

# **CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Health and Wellbeing Board**  
held on Thursday, 29th May, 2014 at Committee Suite 1,2 & 3, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

## **PRESENT**

Councillor Janet Clowes (Chairman)

Councillor Alift Harewood, Cheshire East Council  
Jerry Hawker, Eastern Cheshire Clinical Commissioning Group  
Simon Whitehouse, South Cheshire Clinical Commissioning Group  
Dr Andrew Wilson, South Cheshire Clinical Commissioning Group  
Tony Crane, Director of Children's Services  
Brenda Smith, Director of Adult Social Care and Independent Living

## **Substitute**

Caroline O'Brien, Healthwatch Cheshire East

## **Associate Non Voting Members**

Lorraine Butcher, Executive Director Strategic Commissioning, Cheshire East Council  
Tina Long, Director of Nursing and Quality, Cheshire Warrington and Wirral Area Team

## **Officers/others in attendance**

Councillor Stewart Gardiner  
Anita Bradley, Head of Legal and Monitoring Officer, Cheshire East Council  
Guy Kilminster, Corporate Manager Health Improvement, Cheshire East Council  
Kate Rose, Head of Integrated Safeguarding (items 16 and 17 only)  
Dr Guy Hayhurst, Public Health Team (Items 8, 9 and 10 only)  
Suzanne Austin, Local Pharmaceutical Council (Items 8, 9 and 10 only)  
Rachel Graves, Democratic Services Officer

## **Councillors in Attendance**

Councillor Margaret Simon  
Councillor Jos Saunders  
Councillor Brendan Murphy

**1 APPOINTMENT OF CHAIRMAN**

It was proposed and seconded that Councillor Janet Clowes be appointed as Chairman for the 2014/15 Municipal year.

**RESOLVED**

That Cllr Janet Clowes be appointed as Chairman for the 2014/15 Municipal year.

**2 APPOINTMENT OF VICE CHAIRMAN**

It was proposed and seconded that Mike O'Regan be appointed as Vice Chairman for the 2014/15 Municipal year.

As Mike O'Regan was not present at the meeting it was agreed that the appointment of Vice Chairman would be deferred until the next meeting.

**RESOLVED:**

That the appointment of Vice Chairman be deferred until the next meeting.

**3 APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Rachel Bailey, Dr Paul Bowen, Heather Grimbaldston, Mike O'Regan and Mike Suarez.

**4 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**5 MINUTES OF PREVIOUS MEETING**

**RESOLVED:**

That the minutes of the meeting held on 25 March 2014 be approved as a correct record.

**6 PUBLIC SPEAKING TIME/OPEN SESSION**

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

**7 HEALTH AND WELLBEING BOARD TERMS OF REFERENCE**

Council, at its meeting on 14 May 2014, had approved the revised terms of reference for the Health and Wellbeing Board.

**RESOLVED:**

That the revised Terms of Reference for the Health and Wellbeing Board be noted.

**8 PHARMACEUTICAL NEEDS ASSESSMENT PRE-CONSULTATION DRAFT**

Consideration was given to a draft of the Pharmaceutical Needs Assessment.

Pharmaceutical Needs Assessments (PNAs) were carried out to assess the pharmacy needs of the local population. The PNA ensured that community pharmacy services were provided in the right place and met the needs of the communities they served. NHS England would use the PNA when making decisions on applications to open new pharmacies. Each Health and Wellbeing Board had to publish its first pharmaceutical needs assessment by 1 April 2015.

A survey of Community Pharmacists had been carried out and the Council's Research and Consultation Team would be sending out a survey via an online method to the Council's Citizen's Panel. Around 1,500 people would be sent the survey, which would ask about people's experiences when using a community pharmacy, what works well and what could be improved.

A pre consultation draft of the Assessment was attached to the report and the Board was asked to review it. The draft PNA had been prepared by a Steering Group led by Public Health and included NHS England, NHS Eastern Cheshire CCG, NHS South Cheshire CCG and Cheshire Local Pharmaceutical Committee. The Steering Group was required to submit the draft PNA to the Board before the end of May 2014, together with detailed recommendations for the proposed consultation process.

Dr Guy Hayhurst of the Public Health Team spoke to the report and answered questions.

**RESOLVED:**

That the draft Pharmaceutical Needs Assessment be developed and expanded, with a view to the formal 60 day consultation commencing in either September or October 2014.

**9 COMMUNITY PHARMACY FIVE YEAR VISION**

Suzanne Austin, of the Local Pharmaceutical Council, briefly outlined the process for developing the Community Pharmacy Five Year Vision.

## **10 MINOR AILMENTS SCHEME**

Suzanne Austin, of the Local Pharmaceutical Council, briefed the Board on Minor Ailments Scheme.

The Scheme allowed patients to visit a pharmacy for advice and treatment for several minor self-limiting conditions. Accredited pharmacists could supply some 'prescription only' medicines, which avoids the patients having to go to their GP for a prescription, saving time for the patient and GP.

The Scheme had been updated and extended and now included 20 Patient Group Directions, which enable community pharmacists to supply medicines to patients with defined conditions. Around 40 different medicines could be supplied by pharmacists to patients under the scheme.

New branding for the service had been considered and consultation with patient groups had taken place. "Think Pharmacy" would be the generic branding. Pharmacies would use posters, post cards and concertina cards to promote the service. Pharmacy contractors and GP surgeries were being asked to promote the service and raise awareness to patients and public

## **11 CONNECTING CARE - A TRANSFORMATIONAL APPROACH TO THE INTEGRATION OF HEALTH AND SOCIAL CARE IN CENTRAL CHESHIRE 2014 -2019**

The Board considered a report and received a presentation from Diane Eden, Programme Director, on Connecting Care in Central Cheshire.

The Clinical Commissioning Groups were required to develop Five Year Strategies that included their plans for working with the local authority to integrate health and social care services.

The Central Cheshire Connecting Care Board had established a Strategy Task and Finish Group to develop the Connecting Care Strategy incorporating the Pioneer Integration Programme. The appendix to the Report represented the current working draft of the Strategy. The Task and Finish Group had resolved to ensure that individual partner boards and key stakeholders were offered the opportunity to shape the draft prior to the agreed draft being submitted to NHS England.

The draft Connecting Care Strategy provided details of the following:

- Vision and Ambition
- The national and local context for the Connecting Care Programme
- Challenges and opportunities in Central Cheshire
- Approach to integration and transformation
- Outline of current progress
- Outline of the overall programme and its composite elements

- Description of integrated health and social care model and its intended impact
- 6 key health and social care integration outcomes framework/foundation stones
- aspirations for transformation, approach and measures of success
- the plans for achieving a sustainable care system for the future

In line with NHS England requirements, an agreed strategy must be submitted by 20 June 2014.

#### **RESOLVED:**

- (1) That the direction of travel and key themes outlined in the Connecting Care Document be supported;
- (2) That it be noted that Central Cheshire Connecting Care Board will approve the submission to NHS England on 20 June 2014; and
- (3) That further key stakeholder engagement will take place to shape the initial draft into a final strategy.

## **12 NHS SOUTH CHESHIRE CCG - QUALITY PREMIUM 2014-15**

Consideration was given to a report on the NHS South Cheshire Clinical Commissioning Group (CCG) – Quality Premium 2014-15.

The quality premium was introduced in 2013-14 as a new mechanism to reward CCGs for improvements in the quality of services that they commission and for associated improvements in health outcomes and reducing inequalities.

The main aim of the quality premium 2014-15 was to reflect the quality of the health services commissioned in 2014-15, which would be paid to CCGs in 2015-16. It will be based on six measures that covered a combination of national and local priorities.

The five national measures were

- Reducing potential years of lives lost through amenable mortality
- Improving access to psychological therapies
- Reducing avoidable emergency admissions
- Addressing issues identified in the 2013-14 Friends and Family Test, supporting roll out of Friends and Family Test in 2014-15 and showing improvement in a locally selected patient experience indicator
- Improving the reporting of mediation-related safety incidents based on a locally selected measure

The local quality measure was to continue the programme of work to appropriately manage patients with Atrial Fibrillation whilst promoting therapeutic optimisation in accordance with best practice

**RESOLVED:**

That the Quality Premium 2014-15 for NHS South Cheshire Clinical Commissioning Group and the local priority measure chosen be supported.

**13 REVIEW AND REFRESH OF THE CHESHIRE EAST JOINT HEALTH AND WELLBEING STRATEGY**

Consideration was given to a report on the review and refresh of the Cheshire East Joint Health and Wellbeing Strategy.

The Health and Social Care Act 2012 placed a duty upon the local authority and Clinical Commissioning Groups (CCGs) in Cheshire East, through the Health and Wellbeing Board, to develop a Joint Health and Wellbeing Strategy.

The interim Strategy was a one year Strategy. A refreshed Strategy had now been drafted for 2014-2016 to provide direction for Commissioners over the next two years. This had been based upon the evidence from the refreshed Joint Strategic Needs Assessment and the Annual Report of the Director of Public Health 2013. The Draft Strategy had been presented to the Council's Cabinet and the CCG's Governing Bodies. Comments from these bodies had been incorporated into the Strategy, which was attached as Appendix 1 to the Report.

**RESOLVED:**

That the refreshed Cheshire East Joint Health and Wellbeing Strategy be endorsed.

**14 BETTER CARE FUND UPDATE**

Consideration was given to a report which gave an update on the current position of the Better Care Fund (BCF).

All four Health and Wellbeing Boards across the Cheshire, Warrington and Wirral (CWW) area had signed-off BCF plans prior to the 4 April deadline. The CWW Area Team had provided an initial assessment of the Plans, which looked to RAG rate the plans across the agreed national metrics within it. Annex 1 to the Report gave details of the latest position of RAG rated matrices for the Plans.

The Area Team had chosen to look to address the RAG rated amber and red metrics for each Health and Wellbeing Board. It was felt that this would be a more constructive and coherent approach, offering not only a level of assurance but also would be better placed to develop relationships locally which would be more effective in addressing any potential underperformance in future.

Currently the national team had undertaken their own review of BCF plans submitted and were looking to understand any differences between the central and local assessment outcomes.

It was proposed that the CWW Area Team identify a lead Area team Director to work with the Health and Wellbeing Boards to develop an action plan to support the improvement of all metrics against the BCF assurance template which were amber or red, and to develop clear metrics for the for the BCF work stream with identified tolerances and triggers which would allow the Health and Wellbeing Board to be clear if a work stream was on track or required additional support or intervention.

**RESOLVED:**

That the Cheshire, Warrington and Wirral Area Team works, via a lead director, with the Health and Wellbeing Board Better Care Fund governance process locally to develop a robust and coherent action plan to improve the indices on the current Better Care Fund plan assurance template.

**15 HEALTH AND WELLBEING PEER CHALLENGE**

Consideration was given to a report on the Health and Wellbeing Peer Challenge being undertaken in 2014.

Peer Challenges were designed to support Health and Wellbeing Boards in implementing their health statutory responsibilities. A Peer Challenge for Cheshire East would be taking place from 18 to 22 November 2014, with a preliminary scoping meeting taking place on 10 June with the Peer Challenge Manager. Guidance on the Peer Challenge was attached to the Report.

It was noted that Peer Challenge Team would be observing the Health and Wellbeing Board on 18 November 2014.

**RESOLVED:** That

- (1) the forthcoming Peer Challenge and the published Methodology and Guidance be noted.
- (2) Nominations of lead officers to assist with the preparations for the Peer Challenge be forwarded to Corporate Manager Health Improvement.

**16 MEMORANDUM OF UNDERSTANDING IN RESPECT OF SAFEGUARDING BETWEEN KEY STRATEGIC PUBLIC PROTECTION PARTNERSHIPS IN CHESHIRE EAST**

Consideration was given to the draft Memorandum of Understanding in respect of safeguarding between key strategic public protection partnerships in Cheshire East.

The Head of Integrated Safeguarding was in attendance to answer questions.

It was agreed that the legal Appendix to the Memorandum of Understanding would be circulated to all members of the Board.

**RESOLVED:**

That the Memorandum of Understanding and Legal Appendix be circulated to Health and Wellbeing Board members for comments.

**17 IMPLEMENTATION OF DOMESTIC VIOLENCE PREVENTION NOTICES AND DOMESTIC VIOLENCE PREVENTION ORDERS**

Consideration was given to a report on the implementation of Domestic Violence Prevention Notices (DVPN) and Domestic Violence Protection Order (DVPO), prepared by Detective Chief Inspector Nigel Wenham, Strategic Public Protection Unit.

Following a 15 month pilot in three police forces, DVPNs and DVPOs were being implemented nationally in June 2014. Cheshire Police had appointed dedicated resources to support this work and a DVPO Coordinator/Court Presentation Officer would be appointed. Multi agency working was critical to ensuring the success of these orders.

The report set out the key stages to issuing the DVPNs and DVPOs.

**RESOLVED:**

That the report be noted.

The meeting commenced at 2.00 pm and concluded at 4.00 pm

Councillor J Clowes (Chairman)