

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 26th September, 2017 at Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Voting

Councillor Rachel Bailey (Chairman)
Councillor Janet Clowes, Cheshire East Council
Councillor George Hayes, Cheshire East Council
Mark Palethorpe, Acting Executive Director of People, Cheshire East Council
Linda Couchman, Acting Strategic Director of Adult Social Care and Health, Cheshire East Council
Jerry Hawker, Eastern Cheshire Clinical Commissioning Group
Clare Watson, South Cheshire Clinical Commissioning Group
Dr Andrew Wilson, South Cheshire Clinical Commissioning Group
Tracy Bullock, Independent NHS representative
Rachel Cornes, Healthwatch

Non-Voting:

Fiona Reynolds, Director of Public Health, Cheshire East Council
Mike Larking, Cheshire Fire and Rescue Service
Caroline O'Brien – CVS

Observers:

Councillor Liz Wardlaw, Cheshire East Council
Councillor Sam Corcoran, Cheshire East Council
Councillor Stewart Gardiner, Cheshire East Council

Cheshire East Officers/others in attendance:

Ceri Kay, Legal Services, Cheshire East Council
Guy Kilminster, Corporate Manager Health Improvement, Cheshire East Council
Julie North, Senior Democratic Services Officer, Cheshire East Council
Anna-Marie Challinor, The End of Life Partnership
Nichola Glover-Edge, Director of Commissioning, Cheshire East Council
Nigel Moorhouse, Director of Children Social Care, Cheshire East Council
Tracy Ryan, Director of Children's Prevention & Support, Cheshire East Council
Gill Frame, LSCB Chair

Apologies

Dr Paul Bowen and Kath O'Dwyer.

22 DECLARATIONS OF INTEREST

Councillor S Corcoran declared a non-pecuniary interest by virtue of his wife being a GP and a Director of South Cheshire and Vale Royal GP Alliance Ltd.

23 MINUTES OF PREVIOUS MEETING

RESOLVED

That the minutes be approved as a correct record.

24 PUBLIC SPEAKING TIME/OPEN SESSION

Carol Jones used public speaking time to address the Board concerning proposed bus subsidy cuts in Crewe. She was concerned that the proposed cuts would cause isolation and deprivation, as the service provided a social link for residents. She asked what the Health and Wellbeing Board had done for the citizens of Cheshire East with regard to the proposals.

The Chairman of the Board and Leader of the Council, Cllr Rachel Bailey, responded to say that the bus service review was still the subject of consultation and that Cabinet would receive details of the consultation, but that there had been no decision to date. Council Members, including the relevant Overview and Scrutiny Committee, were working to ensure that residents were best served by whatever the result of the review was. With regard to isolation, she stated that the Council had already been very innovative in rural areas and had looked at initiatives to make sure that residents were not isolated.

Cllr Janet Clowes, Adult Social Care and Integration Portfolio Holder, added that there had been a number of community initiatives where communities had set up their own transport solutions in their areas. This had primarily been in rural areas, but it was recognised that urban areas could be just as isolated. The key would be to look at what routes were being used and particularly the little bus, but she did not want to pre-empt the Cabinet decision.

25 PALLIATIVE AND END OF LIFE CARE UPDATE

Annamarie Challinor, Head of Education & Service Development, the End of Life Partnership, attended the meeting and provided a presentation updating the Board in respect of Palliative and End of Life Care. A letter had been sent to all Health and Wellbeing Boards, highlighting the Government's response to the independent review of choice in end of life care. The document set out the Government's commitment to everyone approaching the end of life and asked Health and Wellbeing Boards to consider this commitment at this important time for local areas, as Sustainability and Transformation Plans were further developed and CCGs finalised operational plans for the coming years. The six commitments were outlined - Honest discussions, Informed choices, Personalised Care

Plans, Discussion/sharing of Personalised Care Plans, Involvement of family and carers and Having a key contact any time of the day. It was noted that the key messages related to Inclusion within Sustainability and Transformation Plans; local strategies and priorities; Organisations working together across the NHS, social care and the voluntary sector; and local health leaders developing strategies for palliative and end of life care, inclusive of all providers and relevant stakeholders.

The mission was to Transform End of Life Experience and Care and it was noted that there was a lot of experience within the partnership team, including General Nurses, Specialist Palliative Care, General Practitioners, Social Workers, Allied Health Professionals and the Specialist Dementia Team, which included Admiral Nurse, Public Health Workers, Volunteers and Carers.

The “Collaborative Strategic Plan for Palliative and End of Life Care 2016-2019” had already been developed for Cheshire, engagement with partners had taken place and four strategic priorities had been identified:-

- Advance Care Planning (ACP)
- Electronic Palliative Care Communication Systems (EPaCCS)
- Care Coordination
- Community Development

Working groups had been set up to discuss these priority areas with partners.

Details of what was being done locally were outlined, including the setting up of a Pan Cheshire Steering Group. It was reported that the Local Strategy involved the four key approaches of encouraging use of the EPaCCS EMIS template, influencing wider access to the EMIS template, getting EPaCCS onto wider locality ICT agendas and obtaining a local evidence base to demonstrate impact. The priorities for 2017-18 would be to develop reporting mechanisms, carrying out a Care home pilot and the development of a roadmap to inform future priorities.

Details of what was happening locally and future priorities with regard to advance care planning, care co-ordination and community development were also reported.

RESOLVED

That the update be noted.

26 LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

Consideration was given to a report providing information on the work of the Local Safeguarding Children Board (LSCB) in 2016-17. The full annual report was submitted at Appendix 1 to the report. Gill Frame, the Independent Chair of the LSCB, was in attendance at the meeting and presented the report.

It was noted that the LSCB had a statutory duty to prepare and publish an Annual Report which described how partners safeguarded vulnerable children and young people in Cheshire East. The report gave an account of how the LSCB had worked over the past year to improve the safety and wellbeing of children and young people. The report described the local governance arrangements and structure of the LSCB, the linkages to other strategic partnerships across the borough and the work undertaken against the 2016-17 priorities and also set out the agreed priorities for 2017-18.

The Board welcomed the report and the continuing work of the LSCB and put on record its thanks to the LSCB, including Ian Rush, the former Independent Chair.

RESOLVED

That the report be noted.

27 SEND STRATEGY AND SEN SUFFICIENCY STATEMENT

Consideration was given to a report providing information on the work of the Local Safeguarding Children Board (LSCB) in 2016-17. The full annual report was submitted at Appendix 1 to the report. Gill Frame, the Independent Chair of the LSCB, was in attendance at the meeting and presented the report.

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The Board welcomed the report and the continuing work of the LSCB and put on record its thanks to the LSCB, including Ian Rush, the former Independent Chair.

RESOLVED

That the report be noted.

28 SEND STRATEGY AND SEN SUFFICIENCY STATEMENT

Consideration was given to a report providing an update on progress made in relation to the development of a SEND Strategy.

The strategy set out how developments to services would be driven, so that the partnership supported children and young people with SEND to achieve the best possible outcomes and benefit from a seamless transition process, which built on high aspirations as they became adult citizens. The aim of the Strategy was also to enable the demonstration of multi-agency joined up commitment to improving outcomes for children and young people with special educational needs and/or disabilities.

The overall aim was to ensure that children and young people achieved and reached their potential and became, as far as possible, independent adults in society. The Strategy covered the 0-25 age range, so was very much in line with all of the high level Health and Wellbeing Strategy Priorities and Principles.

It was reported that, in May 2016, Ofsted and the Care Quality Commission had introduced a new type of joint inspection. Under the Local area special educational needs and disabilities inspection framework, inspectors reviewed how well local areas met their responsibilities to children and young people from birth to age 25 who had special educational needs or disabilities (or both). The effectiveness of the strategy would be judged through this process. The Board was reminded that the document was still the subject of the local area inspection and that there was still a significant amount of work to be done in respect of this.

A copy of the Sufficiency Statement of educational provision for children and young people with special educational needs, a piece of work which had been undertaken in the previous year, was also submitted to the Board for information.

The Board welcomed the report and in particular the work to be undertaken in collaboration with partners. Both South Cheshire CCG and Eastern Cheshire CCG indicated their willingness to engage and to bring any expertise they had to the process.

RESOLVED

1. That the SEND Strategy be noted and the strong emphasis on multi agency intent be supported.
2. That the Board sign up to the vision, as set out on page 3 of the Joint Strategy.
3. That the broad priorities, as set out on page 4 of the Joint Strategy, be agreed.

4. That the SEND Strategy Action Plan be agreed.
5. That an update report be submitted to a future meeting of the Board.

28 ADOPTION COUNTS

Consideration was given to a report relating to Adoption Counts, a new regional adoption agency set up under the Education and Adoption Act 2016, which was only the second regional adoption agency to become operational in the country. Adoption Counts incorporated the adoption services of Stockport (the host agency), Manchester, Trafford, Salford and Cheshire East local authorities. The agency would service the region via a Hub and Spoke model, with offices in Salford, Wythenshawe and Middlesbrough.

It was noted that by 2020, the government expected all adoption services to be delivered via regional adoption agencies. The new agency would provide a range of pre and post adoption support services in conjunction with statutory and voluntary sector providers. The Department for Education was keen for local Health and Well-Being Boards to be engaged in these developments, particularly in the support provided to adoptive families. The Board was requested to nominate a representative to the Adoption Support Sub Board of Adoption Counts.

RESOLVED

- 1 That the contents of the report be noted.
- 2 That it be agreed that at least an annual update on the development and effectiveness of the service be submitted to the Board.
- 3 That Cllr Rachel Bailey be nominated as representative to the Adoption Support Sub Board of Adoption Counts, with a pledge that she would provide regular reports to the Health and Wellbeing Board.

29 BETTER CARE FUND 2017 - 2018

Consideration was given to a report which had been submitted to the Board as a follow-up to the 'virtual Health and Wellbeing Board' exercise, which had been carried out during August 2017.

It was reported that, following a lengthy delay, NHS England had published the final guidance for Integration and Better Care Fund planning requirements for 2017-19, in July 2017. With this guidance was the requirement for each locality to author an updated Narrative Plan, with an associated annual financial plan, to provide a refreshed view of local plans to deliver Better Care between 2017-19. NHS England had provided a fixed deadline of 11th September 2017 to both prepare and present the Narrative Plans locally to Health and Wellbeing Boards, which for Cheshire

East had meant that a 'virtual Health and Wellbeing Board' process was followed in order for the plan to receive the required sign-off by the Leader, prior to submission to NHS England. Details of the timeline and process which had been followed was attached at Appendix 1 of the report. The 2017-19 plan set out in detail a comprehensive overview of all the schemes funded by both the Improved Better Care Fund, which represented the new social care fund and the core Better Care Fund. These funding streams must work together in an integrated way to reduce non-elective admissions, improve delayed transfers of care, reduce admissions to residential and nursing care and improve the effectiveness of reablement. In addition to this, schemes must also focus on improving self-care and early intervention where possible, to support residents to be able to manage their conditions and health needs. The plan also set the ambitious plan to integrate carer's services in Cheshire East, as part of an Integrated Carers Hub.

Thanks were expressed to all those who had worked to get the Plan submitted by the required deadline.

In considering the report members of the Board asked a number of questions and made a number of comments, as follows:-

- I. Whilst the recommendations were welcomed, it was felt that there should be more information about the holistic approach to reablement and reassurance was sought that residents would get reablement services. This reassurance was provided.
- II. The collaborative working between partners was welcomed and it was felt that that closer working together was a positive place to start.
- III. Reference was made to the challenge to reduce delayed transfers of care and it was suggested that the Board should have an aspiration for there to be none.
- IV. Mike Larking, from the Cheshire Fire and Rescue Service, referred to the Safe and Well Initiative, delivered by the Fire and Rescue Service, which incorporated advice on home energy, cheaper tariffs and grants to support winter pressures and help to prevent winter deaths. Details of the initiative would be circulated to the Board.
- V. The Chairman felt that it would be good to build on the contents of the BCF and working together at the next private session of the Board.

RESOLVED

That, following its submission to NHS England on the 11th of September 2017, the Cheshire East Health and Wellbeing Board endorses the Delivering Better Care in Cheshire East 2017-19 plan.

Consideration was given to a report informing the Board of national interest in its work and a request for a case study for a Local Government Association Publication.

Insight to Impact Consulting Limited had been commissioned by the Local Government Association to work on a publication highlighting good practice in relation to the mental health and wellbeing of children and young people. They had approached the Cheshire East Health and Wellbeing Board for a case study.

It was reported that this was an opportunity to reflect on progress made in relation to this issue over the last year or two and to see this shared more widely, to help other areas move forward, learning from good practice and helping to avoid pitfalls that may have hindered progress. It would also help to identify further work required and reaffirm the Board's commitment to the children and young people's mental health and wellbeing agenda.

Su Turner, of Insight to Impact Consulting Limited, would be leading the work and would be making contact with Board members in due course, to inform the case study. The Board was asked to support any request for information that might be received.

RESOLVED

That the request be noted and that partners be requested to support the work to develop the case study with appropriate provision of information if required.

The meeting commenced at 2.00 pm and concluded at 3.20 pm

Councillor Rachel Bailey (Chairman)