of the Health and Wellbeing Strategy priorities to focus on place and the role of wider determinants in addressing issues and improving health and wellbeing, the Board considered a report on how the Council intended to develop and deliver a Green Infrastructure Plan for the Borough as part of its policy development on the Environment.
- 5.6.2 Green infrastructure encompasses all the 'green' (such green spaces and green ways) and 'blue' (such as waterways) elements that contribute to the wellbeing of people and environment, quality of place and the economy. Cheshire East already has a distinct natural environment that contributes to the creation of an attractive and successful place.
- 5.6.3 A Green Infrastructure Plan will also link to existing Council plans and strategies, particularly in the context of economic strategy, Health and Wellbeing and Regeneration Plans.

## **5.7 Cheshire East Health and Wellbeing Network**

- 5.7.1 The Cheshire East Wellbeing Network operates on a Cheshire East footprint and has membership from NHS Eastern Cheshire Clinical Commissioning Group, NHS South

Cheshire Clinical Commissioning Group, Cheshire East Council, East Cheshire NHS Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Peaks and Plains Housing Trust, Plus Dane Housing Trust, Everybody Sport and Recreation, the Council for Voluntary Services and the Department of Work and Pensions.

5.7.2 The Wellbeing Network selected four campaigns to prioritise for 2018/19 (in line with the priorities of the Health and Wellbeing Strategy and supporting the prevention goals of the Health and Care Partnership):

- Mental Health Week 14-20 May 2018
- Know your Numbers 10-16 September 2018
- Stay Well This Winter
- Dry January

## **5.8 Seasonal Flu**

5.8.1 The Board has continued its work to raise awareness about and reduce the incidence of seasonal flu. It has advised the actions taken during the influenza season, the impact on health and wellbeing strategy priorities, actions taken by Cheshire East Council to increase flu vaccine uptake by staff and across the wider health economy, and made recommendations for the 2018/19 influenza season.

5.8.2 A bid for funding from NHS England was successful to support influenza communications ahead of the 2018/19 influenza season so that the scope and range of television adverts, radio adverts and social media communications could be increased.

5.8.3 Vaccination programmes were repeated and extended, with influenza vaccination clinics and voucher schemes, and support for managers to encourage front line staff within their teams to access flu vaccinations, either through clinics or the voucher scheme. Funding would be required to ensure that the vaccines were provided at no cost to eligible staff; and

5.84 Broader health and hygiene work throughout the organisation and partners was undertaken, linking in with work plans around winter wellness to emphasise measures such as hand hygiene.

## **5.9 Local Transformation Plan for Children and Young People's Mental Health**

5.9.1 The Board considered and endorsed the development of the Joint Cheshire Local Transformation Plan and the scope for shared working that this was intended to bring



during 2018/19. The refresh had been undertaken in collaboration between the four Clinical Commissioning Groups in Cheshire together with Cheshire East Council and Cheshire West and Chester Council.

5.9.2 Mental Health is a key priority of the Health and Wellbeing Strategy and the Board recognised the developments made towards improving Children's and Young People's mental health during 2017/18: many of which have been as a result of the joint working between health and social care.

5.9.2 The Board authorised publication of the Local Transformation Plan Refresh 2018/19 on the Local Authority and CCGs' websites.

## **5.10 Cheshire East Integrated Carers Hub**

5.10.1 The Board has been supportive of the progress, performance and key risks in relation to the Cheshire East Hub Service. The Cheshire East Integrated Carers Hub has been established as a single point of contact for carers to provide information, advice and guidance alongside other support mechanisms such as individual key workers, peer support groups, drop-in sessions, access to Living Well funded breaks and 24 hour Carers Help and Talk phone line.

## **5.11 Digital Inclusion Strategy**

5.11.1 Progress in digital innovation to enable people to manage their lives and access services is phenomenal. It's another means to create a healthy place for us all to live and work in. The Health and Wellbeing Board is concerned to ensure that this progress does not widen inequalities and "leave behind" any individuals or communities.

5.11.2 A Digital Inclusion Strategy had been previously drafted as part of the 'Connecting Cheshire' broadband rollout project. This had been updated by the Cheshire East Digital Inclusion Task Force, which included representatives from CVS Cheshire East, Age UK Cheshire and Age UK Cheshire East, the Skills and Growth Company, the Council's Libraries Services, Communities and Partnership and Public Health.

5.11.3 It was proposed that the Cheshire East Digital Inclusion Task Force would take the lead on delivering the action plan, with the Health and Wellbeing Board having oversight of the Strategy to ensure that it was owned by the wider system.

## **5.12. Making the Mile**

5.12.1 The Government's Obesity Guidance - Childhood Obesity: A Plan for Action (Jan 2017) and A Plan for Action Chapter 2 (June 2018) recommended initiatives that



encouraged children to walk or run a mile every day in school. In Cheshire East, the Public Health Team supported a Make the Mile initiative.

5.12.2 Similar schemes have been promoted in all Cheshire East Primary Schools with a target that all schools increase levels of physical activity of children. A total of 54 schools had implemented such a scheme.

5.12.3 There is limited evidence to suggest that the initiative would reduce obesity levels in children on its own. However, if developed as a whole system approach to tackling obesity including healthy eating, physical activity and environment, future benefits would be realised.

5.12.4 The Board discussed the benefits of this initiative and felt that it should be encouraged as it helped with mental health wellbeing and should be linked with other initiatives which promoted healthy eating. Reference was made to an American study which noted that low physical fitness killed more people than did either smoking, diabetes or obesity.

5.12.5 It was agreed that a further report would be brought to the Board which set out what was already being done and what could be done to support and encourage healthy weight in children and adults in Cheshire East.

### 5.13 System Assurance

5.13.1 Following the **Children with Special Education Needs and Disabilities (SEND) Ofsted Inspection** in March 2018, a Written Statement was produced by 0-25 SEND Partnership in response. Six work streams were created, with each having a specific, dedicated focus on the priority areas for SEND. An Action Plan was developed by all partners to address the findings of the review and the work already underway, which would be monitored and scrutinised by the 0-25 SEND Partnership Board. The Health and Wellbeing Board has had an oversight role from a whole system perspective and receives quarterly updates.

5.13.2 The four Cheshire Clinical Commissioning Groups (CCGs) (including Eastern Cheshire CCG and South Cheshire CCG) are **proposing to merge into a single strategic commissioning organisation** and the same time, supporting the development of a Cheshire East Integrated Care System. The Health and Wellbeing Board has had a consulting role from a whole system perspective and receives monthly updates. The Board has also welcomed the inclusion of the local authorities in the process of establishing the Executive Team. The Board has also supported the inclusion of the principles from the NHS Long Term Plan and the vision within 'Prevention is better than cure' being embedded in the health and care system and the

wider community as there would be significant beneficial impacts to the health and wellbeing of the Cheshire East population.

5.13.3 The Board has also considered and advised on reports on the outcome of public consultation on the redesign of **Adults and Older People's Specialist Mental Health Services**. The public consultation ran from 6th March to 29th May 2018 and had taken three options forward for consideration. Final decisions were made at a combined meeting of the CCG Governing Bodies in November 2018.

## **6 Access to Information**

6.1 The minutes and papers of the Health and Wellbeing Board's meetings, which informed this report, are available on the Cheshire East Council website.

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# Working Together Across Cheshire



## Have your say

The future of NHS Eastern Cheshire, South  
Cheshire, Vale Royal and West Cheshire  
Clinical Commissioning Groups

**28 May 2019 – 23 June 2019**

## 1. Introduction

NHS commissioning is the process of planning, buying and monitoring health services.

NHS Clinical Commissioning Groups (CCGs) have been responsible for planning, buying and monitoring local health services since April 2013.

CCGs combine the expertise of local clinicians including family doctors (GPs) nurses and NHS managers, putting local doctors and nurses at the heart of decision-making. CCGs also have a legal duty to involve patients and the public.

There are currently four CCGs in Cheshire:

- NHS Eastern Cheshire Clinical Commissioning Group
- NHS South Cheshire Clinical Commissioning Group
- NHS Vale Royal Clinical Commissioning Group
- NHS West Cheshire Clinical Commissioning Group

The areas covered by the CCGs are shown on the map below:



## 2. What we do

Cheshire CCGs are responsible for planning, buying and monitoring:

- GP (family doctor) services (sometimes referred to as 'primary care')
- Planned (or elective) hospital care
- Urgent and emergency care including 'blue light' ambulance services, Accident and Emergency (A&E) services, NHS 111 (non-emergency line) and out-of-hours services which operate when GP practices are closed
- Community health services (e.g. district nursing)
- Maternity services
- Older people's healthcare services
- Healthcare services for children, including those with complex healthcare needs
- Rehabilitation services
- Healthcare services for people with mental health conditions
- Healthcare services for people with learning disabilities and autism
- Continuing Healthcare and Funded Nursing Care support for people with complex needs who require specialist nursing support

**Our aim is to deliver high quality, affordable patient care which meets local need.**

When making funding decisions we consider the following key objectives:

- Improving clinical outcomes
- Providing joined-up care
- Caring for patients closer to home
- Reducing unwanted variation in quality of care from one area to another

## 3. Why do we need to change?

Cheshire's health and care system provides good levels of care. But too often people tell us they fall into gaps between services and experience delays or disjointed care. A growing number of people with multiple conditions – in particular – tell us their care can often be fragmented, confusing and inefficient. Many people are treated in hospital when their needs could be better met closer to home. It has been clear for some time that simply challenging local health and care organisations to work harder in a fragmented and reactive way is not the answer.

Instead, local health and care organisations need to work together better to help people to prevent ill health, act on ill health earlier and provide more care closer to home – improving quality of life and people’s ability to live longer, healthier lives.

Funding for health and care services is tight across the country and significant system-wide challenges mean Cheshire CCGs face an increasingly difficult annual challenge to balance the books. With demand for services rising faster than budgets, positive change is needed to maintain and improve the quality of care that the people of Cheshire have every right to experience.

Despite concerted efforts, the Cheshire NHS is failing a number of NHS Constitution standards amid unprecedented demand for services. The existing set up of four separate CCGs can limit our ability to quickly deliver improvements for the people of Cheshire. Examples of fragmented, inconsistent care remain.

Working Together Across Cheshire will help create the best environment to accelerate the development and implementation of new models of integrated care and make better use of the existing workforce across the four CCGs, improving efficiency and reducing duplication, while continuing to deliver our statutory duties.

## Cheshire West

If Cheshire West was a village of 100...



## Cheshire East

If Cheshire East was a village of 100...





## 4. Place based care and Integrated Care Partnerships (ICPs)

Nationally and regionally there is a direction to move towards Place-based care, with 'Place' being identified as local authority boundaries. We have been working closely with Cheshire East Council and Cheshire West and Chester Council colleagues to consider what this would mean for the four Cheshire CCGs.

We believe that Working Together Across Cheshire will create the best environment to support the development of place-based care and two Integrated Care Partnerships (ICPs) within the local authority boundaries of Cheshire East, and Cheshire West.

ICPs bring together health and care providers e.g. GPs (family doctors), hospitals and community services – working together on local authority footprints. ICPs are designed to join up hospital and GP services, health and social care, mental and physical health, and the NHS with local communities.

Truly integrated care is about bringing health and social care together. By joining up services which are currently provided separately, we can make better patient decisions by pooling experience, expertise and resources. By focusing on preventing ill-health and unnecessary hospital admissions we can ensure local services are sustainable for the future.

Joining up services which are currently provided separately will enable teams to work together more effectively and efficiently, with the same shared goals. It will benefit the people of both Cheshire West and Cheshire East by moving away from systems that are designed to treat problems when they occur, but often involve travelling to hospital or using Accident and Emergency or same day GP appointments.

Integrated care provides the opportunity for us to go further and faster to organise services in a more joined-up way and create a more efficient system which enables local people to access high-quality care when they need it.

## 5. Care Communities

At the centre of plans for integrated care across Cheshire is the development of our 'care communities' where GP practices and community care teams work together to provide care and support to people who live in their area, typically between 30,000 and 50,000 people.

There has already been good progress in joining up services and improving outcomes for patients and the wider community. Building on this foundation, we are committed to developing care communities across Cheshire, to ensure even more

care and support is delivered closer to home. Care communities will extend beyond existing care community teams, providing a greater emphasis on supporting prevention, promoting self-care and self-management of long-term conditions.

Key principles that health and care partners will apply shaping the development of our care communities include:

- Services will be built on assets of local communities
- We will always involve local people in the shaping of services
- We will take a person-centred approach to the delivery of care and support
- Services will be delivered within the community, closer to home
- We will always support prevention of illness and promote wellbeing
- We will aim to intervene early in an emerging problem
- We will have a shared understanding of population needs and will work towards shared medical records.

We recognise that the input of patients and the public is absolutely key to the development of our care communities across Cheshire, both to ensure a person-centred approach to the design and delivery of care and support and to build on assets of the community.



## 6. What will our proposed changes deliver?

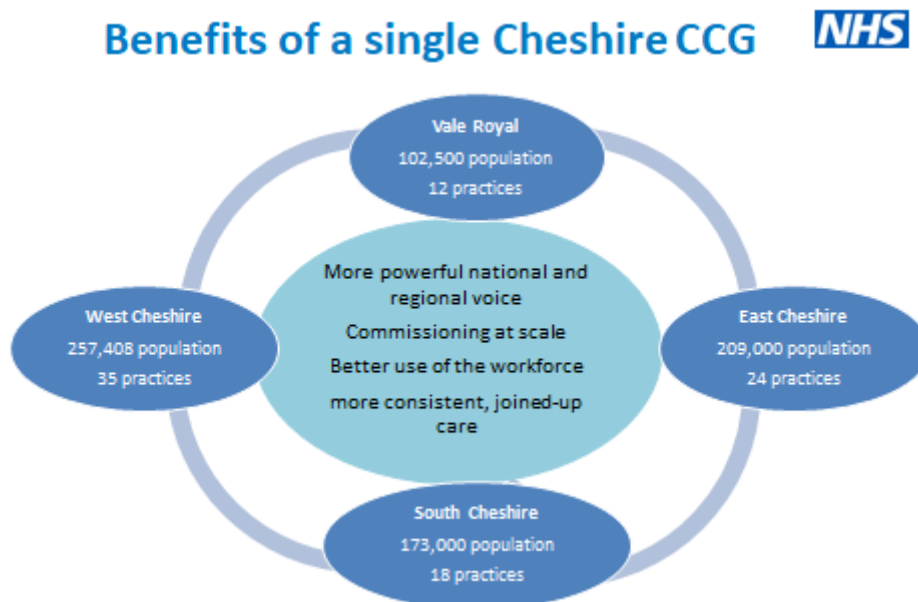
Working Together Across Cheshire and the development of place-based care will deliver more consistent, joined-up care across the county and give Cheshire a more powerful voice in championing the needs of local people at regional and national level.

Working Together Across Cheshire will also maximise the opportunities for commissioning at scale, getting better value for money and ensuring a level playing field for patients across Cheshire.

Financial savings will be secured via fewer formal meetings and committees and better use of the combined CCG workforce – improving efficiency and reducing duplication. A single Cheshire CCG will be responsible for commissioning the best possible outcomes for the population of Cheshire within its available resources.



It would focus increasingly on longer term strategic planning, in partnership with local authorities and would be responsible for jointly commissioning Integrated Care Partnerships.



Importantly, the proposed move to a larger geographical footprint will not be at the expense of any new CCG's ability to engage with GPs and local communities at local level. The CCG will remain clinically-led and the statutory duty to involve patients and the public will remain and will continue to be prioritised.

Our Proposal is to progress the ambition outlined above. We have made the following recommendations:

- That a single Cheshire CCG is created from 1 April 2020
- That the move to a single Cheshire CCG happens alongside the development of two Integrated Care Partnerships
- That, during 2019-20, the CCGs identify new opportunities to plan and buy services together
- That the CCGs introduce shared decision-making processes before 2020

## 7. How will we involve and engage people in our plans?

The proposed merger of the Cheshire Clinical Commissioning Groups and the move towards place-based care will not be at the expense of our ability to engage with local communities at locality level. The statutory duty to involve patients and the public in commissioning health and care will remain and continue to be prioritised.

We believe that by working together we can be outstanding by communicating and sharing in an open and honest way, empowering our local communities by giving an opportunity for each individual to be involved and making engagement meaningful and valuable.

We are committed to listening to the experiences of local people and working with them to co-produce local, community-led solutions to better manage the health and social care needs of our local population.

We'll achieve this via an ongoing conversation between NHS Organisations, local partners and the public to continue to build a better coordinated health and social care system able to meet the health needs of our population both now and into the future.



We recognise that the input of patients and the public is absolutely key to the development of our Integrated Care Partnerships and Care Communities across Cheshire, both to ensure a person-centred approach to the design and delivery of care and support and to build on assets of the community.

The Care Communities will provide significant opportunities for more effective engagement with local communities.

The communications and engagement teams have a good understanding of the make-up of the local population and will continue to foster good relationships with patient forums and local voluntary sector organisations. We will involve and engage with people via:

#### **Individual participation**

By placing patients, their carers and families in the driving seat of their own healthcare, we can support them to ensure they have the confidence to take individual ownership and make informed and considered shared decisions.

#### **Public participation**

Our patients, public and stakeholders are at the heart of everything we do. Giving them a voice means they can shape and drive local healthcare. By working collaboratively communities can have efficient services built and developed around them.

#### **Insight and feedback**

Listening is key, capturing and sharing patient stories provides insight and influences decision making, giving us the opportunity to understand the needs of our local population and provide services that our communities really want.

## **8. Some frequently asked questions**

### **Is this a formal consultation?**

No. However, patient and community engagement is at the heart of this work so it is important to give local people the opportunity to have their say.

For a number of months all Cheshire CCGs have been discussing the proposals for future commissioning arrangements in Cheshire with clinicians, partner organisations and stakeholders – including patient groups and forums. This process will continue throughout the proposed timeline to April 2020 and any agreement to create a single Cheshire CCG is subject to formal approval from GP memberships.

To ensure that all members of the community are equally able to have their say, we have decided to invite the people of Cheshire to tell us their views between 28 May and 23 June 2019. This is just part of an ongoing conversation about the future of the local NHS.

### **What happens next?**

The CCG Governing Bodies are seeking approval from their GP member practices to create a single Cheshire CCG. If the member practices vote in favour, and public support is gained, a formal application to merge will be submitted to NHS England in autumn 2019.

## 9. Get involved, stay involved

A short online survey will be accessible from 28 May until midnight 23 June 2019 to enable you to give us your views. To access this survey please click [here](#)

Paper copies of the survey can be requested from [workingtogetheracrosscheshire@nhs.net](mailto:workingtogetheracrosscheshire@nhs.net) along with copies of this document in alternative formats.

This is just part of an ongoing conversation about the future of the local NHS and we are inviting people to share their views and to stay involved by working with us to shape how we involve patients and the public in our work into the future.

All Cheshire CCGs share a commitment to “You Said, We Did”. This means inviting people to share their views, listening carefully and then keeping people informed about what’s changed as a result. This “You Said, We Did” Framework simply illustrates the steps we follow to achieve this.



If you would like to receive regular updates and stay involved please provide your details in your response to the survey or to [workingtogetheracrosscheshire@nhs.net](mailto:workingtogetheracrosscheshire@nhs.net)