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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Board**
held on Tuesday, 29th July, 2014 at Committee Suite 1,2 & 3, Westfields, Middlewich
Road, Sandbach CW11 1HZ

PRESENT

Councillor J Clowes (Chairman)
Mike O'Regan, Healthwatch (Vice-Chairman)

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

Substitute

Mark Bayley, Cheshire East Council

Associate Non Voting Member

Lorraine Butcher, Executive Director Strategic Commissioning, Cheshire East
Council

Observer

Cllr S Gardiner

Councillor in attendance:

Cllr B Murphy.

Officers/others in attendance:

Iolanda Puzio, Legal Team Manager - Children Families and Adults, Cheshire East
Council
Guy Kilminster, Corporate Manager Health Improvement, Cheshire East Council
Brenda Smith, Director of Adult Social Care and Independent Living, Cheshire East
Council
Annamarie Challinor, Head of Service Development (Macmillan)
Sinead Clarke, Medical Lead and Macmillan GP
Kathy McAteer - Local Safeguarding Adults Board
Jacqui Wilkes - Local Safeguarding Adults Board
Jon Wilkie - Local Safeguarding Adults Board
Ann Riley - Local Safeguarding Adults Board

Apologies

Tony Crane and Tina Long.

18 DECLARATIONS OF INTEREST

There were no declarations of interest.

19 MINUTES OF PREVIOUS MEETING

RESOLVED

That the minutes of the meeting held on 29 May 2014 be approved as a correct record.

20 PUBLIC SPEAKING TIME/OPEN SESSION

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

21 APPOINTMENT OF VICE-CHAIRMAN

At the previous meeting it had been proposed that Mike O'Regan be appointed as Vice Chairman for the 2014/15 Municipal year, but as he was not present at the meeting it had agreed that the appointment of Vice Chairman would be deferred until the next meeting.

It was proposed and seconded that Mike O'Regan be appointed as Vice Chairman for the 2014/15 Municipal year.

RESOLVED

That Mike O'Regan be appointed as Vice-chairman for the 2014/15 municipal year.

22 INTRODUCTION TO THE CARE PLAN FOR END OF LIFE

Sinead Clarke, Medical Lead and Macmillan GP and Annamarie Challinor, Head of Service Development(Macmillan) attended the meeting and gave a presentation relating to the Care Plan for End of Life.

In June 2014 the Leadership Alliance for the Care of the Dying person (LACD) had produced five priorities for the care of the dying person, details of The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.

These priorities were intended to guide a more personalised approach to the care of the dying in contrast to more traditional approaches such as 'The Liverpool Care Pathway' which had received widespread media attention and criticism over the last few years largely due to its 'tick box' approach.

The Care Plan for End of Life had been circulated as an appendix to a report to the board, relating to this matter and was presented as an example of an individualised care plan for end of life for use across the Cheshire East locality.

The Health and Wellbeing Board was requested to consider the approach taken by the End of Life Partnership in developing and implementing the Care Plan for

End of Life as well as the plans being made to evaluate its effect in practice and to then endorse this as being supportive of the delivery of high quality and individualised care of the dying person and their family.

In considering the report, members of the Board asked a number of detailed questions and requested that consideration be given to including reference to psychological issues and to engagement with A&E. The Chairman referred to the review processes which were in place and indicated that the Board would like to see examples of where these were working well and also where they were not working and well and what was in place counterbalance this. She also stressed the importance of wider training of professionals, particularly in Care Homes. This would tie in with the Council's quality assurance work.

RESOLVED

That subject to the above comments, the Care Plan for End of Life be endorsed, as being supportive of the delivery of high quality and individualised care of the dying person and their family.

23 PROGRESS REPORT REGARDING THE LOCAL SAFEGUARDING ADULTS BOARD

Consideration was given to a progress report regarding the Local Safeguarding Adults Board. Since the previous report, presented to the Board on 26 November 2013, an Interim Chair of the Local Safeguarding Adults Board (LSAB) had been appointed in April 2014, following the resignation of the previous chair. The report was the mid-year safeguarding up-date and set out the key goals and plans over the next 6 months, to develop the LSAB in line with the new legal framework set out in the Care Act 2014.

It was noted that the Care Act 2014 set out a new legal framework for the provision of care and support for adults, support for carers, safeguarding adults from abuse or neglect, and care standards.

The LSAB has established a Business Management Group, chaired by the interim Chair and comprising the local authority, NHS, Police and the chair of the No Secrets Reference Group, who have been tasked with completing a review of the Constitution for the LSAB. A considerable amount of work had been done on this and once complete the document would go out to consultation and following this would be submitted to the Board for consideration. The Board also requested information in respect of the risks and the priority areas of risk which were being focused on and sought assurance that local measures were in place and that a risk management framework would be developed.

At the LSAB had also reviewed its work programme and agreed the key priorities for 2014-15. This would inform the development of a two year Business Plan and the new annual safeguarding plan required by the new legal framework. Linked to this, work would be completed to establish how the performance of the LSAB will be measured to ensure it is effective and supports good partnership working.

The need for transparency in processes and public visibility was also highlighted.

RESOLVED

That the mid-year up-date as set out in the report be noted and that the Board receive the new Constitution as part of the next 6 monthly report.

24 LEARNING DISABILITIES JOINT HEALTH AND SOCIAL CARE SELF-ASSESSMENT 2013 AND ACTION PLAN 2014/15

The Learning Disability Health Self-Assessment Framework (LDSAF) had been an annual process since being used in England in 2007/8. A revised Joint Health and Social Care Self-Assessment Framework had been introduced in 2013 to emphasise the need for a joint commissioning approach between health and social care. All Local Authority areas had been asked to complete the self-assessment, working with their local health partners and learning disability partnership boards. The joint Cheshire East area submission had been made in November 2013.

The aim of the assessment was to provide a framework for a comprehensive local stock- take exercise. The self assessment was divided into two distinct sections. The first section was data collection with 149 questions under 59 domains. The data was collected from a range of sources including Public Health, CCGs, Children's Services and Adult Social Care. The second section required each area to assess themselves against 27 measures using a RAG (Red Amber Green) 'Traffic Light' system. These were aligned to the outcome frameworks – Adult Social Care Outcomes Framework, Public Health Outcomes Framework, National Health Service Outcomes Framework and key policy documents such as the Winterbourne View Concordat. These nationally set outcome frameworks and policies were used as the evidence base for the three broad areas in the LDSAF, which are Staying Healthy, Being Safe and Living Well.

Learning Disability Partnership Boards had been asked to rate provision in their area against a set of measures and the Cheshire East Learning Disability Partnership Board had contributed to the submission. The validated outcome of the self assessment was that 8 areas were rated as red, 13 were rated as amber and 6 were rated as green details of which were included in an appendix to the report. A joint programme of action had been devised in order to address the areas rated red and amber in the self-assessment and this also incorporated a number of drivers for action. The full detail of the action plan was also provided in the appendix.

A regional event had been held in February 2014 which enabled commissioners of learning disabilities services to come together and agree what were the common challenges across the North West. An outcome of this event was to identify areas of work which would benefit from a regional approach. This was now being progressed through a number of task and finish groups, sharing approaches and solutions across a wider footprint.

The Chairman referred to the work that the Public Health Team was carrying out in respect of the Joint Strategic Needs Assessment and suggested that learning disabilities was an area which could be targeted and piloted, specifically in relation to adults with learning difficulties not attending annual health checks.

It was noted that it was proposed to submit a report relating to the Winterbourne review to a future meeting of the Board.

RESOLVED

1. That the Learning Disability Action Plan be endorsed.
2. That the Board receive a further report setting out intentions and Performance Indicators, in 3 months time and a further progress report on outcomes, in 6 months.

25 BETTER CARE PLAN UPDATE

It was reported that two letters have been received outlining changes to the Better Care Fund and what would be required over the next couple of months. Each Health and Wellbeing Board was required to propose its own performance pot based on their level of ambition for reducing emergency admissions, with a guideline reduction of at least 3.5%. Part of the funding allocation would be paid subject to achieving this target. The balance of the performance allocation would be paid up front and would need to be spent on out of hospital NHS commissioned services as agreed by the Board. Returns needed to be submitted by 19 September.

The Board was requested to receive the update and consider the most appropriate means of progressing the actions required.

A meeting was scheduled to take place in the following week where the guidance and its implications would be considered. It was agreed that, following this, an initial draft of the plan would be submitted to the 26 August meeting of the Board and that the final draft would then be circulated to members of the Board for comment before the 19 September submission date.

RESOLVED

That the above action be agreed and noted.

26 CONNECTING CARE IN CHESHIRE PIONEER PROGRAMME

Consideration was given to a report setting out the governance and reporting arrangements for the Connecting Care in Cheshire Pioneer Programme.

In May 2013, 13 national leaders of health and care and support had come together to help launch the 'Integrated Care and Support: Our Shared Commitment' publication, which recommended Integrated Care and Support Pioneers programme. The aim of the programme was to help local areas

integrate services, so that individuals and families experienced consistent, high quality, personalised and non-fragmented care and support to meet their needs. Along with 13 other sites, Connecting Care in Cheshire had been selected to become 'pioneers' of the programme and now had a responsibility to act as exemplars, demonstrating the use of ambitious and innovative approaches to efficiently deliver integrated care and support. Pioneer partners across Cheshire were committed to a model of collaborative leadership, through which shared visions and outcomes would allow organisations to establish a common direction of travel and make joint decisions. A Pioneer Panel with representatives from both Health and Wellbeing Boards had been established to help coordinate activity across the Cheshire Pioneer areas where appropriate.

The report outlined and formalised the governance and programme reporting arrangements which had been put into place. A diagram outlining the relationship between the Programme, the two Health and Wellbeing Boards and the three locality integrated care programmes was also submitted.

It was noted that a Connecting Care in Cheshire Pioneer Programme Director would report progress monthly against the stated aims of the Connecting Care in Cheshire Programme to the Panel, using an agreed highlight report. Most of the work agreed by the Pioneer Panel was already underway and would continue to be monitored by the Panel, with regular reports back to the Board.

The Board thanked the outgoing Pioneer Director Carl Marsh for his work in establishing the pioneer programme.

RESOLVED

That the report be noted.

27 MULTI AGENCY PUBLIC HEALTH FIVE YEAR PLAN

Consideration was given to a briefing paper relating to developing together a five year strategic plan for Cheshire, Warrington and Wirral. The English health and social care system was facing significant and enduring operational pressure exerted, in part, by increased demand and financial constraints. NHS England had a systems management role for health services, promoting the culture and conditions necessary to deliver the highest standard of care whilst ensuring efficient use of public resources. Its ambitious vision for outcomes-based transformation of services was outlined in

'EveryoneCounts' guidance, 2014-19. Across England, health economies were being challenged to develop 'strong, robust and ambitious five year plans with providers and partners in local government'. Innovation and transformation were considered important themes for providers and commissioners alike.

NHS England CWW had invited Health and Wellbeing Boards and Clinical Commissioning Groups to send representatives to a NHS England led Multi-Agency Strategy Planning workshop to take place at The Halliwell Jones Stadium, Winwick Road, Warrington, on 17 September and Board members were requested to note the date in their diaries. A preliminary discussion paper

outlining the priority analysis undertaken would be available in advance of the workshop.

The meeting commenced at 2.00 pm and concluded at 3.50 pm

Councillor J Clowes (Chairman)

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