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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Board**
held on Tuesday, 18th November, 2014 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

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

Cllr Rachel Bailey, CE Council
Cllr Alift Harewood, CE Council
Jerry Hawker, Eastern Cheshire Clinical Commissioning Group
Simon Whitehouse, 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

Lorraine Butcher, Executive Director Strategic Commissioning, CE Council

Officers/others in attendance

Anita Bradley/Susanne Antrobus, Legal Services, CE Council
Guy Kilminster, Corporate Manager Health Improvement, CE Council
Julie North, Democratic Services, CE Council
Alison Rylands – Deputy Medical Director, NHS England
Linda Devereux – NHS England
Ian Rush, Independent Chair of the Cheshire East Safeguarding Board
Inspector Kate Woods, Cheshire Police
Josie Norman - CE Council visitor

Observer

Cllr S Gardiner

Councillor in attendance

Cllr B Murphy, Cllr P Hoyland.

38 APOLOGIES FOR ABSENCE

Dr Andrew Wilson, Mike Suarez

39 DECLARATIONS OF INTEREST

There were no declarations of interest.

40 MINUTES OF THE MEETING HELD ON 23 SEPTEMBER 2014

RESOLVED

That the minutes be approved as a correct record, subject to an amendment to minute 33 to refer to Healthwatch having access to the data in respect of the JSNA consultation with the third sector and a correction to the start and finish time to refer to pm, rather than am.

41 PUBLIC SPEAKING TIME/OPEN SESSION

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

42 CONSULTATION WITH GREATER MANCHESTER

Alison Rylands and Linda Devereux gave a presentation to the Board relating to the consultation with Greater Manchester in respect of changes to some specialised cancer services. It was noted that plans had been developed to improve outcomes of treatment and reduce health inequalities, ensure delivery of safe and sustainable services, improve patients' experience of their care and to ensure services met standards set out in national guidance.

It was reported that some specialised cancer services did not currently meet national guidance, namely Hepatobiliary and pancreas, Gynaecology, Urology and upper gastrointestinal cancers and this meant that these cancer services were not organised in the best possible way and it was considered that there needed to be a single specialist team working together, as this was known to affect the care patients received.

Details of what this would mean for patients were outlined. It was noted that the majority of cancer care would remain unchanged e.g diagnostic services, non specialist treatment, chemotherapy, radiotherapy and aftercare, but that better outcomes would be achieved, by concentrating complex diagnostic and surgical expertise and facilities for patients with rarer cancers. Safe and sustainable services would be provided by fewer specialist providers in centres of excellence and the scale of change would be minimal. Governance arrangements between GPs, local hospitals and specialist centres would ensure consistent high quality care irrespective of where patients lived.

With regard to consultation it was noted that there had been extensive engagement on the 'single service' model through the NHS Greater Manchester Clinical teams and hospital managers supported concentration of expertise on fewer sites and the plans were closely aligned with the CCGs Healthier Together Programme. Engagement had also taken place with GM and Cheshire Overview and Scrutiny Committees and GM Healthwatch and there were close links with the Strategic Clinical Network, to ensure engagement with patient groups. In addition, Clinical Reference Groups had patient representatives on the national patient panel and a South Cheshire/Vale Royal review of patient flows project group was to be established.

Following the presentation, members of the Board made comments and sought clarification on a number of issues.

RESOLVED

That the report be received

43 NHS ENGLAND ACCOUNTABILITY REPORT

NHS England provided a quarterly accountability report to each Health and Wellbeing Board. The Board received the latest report, which outlined national and regional context, together with a specific update on priorities that the Area Team was responsible for delivering and how these priorities were progressing. The report provided an update on co-commissioning, progress on the Two Year Operational Plans and introduction of the Commissioning Intentions & Planning Guidance for 2015/16.

In considering the report, Board members requested clarification with regard to the time frame for the work. Reference was also made to concerns nationally regarding conflicts of interest and it was suggested that the Board needed to consider this issue.

It was agreed that a report would be submitted to a future meeting of the Board in respect of the management of the risks and benefits associated with co-commissioning, particularly around some of the specialised services.

RESOLVED

That the NHS England Accountability Report be received and that a report be submitted to a future meeting of the Board in respect of the management of the risks and benefits associated with co-commissioning, particularly around some of the specialised services.

44 CHESHIRE EAST SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2013-14

Ian Rush, Independent Chair of the Cheshire East Safeguarding Board (CESCB) attended the meeting and presented the Cheshire East Safeguarding Children Board Annual Report 2013-14.

The work of CESCB over the past year had been to focus on the key issues identified by Ofsted. CESCB had reviewed its priorities and business plan for 2013-14, to align it to the Children's Improvement Plan and the requirements of the newly established Children's Improvement Board. Close work between the Improvement Board, the Children and Young People's Trust and other key partnerships had taken place, to provide a joined up strategic partnership approach to improvement. It was reported that there had been real improvements in quality of practice across the partnership, but there was still much more to do to achieve the challenging ambition set. The purpose of the report was to provide a detailed account of what the Board had done as a

Safeguarding Board, what impact it had made on improving arrangements to safeguard children and young people in Cheshire East and to clearly set out where it still had challenges and areas it was determined to improve. The annual report was intended to provide information for a wide ranging audience, including Cheshire East residents, staff in all agencies responsible for safeguarding children and promoting their welfare and those who were scrutinising the effectiveness of the CESC's work.

In considering the report members of the Board raised a number of questions and issues, including the need for the inclusion of more detail regarding the level of partner provider care.

RESOLVED

That the report be received.

45 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The Director of Public Health (DPH) presented her independent annual report on the health of the local population, as required by law. This year's report focused on the health and wellbeing of children and young people and provided a current picture of how healthy the children and young people in Cheshire East were and what services they and their families used to support them. The report highlighted areas which were performing well and also made recommendations on ways to improve.

It was noted that, in her previous report, the DPH had drawn attention to proportionate universalism as an approach to reducing health inequalities across a community. In summary this meant that universal action was taken, but its scale and intensity was proportionate to the level of need in different areas. It was considered that proportionate universalism should be used to address the differences in need and reduce the gaps in health and that families were key to reducing ill health among children and families and children needed to be empowered to help keep children safe, healthy and happy. Commissioners needed to work together to reconfigure local preventive work, maximise the opportunities of the Healthy Child Programme and support children.

Reference was also made to the amount of fuel poverty in the Borough. Whilst it was important to identify the areas within the Borough with the highest levels of fuel poverty, it was also important to acknowledge that fuel poverty affected all geographies. This provided another example of how proportional universalism strategies needed to be applied within the Borough, to improve the health of children and young people. Chapter One of the report discussed the Cheshire East initiative to allow residents to buy their fuel through the Council at a competitively low price, which had been launched in October 2014.

The DPH gave a summary and overview of each chapter of her report.

RESOLVED

That the report be received.

46 CHILDREN AND YOUNG PEOPLE PLAN

Consideration was given to a report seeking the endorsement of the Children and Young People's Plan (CYPP) 2014 – 18 as the borough's "Starting Well" Plan.

The Children and Young People's Plan 2014–18 had been informed by a review of the Cheshire East CYPP 11-14, an analysis of available data and through consultation and engagement with children and young people, stakeholders and professionals. The Plan set out the key areas of focus which supported the "Starting Well" section of the Health and Wellbeing Strategy, providing a focus for the collective efforts of partner agencies on a small number of key priorities which limit the life chances of children and young people in Cheshire East.

RESOLVED

That the Children and Young People's Plan 2014–18 be ratified.

47 MENTAL HEALTH STREET TRIAGE SCHEME

Inspector Kate Woods, Cheshire Police, attended the meeting and gave a presentation in respect of the Operation Emblem, a mental health triage scheme which had been set up initially as a pilot in Warrington and Halton and had recently been introduced in Cheshire East, to help reduce the amount of people being arrested under the Mental Health Act or taken to A&E.

It was noted that there had been an increasing use of Section 136 of the Mental Health Act across Cheshire, resulting in poor experience for those needing support, significant inter-agency and political tension and resources being deployed in the wrong place for the wrong reason. Under the street triage scheme mental health nurses accompanied Cheshire Police officers out on patrol to offer advice and intervene at the earliest possible stage when someone was identified as having a mental illness. As well as better outcomes for the individuals with mental health issues, there were also cost.

Following receipt of the presentation it was suggested that Police Commissioner, John Dwyer, should be invited to a future meeting of the Board to discuss this matter. The Chairman explained that Mr Dwyer had a standing invitation to the Board's meetings and a representative from Cheshire Police was invited to attend each meeting. She undertook to invite Mr Dwyer to the next informal meeting of the Board.

RESOLVED

That the presentation be received.

48 MENTAL HEALTH CRISIS CONCORDAT

Consideration was given to a report relating to a Mental Health Crisis Concordat, which had been launched on 27 January 2014. This was a joint statement, written and agreed by a range of national organisations to describe what people experiencing mental health crisis should be able to expect in terms of service support. The high level principles within the document were to be underpinned at a local level by the formation of a local declaration statement and action plan setting out how agencies would deliver the commitments of the Concordat at a local level.

The Cheshire, Halton and Warrington area (Cheshire) Sub-Regional Leaders Board had agreed to the proposal from the Police and Crime Commissioner for Cheshire that he would take the lead and that the Pan-Cheshire Strategic Mental Health Board would oversee delivery. It was noted that the Pan Cheshire Strategic Mental Health Board comprised senior leaders from across the range of commissioner and provider agencies involved in mental health across the Cheshire sub-region.

In addition to supporting a single declaration work was underway to identify key actions across Cheshire that it was recommended should be undertaken on a combined basis. A list of potential joint actions was currently being considered and were attached as an appendix to the report, with the intention that, once agreed a Delivery Plan would be shaped for implementation. The Joint Action Plan would then complement identified actions agreed at the local level by Health and Well Being Boards. The report, therefore, sought to advise Health and Well Being Boards across Cheshire on the developing Pan-Cheshire approach to implementing the Mental Health Crisis Concordat.

In considering the report, the Chairman referred to the major improvements and large amount of progress already made in Cheshire East in this area and the Board noted this. It was suggested that further discussion would be needed in respect of this issue and it was agreed that a workshop should take place to consider this matter.

RESOLVED

1. That the adoption of the Cheshire, Halton and Warrington Declaration Statement be noted and the Sub Regional Leaders Board be recommended to endorse the Statement.
2. That the Health and Well Being Board support the development of the Joint Action Plan.
3. That the Health and Well Being Board notes and will monitor the development of local actions.

4. That future reports be received, updating the Board on progress towards implementation of the Pan Cheshire Plan.

49 BETTER CARE FUND UPDATE

Due to time constraints on the meeting, it was agreed that this item should be deferred to the next private meeting of the Board, in order to allow full and proper consideration of this matter.

The meeting commenced at 2.00 pm and concluded at 4.30 pm

Councillor J Clowes (Chairman)

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