

# **CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Health and Wellbeing Board**  
held on Tuesday, 25th June, 2013 in Committee Suite 1,2 & 3, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

## **PRESENT**

Councillor J Clowes (Chairman)  
Councillor Dr P Bowen (Vice-Chairman)

Councillor Rachel Bailey, H Grimbaldeston, J Hawker, S Whitehouse, Dr A Wilson, T Crane, B Smith, A Tonge and M O'Regan.

## **Non Voting Committee Member**

Councillor S Gardiner.

## **Councillors in attendance:**

Councillors L Jeuda and D Topping.

## **Officers in attendance:**

Bernadette Bailey – Aging Well Programme Lead  
L Butcher – Executive Director Strategic Commissioning  
G Kilminster – Corporate Manager Health Improvement  
Kate Rose – Head of the Integrated Safeguarding Unit  
C Samuel – Emergency Planning Team Manager

## **1 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor A Harewood and from the Interim Chief Executive.

## **2 DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **3 MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 30 April 2013 were approved as a correct record.

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

No members of the public wished to speak.

## **5 NHS EASTERN CHESHIRE CLINICAL COMMISSIONING GROUP 2013-14 PROSPECTUS**

In accordance with the requirements of *Everyone Counts: Planning for Patients 2013/14* the clinical commissioning group had produced an

Annual Plan Prospectus for 2013/14; whilst its content was at the discretion of the Group it was expected to include plans for delivering the priorities in its annual plan on a page, its links to the Health and Wellbeing Strategy and the role of the clinical commissioning group.

It was noted that in addition to the printed version of the prospectus it was intended for there to be a digital version which would encompass interactive technologies.

Clarification was given on engagement with patients groups, and the range of publicity measures to be employed. It was noted that both the Clinical Commissioning Groups were publishing prospectus' demonstrating how they would address priorities within the Health and Wellbeing Strategic Plan. Points were raised regarding whether the local Public Health Team and the Council would be publishing similar documents reflecting how they would be addressing the Health and Wellbeing Strategy. It was agreed that these matters be looked at further by a subset of the Committee with a view to what could be produced taking into account the current council's three year plan and identifying where collective action could be advantageous.

In addition it was noted that there had been particular difficulties associated with producing this prospectus as the NHS Commissioning board plans were still being established at the time work on the local prospectus needed to begin. It was agreed that a timetable for the production of the next prospectus should be produced to ensure that it fitted in with the timetables of other associated plans.

## **RESOLVED**

1. That the contents of the prospectus be noted.
2. That a subset of the Board investigate and report back to the next meeting on those areas of work that would benefit from a collective approach.
3. That a timetable be produced to assist in the production of future prospectuses to enable it to benefit from, and to be included in, the production of other such annual plans.

## **6 RESPONDING TO MAJOR EMERGENCIES IN CHESHIRE EAST FOLLOWING THE TRANSFER OF PUBLIC HEALTH DUTIES ON THE 1ST APRIL 2013 - AN UPDATE**

The Board was asked to note the revised major emergency response structures, roles, and responsibilities introduced on 1 April 2013 following the transfer of public health duties to the local authority; a copy of the structure was circulated at the meeting and it was reported that since its

revision two practice exercises had taken place to ensure there was a shared understanding amongst all those concerned of the new system.

The Manager of the Joint Cheshire Emergency Planning Team attended the meeting and he explained in greater detail where the main changes in the structure had occurred. It was noted that it had been requested that a representative from adult social care should be included in the structure and it was questioned why a children's social care representative had not also been included; it was agreed that this be investigated further.

Clearer guidance was requested on whose responsibility it was to call in specific groups of people, and Doctors in particular; it was agreed that further information in respect of the clinical commissioning groups would be included in the Responsibility Manual.

In response to a question concerning whose responsibility it was to review and scrutinise emergency planning, and to whether it needed to be reviewed on an annual basis, it was agreed that the matter be considered further by the Head of Public Protection and Enforcement and the Portfolio Holder for Communities and Regulatory Services.

## **RESOLVED**

1. That further consideration be given to the inclusion in the Major Emergency Response Structure of a children's social care representative.
2. That the Responsibility Manual be expanded to include further guidance for the clinical commissioning groups, and for Doctors in particular.
3. That the Head of Public Protection and Enforcement, and the Portfolio Holder for Communities and Regulatory Services, give further consideration to responsibility for the review and scrutiny of emergency planning.

## **7 CHILD HEALTH PROFILE DATA**

The Head of the Integrated Safeguarding Unit reported that in May this year the Child and Maternity Health Observatory (CHiMat) had produced its annual profile against some key child health indicators for 2012/13. As a result some recurring issues had been highlighted in Cheshire East and the Local Children's Safeguarding Board had, therefore, sought assurances from the Health and Wellbeing Board that services to children and young people were being appropriately commissioned in order to reduce the concerns the statistics had raised.

Their areas of concern centred on the number of admissions to hospital for injuries to children, children killed or seriously injured on the road,

admission to hospital due to alcohol and substance abuse, and the higher than average number suffering problems of mental health/self harm.

It was agreed that the findings of CHiMat should be referred to the Children's Trust for more detailed consideration and that their recommendations, along with a project plan for any work arising, be considered by the Board at a future meeting.

#### **RESOLVED**

That the findings of CHiMat be referred to the Children's Trust for more detailed consideration and that their recommendations, along with a project plan for any work arising, be considered by the Board at a future.

### **8 PUBLIC HEALTH ENGLAND 'LONGER LIVES'**

Consideration was given to this initiative, published by Public Health England, presenting data for the four biggest causes of premature mortality in England – cancer, heart disease and stroke, lung disease and liver disease; the document highlighted variations across all local authorities in England and offered guidance on how to help make improvements.

The Director of Public Health informed the Board that the data on the associated website would be analysed and the findings presented to a future meeting of the Board.

#### **RESOLVED**

That the report be noted and that following analysis of the data a further report be presented to a future meeting of the Board.

### **9 HEALTH AND SOCIAL CARE INTEGRATED 'PIONEERS' BID**

The Strategic Director of Commissioning gave an oral report on the progress of the Integrated Pioneers Bid. She informed the Board that one bid involving Cheshire East, Cheshire West and Chester, and the four Clinical Commissioning Groups, was due to be submitted. The preparation of the bid had been very challenging due to its financial scale and also the short track record of the Partnership. The work on the bid had, however, provided invaluable experience on working together whatever the outcome. Approximately one hundred bids were expected to be made of which ten would be successful with notification being sent out during September.

#### **RESOLVED**

That approval be given for the Chairman of the Board to endorse the final bid for submission.

## **10 AGEING WELL PROGRAMME ANNUAL REPORT**

The Programme Lead for the Ageing Well Programme Board presented the first annual report on the five year programme aimed at making Cheshire East a good place to grow old; the report summarised the work to date, the achievements in 2012/13 and detailed the plans for the year ahead.

In response to a question concerning whether there had been any influence on the type of housing to be provided in the future it was confirmed that this was a priority for the Council and would be supported by the Housing Strategy which was due to be completed in September. In addition attention was drawn to the importance of work to be carried out with other partners to address social isolation.

### **RESOLVED**

That the report be noted and a further report be submitted to the Board on the measurable outcomes of the programme.

## **11 CHILDREN AND FAMILIES BILL**

Consideration was given to a report setting out the main provisions of the Children and Families Bill. The Bill underpinned wider reforms to ensure that all young people can succeed, no matter what their background, and would reform the systems for adoption, looked after children, family justice and special educational needs (SEN); it was particularly concerned with this last aspect which would extend SEN from birth to 25 years of age.

It was agreed that the Joint Commissioning Leadership Team would be well placed to look at the implications of the Bill and the Strategic Director of Commissioning agreed to investigate further and to report back to the Chairman.

### **RESOLVED**

1. That the report be noted.
2. That appropriate colleagues from health, from both the NHS England and Clinical Commissioning Groups, be nominated to join the SEN Strategy Group.
3. That a progress report on the local offer and single plan be submitted to the September meeting of the Health and Wellbeing Board.

4. That the SEN Strategy Group report to the Health and Wellbeing Board on a regular basis, on progress towards implementation of the new SEN Code of Practice.

The meeting commenced at 2.00 pm and concluded at 4.25 pm

Councillor J Clowes (Chairman)