

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Board**
held on Tuesday, 30th April, 2013 in Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor J Clowes, Councillor Rachel Bailey, Councillor D Flude,
Dr H Grimbaldston, B Smith, Dr P Bowen, J Hawker, S Whitehouse,
Dr A Wilson, A Tonge and M O'Regan

Officers In attendance

L Butcher – Strategic Director of Commissioning, Cheshire East Council;
G Kilminster – Head of Health Improvement, Cheshire East Council; A Fisher
– Strategic Planning and Housing Manager, Cheshire East Council;
J Blackburn - Performance and Partnerships Manager, Cheshire East Council;
C Tickle - Public Health Manager, Cheshire East Council; T Butcher -
Assistant Director Service Improvement NW Ambulance Service; D Kitchen -
Head of Service Cheshire and Merseyside NW Ambulance Service and
M Moore - Manager for the Central and East Cheshire Service, NW
Ambulance Service.

1 APPOINTMENT OF CHAIRMAN

RESOLVED

That Cllr Janet Clowes be appointed as Chairman for the 2013/14 Municipal year.

2 APPOINTMENT OF VICE-CHAIRMAN

RESOLVED

That Dr Paul Bowen be appointed as Vice-chairman for the 2013/14 Municipal year.

3 APOLOGIES FOR ABSENCE

Apologies for absence were received from Tony Crane.

4 WELCOME

The Chairman welcomed members of the Board, speakers and the public to the first meeting of the Health and Wellbeing Board and explained the remit and Terms of Reference of the Board, and how it would operate, in accordance with the relevant legislation. It was proposed that voting would be by consensus, rather than by formal vote. It was noted that other partners and providers would influence the work of the Board and that their involvement and expertise would be

invaluable in the work of sub-groups. The Board did not have a budget and was an influencing body, which would influence the way in which those bodies who did hold budgets spent them.

The secondary legislation relating to Health and Wellbeing Boards stated that they did not have to be politically proportionate, as other Council Committees were, but the major opposition group had been invited to nominate a representative to the Board; this was currently Cllr Flude, but as she was to be Mayor in the forthcoming year, she was to be replaced by Cllr Janet Jackson at the next meeting.

5 MINUTES OF THE SHADOW HEALTH AND WELLBEING BOARD HELD ON 26 MARCH 2013

RESOLVED

That the minutes be approved as a correct record.

6 DECLARATIONS OF INTEREST

Drs Paul Bowen and Andrew Wilson declared an interest as they were GP practitioners contracted to provide NHS health needs as required by public health.

7 PUBLIC SPEAKING TIME/OPEN SESSION

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

8 NORTH WEST AMBULANCE SERVICE PRESENTATION

Tim Butcher, Assistant Director Service Improvement, and Dave Kitchen, Head of Service Cheshire and Merseyside, for the NW Ambulance Service attended the meeting to provide a presentation in respect of the NW Ambulance Service. Mike Moore, Manager for the Central and East Cheshire Service, was also present.

Mr Butcher explained the Services vision, which was to deliver the right care, at the right time, and in the right place. The Service included the 999 paramedic emergency service, the urgent care patient transport service and major incident management.

The area covered over 5,400 square miles, with a population of seven million and included 5 NHS Local Area Teams with 33 Clinical Commissioning Groups and 38 NHS Provider Trusts. 5000 staff were employed in the service, which had an annual income of £260 million. There were three emergency control centres and the service dealt with 1.1 million 999 calls a year (900 000 emergency patient transport episodes) with 1.1 million planned Patient Transport Service journeys.

Current priorities included managing increased 999 demand, reducing A&E attendance through alternative pathways, improving turnaround at hospitals, the new PTS contract, managing public expectations, achieving Foundation Trust status, system integration and Estates Strategy.

Mr Kitchen outlined the performance standards for 999 calls. All calls were prioritised to determine appropriate level of response. 75% of red calls (immediately life threatening, e.g. cardiac arrests, breathing difficulties, strokes) were responded to within 8 minutes and 95% within 19 minutes.

Details of Ambulance provision in East Cheshire, current local NWAS initiatives and current performance for red calls for 2012/13 were also outlined.

It was noted that the service had a number of health and wellbeing initiatives, including frequent caller identification, falls prevention, accident prevention, chain of survival, public safety campaigns and public education programmes. The service would be happy to work with other agencies and to attend and report to future meetings of the Board, as required.

Following the presentation members of the Board asked a number of questions and requested additional information with regard to what the service was doing in order to improve performance levels, including an action plan.

It was **resolved:-**

That the NW Ambulance Service be requested to produce a report for consideration at a future meeting of the Health and Wellbeing Board, in respect of the historic position in relation to the service, improvements made to date and how it was proposed to make future improvements to the Service, including an action plan.

9 CHESHIRE EAST LOCAL PLAN PRESENTATION

Adrian Fisher, Strategic Planning and Housing Manager attended the meeting and provided a presentation in respect of the Cheshire East Local Plan and its links to health. It was noted that it was a statutory development plan, the purpose of which was to guide growth and development and provided a benchmark for planning applications.

The Local Plan key influences were health infrastructure, promoting health and independence in housing and healthy communities. The Plan proposed 27,000 homes over the next 20 years, with new district communities and the Council would need to ensure there were accompanying community facilities for residents.

It was noted that the Localism Act established a new duty to co-operate, which included the health sector. Flowing from this, the Local Plan would be accompanied by an infrastructure plan that set out key requirements. The Community Infrastructure Levy could assist with this, but it was hugely oversubscribed.

As well as providing the basic standards of layout, privacy and amenity, the Local Plan would need to provide for the right mix, tenure and support for healthy independent living and provide housing for an ageing population.

The planning system had a large role in environmental protection e.g. pollution, flooding and quality of life and the Local Plan would have policies to cover these issues. In addition, one of the priorities in the Local Plan would be to promote green infrastructure and recreation, with a view to active and healthy lifestyles.

It would also be necessary to ensure that development was linked with different travel modes, allowing for active lifestyles. There were also broader considerations to ensure that there was adequate access to open space and recreation. There was also a need for Local Plan Policies with 'hooks' to health objectives and Health & Social Care Impact assessments to assess how development would impact on communities.

Finally, reference was made to Building Control. Although this was not part of the Local Plan, it was important in achieving health objectives, such as fire safety, ventilation etc.

The next steps for the Local Plan process were outlined as follows:-

- 26 February – consultation on 'preferred option' ended
- 3 May – 30 May – alternative sites consultation
- March / June – preparation of final local plan core strategy
- July – approval process
- July / September– statutory consultation on final plan
- Autumn – submission of plan to secretary of state
- Winter 2013/14 independent examination
- Spring / Summer 2014 – adoption

Following the presentation, members of the board asked a number of questions. It was noted that it would be important for the Health and Wellbeing Board to work in partnership with Planners in respect of this matter.

RESOLVED

That a service commissioning workshop take place at the next informal meeting of the Board on 21 May, to consider the above issues.

10 MAPPING THE DEMENTIA GAP 2012

Consideration was given to a report informing the Board that the Alzheimer's Society had recently published 'Mapping the Dementia Gap 2012: Progress on improving Diagnosis of Dementia 2011-2012', which was appended to the report. The report showed that, within the area of the Central and Eastern Cheshire PCT, there had been a 0.6% increase in diagnosis with 44.7% people with Dementia now diagnosed. However, it also appeared to show that the improvement in the rate of diagnosis was far lower than elsewhere, placing the area at 160th out of 178 (where 1 is most improved). The Health and Wellbeing Strategy identified the improvement of co-ordinated care for people with dementia as one of the priorities. It was estimated that in Cheshire East there would be an increase of 78% in the numbers of over 65s with dementia by 2030.

A review of the 2010 – 2013 Joint Commissioning Plan was now underway, with the two CCGs and CEC engaged through the Dementia Steering Group. The

review group were looking at both the Workplan and the Strategy to inform the refreshed 2013 – 2015 Strategy. In addition the Council's Adult Overview and Scrutiny Committee's Task and Finish Group looking at Dementia had recently published its report. This was also being considered by the Steering Group. Both Clinical Commissioning Groups had identified dementia as a priority for action within their Commissioning Intentions. It would be for the Steering Group to determine the most effective way of delivering across the system improvements that would help to achieve an improved diagnosis rate.

The Health and Wellbeing Board was requested to agree that the Dementia Steering Group take on the work required by the Board, overseen by the Joint Commissioning Leadership Team.

RESOLVED

That it be agreed that the Dementia Steering Group consider the scope of the work required by the Board, overseen by the Joint Commissioning Leadership Team.

11 NHS HEALTH CHECKS UPDATE

Catherine Tickle, Public Health Manager, Cheshire East Council, attended the meeting and presented a report updating the Board on NHS Health Checks.

The Health and Social Care Act 2012 had introduced a statutory requirement for the Local Authority to undertake NHS Health Check Assessments as part of its Public Health responsibilities. The report outlined the requirements and progress made to undertake these within Cheshire East.

The Health and Wellbeing Board was invited to receive the report and requested to support the implementation of NHS Health Checks within Cheshire East.

RESOLVED

That the report be received and the implementation of NHS Health Checks within Cheshire East be supported by the Health and Wellbeing Board.

12 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)/JOINT HEALTH AND WELLBEING STRATEGY (JHWS) UPDATE

An update was provided in respect of the Joint Strategic Needs Assessment.

The JSNA was in the process of being refreshed, with a view to completing by August. This work was concentrating on the main priorities of end of life care, dementia, health care and children in need. The next phase would concentrate on predictable death work and an important part of this work would be to identify health inequalities.

It was considered that there needed to be further discussion around the JSNA, as to how to widen it out to include the housing and poverty agenda and how to bring the various intelligence together.

It was suggested that it would be appropriate to hold an Away Day to consider this issue and it was agreed that this matter should be considered at the next informal meeting of the Board on 21 May, together with the scoping of the JHWS. It was noted that the Fire Authority did a lot of work in the community and it was felt that a representative from the Fire Authority should be invited to send a representative, in order to consider how their data could be fed into the JSNA.

It would be necessary to start to consider where the opportunities and strengths were with partners coming together and where the Health and Wellbeing Board could make a difference. The suggested objectives would be reported back to the Board.

13 LEARNING DISABILITIES COMMUNITY BUDGET

Consideration was given to a report, which provided a brief overview of the Community Budgeting expression of interest submitted to Government on 15 April.

Brandon Lewis MP, Parliamentary Under Secretary of State in DCLG, had written to all Local Authorities inviting them to put forward partnership Expressions of Interest to join the newly formed Public Services Transformation Network. The deadline for EOIs was 15 April.

The network was announced in the Budget and aimed to spread the learning from the existing four Whole-Place Community Budget pilots and worked directly with local areas to co-design practical public service reforms. If an area was successful in its EOI it would be invited to join the network and thereby have access to the representatives from Whitehall and from 4 pilot areas, who could provide advice and learning on public service reform. It was understood that DCLG were hoping for 4-6 new areas to join the network in the current year and a further 4-6 in 2014/15.

The Government would provide £1.5 million of funding for the new network, and those areas who joined the network would be asked to make a contribution to match the Government's funding. How this aspect of the network would operate was not entirely clear at this stage.

In light of the good progress in setting up a review of Learning Disability in Cheshire East, it was considered that this would be a good focus for a community budgeting approach. A brief proposal had, therefore, been prepared and submitted to Government on 15 April. The Expression of Interest document was attached to the report.

RESOLVED

That the expression of interest be noted.

The meeting commenced at 2.00 pm and concluded at 4.30 pm

Councillor (none)