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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 27th September, 2016 at Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Voting Members

Dr Andrew Wilson - South Cheshire Clinical Commissioning Group (In the Chair)
Cllr J Clowes – Cheshire East Council
Cllr L Durham – Cheshire East Council
Kath O'Dwyer – Executive Director of People's Services, Cheshire East Council
Mark Palethorpe - Strategic Director of Adult Social Care and Health, Cheshire East Council
Dr P Bowen – Eastern Cheshire Clinical Commissioning Group
Simon Whitehouse – South Cheshire Clinical Commissioning Group
Caroline O'Brien – Healthwatch

Observers

Cllr P Bates – Cheshire East Council
Cllr S Gardiner - Cheshire East Council
Cllr S Corcoran - Cheshire East Council

Cheshire East Officers/others in attendance

Guy Kilminster – Head of Health Improvement, Cheshire East Council
Julie North – Senior Democratic Services Officer, Cheshire East Council
Lucy Heath - Consultant in Public Health, Cheshire East Council
Lauren Conway – Project Manager, Children's Improvement and Development Cheshire East Council
Maureen Hills – Legal Services, Cheshire East Council
Michelle Creed – Associate Director of Quality & Safeguarding, South Cheshire CCG & Vale Royal CCG
Sarah Smith – Corporate Commissioning Manager, Cheshire East Council

Councillors in attendance:

Cllr L Wardlaw - Cheshire East Council
Cllr L Jeuda - Cheshire East Council
Cllr G Baxendale - Cheshire East Council

Apologies

Councillor Rachel Bailey, Jerry Hawker, Tom Knight and Mike Suarez.

29 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 and Vale Royal GP Alliance Ltd.

30 MINUTES OF PREVIOUS MEETING

RESOLVED

That the minutes be approved as a correct record.

31 PUBLIC SPEAKING TIME/OPEN SESSION

Cllr G Baxendale used public speaking time to address the Board concerning the Cheshire and Wirral Partnership NHS Foundation Trust consultation exercise on the reconfiguration of Adult and Older People's Mental Health Services in Central and Eastern Cheshire. He urged the Board to oppose any proposal to close the Millbrook Unit at Macclesfield Hospital. He stated that if the Millbrook Unit was closed, transport to alternative units would be impossible. He asked the Board to think carefully of patients and carers when responding to the consultation.

It was noted that the Medical Director would be presenting the proposals to an in public meeting of the NHS Eastern Cheshire governing body and Eastern Cheshire CCG would seek some assurances in respect of this issue.

Cllr L Jeuda used public speaking time to refer to the reorganisation of hospitals in Cheshire and to ask how this would effect the residents of Cheshire East. She asked whether the Health and Wellbeing Board would be given the opportunity to comment if there was to be a reorganisation of hospitals in the Cheshire East area.

Tracy Bullock, Mid Cheshire Hospital Foundation and Independent NHS representative on the Board, responded to say that she was not aware of any firm plans for a reorganisation in the area. Dr Paul Bowen reported that any reorganisation would need to be reported to the Health and Wellbeing Board and the CCG governing body, as the accountable bodies and that assurance would be sought that this would happen.

Simon Whitehouse, South Cheshire CCG, used public speaking time to refer to the successful leg of the Tour of Britain cycle race, which had passed through Cheshire East and considered this to be an important legacy to encourage people to be more active.

32 THE FUTURE OF COMMUNITY BED-BASED CARE FOR OLDER PEOPLE IN CHESHIRE EAST

Sarah Smith, Corporate Commissioning Manager, attended the meeting and provided an update report to the Board on action taken to accelerate the alignment of commissioning and operational plans to meet future demand for community bed-based care for older people in Cheshire East.

In September 2015, the Board had received a report on ensuring and improving quality and choice in residential and nursing home provision and had supported the proposal for work to review residential and nursing home provision in Cheshire East.

The report had identified the need for joint action to address the challenge of a forecast growth of 57% in the total number of people living in long term residential and nursing homes in Cheshire East over the next 14 years. It had been agreed that a Task and Finish Group address this systemic challenge and a number of other commissioning and operational challenges amongst which, delays in transfer of care from acute and intermediate care beds, the rising cost of bed-based care and difficulty in finding some services at sustainable cost were the most pressing.

Since September 2015, transformation initiatives, under the Caring Together (East) and Connecting Care (South) programmes, had begun to address the most pressing operational challenges and, in August 2016, the scope had been agreed. Details of the scope, aim and objectives were outlined.

It was agreed that a further update report should be submitted to the next meeting of the Board, in January 2017.

RESOLVED

That the content of the report be noted and the action to deliver a shared vision of the future of bed-based care for older people in Cheshire East and the alignment of individual agency plans be supported.

33 SOCIAL CARE PRECEPT 16-17 REPORT

Consideration was given to a report which described the impact of the social care precept, a 2% increase in council tax valued at £3.5M, which was and continued to be invested into adult social care, to benefit service users and those who cared for them. The cost of providing care and support for adults in Cheshire East exceeded this additional funding and had necessitated additional investment of over £21m by Cheshire East Council between April 2015 and April 2017.

It was noted that Council tax was worth approximately £180M in Cheshire East, of which 2%, or £3.4M, was set aside to be invested in adult social care. However, the cost of care was rising, due to the national living wage. In April 2017, Cheshire East Council had implemented an increase in fees to care providers, to ensure the sustainability of the care and support market. Rising demand and complexity for both older people and people with learning disabilities, when coupled with a volatile labour market, meant that adult social care both in Cheshire East and nationally, faced financial challenges. This pressure was exacerbated by both reductions in central funding to the Council and financial deficits for health partners

within the borough. Both Eastern Cheshire Clinical Commissioning Group and South Cheshire Clinical Commissioning Group and also Vale Royal Clinical Commissioning Group had identified reductions in funding for services.

In considering the report, the Board felt that there needed to be more granularity around the finances and the process and it was agreed that this should be discussed at the next informal meeting of the Board, to include the implications of the Sustainability and Transformation Plan (STP), with a view to reporting to a future formal meeting of the Board, as part of the natural budget process.

RESOLVED

That the Board notes that the social care precept is welcomed, but not sufficient to meet the rising complexities and demands of meeting care and support needs in Cheshire East.

34 JOINT TARGETED AREA INSPECTION ON DOMESTIC ABUSE

Consideration was given to a report informing the Board of the new Joint Targeted Area Inspection framework for children living with domestic abuse.

The Board had a statutory responsibility to improve the health and wellbeing of the children, young people and their families in Cheshire East and to promote the integration of services. This included services for children and young people living with domestic abuse. Joint Targeted Area Inspections (JTAs) would assess the effectiveness as a local area in identifying and meeting the needs of children and young people under a specific theme. The theme for the next six months, from the beginning of September 2016 to the end of March 2017, was children living with domestic abuse. It was important that the Health and Wellbeing Board be informed of the new theme for the JTAs and that it be assured that arrangements were in place to develop services for these children and young people and their families. Clear governance arrangements were in place which would drive, implement and scrutinise developments to these services. An action plan was also in place to ensure preparedness for the inspection.

All JTAs would review the effectiveness of the “front door” and evaluate the effectiveness of the multi-agency arrangements in the response to all forms of child abuse, neglect and exploitation, at the point of identification and the quality and impact of assessment, planning and decision making in response to notifications and referrals

1. That the contents of the report and the implications of the inspection framework for the Health and Wellbeing Board and it's members be noted.
2. That partner agencies be recommended that activity to support service improvement and inspection preparation be prioritised across the partnership.
3. That an update report be received by the Board in 6 months' time.

35 ANNUAL REVIEW OF THE HEALTH AND WELLBEING BOARD'S TERMS OF REFERENCE

The Health and Wellbeing Board's Terms of Reference included the requirement for them to be reviewed on an annual basis. This provided an opportunity to ensure that they remained fit for purpose and were appropriate for the smooth functioning of the Board. The Board was requested to consider the Terms of Reference and whether or not any amendments were required.

In considering the report, the Panel noted that the Terms of Reference did not mention the STP or financial challenges and it was agreed that they should be updated to reflect current demand, resources and the STP.

The Panel also requested that Cheshire East Council review the Local Authority representation, with a view to including one opposition Member.

(The Chairman of the meeting reported that, at the last meeting of the Board, it had been agreed that the draft STP should be submitted to an informal meeting of the Board and then to a formal meeting of the Board for consideration, before submission. It was noted that the timing for the submission and dates of scheduled meetings would not allow for this to happen and it was, therefore, agreed that the draft Plan would be circulated to the Board electronically for comment).

RESOLVED

That a report be submitted to the next meeting of the panel, to include the suggested amendments to the Terms of Reference for consideration.

The meeting commenced at 2.00 pm and concluded at 3.20 pm

Dr A Wilson
Vice-chairman, in the Chair

