

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 26th July, 2016 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Voting Members

Cllr Rachel Bailey (Chairman)
Cllr J Clowes – Cheshire East Council
Cllr L Durham – Cheshire East Council
Kath O'Dwyer – Executive Director People Cheshire East Council
Jerry Hawker – Eastern Cheshire Clinical Commissioning Group
Simon Whitehouse – South Cheshire Clinical Commissioning Group
Caroline O'Brien – Healthwatch

Non voting Members

Mike Suarez – Chief Executive Cheshire East Council
Heather Grimbaldston – Director of Public Health Cheshire East Council
Tom Knight – NHS England

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

Ian Rush – Independent Chair, Cheshire East Safeguarding Board
Gill Betton – Head of Service Children's Development and Partnerships, Cheshire East Council
Caroline Baines – Commissioning Manager Health and Social Care/BCF, Cheshire East Council
Victoria Howarth – SEN Implementation Officer, Cheshire East Council
Ian Donegani – Head of Service SEND, Cheshire East Council
Guy Kilminster – Head of Health Improvement, Cheshire East Council
Julie North – Senior Democratic Services Officer Cheshire East Council

Councillors in attendance:

Cllr J Saunders– Cheshire East Council
Cllr Rhoda Bailey - Cheshire East Council

Apologies

Dr P Bowen, Dr A Wilson and T Bullock.

16 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.

17 MINUTES OF PREVIOUS MEETING

That subject to an amendment to the second paragraph of minute 6, to state that it was agreed that the “paper” be deferred pending the outcome of the review, rather than the “project” be deferred and an amendment to the second paragraph of minute 10, to state that the Adoption Service had “retained “ a good level, rather than “now achieved”, the minutes be approved as a correct record.

18 PUBLIC SPEAKING TIME/OPEN SESSION

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

19 LOCAL SAFEGUARDING CHILDRENS BOARD ANNUAL REPORT 2015-2016 AND BUSINESS PLAN 2016 - 2017

Ian Rush, Independent Chair of the Cheshire East Safeguarding Board, together with Gill Betton, Head of Service, Children’s Development and Partnerships, presented the Local Safeguarding Childrens Board(LSCB) Annual Report 2015-2016 and Business Plan 2016 – 2017. This included comprehensive information about the work undertaken for the year 2015-16, which had been broken down into each of the key strategic objectives set at the beginning of the year and included comment on the progress made against each of the objectives. The report also identified the key challenges to be faced in the forthcoming year and beyond.

(It was noted that Mr Rush would be standing down as Independent Chair of the LSCB and that Gill Frame would be taking over this role in the following week. The Chairman thanked Mr Rush, on behalf of the Health and Wellbeing Board, for all that he had achieved for the LSCB in the past years).

Whilst the LSCB was an independent board, due to revised governance arrangements, it was important to have the support and confirmation of the Health and Wellbeing Board and any comments and proposed changes would be raised with the LSCB and incorporated into the report.

Child Sexual Exploitation (and sexual assault of all kinds to children and young people) and neglect remained the overarching twin priorities of the LSCB and early help was a third priority.

The three overarching strategic priorities for 2016-18, as set out in the report were:-

- Frontline practice is consistently good, effective and outcome focused
- Listening to and acting on the voice of children and young people
- The partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East.

The LSCB had been rated as “requires improvement” by Ofsted and members of the LSCB had felt that overall Ofsted’s judgement was accurate and in line with its own self-assessment. The board had received formal acknowledgement about its efforts to make progress and improve, but was still not yet rated as "good" and further work would be required.

There had been improved links with other bodies, such as the Adult Safeguarding Board and the Community Safety Partnership and the Local Authority would play a major part in forming future partnership working.

Reference was made to the forecasting of a large deficit for the current year and it was queried what the plans were for 2017/18 to address this and whether it would be through extra income or by cutting costs. It was noted that it was likely to be through both. Part of what the LSCB would need to do immediately would come from the requirements from the Wood review. Discussions were ongoing with the other three LSCBs in respect of smarter working and savings were already been made and it was considered that there could be some streamlining across the four boards.

Reference was also made to the Quality Assurance Framework and it was considered that it would be important for all partners to work together to drive continual improvement.

A question was asked as to whether there had been any consideration as to how the LSCB would deal with the rehousing of asylum seeker families. It was reported that a great deal of work was taking place sub-regionally and it had been agreed that this matter should be dealt with on a case by case basis, in order to respond to needs and put the right services in place. This also included unaccompanied children and work was also ongoing with regard to dispersing families to local authorities.

Reference was made to the lack of any overt statement regarding the link to the Adult Safeguarding Board and it was felt that work needed to be done in order to develop this. It was noted that the two Board Chairs had met and discussed this issue and it was agreed that this should be highlighted in the report.

RESOLVED

That the Local Safeguarding Childrens Board Annual Report 2015-2016 and Business Plan 2016 – 2017 be welcomed and noted.

20 BETTER CARE FUND 2015/16 - END OF YEAR REPORT

Consideration was given to a report relating to the Better Care Fund (BCF) 2015/16 - End of Year Report.

On 31st May 2016, Cheshire East had submitted the 2015/16 quarter 4 BCF return which had incorporated a look-back over 2015/16. The

complete submission was appended to the report. This return had been signed-off by Cllr Rachel Bailey as Chair of the Health and Wellbeing Board.

The purpose of the report was to provide the Board with a summary of the key points arising from the return.

The report also looked at national conditions, income and expenditure, non-elective admissions and supporting metrics, in line with the format of the return.

It was reported that a number of national conditions were not being met, details of which were set out in the report, and it was recommended that the Board note these and identify where it was able to assist in the achievement of these across Cheshire East.

With reference to paragraph 7.4 of the report, it was noted that the challenge for the Health and Wellbeing Board would be to recognise that the BCF was a small part of the wider work that was progressing and that it would be important to look at ways in which this could be reflected and reported.

It was felt that the Board could note, as a partner, that the template was a national one, but that an attempt had been made to make sense of local prioritising and to work through this and convey the information following the national conditions, whilst recognising the priorities at a local level. It was felt that it would make sense to join up some to the various processes involved and it was suggested that this should be raised with NHS England.

RESOLVED,

That the Board notes the national conditions which are not being met, as highlighted in section 3.2 of the report and supports a review of the performance reporting across BCF and the Transformation Programmes to align more effectively and ensure a joined up approach to tackle the areas of under performance.

21 CHILDREN'S JOINT COMMISSIONING STRATEGY

Consideration was given to a report providing the Board with the opportunity to comment upon and amend the draft Children's Joint Commissioning Strategy. The Board was asked to provide any amendments to improve the Strategy, to agree the Strategy (subject to any amendments) and to agree to receive an annual update on the actions to improve joint commissioning across Children's Services.

The Strategy and plan responded to the national and local requirements for Clinical Commissioning Groups (CCG), NHS England and Local Authorities to align commissioning plans and to integrate services for children, young people and families. The strategy set out the joint commitment of all key partners delivering to improve the lives and life chances of all children and young people (aged 0 – 25 years) in Cheshire East to a joint commissioning approach that delivered integrated services for children, young people and families.

In considering the report, members of the Board asked a number of detailed questions and received clarification in respect of a number of matters and:-

- Commended the large amount of joint work that had gone into supporting the strategy.
- Requested a closer link between the priority actions and the six key priorities of the Children's Plan.
- Referred to the principles and asked for the inclusion of information to show how the outcomes had improved in respect of Children's care.
- With reference to the Commissioning for Children Accountabilities, noted that in terms of co-commissioning, GP services had now been delegated to both CCGs.
- With regard to partnership working, considered that it was important to keep the various joint commissioning work under review. And asked for the some evidence that the joint commissioning was going to work.

It was requested that the annual update should include information in respect of these matters.

RESOLVED

1. That the Children's Joint Commissioning Strategy be agreed, subject to the above comments.
2. That it be agreed that an annual update on the actions to improve joint commissioning across Children's Services be submitted to the Board and that the annual update should include the information requested by Board members, as set out above.

Consideration was given to a report informing the Board on the joint local area inspection framework for services for children and young people aged 0-25 who had special educational needs and/or disabilities (SEND).

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, to reduce health inequalities and promote the integration of services. This included services for children and young people with SEND.

It was important that the Health and Wellbeing Board was informed of the new SEND joint inspection framework and was assured that arrangements were in place to develop services for these children and young people and their families.

RESOLVED

1. That the content of the report and the implications of the inspection framework for the Health and Wellbeing Board and the agencies represented be noted.
2. That the Board agrees to ensure that activity to develop SEND services is prioritised and all agencies contribute to the work of the 0-25 SEND Partnership Board and work streams.
3. That an update report be submitted to the next meeting of the Board.

23 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) UPDATE

Consideration was given to an update report in respect of Special Educational Needs and Disability (SEND). The report was in two sections. Section 1 described the progress being made in meeting the collective SEND responsibilities defined in the Children and Families Act from September 2014 in relation to the implementation of the 0-25 SEND reforms and the governance arrangements established in Cheshire East to fulfil the requirements and lead the implementation of the reforms. Section 2 outlined the principles set out in the Disabled Children's Charter and the work that the Local Authority was undertaking, prior to bringing back a report back to the Board for consideration and collective formal sign up to the Charter.

The Board was asked to comment on the progress being made, to comment on the 0-25 Governance arrangements and to commit to multi-agency ownership and active participation in these arrangements.

The Board was also requested to endorse the principles set out in the Disabled Children's Charter and to undertake to give future consideration to signing up to the Charter.

In considering the report, members of the Board referred to the need to build confidence in community engagement work and to show that the comments from the Parent Carer Forum would be taken forward. It was also queried why the organisations in the Better Care Fund sector had not been involved. It was suggested that a link to the CBS newsletter may help with this. It would also be necessary to bring in other partners when moving forward to implement the requirements of the Act.

It was considered that there needed to be better clarity in respect of the 0-25 governance arrangements and it was requested that a report be brought back to a future meeting of the Board in respect of this. It would be important for all parties to take this back as an action and to give it some priority.

RESOLVED

1. That the progress being made be noted.
2. That a report be brought back to the Board in respect of the 0-25 governance arrangements.
3. That the Board endorses the principles set out in the Disabled Children's Charter and undertakes to give future consideration to signing up to the Charter.

24 POLICY AND GUIDANCE DOCUMENT - SPECIAL EDUCATIONAL NEEDS PERSONAL BUDGETS (RELATING TO EHC PLANS)

Consideration was given to a report relating to Policy and Guidance Document on Special Educational Needs.

The purpose of the Policy and Guidance document was to outline the policy of Cheshire East Council, together with NHS Eastern CCG and NHS South Cheshire CCG, in relation to Personal Budgets.

The policy applied to any child or young person with special educational needs and/or a disability (SEND) who had an Education, Health and Care Plan (EHC plan) or was undergoing an Education, Health and Care needs assessment, and their parent/carer(s), where a Personal Budget had been requested.

The Board was asked to comment on the Policy and Guidance Document for Special Educational Needs Personal Budgets, relating to EHC Plans and to agree the implementation and publication of the policy.

The policy sought to enable Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG to offer the option of a Personal Budget for individuals with an EHC Plan in a fair and equitable manner, thereby increasing personalisation for residents and meeting statutory obligations.

In considering the report members of the Board:-

- Questioned whether it was necessary for recipients of personal budgets to have a bank account and suggested providing other options, such as building society and credit union accounts.
- Sought clarification on the personalisation rules, as to whether they were slightly different for children and young people and referred to the need to align their requirements with those of adults.
- Suggested the use of mentors to assist those with learning difficulties.
- Requested that any information leaflets and letters be in plain English.
- Sought clarification as to how the complaints process fed in and how the service would be reviewed and changed if required.
- Requested that the Board be informed when the policy was published on line.
- Noted that the policy had not yet been considered by the CCG strategic bodies and that this would take place in September.

RESOLVED

That the implementation and publication of the policy be agreed, subject to the above comments.

25 SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

The Board received an update in respect of the Sustainability and Transformation Plan(STP).

It was noted that there were 44 STPs across England and Cheshire and Merseyside was the second largest. There were 20 NHS providers in the area and 32% of the population lived in the most deprived areas. One of the unique aspects of the area was that the growing age of the population was larger than the national average.

Details of the decision making levels were provided and it was noted that the challenge would be how to bring everything together into a coherent plan.

It had been agreed that there would be a single Cheshire and Wirral local delivery system, whilst recognising that there was no perfect solution in terms of geography. There were, however, some real commonalities across these areas and there was a real focus on how to change people's lives and on locality.

There were three areas of working:-

Level 1 – Design solutions conceived and delivered across the STP footprint and solutions to be delivered via LDS frameworks.

Level 2 – LDS design solutions conceived and delivered across each Local Delivery System(LDS) footprint, as well as solutions to be delivered via Locality frameworks.

Level 3 – Local design solutions conceived and delivered across locality (or network) footprint and delivered via local (or network) framework.

A Cheshire and Merseyside Plan had been developed and agreed and submitted on 30 June and a Cheshire and Wirral Plan had been developed and refined alongside this. This had been reviewed with NHS England and the Arms Length Bodies on 20 July. The next steps would be to develop and agree governance arrangements, appoint leadership and carry out design and assurance work.

It was noted that the full detailed Plan would need to be submitted by the end of October and it was agreed that the draft Plan should be submitted to an informal meeting of the Board and then the formal meeting of the Board for consideration, before submission.

26 CCG FINANCIAL RECOVERY UPDATES / OPERATIONAL DELIVERY PLANS 2016 - 17

RESOLVED

That, due to time constraints, this item be deferred until the next meeting of the Board.

27 HEALTH AND WELLBEING BOARD TERMS OF REFERENCE REVIEW

RESOLVED

That, due to time constraints, this item be deferred until the next meeting of the Board.

The meeting commenced at 2.00 pm and concluded at 4.10 pm

Councillor Rachel Bailey (Chairman)