

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 15th March, 2016 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Voting Members:

Councillor Rachel Bailey – Cheshire East Council
Councillor Janet Clowes – Cheshire East Council
Councillor Liz Durham – Cheshire East Council
Jerry Hawker – Eastern Cheshire Clinical Commissioning Group
Dr Paul Bowen – Eastern Cheshire Clinical Commissioning Group
Simon Whitehouse – Southern Cheshire Clinical Commissioning Group
Tina Long - NHS England
Jonathan Potter, representing Kath O'Dwyer - Director of Children's Services, Cheshire East Council
Peter Gosling, representing Brenda Smith – Director of Adult Social Care and Independent Living, Cheshire East Council
John Wilbraham, representing Tracy Bullock, Mid-Cheshire Hospitals NHS FT (Independent NHS Rep)
Kate Sibthorp - Healthwatch

Non Voting Members:

Mike Suarez – Chief Executive, CE Council

Observers:

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

Cheshire East Council officers/others in attendance:

Guy Kilminster – Head of Health Improvement, CE Council
Julie North – Senior Democratic Services Officer, CE Council
Lucy Heath – Consultant in Public Health, CE Council
Robert Templeton, Cheshire East Safeguarding Adults Board Chair
Katie Jones - Adults Social Care and Independent Living, CE Council
Jacki Wilkes – Associate Director of Commissioning ECCG
Rachel Wood – Carer's Strategy Lead, NHS Eastern Cheshire CCG
Catherine Mills Clinical Projects Manager South Cheshire CCG

59 APPOINTMENT OF CHAIRMAN

Consideration was given to the appointment of Chairman, following recent changes in the membership of the Cheshire East Health and Wellbeing Board.

RESOLVED

That Cllr Rachel Bailey be appointed as Chairman.

60 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Andrew Wilson, Kath O'Dwyer Brenda Smith, Heather Grimbaldston and Tracy Bullock.

61 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.

62 MINUTES OF PREVIOUS MEETING

RESOLVED

That the minutes be approved as a correct record.

63 PUBLIC SPEAKING TIME/OPEN SESSION

Ms Maeve Kelly, Friend of Cheshire East Children's Sure Start Centres, used public speaking time to ask the following question:-

At the February 25th Budget vote meeting I raised my concerns with changes to the children's centre provision increasing mental health issues. I would like to follow up on that point. Mental health issues are now some of the biggest killers of perinatal women in the UK (perinatal referring to the time before and after birth up to 5 years). A quarter of perinatal deaths are due to mental health issues with 1 in 10 being the result of suicide.

In recent weeks Cheshire East have said that the changes to the children centre structure of de-designating 4 children's centres in favour of a mobile service is due to reducing footfall and reaching rural families who cannot currently access the current situation. In a 2013 report from the Children's Society where they discuss the barriers of geography and low footfall, in their numerous recommendations, nowhere do they recommend a mobile service:

I would ask Cheshire East to confirm what research they have used to make the recommendation that footfall and geographical barriers will indeed be improved by the upcoming change to a mobile service? I would also ask that Cheshire East make available statistics over the last 5 years of both footfall and geographic location of families accessing children's centres (ie. urban, town, rural, etc.)? I would therefore ask for a commitment that if these numbers do not improve (and indeed continue to worsen) over an appropriate period that Cheshire East will un-de-designate the 4 centres?

In relation to mental health specifically, Tommy's the UK charity which researches pregnancy provided a report which examines perinatal mental

health. In this 2013 report they outlined that 1 in 7 women experience perinatal mental health problems, half of which say the main cause is isolation.

The Friends of Cheshire East Children's Sure Start Centres believe that the movement from central locations within towns to a mobile service will increase feelings of isolation by expectant and/or new mothers. I would ask for Cheshire East to provide me with details as to what underpins their assumptions that perinatal mental health will not be negatively impacted by the change to a mobile service? I would also ask that Cheshire East make available statistics over the last 5 years of all the relevant areas of perinatal mental health (suicides, postpartum psychosis, chronic serious mental illness, severe depressive illness, mild-moderate depressive illness and anxiety states, post-traumatic stress disorder, and adjustment disorders/distress). I would again therefore ask for a commitment that if these numbers do not improve (and indeed worsen) over an appropriate period that Cheshire East will un-de-designate the 4 centres?

The Chairman of the Board, Cllr Rachel Bailey, briefly responded to the points raised in the question and undertook to provide a written response.

Cllr Liz Durham, Children and Families Holder Portfolio Holder, responded as follows:-

The areas served by the four de-designated Children's Centres are large and contain significant rural areas – much of the delivery within these areas is already delivered away from the Children's Centre buildings via outreach groups and one to one family support rather than through the centres because the centres are not accessible to many families via public transport.

The commissioning of a mobile children centre is only one of a number of strategies to address these issues.

The mobile children's centre will be part (but only a part) of a new outreach team which as well as operating the vehicle will run sessions based around the borough in non – children's centre buildings.

The primary identification of post natal mental health issues is through the Health Visiting Service which has just moved to being commissioned by the local Authority (Oct 15).

As part of these changes Children's Centre staff, Early Years staff and Wirral Community Health staff are working together to develop better screening and pathways to address Post Natal mental health issues as part of a new integrated approach to Early Years called the Parenting Journey due to be launched later this year.

This will also include looking to spread the availability and supporting some of the outstanding parental support groups that are currently operating in parts of the borough and developing targeted joint groups through Children's Centres to support mothers with PND.

It has to be borne in mind that only a minority of parents of young children access Children's Centre services now so any strategy to support mother's mental health needs to be wider than just Children's Centres.

Mrs Sue Helliwell, representing Alsager Town Council, used public speaking time to speak about health profiles for individual wards and noted that Alsager had the highest figures in respect of excess weight in reception aged children. She asked that the Board to work with the Town Council in order to address this issue.

Mrs Helliwell also referred to hospitalisation figures for self harming and asked how many of these were children.

With regard to excess weight in reception aged children, Lucy Heath, Consultant in Public Health, Cheshire East Council responded to say that the service worked closely with Health Visitors and staff around healthy eating as part of the “patient experience” and that she would be happy to work with the Town Council with regard to this matter.

In respect of hospitalisation figures for self harming, she stated that there was data available which was broken down into the figures for adults and children and that the service was focusing on and trying to address this statistic.

The Chairman referred to a paper relating to fast food, which had been presented to the Town Council.

64 BETTER CARE FUND 2016/17

Consideration was given to a report is to providing the Board with an update on the proposals for the implementation and delivery of the Cheshire East Better Care Fund (BCF) in 2016/17.

The initial Cheshire East BCF plan for 2016/17 had been submitted to NHS England on 2nd March 2016. A second submission was due on 21st March 2016 followed by a final complete return, to be signed off by HWB, on 25th April 2016. The report included a number of recommendations including a request to the Board to advise how sign-off of the final return on 25th April be undertaken in the absence of HWB meetings between 15th March and 31st May 2016. It was agreed that the draft plan would be circulated electronically to Board members and that final sign off be delegated to the Chairman of the Board.

In 2015/16, the Cheshire East Health and Wellbeing Board endorsed progressing with two separate s75 pooled budget agreements locally, to support the delivery of the Better Care Fund plan and to be aligned with the respective health integration programmes Caring Together (Eastern Cheshire Clinical Commissioning Group(ECCCG)) and Connecting Care (South Cheshire Clinical Commissioning Group). Cheshire East Council would enter into a pooled budget arrangement with Eastern Cheshire Clinical Commissioning Group (CCG) and a separate s75 arrangement with South Cheshire Clinical Commissioning Group. It was proposed that this arrangement should continue into 2016/17.

With regard to the other options considered, as set out in paragraph 4 of the report, it was noted that the option to increase the pool across the HWB area was no longer relevant, as it had not been agreed by ECCCG.

RESOLVED

1. That the final draft be circulated electronically to Board members and that final sign off be delegated to the Chairman of the Board.
2. That the continuation of the 2015/16 arrangements via two s75 Partnership Agreements from 1st April 2016 until 31st March 2017 be approved and that these arrangements to continue post April 2017 so long as there is a national requirement to operate the BCF as a s75 pooled budget agreement.
3. That the Board acknowledges that the continuation of the two s75 arrangements is proposed to reflect the local integrated care system programmes (Caring Together being led by Eastern Cheshire CCG and Connecting Care being led by South Cheshire CCG);
4. That the BCF Governance Group, which links to Caring Together and Connecting Care transformation programmes through its membership, be approved, to be the lead group to develop and agree returns prior to HWB sign-off.

65 SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT

Robert Templeton, Cheshire East Safeguarding Adults Board Chair, attended the meeting and gave a presentation in respect of the Safeguarding Adults Board Annual Report, including what Adult Safeguarding was, outlining some facts and figures, the Care Act and its context, making Safeguarding personal, what was happening nationally and what was happening in Cheshire East to make it real.

The CESAB was a multi-agency partnership which provided strategic leadership for the development of safeguarding policy and practice, consistent with national policy and best practice. Membership included representatives from Adult social care, fire, health, housing, police, probation and the third sector and service user representation.

The vision was outlined, which was to ensure that vulnerable adults living in Cheshire East felt safe and free from abuse and neglect. The service was based on the principles of prevention, protection, choice, self determination, independence and recovery and its mission was to ensure that adult safeguarding became everyone's business.

The legal context was outlined and it was noted that this was very complex. The Care Act 2014 placed a duty on local authorities to establish a SAB. The objective was to help and protect adults at risk of abuse or neglect and the SAB may do anything necessary or desirable to achieve this aim. The NHS and Police must nominate members with required skills and experience.

Guidance was about to be issued with regard to Making Safeguarding Personal. There had been a sector led initiative in response to findings from peer challenges, consultations and engagement, which had identified the need to develop an outcomes focus to safeguarding. Making Safeguarding Personal was about engaging with people about the outcomes they wanted at the beginning and middle of working with them and ascertaining the extent to which those outcomes were realised. To do this, a mix of responses was required, to enable people to achieve resolution or recovery and access to justice. Making Safeguarding Personal was an approach providing a different way of practicing safeguarding.

In practice, the fundamental shift revolved by putting the adult and their wishes and experience at the centre of safeguarding enquiries, which sought to enable people to resolve their circumstances, enabling them to recover from abuse or neglect and realise the outcomes that they wanted.

Examples of what some of the people who used the services were saying were outlined in the presentation. There was a vibrant user group in place and Katie Jones, who led the user group and was in attendance at the meeting, reported that some of the users felt “fenced in” and felt that decisions were being made for them. They wanted to be in control, make their own decisions and to be seen as the person, rather than being defined by the circumstances that they found themselves in.

Details of the new safeguarding principles were outlined. Safeguarding was to be done with and not to people, focusing on achieving meaningful improvement to people’s circumstances, rather than just on investigation and conclusion. All professionals involved in safeguarding should develop and utilise their skills, rather than by just putting people through a process and the difference safeguarding had made in outcomes for people should be measured. Business as usual was not an option. Partnership engagement would be vital and partner agencies needed to be kept well informed. The “Golden thread” from strategic to frontline services was to identify what outcomes were wanted or desired, how agencies would work together to make this happen and how the agencies would know that they had made a difference.

Details of what would be required to make this work locally were outlined. There would be key challenges for the Board and it was proposed to hold an Away Day, where it was hoped to present a business plan, showing the challenges and how it was proposed to go forward.

Discussion took place as to how the Board could engage in the process. Members of the Board also requested additional information in respect of the outcomes referred to which had been as result of the activities carried out.

Assurance was sought that there would be appropriate training for the Smart team and that there would be engagement with GPs and front line staff, in order to embed the value of safeguarding. It was agreed that there should be a report back to a future meeting on both these issues.

RESOLVED

That a report covering the above issues be submitted to future meeting of the Board.

66 CARING FOR CARERS: A JOINT STRATEGY FOR CARERS OF ALL AGED IN CHESHIRE EAST 2016 - 2018

Consideration was given to a report relating to a Joint Strategy for Carers of All Aged in Cheshire East for 2016 to 2018. Cheshire East Council had worked in partnership with carers, Eastern Cheshire Clinical Commissioning Group and South Cheshire Clinical Commissioning Group to develop a new two year strategy for carers. An evaluation of the previous strategy (2011-2015) had shown that some progress had been made to improve the health and well-being of carers in Cheshire East. A number of engagement events had been held over the previous two years to understand the stated needs of carers and review opportunities to meet those needs.

The publication of the 2014 Care Act had outlined specific changes to the offer of support for carers and the impact of these changes had been assessed and included in the Strategy. There were five priority areas outlined in the new Strategy, informed by carers and a delivery plan with detailed actions, timescales and clear lines of both organisational and individual officer accountabilities had been included for each area. An outcomes framework, with measures of success had been developed alongside the implementation plan and would be used to monitor progress. It was noted that this would be reported to the Board via the Joint Commissioning Leadership Team. The Board was asked to agree the Strategy for 2016-18.

Thanks were expressed to all those who had worked on the Strategy. It was noted that there had been a focus on experiential outcomes and that consideration needed to be given to the inclusion of measurable outcomes and bench marking evidence from carers.

It was noted that the table at para 5.13 of the report needed to include the financial plan for South Cheshire CCG, in addition to Eastern Cheshire CCG and that the total for carer breaks was a shared total for both CCGs. This would be included in the published document.

It was requested that additional information be included with regard to how the integrated teams worked with GPs to support carers. It was noted that co-production would be essential, in order to meet caring needs and that the inclusion of qualitative and quantitative information was important in order to measure this. The document would be updated to include the comments made and the Strategy would be given further consideration at a future informal meeting of the Board. An update report would be submitted to a future formal meeting of the Board.

RESOLVED

1. That the strategy for 2016-18 be agreed, in that it aligns to the Caring Together and Connecting Care vision and transformation agenda and as such is a key priority for Cheshire East Council, South Cheshire and Eastern Cheshire Clinical Commissioning Groups.
2. That it be noted that the Strategy has been endorsed by Eastern Cheshire CCG, but is yet to be endorsed by South Cheshire CCG.
3. That the proposal to manage the implementation action plan and resource requirements via the partnership Executive Teams be approved.
4. That the proposal to monitor progress of delivering this strategy via the Joint Commissioning Leadership Team and report as required to the Health and Well Being Board be endorsed.
5. That the Strategy be updated to include the comments made by the HWB and that further consideration be given to the Strategy at future informal meeting of the Board.
6. That an update report be submitted to a future formal meeting of the Board.

67 CARING TOGETHER UPDATE

Consideration was given to a report informing the Board on progress regarding the transformation of care services in Eastern Cheshire.

NHS Eastern Cheshire CCG was the lead partner of the Caring Together programme, the local health and care transformation programme in Eastern Cheshire. Since the last report to the Board, in November 2015, the Caring Together Programme Board had led the development of a new and refreshed strategic Local Delivery Plan (LDP) for the local care system. The new LDP built on existing work, providing greater clarity on the scale of change required and had been aligned to the guidance to establish a Sustainability and Transformation Plan across Cheshire & Merseyside. A summary version of the LDP was currently in production,

including a public summary leaflet to raise awareness of the changes to services being planned.

Aligned to the new Local Delivery Plan, governance arrangements for the Caring Together programme and associated implementation plans had been strengthened, with the appointment of a new independent chair, Dr Neil Goodwin. An update on the work already underway was provided. Thanks were expressed to all those who had been involved for their contribution.

In considering the report the Board agreed that it would be useful to hold a joint meeting of the Health and Wellbeing Boards in order to consider pan Cheshire projects.

RESOLVED

That the report be noted.

68 NHS ENGLAND SUSTAINABILITY AND TRANSFORMATION PLANNING UPDATE

An update was provided in respect of the NHS England Sustainability and Transformation Plan, which was due for submission on 11 April 2016, to be signed off on 26 June 2016.

The emphasis was on local delivery, with key themes being prevention and wellbeing, maternity services and the future sustainability of hospital services, to help ensure that all services were sustainable. There would need to be a Transformation Agreement for Cheshire and Merseyside, to include the six sub regions, to reflect a balance between planning at a large scale, for services such as, for example, neurological and specialist cancer services. It would also be necessary to appoint an accountable leader for the Plan.

It was recommended that partner organisations should include all 4 CCGs. It was noted that there was an established working group to consider this issue, comprising CCGs, Local Authority and public health representatives.

It was agreed that there should be a standing item included on the HWB agenda for future meetings and that an informal working group be established after 11 April to consider this issue.

RESOLVED

That the report be noted and that a standing item in respect of this matter be included the agenda for future meetings and that an informal working group be established after 11 April 2016 to consider this issue.

69 TRANSFORMING CARE UPDATE

Consideration was given to a report updating the Board with regard to the national, regional and local programme of work with regard to Transforming Care for people with Learning Disabilities.

As a result of the Winterbourne View Review: Concordat: Programme of Action (2012), NHS England was committed to improving the health and outcomes of people with learning disabilities and autism and transforming services to improve the quality of care throughout peoples' lives.

Transforming Care for People with Learning Disabilities - Next Steps, (July 2015) had outlined an ambitious programme of system wide change to improve care for people with learning disabilities and/or autism and behaviour that challenged learning disabilities.

There was now a single shared Transforming Care programme that recognised the scale of the change required, which it was hoped would ensure that the underlying causes of why so many people remained in and were continuing to be placed in hospital settings was addressed.

The Cheshire & Merseyside Learning Disability Network had undertaken much work from the Winterbourne View recommendations over the past 3 years. Discussions through this network had resulted in a consensus to progress developments via one Transforming Care Partnership across the Cheshire & Merseyside footprint to ensure commissioning at scale. There were three delivery hubs within the partnership area, which were outlined in the report.

In considering the report, Cheshire East Council Members commented that they felt that it would have been appropriate for there to be some Local Authority Executive representation at this stage, as well as at the implementation stage and the Chairman commented that she felt that the Council's Cabinet should consider this matter and feed into the Plans.

RESOLVED

1. That the report be noted.
2. That the Board's support for the work being undertaken by the Cheshire and Merseyside Transforming Care Partnership and the sub-regional workstreams be noted.
3. That the arrangements for work to develop local services through the Cheshire and Wirral Delivery Hub be noted.
4. That the draft Cheshire and Merseyside Transforming Care Plans be noted.
5. That a further update on progress be submitted to the Board in September 2016.

70 SUPPORTING THE MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE

Consideration was given to two reports relating to supporting the mental health of children and young people and the Emotionally Healthy Schools Programme. The first report presented the “Supporting the Mental Health of Children and Young People” Strategy.

The Strategy was based on the findings of the Children and Young People’s Joint Strategic Needs Assessment and the recommendations from the Annual Public Health Report 2015.

One of the priority areas was to “Put front-line mental health care and support into every community “. One of the key actions to deliver this objective was further development of the Emotionally Healthy Schools Programme. The second report submitted was in regard to this action.

The report described the Emotionally Healthy Schools Programme approach, progress with the initial pilot in six secondary schools was outlined and the evaluation approach shared. Investment and potential investment was described and recommendations made in order to secure this. Spend to date and the remaining available budget were also outlined. Options of how the available investment should be prioritised was provided.

Sustainability of the programme was outlined in the report, together with recommendations of how investment could be secured to facilitate this.

The Board accepted the recommendations, but considered that there needed to be an emphasis with regard to assurance in respect of how the funding would be spent and that there needed to be a process for review and regular monitoring of this.

RESOLVED

1. That the “Supporting the Mental Health of Children and Young People” Strategy be endorsed.
2. That the proposal for schools to be the setting for addressing the mental and emotional needs of children and young people be supported.
3. That it be noted that Cheshire East Council accepts the £85,000 from ECCCCG and £176,000 from SCCCG to the Emotionally Healthy School Programme budget and supports the transfer of £400,000 from the 2015-16 Public Health ring fenced grant to a ring-fenced Emotionally Healthy School Programme budget hosted by Cheshire East Council. Members of the Health and Wellbeing Board sign up to an Memorandum of Understanding to allow this to happen.

4. That permission be granted to further roll out of the programme through coproduction with schools up to the value of the £1.2m funding available and that this is delegated to the Emotionally Health Schools Steering Group to undertake under the governance of the Children and Young People Joint Commissioning Group.
5. That a further report be submitted to a future meeting of the Board with regard to the assurance process in respect of how the funding would be spent, to include review and regular monitoring.

71 HEALTH PROTECTION FORUM

Consideration was given to a report concerning the establishment of Health Protection Forum, as a sub-group of the Health and Wellbeing Board, to be chaired by the Director of Public Health. The Board's support for this proposal was required. Draft Terms of Reference were appended to the report.

The Health Protection Forum would have responsibility for ensuring that plans were in place to protect the health of the population of Cheshire East. This would be done by identifying threats, assessing risks and reviewing health protection arrangements and plans that all associated organisations had in place. It would be able to provide assurance to the Board that there were safe and effective arrangements in place. In addition, the Forum would improve integration and partnership working on health protection between the Local Authority, NHS, Public Health England and other local services.

RESOLVED

That the creation of Cheshire East Council's Health Protection Forum be supported.

The meeting commenced at 2.00 pm and concluded at 4.35 pm

Councillor Rachel Bailey