

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 23rd November, 2021 in the Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Voting Members

Councillor Carol Bulman, Cheshire East Council
Councillor Jill Rhodes (Chair), Cheshire East Council
Louise Barry, Healthwatch Cheshire
Helen Charlesworth-May, Cheshire East Council
Denise Frodsham, Cheshire East Integrated Care Partnership
Steven Michael, Cheshire East Health and Care Partnership
Dr Matt Tyrer, Director of Public Health
Clare Watson, Cheshire CCG

Non-Voting Members

Tom Knight, NHS England
Deborah Woodcock, Cheshire East Council

Associate Non-Voting Members

Councillor Janet Clowes, Cheshire East Council
Christ Hart, Cheshire East Social Action Partnership
Caroline Whitney, CVS Cheshire East

Cheshire East Officers and Others

Dr Matthew Atkinson, Specialty Registrar in Public Health
Guy Kilminster, Corporate Manager Health Improvement
Karen Shuker, Democratic Services Officer
Andrew Turner, Public Health Consultant

ALSO PRESENT

Suzanne Edwards, Cheshire and Wirral Partnership Trust

26 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Sam Corcoran, Leader of the Council (Cheshire East Council), Dr Patrick Kearns (Cheshire East Integrated Care Partnership), Dr Andrew Wilson (Eastern Cheshire and South Cheshire CCG), Lorraine O'Donnell (Cheshire East Council), Superintendent Peter Crowcroft (Cheshire Constabulary) and Jayne Traverse (Cheshire East Council).

27 DECLARATIONS OF INTEREST

There were no declarations of interest.

28 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 7 September 2021 be confirmed as correct record.

29 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present.

30 THE MENTAL HEALTH COMMUNITY TRANSFORMATION PROGRAMME

The Board received a presentation from Suzanne Edwards, Director of Operations, Cheshire and Wirral Partnership. The presentation provided an overview of the Cheshire and Wirral Community Transformation Programme including the case for change, the aims of the Community Mental Health Framework, the 8 principles included in the Long-Term Plan for Mental Health, Governance, and funding.

RESOLVED:

That the presentation be noted.

31 PHARMACEUTICAL NEEDS ASSESSMENT UPDATE

The board considered a report in respect of the statutory requirement to publish a new Pharmaceutical Needs Assessment (PNA) by 1 October 2022. To ensure a practical approach and efficient production of the Pharmaceutical Needs Assessment delegation of day-to-day authority for the development of the assessment would be given to the Director of Public Health. As there was a requirement to sign off the Assessment at board level it was proposed that this would be brought to the Cheshire East Health and Wellbeing Board, following a period of consultation, in September 2022.

The board welcomed the report and felt that it would be helpful to understand more in respect of what pharmacies responsibilities were in relation to the pandemic.

A request for non-voting members of the board to receive a copy of the Pharmaceutical Needs Assessment was noted.

RESOLVED That:-

- (1) the Health and Wellbeing Board approves delegation of the day-to-day authority for the development of the revised Pharmaceutical Needs Assessment (PNA) to the Director of Public Health.

- (2) the Health and Wellbeing Board approved the formation of a working group to steer the production of the revised PNA.
- (3) the Health and Wellbeing Board noted that a final draft would be presented to the board in September 2022 for final sign-off and that a virtual sign-off was agreed as a contingency arrangement in case the September meeting was cancelled, or timing was not sufficient to meet publishing deadline of the 1st October 2022.
- (4) the Health and Wellbeing Board noted that there was a cost implication (mostly staff time) in the production of the PNA.
- (5) noted that the PNA regulations had not changed since the production of the last PNA in March 2018.
- (6) noted that the PNA would be presented for endorsement by the Health and Wellbeing Board in September 2022. Due to the consultation requirement of 60 days and to enable the final draft to go through the council review process, it would not be feasible to present the final draft for endorsement at an earlier meeting.

32 BETTER CARE FUND END OF YEAR REPORT 2020-2021

The Board considered a report on the performance of the Better Care Fund, including the Improved Better Care Fund in 2020/21.

The end of year report formed part of the monitoring arrangements for the Better Care Fund and included an overview of the schemes, the financial income and expenditure, metric performance, the impact of COVID-19 on commissioned services and the individual scheme performance.

RESOLVED:

That the Better Care Fund programme performance for 2020/21 be noted.

33 BETTER CARE FUND PLAN 2021-2022

The Board considered a report on the Better Care Fund Plan 2021-22 which described the areas of activity and the proposed expenditure for the Better Care Fund covering Cheshire in 2021/22. A number of schemes had been identified and a rationale of how they would meet the needs and demands of the local care and health economy were presented.

RESOLVED:

That the Board endorsed the Better Care Fund schemes and associated expenditure outlined in paragraphs 5.11- 5.94 of the report.

34 RURAL HEALTH INEQUALITIES

The board received a presentation in respect of Rural Health Inequalities which included work being carried out collaboratively with North Yorkshire, OHID (formally Public Health England), and Age UK, looking at healthy

aging in rural communities. The report produced had identified issues such as social isolation, gaps in public transport provision, and loneliness for specific groups. Peer led services and work with the voluntary sector would support the different groups outlined.

Work already carried out such as the Council's Rural action plan, transport plan and economic strategy would be reviewed to help identify how this would affect older people in rural areas.

Next steps would include a workshop in the new year organised by OHID, and all board members would be invited. Departments in the Council which held data in respect of rurality would feed into the data gathering exercise. Planned meetings with the commissioning team would help inform future policies and decisions to include health and rurality within them.

The presentation was well received, and it was hoped that the work would feed into the wider work around Cheshire and Merseyside.

RESOLVED

That the presentation be noted.

35 CHESHIRE AND MERSEYSIDE ICS MARMOT COMMUNITY PROGRAMME

The Board were briefed on the progress at a Cheshire and Merseyside level on developing as a Marmot Community which would raise the profile of the need to focus upon reducing health inequalities across Cheshire and Merseyside. This would be the priority for the new Cheshire and Merseyside Integrated Care Partnership when it was formed in April 2022.

The Marmot report's key policy objectives were outlined, and the board were informed that the Institute of Health Equity would be running workshops to help identify how working more effectively together would help tackle health inequalities.

RESOLVED That: -

- (1) The Health and the Wellbeing noted the update on progress in Cheshire and Merseyside to become a Marmot Community.
- (2) The Health and Wellbeing Board supported the proposal that the Marmot Community Programme in Cheshire East would be picked up by the Increasing Equalities Commission.

36 TEST, TRACE, CONTAIN, ENABLE UPDATE

Dr Matt Tyrer gave an update on the Test, Trace, Contain and Enable system.

It was reported that since the last Health and Wellbeing Board there had been a spike in covid cases which had seen an increase to over 700 per 100,000 population, although this had recently fallen to around 400. Although there had been an increase in all age groups, the significant increase had been driven by the 10–14-year-old age group with numbers increasing over the last two weeks, following the return to school after half term.

There hadn't been many reports of workplace outbreaks which had been helped by the wearing of face masks and maintaining lateral flow testing.

Hospital admissions due to covid had flattened although there had been a higher rate in other respiratory diseases so emphasis on pushing the flu vaccination, covid vaccinations and covid booster programmes would be the message going forward.

There continued to be a good uptake in the vaccination programme and work continued in those areas where uptake was lower to try and bring rates up, alongside the vaccination programme for the younger age groups and the roll out of the booster programme for the over 40s.

There had been an increase in the rise of anti-vaccination activity and work continued with colleagues in the police. The communication strategy continued to be based around the behavioural insight work carried out, and there was an expectation that there would be some national guidance to tackle the misinformation being shared.

RESOLVED:

That the verbal update be noted.

37 CHESHIRE EAST PLACE PARTNERSHIP UPDATE

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

Work continued on the development of the strategic vision, with one of the challenges faced, being that organisations also had to approve it formally through their own governance structures. A meeting was scheduled for December to discuss with the chairs of the organisations and the chief executive to ensure governance decisions would be aligned.

At the previous meeting discussions were had around the Gateway Model which identified what capabilities would be required to deliver the strategy which was complex and required technical skills and expertise. This would help to develop an integrated business plan for place, including a 5-year financial model which would come back to the Health and Wellbeing Board and to the Health Scrutiny Committee.

Work around the governance vehicle needed post 1 April 2022 was underway and advice had been sought to understand whether a place-based committee or a joint committee would be required.

Discussions were underway to agree collectively how the health and wellbeing agenda would be led in Cheshire East including communication, accountabilities, responsibilities, vision, and leadership. The Board felt that there was a strong strategic approach and model in Cheshire East.

RESOLVED

That the verbal update be noted.

38 CHESHIRE EAST INTEGRATED CARE PARTNERSHIP UPDATE

The Managing Director of Cheshire East Integrated Care Partnership provided a verbal update which included an overview of the work currently being undertaken in respect of what was being done to support each other coming out of covid and implementing services such as end of life fast track services, two-hour rapid response, telemedicine, long covid service and the vaccination programme.

The longer-term plan would look at care communities and the development of the cohesive Care Community model, developing an integrated workforce across providers using the transformation funding received.

RESOLVED

That the verbal update be noted.

The meeting commenced at 2.00 pm and concluded at 3.55 pm

Councillor J Rhodes (Chair)