

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Board**
held on Tuesday, 26th November, 2013 at Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor J Clowes (Chairman)

Cllr Rachel Bailey, H Grimbaldeston, A Harewood, Hawker, Whitehouse,
Wilson, Crane, Smith, Tonge and O'Regan - Healthwatch

Non voting member

Chief Supt Guy Hindle, Cheshire Police

Councillors in attendance:

Cllrs H Gaddum and B Murphy.

Officers/others in attendance:

Mike Suarez – Chief Executive, Cheshire East Council

Lorraine Butcher – Executive Director Strategic Commissioning, Cheshire
East Council

Iolanda Puzio - Legal Team Manager, Children Families and Adults, Cheshire
East Council

Guy Kilminster – Corporate Manager Health Improvement, Cheshire East
Council

Fintan Bradley Head of Service: Strategy, Planning & Performance, Cheshire
East Council

Salli Jeynes, Director of Education, Cheshire Hospices Education

Apologies

Dr P Bowen, Cllr S Gardiner.

22 MINUTES OF THE MEETING HELD ON 24 SEPTEMBER 2013

RESOLVED

That the minutes be approved as a correct record.

23 DECLARATIONS OF INTEREST

There were no declarations of interest.

24 PUBLIC SPEAKING TIME/OPEN SESSION

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

25 PRESENTATION ON END OF LIFE PARTNERSHIP

The Board received a report and presentation from Salli Jeynes, Director of Education, Cheshire Hospices Education, relating to the End of Life Partnership, Cheshire.

Cheshire Hospices Education, the End of Life Care Service Model and Cheshire Living Well Dying Well were joining together to create a more complete and holistic approach to living well, death and loss. The merger would be more cost-effective, financially viable and sustainable in the future. It would reduce duplication of effort, maximise and develop team member's skills and create a more joined-up, integrated, co-ordinated and outcome driven approach. The overall aim was to lead, educate and facilitate excellence and best practice in palliative and end of life care; and to influence and enable communities to live and die well, supported by the health, social and voluntary workforce. It was noted that the Work Plan was already being driven by the needs of the population, as set out in the JSNA.

A partnership board/forum would represent the local stakeholders in palliative and end of life care, including service providers, service users, commissioners and workforce developers. Local advisory/operational groups/public health teams would feed in their priorities and local intelligence to the Partnership Board. These groups were already well-established in each locality, with a membership of practitioners and care workers from all areas of care. Public/patient/user engagement would be developed as a priority and would be an integral part of the partnership in terms of feedback, identifying needs and priorities.

The End of Life Partnership would have four work streams; education and practice development; service co-ordination, development and redesign; research evaluation and systems analysis outcomes; public health approach Cheshire Living Well Dying Well programme. It was being set up to meet specific outcomes which support staff and organisations to achieve their purpose in relation to quality, effectiveness, equality and efficiency in palliative and end of life care. Core funding of the partnership was, therefore, dependent upon stakeholders. Details of the potential funding sources were set out in the report.

In considering the report the Board considered that it would be helpful to have a shared/common set of outcomes and felt that it would be useful to have a connection with the Health and Wellbeing Strategy, particularly in respect of the priority relating to a reduction in unnecessary hospital admissions.

RESOLVED

That the report be received and noted.

26 RELATIONSHIP WITH THE ADULTS SAFEGUARDING BOARD

Sean Reynolds, Independent Chair Local Safeguarding Adults Board (LSAB), attended the meeting and presented a report relating to the relationship of the LSAB with the Health and Wellbeing Board (HWBB).

It was noted that the LSAB had responsibility for Safeguarding and protecting vulnerable adults from abuse and sought to ensure that all its work was carried out in such a way that positively influenced improved outcomes in all areas of the lives of vulnerable adults in Cheshire East. The main purpose of the Board was to ensure that all organisations providing or commissioning services for vulnerable adults in Cheshire East worked in a co-ordinated way that promoted health and well-being, safeguarding and the protection of vulnerable adults from abuse. Therefore, it was vital that effective partnership relationships were established between the HWBB and LSAB. Analysis of the roles of the HWBB and LSAB revealed connectivity between their core business. Both Boards needed to carefully consider the nature of the relationship, the governance arrangements that secure effective inter-action and the approaches that would enable robust, inter-active working between the two.

It was proposed that the LSAB and HWBB work together to agree interactions and distinctions between the JSNA process and safeguarding specific analysis undertaken by LSAB; agree an approach to understanding and evaluating the effectiveness of service outcomes, including capturing the service user's voice where services needed to be improved, re-shaped or developed; integrating work around the LSAB Business Plan and the Health and Well-Being Strategy, cross-Board communication and engagement in priority setting; arrangements for cross-Board scrutiny and challenge; a co-ordinated approach to performance management and evaluation of success in securing outcomes.

The Chairman of the Health and Wellbeing Scrutiny Committee, who was in attendance at the meeting, queried whether there may be an opportunity to increase public awareness of the LSAB. It was noted that this co-ordinated approach would provide for shared communication of information.

RESOLVED

1. That the Chair of the LSAB attend the HWBB on a 6 monthly basis to present the LSAB's Annual Report & Business Plan and a mid-year safeguarding update.
2. That the HWBB present the HWBB strategy at the LSAB.

3. The LSAB will also provide the HWBB with LSAB expertise to support the comprehensive analysis of safeguarding in the local area as a direct feed into the JSNA. The LSAB will also evaluate the impact of the Health and Well-Being Strategy on safeguarding and highlight any issues to be addressed in the subsequent Health and Well-Being strategy. The LSAB will also be a key stakeholder in the redrafting of the Health and Well-Being Strategy to ensure an appropriate inclusion of safeguarding issues for consideration by the H&W Board.
4. That the HWBB and LSAB collaborate in sharing information and communications together and promote the Service Users Voice
5. That the HWBB will be committed to incorporating Safeguarding data in the JNSA and the sharing of the JNSA with the LSAB.

27 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The Director of Public Health for Cheshire East, Dr Heather Grimbaldeston, presented her first annual report (Living Well for Longer in Cheshire East), since the responsibility for Public Health across England and Wales had transferred from the NHS to Local Authorities in April 2013. She was required by law to write an annual report on the health of the local population. This was an independent report which described a number of key aspects of local health, highlighted areas of excellence and concern and set out headline recommendations to tackle these issues.

In June 2013, Public Health England published "Longer Lives", which described premature mortality (defined as deaths under the age of 75), by local authority area. It broke down premature deaths by the top four killers; cancer, heart disease and stroke, lung disease and liver disease. This report focused on premature mortality within Cheshire East. National comparisons revealed that Cheshire East had relatively low levels of premature mortality, ranked 38th out of 150 local authorities. The number of premature deaths locally had also fallen over the past nine years by 22%. It was considered that there was a lot to celebrate, however, it was noted that further improvements in health and reductions in premature mortality were possible as :-

- Over 1,000 people die before the age of 75 each year.
- Nearly 800 of these deaths were avoidable.
- More men died prematurely than women in Cheshire East, though the number of men dying prematurely has been reducing since 2001.
- The reduction in premature deaths in women has stalled since 2005-2007.
- There were wide variations within Cheshire East, depending on where people lived, on your risk of premature death.

It was noted that the data started to illustrate local health inequalities and the potential impact of the wider determinants of health on early death. These issues had been highlighted by The Marmot Review, Fair Society Healthy Lives, published in 2010. This report linked poor health outcomes with lower socioeconomic standing and highlighted that 'the link between social conditions and health is not a footnote to the 'real' concerns with health – health care and unhealthy behaviours. The Marmot Review highlighted that to reduce health inequalities it was not enough to focus just on the most disadvantaged, but that action should be taken across a community with 'an intensity that is proportionate to the level of disadvantage' This was the significant challenge for all who lived and work in Cheshire East.

It was noted that in addition to the four top causes of premature mortality highlighted in 'Living Well for Longer', consideration would also be given to issues around mental health and premature death.

RESOLVED

That the report be noted and that it be submitted to future meeting of the Board, to enable Board members to give more detailed consideration to the report, before making comment and considering appropriate public engagement.

28 PRESENTATION ON SAFEGUARDING IMPROVEMENT BOARD

The Director of Children's Services, Tony Crane, gave a short presentation providing an update in respect of the Safeguarding Improvement Board.

Significant progress had been agreed by the Improvement Board, including a new 'front door' for referral and assessment; improved management oversight; improved quality and timeliness of assessments; real momentum for change in respect of the LSCB, including the completion of a review of levels of need and the undertaking of an audit of neglect; and good early help offer being delivered.

It was noted that there were continuing challenges in respect of recruitment and retention of permanent Social Workers and middle managers and in ensuring practice was consistently good, as well as the implementation of the new case management system and in demonstrating impact and improved outcomes across the partnership.

Accepting that the majority of recommendations were partnership driven, the Ofsted report had stated *"Ensure that the Joint Strategic Needs Assessment (JSNA) incorporates an analysis of children and young people's safeguarding and child protection needs and that these are accurately reflected and prioritised in the local area's joint Health and Wellbeing Strategy."*

It was noted that initial sign off of activity completed was not accepted and that work was ongoing as part of the wider JSNA activity and HWBB priority setting.

RESOLVED

That the content of the presentation be noted.

29 SPECIAL EDUCATIONAL NEEDS STRATEGY

Consideration was given to a report and presentation which set out Cheshire East strategic priorities relating to Special Educational Needs (SEN) and the implementation of the new Code of Practice, as part of the Children's Act. It was noted that the strategy was supported by a detailed action plan and was set in the context of the Life Course Project. Details of the seven key areas and the action plan for implementation were reported.

The Bill placed legal duties on local authorities, early education providers, schools, colleges, health bodies and those who work with them for identifying children and young people with SEN, assessing their needs and providing support to them and their families. The detailed requirements of those legal duties were set out in the draft regulations and guidance on carrying out the duties in the Bill and regulations were given in a draft 0-25 Special Educational Needs Code of Practice. Subject to Parliament, the Bill would come into force from September 2014.

It was noted that the Life Course project had specific activities in relation to the new SEN Code of Practice and issues for the Health and Wellbeing Board would be the roll out of the new Code of Practice across agencies, implementation and delivery of a coordinated assessment and Education Health Care plan, joint planning and commissioning (including pool budgets) and the local offer and preparation for adulthood. It was noted that consideration would also need to be given to the impact on services commissioned and the challenges faced with regard to the delivery of a co-ordinated care plan and structural changes, as well as process

RESOLVED

1. That the report be noted.
2. That request regular updates on the progress of the strategic priorities be submitted to the HWB.

30 NHS ENGLAND ACCOUNTABILITY REPORT

Consideration was given to the NHS England Accountability report. It was noted that the first report to the Board, in July, had set out the remit of NHS England, the priorities being are working on, how this work supported the overall strategy of the Board and the partnership. A report would be submitted quarterly to the Board as part of a formal update. It was vital that

NHS England was fully engaged and participated in the partnership work of the Board. Therefore, as the report was developed proposals would be invited from partners on how this integrated working could be improved and developed. The report was a strategic report and did not focus on operational performance issues. A quarterly joint meeting between CCG, NHSE and LA partners had been established to review the performance and quality improvement achieved by primary care and public health commissioning.

The report provided an update on work and also set out the commissioning intentions of NHS England and how it was envisaged engagement in the planning cycle for the next 2 and 5 year health and wellbeing plans would take place.

It was noted that it would be necessary to start focusing on the 5 year plan and it was suggested that a small group of Board members should be established to start framing the plan with regular update reports to the Board.

RESOLVED

That the report be received and noted.

31 CARING TOGETHER PROGRAMME

A report summarising the work to date to develop the Caring Together Programme across Eastern Cheshire had been circulated with the agenda for the meeting. It had been presented to supply the Health and Wellbeing Board members with background information to support their understanding of the development of the programme through collaborative working with multiple partners and its objectives and the current activities and plans. The Caring Together Programme was a large scale transformational change programme, aimed at finding and implementing solutions to complex issues which could not be resolved by individual organisations working alone, as opposed to normal scale change projects and programmes which all organisations were continually engaged in to ensure on-going improvements to their own business delivery.

Due to time constraints it was not possible to give full consideration to this important issue at the meeting and it was agreed that it should be included as the first item on the agenda for the next private meeting of the Board, to enable full and proper consideration of this matter.

Jerry Hawker, Chief Officer NHS Eastern Cheshire CCG, undertook to circulate the link to a short animation on the Caring Together Vision and principles, to Board members and requested that any comments be submitted to him or Sam Nichols, the Caring Together Programme Director.

32 HEALTHWATCH UPDATE

Mike O'Regan presented a report which provided the Board with an update on progress on the first nine months of Healthwatch Cheshire East. The "Local Healthwatch Outcome and Impact Development Tool", published jointly by the Local Government Association and Healthwatch England, had been used as a framework for the report. This tool was designed to support local Health Watches to identify outcomes and impacts and ultimately demonstrate that they were meeting their objectives and were fit for purpose.

It was reported that Healthwatch Cheshire East had advertised and recruited Board members from across the community during March 2013. Over April and May the members had met with Directors from the Voluntary Sector Consortium, who held the Healthwatch contract and underwent an induction programme and agreed how they would work together. From June Board members had been meeting on a six weekly cycle agreeing their working practice, policies and work plan. A number of Task and Finish Groups had been established to develop policy and help form action plans around key work streams, details of which were reported.

As Healthwatch's representative, Mr O'Regan had attended the Health and Wellbeing Board since April and the wider Healthwatch Board had agreed to become "Healthwatch Champions", linking into partner organisations, including Cheshire East Council, Eastern and South NHS Clinical Commission Groups, the three NHS Trust's. These Champions would attend and actively participate in the governing bodies of partners. They would both raise Healthwatch's profile and better understand the challenges and opportunities that face these organisations.

Details of the body's work in respect of community engagement, youth engagement, scrutiny, information and sign posting service and advocacy service were also provided.

RESOLVED

That the progress to date be noted and that the HWB continue to support Healthwatch Cheshire East in it work as "Consumer Champion for the Health and Social Care Economy of Cheshire East".

The meeting commenced at 3.00 pm and concluded at 5.20 pm

Councillor J Clowes (Chairman)