

## **CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Health and Wellbeing Board**  
held on Tuesday, 27th January, 2015 at Committee Suite 1,2 & 3, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

### **PRESENT**

Councillor J Clowes (Chairman)  
Mike O'Regan (Vice-Chairman)

Cllr Rachel Bailey, CE Council (From item 8)  
Cllr Alift Harewood, CE Council  
Mike Suarez, Chief Executive, CE Council  
Jerry Hawker, Eastern Cheshire Clinical Commissioning Group  
Paul Bowen, Eastern Cheshire Clinical Commissioning Group  
Simon Whitehouse, South Cheshire Clinical Commissioning Group  
Dr Heather Grimbaldeston, Director of Public Health, CE Council

### **Associate Non Voting Members**

Lorraine Butcher, Executive Director Strategic Commissioning, CE Council  
Tina Long, NHS England local area team member

### **Observer**

Cllr Stewart Gardiner

### **Officers/others in attendance**

Iolanda Puzio, Legal Services, CE Council  
Guy Kilminster, Corporate Manager Health Improvement, CE Council  
Julie North, Democratic Services, CE Council  
Kate Rose, Cheshire East Domestic Abuse Partnership  
Judith Gibson, Cheshire East Domestic Abuse Partnership  
John Wilbraham, Chief Executive, East Cheshire NHS Trust  
Ann Riley, Strategic Commissioning Manager, CE Council  
Jonathan Potter, Principal Manager Early Help, CE Council  
Lindsay Thompson, Local Area CAF and Contact Point Co-ordinator, CE Council  
Catherine Mills, Clinical Projects Manager, South Cheshire CCG

### **50 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Andrew Wilson, Tony Crane and Brenda Smith.

### **51 DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **52 MINUTES OF PREVIOUS MEETING**

### **RESOLVED**

That the minutes be approved as a correct record, subject to the addition of Dr Paul Bowen to the list of those present.

## **53 PUBLIC SPEAKING TIME/OPEN SESSION**

Cllr B Murphy used public speaking time to ask a question concerning GP surgery waiting times and what the situation was in East Cheshire in respect of this. The Chairman responded that this issue was included on the work programme for consideration by the Health and Adult Social Care Scrutiny Committee.

Cllr Murphy also referred to recent applications for housing developments submitted to the Council's Strategic Planning Board and had noted that on a number of occasions the health providers had not submitted comments on the applications. It was reported that officers of the Council were due to meet with officers from NHS England to discuss infrastructure issues, in order to ensure that partners were aware of the number of approved housing developments and population movements in Cheshire East.

Cllr D Flude used public speaking time to state that Leighton Hospital's Trust had been rated as "good" in the latest Care Quality Commission findings and rated as 18th in the Country.

## **54 JOINING STRATEGY AND COMMISSIONING TO REDUCE THE SCALE AND IMPACT OF DOMESTIC ABUSE IN CHESHIRE EAST**

Kate Rose and Judith Gibson, from the Cheshire East Domestic Abuse Partnership attended the meeting and presented a report relating to the joining of strategy and commissioning to reduce the scale and impact of domestic abuse in Cheshire East.

It was reported that domestic abuse was widespread and damaging to individuals, families and communities. Cheshire East Domestic Abuse Partnership (CEDAP) was implementing a strategy, following widespread consultation, to prevent as well as to respond, which required the engagement of all related partners and partnerships in promoting its aims and committing to its resourcing. The Health and Wellbeing Board had a significant role to play in this work. In recognition of this, the Joint Leadership Commissioning Team had requested that the report be brought to the Board.

It was noted that NICE Guidance recommended a joint commissioning approach to the funding of domestic abuse services. Cheshire East funding had developed historically and took three main forms as set out below, details of which were included in Appendix 1 of the report :-

- a. A partnership funding approach – some core commitment and some annual contribution – to high risk services (IDVA and MARAC) and the front door for all specialist services, the Domestic Abuse Hub
- b. A three year commissioning cycle for refuge and floating support – funded through Council Adults and Children's Services
- c. Applications to opportunities for enhancing services

CEDAP accepted that funding approach 'c' would always be a part of its work and was a means by which innovation was driven.

Funding approach 'b' was being progressed through a joint commission of Adult and Children's Services.

The report was expressly addressing funding approach 'a' in respect of placing core high risk services, the 'front door' for all services (the Domestic Abuse Hub) putting partnership functions on a surer footing by agreeing a three year partnership agreement. Commissioning was not possible as these services sat within the Council.

Service cost and existing committed funding were summarised in the report and had been set out in more detail in a paper to the Joint Leadership Group in November. Due to partnership arrangements, CEDAP was able to use carry forward to sustain annual provision. This would be in the region of £40k for the current year. If all of the anticipated funding was realised for 2015-16 and Children's Services agreed a contribution to the Hub function in particular, there may be a modest gap in the next financial year and significant shortfalls thereafter.

In considering the report the Board supported the vision and aims as set out in the report and noted the requirement for a joint commissioning approach. However, it was considered that the process needed to be reviewed and that further clarification was required in respect of funding. It was agreed that the Strategic Joint Commissioning Team be requested to carry out an evaluation in respect of the funding split and to report back to the respective commissioners with clarity regarding the amount of funding required.

## **RESOLVED**

- 1 That the Health and Wellbeing Board agrees to promote the priorities of Cheshire East Domestic Abuse Partnership Strategy within its own work.
- 2 That the Health and Wellbeing Board recognises the significance of and respond collaboratively to domestic abuse as a comorbid issue with mental ill health and substance misuse in all work streams
- 3 That the Health and Wellbeing Board seeks assurance that partners are individually committed to CEDAP Strategy and Action Plan.

- 4 That the Strategic Joint Commissioning Team be requested to carry out an evaluation in respect of the funding split and to report back to the respective commissioners with clarity regarding the amount of funding required to allow decisions to be made for 2015-16.

## 55 GREATER MANCHESTER HEALTHIER TOGETHER CONSULTATION

Consideration was given to a report which had been produced in response to the following motion, which had been proposed by Councillor Brendan Murphy and seconded by Councillor Lloyd Roberts:-

“In the light of plans for the development of sub-regional Specialist Hospitals and the consequent downgrading of other Hospitals in the Greater Manchester conurbation, the Council requests the Health and Wellbeing Board to consider the impact that such developments *could* have on the future of Macclesfield General Hospital and, in particular, to ensure that the wellbeing of North East Cheshire residents will not be adversely affected in the event of Stepping Hill Hospital being downgraded as result the changes being currently considered”

John Wilbraham, Chief Executive, East Cheshire NHS Trust was present at the meeting to answer any questions raised.

The Board was asked to note the contents of the report and the work being undertaken by East Cheshire NHS Trust (ECT) with its partners in primary and acute care, and to note the Healthier Together consultation period had ended, but that no decisions had been made and none were likely until the summer. The Board was also asked to note that the Caring Together Board, of which Cheshire East Council was a member, would have more influence over service provision locally than the Healthier Together consultation. Healthier Together was looking only at 3 service areas. East Cheshire Trust already had close working relationships with Stockport Foundation Trust and University Hospital of South Manchester (UHSM), before the Healthier Together consultation commenced and would continue to work together where necessary for the continued provision of safe and high quality care for patients. This relationship was known as the Southern Sector.

The Board was informed that NHS Eastern Cheshire CCG already commissioned services from sub-regional specialist hospitals for the population of Eastern Cheshire, including Central Manchester Foundation Trust, Salford Royal Foundation Trust and University Hospital of West Midlands, in-line with national clinical standards and to ensure access to specialist services 24/7. Services were provided at these specialist centres (eg Neurology and Spinal surgery at Salford Royal) or by the specialist centres at the Macclesfield site in partnership with ECT.

## **RESOLVED**

That the report be noted and referred to Cabinet as the formal response to the Notice of Motion.

### **56 UPDATE ON THE BETTER CARE FUND**

Consideration was given to a report providing an update on the Better Care Fund (BCF), which had been jointly developed by Officers from across both the Cheshire West and Chester and Cheshire East Health and Wellbeing Boards, with the intention being that the issues raised would be discussed at both meetings. Due to a number of issues emerging from both respective BCF submissions, there were some matters which would have an impact across the pan-Cheshire geography. Therefore, it was essential that consistent information was presented to both bodies. The purpose of the report was to provide an update on the latest developments regarding the BCF and enable discussion and debate on the proposed way forwards for the governance, delivery and monitoring of the schemes associated.

Both, the Cheshire East, and Cheshire West and Chester BCF plans had been submitted to the Department of Health on 19 September. Following the national assurance process both plans had been rated as 'Approved with Support'. Since the previous meeting of the Board, both plans had been upgraded to 'Approved' following dialogue with the Local Area Team, and the submission of an Action Plan. The next area of focus was the implementation and delivery of the plans and how this was incorporated into the existing health and social care transformation programmes, along with meeting the national reporting expectations. This included getting into place the required Section 75 agreements, which was covered in Appendix 1 of the report.

It was noted that the governance arrangements supporting the s75 Better Care Fund pooled budget arrangement were fundamental to the smooth delivery and implementation of the BCF plan and ensuring the level of risk both financial and non-financial the Council, CCGs, partner organisations and providers were exposed to. The options for the structure of S75 agreements across Cheshire were set out in paragraph 3.0 of the appendix to the main report and it was agreed that Option 4: Four overarching S75 agreements, reflecting the geography of the Clinical Commissioning Groups with the ability for reporting to be consolidated on a transformation programme basis and a Health and Wellbeing Board basis, should be supported.

## **RESOLVED**

- 1 That the information contained within paragraph 2 of the main report be noted.

- 2 That Option 4 : Four over-arching S75 agreements, reflecting the geography of the Clinical Commissioning Groups with the ability for reporting to be consolidated on a transformation programme basis and a Health and Wellbeing Board basis, be supported.
- 3 That the local ambition to support ongoing pooled-budget arrangements be agreed.

## **57 S.256 PILOTS - PROGRESS UPDATE**

Ann Riley, Corporate Commissioning Manager, attended the meeting to present a report providing an update in respect of S.256 pilots.

It was reported that the NHS Social Care Allocation to Cheshire East Council for 2013/14 was an amount of funding, determined by the Department of Health, that was to be transferred from the NHS (NHS England) to Councils (Gateway Reference 18568). The funds were to be spent on social care support that also had health benefits. The way the funds were spent had to be agreed with local health partners. The formal agreement was between NHS England and Cheshire East Council via a s.256 agreement. However the NHS England Cheshire, Warrington and Wirral Local Area Team sought support from the Clinical Commissioning Groups to the proposals for spending. This support was to be based upon plans that were robust. The s.256 agreement had been endorsed at the Health and Wellbeing Board on 27 August 2013. A report providing an update on the agreed proposals for this fund was submitted to the Board for consideration

Five areas of spending had been agreed, details of which were set out in the report. The first two areas (Community Reablement and Assistive Technology and Occupational Therapy Support) were continuations of existing spending. The three new areas of spend were a pilot of the expansion of the existing Assistive Technology and Occupational Therapy (OT) service - £552,000 (c/f ringfence from 13/14); a pilot of the use of assistive technology for adults with learning disability - £246,500 (c/f ringfence from 13/14); and a pilot dementia reablement service - £637,574 (c/f ringfence from 13/14).

The project plans on these three pilots had been circulated for discussion at the Joint Commissioning Leadership Team (JCLT) meeting in November 2014 and the report and its associated appendices provided the latest highlights of progress against the project plans since the report to JCLT.

In considering the report the Board felt that there was a need for greater accountability and reassurance that there was real value to individuals. It was agreed that Joint Commissioning Leadership Team should consider this matter at their next meeting, to take place later in the week, in order to restate accountability and ensure that the process was sufficiently robust.

## **RESOLVED**

- 1 That the report be noted.
- 2 That Joint Commissioning Leadership Team be requested to consider this matter at their next meeting, in order to restate accountability and ensure that the process was sufficiently robust.

## **58 FAMILY FOCUS PROGRAMME**

Jonathan Potter, Principal Manager Early Help and Lindsay Thompson, Local Area CAF and Contact Point Co-ordinator, attended the meeting and presented a report informing the Board regarding the ending of the current Family Focus programme and to begin discussion about the expanded programme. It was reported that the expanded programme would place greater demands on the Local Authority and its partners, specifically Health providers both in operational provision and through data requirements.

The National Troubled Families Programme had been operating in Cheshire East since early 2011 and during the spring of 2014 it had been rebranded as the Cheshire East Family Focus Programme. The expanded programme would have a national roll out date of April 2015 and would be a 5 year programme, ending in 2020.

Key features of the expanded programme were:-

- Increased eligibility criteria
- the development of a local Outcomes Plan to define and measure significant and sustained progress,
- greater understanding of the fiscal benefits achieved through the programme and by stimulating ongoing service transformation, by use of the cost savings calculator

The expanded eligibility programme would cover six 'headline' eligibility criteria, of which families would have to meet 2 in order to move into the programme. The headlines were outlined in the report.

The report had been submitted to the Board in order to reach a consensus about the need for improved information sharing between partners and to define the mechanisms for this. Additionally it needed to be ensured that all partners, including both Health commissioners and Health providers were sufficiently represented on the Family Focus Executive Board and the Youth Management Board.

It was agreed that the mechanisms for data sharing in order to facilitate this work should be explored and that the Board be updated on progress at a future meeting.

## RESOLVED

- 1 That the report be noted and mechanisms for data sharing in order to facilitate this work be explored and that a report on progress be submitted to a future meeting of the Board.
- 2 That it be ensured that all partners, including both Health commissioners and Health providers are sufficiently represented on the Family Focus Executive Board and the Youth Management Board.

## 59 CO-COMMISSIONING OF PRIMARY CARE SERVICES

Consideration was given to a report relating to the Co-commissioning of Primary Care Services. All Clinical Commissioning Groups (CCGs) in England had been asked to indicate to NHS England by January 2015 which option they wished to proceed with in regards to the model of co-commissioning of primary medical care services in 2015/16. The three models which CCG's had a choice to take forward were:-

- Model A: greater involvement in primary care decision making
- Model B: joint commissioning arrangements
- Model C: delegated commissioning arrangements

Appendix A of the report provided a summary of the three model options and what adopting a model would mean for a CCG.

For 2015/16 NHS Eastern Cheshire CCG and NHS South Cheshire CCG had chosen to proceed with joint commissioning arrangements. The report provided additional detail around these models of co-commissioning and the intended benefits and opportunities. The report also provided a brief overview of the actions that needed to be completed and points to consider ahead of 1 April 2015.

For joint commissioning arrangements a joint committee structure had been the recommended governance structure as this allowed a more efficient and effective way of working together than a committees-in-common approach. A joint committee was a single committee to which multiple bodies delegated decision-making on particular matters. The joint committee would then consider the issues in question and makes a single decision. In contrast, under a committees-in-common approach, each committee must still make its own decision on the issues in question.

Both CCGs were required to submit their individual proforma to NHS England by 30<sup>th</sup> January 2015. The proposal would be agreed by the area team via regional moderation panels that would convene in February 2015, and if they were assured that arrangements complied with the legal governance framework and constitution amendments had been approved. Once approved, the CCG and NHS England would be required to sign a legally binding agreement to confirm how both parties would operate under



joint arrangements, with a view to arrangements being implemented by 1 April 2015.

## **RESOLVED**

That the model option chosen by both CCGs and the governance arrangement requirements for joint commissioning and implications of membership of joint committees be noted and that a further report be submitted to the next meeting of the Board, following feedback from NHS England.

### **60 THE NHS FIVE YEAR FORWARD VIEW AND NHS PLANNING FOR 2015/16**

Consideration was given to a report relating to the NHS Five Year Forward View and NHS Planning for 2015/16.

The NHS Five Year Forward View had been published in October 2014 and represented a significant shift in the way the NHS in England was managed and organised, setting a new direction for the NHS based on four key themes:-

- Why the NHS needs to change
- What will the future look like? A new relationship with patients and communities
- What will the future look like? New models of care
- How will the NHS get there?

Following publication of the NHS 5 year Forward View, NHS England, Monitor, the NHS Trust Development Authority, the Care Quality Commission, Public Health England and Health Education England had come together to issue the joint guidance called [The Forward View into action: planning for 2015/16](#), coordinating and establishing a firm foundation for longer term transformation of the NHS. In late December, NHS England published the 2015/16 planning guidance and information regarding 2015/16 CCG allocations. The key new requirements and initiatives set out in the guidance which would affect clinical commissioning groups were summarised in the report.

In the guidance, NHS England had made a significant step towards addressing the historical underfunding in some geographic areas, and an increasing recognition of the need to reflect ageing populations in CCG allocations. The guidance presented both significant opportunities and challenges for both commissioners and providers of health and social care services. Many of the initiatives would require close collaboration of partners and a commitment to prevention and engagement with local communities. It was noted that the Health and Wellbeing Board would play a pivotal role in providing local leadership and ensuring the commitments in the guidance were delivered.

A link to the Forward View document is included below:

<http://www.england.nhs.uk/ourwork/futurenhs/>

## **RESOLVED**

That the report be noted.

### **61 WINTERBOURNE VIEW/TRANSFORMING CARE UPDATE**

Catherine Mills, Clinical Projects Manager, attended the meeting and presented a report providing an update on progress with meeting the key requirements set out in “Transforming Care”, which also described the newly introduced Care and Treatment Review process.

Transforming Care set out four key recommendations in relation to people with LD or autism in NHS funded inpatient settings as follows:-

- By end of March 2013, CCGs to put in place a register of people with LD or autism funded by the NHS for their care needs.
- By June 1st 2013, review the care of all those included on the register and agree a care plan for each individual based on their and their families’ needs.
- By June 1st 2013, all current placements will be reviewed and everyone in hospital inappropriately will move to community based support as quickly as possible, and no later than June 2014.
- By April 2014 CCGs and their local authorities will have a locally agreed joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging.

In June 2014, fourteen Cheshire East residents had been placed in inpatient settings, eight from NHS Eastern Cheshire CCG and six from NHS South Cheshire CCG. Since June, two Eastern Cheshire and one South Cheshire patient had been discharged to community settings.

The individuals who remained in hospital were considered to have needs that could not currently be met in a community setting (although it was acknowledged that the decision to deem a placement as appropriate may be due in part to the absence of any realistic alternatives). These patients were now required to have an independent Care and Treatment Review (CTR), unless they had a discharge date prior to 31 March 2015 and or did not give consent.

The focus of CTRs was on:-

- Whether the individual felt safe in their current placement
- How their care was progressing

- What plans were in place for future care

CTRs were being undertaken by independent panels, with the purpose of reviewing the care of all of the patients who were in hospital before and up to 31 March 2014. Once this cohort of patients had been completed those patients in services as of 1 April 2014 would also be reviewed.

Cheshire and Wirral Partnership NHSFT were leading on a piece of work to integrate clients who have been placed out of the local area back into their local communities, if appropriate, in a person centred way with their agreement and family involvement.

A joint commissioning plan had been drafted between the local authority and the two CCGs. North West Commissioning Support Unit had been alerted to this as an area of work for the coming months and had advised the CCG that a Framework approach would be the most appropriate commissioning model.

In considering the report the Board requested that that the next annual report include a mechanism to enable the Board to understand the success of the programme, for example a case study.

## **RESOLVED**

- 1 That the progress that is being made in relation to both the review of individuals in inpatient settings and the development of alternative models of care within the local area be noted.
- 2 That the Local Adult Safeguarding Board receive quarterly updates to provide the routine monitoring of the progress of this area of work and the LASB is required to escalate any concerns that require further strategic scrutiny to the Health and Wellbeing Board.
- 3 That the Health and Wellbeing Board receive an annual report in January each year, the next annual report to include a mechanism to enable the Board to understand the success of the programme.

## **62 CONNECTING CARE ACROSS CHESHIRE PIONEER PANEL**

As previously requested, the minutes of the meeting of the Connecting Care Across Cheshire Pioneer Panel held 13 November 2014 on were submitted to the Board for information.

## **RESOLVED**

That the minutes be noted.

The meeting commenced at 2.00 pm and concluded at 4.15 pm

Councillor J Clowes (Chairman)