

## **CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Health and Wellbeing Board**  
held on Tuesday, 25th March, 2014 at Committee Suite 1,2 & 3, Westfields, Middlewich  
Road, Sandbach CW11 1HZ

### **PRESENT**

Councillor J Clowes, Cheshire East Council, (Chairman)

Cllr Rachel Bailey, Cheshire East Council

Cllr A Harewood, Cheshire East Council

Dr H Grimbaldeston, Director of Public Health, Cheshire East Council

Simon Whitehouse, South Cheshire CCG

Dr Andrew Wilson, South Cheshire CCG

Mike O'Regan, Healthwatch

### **Substitute**

Neil Evans, Eastern Cheshire CCG

### **Councillor in attendance:**

Cllr B Murphy.

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

Mike Suarez , Chief Executive, Cheshire East Council

Lorraine Butcher, Executive Director Strategic Commissioning, Cheshire East Council

Anita Bradley, Head of Legal and Monitoring Officer, Cheshire East Council

Guy Kilminster, Corporate Manager Health Improvement, Cheshire East Council

Tony Crane, Director of Children's Services, Cheshire East Council

Brenda Smith, Director of Adult Social Care and Independent Living,  
Cheshire East Council

Duncan Whitehead, Housing Policy Officer, Cheshire East Council

Glenn Coleman, Head of Primary Care, Cheshire, Warrington and Wirral  
NHS England

### **Apologies**

Dr P Bowen, J Hawker, Cllr S Gardiner.

### **34 DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **35 MINUTES OF PREVIOUS MEETING**

#### **RESOLVED**

That the minutes of the meeting held on 26 November 2013 be approved as a correct record.

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

Cllr B Murphy used public speaking time to ask a question concerning a recent television programme relating to the incineration of foetuses, which claimed that 27% of hospital trusts incinerated foetuses, rather than cremating them. Cllr Murphy sought assurance that this was not the case in Cheshire.

The Chairman undertook to look into this matter and consider the most effective way of answering Cllr Murphy's question. It may possibly be an issue for the Health and Wellbeing Scrutiny Committee to consider. However, she would discuss this with other members of the Board in order to agree a way forward.

## **37 DRAFT CCG TWO YEAR OPERATIONAL PLANS/FIVE YEAR STRATEGY AND NHS ENGLAND TWO YEAR PLAN**

### **EASTERN CHESHIRE CCG**

Consideration was given to the NHS Eastern Cheshire Clinical Commissioning Group Two Year Operational Plan 2014-16.

The Clinical Commissioning Group (CCG) had submitted a first draft of its operational plans to NHS England. The time horizon for the Operational Plan was two years. The components of the submission included self-certification against national priorities, e.g. NHS constitution standards; five-year trajectories to improve performance against key national outcome indicators; targets for the coming year in relation to delivery of the national Quality Premium measures, including submission of a local priority indicator trajectories for secondary care (hospital) based activity levels; commissioning Intentions for the coming year. The Commissioning Intentions had been developed to deliver the key national and local requirements based on both national benchmarking and local intelligence.

The final submission would be submitted on 4<sup>th</sup> April 2014 and the next steps would be for the CCG would further develop the programmes of work in order to deliver the commissioning intentions including: -

- assignment of human resources.
- development of project plans and milestones.
- development and negotiation of contractual levers to support delivery e.g. CQUIN schemes.
- development of remaining outcome based performance trajectories.

The Board noted: -

- the trajectories used, and contained within the appendices
- our local quality premium indicator of "emergency readmissions"
- the approach taken in developing our "operational plan" in year commissioning intentions.

## **SOUTH CHESHIRE CCG**

Consideration was given to a report, which provided the Health and Wellbeing Board with an overview of NHS South Cheshire Clinical Commissioning Groups (CCG) Draft Two Year Operational Plan, 2014-16 as submitted to NHS England on the 14<sup>th</sup> February 2014.

It was reported that NHS South Cheshire CCG sought to be a responsive organisation that listened and took into account a wide range of perspectives, but at the same time kept its principles central to commissioning decisions. Those principles were:

- Working to provide care 'upstream' (seeking prevention and avoiding crisis);
- Focus care on patient goals and where appropriate, carer and family goals;
- Building services around the patients' needs;
- Championing quality in all its forms across all we do.

At the heart of its work as a clinically led commissioning organisation was the focus on improving outcomes for its patients. It had, therefore, focussed key actions (commissioning intentions) on each of the 5 Domains of the NHS Outcomes Framework. These domains had now become the CCG's strategic objectives for 2014-16. A summary of the CCG's vision, principles, ways of working, strategic objectives and organisational objectives were set out in the report.

It was reported that the CCG's 5 year plan was still in development. A request to post an "easy read" version of the document on the CCG's website was agreed to.

## **RESOLVED**

That the NHS South Cheshire Clinical Commissioning Groups (CCG) Draft Two Year Operational Plan, 2014-16 be noted.

## **NHS ENGLAND**

Glenn Coleman, Head of Primary Care, Cheshire, Warrington and Wirral, NHS England, attended the meeting and presented the NHS England Accountability report to the Board.

NHS England provided a quarterly Accountability report to each Health and Wellbeing Board. The report outlined national and regional context together with specific update on priorities that the Area Team was responsible for delivering and how these priorities were progressing.

The report summarised the proposed initiatives in the Operational 2 year plan for commissioned services. It also provided a brief report card on the initiatives pursued in 2013-14 and the outcomes from these so far.

A request was made to provide an uptake of the flu vaccination for 2 year olds in 2013/14 in Eastern Cheshire and it was agreed that this information would be circulated to the Board.

## **RESOLVED**

That the NHS England Accountability report to the Board be noted.

### **38 BETTER CARE FUND PLAN**

Consideration was given to a report relating to the Better Care Fund Plan. It was reported that the Better Care Fund had been announced by Government in June 2013 and provided an opportunity to transform local services so that people were provided with better integrated care and support. It encompassed a substantial level of funding to help local areas manage pressures and improve long term sustainability of their health and care economies. It was noted that the Fund would be an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change.

The Cheshire East Better Care Plan united a shared vision of Cheshire East Council, NHS Eastern Cheshire Clinical Commissioning Group and South Cheshire Clinical Commissioning Group, for improving outcomes for residents through improving how and social care services worked together. The Better Care Fund provided the level to drive a transformed model of integrated care, which would ensure that residents experienced care and support of quality that was appropriate to their needs and supported them to live as independent and fulfilling lives as possible. Critically it would ensure that when needs required it, specialist care and support was provided by services best equipped to cater for those needs.

There was a requirement to submit the Better Care Fund Plan to NHS England by the 4<sup>th</sup> April. A first draft had submitted in February and the second draft was appended to the report. It was noted that the Metrics and Finance Technical Appendix was being worked on. This had been compiled following extensive work by a team of officers from across the Council and the two CCGs and consultation with provider organisations.

The Board was requested to consider and endorse the Better Care Fund Plan submission.

## **RESOLVED**

That the Board notes that following BCF submission and for pragmatic reasons separate operational plans are progressed using the BCF resources to drive the intended outcomes for residents via Connecting Care (South) and Caring Together (East).

## **Noted**

- The Board noted the difficulties associated with aligning the proposed schemes within the Caring Together work programme.
- Following advice from NHS England the Board noted that the BCF submission would be subject to review as a consequence of work being undertaken within the Eastern Cheshire part of the Borough as a consequence of its identification as a 'Challenged Economy' and that this review may impact upon the performance metrics and schemes identified. The BCF facilitated work into Caring Together may be subject to scrutiny and challenge via the challenged economy work and may as a consequence change.
- The Board also noted that the BCF submission would be subject to an assurance process by NHS England and asked that that process acknowledge the difficult context, namely the challenged economy in the eastern part of the Borough and that a negative judgement of the submission was not made which might reflect poorly upon the wider health and social care economy in the rest of the Borough, or the agencies driving the required changes, namely Cheshire East Council, South Cheshire CCG and associated provider organisations. All Agencies would however, continue to work together wherever possible.

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

Consideration was given to a report relating to the review and refresh of the Cheshire East Joint Health and Wellbeing Strategy. It was reported that the Health and Social Care Act (2012) placed a duty upon the Local Authority and Clinical Commissioning Groups in Cheshire East, through the Health and Wellbeing Board, to develop a Joint Health and Wellbeing Strategy to meet the needs identified in the Joint Strategic Needs Assessment (JSNA). The interim Strategy had been approved in December 2012.

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 has been based upon the evidence from the refreshed Joint Strategic Needs Assessment and the Annual Report of the Director of Public Health 2013. The revised Strategy was appended to the report.

It was noted that improving the physical health of those with serious mental illness had been highlighted as a new priority a specific reference to reducing social isolation and loneliness in the Ageing Well priority had also been introduced.

With reference to Annex one, Partner Priorities – CEC Children's Services, "What we will do", item 6 – Improving Access to timely support for families with mental health issues, it was agreed that a Child and Adolescent Mental Health Services (CAMHS) reference that families would recognise should be included.

Consideration had been given to the review and refresh of the Strategy at the Council's informal Cabinet meeting in the previous week and there had been a request to link the Performance Indicators with each of the key priorities in the matrix. This work was now being carried out and it was then proposed to produce

an Action Plan, in order to incorporate some of the activities from the CCG Operational Plan. The Strategy would then be brought back to the Board to be finalised.

## **RESOLVED**

That, subject to the above, the refreshed Cheshire East Joint Health and Wellbeing Strategy be endorsed.

### **40 VULNERABLE PERSONS HOUSING STRATEGY**

Consideration was given to a report relating to the Vulnerable Persons Housing Strategy. It was reported that work was underway to construct a Strategy for Cheshire East Borough Council, to ensure an appropriate landscape of specialist and supported accommodation was engendered in the local area. The report summarised the findings of the draft Strategy and requested the support of the Board in engaging with and promulgating the Strategy's on-going consultation. The public consultation on the draft strategy would run until 3 April 2014, which represented a six week consultation period.

The Strategy assumed a central role in Cheshire East's strategic forward planning and was one of the two major change programmes designed to deliver on Priority 5 of the Council's Three Year Plan: *Securing housing that is locally-led, community-based, and meets local needs*. This priority was, in turn, a crucial policy in realising Outcome 5 of the Plan: *People Live Well and for Longer*.

## **RESOLVED**

1. That the draft Vulnerable Persons Housing Strategy and its preliminary findings be noted.
2. That the Health and Wellbeing Board support the development of the Strategy and act as advocates for the on-going Strategy consultation.

### **41 UPDATE ON THE "STARTING AND DEVELOPING WELL" SECTION OF THE JOINT STRATEGIC NEEDS ASSESSMENT**

Consideration was given to an update report on the "Starting and Developing Well" section of the Joint Strategic Needs Assessment.

It was reported that the Ofsted recommendation in relation to the JSNA was to "Ensure that the Joint Strategic Needs Assessment (JSNA) incorporated an analysis of children and young people's safeguarding and child protection needs and that these are accurately reflected and prioritised in the local area's joint Health and Wellbeing Strategy". A large number of additional measures had been included in the JSNA following the new framework agreed by the Health and Wellbeing Board. Work continued to develop the depth and breadth of the JSNA. There had been a significant rewriting and refreshing of the Starting and Developing Well section of the JSNA and this section now included a comprehensive analysis of children and young people's safeguarding and child protection needs.

The Cheshire East Children's Improvement Board had agreed that the first part of the Ofsted recommendation had been completed and the next stage was to demonstrate that these needs were reflected in the Joint Health and Wellbeing Strategy.

The current structure of the Starting and Developing Well section of the JSNA was appended to the report and the completed sections highlighted. It was noted that many of the remaining sections represented areas where information was difficult to obtain. Evidence was currently being gathered to show how the JSNA had influenced commissioning actions to improve outcomes.

## **RESOLVED**

That the report be received and noted.

The meeting commenced at 2.00 pm and concluded at 4.05 pm

Councillor J Clowes (Chairman)