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## CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Board**  
held on Tuesday, 23rd September, 2014 at Committee Suite 1,2 & 3,  
Westfields, Middlewich Road, Sandbach CW11 1HZ

### **PRESENT**

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

Councillor Rachel Bailey, Cheshire East Council  
Jerry Hawker, Eastern Cheshire Clinical Commissioning Group  
Simon Whitehouse, South Cheshire Clinical Commissioning Group  
Dr Andrew Wilson, South Cheshire Clinical Commissioning Group  
Tony Crane, Director of Children's Services, CE Council  
Brenda Smith, Director of Adult Social Care and Independent Living, CE Council  
Dr Heather Grimbaldeston, Director of Public Health, CE Council

### **Associate Non Voting Member**

Tina Long, Director of Nursing and Quality, Cheshire Warrington and Wirral Area Team.

### **Officers/others in attendance**

Susanne Antrobus, Legal Services, CE Council  
Guy Kilminster, Corporate Manager Health Improvement, CE Council  
Julie North, Democratic services, CE Council  
Louise Daniels - CVS  
Jean Cunningham – CVS

### **Observer**

Cllr S Gardiner

### **Councillor in attendance**

Cllr B Murphy, Cllr K Edwards.

## **29 APOLOGIES FOR ABSENCE**

Cllr A Harewood, Mike Suarez, Lorraine Butcher, Dr Paul Bowen.

## **30 DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **31 MINUTES OF THE PREVIOUS MEETING**

### **RESOLVED**

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

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

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

## **33 JOINT STRATEGIC NEEDS ASSESSMENT CONSULTATION WITH THE THIRD SECTOR**

Louise Daniels and Jean Cunningham from the CVS attended the meeting and gave a presentation in respect of the Joint Strategic Needs Assessment Consultation with the Third Sector project.

It was reported that the mission was to ensure there was a long-term mechanism for enabling the Voluntary, Community and Faith Sector (VCFS) to feed meaningful intelligence into the Cheshire East JSNA. Consideration had been given to the ten Health and Wellbeing Board priorities and information had been provided by voluntary and third sector groups, comments from stakeholders and through training and events. More than fifty commissioners had attended project workshops and over 230 VCFS organisations had attend workshops. Understanding had now almost doubled amongst the VCFS organisations and the likelihood for groups to contribute had more than trebled. The commissioners would now take back the lessons from the VCFS and feed into the Council plans.

In order to try and simplify and sell the product, a JSNA “shopping bag” had been developed, containing various information including evidential information, patient experience, needs analysis surveys, research reports and consultations. The bag was handed to service leads and commissioners to use and back up their decision making. There had also been presentations to a number of bodies and various publications had been produced, including the NHS Confederation- learning for H&WB Boards, a Case study for Department of Health and “Regional Voices”.

As well as linking to the Health and Wellbeing priority areas, there were links with national and regional reports and findings and local research. It was reported that the research began with the premise “There was a likelihood of reduced life expectancy in Deaf people.” Evidence suggested that barriers existed for D/deaf people, who needed to make appointments; supportive technology was not used in many waiting rooms; there was a lack of awareness, particularly of the needs of deaf people, among frontline staff; and relatives/individuals were being asked to interpret, rather than using qualified interpreters.

There had been a number of focus groups, where research had been carried out and thematic reports, including key findings and recommendations had been produced. These related to the areas of

Rural, Older People, Gypsy and Traveller Community, Homeless, Victims of Violence, LGBT,D/deaf and Mental Health.

The next areas to be considered were how sight loss impacted on accessing health services, the transport needs of people without personal means of transport when accessing health services and geographical focus groups to elicit VCFS feedback on the new JSNA pages. Details of proposed future JSNA projects for 2015-16 were also provided.

Following the presentation, members of the Board raised a number of questions and comments. The Chairman stated that the Council had strong links with the travelling community and may be able to help in this regard. It was also noted that there were links with this work and the empowering person work and it would be necessary to consider how the Board could help to build on this for future years.

#### **34 STRATEGY FOR CONNECTING CARE IN CENTRAL CHESHIRE 2014 - 19**

Consideration was given to the five year Strategy for Connecting Care in Central Cheshire. Dr Andrew Wilson presented the strategy and outlined the main points.

In considering the Strategy, members of the Board welcomed the focus on the patient and recognised that the CCG had specific issues in terms of cross local authority boundaries. An easy read version of the document was also requested.

#### **RESOLVED**

That the Strategy for Connecting Care in Central Cheshire 2014 -19 be received.

#### **35 UPDATE ON CARING TOGETHER, HEALTHIER TOGETHER AND THE SOUTH SECTOR WORK**

Jerry Hawker reported that the Eastern Cheshire CCG five year plan had been submitted to the Board previously and was publically available. It had been produced in a format which was suitable for submission to NHS England. An attempt had been made to rework the document and the connections between the various programmes and support work in East Cheshire had been updated. A Healthier Together consultation listening event was due to take place later in the afternoon, in Wilmslow, as part of the work to improve health standards, by the joining up of local authority and health services in greater Manchester. The population of East Cheshire used South Manchester and Stockport for routine care and it was, therefore, important for the CCG to be involved and to listen to the presentations.

He also provided an update in relation to the south sector work, which was a very restricted piece of work, commissioned by NHS England, with the Trust Development Authority to look at changes in the four South sector hospitals. The South sector work had now been completed, but the conclusions would not be put in the public domain for some time. It had been concluded that the south sector work would significantly affect the Caring Together Programme and a refresh of the Programme was planned, which would then be brought back to the Board for consideration. It was noted that all partners had now signed up to the programme and that there were many similarities with the Connecting Care Programme in respect of how individuals received care. The process of producing new documents for the next 5 years was now underway and would be available by October.

Members of the Board commented that there was a theme running through both programmes and that the two plans complimented one another. It would also be important to align the standards across both wherever possible.

Concern was expressed regarding the lack of consultation in relation to the tender for specialised cancer services in Manchester, which would affect patients in Cheshire and it was considered that this needed to be carefully scrutinised. The Chairman reported the issue of non consultation had been raised at the Council's Health and Adult Care Overview and Scrutiny Committee. The Scrutiny Officer responsible for the Committee, who was in attendance at the meeting, reported that the Cheshire and Merseyside Authorities had joined together to write a protocol in respect of this matter. The Association of Greater Manchester Authorities had a joint Scrutiny Panel, which consulted on health issues across the greater Manchester area and the Chairman of the Scrutiny Committee was invited to observe at the meetings of the Panel, but not vote.

It was noted that the Healthier Together Programme had a mandatory requirement to consult practices affected in their area and that the greater Manchester authorities had to carry out a consultation and be held to account. It was considered that the issues relating to cancer procurement and scrutiny needed to be raised with NHS England and it needed to be ensured that Cheshire was not excluded from any future consultations relating to other health services which were geographically situated outside the area, in view of the significant impact that they may have on the population of the Cheshire East area.

## **RESOLVED**

1. That a letter be prepared for submission to NHS England requesting clarification on the process relating to the major health provider challenge.

2. That consideration be given to how other Health and Wellbeing Boards are working together in respect of the above issue.

### **36 BETTER CARE FUND UPDATE**

An update was provided in respect of the Better Care Fund. The Plan had been submitted in the previous week and its receipt had been acknowledge. A technical review had been booked and a tele-conference was scheduled to take place in the following week and a decision would need to be made as to who should be involved in this. It was proposed to spend one day assessing each plan and to start printing in the following week. The work would now need to begin to implement the Plan.

Thanks were expressed to those involved for the hard work that they had put in, in order to meet the submission deadline.

### **37 HEALTH AND WELLBEING PEER CHALLENGE**

In June 2013 the Board had expressed an interest to the Local Government Association in a Health and Wellbeing Peer Challenge, being undertaken in 2014. Peer Challenges were designed to support Health and Wellbeing Boards in implementing their health statutory responsibilities.

This was done through a systematic challenge by system wide peers, in order to improve local practice. Four to six peers from local government, health, or the voluntary sector would spend four days on-site. The process involved a wide range of people, working with the Council in both statutory and partnership roles and the findings would be delivered immediately. The Peer Challenge was to take place from the 18<sup>th</sup> to the 22<sup>nd</sup> of November 2014. Guidance on the Challenge was submitted to the Board for information.

The Board was requested to note the forthcoming Peer Challenge and the published Methodology and Guidance and to consider the establishment of a Task and Finish Group to manage the Peer Challenge.

### **RESOLVED**

That the forthcoming Peer Challenge and the published Methodology and Guidance be noted.

That a task and finish group be established to manage the Peer Challenge, to consist of Matthew Cunningham, Jo Vitta, Guy Kilminster, a Healthwatch rep, a Childrens rep and a Adults rep.

The meeting commenced at 2.00 am and concluded at 3.30 am

Councillor J Clowes (Chairman)