

Cheshire East Health and Wellbeing Board Agenda

Date:	Tuesday, 27th November, 2018
Time:	2.00 pm
Venue:	Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

To receive any apologies for absence.

2. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

3. **Minutes of Previous meeting** (Pages 3 - 8)

To approve the minutes of the meeting held on 25 September 2018.

For requests for further information

Contact: Rachel Graves

Tel: 01270 686473

E-Mail: rachel.graves@cheshireeast.gov.uk with any apologies

4. **Public Speaking Time/Open Session**

In accordance with paragraph 2.32 of the Committee Procedural Rules and Appendix 7 to the Rules a period of 10 minutes is allocated for members of the public to address the meeting on any matter relevant to the work of the body in question. Individual members of the public may speak for up to 5 minutes but the Chairman or person presiding will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers. Members of the public are not required to give notice to use this facility. However, as a matter of courtesy, a period of 24 hours' notice is encouraged.

Members of the public wishing to ask a question at the meeting should provide at least three clear working days' notice in writing and should include the question with that notice. This will enable an informed answer to be given.

5. **Better Care Fund and Improved Better Care Fund 2018/19 Quarter 2**
(Pages 9 - 24)

To consider a summary of the key points arising from the 2018/19 Quarter 2 Better Care Fund and Improved Better Care Fund return.

6. **Cheshire East Council Local Account for Adult Social Care 2017/18**
(Pages 25 - 44)

To receive the Local Account for Adult Social Care 2017/18.

7. **Redesign of Adults and Older Peoples Specialist Mental Health Services Update**

To receive an update on the Redesign of Adults and Older Peoples Specialist Mental Health Services.

Report to follow

8. **Update on the Cheshire and Merseyside Health and Care Partnerships' Five Year Plan** (Pages 45 - 54)

To consider the NHS approach to long term planning, as outlined by Simon Stevens, Chief Executive of NHS England and Ian Dalton, Chief Executive of NHS Improvement, and how to engage in the process.

9. **Cheshire East Partnership Transformation Update**

To receive a verbal update on the Cheshire East Partnership Transformation.

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 25th September, 2018 at Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT**Voting Members**

Councillor Rachel Bailey, Cheshire East Council (Chairman)
Councillor Janet Clowes, Cheshire East Council
Councillor Jos Saunders, Cheshire East Council
Alex Mitchell, Eastern Cheshire CCG
Dr Daniel Harle, Eastern Cheshire CCG
Dr Andrew Wilson, South Cheshire CCG
Clare Watson, South Cheshire CCG
Mark Palethorpe, Cheshire East Council
Louise Barry, Healthwatch

Non-Voting Members

Kath O'Dwyer, Cheshire East Council
Fiona Reynolds, Cheshire East Council
Caroline Whitney, CVS
Tom Knight, NHS England
Mike Larking, Cheshire Fire and Rescue Service

Observers

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

Cheshire East Officers/Others in Attendance

Guy Kilminster, Cheshire East Council
Paul Mountford, Cheshire East Council
Jacki Wilkes, Eastern Cheshire CCG (Item 5)
Judith Gibson, Cheshire East Council (Item 6)
Amy Hewitt, Cheshire East Council (Item 6)
Alison Stathers-Tracey, Cheshire East Council (Item 8)

The Chairman welcomed Alex Mitchell to his first meeting of the Board as the representative of the Eastern Cheshire Clinical Commissioning Group. The Chairman placed on record her thanks to his predecessor, Jerry Hawker, for his contribution to the work of the Board.

11 APOLOGIES FOR ABSENCE

Apologies were received from Chief Inspector Alan Fairclough (Cheshire Police) and Tracey Bullock (NHS Independent Representative).

12 DECLARATIONS OF INTEREST

There were no declarations of interest.

13 MINUTES OF PREVIOUS MEETING

RESOLVED

That the minutes of the meeting held on 24th July 2018 be approved as a correct record.

14 PUBLIC SPEAKING TIME/OPEN SESSION

Councillor B Walmsley referred to the amount of completed and planned housing development for Middlewich and asked for an assurance that the amount of healthcare provision was adequate and that it would serve all areas of the town. At the Chairman's request, Mr G Kilminster responded that there was a piece of work underway involving the CCGs and the Planning Department which was assessing the implications of house building on various services, including healthcare. He undertook to provide further details in writing. Councillor J Clowes added that there was a need to consider how health services could be funded from developer contributions. This was part of the work that the Planning Department was undertaking.

Councillor P Bates referred to the future of Congleton War Memorial Hospital and the opportunities that existed for its expansion. He gave notice that he was arranging, cross party, a call to action day in support of the hospital, its facilities and staff on 13th October 2018 at 10.30 am.

15 REPORT ON THE PUBLIC CONSULTATION ON THE REDESIGN OF ADULTS AND OLDER PEOPLE'S SPECIALIST MENTAL HEALTH SERVICES (AOPSMHS)

The Board considered a report on the outcome of public consultation on the redesign of Adults and Older People's Specialist Mental Health Services.

A presentation was given by Jacki Wilkes, Associate Director of Commissioning, Eastern Cheshire CCG.

The public consultation had run from 6th March to 29th May 2018 and had taken three options forward for consideration. The findings of the consultation were set out in the report. Representatives from the three Governing Bodies had met on 15th August 2018 to receive and discuss the independent analysis of the public consultation and give 'conscientious consideration' to the consultation findings.

RESOLVED

That

1. the findings from the public consultation be noted;
2. the feedback following conscientious consideration from commissioners be noted; and
3. confirmation that due process has been followed and the Gunning Principles upheld be deferred until the Health and Adult Social Care and Communities Overview and Scrutiny Committee has considered the matter at its meeting on 27th September 2018.

16 DOMESTIC ABUSE - RESPONDING TO COMPLEXITY

The Board considered a report on a comprehensive strategy for addressing domestic abuse.

A successful sub-regional bid had enabled a local service, Cheshire Without Abuse, to scale up their existing work in this area to address complexity, share good practice across Cheshire and learn from others' approaches. A second bid had been submitted to DCLG to extend this work.

The Board was asked to consider ways in which this work could be developed further in collaboration with other strategic bodies.

RESOLVED

That the Board consider the matter in greater detail at its meeting in October.

17 BCF AND IBCF 2018/19 Q1 REPORT

The Board considered a report providing a summary of the key points arising from the 2018/19 Quarter 1 Better Care Fund and Improved Better Care Fund return, and the next steps to improve performance within the Cheshire East Health and Social Care system.

RESOLVED

That

1. the contents of the Quarter 1 Better Care Fund and Improved Better Care Fund return as set out in the report be noted;
2. the areas of improvement and areas where performance has not improved, and the commitment from all partners to address this collectively in the coming months, be noted; and

3. the recommended next steps to improve performance where needed be supported.

18 FAMILY FOCUS PROGRAMME (NATIONAL TROUBLED FAMILIES PROGRAMME)

The Board considered a report on the Family Focus Programme.

The Programme, which had been in place since April 2015, aimed to help to break long term, intergenerational patterns of behaviour that impacted on the health and well being of families and individuals within them. The report outlined progress made by the Cheshire East Partnership in meeting the targets set by the Ministry of Housing, Communities and Local Government, and the steps being taken to deliver a Recovery Plan agreed in April 2018.

RESOLVED

That

1. the Board agrees to a refresh of a multi-agency early help assessment framework in coming months, including measures of shared responsibility for leading the assessment process for families, this being vital to support service transformation in each organisation/service area to ensure that the partnership is considered to be 'mature' by March 2020;
2. this work include commissioning opportunities and contract reviews as well as other service developments/training opportunities to ensure the ethos of the programme and to ensure that the lead professional role is embedded across the partnership;
3. a timetable for the above actions be agreed; and
4. it be noted that these actions will support activity already identified and being carried out as part of the recovery plan.

19 CHESHIRE EAST PARTNERSHIP TRANSFORMATION UPDATE

The Board received an update on the Cheshire East Partnership Transformation.

Clare Watson announced that a letter had been received today from the Cheshire and Merseyside Health and Care Partnership announcing that the Cheshire East Partnership had been awarded £486,000 for the end of the financial year.

Guy Kilminster clarified that the award comprised three elements: £166,000 for GP cover to allow involvement with care communities;

£170,000 for a culture and behaviour change programme for care communities staff; and
£150,000 for accelerating innovation.

Clare Watson also reported that a further business case would be submitted to regulators in November.

Partnership Board meetings were being used to provide workshops to look at ambition and scope. An independent chairman of the Partnership Board was being sought to drive the agenda forward.

RESOLVED

That the update be noted.

The meeting commenced at 2.00 pm and concluded at 3.56 pm

Councillor Rachel Bailey (Chairman)

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Working for a brighter future together

Cheshire East Health and Wellbeing Board

Date of Meeting: 27 November 2017

Report Title: Better Care Fund and Improved Better Care Fund 2018/19 Quarter 2

Portfolio Holder: Cllr. Janet Clowes (Adults Social Care and Integration)

Senior Officer: Linda Couchman, Interim Director of Adult Social Care and Health

1. Report Summary

1.1. On the 19th October 2018, Cheshire East submitted the 2018/19 quarter 2 Better Care Fund and Improved Better Care Fund return. The return was signed-off by Linda Couchman, Interim Director of Adult Social Care and Health.

1.2. The purpose of this paper is to provide the Health & Wellbeing Board (HWB) with a summary of progress made during Quarter 2.

1.3. The paper will look at the following in turn:

- National conditions & s75 Pooled Budget (4.1)
- Programme progress during Q2 (4.2)
- Governance (4.5)
- Performance (4.10)
- High Impact Change Model (4.17)
- Spotlight on a BCF/iBCF scheme (4.20)
- Future configuration of the BCF programme (4.25)
- Next steps (4.29)

2. Recommendation

2.1. The Cheshire East Health and Wellbeing Board is asked to note Better Care Fund and Improved Better Care Fund performance during Quarter 2.

3. Reasons for Recommendation

3.1. The Cheshire East Health and Wellbeing Board is central to the Governance of the BCF, this report and recommendations form part of this ongoing governance.

4. Background

4.1. National conditions & s75 Pooled Budget

At the end of quarter 2 2018/19, the following national conditions were fully met in Cheshire East:

- Plans were jointly agreed
- There was a planned contribution to social care from the CCG minimum contribution; it has been agreed in line with the planning requirements.
- There is agreement to invest in NHS commissioned out of hospital services
- There is agreement on managing transfers of care
- Funds have been pooled via a s.75 pooled budget

4.2. Programme progress during Q2

As part of the Cheshire East BCF programme 19 schemes were included for 2018/19. These are a combination of BCF and iBCF funded elements. An additional 2 schemes were added to the programme during this previous quarter; Demand Capacity & End of Life Partnership Website/e-Paige.

4.3. Demand capacity

The aim of this scheme is to achieve a greater understanding of system wide capacity which in turn will allow for a better management of services in turn supporting the achievement and attainment of national metrics. Through analysis of demand and capacity for a service, it is possible to identify and apply good practice approaches to improve flow and decrease waiting times.

4.4. End of Life Partnership Website/ e-Paige

The e-Paige is a dynamic easy to use 'one stop' electronic tool available for use across all care settings. The e-Paige offers a unique approach to End of Life care, prognostication and management. It brings together resources tailored specifically to the needs of the patient, family or clinician at any given time. The information and resources gathered from a wide network of local, regional and national sources are aligned to individual stages of the patient pathway and placed into context via four individual management plans covering the assessment, ongoing management and discharge planning for a

patient with a prognosis of, months, weeks, or days. The final management plan covers the first hours and days after death and into ongoing bereavement care.

4.5. Governance

4.6. During the last quarter a number of activities have taken place, this includes a refresh of the Terms of Reference for the Better Care Fund Governance Group (BCFGG), the production and adoption of operating principles for the BCFGG and the production and adoption of a forward plan for the BCFGG.

4.7. Terms of Reference (TOR) – the terms of reference outlines; responsibilities, purpose, objectives, group composition/membership, code of conduct, meeting/quoracy arrangements and when the TOR should be re-reviewed.

4.8. Operating principles – The operating principles have been developed in order to explicitly set out how the organisations comprising of the BCFGG should operate in order to achieve the aims of the BCF plan in Cheshire East. For example the 2 year plan entitled: Delivering the Better Care Fund in Cheshire East 2017-19 set out the vision as follows: the “Delivery of a fully integrated health and social care commissioning function by 2020 supporting the delivery of Accountable Care across Cheshire”. The operating principles put forwards approaches towards achieving this vision.

4.9. Forward plan – The forward plan aims to explicitly set out the work due to be undertaken and discussed at future meetings of the BCFGG. It's an aim to more clearly direct the work of the BCFGG ensuring that there is a strategy in meeting the objectives of the TOR.

4.10. Performance

4.11. The Integration and Better Care Fund Operating Guidance for 2017-19 sets out a number of metrics through which performance is judged, the measures are as follows:

- BCF Metric 1 - Emergency Admissions (All Age Groups)
- BCF Metric 2 - Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes (per 100,000)
- BCF Metric 3 - Proportion of older people (65 and over) who are still at home 91 days after discharge
- BCF Metric 4 - Delayed Transfers of Care Rate per 100,000 popn aged 18+
- BCF Metric 5 - Long stay patients

4.12. A breakdown of performance against these five metrics is shown in Appendix one.

4.13. The performance recorded presents the totality of health and social care performance for the Cheshire East Health and Wellbeing footprint area. In order to further improve performance a continued focus on the metrics has been built into the forward plan for the BCFGG. Each meeting of the BCFGG has a review of a particular metric. These focused reviews or 'deep dives' will try to establish;

- The system performance in relation to metric
- Any differences in performance within Eastern Cheshire between East and South
- Patterns/themes where greater resource can be targeted
- A series of recommendations to be implemented by organisations to improve performance.

4.14. In addition to this each scheme which comprises the BCF/iBCF in Cheshire East has a scheme descriptor which describes what the scheme is, what its due to achieve and in turn how this will impact on the five metrics outlined previously.

4.15. New nationally set targets have been introduced for the Delayed Transfers of Care (DTOC). The DTOC target for Cheshire East will be 733 and within this 498 delayed days will be attributable to the NHS and 235 delayed days will be attributable to Social Care. On a daily basis the DTOC expectation is that there will be a total of 24 delayed days, this is made up of 17 delayed days attributable to the NHS and 8 days attributable to Social Care.

4.16. There was also a new national ambition to reduce bed occupancy by reducing the number of long stay patients (and long stay bed days) in acute hospitals by 25%. The baseline accompanying the new target sets out that that beds occupied with long stay patients in Cheshire East was 165 , the ambition set which is the maximum number of beds to be occupied with long stay patients would be 122, this represents a local long stay reduction of 26.2%. As yet local information relating to actual performance hasn't been accessible from the Social Care Dashboard.

4.17. High Impact Change Model

4.18. The High Impact Change Model, as defined by the Local Government Association offers a practical approach towards managing transfers of care. The model identifies eight system changes which will have the greatest impact on reducing delayed discharge.

- 4.19. The model itself can be used to complete a self-assessment on how the local care and health systems are working now, it can also be used to help reflect on, plan for, and action improvements on reducing delays throughout the course of the year. An updated self-assessment against the HICM for Cheshire East is shown in Appendix two.
- 4.20. Spotlight on a BCF/iBCF scheme
- 4.21. Each Quarter we wanted to highlight a particular scheme and its performance. The Cheshire East Carers Hub - is a new information and support service designed to help carers of all ages fulfil their caring responsibilities and still enjoy a healthy life outside of their caring role. The Hub supports carers who live in Cheshire East, along with those who live outside the area but care for a Cheshire East resident.
- 4.22. The Hub was commissioned in May 2018 by Cheshire East Council, in partnership with the NHS, and is being delivered by N-compass Northwest. N-compass was selected following a competitive procurement process and is an organisation with experience of providing high-quality and innovative provision for carers. N-compass will work in partnership with Child Action North West, The Alzheimer's Society and other national and local organisations to ensure carers receive information and support which is tailored to their individual needs.
- 4.23. The Cheshire East Carers Hub provides a single point of access for carers, families and professionals. The Hub will ensure that carers have access to information, advice and a wide range of support services to help them continue in their caring role and to reduce the impact of caring on their own health and wellbeing. Carers can registered directly with the Hub or referrals can be made by professionals, any agency or organisation, relatives or friends.
- 4.24. The Hub also offers groups and activities which carers will be familiar with along with introducing new support opportunities co-produced with local carers. Whilst the office base for the Hub is located in Congleton, a key feature of the new service will be regular outreach sessions in communities across the borough. Recent achievements include:
- Distributed Living Well funds to 117 carers
 - Identified 364 hidden carers
 - Facilitated 1010 support sessions
 - Facilitated 36 support groups attended by 217 carers – 83% reported improved wellbeing
 - Facilitated over 20 different briefings or presentations
 - Launched the community grant scheme
 - Working with the council to become trusted assessors

- Recruiting and inducting volunteers for the chat line
- Developed carer reference groups
- Developed list of GP Carer Advocates/Champions from within GP practices and build links/establish referral pathways
- Grew a network of young carer champions/link workers from within schools aligned to Emotionally Healthy Schools Programme
- Planning a range of positive, accessible and age appropriate activities/training that provide carers with a break/support in their caring role
- Carers Choice awards evening on 26th September where 13 projects were presented to carers for them to vote on which ones they liked. On the evening 34 carers voted and 10 projects were awarded £88,000 for them to deliver a range of carers services during the next 12 months, that complement the offer from the Carers Hub. A notable outcome of this was the vast majority supported the young carers projects.

4.25. Future configuration of the BCF programme

4.26. In the March 2017 Budget, the Conservative Government said that it would publish a Green Paper on social care, in order to allow a public consultation to be held. This followed the decision in July 2015 to postpone the introduction of a cap on lifetime social care charges and a more generous means-test that had been proposed by the “Dilnot Commission” and accepted in principle by the then Coalition Government. During the subsequent 2017 General Election campaign, the Conservative Party made a manifesto commitment to introduce the Green Paper.

4.27. The Government has said that the proposals in Green Paper will “ensure that the care and support system is sustainable in the long term”. Other topics that the Government have said will be included include integration with health and other services, carers, workforce, and technological developments, among others. A Social care Green paper on older people and the future of BCF is due, there are a number of questions under consideration which include:

- What purpose should the BCF serve in the future
- What the funding model should be
- And what scope to improve the administration of the BCF

4.28. With this in mind there are a number of considerations with respect to the configuration of the BCF programme in Cheshire East and a options paper will be circulated to Cheshire East Council as well as Eastern Cheshire CCG and South Cheshire CCG outlining a number of proposals for 2019-20.

4.29. Next steps

4.30. In order to mitigate performance evidenced in Q2 the following next steps will be adopted and progressed:

- Implement metric improvement actions
- Carry out metric 'deep dives' and implement recommendations
- Produce programme recommendations for 2018/19

5. Implications of the Recommendations

5.1. Legal Implications

5.1.1. If an area is not compliant with any of the standard conditions of the BCF, or if the funds are not being spent in accordance with the agreed plan resulting in a risk to meeting the national conditions, the Better Care Support Team (BCST), in consultation with national partners, may make a recommendation to NHS England to initiate an escalation process. Any intervention will be appropriate to the risk or issue identified.

5.2. Finance Implications

5.2.1. The Integration and Better Care Fund Operating Guidance provides the option that where an area remains non-compliant, or performance remains poor, further intervention will be considered. If it becomes apparent that local implementation is resulting in one or more requirements of the BCF not being met in an area – the BCST will consider commencing an escalation process. The financial implications include withdrawal or redirection of grant funding and in turn, additional costs to be incurred locally by BCF partners. These include existing permanent costs no longer being funded and also, short term one off costs such as staff severance.

5.3. Policy Implications

5.3.1. Recent Better Care Fund guidance published 18th July 2018 stated the requirement to achieve a reduction in long stay in hospitals. The ambition is for long stays in hospital to be reduced by 25%. This is to be achieved in part through the continuing focus on delivery of the local DTOC expectations; this could have a policy implication on how resources are targeted to meet this ambition.

5.4. Equality Implications

5.4.1. In respect of the Equality Act 2010, public bodies across Great Britain have an equality duty. All BCF partners in Cheshire East are conversant and compliant with the Equality Act 2010. The Equality Duty has three aims. It requires public bodies to have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected.

5.4.2. The implication of this Quarter 2 performance information is that we need to expressly collect and evidence we have satisfied that due regard has been given to the Equality duty. For example against each of the metrics we would show a breakdown of characteristics of services users/patients and whether these are protected.

5.5. Human Resources Implications

5.5.1. Poor performance against national metrics could see intervention and escalation process implemented which in turn could see funds directed differently, which in turn could bring with it human resource implications.

5.6. Risk Management Implications

5.6.1. Ongoing performance monitoring and management to ensure improving performance against the national metrics.

5.7. Rural Communities Implications

5.7.1. Where possible the national metrics are reported across Cheshire East Council footprint as well as Eastern Cheshire CCG footprint and Southern Cheshire CCG footprint. No specific impact across rural communities has been found across the national metrics.

5.8. Implications for Children & Young People

5.8.1. Some children and young people are classed as carers, and it is important that these individuals are recognised and supported through the existing better care fund.

5.9. Public Health Implications

5.9.1. The Better Care Fund has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

5.9.2. Health and care that supports better health and wellbeing for all, and a closing of health inequalities. There are no direct implications for public health.

6. Ward Members Affected

6.1. The implications will be borough wide.

7. Consultation & Engagement

7.1. Consultation and engagement with CCG partners through the BCF Governance Group has taken place and will continue to take place.

8. Access to Information

8.1. The Integration and Better Care Fund Operating Guidance For 2017-19
Published 18 July 2018

9. Contact Information

9.1. Any questions relating to this report should be directed to the following officer:

Name: Alex Jones

Job Title: BCF Programme Manager

Email: Alex.T.Jones@cheshireeast.gov.uk

Performance – Appendix one

Metric	National context	Regional context	Local context	Mitigating action
BCF Metric 1 - Emergency Admissions (All Age Groups)	<p>Non-elective admissions (NEA) for year to date at August 2018 increased by 6.7% compared to year to date at August 2017.</p> <p>During the last quarter we have seen increases nationally in Non-Elective Admissions (NEAs) as shown from NHS Improvement provider performance information. Year to Date information suggests 200,000 additional admissions. The recent heatwave has contributed to the increase seen in Non-Elective Admission increases.</p>	Commissioners in the NHS North region saw non-elective admissions for year to date at August 2018 increase by 8.1% compared to year to date at August 2017	<p>At the end of Quarter 1, NEAs were 12% above planned target (10,635 compared to plan figure of 9,487). Due to the hot weather over the summer, there were system pressures across the whole health economy. Mid Cheshire Hospital Trust escalated to Operational Pressures Escalation Levels (OPEL) Twice during August and was consistently under pressure due to the hot weather, likewise, East Cheshire NHS Trust escalated to OPEL 4.</p> <p>OPEL helps to manage day to day variations in demand across the health and social care system as well as the procedures for managing significant surges in demand.</p> <p>NEAs from April to July 2018 are about 4% up on the same period last year (14,349 compared to 13,798). This, however, includes a spike in July where NEAs were about 7% up on the same month in 2017 (3,714 compared to 3,476) and a 6% increase on the previous month (3,714 compared to 3,501). July 2018 saw the highest number of NEAs in Cheshire East for at least 2 years.</p> <p>Some key areas contributing towards an increase in NEAs in Cheshire East are as follows:</p> <ul style="list-style-type: none"> • Diagnosis Cellulitis of other parts of limb for 2017/18 was 37 incidents, and for 2018/19 was 78 incidents, the total change between 2017/18 and 2018/19 was 110.8%. • For a diagnosis of Urinary tract infection, site not specified for 2017/18 there were 105 incidents, and for 2018/19 there were 156 incidents, the total change between 2017/18 and 2018/19 was 48.6%. • Within this analysis Urology saw increased incidents increase from 76 in 2017/18 to 107 in 2018/19. Top 10 Diagnosis (Change in activity from previous year) (Summer - Jun to Aug Only) 	
BCF Metric 2 - Long-term support needs of older	National data is only collected annually and not in-year. 2017/18 data is due to be published on 23rd October 2018. The latest national data	National data is only collected annually and not in-year. 2017/18 data is due to be published on 23rd October 2018. The latest national data	Cheshire East Quarter 2 is currently 308.2 (please note that this may rise as additional data is loaded).	

Metric	National context	Regional context	Local context	Mitigating action
people (aged 65 and over) met by admission to residential and nursing care homes (per 100,000)	available is for 2016/17. In 2016/17, the year-end rate nationally was 610.7. Assuming admissions were broadly consistent over the year, the national performance at the end of Quarter 2 would have been 305.4.	available is for 2016/17. In 2016/17, the year-end rate for the North West region was 769.0. Assuming admissions were broadly consistent over the year, the national performance at the end of Quarter 2 would have been 384.5	Quarter 2 actual performance is currently forecast to be around 15% below the Quarter 2 target. Individual monthly spikes in admissions seen in the first half of the year in the previous years have not happened in 2018/19 and there has been a more consistent level of admissions.	
BCF Metric 3 - Proportion of older people (65 and over) who are still at home 91 days after discharge	National data is only collected annually and not in-year. 2017/18 data is due to be published on 23rd October 2018. The latest national data available is for 2016/17. Please note that national performance is only measured for those people who were discharged from hospital between 1st October and 31st December) The national percentage achieved in 2016/17 was 82.5%. For the 85+ age group it was 80.3%. 45% of the cohort for this measure, nationally, were aged 85+	National data is only collected annually and not in-year. 2017/18 data is due to be published on 23rd October 2018. The latest national data available is for 2016/17. Please note that national performance is only measured for those people who were discharged from hospital between 1st October and 31st December) The regional percentage achieved in 2016/17 was 81.8%. For the 85+ age group it was 79.9%. 42% of the cohort for this measure, regionally, were aged 85+	In Quarter 1 18/19 (Intermediate Care Only), the percentage achieved was 70.5%. For the 85+ age group it was 64.1%. 52% of the cohort for this measure, in Cheshire East, were aged 85+ Recording process issues relating to Reablement following discharge. In Quarter 1, just over 12% of people discharged to Intermediate Care (38 out of 302) sadly passed away before the 91 days after discharge. We are still awaiting full Quarter 2 data and Reablement data, Quarter 1 (Intermediate Care only) was significantly below plan (18.4 percentage points). To meet the target, a further 59 on top of the 213 people would have needed to be still at home at the 91 day point. If the numbers who passed away were excluded, the shortfall against plan would be 9.1 percentage points. Partial data for Quarter 2 indicates some potential improvement though still not at the planned level. The handbook of definitions for 2018/19 which includes this metric suggests that future of this performance measure could include consideration of Reablement packages delivered in the community.	In mitigation of this information the following actions will be taken: <ul style="list-style-type: none"> Re-validation of data including Reablement packages, Intermediate Care beds and Intermediate Care Packages. We will increase the scope of data collection to include those Reablement packages offered in the community.
BCF Metric 4 - Delayed Transfers of Care Rate per 100,000 popn aged 18+	Nationally, DTOC beds in August 2018 were 19% lower than at August 2017. By June 2018, DTOC beds were at their lowest number since May 2015. There has, since June 2018, been an increase of 5% as at August 2018 (+10% for social care delays and +3% for NHS delays). At August 2018, nationally, the top 3 reasons for all delays were: Awaiting care package in own home (22%); Awaiting further non-acute NHS care (17%); and Awaiting nursing home placement or availability (16%)	In the North West region, DTOC beds in August 2018 were 24% lower than at August 2017. There has, since June 2018, been an increase of 8% as at August 2018 (+6% for social care delays and +9% for NHS delays). At August 2018, regionally, the top 3 reasons for all delays were: Awaiting care package in own home (22%); Awaiting nursing home placement or availability (15%); and Awaiting completion of assessment (15%) At August 2018, regionally, the top 3 reasons for	In Cheshire East, DTOC beds in August 2018 were 22% lower than at August 2017. There has, since June 2018, been an increase of 12% as at August 2018 (+4% for social care delays and +23% for NHS delays). At August 2018, in Cheshire East, the top 3 reasons for all delays were: Awaiting further non-acute NHS care (26%); Awaiting care package in own home (23%); and Awaiting nursing home placement or availability (20%) At August 2018, in Cheshire East, the top 3	In mitigation of this information the following actions will be taken: <ul style="list-style-type: none"> Recommendations produced as a result of the 'deep dive' conducted through the BCF GG will be implemented. The Health and Social Care secretary has announced an additional £240m will be allocated to Social Care in England in order to ease pressure on the NHS this winter by enabling a greater number of elderly people to be cared for at home. The additional money is being targeted at reducing Delayed Transfer of Care.

Metric	National context	Regional context	Local context	Mitigating action
	<p>At August 2018, nationally, the top 3 reasons for NHS delays were: Awaiting further non-acute NHS care (27%); Patient/family choice (18%); and Awaiting nursing home placement or availability (14%)</p> <p>At August 2018, nationally, the top 3 reasons for Social Care delays were: Awaiting care package in own home (36%); Awaiting residential home placement or availability (24%); and Awaiting nursing home placement or availability (14%)</p>	<p>NHS delays were: Awaiting further non-acute NHS care (24%); Patient/family choice (18%); and Awaiting nursing home placement or availability (15%)</p> <p>At August 2018, regionally, the top 3 reasons for Social Care delays were: Awaiting care package in own home (42%); Awaiting residential home placement or availability (18%); and Awaiting completion of assessment (16%)</p>	<p>reasons for NHS delays were: Awaiting further non-acute NHS care (39%); Awaiting nursing home placement or availability (20%); and Patient/family choice (10%)</p> <p>At August 2018, in Cheshire East, the top 3 reasons for Social Care delays were: Awaiting care package in own home (47%); Awaiting nursing home placement or availability (21%); and Awaiting residential home placement or availability (20%).</p> <p>The latest data suggests that it will be very challenging to meet the revised target, significant reductions have been achieved over the last year. Delayed days are down 36% from April to July 2018, compared to the same period 2017.</p> <p>Out of area delays: between January and July 2018 almost a third of delayed days (32%) were at Hospital Trusts outside of the Cheshire East area. Some recent issues regarding availability of residential/nursing placements. In comparison to Cheshire East Geographical neighbours we compare favourably against Cheshire West & Chester, Stockport, Manchester, Staffordshire and Trafford</p>	
BCF Metric 5 - Long stay patients	At the time of writing the information wasn't available from the Long stay patient dashboard.			

8 High Impact Changes for Delayed Transfers of Care – Appendix two

CCG - Assessment of action against the 8 High Impact Changes for Delayed Transfers of Care

8 High Impact Changes for Delayed Transfers of Care		
Change 1	<p>Early Discharge Planning</p> <p>In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected date of discharge to be set within 48 hours.</p>	<ul style="list-style-type: none"> • SAFER Bundle delivered within East Cheshire NHS Trust • Frailty approach - CGA and 'Expected Discharge Date' within 6-hours for admissions via A&E (non-elective) • 'Expected Discharge Date' set within 48-hours on all wards • Pre assessment clinics prior to admission include discharge planning (electives)
Change 2	<p>Systems to Monitor Patient Flow</p> <p>Robust patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand) and to plan services around the individual.</p>	<ul style="list-style-type: none"> • 'Full Capacity Protocol' in place and operational (as part of OPEL Framework) • Weekly 'stranded' and 'super stranded' patient reviews and database for all 7+ day length of stay patients (with reasons and actions, as per the national expectations). For all acute beds, non-acute beds and for people at home still receiving intermediate care • Prioritisation and proactive management of DTOC led by the Integrated Discharge Team (IDT) including daily action-focused bed management meetings • Multi-agency evaluation complete of Winter 17/18 and plans in development for Winter 18/19 • Ambulance Response Programme (ARP) - Improvement Plan signed off and monitored via County-wide Clinical Quality and Assurance

		Committee and NWAS Strategic Partnership Board
Change 3	<p>Multi-Disciplinary/Multi-Agency Discharge Teams</p> <p>Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients</p>	<ul style="list-style-type: none"> • Multi-disciplinary health and social care IDT in place and working across 7-days when required • Daily Meetings/Board Rounds including Commissioners (10am daily) • Proactive management approach to delays (in line with OPEL Framework) • WTE Nurse within IDT focused on out-of-area delays to improve repatriation and discharge (including newly agreed protocol with North Staffs CCG)
Change 4	<p>Home First/Discharge to Assess</p> <p>Providing short-term care and Reablement in people's homes or using 'step down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.</p>	<ul style="list-style-type: none"> • Local model in place for 'Assessment Outside of Hospital' including Continuing Healthcare (CHC) assessments (flexible capacity based on demand) • Spot purchase of beds in different locations to support assessment and offer localised care (linked to future Care Communities) • Whole system demand and capacity modelling is underway (to be reported to ORG in September 2018). • Review of bed-based care (17/18 and future state) underway.
Change 5	<p>Seven-Day Service</p> <p>Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are</p>	<ul style="list-style-type: none"> • NHS 111 'Clinical Assessment Service' (CAS) in place • NHS 111 'online' in place by 31st July 2018 • NHS 111 'Acute Patient Advisory Service' (APAS) - Go Live in Sept 2018

	more responsive to people's needs.	<ul style="list-style-type: none"> • Frailty approach working across 7 days, including Single Point of Access. • Increased weekend working - 1 x Social Worker 10am-4pm Saturday and Sunday and Intermediate Care Nurses provide additional cover (further work is needed on the wards) • Extended Primary Care - an additional 104 hours per week in General Practice to 'Extend Access' to the Service by 1st Oct 2018 • Enhanced Primary Care Acute Visiting Service (in-hours) to manage urgent demand – additional 50 hours per week is commissioned above core GMS
Change 6	<p>Trusted Assessors</p> <p>Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.</p>	<ul style="list-style-type: none"> • Primary Care Streaming model at the 'front door' (A&E). Regular monitoring in place ('zero tolerance on minor breaches') • IDT proactively working with Care Homes to continue the development of Trusted assessor • Care Home collaborative Trusted Assessor model funding agreed and due to be implemented (based on Lincoln model)
Change 7	<p>Focus on Choice</p> <p>Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.</p>	<ul style="list-style-type: none"> • Supporting Patient Choices to Avoid Long Hospital Stays – policy/protocol written and implemented April 2017 • Out of area visit complete to identify learning and new protocol agreed • Support at Home Service commissioned across Cheshire East footprint, joint service specification agreed and service delivered by the British Red Cross

Change 8	<p>Enhancing Health in Care Homes</p> <p>Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.</p>	<ul style="list-style-type: none"> • Enhanced primary care proactive medical services in place in all nursing homes • Additional proactive Dietetics and Speech and Language services in place • Database of all emergency attendances and non-elective admissions from residential and nursing homes • Low standardised rates of admission from Nursing Homes • Work to be developed in residential homes
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Cheshire East Council

Local Account for Adult Social Care

2017/18

Foreword

Welcome to Cheshire East Council's Adults Social Care Local Account 2017/18

Absolutely paramount is the ability to ensure we protect both our vulnerable adults and children. Through the work of the council and its partners there is now a greater focus and awareness of issues such as domestic abuse, child sexual exploitation and adult abuse. To ensure we continue to tackle these important issues we are increasingly working across agencies and partnerships such as Cheshire Fire and Rescue, Police and Crime Commissioner for Cheshire, NHS and Registered Housing Providers to ensure we take a holistic approach to meeting identified need.

Over recent years there has been a shift in emphasis in Adult Social Care and Health from services defined by professionals, to services that reflect the outcomes and aspirations of people using those services. Our ambition is to be in the forefront of developing flexible, personalised services that tap into the rich diversity of our communities, and deliver services that enable people to maintain their independence, and where possible remain living in their own home

At a time when there is an imperative to achieve better outcomes with finite resources we intend to focus our efforts on prevention and early intervention to reduce and delay the need for high cost services. Wherever possible, we will support choice by giving people the opportunity to have a direct payment and develop their own bespoke package of support. In doing so we will stimulate the development of an active and vibrant care market both in the independent sector but also across the voluntary, community, faith and sector. This is very much in keeping with the Care Act 2014 and focuses on the wellbeing of the individual.



Councillor Janet Clowes,
Adult Care and Integration Portfolio Holder

Mark Palethorpe
Acting Executive Director of People



Working for a brighter future  together

The Corporate Plan 2017- 2020 consists of six outcomes that demonstrate how Cheshire East Council will support residents in Cheshire East.



The Outcomes relevant to Adults Social Care are detailed below:

Outcome 1 – Our local communities are strong and supportive.

Individuals and families are self – reliant, taking personal responsibility for their quality of life.

- Communities are cohesive, with a strong sense of neighbourliness.
- There is genuine civic pride and mutual respect.

Outcome 2 – Cheshire East has a strong and resilient economy.

Care and health work will be sustainably rewarded with recognition, investment, business support and guidance to ensure that good quality care really does pay in Cheshire East.

- The one in five people who work in care and health feel valued, acting as ambassadors encouraging others to choose care careers.
- There is a stable and innovative care economy.
- Care providers are rewarded for delivering person centered outcomes.

Outcome 3 – People have the life skills and education they need in order to thrive.

We see great importance in adults throughout their life having the opportunity to learn and to continue to develop their life skills through access to supported employment opportunities.

- Adults Social Care has a role to play in ensuring people are supported into employment and that employers adopt “making safeguarding personal”.

Outcome 5 – People Live Well for Longer.

Local people have healthy lifestyles and access to good cultural, leisure and recreational facilities. Care services focus on prevention, early interventions and physical Health and mental wellbeing.

- Redesigning services to ensure people live well and for longer and investing an extra £4.8m in Adult Social Care.
- Public Protection, Health Protection and Safeguarding, there are strong, multi-agency arrangements in place to ensure residents are safeguarded and protected.
- Empowering people to live independent, healthier and more fulfilled lives, residents are supported to live independently with a high quality of life.
- Facilitating the identification, at an early stage, of individuals who can benefit from preventative services and interventions which help improve physical and mental health and wellbeing
- Accessible high quality services, Information & Advice, residents and customers find it easy to access local services and get the information they need. Our residents have choice when accessing our high quality services and achieve excellent outcomes through engagement with our local services.

The vision for Cheshire East Council



Cheshire East Council, working for a brighter future together – shared purpose, well led, valued people... succeeding together

Think Local Act Personal

The goal of Think Local Act Personal (TLAP) is for people to have better lives through more choice and control over the support they use, often referred to as "personalisation". Cheshire East Adults Social Care staff work in a personalised way ensuring that the individual is at the centre of social care support if this is needed.

TLAP Domains:

Information and Advice: *having the information I need when I need it*

Active and Supportive Communities: *keeping friends, family and place*

Flexible Integrated Care and Support: *my support, my own way*

Workforce: *my support staff*

Risk Enablement: *feeling in control and safe*

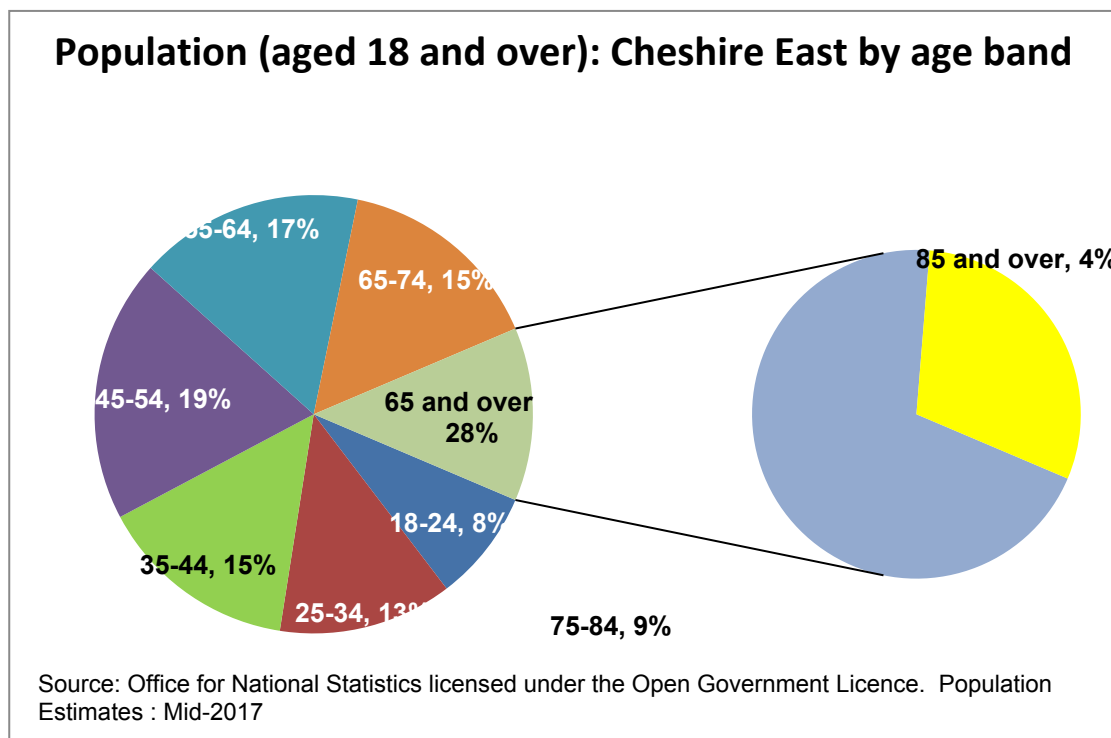
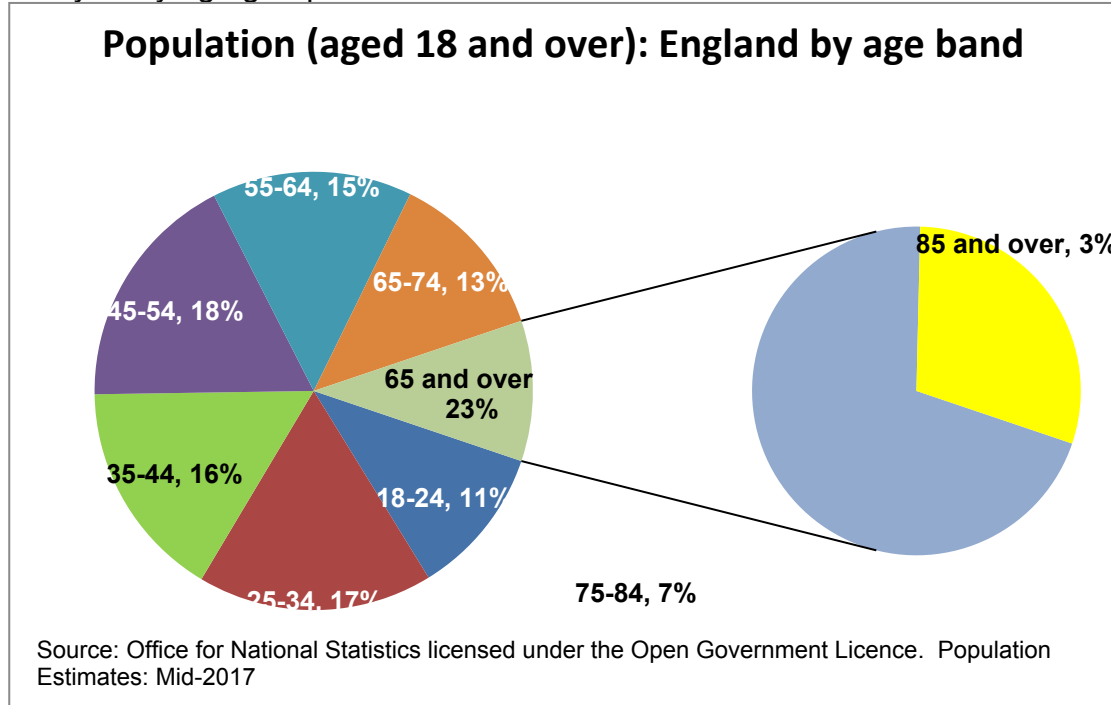
Personal Budgets and Self Funding: *my money*

Information and Advice: *having the information I need when I need it*

Cheshire East, the people

The Office for National Statistics estimates that the adult population (aged 18 or over) in Cheshire East is 303,012 (Mid-Year Estimates for 2017). Cheshire East has a relatively older population than nationally, with 28% of the adult population being aged 65 or over. This figure is higher than the 23% for England and is reflected in the Council's targeted outcome to support people to live well and for longer

Analysis by age group



Terms explained

We have tried to make this document as jargon free and easy to read as possible, we have not shortened any words and will explain any terms that we use. Here are some that you will see:

People

When we use the word **People** in this document, we are talking about people who need care and support who access services.

Residents

When we talk about **Residents**, we are talking about everyone who lives in Cheshire East.

Commissioning

When we talk about **Commissioning** we are talking about how the Council decides to use resources in meeting people's needs for care and support.

Clinical Commissioning Group (CCG)

When we talk about **Clinical Commissioning Group (CCG)** we are talking about the commissioners who work for the National Health Service and who are responsible for clinical commissioning.

Adults Social Care

When we talk about **Adult Social Care** we are talking about the care and practice to support people so they can remain independent longer.

Safeguarding

When we talk about **Safeguarding** People, we are talking about the Council Policy to ensure people can live safely, free from harm and abuse.

Public Health

When we talk about **Public Health**, we are talking about the Councils responsibility to ensure that the health needs of Cheshire East residents are understood and supported.

Advocacy

Advocacy means getting support from another person to help you express your views and wishes, and to help make sure your voice is heard. Someone who helps you in this way is called your advocate.

Ref - Mind

What is adult social care?

Adult Social Care covers a range of services to help people who have support needs arising from age, learning, physical or sensory disabilities or physical or mental health conditions and those in vulnerable situations.

The diagram below shows examples of some of the outcomes that the Adult Social Care Service seeks to achieve for service users and their carers and some of the services that Cheshire East Council commissions to help achieve these outcomes:



Our social care teams assess a persons support needs and arrange relevant, timely and person centred service provision. The team will make an initial assessment of a persons needs and the priority level for services.

Comments from people supported by Adult Social Care

Being able to get up and sit in my chair other than staying in bed all day. I like feeling clean, at least for short periods, knowing that someone cares about me and my welfare, seeing a friendly face

I value seeing the same people during the week. I have got to know the girls well and they are good company because I live on my own and don't go out very often. The carers help me find

I have found social services to be very helpful to me and I am sure I am stronger and doing well because of their input. I value the access to advice on my finances and the support of my social

Retaining my independence to live the way I do

Service developments in 2017/18

Early Help Framework

The Early Help Framework aims to target the right services at the right time to those who need them, thereby delaying or preventing people needing statutory care and health services, achieved through offering a single point for assessment and obtaining Council services including; Communities, Public Health, Adult Social Care and Children's Services; and has also been developed in conjunction with the local Clinical Commissioning Groups. This prevents duplication in local commissioning and enables partnership working. The work has been progressed through co-production with the community. We have identified a 'slowing down' in demand for statutory services and a levelling out of spend in social care.

Commissioning Care at home and Carers Hub

The Cheshire East Commissioning Service has recently been reviewed and restructured to ensure that we improve outcomes for local people. This has resulted in one integrated team working across Adults and Public Health. The reviewed Service will ensure that contracts will include values such as being: person centered, coproduced, evidence based, joint commissioned (with other LA's and CCGs), develops workforce, builds strong commissioner and provider relationships and are value for money.

Adult Safeguarding

The Adult Safeguarding Improvement Plan was produced following the Peer Review in May 2017 this was added to following the Local Safeguarding Adults Board Development Day, which enabled partners and stakeholders to have input into the future direction of the Service. We took into account National policy and process to achieve a sound grasp on 'what good looks like' together with the processes required to move towards excellence. Since the Peer Review an Independent Chair of the Safeguarding Board and Head of Service for Adult Safeguarding has been appointed. All improvement actions are linked to the six principles of Adult Safeguarding, all areas are progressing well.

Adult Social Work Teams

A restructure of the teams has taken place which allows for closer working with health partners and access to support via two First Point of Contact teams in the south and the east of the Borough. Staff in these teams use the principles of conversational assessment and have reviewed processes to pilot a new approach to enable individuals to lead the best life that they can. This has achieved a much happier and fulfilled staff team, improved outcomes for individuals and a reduction in the numbers of individuals requiring long term traditional services. Services have been restructured to acknowledge the increased demands upon adult social care due to an increase in the older people population and budget challenges.

Early Intervention and Prevention

Live Well Cheshire East



The council has developed a new online resource for residents called Live Well Cheshire East. From May 2017, the Live Well pages were available on the website:

<https://www.cheshireeast.gov.uk/home.aspx> at livewell.cheshireeast.gov.uk.

There is lots of useful information and advice on a range of subjects such as health matters, community activities, care and support for adults, children's services and the local offer for special educational needs and disability. It also features an easy to use searchable directory of over 3,000 services and activities across the borough.

We have consulted and tested with adults and young people throughout the development of Live Well – however, we recognise that there will be continual improvements to the site and welcome everyone's feedback.



Neighbourhood Partnerships

Occupational Opportunities Service, woodland walkway

People who are supported by our Care4CE Service which helps people to live independently within the community, worked with Fiona Bruce MP to open a new woodland walkway in Sandbach. This initiative is part of the Care4CE



Occupational Opportunities Service, which provides support in the form of community-based practical projects for adults recovering from mental health problems and drug and alcohol dependency. The work was carried out on behalf of the Sandbach Woodland and Wildlife Group and the footpath was officially opened in October 2017

Participatory Budget - Putting the community at the heart of our decision making

To improve community-based early intervention and prevention activities, improve public health outcomes and reduce the demand on mainstream health and social care services, funding was allocated to 103 different organisations over 12 separate events which saw over 800 local residents vote for local projects. The projects are now being delivered across the Borough and are supported and monitored. The project is a great example of working with local communities and is a finalist in the Association for Public Service Excellence (APSE) Best Community Neighbourhood Initiative category, a national scheme for excellence in the public sector.



Events gave local people the power to choose how to spend funding across the Borough successful projects included: promoting cycling for health and fun, singing for the brain, supporting a 'men in sheds' group, supporting groups for carers and those who suffer from autism and ADHD. People said:

Our group felt we had won the lottery, it will make such a difference to our vulnerable older people, thank you!

The event was great, well organised and structured. Participatory Budget setting is a good way to involve local people in making decisions and play a valuable part in the meaningful allocation of funding.

Connected Communities

As part of the Council's Connected Communities strategy, neighbourhood partnerships are being set up across the borough where communities experience particular challenges and aims to deliver the right services in the right locations in a way that is sustainable long-term. Work with local people identified local priorities to overcome issues. Neighbourhood partnerships are a valuable source of community intelligence and will really make a difference reaching as many people and places as possible giving local communities a strong voice and the opportunity for co-production to develop new services.

**connected
communities**



The first Connected Communities Centre opened in Crewe in September 2017. The centre is already very popular with the local community and allows more services to be delivered there by the Council, commissioned services or by community, voluntary or faith groups. Events



include coffee mornings, computer classes, learning a language, blind bowling club, community garden and woodcraft – there's something for everyone. The centre also has a computer tablet connected to our Live Well community information website, helping residents to easily find out what's available in the area.



Active and Supportive Communities

Belong Village, Crewe hosts LGBT reminiscence session

Belong Village in Crewe held a reminiscence event featuring memory boxes created by Cheshire East Council Community Development and the Silver Rainbows older people's lesbian, gay, bisexual, and transgender (LGBT) network. The memory boxes, which included vintage items such as ration books, photographs, clothing and household items, acted as a form of reminiscence therapy that has been shown to be particularly beneficial for people living with dementia, stimulating cognitive ability as well as being therapeutic.

The session aimed to prompt memories from residents and also raise awareness for the older LGBT community by encouraging people to share personal experiences about growing up in a time where LGBT people were excluded from society.



Keep Dancing



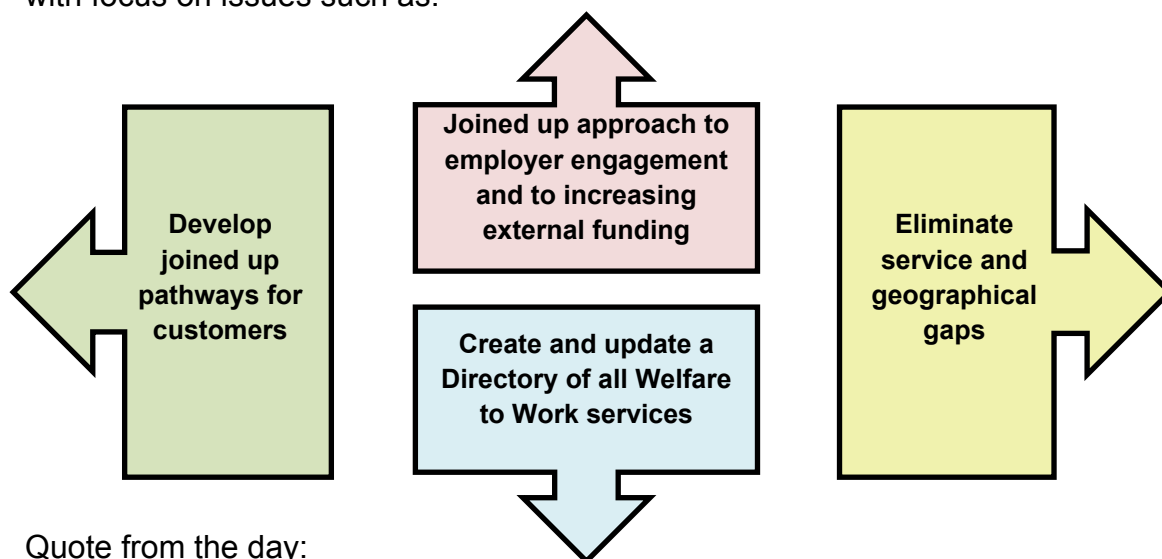
An afternoon tea dance in Crewe especially for people with memory loss and their partners aims to help reduce social isolation through accessing a dementia friendly community activity. The sessions run by Cheshire Dance, supported by funding from Cheshire East Council, helped a couple who have been married for 60 years, as the husband is his wife's main carer, socialising and keeping active was difficult but waltzing on the dance floor like they used to and enjoying precious time together helped them. The magic medicine of music and dance stimulates

memory and helps to keep people active.

Welfare to Work Workshop

Our Supported Employment team hosted the Welfare to Work workshop in June the aim was to set up an ongoing partnership, over 55 people attended from organisations across Cheshire East who have input to supporting disadvantaged people into employment. The

event was a great success and all delegates agreed that the partnership should be formed with focus on issues such as:



Quote from the day:

Our Adult Social Care team has clear interests in supported employment due to its massive re-abling effect, especially for disabled people. At the same time it embraces one of our community's most valuable assets ie the employers across the Borough

Success with supported employment

The Supported Employment team helped a client with autism and learning disabilities into a job at Tesco. They progressed from an order picker to Click and Collect driver then to a customer delivery driver, winning a National 'Customer Delivery Service Superstar' award, voted for by colleagues and customers.



Connected to decision making event

Co-production means working with and including people who have an interest in developing projects or services to give an outcome that reflects what people want. People are involved early on with projects, kept informed and engaged allowing for a wide range of individuals and organisations being part of any outcome or solution, and building better and more



sustainable services for our local community.

Our communities and commissioning teams held an event in October 2017 to involve local people in decision making to work together to improve and deliver local services. We value conversations about how we commission our services for adults, what's currently working, what isn't and how can we improve going forward.



Carer Support



The 2011 Census results state that there were around 40,000 people in Cheshire East providing unpaid care. It's likely this is underestimating the number of young carers. The figure for those providing unpaid care in Cheshire East, therefore, is estimated to be around 41,500



It is estimated that there are around 8,300 carers that need support to help them cope in their caring role. and that this is made up of 2,350 young carers (aged 0-17) and 5,900 adult carers (caring for adults or young people).



Carers provide unpaid care or support to an adult family member or friend, either in their own homes or somewhere else. Supporting carers to have breaks but also to maintain their caring role is very much at the heart of our local Carers Strategy and reflects the joined up approach of the council and the NHS.

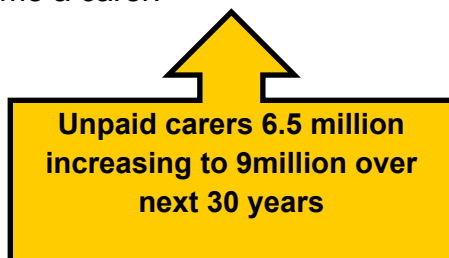
Carers' Week 11 – 17 June



Caring can be a rewarding experience but without the right support many carers find themselves facing financial hardship, ill-health, emotional stress, relationship breakdown and isolation. Carers Week 2018, focused on building carer friendly communities – places that understand a carer's daily reality and do what they can to make life a little bit easier for them.



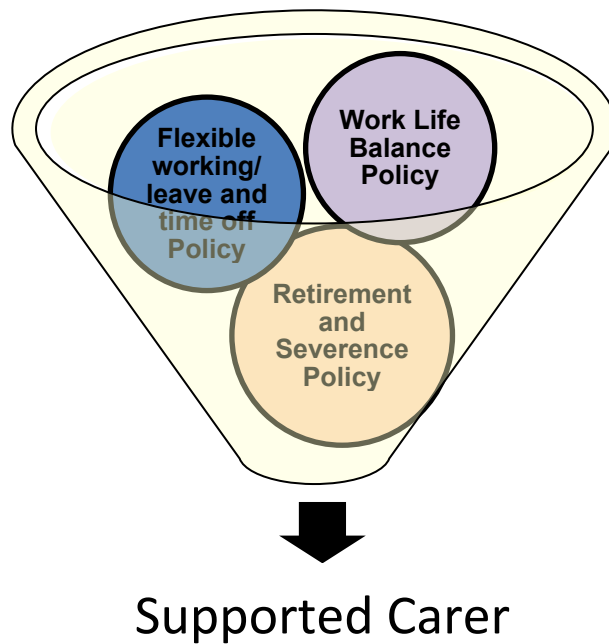
Caring is an issue that affects everyone and changing demographics such as an ageing population, smaller families and different family structures mean that any one of us could become a carer.



One in nine of the UK's workforce is a carer



Cheshire East Council has a range of policies which give flexibility to working carers so they can balance the demands of caring and employment and this year we hosted an event with the theme @supporting Working Carers'



Local Area Co-ordinators (LACs) support to people in the community

LACs actively support people to access services and support they need within the community. LACs work with a person centred approach, looking at people's strengths, current support networks, their aspirations and choices for their future, exploring options that would best meet people's needs, through Voluntary groups, Community and Faith groups, Cheshire East commissioned services, Health and in some cases individual care packages which can include direct payments. This is achieved in various ways



trust.

including face to face meetings, web based information, via the telephone, and through running information events. One example of this was the setting up of a Friendship Group in Crewe, LACs worked with partners to provide a space where people of all needs and abilities could meet to find friendship, support and join in activities in a comfortable and welcoming environment. LACs attend the group and discuss worries or issues, providing immediate advice, signposting or support from someone people



National award for council's home adaptations service

Cheshire East Council's home adaptations service won an award for simplifying how people with disabilities access grants for essential home adaptations. The Service received the award for its innovative work in prevention and early intervention and its holistic approach to supporting disabled people to live independently and safely in their own homes.



OFFICIAL

Dementia awareness week



During Dementia Awareness week (15-19 May) the Brocklehurst Centre in Macclesfield organised an old fashioned buffet lunch as well as a session of circle dancing and music the live music had people dancing and people were successfully encouraged to be take part.

Cheshire Care Record (CCR)

As a council we recognise that working closely with our many partners is essential to deliver the effective, timely, appropriate, value for money services that our residents require. Making better connections between professionals involved in the care of an individual is a key part of this and the Cheshire Care Record provides a vital tool that



allows clear sharing of information (with the consent of the person) between hospitals, social care, GPs, mental health services and community services reducing the number of times people have to supply information/speak to different departments. For more information visit www.cheshirecarerecord.co.uk

Safe and Supporting/Risk Prevention



Domestic Abuse 'change' event

Cheshire East Council staff, service users and partner agencies joined together to inspire and

challenge one another to improve the ways domestic abuse and sexual violence are responded to. The event was themed

around 'change', organised by the Cheshire East Domestic Abuse and Sexual Violence Partnership (CEDSAP) and marked White Ribbon Day (November 25). Those who attended the event listened to the experiences of people affected by domestic abuse and sexual violence and considered how the services being offered could be developed as a result. Listening to people's experiences and feedback highlighted some of the services which may need further development as well as challenged organisations to think about what it's like for those experiencing our support



Making it possible for more of our clients to say:

They gave me support

Which in my case, is what I needed

My daughter needed support too

They advised me where to go

They were in constant contact which is excellent

Adults Safeguarding



A powerful short film, produced through Cheshire East Safeguarding Adults Board involving several people talking about their experiences of adult abuse, highlighting the concerns faced by 'people at risk', has been praised by national experts. It includes experience of prejudices and patronising attitudes and describes the distress and anxiety this can cause them. Dr Adi Cooper, a leading authority on adult safeguarding

praised the film and included text in her recently published book illustrating how important it is to hear what is being said by people who are not always listened to.

The Spoken Word film is based on a poem produced by adults at risk and has received great acclaim from social and health care agencies around the country it will be used in training programmes to ensure staff have the professional skills required. Adults at risk have also commented on how the film has encouraged them to report their concerns about their adult social care service. The lasting message from the film is clear, powerful and poignant – Speak Up, Speak Out, Stop Adult Abuse! www.stopadultabuse.org.uk



Mental Capacity Act (MCA)

The MCA is one of the most person centred and human rights focused pieces of legislation, in October 2017 Cheshire East, together with partner agencies, celebrated the Acts tenth birthday and what it brings to social care practice, including greater personal control, human rights aspects and the opportunity for a person to make decisions that are not necessarily evidence that they are lacking the capacity to manage their lives independently. We collectively explored the Acts application to be able to apply it successfully if this is done, then the MCA enhances lives, changes lives and can even save lives.

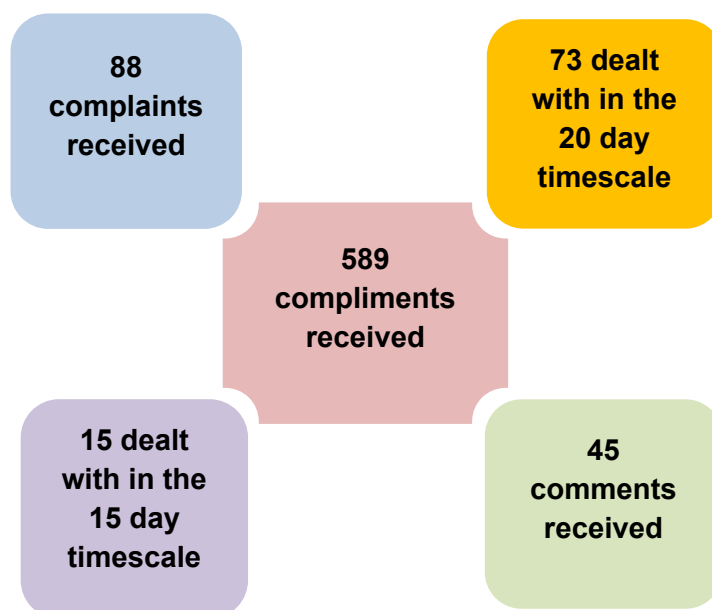


Complaints and Compliments

Thank you for your help in managing Dad's return home, ensuring that the process was carried out in a timescale suiting his situation. It was refreshing to know that you would deal with our phone calls and e-mails in a timely and efficient manner so that we were kept informed of what was going on.

Many thanks for your extremely prompt and professional help and understanding. It is very much appreciated. We are delighted that mum can stay her care home.

Complaints are a welcome source of information. They can inform how services are performing and can highlight recurring issues so that improvements can be made. Learning from complaints can be considered with other performance measures, for example customer satisfaction surveys, as a means of preventing future problems and improving the customer's experience.



The Adult Social Care Service has continued to use a Complaints Action Plan which is based on the areas of learning identified by Adults Social Care managers, this helps to identify the cause of complaints, record the learning from complaints and most importantly to log the action which has been taken, to prevent issues recurring in the future. Some examples of actions:

- Direct payment processes have been reviewed, Financial co-ordinators are available in all team bases for advice and support.
- Service providers are monitored in line with Council policies.
- Complaints and how to resolve and avoid them are discussed in supervision and team meetings.

Useful links:

Joint Strategic Needs Assessment

The JSNA is a piece of research that every local authority has to undertake, which 'tells the story' of local people's needs).

https://cheshireeast.gov.uk/council_and_democracy/council_information/jsna/jsna.aspx

Health and Wellbeing Board

Cheshire East Health and Wellbeing Board will work together to make a positive difference to people's lives through a partnership that understands and responds to the needs of the population now and in the future

https://cheshireeast.gov.uk/council_and_democracy/your_council/health_and_wellbeing_board/health_and_wellbeing_board.aspx

Live Well Cheshire East

Provides people with greater choice and control for services they need. There is useful information and advice on a range of subjects, and an easy to use directory of over 3000 services and activities in local areas people can chose and across Cheshire East.

<https://www.cheshireeast.gov.uk/livewell/livewell.aspx>

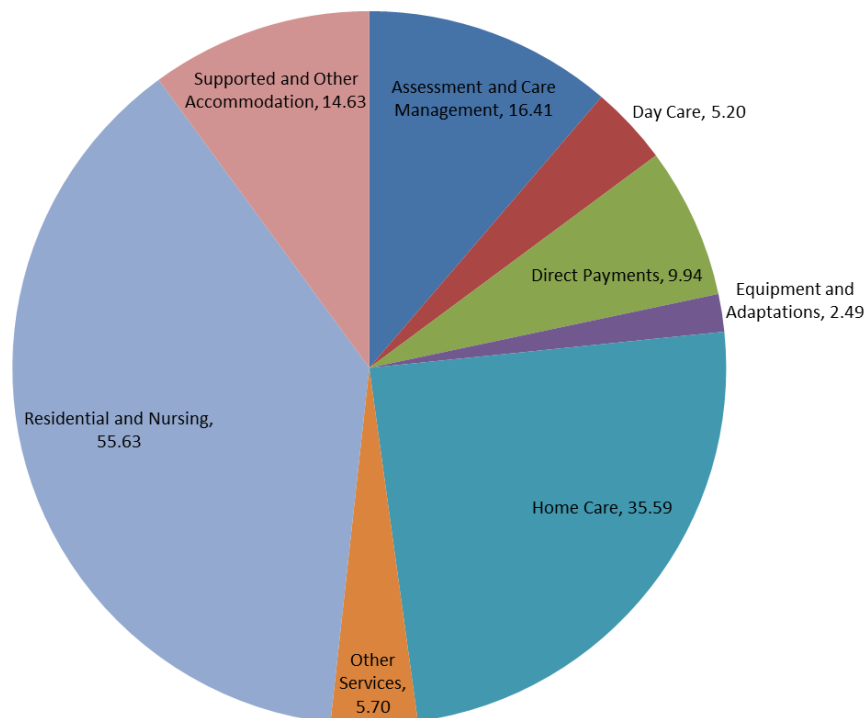
Adults Social Care into the Future

Adult Social Care is about maximising independence, connecting local people to their communities and helping people live well and for longer. Achieved by enabling people to live in their own homes for longer using existing community networks, new technologies and reviewing the use of bed based care.

To accomplish this, and be Care Act compliant, we intend to build on the successful work of the First Point of Contact point for residents offering advice and information by suitably trained staff able to answer questions and sign post without the need to always refer on. We will integrate our assessments with the NHS as our workforce become closer aligned working around GP's surgeries, with focus on reducing the risk of admission to hospital. We will focus on outcomes for people and encourage more people to take up a direct payment to fund their own tailored care and support. We will also promote prevention including extra care, telecare and support at home.

Residents will benefit from one-stop health and wellbeing information and advice, and the ability to self serve, including directly brokering care services. Cheshire East Council and its health and social care partners will share information and instigate interventions or preventative care to improve the health of the population.

The challenges ahead	Our joint opportunities (Adults Social Care and Health)
Managing increased demand and expectations	Being creative and innovative together with Health and partners
Addressing health and social care inequalities	Joint working across social care and health systems
Pressures on public sector services due to reduced budget and increased demand	Joint commissioning for outcomes
Reducing bureaucracy	Shared learning and development opportunities
Achieving value for money	Aiming for best outcomes for people who need and are eligible for our support
Ensuring priorities are shared with partners and recruitment and retention of skilled staff	Developing connected leadership

Finance 2017/18**Corporate overview (from Statement of Accounts 2017/18)****Where the money goes:****2017/18 Total Gross Cost (£million)**

Area	Total Gross Cost (£ million)
Assessment and Care Management	16.41
Day Care	5.20
Direct Payments	9.94
Equipment and Adaptations	2.49
Home Care	35.59
Other Services	5.70
Residential and Nursing	55.63
Supported and Other Accommodation	14.63
TOTAL	145.58

Contacting Us

Contacting your local adult social care team

During normal office hours you can contact the team in your area by calling: **0300 123 5010**

You can also write to Adult Social Care or visit our offices at:

- **Congleton** – Ground Floor, Westfields, Middlewich Road, Sandbach, CW11 1HZ
- **Crewe** – 2nd Floor Delamere House, Delamere Street, Crewe, CW1 2LL
- **Macclesfield** – Macclesfield Town Hall Market Place, Macclesfield, SK10 1EA
- **Wilmslow** – 1st Floor Dean Row Centre, Ringstead Drive, Wilmslow, SK9 2HA

Emergency Out of Hours Social Care

Phone **0300 123 5022** for emergency social services (for both Adults and Children) outside normal office hours.

The emergency out of hours service operates between 17:00 and 08:30, and 24 hours at the weekends and bank holidays.

Adults Safeguarding <https://www.cheshireeast.gov.uk/livewell/staying-safe/keeping-adults-safe/what-is-adult-abuse.aspx>

For information about adult social care and finding services

You can find information about getting help from adult social care and services available by visiting our website at <http://www.cheshireeast.gov.uk/livewell/care-and-support-for-adults/care-and-support-for-adults.aspx>

Here you will find information and factsheets about getting help. You can also search our directory of care services.

How to make a complaint or compliment

The Complaints Manager can be contacted by telephone on **0300 123 5038** by completing the form on the Cheshire East website:

Link: http://www.cheshireeast.gov.uk/council_and_democracy/customer_services/complaints_and_feedback/complaints_and_feedback.aspx

You can also write to us at:

Compliance & Customer Relations Team
Cheshire East Council
Westfields - 1st Floor
c/o Municipal Building
Earle Street
Crewe
CW1 2BJ

To find out about and get involved in shaping our services

Please visit our website for information on current and forthcoming consultations at http://www.cheshireeast.gov.uk/council_and_democracy/council_information/consultations/consultations.aspx

You can also contact **Healthwatch Cheshire East**, an independent organisation that exists to use the experiences and feedback of the public to help improve health and social care services.

Web: <http://healthwatchcheshireeast.co.uk/>

Phone: 03300 882 843

Online form:

<http://healthwatchcheshireeast.co.uk/your-story>

CHESHIRE EAST HEALTH AND WELLBEING BOARD

Reports Cover Sheet

Title of Report:	Update on the Cheshire and Merseyside Health and Care Partnerships' Five Year Plan
Date of meeting:	27 th November 2018
Written by:	Guy Kilminster
Contact details:	Guy.kilminster@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Kath O'Dwyer

Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	To inform the Board on the process and allow for discussion on how the Board wants to be engaged in the process.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	That the Board consider the report and letter and discuss how they would prefer to be engaged in the process.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	N/A		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	N/A
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	N/A

1 Report Summary

1.1 To report the NHS approach to long term planning outlined by Simon Stevens, Chief Executive of NHS England and Ian Dalton, Chief Executive of NHS Improvement, and to set out expectations about engagement with Local Authorities in Cheshire and Merseyside.

2 Recommendations

2.1 That the Board consider the report and letter and discuss how they would prefer to be engaged in the process.

3 Reasons for Recommendations

3.1 To ensure that the Cheshire East Health and Wellbeing Board is appropriately engaged and consulted with as the Cheshire and Merseyside Health and Care Partnership develops its Five Year Plan.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 No direct impacts, but the Five Year Plan will be influential in determining what the Board focusses upon in coming years.

5 Background and Options

5.1 Simon Stevens, Chief Executive of NHS England and Ian Dalton, Chief Executive of NHS Improvement recently wrote to all CCG Accountable Officers and Health Trust Chief Executives in England outlining the NHS approach to long term planning following the five year budget settlement from 2019/20 to 2023/24 announced in the Autumn Statement. A copy of the letter is attached as an Appendix to the report. It refers to, amongst other things, a planning timetable with the expectation that all STPs and Integrated Care Systems will have developed and agreed their strategic plan by October 2019. The letter also refers to engagement with patients, the public and local stakeholders before plans are finalised, and that it is extremely important that it is 'proper' engagement.

5.2 Local Authority Chief Executives across Cheshire and Merseyside (the NHS foot-print for this region) have considered their collective expectations regarding NHS

engagement with Local Authorities as key partners and stakeholders. These are summarised below:

- Chief Executives have impressed upon the Cheshire & Merseyside System Management Board the need to engage Health & Wellbeing Boards from the start and to involve Overview and Scrutiny Committees in each Local Authority area in consideration of drafts / consultation etc
- Chief Executives have impressed upon the Cheshire & Merseyside SMB the need for there to be no published 'detail' before the May 2019 elections
- The suggestion is that each Cheshire & Warrington Chief Executive put the letter on the agenda of their Health & Well-being Board to ensure transparency that this work is planned and asks each Health & Well-being Board how it wants to be engaged in the process.
- In addition each Overview and Scrutiny Committee is asked to include the matter in their work plan for next year
- The suggestion is that it will be a bottom up & top down approach building on the plans for each 'Place' and developing Cheshire & Merseyside proposals for those components that do not neatly fit into individual 'places'.

5.3 Aside from the approach described above, there are a number of other matters which need to be factored into the process going forward such the time lapse between the end of the Municipal Year 2018/19 and Annual Councils when key appointment are made, and links to on-going health related work such as the Acute Hospitals Programme which is underway and the merger of CCG in Cheshire. It is expected this will become clearer in time. Margaret Carney, Chief Executive of Sefton Council and health lead is reporting the same message to the Liverpool City Region.

6 Access to Information

- 6.1 The background papers relating to this report can be inspected by contacting the report writer:

Name: Guy Kilminster

Designation: Corporate Manager Health Improvement

Tel No: 01270 686560

Email: guy.kilminster@cheshireeast.gov.uk

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To:
CCG AO
Trust CE

**NHS Improvement
and NHS England**
Wellington House
133-155 Waterloo Road
London SE1 8UG

CC:
NHS Improvement and England Regional Directors
NHS Improvement and England Regional Finance Directors

020 3747 0000

www.england.nhs.uk

www.improvement.nhs.uk

Publications Gateway Reference 08559

16 October 2018

Approach to planning

The Government has announced a five-year revenue budget settlement for the NHS from 2019/20 to 2023/24 - an annual real-term growth rate over five years of 3.4% - and so we now have enough certainty to develop credible long term plans. In return for this commitment, the Government has asked the NHS to develop a Long Term Plan which will be published in late November or early December 2018.

To secure the best outcomes from this investment, we are overhauling the policy framework for the service. For example, we are conducting a clinically-led review of standards, developing a new financial architecture and a more effective approach to workforce and physical capacity planning. This will equip us to develop plans that also:

- improve productivity and efficiency;
- eliminate provider deficits;
- reduce unwarranted variation in quality of care;
- incentivise systems to work together to redesign patient care;
- improve how we manage demand effectively; and
- make better use of capital investment.

This letter outlines the approach we will take to operational and strategic planning to ensure organisations can make the necessary preparations for implementing the NHS Long Term Plan.

Collectively, we must also deliver safe, high quality care and sector wide financial balance this year. Pre-planning work for 2019/20 is vitally important, but cannot distract from operational and financial delivery in 2018/19.

Planning timetable

We have attached an outline timetable for operational and strategic planning; at a high-level. During the first half of 2019-20 we will expect all Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) to develop and agree their strategic plan for improving quality, achieving sustainable balance and delivering the Long Term Plan. This will give you and your teams sufficient time to consider the outputs of the NHS Long Term Plan in late autumn and the Spending Review 2019 capital settlement; and to engage with patients, the public and local stakeholders before finalising your strategic plans.

Nonetheless, it is a challenging task. We are asking you to tell us, within a set of parameters that we will outline with your help, how you will run your local NHS system using the resources available to you. It will be extremely important that you develop your plans with the proper engagement of all parts of your local systems and that they provide robust and credible solutions for the challenges you will face in caring for your local populations over the next five years. Individual organisations will submit one-year operational plans for 2019/20, which will also be aggregated by STPs and accompanied by a local system operational plan narrative. Organisations, and their boards / governing bodies, will need to ensure that plans are stretching but deliverable and will need to collaborate with local partners to develop well-thought-out risk mitigation strategies. These will also create the year 1 baseline for the system strategic plans, helping forge a strong link between strategic and operational planning. We will also be publishing 5-year commissioner allocations in December 2018, giving systems a high degree of financial certainty on which to plan.

We are currently developing the tools and materials that organisations will need to respond to this, and the timetable sets out when these will be available.

Payment reform

A revised financial framework for the NHS will be set out in the Long Term Plan, with detail in the planning guidance which we will publish in early December 2018. A number of principles underpinning the financial architecture have been agreed to date, and we wanted to take this opportunity to share these with you.

Last week we published a document on '[NHS payment system reform proposals](#)' which sets out the options we are considering for the 2019/20 National Tariff.

In particular, we are seeking your engagement on proposals to move to a blended payment approach for urgent and emergency care from 2019/20. The revised approach will remove, on a cost neutral basis, two national variations to the tariff: the marginal rate for emergency tariff and the emergency readmissions rule, which will not form part of the new payment model. The document will also ask for your views on other areas, including price relativities, proposed changes to the Market Forces Factor and a proposed approach to resourcing of centralised procurement. As in

previous years, these proposals would change the natural 'default' payment models; local systems can of course continue to evolve their own payment systems faster, by local agreement.

We believe that individual control totals are no longer the best way to manage provider finances. Our medium-term aim is to return to a position where breaking even is the norm for all organisations. This will negate the need for individual control totals and, in turn, will allow us to phase out the provider and commissioner sustainability funds; instead, these funds will be rolled into baseline resources. We intend to begin this process in 2019/20.

However, we will not be able to move completely away from current mechanisms until we can be confident that local systems will deliver financial balance. Therefore, 2019/20 will form a transitional year, in which we will set one year, rebased, control totals. These will be communicated alongside the planning guidance and will take into account the impact of distributional effects from any policy changes agreed post engagement in areas such as price relativities, the Market Forces Factor and national variations to the tariff.

In addition to this, we will start the process of transferring significant resources from the provider sustainability fund into urgent and emergency care prices. The planning guidance will include further details on the provider and commissioner sustainability funds for 2019/20.

Incentives and Sanctions

From 1 April 2019, the current CQUIN scheme will be significantly reduced in value with an offsetting increase in core prices. It will also be simplified, focussing on a small number of indicators aligned to key policy objectives drawn from the emerging Long Term Plan.

The approach to quality premium for 2019/20 is also under review to ensure that it aligns to our strategic priorities; further details will be available in the December 2018 planning guidance.

Alignment of commissioner and provider plans

You have made significant progress this year in improving alignment between commissioner and provider plans in terms of both finance and activity. This has reduced the level of misalignment risk across the NHS. We will need you to do even more in 2019/20 to ensure that plans and contracts within their local systems are both realistic and fully aligned between commissioner and provider; and our new combined regional teams will help you with this. We would urge you to begin thinking through how best to achieve this, particularly in the context of the proposed move to blended payment model for urgent and emergency care.

Good governance

We are asking all local systems and organisations to respond to the information set out in this letter with a shared, open-book approach to planning. We expect boards and governing bodies to oversee the development of financial and operational plans, against which they will hold themselves to account for delivery, and which will be a key element of NHS England's and NHS Improvement's performance oversight. Early engagement with board and governing bodies is critical, and we would ask you to ensure that board / governing body timetables allow adequate time for review and sign-off to meet the overall timetable.

The planning guidance, with confirmation of the detailed expectations, will follow in December 2018. In the meantime, commissioners and providers should work together during the autumn on aligned, profiled demand and capacity planning. Please focus, with your local partners, on making rapid progress on detailed, quality impact-assessed efficiency plans. These early actions are essential building blocks for robust planning, and to gauge progress we will be asking for an initial plan submission in mid-January that will be focussed on activity and efficiency (CIP / QIPP) planning with headlines collected for other areas.

Thank you in advance for your work on this.

Yours sincerely



Simon Stevens
Chief Executive
NHS England



Ian Dalton
Chief Executive
NHS Improvement

Annex

Outline timetable for planning	Date
NHS Long Term Plan published	Late November / early December 2018
Publication of 2019/20 operational planning guidance including the revised financial framework	Early December 2018
Operational planning	
Publication of <ul style="list-style-type: none"> • CCG allocations for 5 years • Near final 2019/20 prices • Technical guidance and templates • 2019/20 standard contract consultation and dispute resolution guidance • 2019/20 CQUIN guidance • Control totals for 2019/20 	Mid December 2018
2019/20 Initial plan submission – activity and efficiency focussed with headlines in other areas	14 January 2019
2019/20 National Tariff section 118 consultation starts	17 January 2019
Draft 2019/20 organisation operating plans	12 February 2019
Aggregate system 2019/20 operating plan submissions and system operational plan narrative	19 February 2019
2019/20 NHS standard contract published	22 February 2019
2019/20 contract / plan alignment submission	5 March 2019
2019/20 national tariff published	11 March 2019
Deadline for 2019/20 contract signature	21 March 2019
Organisation Board / Governing body approval of 2019/20 budgets	By 29 March
Final 2019/20 organisation operating plan submission	4 April 2019
Aggregated 2019/20 system operating plan submissions and system operational plan narrative	11 April 2019
Strategic planning	
Capital funding announcements	Spending Review 2019
Systems to submit 5-year plans signed off by all organisations	Summer 2019

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