

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 25th July, 2017 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Voting

Councillor Rachel Bailey (Chairman)
Councillor J Clowes, Cheshire East Council
Kath O'Dwyer, Acting Chief Executive , Cheshire East Council
Mark Palethorpe, Acting Executive Director of People, Cheshire East Council
Linda Couchman, Acting Strategic Director of Adult Social Care and Health, Cheshire East Council
Jerry Hawker, Eastern Cheshire Clinical Commissioning Group
Lynda Risk, South Cheshire Clinical Commissioning Group
Tracy Bullock, Independent NHS representative
Rachel Cornes, Healthwatch (Substitute)

Non-Voting:

Fiona Reynolds, Director of Public Health, Cheshire East Council
Mike Larking, Cheshire Fire and Rescue Service
Chief Inspector Alan Fairclough, Cheshire Police
Alison Cullen, CVS

Observers:

Councillor Laura Jeuda, Cheshire East Council

Cheshire East Officers/others in attendance:

Maureen Hills, Legal Services, Cheshire East Council
Guy Kilminster, Corporate Manager Health Improvement, Cheshire East Council
Julie North, Senior Democratic Services Officer, Cheshire East Council
Sandra Murphy, Adults Safeguarding Manager, Cheshire East Council
Robert Templeton, Independent Chair, Cheshire East Safeguarding Adults Board
Nichola Glover-Edge, Director of Commissioning, Cheshire East Council
Matthew Cunningham, Programme Director for Unified Commissioning (Cheshire)

Apologies:

Cllr G Hayes, Cllr L Wardlaw, Dr A Wilson and Dr P Bowen

13 DECLARATIONS OF INTEREST

There were no declarations of interest.

14 MINUTES OF PREVIOUS MEETING

RESOLVED

That the minutes be approved as a correct record.

15 PUBLIC SPEAKING TIME/OPEN SESSION

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

16 LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT

Consideration was given to a report providing information on the work of the Safeguarding Adults Board over the course of 2015/16, in order to keep the Health and Wellbeing Board apprised of the work of the Safeguarding Adults Board. The full annual report was appended to the report, at Annex A. Robert Templeton, the Independent Chair of the Safeguarding Adults Board, was in attendance at the meeting to present the report.

The next steps were outlined and it was noted that a review of how the Board worked and the development of a more manageable structure, to ensure that the challenges could be met had begun. This included:

- Reviewing the current Strategic Plan and priorities
- Developing a sustainable way of measuring performance
- Linking with LSAB and other boards
- Acting on the recommendations of the Peer Review

Robert advised that he was standing down from the role as Independent Chair and the Board thanked him for the good work he had undertaken.

RESOLVED

That the Safeguarding Adults Board's Annual Report be noted.

17 WORKING TOGETHER - AN INTEGRATED HEALTH AND CARE SYSTEM FOR CHESHIRE

Consideration was given to a report relating to "Working Together - An Integrated Health and Care System for Cheshire", following on from the outline report submitted to the informal meeting of the Board on 25th April 2017. The previous report had been a trigger for an opening discussion about the potential for developing an integrated care system. This further report captured the main outcomes of the April discussion and sought to move the conversation onwards in shaping the options for integration and the mechanisms for development, implementation and oversight. The next steps for taking forward this important agenda across Cheshire were captured in the recommendations to the Board. This same report (with a West emphasis) had also been submitted to the Health and Wellbeing Board for Cheshire West and Chester for consideration.

Local health organisations and local authorities had worked together to agree three key improvement priorities to jointly deliver, in order to drive forward the necessary transformation and improvement of the health and care services across Cheshire. These three priorities were integrated commissioning, integrated provision and sustainable hospital services across Cheshire, details of which were reported.

Matthew Cunningham, currently Head of Corporate Services at NHS Eastern Cheshire CCG, had been appointed as the Programme Director for the Unified Commissioning (Cheshire) post, to lead on the Joint Commissioning Committee development work, as well as working with the Executives and Chairs of all the CCGs in progressing discussions around merger and linking in with the ongoing development of accountable care systems and neighbourhood teams. Matthew attended the meeting to present the report, along with Guy Kilminster, Corporate Manager Health Improvement, Cheshire East Council.

In considering the report, members of the Board made a number of comments and it was noted that paragraph 6.1 of the report articulated the steps that the Health and Wellbeing Board had taken to ensure delivery.

RESOLVED

1. That the key improvement priorities for health and care services across Cheshire for integrated commissioning, integrated provision and sustainable community and hospital services across Cheshire be endorsed.
2. That the role of the Cheshire-wide Joint Strategic Leadership Group and Officer Working Group in leading and co-ordinating the delivery of these key improvement priorities and providing an update to the HWBB at each meeting be supported.
3. That the progress with the move towards a single operating model for the design and development of “Neighbourhood Community Teams” across Cheshire be noted and the work to develop a common specification over Summer 2017 be approved.
4. That the progress towards the creation of a Joint Commissioning Committee and the implications for Governance including the role of the HWBB be noted.

18 PEOPLE LIVE WELL FOR LONGER (ADULT SOCIAL CARE AND PUBLIC HEALTH THREE YEAR) COMMISSIONING PLAN

Consideration was given to a report informing the Board of the Adult Social Care and Public Health Three Year Commissioning Plan (2017/2020), entitled “People Live Well for Longer”.

The vision was for responsive and modern care and support in Cheshire East, promoting people's independence, choice and wellbeing. Through People Live Well for Longer, people would be enabled to live well, prevent ill health and postpone the need for care and support. This would put people in control of their lives so that they could pursue opportunities, including education and employment, and realise their full potential.

The three year commissioning plan enabled Cheshire East residents, as a population, to understand how important resources were in the delivery of preventative change over the next three years, working with a wide range of private and third sector providers, partners from across the health and social care economy, with a specific focus on the voluntary community and faith sector taking a significant role in the delivery of prevention. Commissioning was the whole process through which Cheshire East Council, as a "Commissioning Council" identified and delivered services. It involved ensuring that Cheshire East residents had services in place that were high quality, affordable and value for money.

The Board's support was requested, prior to a report being submitted to Cabinet for endorsement to undertake a formal consultation exercise regarding People Live Well for Longer.

Members of the Board welcomed the document and raised a number of issues, as follows:-

- That information relating to the CHAMPS work on alcohol and hypertension be fed in to the document.
- That consideration be given as to how to create a position where the market could support people.
- With reference to paragraph 5.3 of the report and the requirement for the Local Authority to shape, facilitate and support the whole care and support market, clarification was sought as to how this would be done.
- It was noted that the document had been welcomed by the community and voluntary sector.

RESOLVED

That the People Live Well for Longer (Adult Social Care and Public Health) Three Year Commissioning Plan be supported.

19 BETTER CARE FUND

Better Care Fund 2016/17 – Q4 report and end of year position

Consideration was given to a report relating to the Q4 report and end of year position. It was noted that Cheshire East Council had submitted the Q4 Better Care Fund(BCF) return on the 9th of June 2017. The complete submission was appended to the report. The purpose of the report was to provide the Board with a summary of the key points arising from the return

and to provide an end of year report regarding the 2016/17 Better Care Fund in Cheshire East.

The paper looked at the summary of the Q4 return, a detailed End of Year report for 2016/17 and evaluation of 2016/17 schemes, with next steps for 2017/18.

RESOLVED

1. That the contents of the Q4 BCF report and the 2016/17 year end position be noted.
2. That it be noted that, despite numerous challenges to the health and social care system locally, the BCF reporting of an unchanged position represents a positive outcome for Cheshire East.
3. That the recommended next steps to improve performance, where needed, be supported.

Improved Better Care Fund (iBCF) 2017 to 2020

Consideration was given to a report describing the areas of activity and the proposed expenditure for the additional grant money being received directly by Cheshire East Council in 2017/18 through the Improved BCF (iBCF) monies for 2017 to 2020. The background and context was detailed in section 5 of the report.

It identified a number of schemes and rationale of how they met the needs and demands of the local care and health economy, the national conditions applied to the grant and to collectively support the clinical commissioning groups and NHS Providers to implement the 'High Impact Change Model,' to manage more effective transfers of care between hospital and home.

In considering the report, J Hawker acknowledged the Council's support on a number of the schemes and stated that he would like to see collective working and improvements on all existing schemes to ensure that effective progress could be made.

RESOLVED

That the proposed schemes, as set out in paras 2.2 to 2.8 of the report, be agreed and endorsed, it being proposed that each scheme will have a more detailed business case produced that articulates the associated benefits and impacts of each scheme and that these will be approved and sanctioned through the existing Better Care Fund governance group.

20 ADULT SOCIAL CARE PRECEPT REPORT

Consideration was given to a report describing the impact of the social care precept for 2017/18, a 3% increase in council tax producing a yield of

£5.4m, which was and continued to be invested into adult social care to benefit service users and those who care for them.

However, it was anticipated that the costs of providing care and support for adults in Cheshire East would exceed this additional funding and that Cheshire East Council would continue to need to protect its front line care services when compared with other Council departments.

RESOLVED

That it be noted that the social care precept is welcomed but not sufficient to meet the rising complexities and demands of meeting care and support needs in Cheshire East.

21 SEASONAL FLU VACCINATION FOR FRONT LINE SOCIAL CARE WORKERS

Consideration was given to a report relating to the seasonal Flu vaccination for front line social care workers.

It was reported that Flu vaccination of front line health and social care workers was an important Public Health action to protect vulnerable groups. The report outlined the programme approach for the flu season 2017/18 for front line social care staff within the Council's workforce and set out how the Council's responsibilities would be met.

It was noted that, although the uptake may be considered low/unambitious, the aim should be to build upon the baseline and increase uptake amongst frontline care staff, year by year. Nationally there was no target expected of local authorities for the vaccination of their social care staff and other councils had informally reported similarly low uptake, not least due to difficulties in recording.

NHS trusts were expected to achieve 75% uptake and there had been financial incentives to reach that target. Despite this, some health trusts, particularly in London and SE England, were continuing to report uptake of between 20-30%. Locally, performance had ranged from 35%-75%. The previous system used by Cheshire East Council, of offering "pre-paid" vouchers to eligible staff was felt to be unwieldy and bureaucratic, without sufficient assurance that staff were vaccinated, nor was there adequate information about uptake.

Details of a proposed new approach was reported. People Asset Management (PAM) was the provider of Occupational Health Services for the Council. A contract variation could be used to add the delivery of the flu vaccination programme for 2017/18. PAM had experience of delivering a flu vaccination programme elsewhere. The vaccination cost would be £7.50 for each vaccination and the programme could be delivered through their clinic bases where capacity allowed. They would also have an option of attending team bases for an additional £220, plus vaccination costs.

Confirmation had been sought from Children and Adult services on the maximum workforce numbers who would be eligible to access the flu vaccination programme, the estimate being 1210. Based on the previous year's uptake, (including evidence from elsewhere) and actual use of any flu vaccination vouchers given out, it was recommended working to a minimum uptake percentage figure of 20-30%.

RESOLVED

1. That the Council's aim to achieve year on year increases in flu vaccination uptake amongst their front-line social care employees, (estimated to be around 20-30% over the 2016/17 season) be supported.
2. That the Council's approach to provide a combination of opportunities to access flu vaccination, via the current Occupational Health provider service, PAM, and also via a service commissioned through local community pharmacies, be endorsed, it being anticipated that the split between the two could be 25% via PAM and 75% via community pharmacy provision, with an expectation that at least 30% of the eligible social care employees are vaccinated against flu in the 2017/18 programme.

The meeting commenced at 2.00 pm and concluded at 3.10 pm

Councillor Rachel Bailey (Chairman)