CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Board**
held on Tuesday, 24th March, 2015 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor J Clowes (Chairman)

Cllr Rachel Bailey, CE Council
Cllr Alift Harewood, CE Council
Mike Suarez, Chief Executive, CE Council
Jerry Hawker, Eastern Cheshire Clinical Commissioning Group
Paul Bowen, Eastern Cheshire Clinical Commissioning Group
Simon Whitehouse, South Cheshire Clinical Commissioning Group
Dr Heather Grimbaldeston, Director of Public Health, CE Council
Tony Crane, Director of Children's Services, CE Council
Brenda Smith, Director of Adult Social Care and Independent Living, CE Council
Kate Sibthorp, Healthwatch
Richard Freeman, NHS England local area team member

Associate Non Voting Members
Lorraine Butcher, Executive Director Strategic Commissioning, CE Council

Officers/others in attendance
Deborah Nicholson, Legal Services, CE Council
Guy Kilminster, Corporate Manager Health Improvement, CE Council
Julie North, Democratic Services, CE Council
Dr Guy Hayhurst, Consultant of Public Health, CE Council
Ann Riley,Corporate Manager,Strategic Commissioning, CE Council
Louisa Ingham, Better Care Fund Finance Lead
Jon Wilkie, Commissioning Manager, CE Council
Karen Burton, Eastern Cheshire CCG
Julia Burgess, South Cheshire CCG
Jacki Wilkes, Eastern Cheshire CCG
Anne Higgins, Head of Transformation Adult Services, CE Council

63. **APOLOGIES FOR ABSENCE**

Apologies for Absence were received from Dr Andrew Wilson, Tina Long (Substitute Richard Freeman) and Anita Bradley (Substitute Deborah Nicholson).

64. **DECLARATIONS OF INTEREST**

There were no declarations of interest.

65. **MINUTES OF PREVIOUS MEETING**

RESOLVED

That the minutes of the meeting held on 27 January 2015 be approved as a correct record.

66. **PUBLIC SPEAKING TIME/OPEN SESSION**

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

67. **BETTER CARE FUND - SECTION 75 PARTNERSHIP AGREEMENTS**

Consideration was given to a report relating to Better Care Fund (BCF) Section 75 Partnership Agreements.

It was noted that the Board was responsible for the ongoing oversight of the delivery of the Better Care Fund (BCF) plan during 2015/16 and whilst not a signatory of the s75 partnership agreement it would have a role in gaining assurance that partners were collectively working together to deliver the plan.

The BCF was a national pooling of £3.8billion from a variety of existing funding sources within the health and social care system and would be utilised to deliver closer integration across health and social care. The BCF was a pooled budget held between Local Authorities and Clinical Commissioning Groups (CCG's) via a legal section 75 (s75) partnership agreement. The Fund provided a tool to enable local integration programmes. It would be spent on schemes that were integral to improving outcomes for local people. The BCF plans and allocations had been developed on the Cheshire East Health and Wellbeing Board basis and the pooled budget for Cheshire East would be £23.9m and consisted of Local Authority Capital funding of £1.8m, South Cheshire CCG funding of £10.5m and Eastern Cheshire CCG Funding of £11.6m.

On 27th January 2015, the Board had endorsed progressing with two separate s75 pooled budget agreements locally, to support the delivery of the Better Care Fund plan and to be aligned with the respective health integration programmes. The report provided the Board with an update on the implementation and delivery of the Cheshire East Better Care Fund, as approved by NHS England. It requested that the Board support and endorse the scheme specifications included within the s75 partnership agreement and the partnering of the Council and CCGs through two s75 Partnership Agreements from 1st April 2015 until 31st March 2016 and to continue post April 2016, so long as there was a national requirement to operate the Better Care Fund as a s75 pooled budget agreement.

It was reported that new operational guidance in respect of the BCF had been received from NHS England, the Department of Health and DCLG and this would need to be taken into account in the Better Care Section 75

agreement and that the timeframes for presenting a BCF update on performance, as set out at paragraph 4.6 of the report, may need to be revised.

It was reported that the figures in the chart at paragraph 5.1 of the report had been transposed and that the figure for the Eastern Cheshire CCG and CEC pooled budget should be £1,114.000 and the figure for South Cheshire CCG and CEC pooled budget £1,005,000.

RESOLVED

That the Health and Wellbeing Board(HWB):-

i) Supports and endorses that the s75 agreement is consistent with the Better Care Fund plan approved by the HWB on 25th March 2014 and recommends the Council and CCGs enter into two s75 partnership agreements, with Eastern Cheshire Clinical Commissioning Group (for Caring Together Programme) and South Cheshire Clinical Commissioning Group (for Connecting Care Programme) to deliver the Better Care Fund Plan;

ii) Notes the lead commissioning arrangements for delivery of the Cheshire East Better Care Fund;

iii) Agrees that the Cheshire East Joint Commissioning Leadership Team is responsible for reviewing the delivery of the s75 agreement and the Better Care Fund plan (covering commissioning working arrangements and the monitoring arrangements for contract, performance, risk and finance) pending a review of existing governance arrangements and notes the arrangements for reporting progress back to the Health and Wellbeing Board;

iv) Agrees the indicative timeframe for reporting BCF plan updates to HWB as detailed in section 8.6;

v) Accepts that the Joint Commissioning Leadership Team are responsible for reviewing and maintaining the BCF risk register, including agreeing the level of risk and will provide regular updates to the HWB, so that they can gain assurance that risks, level of risk and issues are being managed appropriately;

Recognises the need to undertake further work in respect of the impacts of the non delivery of the pay for performance fund.

vi) Recognises the need to collectively develop data sharing arrangements across organisations which support the delivery of BCF and other wider initiatives;

vii) Accepts that the HWB should be notified of variations to scheme specifications included in the BCF plan, including funding arrangements and fundamental changes to scheme specifications.

68. **NHS SOCIAL CARE ALLOCATION 2014/15**

The NHS Social Care Allocation to Cheshire East Council for 2014/15 was an amount of funding, determined by the DH, that was to be transferred from the NHS (NHS England) to Councils (Gateway Reference 01597). The funds were to be used to "support adult social care services….. that also had a health benefit". The way the funds were spent has to be agreed with local health partners. The formal agreement was between NHS England and Cheshire East Council via a s.256 agreement. However the NHS England Cheshire, Warrington and Wirral Local Area Team were seeking support from the Clinical Commissioning Groups, Eastern Cheshire CCG and South Cheshire CCG, to the proposals for spending. Consideration was given to a report outlining the proposed spend areas that had been agreed locally. It also included the proposed governance arrangements. The overall areas of spending had been identified and were detailed in a table within the report, including continuations of existing spending, agreed in-year new spend and proposed carry forward of all underspends to 15/16 and onwards under BCF plans.

The total allocation from NHS England to CEC for 2014/15 was £6.649m. Locally there were unspent allocations from 2013/14 which had been carried forward and ring-fenced for agreed spending in 2014/15, or for future BCF plans. This had produced a total available budget for 2014/15 agreement of £8.42m.

In considering the report the Board considered that it was necessary to understand the reason for the underspend and felt that, in order to demonstrate best value, it would be useful to have a detailed breakdown of the figures. It was noted that this information was already available and was reported to the JCLT on a monthly basis and it was agreed that the information should be passed onto the Board in order to provide reassurance.

The Board was requested to endorse the proposed spending of the allocation of social care funding and to regularly scrutinise performance against the agreed outcomes to ensure these contributed to the Health and Wellbeing Strategy outcomes.

RESOLVED

1.That the proposals for the spending areas and the governance arrangements be endorsed.

2.That it be noted that a review had taken place between CEC and the two CCGs of both current and future spend areas to ensure these proposals were agreed as the best ways of using this allocation for social care.

3.That the Board receive performance reports on this funding twice per annum at half-year and year-end.

4.That NHS England be recommended to release the funding allocation to CEC, based on the summary paragraph 1.2 of the report with any underspends ring -fenced for future years of BCF plans, as agreed.

69. **PHARMACEUTICAL NEEDS ASSESSMENT**

Consideration was given to a report relating to the final version of the Pharmaceutical Needs Assessment (PNA). The draft PNA had been consulted upon for 60 days between 19th November 2014 and 19th January 2015, with those specified in the Regulations. A total of 8 completed responses had been received and these comments had been incorporated where appropriate into the final version. No major changes to the PNA or to the Six Statements had been needed as a consequence of the consultation.

A new subsection 21.2 had been added to the PNA. It described the main new housing developments in Cheshire East, which should help to guide assessment of any new pharmaceutical provision. Three tables were included, covering dwellings currently under construction, those where development was likely to start or be completed within the next 3 to 5 years and also the main Strategic Sites which were identified within the Local Plan Strategy. The Board was requested to approve the PNA for publication.

RESOLVED

That the PNA be approved for publication.

70. **JOINT HEALTH AND SOCIAL CARE LEARNING DISABILITY SELF ASSESSMENT 2014 AND ACTION PLAN 2015/16**

Consideration was given to a report relating to the Joint Health and Social Care Learning Disability Self Assessment 2014 and Action Plan 2015/16.

The Learning Disability Health Self-Assessment Framework (LDSAF) had been an annual process since being used in England in 2007/8. 2013 had seen the introduction of a revised Joint Health and Social Care Self-Assessment Framework to emphasise the need for a joint commissioning approach between health and social care. As part of this process all Local Authority areas had again been asked to complete the self-assessment in 2014, working with their local health partners and learning disability partnership boards. The aim of the self assessment was to provide a framework for a comprehensive local stock- take exercise.

The self assessment for 2014 required each area to assess themselves against 26 measures using a RAG (Red Amber Green) 'Traffic Light' system. These measures were divided into three broad areas in the self

assessment, which were Staying Healthy, Being Safe and Living Well. Learning Disability Partnership Boards had been asked to rate provision in their area against this set of 26 measures. In Cheshire East, this had been undertaken by NHS and Local Authority colleagues, in collaboration with local care providers, self-advocates and family carers, through the Learning Disability Partnership Board.

An Action Plan had been devised with the Learning Disability Partnership Board to drive improvement in the areas where the rating was amber or red and to ensure that services continue to improve where they have been rated green. The full Action Plan was provided at appendix I of the report, with a summary of the actions to be taken included on the final 2 pages of the Plan.

With reference to Appendix 1 of the report – Actions Linked to SAF Section and 2014 Rating, it was noted that Action A2 had been recorded as been rated red and it should have been listed as amber.

The Board was requested to consider and endorse the Joint Health and Social Care Learning Disability Self Assessment Action Plan.

RESOLVED

That the Joint Health and Social Care Learning Disability Self Assessment Action Plan be endorsed.

71. **CONTINUOUS IMPROVEMENT IN COMMISSIONING FOR BETTER OUTCOMES**

Consideration was given to a report relating to Continuous improvement in commissioning for better outcomes.

It was reported that a single common commissioning model for all partners pan-Cheshire would support continuous improvement in commissioning for better outcomes. There were several commissioning models currently being used. Informed by learning from the Cabinet Office Commissioning Academy, the Commissioning Academy Cohort had offered to develop a single commissioning model for adoption across all partners.

The Commissioning Academy was a development programme for senior leaders from all parts of the public sector. It was designed to equip a cadre of professionals to deal with the challenges facing public services, to take up new opportunities and commission the right outcomes for their communities. The academy was supported by the Local Government Association, the Department for Communities and Local Government, the Ministry of Justice and the National Offender Management Service, the Department for Education, the Department of Health, the Department for Work and Pensions and the Home Office. Two cohorts from Cheshire East had been participating in the Cabinet Office Commissioning Academy. The first cohort included representatives from Cheshire East Council, Eastern

Cheshire CCG, South Cheshire CCG and the Office for the Police and Crime Commissioner. The cohort from Cheshire East was unique in terms of the partners represented, as all other area cohorts attended from a single organisation. This provided a unique opportunity to use the learning as a partnership.

RESOLVED

1.That Cheshire East Health and Wellbeing Board approach Cheshire West and Chester Health and Wellbeing Board to adopt the twelve standards described in 'Commissioning for Better Outcomes'

2.That the two Health and Wellbeing Boards adopt continuous improvement in commissioning for better outcomes as a joint project.

3.That the two Health and Wellbeing Boards (together or separately)complete the self assessment tool and establish a baseline of the quality of commissioning for better outcomes pan-Cheshire.

4.That the two Health and Wellbeing Boards establish a working group with appropriate representation to:-

- Review the available commissioning models and propose a single common commissioning model for pan-Cheshire.
- Review governance arrangements for commissioning decisions and propose a governance model to compliment the adopted commissioning model
- Develop a communications strategy to embed the commissioning model and governance arrangements in all partner agencies across Cheshire.

5.As the Pioneer Project already works across Cheshire East and Cheshire West and Chester, the Health and Wellbeing Boards delegate oversight of the work group to the Pioneer Project steering group.

6.That the Health and Wellbeing Boards re-assess quality of commissioning for better outcomes in January 2016.

7.That an update report be submitted to the June meeting of the Board.

72. **CARING FOR CARERS: A JOINT STRATEGY FOR CARERS OF ALL AGED IN CHESHIRE EAST 2015 - 2018**

Consideration was given to a report relating to Caring for Carers: A Joint Strategy for Carers of all aged in Cheshire East 2015 – 2018.

Eastern Cheshire Clinical Commissioning Group had worked in partnership with carers, South Cheshire Clinical Commissioning Group

and Cheshire East Council to develop a new three year strategy for carers. An evaluation of the previous strategy (2011-2015) showed that some progress has been made to improve the health and well-being of carers in Cheshire East. A number of engagement events had been held over a 12 month period to understand the stated needs of carers and review opportunities to meet those needs.

The publication of the 2014 Care Act outlined specific changes to the offer of support for carers and the impact of these changes had been assessed and included in the strategy. There were five priority areas outlined in the new strategy and an implementation plan would be developed for each area with a detailed set of actions to be undertaken in year one.

The implementation of the plan would be monitored by a Carers Reference group, which would look to develop a 'hub and spoke' approach to engagement, accessing existing carer groups within third sector organisations. An outcomes framework, with measures of success would be developed alongside the implementation plan and used to monitor progress. This would report to the Health and Wellbeing Board via the Joint Commissioning Leadership Team. It was reported that delivery of the strategy would require additional resources from across the three commissioning organisations and agreement was sought in principle for shared appointment of a project coordinator and associated costs.

The Strategy had been amended to include the development of a carer co-production charter and the detailed implementation plan would look at empowering carers.

RESOLVED

1.That the strategy for 2015-18 be agreed as a direction of travel in that it aligns to the Caring Together and Connecting Care vision and transformation agenda and as such is a key priority for Cheshire East Council, South Cheshire and Eastern Cheshire Clinical Commissioning Groups.

2.That the proposal to consider the implementation action plan and resource requirements via the partnership Executive Teams be approved.

3.That the proposal to monitor progress of delivering this strategy via the Joint Commissioning Leadership Team and report as required to the Health and Well Being Board be endorsed.

73. **NHS SOUTH CHESHIRE CCG DRAFT OPERATIONAL PLAN 2015-16**

The refreshed NHS South Cheshire CCG Draft Operational Plan 2015-16 was intended to inform local people, partners and staff about the healthcare services that would be commissioned during 2015-16 on behalf

of the population covered by NHS South Cheshire Clinical Commissioning Group (CCG).

In the previous year the CCG had developed a 2 Year Operational Plan 2014-16. The CCG was now in the process of reviewing and refreshing the Operational Plan. *Forward View into Action: Planning for 2015-16* built on the direction of travel that all CCGs would have been following over the past year. Therefore, the refreshed Plan would not only reflect the progress that had been made against the stated plans and priorities from Year 1, but also realigned the narrative and focus in line with the *Five Year Forward View*.

Importantly the refreshed plan would reflect more fully on the Connecting Care Strategy and ensure that the programmes of work better reflected the CCGs clinical strategy, with greater focus on delivering the Priority Projects, whilst also remaining focused on the operational assurance of the NHS Constitution rand the NHS Mandate requirements.

As part of the NHS South Cheshire CCG Refresh Operational Plan the CCG had incorporated the work that had been undertaken as part of their Connecting care Strategy, to bring all local providers together to improve the health and wellbeing of the local population. The Strategy was underpinned by 6 key integration outcomes/foundation stones created by the Connecting Care Board to provide a single framework for integration and transformation, which aligned directly to the exiting NHS Constitution, health, public health, social care and 'Everyone Counts' outcomes frameworks and measures.

Each stone identified the specific area of the Connecting Care programme plan and the relative plans, aspirations and measures of success that related directly to the 6 health and social care integration outcomes. The CCG had adopted the foundation stones from the Connecting Care Strategy, along with reviewing the top health inequalities for its locality. From this work the CCG had adopted Strategic Priorities and local ambitions that would support the delivery of the Connecting Care Strategy, details of which were set out in the report.

The NHS South Cheshire CCG Operational Plan Refresh 2015-16 had reflected what the CCG had achieved during 2014-15 to enable them to look at their commissioning intentions that needed to be delivered starting in 2015-16. The achievements had been categorised again the NHS Outcomes Framework Domains. A list identifying some of the key areas of the CCGG's achievements was included in the report and further detail was contained within the plan, which was appended to the report.

It was noted that the full narrative detail of the CCGs refreshed Operational Plan would be made available locally, to be shared with partners and stakeholders, including NHS England following the final sign off form the Governing Body and NHS England, on 10th April 2015. The

CCG had prepared a programme for sharing the Plan with stakeholders and members of the public.

Members of the Board were requested to submit any comments in respect of the Plan by the end of the current week.

RESOLVED

1. That the draft Operational Plan 2015-16 be noted.

2. That it be noted that the final version would be published on the CCG website, following approval by NHS England in April 2015.

74. **CARE ACT UPDATE**

The Board received a short presentation providing an update in respect of the Care act 2014, which was the biggest change in Adult Social Care legislation for 60 years and included reforms in the the law and funding regime relating to care and support for adults and carers. The new legal framework brought legislation together into one modern law and encompassed the whole population, not just those with eligible social care needs.

The key features of phase one were a duty to promote people's wellbeing and to prevent need for care and support; a duty to provide an information and advice service about care and support; a requirement to carry out an assessment of both individuals and carers wherever they had needs, including people who would be ‘self-funders’; a duty to facilitate a vibrant, diverse and sustainable market of care and support provision and to meet people's needs if a provider of care failed; a national minimum eligibility threshold for support, a minimum level of need which would always be met in every Council area; a requirement to offer a universal deferred payment scheme, where people could defer the costs of care and support set against the value of a home they owned; a duty in some cases to arrange independent advocacy to facilitate the involvement of an adult or carer in assessing needs and planning for care; a duty to provide social care support to people in prisons and bail hostels; a duty to strengthen Safeguarding Adults Boards and to make safeguarding ‘personal’; embedding the right to choice through care plans and personal budgets.

The key features of phase two were the introduction of a revised upper and lower capital limits; a £72,000 cap for meeting eligible needs, care accounts; support after reaching the cap; free care for life (zero cap) for those born with an eligible need or who developed one in early life and an appeals process.

Everyone with eligible needs would be able to progress towards the cap, which would be set at £72,000. The rate at which they progressed would be based on what the cost was, or in the case of self-funders would be, to the local authority. This cost would be set out in a personal budget or an

independent personal budget. Progress towards the cap would be recorded in a care account. The local authority would maintain the care account and provide people with annual statements so they were informed of their progress. There would be a different approach for adults of working age.

The cap only included the cost of care to meet a person's eligible needs. Where a person was in a care home the local authority would deduct £230 per week for daily living costs to work out how much counted towards the cap. The rate included would be based on what the cost was, or in the case of self-funders would be to the local authority. This would not affect how much the provider received. Other costs which would not count included Top-up fees, NHS-funded care and only costs from April 2016 onwards would count.

Details of Cheshire East's approach to the act were reported. A new customer journey through adult social care was being designed and would be the foundation of all other developments. A new ICT system to support assessment and care management has been procured. The Care Act Project Board had overseen the implementation of the Care Act and task and finish groups, drawn from adult social care and corporate colleagues, had developed the detail of the changes. Public consultation on policy changes regarding fees had taken place and a detailed communications plan had been put in place.

RESOLVED

That the update be noted.

The meeting commenced at 2.00 pm and concluded at 4.25 pm

Councillor J Clowes (Chairman)

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