

## **CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Shadow Health and Wellbeing Board**  
held on Tuesday, 26th March, 2013 at Fred Flint Room, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

Lorraine Butcher, Director Children, Families and Adult Services CE Council,  
in the Chair

Councillor Stewart Gardiner, Cabinet Support Member Health and Adult Social  
Care

Councillor Dorothy Flude, CE Council

Jerry Hawker, Eastern Cheshire CCG

Dr Paul Bowen, Eastern Cheshire CCG

Dr Andrew Wilson, South Cheshire Health CCG  
Dr Heather Grimbaldeston,  
Director of Public Health, Central and Eastern Cheshire PCT

Barrie Towse, Cheshire East LINK

Alison Tonge, Director of Commissioning (NCB), Cheshire Warrington and  
Wirral Area Team

### **Officers in attendance:-**

Guy Kilminster, Head of Health Improvement , Cheshire East Council

Paul Jones, Democratic Services Team Manager, Cheshire East Council

Jill Greenwood, Commissioning Manager, Cheshire East Council

Nik Darwin, Senior Information officer, Cheshire East Council

Caroline O'Brien, Chief Officer CVS Cheshire East,

Phil Johnson, Healthwatch Project Manager

Samantha Nichol, Director of Integrated Care Programme

### **45 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Janet Clowes, Cllr Rachel  
Bailey, Kim Ryley, Mike Rowan and Simon Whitehouse.

### **46 MINUTES OF THE MEETING HELD ON 29 JANUARY 2013**

#### **RESOLVED**

That the minutes be approved as a correct record.

### **47 MATTERS ARISING**

Minute 35 - Previous matters arising, previous minute 26 – It was noted  
that the planning application for a care village in Crewe referred to, had  
been refused.

Minute 35 - Previous matters arising, previous minute 20 – It was noted  
that the Police Commissioner, John Dwyer would be attending the first  
private meeting of the HWB on 30 July.

Minute 35 - Previous matters arising, previous minute 30 – It was noted that the timescale for the LGA offer of support had now expired. It had not proved possible to utilise the support within the tight timescales.

Minute 38 – Alison Tonge undertook to circulate the information regarding the overlap in the roles and responsibilities of public health and the NHS Commissioning Board, as referred to in the minute. – **Action AT.**

#### **48 DISCUSSION PAPER - GOING LIVE - CHESHIRE EAST'S HEALTH AND WELLBEING BOARD SUPPORT ARRANGEMENTS**

Consideration was given to a report relating to the future day to day functioning of the Board, including proposals for a Board Steering Group or resourced Officer support to the Board, agenda setting and proposed meeting venues, from when it “went live” on 1 April 2013. The Board was requested to consider and agree proposals for the functioning of the Board from 1 April; to agree to extend the JSNA Steering Group to include the Joint Health and Wellbeing Strategy; to agree a way forward in relation to the Business Support arrangements (either a small Steering Group, with membership to be agreed, or resources to allocate and align a business support role). Key issues for the Board to consider included the carrying out of its functions, transparency and openness, accountability and relationships. The Board also needed to consider a process for agenda setting.

The Board had been established to undertake a number of statutory functions, with the possibility of additional functions being delegated to it, if appropriate locally. In summary, the statutory functions were to prepare Joint Strategic Needs Assessments and a Joint Health and Wellbeing Strategy, to encourage integrated working between health and social care commissioners and a power to encourage close working between commissioners of health related services and commissioners of health and social care. The Board had previously discussed a mechanism for delivering its functions, through existing groups. However there was currently no mechanism for overseeing the whole system and there were gaps. For example, although there was a JSNA steering group and working group, there was no equivalent for the Health and Wellbeing Strategy.

In considering the report, the Board discussed the option to operate an Executive Officer support network. **It was agreed** that the size of the Board did not warrant this.

It was felt that there needed to be a mechanism for agenda setting and support arrangements between meetings and consideration also needed to be given to the funding for this. **It was agreed** that a small group, consisting of Jerry Hawker, Lorraine Butcher and Simon Whitehouse should be assigned to consider this issue and report back to the Board. **(Action JH/LB/SW).**

Consideration was also given to future meeting venues and **it was agreed** that these should be rotated around the Borough, subject to suitable venues being available. **(Action - JN to canvass Board members re potential venues).**

**It was agreed** that the JSNA Steering Group should be requested to drive the Health and Wellbeing Strategy.

**It was also agreed** that the standard format for Council agendas, including an item relating to public speaking and the standard Council report template should be used for the public meetings of the HWB.

#### 49 **HWB TERMS OF REFERENCE, GOVERNANCE/SUB-GROUP**

At the meeting of Council held on 28 February 2013 it had been resolved that the current Health and Wellbeing Board's Terms of Reference be approved, until such a time as the draft Terms of Reference could be reviewed by the Health and Wellbeing Board, in light of the recently published Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. Consideration was given to a report, which made proposals for some amendments to the existing Terms Of Reference, in the light of the Regulations and guidance published by the Local Government Association. These were shown as tracked changes in an appendix to the report.

The Board was requested to consider the proposals contained in the report and appendix and make recommendations on any modifications required. The Board **agreed** the changes and also **agreed** that there should be a standard item relating to public speaking on the agenda for the public meetings of the Board, in line with the Council's usual practice.

It was noted that, in considering the draft Terms of Reference, Council had agreed that the Health and Wellbeing Board should consider a suggested addition to the wording of the last bullet point at paragraph 2 – The Board's Vision, to refer to "Achieving **improved** evidence-based **public** outcomes within a holistic vision of health and wellbeing".

The Board considered this suggestion and agreed that the word "improved" should be included but that the word "public" should not.

It was noted that consideration would need to be given to how the South and East Cheshire Partnership Boards would feed in to the Board.

#### **RESOLVED**

That, subject to the above changes, the Terms of Reference be agreed.

(It was noted that the chart showing the initial governance model, appended to the report, required updating – **(Action GK)**).

## **50 HEALTHWATCH - PRESENTATION**

Jill Greenwood, Commissioning Manager, Cheshire East Council, together with Caroline O'Brien, Chief Officer CVS Cheshire East, Phil Johnson, Project Manager and Nik Darwin, Senior Information officer, CE Council, attended the meeting and gave a presentation updating the Board on progress in respect of Healthwatch.

Cheshire East Council had held a consultation on how Local Healthwatch should be set up and function, to help design the service specification and to provide information for the procurement exercise. Three local events had taken place, together with focus groups and also a questionnaire, of which 345 had been returned. Jill thanked local Members for their help and support in the procurement interview process.

The process was now underway to recruit a Healthwatch Cheshire East Board. There had been 27 applications of outstanding quality and interviews were now taking place, with the aim of completing the process by the end of the current week.

The next steps would be to develop a work-plan and a range of road-shows and other stakeholder events were planned to raise awareness and feed into the work-plan, the development and publicity of an information and advice line, the setting up of a Youth Board and the setting up of information gathering and sharing mechanisms.

Thanks were also passed on to Cheshire East Link, for their role in the process.

## **51 DISCUSSION PAPER - CONSULTATION & ENGAGEMENT NETWORK**

This item was deferred to next meeting. **(Action GK/JN)**.

## **52 BRIEFING ON THE OFSTED INSPECTION**

Lorraine Butcher provided an update in respect of the recent Ofsted inspection of Local Authority arrangements for the protection of children.

It was noted that the final report would be published on 23 April.

## **53 DEVELOPMENT OF INTEGRATED CARE**

Samantha Nichol, Director of the Integrated Care Programme, attended the meeting and presented a report in respect of the development of Integrated Care.

The purpose of the report was to explain to the Health and Wellbeing Board the philosophy of integrated care and the proposals for health and social care partners to use this as a transformational change strategy. The report was presented on behalf of, the recently formed, Integrated Care Board, which was a sub-committee of the Eastern Cheshire Partnership Board. The Integrated Care Board included executive members (clinical and non-clinical) of Cheshire East Council, NHS Eastern Cheshire Clinical Commissioning Group, Cheshire NHS Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Crescent CIC, Vernova CIC and the Cheshire and Merseyside Local Area Team.

The Integrated Care Board was tasked with leading and directing the integration required to ensure integrated care, through collaborative working and shared outcomes. It was expected that other organisations would be represented on the Integrated Care Board in the future.

Integrated care was an approach for any individuals where gaps in care, or poor care co-ordination led to an adverse impact on care experiences and care outcomes; including delays, duplication, wasted opportunities and patient harm. It was therefore, best suited to frail older people; to those living with long term chronic and mental health illnesses and to those with medically complex needs or requiring urgent care; children and young people with complex needs; homeless people and people at the end of their lives receiving palliative care. In the next 20 years, the percentage of the population over 85 years old in England was forecast to double. There would, therefore, be many more people with complex health and care needs. Eastern Cheshire already had a population of older people that was greater than the national average and while it was seen as an efficient health and social care economy, the impact of the financial resource reductions now and in the future required a radically different approach to the commissioning and delivery of care.

Across Eastern Cheshire there had been a programme of work to bring about the key enablers for integration and integrated care over the last year, which had included a Vision and brand, details of which were reported. Work was now underway to develop and implement a Communications Plan and an Engagement Plan, which were based on campaign methodology, to support the scale and pace of the integration of the necessary processes to ensure integrated care.

It was noted that a report relating to this matter was to be considered at the Cheshire East Council Cabinet meeting on 2 April.

This item was deferred to the next meeting. **(Action GK/JN).**

## **55 ANNUAL PLAN FOR EASTERN CHESHIRE CCG**

The Eastern Cheshire CCG Annual Plan 2013-14 was circulated at the meeting and an electronic copy would be e-mailed to Board members after the meeting. **(Action JH/JN).**

The Plan set out the context, health need priorities and programmes and demonstrated how the CCG would “make a difference”. It also set out the CCG’s three local priority measures, to reduce by 5% the number of Emergency Readmissions within 30 days, increase the proportion of people entering Primary Mental Health services by 15% and increase to 55% the proportion of people feeling supported to manage their condition, as well as other local measures.

Jerry Hawker thanked the CCG staff for their hard work in producing the Annual Plan.

**Agreed** – That the draft Eastern Cheshire CCG Annual Plan 2013-14 and the three local priority measures be noted and supported.

## **56 NHS SOUTH CHESHIRE CCG ANNUAL PLAN AND LOCAL PRIORITIES 2013-14**

Consideration was given to a report, which presented the outline of the South Cheshire CCG’s Annual Plan 2013-14, which highlighted the three local priorities which the CCG had identified, against which it would be expected to make progress during the year. These related to the proportion of people feeling supported to manage their condition; unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s; and emergency readmissions within 30 days of discharge from hospital.

The Board was requested to confirm its support for the three local priorities identified and agree that these fitted within the overall context of the shared priorities identified within the Joint Health and Wellbeing Strategy and to note the South Cheshire CCGs draft Annual Plan 2013-14.

**Agreed** – That the South Cheshire CCG Annual Plan 2013-14 and the three local priority measures be noted and supported.

## **57 REVIEW OF HWB FORWARD PLAN**

A draft Forward Plan was submitted and members of the Board were requested to consider any additional items for inclusion.

It was **agreed** that a small group, to comprise Cllr Janet Clowes, Guy Hayhurst and Jerry Hawker should meet to hold a development session to consider the process for agenda setting and formulation of the Forward Plan and to report back to a future meeting. **(Action LS/GK).**

## 58 DATES OF WELLBEING BOARD MEETINGS 2013/14

The dates of HWB meetings for 2013/14 were noted as follows :-

Date	Type of Meeting
Tuesday 30 April 2013	Public
Tuesday 21 May 2013	Private
Tuesday 25 June 2013	Public
Tuesday 30 July 2013	Private
Tuesday 27 August 2013	Provisional Private
Tuesday 24 September 2013	Public
Tuesday 29 October 2013	Private
Tuesday 26 November 2013	Public
Tuesday 17 December 2013	Private
Tuesday 28 January 2014	Public
Tuesday 25 February 2014	Private
Tuesday 25 March 2014	Public
Tuesday 29 April 2014	Private

Venues would be confirmed when agreed.

## 59 CHESHIRE EAST LINK

As this was the last meeting of the Shadow Board, thanks were given to Barrie Towse, of Cheshire East Link, for her contribution to the work of the Shadow Board. Barrie returned her thanks to the other Shadow Board members.

The meeting commenced at 2pm and concluded at 4.45 pm.