

## **CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**  
held on Tuesday, 29th November, 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

Nigel Moorhouse – Cheshire East Council (Substitute for Kath O'Dwyer)

Mark Palethorpe - Strategic Director of Adult Social Care and Health,  
Cheshire East Council

Simon Whitehouse – South Cheshire Clinical Commissioning Group

Caroline O'Brien – Healthwatch

#### **Non-voting Members**

Charlotte Simpson – Acting DPH, 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**

Caroline Baines – Commissioning Manager Health and Social Care/BCF,  
Cheshire East Council

Neeru Ramkissoo – Legal Services, Cheshire East Council

Guy Kilminster – Corporate Manager Health Improvement, Cheshire East  
Council

Julie North – Senior Democratic Services Officer Cheshire East Council

#### **Councillors in attendance:**

Cllr J Saunders– Cheshire East Council

#### **Apologies**

M Suarez, Dr A Wilson, J Hawker and K O'Dwyer.

### **36 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.

Cllr J Clowes declared that she had been asked to represent Adult and Social Care on the Sustainability and Transformation Plan.

## **37 MINUTES OF PREVIOUS MEETING**

### **RESOLVED**

That the minutes be approved as a correct record.

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

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

## **39 CHESHIRE AND MERSEYSIDE SUSTAINABILITY AND TRANSFORMATION PLAN**

Jon Develing, Senior Responsible Officer, Cheshire and Wirral Local Delivery System, attended the meeting and presented the Cheshire and Merseyside Sustainability and Transformation Plan (STP).

Partners across Cheshire and Merseyside had been working together over the past four months to develop further the blueprint set out in June to accelerate the implementation of the Five Year Forward View for communities. They had come together to address the challenges: that people are living longer, but not always healthier, lives; that care was not always joined up for patients in their local community, especially for the frail elderly and those with complex needs; that there was, as a result, an over-reliance on acute hospital services that often did not provide the best setting for patients; that there was a need to support children, young people and adults more effectively with their mental health challenges. At the same time, there were enormous pressures on health and social care budgets. It was clear that these issues required much more radical thinking about how best to address the problems faced, in order to support the needs of communities into the future. The Plan summarised the plans developed to-date to address these challenges across all the different communities in Cheshire and Merseyside, which fell into four common themes:-

- Support for people to live better quality lives by actively promoting the things we know have a really positive effect on health and wellbeing;
- Working together with partners in local government and the voluntary sector to develop more joined up models of care, outside of traditional acute hospitals, to give people the support they really need in the most appropriate setting;
- Designing an acute care system for our communities that meets current modern standards and reduces variation in quality;
- Making ourselves more efficient by joining up non front-line functions and using the latest technology to support people in their own homes.

Much of this work was already underway at local level, but there was still much to do. The role of the STP for Cheshire and Merseyside was to co-ordinate efforts, ensuring that the best ideas and expertise were promoted to provide for the needs of the whole region in the future. It would be necessary to consider more efficient ways of working and also to look at a governance and decision making framework for the STP.

It was noted that the STP contained a series of scenarios and this was not necessarily what would happen and that the various options would need to be tested. It was proposed to hold a series of consultation events and workshops in the future in order to engage with people as definitive plans were developed.

Following the presentation, members of the Board raised a number of comments and questions:-

- The Chairman thanked Mr Develing for his presentation and welcomed his comments. She referred to Section 2, at page 7 of the Plan, “Our Cheshire and Merseyside Strategy”, which highlighted that often good strategies were developed, with clear benefits, but were not ultimately achieved and the need for a detailed plan to oversee real delivery, which would be monitored through its various stages. She reported that her Leaders’ Board had scoped how they could work together on this matter.
- Concern was expressed concerning the potential impact of the “top down” approach of the Plan.
- Reference was made to the Kings Fund Report that summarised the approach used in the United States and their development of Accountable Care Organisations (ACO), the basic concept of an ACO being that a group of providers agreed to take responsibility for providing all care for a given population, for a defined period of time under a contractual arrangement with a commissioner. Providers were held accountable for achieving a set of pre-agreed quality outcomes within a given budget or expenditure target.
- It was felt that the Plan contained a lot of platitudes and required more detail and that this should be addressed in any rewrite of the Plan.
- The clear statement from North Mersey in respect of the Royal Liverpool and Aintree merger, at page 17 of the Plan, was welcomed.
- Examples of where Acute Trusts worked together were provided, but it was queried whether there would be a mechanism to compel them to do so. It was noted that there were a series of scenarios in the STP and that they would be held to account. However, the governance arrangements had not yet been identified and it would

be necessary to agree on a decision making process. It was also noted that there were patient flows across Cheshire and Wirral and from outside the area and this would have an impact on acute care systems.

- Reference was made to the fact that social care was not factored in as part of the STP. It was noted that there would need to be a programmed approach in respect of social care and an attempt was being made to bring social care and adult care together. It would be helpful to have a Cheshire and Wirral approach to this and to consider the challenges that would have to be faced.
- With reference to funding, it was queried as to whether, if one Local Delivery System overspent, the other LDS's would have to bail it out. It was noted that the governance around this had not yet been developed, however if there was to be a Cheshire and Merseyside STP 'control total' there ought to be the ability to move funding?
- It was suggested that the focus of the Health and Wellbeing Board should be on connecting together and on how the Local Authority and other partners should work together to bring about change and to implement and deliver this.
- It was noted that the Alcohol, Hypertension and Anti-Microbial Resistance work-streams provided a good example of where there had been a successful Cheshire and Merseyside approach.
- It was commented that although the STP was a public document, it was not currently a public facing document. A public facing document would need to be developed to meet the challenges and would need to contain more detail.
- Further comments were made concerning the need to look at the different levels of planning which were currently in existence, including the CCGs, which had delegated responsibilities. It was felt that there was also an opportunity for community pharmacies to play a part.
- It was suggested that, if the STP process was to be taken forward, it would be necessary to get the Comms right and that there should be a Comms Strategy, as part of the process.
- It was noted that the STP only covered clinical issues and did not refer to issues such as mental health. It was considered that it should look at the wider issues.
- It was thought vital to consider the provision of a framework for the commissioning of voluntary/third sector services. It was suggested that this issue should be discussed at the joint meeting of the three

Health and Wellbeing Boards in Cheshire and Wirral, to take place on 14 February.

- It was considered important to look at the wider preventative strategies, for example on alcohol, and not to lose sight of the large piece of work being carried out through the NHS on prevention.

## **RESOLVED**

1. That the Cheshire and Merseyside Sustainability and Transformation Plan and, in particular the Local Delivery Plan for Cheshire and Wirral be received and the comments made be noted.
2. That the Health and Wellbeing Board provide oversight and local accountability for the development and implementation of the Plan as it relates to Cheshire East, to ensure the proposals and impacts meet the needs of the Borough's residents.
3. That the Board calls for a full engagement and consultation strategy to be developed by NHS partners, to ensure that the proposed changes are shaped by service users, residents and wider stakeholders.
4. That the Sustainability and Transformation Plan be a standing item on future agendas.

## **40 BETTER CARE FUND 2016/17 - QUARTER 1 REPORT**

On 2 September 2016, Cheshire East had submitted the 2016/17 quarter 1 Better Care Fund (BCF) return. The return had been signed-off by Cllr Rachel Bailey, as Chair of the Health and Wellbeing Board.

Consideration was given to a report, the purpose of which was to provide the Board with a summary of the key points arising from the return and to recommend next steps to improve performance within the Cheshire East health and social care system. The paper looked at national conditions, income and expenditure, metrics, additional measures and the next steps.

It was noted that good progress was being made across the system, to fully meet the national conditions. Performance metrics were variable, with some positives, but other areas were proving to be more challenging, such as Non-elective Admissions(NELs) and Delayed Transfer of Care(DToC). However, this was not unique to Cheshire East, as recently published BCF national data showed deteriorating NELs and DToCs at a national level. Health and social care colleagues were working hard together to address these challenges.

BCF would continue for at least two more years in Cheshire East, with a two year planning cycle for 2017-2019, commencing in November 2016.

In considering the report, the Board noted that there had been some interesting results when looking at the national figures and some positive results for those who have invested in the BCF and it was suggested that it would be useful to look at this in more detail.

S Whitehouse made reference to the significant challenges evidenced in the performance metrics, particularly around the deficit in hospital levels and what could be afforded. South Cheshire CCG would wish the Board to commit to review and understand this issue at an early stage and to commit to paying the minimum contribution to the BCF in the following year.

## **RESOLVED**

1. That the contents of the quarter Better Care Fund report be noted.
2. That the areas of improvement be noted.
3. That the areas where performance has not improved and commitment from all partners to collectively address this in the coming months be noted.
4. That the recommended next steps to improve performance where needed be supported.
5. That the two-year planning of the Better Care Fund for Cheshire East for 2017-19 be supported.

## **41 CHILDREN AND YOUNG PEOPLE'S IMPROVEMENT PLAN**

Consideration was given to a report updating the Board on the progress against the Children and Young People's Improvement Plan.

The Health and Wellbeing Board was the accountable body for the Improvement Plan and had a responsibility to ensure that sufficient progress was being made to address the 25 recommendations for improvement identified by Ofsted in its 2015 inspection report of Children's Services.

The Improvement Action Plan had been endorsed by the Health and Wellbeing Board in November 2015 and subsequently approved by the Department for Education. The Board had subsequently received a number of updates around progress against the plan. Appendix 1 of the report provided an annual review of progress since the inspection in July 2015. This review would inform the development of the new Improvement Plan for 2017. Appendix 2 of the report set out progress against the key quantitative measures to assess impact of the plan.

## **RESOLVED**

1. That the progress achieved against the Improvement Plan, as set out at Appendix 1 and 2 of the report, respectively, be noted
2. That it be noted that the new Improvement Plan for 2017 would be presented to the Health and Wellbeing Board for endorsement in May 2017.

### **42 PROMOTING POPULATION INFLUENZA VACCINATION AND ARRANGEMENTS FOR VACCINATION OF FRONT-LINE STAFF**

Consideration was given to a report providing a summary of the Council's work to raise awareness of the Department of Health (DOH), Public Health England (PHE) and NHS England (NHSE) winter Flu Vaccination Programme 2016/17.

This work fitted with the Council's Corporate Plan 2016 – 2020 objective: Health – Safeguarding the vulnerable and providing appropriate care that helps people live well and for longer.

The eligible vulnerable groups for this programme were identified in section 4.2 of the report and some of the local initiatives to raise awareness of this national programme across the life course were set out in Appendix 1 to the report.

The report also described how the flu vaccine was being offered to front-line staff in 2016/17 and suggested a review of this and the wider promotional work to inform the following year's approach.

In 2016/17, the following individuals were advised to have flu vaccination:

- All children aged two to seven on 31 August 2016
- Those aged six months to under 65 years in clinical risk groups
- Pregnant women
- Those aged 65 years and over
- Those in long-stay residential care homes
- Carers
- Frontline health and social care workers should be provided flu vaccination by their employer. This includes general practice staff.

Most flu vaccinations were delivered by the NHS in general practices, community pharmacies and other settings. Although vaccine uptake in Cheshire East among people aged 65 and over was 76.0% in the previous year (5% higher than England), fewer than half of pregnant women and young children were vaccinated. Pregnant women had a seven times higher risk of dying from flu than non-pregnant women.

During consideration of the report it was suggested that the Board may wish to consider alternative approaches to uptake of the vaccine. It was

also felt that it would be useful to know the figures in terms of the amount of pregnant women who were offered the vaccine, uptake and deaths. It was felt that consideration should be given to ensuring a co-ordinated approach across partners, in order to achieve the right outcomes in terms of uptake.

It was agreed that a report should be submitted to a future meeting of the Board, providing a final assessment of the data, including the points raised by the Board.

### **RESOLVED**

1. That the Directorate's work and that of the Health and Safety Team be acknowledged.
2. That all staff who work in children's and adult's services be encouraged and empowered to endorse and promote flu vaccination.
3. That a review of learning from the current year's work to develop proposals for the 2017/18 Flu Vaccination Programme and Council vaccination scheme for reporting to Peoples DMT be supported.
4. That a report be submitted to a future meeting of the Board, providing a final assessment of the data, including the points raised by the Board.

The meeting commenced at 2.00 pm and concluded at 3.55 pm

Councillor R Bailey  
(Chairman)