

## **CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Health and Wellbeing Board**  
held on Tuesday, 15th September, 2015 at Committee Suite 1,2 & 3,  
Westfields, Middlewich Road, Sandbach CW11 1HZ

### **PRESENT**

Councillor Janet Clowes – Cheshire East Council, in the chair

Councillor Sam Corcoran – Cheshire East Council  
Mike Suarez – Chief Executive, Cheshire East Council  
Dr Heather Grimbaldeston – Director of Public Health Cheshire East Council  
Jerry Hawker – Eastern Cheshire Clinical Commissioning Group  
Brenda Smith – Director of Adult Social Care and Independent Living,  
Cheshire East Council  
Simon Whitehouse – Southern Cheshire Clinical Commissioning Group  
Dr Andrew Wilson – South Cheshire Clinical Commissioning Group  
Dr Paul Bowen - Eastern Cheshire Clinical Commissioning Group  
Jerry Hawker - Eastern Cheshire Clinical Commissioning Group  
Tina Long - NHS England  
Caroline O'Brien - Healthwatch

### **Officers in attendance:**

Anita Bradley – Head of Legal and Governance  
Guy Kilminster – Corporate Manager Health Improvement  
Julie North – Senior Democratic Services Cheshire East Council  
Lucy Heath – Locum Public health Consultant, Cheshire East Council  
Caroline Baines, Better Care Fund Commissioning Manager  
Lou Ingham, Better care Fund Finance Manager  
Jacki Wilkes - Associate Director of Commissioning ECCCCG and Joint  
Commissioning Team Lead for Carers

### **9 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Rachel Bailey, Cheshire East Council and Kate Sibthorp, Healthwatch.

### **10 DECLARATIONS OF INTEREST**

Councillor S Corcoran declared a personal interest by virtue of his wife being a GP and a Director of South Cheshire GPs Alliance Ltd.

### **11 MINUTES OF PREVIOUS MEETINGS**

The minutes of the meeting held on 24 March 2015 and the inquorate meeting held on 16 June 2015 were submitted.

### **RESOLVED**

1. That the minutes of the meeting held on 24 March 2015 be approved as a correct record.
2. That, subject to a correction to state that Councillor S Corcoran declared a personal interest by virtue of his wife being a GP and a “Director”, not a “member”, of South Cheshire GPs Alliance Ltd, the minutes of the inquorate meeting held on 16 June 2015 be noted.

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

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

## **13 BETTER CARE FUND - UPDATE**

Consideration was given to a report providing an overview of 2015/16 Better Care Fund (BCF) Quarter 1 performance and an update on the overall implementation of the BCF plan. The BCF had launched on the 1<sup>st</sup> April 2015 and there was a requirement to submit quarterly returns to NHS England. These quarterly returns should be reviewed and signed off by the Health and Wellbeing Board. Cheshire East Health and Wellbeing Board (HWB) was responsible for the ongoing oversight of the delivery of the BCF plan during 2015/16 and whilst not a signatory of the s75 partnership agreement it had a role in gaining assurance that partners were collectively working together to deliver the Plan, implement the national conditions and improve the associated performance measurements.

With reference to para 4.6 of the report, which stated that work was underway to understand the impact of the schemes and the expected outcomes, it was noted that the monthly performance and financial monitoring reports would now be submitted to a sub group of the Joint Commissioning Leadership Team (JCLT) and not the JCLT itself.

It was reported that the NHS England BCF quarterly reporting deadline was not always consistent with scheduled HWB meetings. It was, therefore, recommended that the authority to sign off the quarterly reports be delegated to a HWB member (the Portfolio Holder for Adult Social Care and Health) and the HWB be provided with an update on the NHS England quarterly submission at the next available meeting following submission. This approach allowed the flexibility for the NHS England quarterly deadlines being delivered with the involvement of a HWB member. The Portfolio Holder for Adult Social Care and Health undertook to circulate the reports to members of the Board for comment, before they were submitted.

## **RESOLVED**

1. That the progress with the implementation of the Cheshire East Better Care Fund plan be acknowledged.

2. That the Cheshire East NHS England 2015/16 Quarter 1 performance report, which was submitted to NHS England on 26<sup>th</sup> August 2015, be acknowledged.
3. That the Portfolio Holder for Adult Services and Health be given delegated responsibility to provide the Health and Wellbeing Board sign off and oversight of the NHS England quarterly monitoring report for quarterly reporting deadlines that were not aligned with Health and Wellbeing Board meeting dates and that the quarterly monitoring submission to NHS England be reported to the next available meeting of the Health and Wellbeing Board.

**14 EASTERN CHESHIRE CLINICAL COMMISSIONING GROUP 2015-16 PROSPECTUS**

The Eastern Cheshire Clinical Commissioning Group 2015-16 Prospectus was submitted. It was reported that, whilst there was no requirement from NHS England to produce a prospectus, the CCG was keen to put the document into the public domain, in order to outline what the CCGs future plans were and what items had already been implemented.

The Board welcomed the prospectus and commented that it was a well presented document, which would be useful to both partners and patients.

**RESOLVED**

That the Eastern Cheshire Clinical Commissioning Group 2015-16 Prospectus be received and noted.

**15 LOCAL TRANSFORMATION PLANS FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING**

Consideration was given to a report relating to the Local Transformation Plans for Children and Young People's Mental Health and Wellbeing

It was reported that additional funding was available to Clinical Commissioning Groups (CCGs) to support the delivery of transformation in relation to Children and Young People's Mental Health and Wellbeing, subject to the development, submission and assurance of Local Transformation Plans. NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Group would be submitting their local Transformation Plans on 16<sup>th</sup> October 2015.

Development of Local Transformation Plans was currently in progress and sign-off of these plans was required by a representative of the Health and Wellbeing Board.

It was noted that a briefing paper would also be submitted to the Council's Informal Cabinet meeting.

## **RESOLVED**

1. That the requirement to develop and submit local Transformation Plans in relation to Children and Young People's Mental Health and Wellbeing in October 2015 be noted.
2. That the requirement for local plans to be signed off by a representative of the Health and Wellbeing Board prior to submission in October 2015 be noted and that Cllr Janet Clowes, Portfolio Holder for Adult Services and Health and Cllr Rachel Bailey, Portfolio Holder Children and Families, be nominated to sign off the Plan on behalf of the Board. (This would follow a review of the plan at the Children and Young People's Commissioning Sub-group of the Joint Commissioning Leadership Team in September).

## **16 CARE ACT - UPDATE**

Consideration was given to a report updating the Board on the Care Act.

The Care Act 2014 had come into force on 1 April 2014 and comprised of two phases. It was noted that Cheshire East Council was fully compliant with the requirements and duties of the Act required under phase 1. Phase 2, due to come into effect on 01/04/2016, was mainly focused on funding reform.

On 17 July 2015, the Government had announced that they had decided to delay the implementation to some of the funding reforms set out in the Care Act 2014 and that these would be delayed from April 2016 until April 2020 to both allow time to be taken to ensure that authorities were ready to introduce the new system and to look at what more could be done to support people with the costs of care. This has been confirmed in a Written Ministerial Statement on 25 July 2015. Details of the reforms that were deferred and the impact on each of the Health and Wellbeing Priorities were outlined in the report.

It was not clear what the position was with regard to the funding allocated to local authorities to implement the Care Act. The Department of Health would shortly advise local authorities on what would occur with the implementation funding.

With reference to para 5.2 of the report, it was noted that the references to "deferred" should read "delayed" and that the last sentence of the first bullet point should read "The "nil cap" for people under 18 has also been deferred until April 2020".

It was agreed that an evaluation report on how the impact on Phase 1 was been measured in respect of the eleven areas of compliance would be submitted to a future meeting of the Board, before moving onto Phase 2.

Healthwatch asked to be involved in looking at the outcomes and its representatives would liaise with the Director Adult Social Care in order to establish how they could best support the process.

## **RESOLVED**

That the report be noted.

### **17 UPDATE ON PROGRESS ON THE DEVELOPMENT OF A CHESHIRE EAST STRATEGY FOR CARERS**

Consideration was given to a report updating the Board on Progress on the development of a Cheshire East Strategy for Carers.

In April 2015 a Cheshire East Strategy for Carers had been presented to accountable bodies and strategic leadership groups across the three health and social care commissioning organisations within the Cheshire East Council footprint. There was general agreement that this was the right approach and recognition that the engagement with carers was both representative and adequate. However, the Governing Body for Eastern Cheshire had felt unable to support the strategy, requiring assurance on a number of issues including clearer evidence on the benefits to carers, the resources identified to deliver these benefits and clearer governance arrangements for how the benefits would be delivered. The Governing Body wished to see included, additional measures against which meaningful difference could be demonstrated and that a carer focused approach should be complimented with explicit and measureable outcomes and outputs to reflect progress and provide assurance to the Health & Wellbeing Board. It also considered that the governance structure for delivery of the carer's strategy needed to be clearer, including accountability arrangements and milestones.

Representatives from the CCGs and Council, working with the carers reference group had 'reframed' the priority areas giving it more focus. In addition Carers have advised on what needed to happen to deliver the tangible difference and who was responsible. The health economy leadership of this work would be revisited once the redraft strategy had been completed and would be explored at a future HWB meeting. The monitoring and evaluation framework would be developed further and included in the final document, which would be presented to the commissioning accountable bodies and the Health and Well Being Board for sign off and it was anticipated that this would be at the 24 November meeting of the Board.

## **RESOLVED**

1. That the concerns raised by the ECCCCG Governing Body, specifically in relation to resourcing and accountability be noted.

2. That the progress made and approach taken to address concerns raised by Eastern Cheshire CCG Governing Body for the redrafted strategy for carers be noted.

## **18 ENSURING AND IMPROVING QUALITY AND CHOICE IN RESIDENTIAL AND NURSING HOME PROVISION**

Consideration was given to a report relating to ensuring and improving Quality and choice in residential and nursing home provision

Cheshire East Council and the Eastern Cheshire and South Cheshire Clinical Commissioning Groups, all had an interest in and responsibility for people living in residential or nursing homes. Although the strategic priority was to support people to live independently for as long as possible, it was known that there were approximately 3,500 older people living in residential or nursing homes in Cheshire East. It was anticipated that by 2030 this number would have increased to 5,500. In addition there were about 250 people with learning disabilities receiving services in residential or nursing care, 91 of whom were in long term accommodation.

Ensuring that the available capacity and quality of provision was appropriate was, therefore, a concern for all parties. It was proposed that a Task and Finish Group be established, under the auspices of the Health and Wellbeing Board, to review current provision and consider what might be required to ensure that it was fit for purpose in the future.

Members of the Board generally indicated their support and commented that it would be helpful to look at the sustainability of the workforce and also how quality could be added into the system and what impact this would have. It was also considered that it would be useful to get information from providers in respect of future and sustainable models and from the research regarding international models.

### **RESOLVED**

That the proposal to establish a Task and Finish Group to review residential and nursing home provision in Cheshire East and to release capacity to contribute to the work of the Group be supported and that the Board receive an update report in three months' time.

## **19 ASSISTIVE TECHNOLOGY TASK AND FINISH GROUP RECOMMENDATIONS**

The Health and Adult Social Care Overview and Scrutiny Committee, through a Task and Finish Group, had completed a review of Assistive Technology and how its use could be developed through adult social care services, to help people remain independent and healthy in their own homes for longer. Amongst the recommendations were two for consideration by the Health and Wellbeing Board and they were the focus of a report to the Board. It was noted that the broader recommendations

would also be of interest to the Board. The Task and Finish Report was attached as an appendix to the report. The Board was requested to consider the two recommendations of the Health and Adult Social Care Overview and Scrutiny Committee Task and Finish Group as follows:-

- That the Health and Wellbeing Board be requested to encourage health service providers and commissioners to promote the benefits of assistive technology to patients and service users in order to increase its use as part of early intervention and prevention initiatives.
- That the Health and Wellbeing Board be requested to consider how funding for assistive technology projects can be increased through contributions from health and social care commissioners.

The Board was asked to consider and discuss these two issues (in the light of the broader report) so that a response could be provided to the Overview and Scrutiny Committee.

It was considered that the age 85 year cut off was not appropriate in some areas where critical illness came earlier and that this could exclude people in more deprived areas. Using the “last 10 years of life” might be a more appropriate measure.

## **RESOLVED**

1. That the various bodies’ experiences of good practice in the use of assisted technology be shared and built into the commissioning monitoring process.
2. That an update report in respect of Section 256 funding, coming through the Better Care Fund, and also the LD 256 pilot be submitted to a future meeting of the Board.
3. That further consideration be given to the demographic implications in respect of using the age of 85 as a cut off point.
4. That the ongoing work to review and update the Health and Wellbeing Strategy consider the place of Assistive Technology as a priority for the Board and how its use might be promoted and incorporated through the ongoing development of integrated teams, and other developments coming out of the Connecting Care and Caring Together Programmes.

## **20 THE NHS HEALTHY NEW TOWNS PROGRAMME - EXPRESSING AN INTEREST**

Consideration was given to a report relating to the recently announced NHS Healthy New Towns Programme.

An opportunity had arisen to express an interest in a new scheme from NHS England. As part of the 'Forward View into Action' initiative, the Healthy New Towns Programme had been launched.

Expressions of interest had been sought from areas to develop new and more effective ways of shaping new towns, neighbourhoods and strong communities that promote health and wellbeing, prevent illness and keep people independent. This required an appropriate development site to be selected as the chosen location. The deadline for submission was 30<sup>th</sup> September.

Following submission of an expression of interest, follow up face-to-face discussions will be held to look in more detail at the proposed sites and to help NHS England form a view on their preferred partners. This would offer an opportunity to explore an option to have a second site included within the proposal.

The Board was asked to consider the Healthy New Towns Prospectus and to support an expression of interest, initially focussed upon the North Cheshire Growth Village at Handforth. Following discussion it was agreed that given the commitments already within the system (the Pioneer and CCG Transformation programmes for example), taking on another potential initiative may not be sustainable. Further thought needed to be given to the appropriateness of a submission and the capacity to support it if successful.

## **RESOLVED**

Further discussion would take place to determine if a bid to the Healthy Towns initiative was deemed to be sustainable given the existing successful programmes that were in train. The respective Clinical Commissioning Groups will be kept informed.

## **21 OFSTED ANNOUNCEMENT**

The Chairman referred to the recent announcement regarding the Cheshire East Council Ofsted inspection of services for children in need of help and protection, children looked after and care leavers and thanked those members of the Board who had been involved for their contribution.

The meeting commenced at 2.00 pm and concluded at 4.30 pm

Councillor J Clowes

CHAIRMAN