

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 24th November, 2015 at Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Voting Members:

Councillor Janet Clowes – Cheshire East Council
Councillor Rachel Bailey – Cheshire East Council
Dr Andrew Wilson – South Cheshire Clinical Commissioning Group
Simon Whitehouse – Southern Cheshire Clinical Commissioning Group
Jerry Hawker – Eastern Cheshire Clinical Commissioning Group
Tina Long - NHS England
Kath O'Dwyer - Director of Children's Services, Cheshire East Council
Brenda Smith – Director of Adult Social Care and Independent Living,
Cheshire East Council
Kate Sibthorp - Healthwatch

Non Voting Members:

Mike Suarez – Chief Executive, CE Council
Heather Grimbaldeston – Cheshire East Council

Observers:

Councillor Stewart Gardiner - Cheshire East Council
Councillor Sam Corcoran – Cheshire East Council

Cheshire East Council officers/others in attendance:

Deborah Nickson– Legal Services, CE Council
Guy Kilminster – Head of Health Improvement, CE Council
Julie North – Senior Democratic Services Officer, CE Council
Gill Betton - Children's Improvement and Development Manager, CE Council
Louisa Ingham – Better Care Fund Finance Manager, CE Council
Lucy Heath – Consultant in Public Health, CE Council
Ali Stathers Tracey - Programme Director, Complex Dependency Programme

Councillor in attendance:

Councillor Jos Saunders

29 APPOINTMENT OF CHAIRMAN

Consideration was given to the appointment of a Chairman to the Board.

RESOLVED

That Cllr Michael Jones be appointed as Chairman.

30 APPOINTMENT OF VICE-CHAIRMAN

Consideration was given to the appointment of a Vice-chairman to the Board.

RESOLVED

That Dr Andrew Wilson be appointed as Vice-chairman.

(Dr Wilson took the chair).

31 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Michael Jones, Dr Paul Bowen and Tracy Bullock.

32 DECLARATIONS OF INTEREST

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

33 MINUTES OF THE MEETING HELD ON 20 OCTOBER 2015

RESOLVED

That the minute be approved as a correct record

34 PUBLIC SPEAKING TIME/OPEN SESSION

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

35 COMPLEX DEPENDENCY PROGRAMME

Ali Stathers Tracey, Programme Director, attended the meeting and gave a presentation in respect of the Complex Dependency Programme.

£5m had been awarded, in December 2014, from the Department of Communities and Local Government (DCLG) for the programme. The vision was to establish a ground-breaking multi-agency approach to tackling issues of complex dependency for children, families and vulnerable adults across Warrington, Cheshire West and Chester, Halton and Cheshire East. The cohort would be drawn from, adults and children involved in crime or anti-social behaviour, children who had problems at school, children who needed help, adults out of work or at risk of financial exclusion, individuals and families affected by domestic violence and abuse, individuals with a range of (non-age related) health problems and young people affected by homelessness/rough sleeping.

It was felt that the system, as a whole, was not working and was characterised by multiple assessments, with many key workers and

multiple data systems, fragmented accountability and ownership of the problem, a gap in the space between service users and crisis services, leading to a lack of suitable provision to meet complex needs, with a focus on individuals, without considering their social/family context and a lack of capacity to redesign the system, due to day-to-day pressures.

There had been two sub-regional partnership workshops and a single vision had been agreed, together with governance arrangements, performance outcomes, links between the sub Programme Board, Programme Team and localities, a detailed delivery plan and commissioned programme coordination arrangements with each Local Authority.

The vision was for a better customer experience, with a single point of contact, a single plan, a single lead worker and system, with a more empowering approach that would enable agencies to tackle the root causes involved in complex needs. The Model was for an “Integrated Front Door”, with a defined route into services, with a single point of access and triage. It was proposed to have a dedicated multi-agency team, co-located and coordinated by single line management, with agreed protocols and pathways and links with a wide range of partner agencies. It was proposed to invest in interventions with a proven track record of reducing demand on crisis services and that there be a local directory of services and support that could be accessed by case work staff. Commissioners would co-produce and design new service specifications with health, education and social care providers to align support against the likely demand

Following the presentation, members of the Board raised a number of questions and comments. It was considered that it would be important to be clear on the scope of the programme and who it would support and that it was important that it did not repeat the work undertaken through the Children and Young People and Caring Together and Connecting Care programmes. Further discussions should take place to ensure appropriate alignment and connectivity.

36 CHILDREN AND YOUNG PEOPLE'S IMPROVEMENT PLAN (TO MEET THE OFSTED RECOMMENDATIONS)

Consideration was given to a report updating the Board on the proposed action plan to address the recommendations and areas for improvement identified by Ofsted in its inspection report of Children's Services, published in September 2015.

The Health and Wellbeing Board had a statutory responsibility to improve the health and wellbeing of the children, young people and their families in Cheshire East, reduce health inequalities and promote the integration of services. It was important that the Board was appraised of the strengths and areas for improvement within Children's Services and was assured that arrangements were in place to develop, implement and scrutinise

plans that met the areas for improvement, as described in the improvement plan, set out at appendix 1 of the report. An action plan was also set out at appendix 2 of the report.

Members of the Board raised a number of comments and questions and it was requested that the Improvement Plan and Improvement Action Plan be linked together, to enable monitoring. It was noted that this would be picked up as part of the governance consideration. It was also felt that there needed to be clarity around the governance arrangements, particularly below the Health and Wellbeing Board, as to accountability and who the various bodies were accountable to. It was noted that there needed to be a development plan for the HWBB, to enable it to take on the new role. The Health and Adult Social Care and Children and Families Overview and Scrutiny Committees would have a joint role in scrutinising the improvement plan and it was suggested that both bodies may wish to come together to do this.

It was agreed that the governance arrangements should be discussed at a future informal meeting of the Board and considered at a future public meeting of the Board.

RESOLVED

1. That the contents of the report, the draft improvement plan at Appendix 1 and the Action Plan at Appendix 2 of the report be noted.
2. That, subject to the above comments, the arrangements for submitting the plan to the Department for Education and Ofsted in December 2015 be endorsed.

37 CARING TOGETHER/CONNECTING CARE TRANSFORMATION PROGRAMMES PROGRESS UPDATES AND FUTURE TIMELINES

Consideration was given to two reports providing an update in respect of the Caring Together and Connecting Care Transformation Programmes, including future timelines.

With regard to the Caring Together report, it was reported that Eastern Cheshire was taking a system wide approach to address the challenges of caring for the fastest ageing population in the North West of England, within the available resources. The Caring Together vision of “joining up local care for all our wellbeing” was the first step of bringing together local people and professionals to co-design a new approach to care which had empowering people at its heart. At the centre of the programme was the co-development of eight ambitions, supported by a Caring Together Outcomes Framework, uniquely focussed on a new type of integrated care model. The development of the framework was the first step on the journey towards commissioning for outcomes. Core to the Caring Together

Programme was the introduction of an integrated care system, which was depicted in Diagram 1 of the Caring Together report.

The report provided an update on recent progress within the programme, focussing specifically on two workstreams: Community Based Co-ordinated Care and Primary Care. It also provided an update on the recent changes to the governance structure for the programme.

With regard to the Connecting Care report, it was reported that the Connecting Care Programme existed to realise a different future for public and staff delivering health and social care. That future was one in which people were supported to maintain and improve their health and well being and one where services were integrated and seamlessly designed around people. The Connecting Care Board (CCB) had responsibility for the Connecting Care Strategy and it was the responsibility of the Senior Responsible Officer (SRO) group to implement this and report progress to the CCB. This report served to update on progress since March 2015 and focused on six main developments: Connecting care 'reason for being', Transformation delivery, Connecting Care programme workstreams, Connecting Care configuration and other update issues.

RESOLVED

That an update report be submitted to a future meeting of the Board, when the Implementation Plan was available and that consideration be given to which plans needed to be revisited at a future informal meeting of the Board.

38 JOINT STRATEGIC NEEDS ASSESSMENT POLICIES

Consideration was given to a report, requesting the Board sign off the Joint Strategic Needs Assessment (JSNA) Policies. It was reported that the JSNA informed the identification of Health and Wellbeing Strategy priorities. The proposed approach for creating and updating the JSNA would support the development of associated plans and their monitoring and evaluation.

At the Health and Wellbeing Board meeting on 28th April 2015, it had been agreed that, as part of the JSNA presentation, three JSNA policies would be brought back to the Board. The Board was now asked to endorse testing the implementation of these policies, namely :-

- JSNA work programme development
- JSNA content production -partnership working and community involvement
- JSNA governance

RESOLVED

That the testing of the above policies be endorsed.

39 HEALTH AND WELLBEING STRATEGY UPDATE

Dr Andrew Wilson provided an update in respect of the Health and Wellbeing Strategy. The Health and Wellbeing Strategy Steering Group had been asked to refresh the current Strategy, which would come to an end in March 2016.

The Steering Group had discussed the geographical footprint that the Strategy should cover and whilst it was clear that this was a strategy for the Health and Wellbeing Board footprint, the group had asked whether this would always be the case, in a changing world. There were considered to be two major areas which needed to be addressed: what was the health and wellbeing need for the system in terms of resilience and flexibility and, taking a place based approach, what could not be done and where more needed to be done, in terms of need. The group had set 10-15 key indicators and the agenda had been driven by the strategy.

The next meeting of the Steering Group was due to take place on 10 December and it was proposed to consider what the public, staff and leaders considered needed to be in the strategy. It had not been felt necessary to speak to the staff and public again, but to collate the information that had already been taken.

There was to be a separate workstream for the leadership consultation and the evidence of need in this area and it was agreed that that this issue should be included on the agenda for a future informal meeting of the Board. It was also suggested that consideration be given as to whether the horizon scanning work should be done at the next informal meeting.

Following the update, members of the Board raised a number of questions and commented that, as the strategy was updated, the work done on the Peer Review and workshop needed to be borne in mind and that 10-15 key indicators seemed rather a lot and that 2-4 might be more appropriate.

RESOLVED

That the update be noted.

40 JOINT COMMISSIONING LEADERSHIP TEAM REVIEW

Consideration was given to a report concerning the recommendations from the Joint Commissioning Leadership Team (JCLT), which had been formally created in April 2013, with a shared purpose of collaboratively commissioning and reviewing services across Cheshire East.

A number of drivers had led to the need to review the form and function of JCLT, both as a joint commissioning group and in relation to overseeing

the progress of the Better Care Fund (BCF). . The review had involved a series of small groups or individual conversations with strategic partners, to gather the views and experiences and, most importantly, to identify what collective commissioners believed needed to be in place to support integrated service delivery and commissioning for the future.

The review work had commenced in July and concluded in mid August. The report had been shared with the JCLT / BCF group, at its September 2015 meeting and this has informed the final report of the group to the Health and Wellbeing Board. There had been a number of key areas of agreement and one lack of agreement had been identified with regard to the challenge around the geography and what footprint should be operated to. It had been agreed that a number of recommendations should be made to the Board. Details of these are set out below:-

- i) Acknowledge the findings of the review as highlighted above.
- ii) Advise on the future expectations of JCLT.
- iii) In the interim, consider delegating authority for developing joint commissioning governance to key members of HWB (namely CCG Chief Executives, Directors of Adults' and Children's Social Services and the Director of Public Health).
- iv) Approve BCF governance being withdrawn from JCLT and managed via a discrete sub-group comprising finance and commissioning leads from the CCGs and CEC. This group will provide assurance and monitoring prior to formal reports going to HWB for approval. Reports to JCLT will be by exception.
- v) Approve the draft Terms of Reference for both JCLT and BCF Governance Group (see Appendices 1 and 2 respectively).

In considering the recommendations, the Board agreed that it would be better to withdraw the BCF governance from the JCLT. However, it was not felt that the Terms of Reference should be approved at this stage and that work should continue under the existing arrangements and that the Terms of Reference be considered at a future meeting, early in the new year, if required. It would be necessary to discuss the governance arrangements, including collaborative governance and to consider at what point there needed to be a report back to Cabinet.

It was suggested that it may be appropriate to look at geographical/footprint issues in the commissioning approach and to link this to the horizon scanning work, in order to address this.

RESOLVED

1. That the findings of the review as highlighted in the report be acknowledged.
2. That, in the interim, authority for developing joint commissioning governance be delegated to key members of HWB (namely CCG Chief Executives, Directors of Adults' and Children's Social Services and the Director of Public Health, or their nominees).
3. That the BCF governance be withdrawn from JCLT and managed via a discrete sub-group, comprising finance and commissioning leads from the CCGs and CEC. This group to provide assurance and monitoring prior to formal reports going to HWB for approval. (Reports to JCLT to be by exception).
4. That approval of the draft Terms of Reference for both JCLT and BCF Governance Group be deferred and that they continue to work under the existing arrangements .

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

Consideration was given to a report regarding the requirement to develop a Local Transformation Plan for Children and Young People's Mental Health and Wellbeing, in order to access additional funding that was available to the Clinical Commissioning Groups (CCGs) to support the delivery of this plan.

The report presented the plans, proposed ongoing development and raised issues about the implementation of these plans. They are intentionally very similar.

The plans required sign-off by a representative of the Health and Wellbeing Board and, as agreed, at the September meeting of the Board, Cllr Janet Clowes, as Chairman, had provided the sign-off and the Plans had been submitted.

South Cheshire CCG and Eastern Cheshire CCG had both received letters from NHS England on 9th November, asking them to review two specific elements around eating disorder services and engagement and partnership. However, these elements were considered easy to adjust and therefore, the CCG would receive their allocated transformation funding in the November allocation.

It was recommended that the Health and Wellbeing Board note the two plans that have been successfully assured.

RESOLVED

1. That it be noted that the two plans that have been submitted.
2. That the ambition and future development of the plans be considered at a future meeting of the Board, and that the further development and implementation of the plans be delegated to the Children and Young People's Joint Commissioning Group.

42 BETTER CARE FUND - UPDATE PAPER

Consideration was given to a report providing an overview of 2015/16 Better Care Fund(BCF) Quarter 2 performance.

The Health and Wellbeing Board was responsible for the strategic oversight of the Better Care Fund plan and had significant influence in supporting partnership working across health and social care. The report provided the Board with an update on the progress and implementation of schemes and the expected outcomes and provided assurance to the Board on the delivery of the Cheshire East BCF plan and the BCF national conditions

NHS England would issue standard reports that would fulfil both local and national reporting obligations against the key requirements and conditions of the BCF Fund. The standard reports aimed to fulfil both the quarterly reporting and annual reporting requirements, to monitor the totality of the BCF at Health and Wellbeing Board level.

NHS England would be expecting quarterly updates on the progress of the BCF and the Board was required to review and sign off of these quarterly returns in line with the published timescales.

RESOLVED

That the NHS England 2015/16 Quarter 2 performance report be signed off, so that the NHS England reporting deadline of midday on 27th November 2015 can be met.

43 THANKS

Thanks were expressed by the Board Members to Cllr Janet Clowes for her chairmanship and contribution to the work of the Board over the past years.

The meeting commenced at 2pm and concluded at 4.30pm

Dr Andrew Wilson (Vice-chairman, in the chair)