

# Health and Adult Social Care and Communities Overview and Scrutiny Committee

## Agenda

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**Date:** Thursday, 8th November, 2018  
**Time:** 10.00 am  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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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.

It should be noted that Part 1 items of Cheshire East Council decision making and Overview and Scrutiny meetings are audio recorded and the recordings will be uploaded to the Council's website

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

1. **Apologies for Absence**

2. **Minutes of Previous Meeting** (Pages 5 - 8)

To approve the minutes of the meeting held on 11 October, 2018.

3. **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.

4. **Declaration of Party Whip**

To provide an opportunity for members to declare the existence of a party whip in relation to any item on the agenda

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For requests for further information

**Contact:** Joel.Hammond-Gant

**Tel:** 01270 686468

**E-Mail:** [joel.hammond-gant@cheshireeast.gov.uk](mailto:joel.hammond-gant@cheshireeast.gov.uk) with any apologies

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

A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the committee.

Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers.

Note: in order for officers to undertake background research, it would be helpful if members of the public notified the Scrutiny Officer listed at the foot of the agenda at least one working day before the meeting with brief details of the matter to be covered.

6. **Update on Proposed Business Cases Following Public Consultation on Adult's and Older Peoples Mental Health Services in Eastern Cheshire**

To consider a report to update members on the proposed business cases to be submitted to the NHS Eastern Cheshire CCG Governing Body, and on how members' concerns and comments raised on 27 September 2018 have been addressed.

Report to follow.

7. **North West Ambulance Service Performance Update** (Pages 9 - 16)

To consider a report on the impact to patient care following changes made to ambulance target measures.

8. **My Life, My Choice: A Strategy for People with Learning Disabilities** (Pages 17 - 70)

To consider the proposed Learning Disabilities Strategy prior to a formal decision being taken by Cabinet on 4 December 2018.

9. **Patient Passport** (Pages 71 - 80)

To consider a report on the Personal Care Record project being delivered in collaboration between the Council and NHS Eastern Cheshire Clinical Commissioning Group.

10. **Cheshire East Council Adult Social Care Local Account 2017/18** (Pages 81 - 100)

To receive and note the Council's Adult Social Care Local Account for 2017/18.

11. **Forward Plan** (Pages 101 - 110)

To consider the Council's forward plan and determine whether any items relating to the remit of this committee would require further scrutiny.

12. **Work Programme** (Pages 111 - 120)

To review the current work programme.

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Health and Adult Social Care and Communities Overview and Scrutiny Committee**  
held on Thursday, 11th October, 2018 at Committee Suite 1,2 & 3, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

Councillor S Gardiner (Chairman)  
Councillor B Dooley (Vice-Chairman)

Councillors Rhoda Bailey, G Baxendale, S Brookfield, L Durham, S Edgar,  
C Green, G Hayes, L Jeuda, D Mahon, A Moran and J Rhodes

**PORTFOLIO HOLDERS IN ATTENDANCE**

Councillor J Clowes – Portfolio Holder for Adult Social Care and Integration

**OFFICERS IN ATTENDANCE**

Jill Broomhall, Director for Adult Social Care  
Linda Couchman, Acting Strategic Director for Adult Social Care and Health  
Nichola Glover-Edge, Director of Commissioning  
Alex Mitchell, Interim Chief Accountable Officer (NHS Eastern Cheshire CCG)  
Mark Palethorpe, Acting Executive Director for People  
Jacki Wilkes, Associate Commissioning Director (NHS Eastern Cheshire CCG)

**42 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors E Brooks and I Faseyi (substituted for by Councillor D Flude.)

**43 MINUTES OF PREVIOUS MEETINGS****RESOLVED**

That the Minutes of the meetings of the Health and Adult Social Care and Communities Overview and Scrutiny Committee held on 13 September and 27 September 2018, be approved as a correct record and signed by the Chairman.

**44 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**45 DECLARATION OF PARTY WHIP**

There were no declarations of the existence of a party whip.

**46 PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present.

**47 CHESHIRE EAST PLACE PARTNERSHIP BOARD**

Consideration was given to a report submitted by the Interim Chief Accountable Officer for NHS Eastern Cheshire Clinical Commissioning Group (CCG) on the role of the Cheshire East Partnership Board, and progress it had made since its inception in April 2018.

Comments were made in support of the continued integration of local models of care, however, members put questions and comments in respect of the financial implications of the board during the present, challenging financial climate.

Reassurances were given that the board would not incur additional costs to the CCG, and that overall savings would still be made through the integration of the four CCGs in Cheshire.

**RESOLVED**

That the committee continues to monitor the work and progress of the Place Partnership Board, within the context of the wider integration of care and commissioning models across Cheshire.

**48 HEALTH AND ADULT SOCIAL CARE PERFORMANCE SCORECARD**

Consideration was given to the health and adult social care performance scorecard for the first quarter of 2018/19. A red/amber/green (RAG) rating system was used to compare current performance to national and regional averages, as well as 2017/18 year-end figures and 2018/19 targets.

Members discussed delayed discharge rates and the importance of effective communication and integrated service delivery in meeting discharge targets, and expressed concern as to whether the expected delegation of increased powers to care homes to appoint independent advocates would improve or worsen the safeguarding of residents.

The committee requested that further statistical analysis be provided on the number of safeguarding investigations conducted within the community, outside of care homes.

The Portfolio Holder for Adult Social Care and Integration commented that the quarter one performance, in comparison to national figures, demonstrated positive work resulted from hardworking services, but emphasised that this would act as a baseline to monitor and measure future progress against.

**RESOLVED**



- 1 That the Director of Adult Social Care be asked to provide the committee with the requested information and data on reported safeguarding issues within the community.
- 2 That the committee continues to monitor performance across health and adult social care services, with the performance scorecard report for quarter two of 2018/19 to be reported to the meeting of the Health and Adult Social Care and Communities Overview and Scrutiny Committee on 17 January 2019.

#### **49 MENTAL HEALTH SPOTLIGHT REVIEW**

Consideration was given to the committee's report on its findings from the spotlight review undertaken in April 2018 on the provision of mental health services in eastern Cheshire.

Thanks were given to the various officers, witnesses and stakeholders that supported the review and assisted the committee in producing its findings and the final report.

Following members' questions, representatives from NHS Eastern Cheshire CCG advised that they would provide the committee with further clarity on the financial spending reported.

#### **RESOLVED**

That, subject to clarification from the NHS Eastern Cheshire CCG with regard to the financial information reported, the committee approve the report and share it with relevant partners and stakeholders and publish it to the Council's website.

#### **50 WORK PROGRAMME**

Consideration was given to the committee's current work programme. Pursuant to comments raised by members during Minute No. 48, it was agreed that the committee would add to the work programme;

- a report on adult safeguarding and deprivations of liberties; and
- a joint report from Cheshire East Council, Eastern Cheshire CCG and South Cheshire CCG on the overall performance with regards to delayed transfers of care, including a review of the implementation and effectiveness of recommendations made by the committee in its spotlight review report.

#### **RESOLVED**

That the listed items be added to the work programme and be reported to the committee on 17 January and 7 February 2019, respectively.

#### **51 FORWARD PLAN**

The committee reflected on the Council's forward plan of decisions to be made and asked that the consideration be given to the role that scrutiny could have to the following items;

- CE 18/19 – 10 'Everybody Sport and Recreation Annual Performance Report 2017/18';
- CE 18/19 – 20 'My Life, My Choice: A Strategy for People with Learning Disabilities';
- CE 18/19 – 22 'Extra Care Housing: Housing Provision'; and
- CE 18/19 – 23 'Community Centres'.

### **RESOLVED**

That the Scrutiny Officer liaise with the Chairman and the appropriate internal and external officers to determine if, and when, reports on the listed matters would be presented to the committee.

The meeting commenced at 10.00 am and concluded at 11.55 am

Councillor S Gardiner (Chairman)



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Version Number:
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## **Health and Adult Social Care Overview and Scrutiny Committee**

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**Date of Meeting:** 08 November 2018

**Report Title:** Performance Update by North West Ambulance Service NHS Trust (NWAS)

**Senior Officer:** Roger Jones, Sector Manager, Nick Sutcliffe, Consultant Paramedic and Debbie Mallett, Service Development Manager, Cheshire and Merseyside, NWAS

### **1. Report Summary**

This report provides the Health and Adult Social Care Overview and Scrutiny Committee with an overview of the performance of the 999 emergency ambulance service for the Cheshire East Council area against national standards.

### **2. Recommendation/s**

- 2.1. The Health and Adult Social Care Overview and Scrutiny Committee receive and note the contents of the report.

### **3. Background**

- 3.1. Since the trust last presented to the Health and Adult Social Care Overview and Scrutiny Committee, the national ambulance response standards (targets) have changed. The data in this report therefore is from the implementation of the new Ambulance Response Programme (ARP) standards introduced on 7 August 2017, to 30 September 2018.

- 3.2. The new standards are as follows:

Category	Description	Response Time
Category 1	Time critical life-threatening injuries and illnesses which require immediate intervention e.g. cardiac arrest, serious allergic reaction,	7 minutes on average (mean) for all responses & 90% in 15 minutes

	airway obstruction, ineffective / abnormal breathing.	
Category 2	Emergencies which require rapid assessment, urgent on scene intervention or urgent transport e.g. heart attack, epilepsy, stroke, sepsis, major burns.	18 minutes on average (mean) for all responses & 90% in 40 minutes
Category 3	Urgent problems which require treatment to relieve suffering e.g. burns, diabetic and hypoglycaemic episodes, abdominal pain, injuries and drugs overdose.	90% in 120 minutes <i>Please note a new 60 minute mean standard was introduced in June 2018.</i>
Category 4	Problems which are not urgent but need assessment in person or over the phone.	90% in 180 minutes

#### 4. Performance

4.1. For the purposes of this report, NWS has provided the number of calls and incidents per category for each month/year below. These are incidents which have originated from within the Cheshire East Council Locality Area.

	C1		C2		C3		C4	
Row Labels	Calls	Incidents	Calls	Incidents	Calls	Incidents	Calls	Incidents
<b>2017</b>	<b>1,652</b>	<b>1,570</b>	<b>12,258</b>	<b>11,312</b>	<b>5,557</b>	<b>5,662</b>	<b>761</b>	<b>784</b>
August	233	230	1,803	1,699	869	947	113	116
September	338	322	2,369	2,086	1,185	1,168	147	150
October	309	289	2,474	2,322	1,116	1,170	174	181
November	314	298	2,595	2,445	1,085	1,100	137	137
December	458	431	3,017	2,760	1,302	1,277	190	200
<b>2018</b>	<b>3,602</b>	<b>3,443</b>	<b>21,290</b>	<b>19,235</b>	<b>11,367</b>	<b>11,044</b>	<b>2,020</b>	<b>1,912</b>
January	470	439	2,738	2,494	1,179	1,231	184	194
February	392	372	2,364	2,067	1,069	1,143	184	190
March	470	444	2,542	2,247	1,236	1,205	238	221
April	400	385	2,083	2,007	1,236	1,287	241	227
May	373	361	2,300	2,084	1,330	1,332	266	264
June	398	377	2,376	2,122	1,380	1,253	254	240
July	434	420	2,437	2,153	1,415	1,244	227	210
August	367	359	2,408	2,152	1,404	1,272	245	209
September	298	286	2,042	1,909	1,118	1,077	181	157
<b>Grand Total</b>	<b>5,254</b>	<b>5,013</b>	<b>33,548</b>	<b>30,547</b>	<b>16,924</b>	<b>16,706</b>	<b>2,781</b>	<b>2,696</b>

4.2. Working to the new Ambulance Response Programme standards has proved to be challenging for NWS but the trust firmly believes that the changes

made now focus on making sure the best, most appropriate response is provided for each patient, first time.

- 4.3. For the purposes of this report, NWS has provided the average (mean) performance against each of the standards for each month/year below. These are incidents which have originated from within the Cheshire East Council Locality Area.

	C1 Mean	C2 Mean	C3 Mean	C4 Mean
<b>2017</b>	<b>00:10:08</b>	<b>00:24:06</b>	<b>00:42:56</b>	<b>01:25:12</b>
August	00:09:25	00:19:39	00:30:44	01:25:06
September	00:10:06	00:21:32	00:40:33	01:22:40
October	00:10:02	00:21:51	00:41:58	01:15:03
November	00:09:27	00:24:05	00:41:32	01:28:13
December	00:11:03	00:30:41	00:56:55	01:34:19
<b>2018</b>	<b>00:08:58</b>	<b>00:23:07</b>	<b>00:52:02</b>	<b>01:34:18</b>
January	00:09:40	00:29:09	01:07:46	01:47:59
February	00:08:26	00:26:25	00:55:32	01:43:22
March	00:08:14	00:25:45	00:54:27	01:27:59
April	00:08:03	00:20:37	00:43:12	01:33:20
May	00:08:35	00:20:37	00:44:37	01:36:27
June	00:09:29	00:20:42	00:49:57	01:31:43
July	00:09:31	00:21:47	00:52:00	01:38:42
August	00:09:24	00:22:24	00:53:40	01:26:03
September	00:09:27	00:18:52	00:47:50	01:21:37
<b>Overall</b>	<b>00:09:20</b>	<b>00:23:29</b>	<b>00:48:53</b>	<b>01:31:34</b>

- 4.4. Since adopting the new system in August last year, feedback from NWS and the trust's experience in implementing the changes has resulted in amendments being made to some of the national coding used which will benefit other ambulance services and patients.

- 4.5. The new standards require ambulance services respond to all patients in a timely manner as opposed to the historical standards which focused mainly on the most life threatening calls. NWS focused on both the life-threatening categories and the lower acuity calls in ensuring all patients receive the right response at the right time, in the right place, every time.

- 4.6. The new standards have been challenging and whilst NWS performed very well initially in responding to the lower priority calls, a very challenging winter meant that some higher acuity emergencies were waiting longer for a response than they should.

## 5. Performance Improvement Plan

- 5.1. In order to improve the performance position, commissioners of the ambulance service requested the trust develop a Performance Improvement Plan (PIP) in January 2018.
- 5.2. The trust worked with an external agency known as Operational Research in Health (ORH) who specialise in review of emergency services, who undertook an audit of frontline resources to understand current and future demand challenges, current and future resource requirements and the changes to the operational model required to support the delivery of the ARP.
- 5.3. The PIP was developed taking into account the recommendations from ORH. ORH advised that additional investment was required to the sum of £10m to support the current and future workload and to allow NWAS to pump prime a phased changeover of front line resources; the ARP suggests a change to operational model is required to reduce the ratio of Rapid Response Vehicles (RRV's) to Double Crewed Ambulances (DCA's) to allow the correct vehicle to be sent to the patient first time.
- 5.4. NWAS received additional investment from commissioners to the sum of £3m and the changes to the operational fleet were undertaken during late summer 2018.
- 5.5. The PIP also looked at additional internal efficiencies such as recruitment and retention of staff, review of skill mix and the introduction of clinicians into the Emergency Operations Centres (EOC). Additional training has been provided to clinicians assessing patients to allow increased opportunities for Hear and Treat (telephone advice and referral) and See and Treat (face to face assessment and referral). Work continues to look at and review processes for call handling including working with BT to benchmark 999 call answering performance and introducing additional processes within the EOC to allow earlier identification of the most serious and life threatening calls.

## **6. Transforming Patient Care**

- 6.1. In the North West we receive almost 95,000 emergency 999 calls a year, and more than 400,000 urgent NHS 111 calls relating to patients under the age of 16. Our aim is to ensure the highest standard of care is provided both over the telephone and face-to-face for this patient group. To achieve this we are actively engaging with children, their parents and carers across the region by establishing a Children's Patient Priority Group.
- 6.2. The Urgent Care Development Team work collaboratively with community and primary care professionals, on the development of pathways and individual care plans for patients. Care planning ensures information relating to individual patients is available to the attending ambulance crew. This may include information on the patient's normal baseline observations and any ongoing and long-term care needs. The presence of a care plan is flagged to the crew, on route.

- 6.3. NWAS have developed a triage tool for nursing and residential home staff which enables them to determine themselves whether a patient requires an emergency ambulance or it would be more appropriate for them to be cared for by a GP or urgent care service.
- 6.4. A summary of our initiatives to transform patient care across the wider NWAS footprint for the last year is also attached as an infographic.

## 7. Key Factors Affecting Performance

- 7.1. Managing Hospital handover is an ongoing challenge for the trust. The target for ambulance handover at hospital is 15 minutes, but unfortunately in some trusts, it often can take much longer, and resulting delays do have a huge impact on NWAS' ability to respond to patients waiting in the community; while ambulance crews are waiting to handover at hospital, they are unavailable to dispatchers looking to allocate the next waiting 999 call.
- 7.2. The data below shows the hospital turnaround times for the Mid Cheshire Hospitals NHS Foundation Trust (Leighton) and East Cheshire NHS Trust (Macclesfield) Emergency Departments between August 2017 and September 2018.

Month	Mid Cheshire Hospitals NHS Foundation Trust (Leighton)	East Cheshire NHS Trust (Macclesfield)
	Handover Time	Handover Time
Aug-17	00:14:27	00:17:54
Sep-17	00:15:27	00:18:46
Oct-17	00:16:09	00:17:04
Nov-17	00:16:29	00:18:27
Dec-17	00:16:45	00:21:48
Jan-18	00:17:56	00:20:41
Feb-18	00:17:54	00:22:18
Mar-18	00:20:54	00:21:29
Apr-18	00:17:42	00:18:58
May-18	00:17:00	00:18:56
Jun-18	00:18:48	00:18:06
Jul-18	00:19:27	00:19:18
Aug-18	00:17:43	00:18:56
Sep-18	00:19:01	00:18:40
<b>Overall</b>	<b>00:17:36</b>	<b>00:19:27</b>

- 7.3. Like all NHS trusts, NWAS is required to deliver services against a tightening financial position. Every year it is required to identify in-year efficiency

savings (£9.85 million in 17/18 and £9.834 million in 18/19) as part of a Cost Improvement Programme.

- 7.4. NWAS continues to experience recruitment and retention challenges. Again this is common throughout the NHS as particularly with paramedics, there is a limited market for suitably qualified staff and NWAS are competing with other ambulance trusts and other private and public sector healthcare providers nationally to attract candidates from this pool. The recruitment of other trained clinicians such as nurses is also challenging and the trust has had to adopt innovative approaches to ensure it has sufficient staff to deliver services safely and to a high quality.
- 7.5. New approaches have included partnership working with universities and Health Education England and more use of social media and international recruitment. In addition the trust has strengthened its clinical leadership structure to enable staff to develop and progress.

## 8. Contact Information

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

Name: Julie Treharne  
Job Title: Head of Communications, North West Ambulance Service NHS Trust  
Email: [Julie.treharne@nwas.nhs.uk](mailto:Julie.treharne@nwas.nhs.uk)

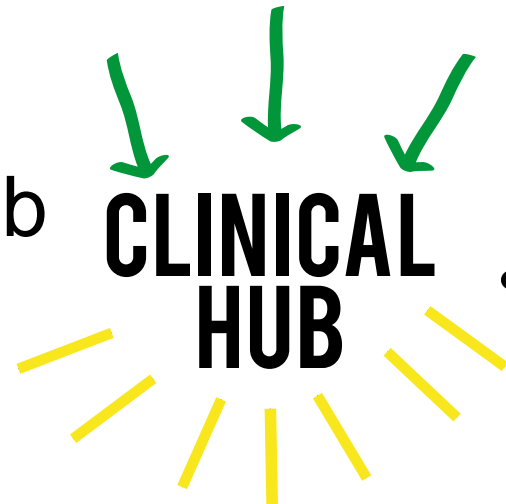




# Transforming Patient Care

Over the last year, we have introduced a number of initiatives to deliver the **right care, at the right time, in the right place; every time:**

Brought together the Urgent Care Desk, Clinical Support Hub and Health Care Professional Bureau (HCPB) to form the...



Introduced new clinician roles in the Emergency Operations Centres (EOCs) to support staff and patients

Supported the launch of 111 Online across the North West



Delivered more than **100,000** information leaflets to people using Patient Transport Services to help them stay well

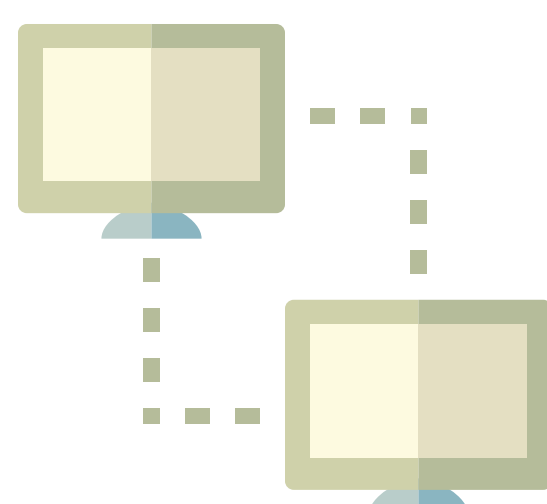


Introduced a new raising concerns pilot so Patient Transport Service (PTS) crews can escalate worries they have about a patient's wellbeing and signpost or refer for integrated local support



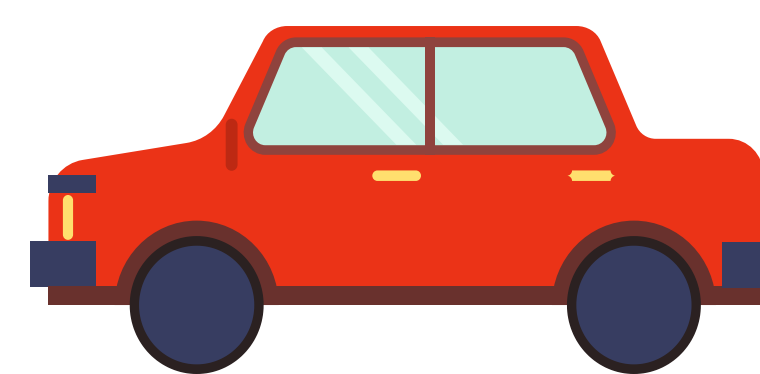
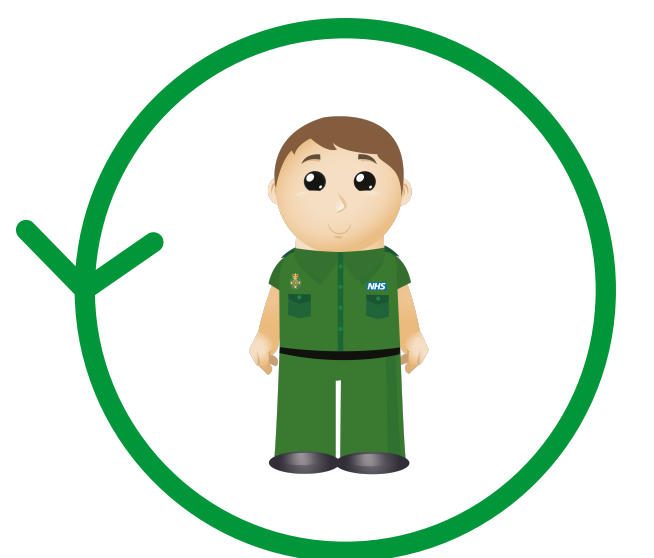
Provided Pathfinder training to **almost 90%** of EMTs to support them to see and treat patients

Launched Adastra in the Clinical Hub, increasing the number of people we can support over the telephone (hear and treat)



... And strengthened the Clinical Hub team with new appointments

Appointed **28** rotational paramedics to work between the EOC, Clinical Hub and on the road, enhancing skills in different environments, with recruitment ongoing.



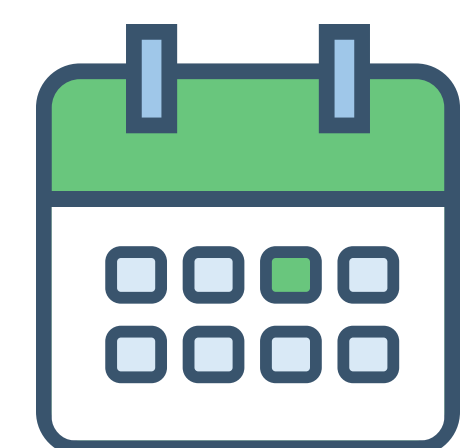
Piloted the HCPB and diverted **69%** of incidents from emergency resources to non-emergency transport and a further **14%** from the ambulance service completely

Recruited around **40** children, young people and parent volunteers to help us shape paediatric services



Introduced a new Urgent Care Practitioner role, and appointed **12**, focusing on giving people the right care closer to home (see and treat)

Began direct booking via NHS 111 so patients can be given time slots at urgent and primary care services



Began multi-occupancy transfers into Liverpool Heart and Chest Hospital, saving around **800 hours** ambulance time

*In Q1 (April-June) 2018, compared to the same period in 2017:*

**6,653** = **6,000**

fewer patients transported in an ambulance despite an increase in incidents

hours of emergency ambulance time freed up

**12,460**

more 'hear and treat' of patients

**43%**

increase in hear and treat by the Clinical Hub

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Version  
Number: 2.0

## **Health and Adult Social Care Overview and Scrutiny Committee**

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**Date of Meeting:** 08 November 2018

**Report Title:** My Life, My Choice. A strategy for people with learning disabilities in Cheshire East

**Portfolio Holder:** Cllr Janet Clowes, Adult Social Care and Integration

Cllr Jos Saunders, Children and Families

Cllr Liz Wardlaw, Health

**Author:** Kadie Ratchford, Graduate Management Trainee

**Senior Officer:** Mark Palethorpe, Acting Executive Director of People

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### **1. Report Summary**

- 1.1. The main aim of the My Life, My Choice strategy is to ensure that all individuals with learning disabilities can live a healthy, happy and independent life with choice and control over the care that they receive. It will mean a shift in the way we do things here at Cheshire East, from a professionally led model of care and support which sees the individual and their families as recipients of service, to a truly collaborative model where the professional is an equal partner to the individual and their carer. We will take a 'whole life' approach to the strategy and will focus upon ten key areas: Community Inclusion, Early Help, Life Changes (Transition), Education & Employment, Short Breaks, Assistive Technology, Housing, Workforce Development and Mortality, Health and Transforming Care and Autism.
- 1.2. This strategy therefore sets out what we are already doing in Cheshire East and what we plan to do for these priority areas and suggests recommendations for improving the lives for individuals with learning disabilities across the borough.

### **2. Recommendation/s**



- 2.1. That the Overview and Scrutiny consider and comment on the draft Strategy.

### **3. Reasons for Recommendation/s**

- 3.1. With an increase in demand and a reduction in budgets, the need for delivering services differently is essential. By encouraging independence and working with our residents more creatively to deliver services we will enable individuals to live fulfilled and ordinary lives like the rest of us, whilst allowing Cheshire East Council to effectively support our most vulnerable residents with learning disabilities.
- 3.2. Priorities within the strategy came from co-production with a range of stakeholders including two focus groups, so publishing the strategy, working on the priorities and putting recommendations into practice will be meeting the needs of our residents.

### **4. Other Options Considered**

- 4.1. To continue without a strategy for individuals with learning disabilities and carry on delivering services as usual. However, it is crucial that we move forward with our approach and utilise modern technology and new ways of working to allow people to live independently. Without a strategy in place, our residents are unclear on the aims of Cheshire East Council and what we intend to do in the future.
- 4.2. To focus on fewer priorities. However, the priorities set out in the strategy have been put forward by partners and service users and so this will mean we are not meeting the needs of our local residents. Autism has been made a priority following a recent Ofsted inspection of SEND.

### **5. Background**

- 5.1. By placing an emphasis on early help and intervention and promoting access to universal services for all, we would enable individuals to live independently for as long as possible with equal opportunities to everybody else. With an aging population, an increase in demand for services and a reduction in budgets, we need to be creative about how we care for people and provide a number of options to meet the needs of the individual. We recognise that there is no 'one size fits all' and will ensure that the person with learning disabilities remains at the centre of everything we do.
- 5.2. We want to be open and transparent to our residents and ensure that they are consulted every step of the way. The strategy has been co-produced and the service user input will remain a vital aspect of the proposed recommendations.

- 5.3. Understanding this need and how it may change by involving service users could help to forecast spending.
- 5.4. There has been engagement from the CCGs and the strategy will be an integrated strategy with health in order to ensure that all partners are on board with the proposed priorities and vision.

## **6. Implications of the Recommendations**

### **6.1. Legal Implications**

- 6.1.1. If in the course of implementing the strategy it is proposed to procure goods or services (solely or jointly with others), those procurements should be carried out in accordance with the Public Contract Regulations 2015 (where the council is leading on the procurement) in accordance with the Council's own Contract Procurement Rules.

### **6.2. Finance Implications**

- 6.2.1. This report has no direct financial implications. However if the strategy is adopted, and changes are proposed to CEC services in the future, then decision papers with the relevant financial information will be written and subject to governance and approval processes as usual.
- 6.2.2. The strategy aims to encourage system wide work in order to improve the lives of people with Learning Disabilities in the Cheshire East area. This has the potential to deliver a reduction in the Councils LD spending which costs the authority around £47m per year gross for Adults and Older People.
- 6.2.3. In Children and Families the funding for the services mentioned in the strategy is provided through base budget and through dedicated schools grant – high needs. The base contribution to Children's Social Care and Prevention and Support is £43.3m, and the High Needs DSG funding is £34.1m - including payments to providers of £29.7m and the balance on provision of SEN services.

### **6.3. Policy Implications**

- 6.3.1. The strategy mentions a number of key national policies it is aligned with, along with a number of more local strategies. These include:
  - The Care Act
  - The Children and Families Act
  - The Mental Capacity Act
  - NICE Guidelines
  - Cheshire East Council Preparing for Adulthood Policy for Young People with Special Educational Needs and Disabilities

- Cheshire East Council Learning Disability Service: Team Operating Model , Service model vision statement
- Cheshire East Council Children and Young People with Special Educational Needs and/or Disabilities Joint Strategy
- Cheshire East Council Children and Young People with Special Educational Needs and/or Disabilities Written Statement of Action

### **6.4. Equality Implications**

6.4.1. An Equality Impact Assessment has been drafted and is included as an appendix to this report.

### **6.5. Human Resources Implications**

6.5.1. The strategy will be implemented through current resource.

### **6.6. Risk Management Implications**

6.6.1. None.

### **6.7. Rural Communities Implications**

6.7.1. The strategy will ensure that there is good access to service for those in rural communities, creating consistency across the borough.

### **6.8. Implications for Children & Young People**

6.8.1. The strategy is all age so will ensure that individuals get the right support at the right time in the right place.

### **6.9. Public Health Implications**

6.9.1 It is well established that people with a learning disability have poorer mental and physical health than the wider population and that their average age of death is significantly less than the general population. They can also be affected by poor access to good quality healthcare. The Strategy will bring about a more cohesive approach to the health and wellbeing of those with learning disabilities and help to reduce the health inequalities that currently impact upon them.

## **7. Ward Members Affected**

7.1. All wards will be affected as the implications of the strategy will be borough wide.

## **8. Consultation & Engagement**

8.1. Engagement with partners and service users has taken place.

- 8.2. Focus group held at CVS on 17/05/18 with professionals from the following organisations:
- Ruby's Fund
  - Cheshire Buddies
  - The Rossendale Trust
  - Cheshire Down's Syndrome Support Group
  - Disability Information Bureau
  - Friends for Leisure
- 8.3. Engagement either face to face or via telephone with professionals and service users from The Acorn Centre, Valleywood, 1<sup>st</sup> Enable, Lifeways and United Response.
- 8.4. Focus group held at The Acorn Centre on 22/05/18 with service users.
- 8.5. Focus group held at SUSO on 23/05/18 with service users.
- 8.6. Attended numerous Learning Disability Partnership Board meetings
- 8.7. Presented at a service user team meeting at The Acorn Centre on 24/04/18
- 8.8. Held face-to-face interview session with a volunteer with learning disabilities from Dean Row on 25/05/18
- 8.9. Attended the Carer Respite Consultation event on 01/05/18

### **9. Access to Information**

- 9.1. The following documents helped to inform the strategy:
- NICE Guidelines, Learning disabilities and behaviour that challenges: service design and delivery
  - Department of Health, Valuing People Now
  - Cheshire East Council Children and Young People with Special Educational Needs and/or Disabilities Joint Strategy
  - Cheshire East Council Learning Disability Service: Team Operating Model, Service model vision statement
  - Live Well For Longer- The Commissioning Plan
  - JSNAs: Bowel cancer, breast cancer, cervical cancer, Children and young people with SEND

### **10. Contact Information**

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

Name: Kadie Ratchford

Job Title: Graduate Management Trainee (Commissioning)

Email: [kadie.ratchford@cheshireeast.gov.uk](mailto:kadie.ratchford@cheshireeast.gov.uk)



## Appendix

### Equality Impact Assessment

Equality impact assessment is a requirement for all strategies, plans, functions, policies, procedures and services under the Equalities Act 2010. We are also required to publish assessments so that we can demonstrate how we have considered the impact of proposals.

#### Section 1: Description

Department	Peoples Directorate		Lead officer responsible for assessment		Kadie Ratchford	
Service	Commissioning		Other members of team undertaking assessment			
Date	01/08/18		Version 1.0			
Type of document (mark as appropriate)	Strategy	Plan	Function	Policy	Procedure	Service
Is this a new/existing/revision of an existing document (mark as appropriate)	New		Existing		Revision	
<p>Title and subject of the impact assessment (include a brief description of the aims, outcomes , operational issues as appropriate and how it fits in with the wider aims of the organisation)</p> <p>Please attach a copy of the strategy/plan/function/policy/procedure/service</p>	<p>The 'My Life, My Choice' strategy is an all age strategy focusing on learning disabilities. It highlights the local need in Cheshire East and emphasises the importance of early help and intervention as well as focusing on an assets based approach and promoting independence. Through engagement with various partners including Council Officers, CCGs, CWP, CVS, providers and service users, ten overarching areas of priority were highlighted. This strategy fits into the council's wider aims of the Early Help Framework, the Housing Strategy, The Commissioning Plan and the Local Plan.</p>					
Who are the main stakeholders? (eg general public, employees, Councillors, partners, specific audiences)	People's directorate, health partners and the general public.					

## Section 2: Initial screening

<b>Who is affected? (This may or may not include the stakeholders listed above)</b>	Any individual who has a learning disability and lives in Cheshire East. Parents may also be affected as well as teams who work with people who have learning disabilities.										
<b>Who is intended to benefit and how?</b>	Any individual who has a learning disability, their families and carers as the strategy is aimed to improve lives, help people to live more independently and become a valued member of their community.										
<b>Could there be a different impact or outcome for some groups?</b>	The strategy will be applied across the whole of Cheshire East and so no specific groups should be disproportionately affected.										
<b>Does it include making decisions based on individual characteristics, needs or circumstances?</b>	The extent to which somebody is disadvantaged due to their learning disability will be factored in to decisions made as we have a commitment to support the most vulnerable people in our community.										
<b>Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)</b>	No										
<b>Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?</b>	Currently there are unequal outcomes for people with learning disabilities, particularly in relation to health inequalities. The strategy will aim to address these inequalities and provide better health outcomes for people with learning disabilities.										
<b>Is there an actual or potential negative impact on these specific characteristics? (Please tick)</b>											
<b>Age</b>	<b>Y</b>	<b>N</b>	<b>Marriage &amp; civil partnership</b>	<b>Y</b>	<b>N</b>	<b>Religion &amp; belief</b>	<b>Y</b>	<b>N</b>	<b>Carers</b>	<b>Y</b>	<b>N</b>
<b>Disability</b>	<b>Y</b>	<b>N</b>	<b>Pregnancy &amp; maternity</b>	<b>Y</b>	<b>N</b>	<b>Sex</b>	<b>Y</b>	<b>N</b>	<b>Socio-economic status</b>	<b>Y</b>	<b>N</b>

Gender reassignment	Y	N	Race	Y	N	Sexual orientation	Y	N			
What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts									Consultation/involvement carried out		
									Yes	No	
Age	The strategy is an all age strategy so all age groups have the potential to benefit from it.					X					
Disability	The strategy will positively benefit those with a learning disability.					X					
Gender reassignment	No impact							X			
Marriage & civil partnership	No impact							X			
Pregnancy & maternity	The strategy will potentially benefit adults with learning disabilities who go on to have children- this is mentioned on page thirteen of the strategy.							X			
Race	No impact							X			
Religion & belief	No impact							X			
Sex	No impact							X			
Sexual orientation	No impact							X			
Carers	By promoting independence amongst individuals with learning disabilities, this should help to alleviate some of the pressures faced by carers and enable them to live a more fulfilled life too.					X					
Socio-economic status	No impact							X			
Proceed to full impact assessment? (Please tick)			Yes			No			Date: 01/08/18		

If yes, please proceed to Section 3. If no, please publish the initial screening as part of the suite of documents relating to this issue

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# My Life, My Choice

## *A strategy for people with learning disabilities in Cheshire East*

2018-2022

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# Executive Summary

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## Introduction

The 'My Life, My Choice' strategy sets out the vision, ambitions, and commissioning intentions for people with learning disabilities of all ages living in Cheshire East. The main aim of the strategy is to ensure that all individuals can live a healthy, happy and independent life with choice and control over the care that they receive. It will mean a shift in the way we do things here at Cheshire East, from a professionally led model of care and support which sees the individual and their families as recipients of service, to a truly collaborative model where the professional is an equal partner to the individual and their carer. As suggested in the NICE guidelines [1] we will be taking a 'whole life' approach from early childhood onwards which will help enable smooth transitions into adulthood, whilst still addressing the needs of different age groups.

### Who is the strategy for?

The 'My Life, My Choice' strategy is for everybody who lives in Cheshire East who has a learning disability. A learning disability is defined by the Department of Health as a *reduced intellectual ability and difficulty with everyday activities- for example, household tasks, socialising or managing money-*

*which affects someone for their whole life* [2].

### SEN (Special Educational Needs)

Throughout the strategy, we will use the term SEN when referring to a child or young person with learning disabilities. A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her [3].

The 0-25 SEND Partnership is a multi-agency partnership arrangement which leads and drives developments around support, processes and provision for children and young people with Special Educational Needs and Disability (SEND) aged 0-25 years in Cheshire East. For more in depth information in relation to improvements for children and young people with SEND, please see the SEND Developments section of the Cheshire East Local Offer for SEND. This includes information on the 0-25 Partnership, the Children and Young People with Special Educational Needs and/or Disabilities Joint Strategy and the Cheshire East Written Statement of Action for SEND. However, the overarching principles in the 'My Life, My Choice' strategy remain the same in that we will ensure that support is person-focused, inclusive and within local communities wherever possible.

In order to ensure that this strategy, and the consequent commissioning intentions which will stem from it, has a

focused target group, we have decided to focus on learning disabilities and not physical disabilities and autism spectrum condition. We wanted to ensure that services are designed around the needs of the individual and are not a 'one size fits all'. However, autism will be referenced within our ten areas of priority, as we recognise that autism and learning disabilities are closely linked and around four in ten people with autism may also have a learning disability [4]. Strategies for both physical disabilities and autism spectrum condition will be produced in the near future.

We recognise that people with learning disabilities can often struggle with mental health issues alongside their disability diagnosis and a separate mental health strategy has been produced in conjunction with this strategy to support individuals with their mental ill-health.

We appreciate that in order for the strategy to be a success and truly embedded into our practices, we must work with our partners collaboratively and ensure the work we do is integrated with our health colleagues, education and neighbouring authorities.

### **Financial Challenges**

With an aging population, an increase in demand for services and a reduction in budgets, we need to explore more efficient ways of working in order to help reduce costs. We will utilise assistive technology and modernise services where possible and we will emphasise the need for early help and

intervention, particularly during early childhood in order to keep people independent for as long as possible. By encouraging and supporting individuals to take control of their own life and refrain from using services unless absolutely necessary, we will be able to support the most vulnerable people in our society to live long and fulfilled lives. We will continue to meet our statutory requirements and will adhere to the policies set out in the legislation including The Care Act 2014, The Children and Families Act 2014 and the Mental Capacity Act 2005.

### **Co-production**

In line with the NICE guidelines and the Cheshire East Council Commissioning Framework, the strategy has been co-produced with parents, carers and individuals with a learning disability as we are committed to listening to the user voice and incorporating it within our strategy and future commissioning intentions. We will continue to work with a variety of people who are involved in the care received by people with learning disabilities as we work through the proposed areas of focus which will be discussed later. However, the individual with learning disabilities will always remain at the centre of all planning and provision, with their best intentions being at the heart of everything we do at Cheshire East.

Gathering data to feed into the strategy has been one of the main barriers which we have faced and this is an area that we



would like to work on in order to inform our future commissioning intentions. The systems and processes used in children's services differ significantly to adults' services and we will aim to align these processes to ensure that the data is accessible and accurate. A Joint Strategic Needs Assessment (JSNA) for Learning Disabilities will be produced in 2019/20 which will look at our current and future health and care needs in Cheshire East.

## Our Vision

The Cheshire East Council Learning Disability strategy 'My Life, My Choice' supports the National Model Vision Statement as defined in: **Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition**, which states:

*Children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition have the right to the same opportunities as anyone else to live satisfying and valued lives and, to be treated with the same dignity and respect. They should have a home within their community, be able to develop and maintain relationships and get the support they need to live a healthy, safe and fulfilling life [5].*

In addition to this, we want all our children and young people with special educational needs to be **HAPI: Happy and**

healthy, **Achieving** their potential, a valued **Part** of their community, and supported to be as **Independent** as possible and to make choices about their own future [6].

We want to empower individuals to make their own choices on the support that they receive from our commissioned services rather than being fitted into a particular service with no say in the matter. We will take an assets based approach where we build on the strengths of our community and look at what people can do, as opposed to what they cannot do.

We want employees from across the Health, Education and Social Care sector to continue to work together and build on these relationships so that individuals with learning disabilities only have to tell their story once. Our vision applies to everybody who lives in our borough who has some degree of learning disability, no matter how small or big. This includes those individuals who may not be known to Social Care as we want to support them to remain living independently for the rest of their lives.

Our approach will emphasise the importance of accessing universal services such as health, housing, schooling, further education and leisure which others may take for granted. We want to focus on early help and prevention with specialised services only being used where most needed. By promoting independence and universal services we will be able to focus on enhancing the lives of the most vulnerable people in our community.

Learning disabilities are lifelong disabilities. The primary function of the Cheshire East Council Learning Disability Service is to enable as many people as possible to achieve their maximum autonomy and independence to the point where they no longer need to rely on adult social care intervention and support. Where individuals have reached their maximum level of autonomy and independence, but still need to rely on publicly funded support, then this will continue lifelong [7]. For individuals who have more complex needs we will celebrate the small steps that they take towards maximising autonomy and enhancing their lifestyle.

The Government's White Paper 'Valuing People Now' states that all local authorities should have a Learning Disability Partnership Board. The aim of the Partnership Board is to improve the lives of adults with learning disabilities and to help make sure that the needs of people with learning disabilities in Cheshire East are met. The membership of the Cheshire East Learning Disability Partnership Board is currently lacking and we will aim to rectify this by reviewing the board and ensuring that the terms of reference are being met. We want the Partnership Board to be a powerful and effective forum for people with learning disabilities and a catalyst towards positive change.

## Our Priorities

In order for us to meet the ambitions of our vision, we will focus upon ten key areas:

### 1. Community Inclusion

We will ensure that all individuals with learning disabilities have the opportunity to fully integrate within their local community with access to universal services. We will raise awareness about learning disabilities so that our residents can be welcoming and inclusive of all individuals with varying needs and do not discriminate against those with additional needs.

### 2. Early Help

We want to make sure that there is early help and diagnosis for parents of a child with learning disabilities and provide the right support from the outset.

### 3. Life Changes (Transition)

We will ensure a seamless transition for children entering adulthood and will encourage independence from an early age so that individuals do not become dependent on services and are able to live a fulfilled life with the same opportunities as anybody else.

### 4. Education & Employment

We will support individuals in seeking both paid and voluntary work, including supported internships across a range of sectors. We will ensure that schooling is inclusive, effective and close to home.

## 5. Short Breaks

We will improve our offer for parents, carers and people with learning disabilities so that they can access a range of short breaks which are enjoyable, fulfilling and stimulating.

## 6. Assistive Technology

We will ensure that we utilise assistive technology where possible and lead the way with innovative applications and devices which help promote independence and keep individuals safe.

## 7. Housing

We will ensure that everybody has the opportunity to live in their own home, within a community setting, their own front door and access to local amenities. We will improve the housing offer available and seek to provide choice, opportunities and support with transition into adulthood.

## 8. Workforce Development

We want to actively promote careers in Social Care and create development pathways into more senior roles within the sector. We want our workforce to be equipped with the skills to effectively interact with people with learning disabilities and constructively manage behaviour that challenges. We will ensure that

our workforce encourage engaging interaction and activities which are age appropriate and take into consideration the needs of the individual.

## 9. Mortality, Health and Transforming Care

We will address the health inequalities faced by people with learning disabilities and improve both physical and emotional wellbeing to ensure that individuals are not disadvantaged. We will work with our health colleagues to ensure that the delivery of the transforming care programme is successful.

## 10. Autism

We will ensure effective pathways are in place for children and young people with autism and unreasonable waiting times are addressed. We will also produce an all-age autism strategy and refreshed JSNA to inform the future commissioning intentions for Cheshire East Council.

## How will we measure success?

**The success of the learning disability adult service will be judged by its contribution to the following indicators:**

- 1) The service budget will be committed to support individuals wherever possible within the indicative budget generated from the Care Act assessment.

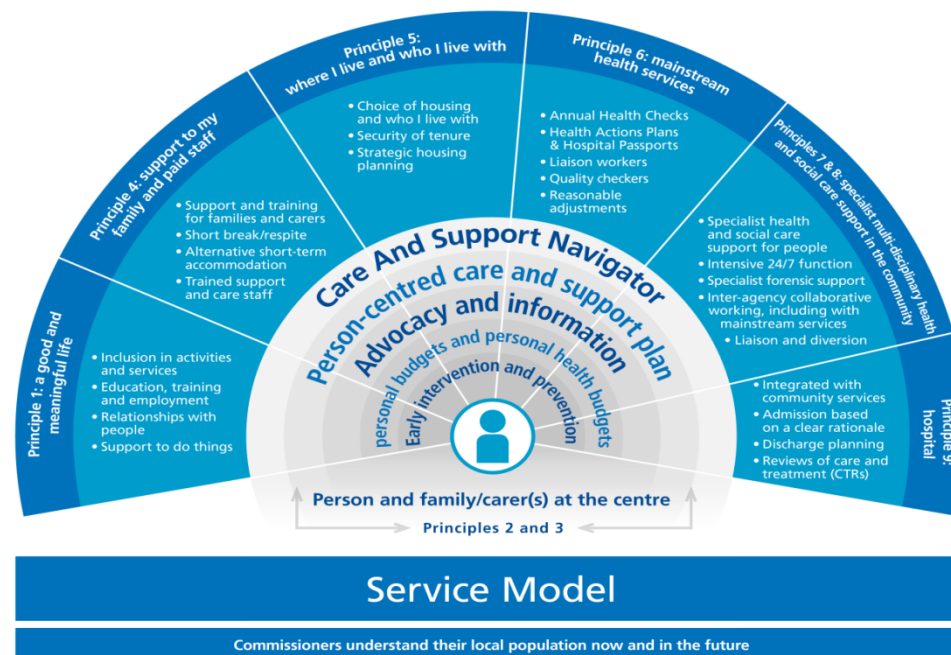
- 2) The number of assessments of people aged 18 between April 1<sup>st</sup> and March 31<sup>st</sup>, the following year will be completed before they reach their 18<sup>th</sup> birthday.
- 3) The number of adults with a learning disability in settled accommodation
- 4) The number of adults with a learning disability in employment
- 5) The number of carers who have had an assessment, either jointly or separate to the service user. [8]

**For children and young people, the following sources will be used to inform us on how well we are performing, what's working well and what we need to take action on to achieve change:**

- 1) Multi-agency audits will be developed to evaluate the quality of our work to support families across the partnership. Findings from these will be reported to the 0-25 SEND Partnership Board
- 2) A SEND scorecard is in place which is reported to the 0-25 SEND Partnership Board for scrutiny. This scorecard considers a variety of information, such as the number of children and young people with Statements of SEN and EHCPs by primary need, age group and locality, the number of requests for EHCP assessments and the timeliness of completion, and where children and young people access education.

- 3) Feedback surveys, consultation events, work with the Cheshire East Parent Carers' Forum, and feedback on the Local Offer will continue to inform further service developments. Mechanisms for gaining feedback on EHC Assessments and Plans, and our Local Offer (both our provision and the quality of support) will be developed and established.
- 4) Practitioners' views will continue to be sought through consultation events. [9]

The following nine principles from the National Service Model will underpin the strategy and the services commissioned from Cheshire East. They will also act as the success criteria for the services we deliver.



## Where are we now?

### National Context

There have been some significant changes in national policy in recent years, in particular The Children and Families Act 2014. The Act takes forward the Government's commitment to improve services, life chances, and choices for vulnerable children and young people, and to support strong families [11]. It supports the idea that all children and young people can succeed, no matter what their background. The Act also extends the SEND system from birth to 25 which highlights the importance of taking a 'whole life' approach with children's services and adult's services working closely together and aligning processes to ensure a seamless transition into adulthood.

The Government's Mandate to NHS England 2014-5 states:

"One area where there is a particular need for improvement, working in partnership across different services, is in supporting children and young people with special educational needs or disabilities. NHS England's objective is to ensure that they have **access to the services identified in their agreed care plan**, and that parents of children who could benefit have the option of a **personal budget** based on a **single assessment across health, social care and education**".

### Need in Cheshire East

There are an estimated 378,800 people living in Cheshire East, with approximately 75,800 children under the age of 18 and 303,000 adults [12].

Cheshire East Council has a JSNA for children and young people with special educational needs and/or disabilities that was published in July 2017 and a JSNA for people with autism that was published in December 2017 (see Appendix for links to both documents).

3,566 children and young people receive SEN support in Cheshire East and 1,891 children and young people aged 0-25 in Cheshire East have specialist needs and have an Education, Health and Care Plan (EHCP) or a statement of SEN [13]. A number of children will have their needs met through universal support within Quality First Teaching and Learning or First Concerns.

Currently there are 1,138 adults with a learning disability known to Cheshire East. However, it is likely that there are many more adults with learning disabilities living in the wider community who do not receive support from the council and are therefore not included in these numbers.

Cheshire East has an ageing population which means that there is a significant increase in the number of people in the older age groups, and a decrease in the number in the

younger age groups. By 2020, over a quarter of the Cheshire East population will be aged over 65, greater than the UK average [14].

### **Profound and Multiple Disabilities**

In addition to our aging population, due to advances in medicine and care, more young people are living longer with complex disabilities, therefore we need to ensure that our services can accommodate for this change in demand.

There is a lack of adequate services for people who have learning disabilities as well as physical disabilities and people with learning disabilities whose needs are related to ageing [15]. The council needs to support the older population with learning disabilities and ensure that individuals are not disadvantaged in any way.

Where needs are so complex and rare with only few numbers of people requiring a specific type of specialist support, Cheshire East Council will endeavour to joint commission services with neighbouring authorities who also need to cater for a similar small group of individuals. This collaborative approach will ensure that the individual receives the best quality of care possible to meet their profound needs.

## **Our Priorities**

---

### **Community Inclusion**

Historically, people with learning disabilities have been removed from their communities and institutionalised in buildings which offered little or no option to integrate with the community around them. We have come a long way over the years to take positive steps to change the direction of social inclusion but we still have a long way to go.

We want to ensure that people of all ages who have a learning disability are fully integrated within mainstream society and do not face stigmatisation or fear. We will support individuals as much as we possibly can to equip them with the skills needed to help live a fulfilled and independent life.

We will build on the community assets we have here in Cheshire East, such as green spaces, parks and swimming pools. We will also promote and signpost people with learning disabilities to the local community groups that we have to offer which help people to build relationships and facilitate a variety of life skills. There are already a vast amount of community and youth groups on offer for people with learning disabilities which can be found on the [Live Well](#) website.



## Early Help

According to Mencap there are 15,000 children born each year who have a learning disability. Children with learning disabilities are more likely to face issues such as poverty, physical and mental health problems and difficulties at school [16].

As a local authority, Cheshire East will ensure that through early help and intervention, we will support children and their families in the early years in order to reduce the chances of children developing further issues later on in life. As soon as the needs are identified, appropriate support should be offered to families and carers in order to assist the child to remain happy, independent and living at home.

One way in which we will support parents is through our first point of contact. We will provide good quality information and signpost parents to universal services which can be accessed within the community. We will ensure that the Live Well website pages are up-to-date and a true reflection of the services on offer in Cheshire East.

In addition to Live Well, a requirement of the Children and Families Act 2014 is that every local authority needs to publish a Local Offer for SEND. The [Cheshire East Local Offer](#) includes information about the support and provision that families can expect from a wide range of agencies for children and young people with SEND from birth to 25 years

old. We encourage our families and professionals to utilise this tool so that they can gather clear, comprehensive and up-to-date information about the available provision and how they can access it. We also encourage families and professionals to provide feedback if there is anything you feel is lacking or that needs updating.

We recognise that financial hardship is one of our main barriers to successful early intervention and prevention; however it is important that we invest in this cohort of people from the outset so that families feel supported, children are living fulfilled lives and the risk of dependency is reduced.

Mainstream services like nurseries and schools must be inclusive for children with a learning disability, with early years professionals trained to meet a wide range of needs [17]. Activities must be stimulating and tailored to the needs of the individual.

The Cheshire East Council Parent Carer Forum is a useful opportunity for parents to come together and discuss any issues that they may have and also to share good practice. Our parents of children with learning disabilities in Cheshire East have expressed that the current forum is largely focused on autism and attention deficit hyperactivity disorder (ADHD) and it is therefore difficult for some parents to have a voice at times. We will aim to rectify this by reviewing the current parent carer forum, refreshing the terms of reference and ensuring that agenda items are specific and varied. We will

ask our parents and carers for feedback to ensure that the proposed changes have been effective.

## Life Changes (Transition)

Cheshire East Council recognises that transition is a vital area that we need to get right for our young people with learning disabilities. Transition is an ongoing and developing process that enables young people to be better prepared for adulthood. It is not a single event or meeting but happens over a period of time between the ages of 14-25. Our vision is that: *all Cheshire East young people with Special Educational Needs and Disabilities (SEND) will benefit from a seamless transition process, which builds on high aspirations as they become citizens.*

Education, Health and Social Care work together with young people and their families to ensure that there is early planning not just from 14 but also in the early years. This planning must build on children and young people's strengths, needs and desired outcomes around preparing for adulthood (PfA). These outcomes are: employment, independent living, participating in society and being as healthy as possible. There is a strong governance structure in place through the SEND Partnership Board and the Preparing for Adulthood work stream which is developing pathways to improve these outcomes for young people. It is important to plan for this transition period by sharing information in a timely manner and working collaboratively to identify any gaps in need and

ensure that the right support is in place which will meet young people's needs in the long term. We will work with young people and their parents/carers to guide them through the transition period explaining the importance of the young people being involved in decisions about their support and their capacity. Other changes such as financial assessment and charging for care and support when the young person turns 18 will also be explained. The local authority uses data from public health and internal departments to forecast and plan to ensure sufficiency of provision e.g. opportunities to learn independent living skills. By focusing on what children are good at from a young age this promotes their independence and means that everyone can work together to ensure that they are happy young adults who are valued members of the community. This gradual approach will enable young people to achieve their full potential.

We accept that one of the barriers for successful transition is the lack of creative commissioning that we currently have at Cheshire East and we intend to offer more choice and improve our local offer so that people entering adulthood can experience independent living and everything that comes with it such as cooking, cleaning and ironing before they reach 18. We hope that by offering and encouraging such taster sessions, our children and young adults will be excited by the prospect of adulthood and any anxieties they may have will be reduced.



We also recognise that transition does not always refer to young people entering adulthood and there are other forms of transition which need to be supported too. For example, an individual with learning disabilities who has lived with parents all their life and suddenly their parents pass away. Appropriate plans should be in place for such events and individuals will need to be supported effectively throughout this transitional period in their life.

In addition, people with learning disabilities who transition into parenthood will also require effective support and guidance. The exact number of parents with learning disabilities is not known but it is likely that, as a result of moves away from institutional living over recent years, more people with learning disabilities are becoming parents [18].

The **6 Ts** show in a simple format what staff need to be able to do (and the resources that need to be available) to work well with parents with a learning disability.

### **Time**

Extra time is needed to get to know parents and communicate appropriately with them. Parents need more time to take on board information/new skills/knowledge.

### **Trust**

Parents and practitioners need to trust each other for the support to be effective; time is needed to develop this trust.

### **Tenacity**

Workers need to keep working on issues with parents over the longer-term, as necessary.

### **Truthfulness**

Practitioners need to be honest with parents and be really clear what the issues are.

### **Transparency**

Practitioners need to be really clear about what is happening, when and by whom.

### **Tailored Response**

Working with parents in a way that works for them. [19]

We know that change can be difficult to handle for anybody, let alone those with additional needs, so it is crucial that they are actively involved in decision making and that they have the right information to make informed decisions. If the person lacks capacity to make a decision, then the Mental Capacity Act 2005 applies.

### **What people with learning disabilities have told us?**

*I don't like sudden changes, it makes me feel scared*

*My mum is 75 and my dad is 82 so I need to think about where I will live when my parents are not around*

## How will we measure our success?

- Post 14 years Education, Health and Care plans and subsequent transition reviews will reflect PfA outcomes
- Increase in SEND learners in supported internships, apprenticeships, supported or open employment
- Reduction in SEND Not in Education, Employment or Training (NEET)
- Increased numbers of successful transitions into Adult Social Care (assessment and support in place in a timely manner with no gaps in service and good outcomes for young people)
- Percentage of Care Act eligible young people who have an assessment of their needs before 18

[20]



## Employment

National figures show that there are more people in work than ever before (32.39 million) and the employment rate is 75.6% which is the highest since records began in 1971 [21].

However, unfortunately the picture is not quite as positive for individuals with disabilities. The disability employment rate currently stands at 32.2% equating to 3.8 million disabled people not in work. The Government manifesto pledge is to halve the disability unemployment gap by the end of this Parliament. According to National Government estimation, 65% of adults with learning disabilities want to work and locally this equates to around 591 people with learning disabilities known to Cheshire East Council Adult Social Care who want to work. We want to support these people as much as possible whether it is through voluntary opportunities in the first instance, supported internships or paid work from the outset.

We know that work opportunities promote health and well-being, contribute to a sense of identity and personal achievement as well as offering a social network of support, among many other benefits [22]. We appreciate that work is not for everybody but the option should always be there and nothing should ever be assumed.

Currently, 11.6% (106 individuals) of the people with learning disabilities known to Cheshire East are in paid employment. Although this is better than the national average of 5.7%, we

recognise that it is still worryingly low. We want to align locally with the national pledge of halving the disability gap which would mean supporting a further 316 social service clients with learning disabilities into work by 2020. We recognise that this will be a challenge but one with extremely positive outcomes for the individual, the employer and Cheshire East Council.

As a local authority we will take an asset based approach and look at what people can do, as opposed to what they cannot do. We accept that learning complex tasks may be more difficult for individuals with additional needs, but it is by no means impossible with the right support. We also realise that for the first few months, or perhaps longer, people will need additional support and guidance.

As you can see from the figures below, the vast majority of our adults with learning disabilities are not being paid or seeking work (722 adults). One way that we aim to minimise the growth of this figure is via support to transitioning cohorts. We aim to boost the numbers of people taking up supported internships in Cheshire East. Supported Internship schemes place individuals with learning disabilities into an unpaid internship for a minimum of 6 months. The scheme equips individuals with skills that they need for work, through learning in the workplace and supports people to go on to secure paid employment after the internship is complete.

The Council have recruited a Supported Internship Coordinator to manage this.

	Gender		
Employment Status	Female	Male	Grand Total
<b>Paid, under 16 hours</b>	28	28	56
<b>Paid, 16+ hours</b>	15	35	50
<b>Not Paid, seeking work</b>	8	13	21
<b>Not Paid, not actively seeking work/retired</b>	287	435	722
<b>Unknown</b>	33	28	61
<b>Grand Total</b>	<b>371</b>	<b>539</b>	<b>910</b>

Table 1



In 2017 the Council formed a Welfare to Work partnership for the Cheshire East area. This is a partnership of all organisations that have any input into supporting disadvantaged people into work. The work of this group has focused on coordinated employer engagement, transition coordination, reducing service/geographical service gaps/overlaps and the production of a directory of services. One of the clear messages from the partnership is the severe lack of available support for people wanting paid work of less than 16 hours a week. This key piece of information has been fed into sub-regional discussions regarding the intended focus of unallocated ESF money (£2.9m available in measure 1.4) and will also be fed into the future commissioning intentions of the Council.

### People with learning disabilities have told us

*I love volunteering at Brownies and I have become a leader now. I would love to have paid work too but nobody will give me the support I need*

*I would love someone to support me into paid work for six months or so until I feel settled. They could gradually stop supporting me after that. I just want a chance*

### Education

95% of schools in Cheshire East are currently judged Good or Outstanding by Ofsted [23]. The national figure is 89% so we have a good foundation to build from.

The Cheshire East Toolkit for SEND outlines the provision and support that Cheshire East Council expects to be in place in all educational settings which support Cheshire East children and young people aged 0-25 with Special Educational Needs (SEN), and forms an important part of the Cheshire East Local Offer for SEND. Its purpose is to provide detailed guidance on how educational settings can identify children and young people with different types and levels of

need (as visualised by the Cheshire East Continuum of Need for SEN), and information on appropriate steps and strategies to support them. It provides clear information about when a request for an Education, Health and Care needs assessment, or specialised services, may be required.

The Toolkit describes our graduated approach to meeting special educational needs and outlines our expectational needs and outlines expectations for reasonable adjustments to be made in order to ensure that the majority of children have their needs met through mainstream provision (in line with The SEND Code of Practice January 2015). This will support the ethos of community inclusion and allow children with special educational needs to enjoy their lives and experience the same opportunities as their peers. We want to ensure that Cheshire East pupils with SEND are exceeding the national average across the board for all attainment measures.

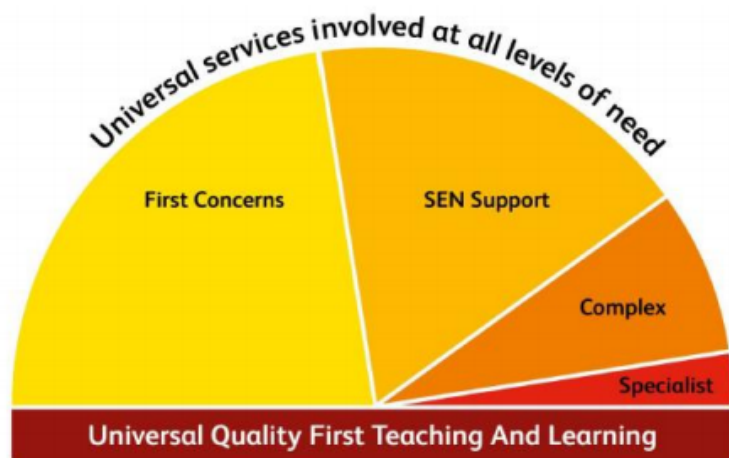


Diagram 2 [24]

Where children and young people require specialist educational provision (in line with our Continuum of Need for SEN and graduated approach as described in our Toolkit for SEND), we will aim to reduce travel times and bring them back closer to home. However, for those individuals who are able to receive education in a mainstream setting, it is crucial that the education system supports these children and that staff within settings have access to appropriate resources and training that enable them to meet the needs of our children and young people with SEND.

## Short Breaks

The Care Act 2014 stipulates that local authorities are required to assess a carer's needs for support which means that more carers are entitled to an assessment. It also states that the local authority needs to decide if the carer's needs are "eligible" for support from the council and agree the best way to meet those needs. This could be by providing support directly to the person they care for.

Cheshire East Council are currently reviewing the short break offer for adults as we recognise that there are gaps in the services we currently provide to both carers and the cared for. We want to move towards a more personalised and flexible way of providing short breaks to our families and people with learning disabilities and in a recent survey that was carried out by the local authority, some carers said that they would like an alternative to bed based residential provision.

## What has Cheshire East proposed?

Our vision for Cheshire East Adult Respite/short breaks is for an effective range of support services to be available to the cared for person and carers where appropriate, offering a range of personalised options, appropriate to meet the needs of many and offering best value.

The service must focus on providing timely and appropriate support to the cared for person and carers, which enables them to achieve a healthy balance in their role as a carer and where suitable, providing support to the cared for person which promotes their independence and wellbeing.

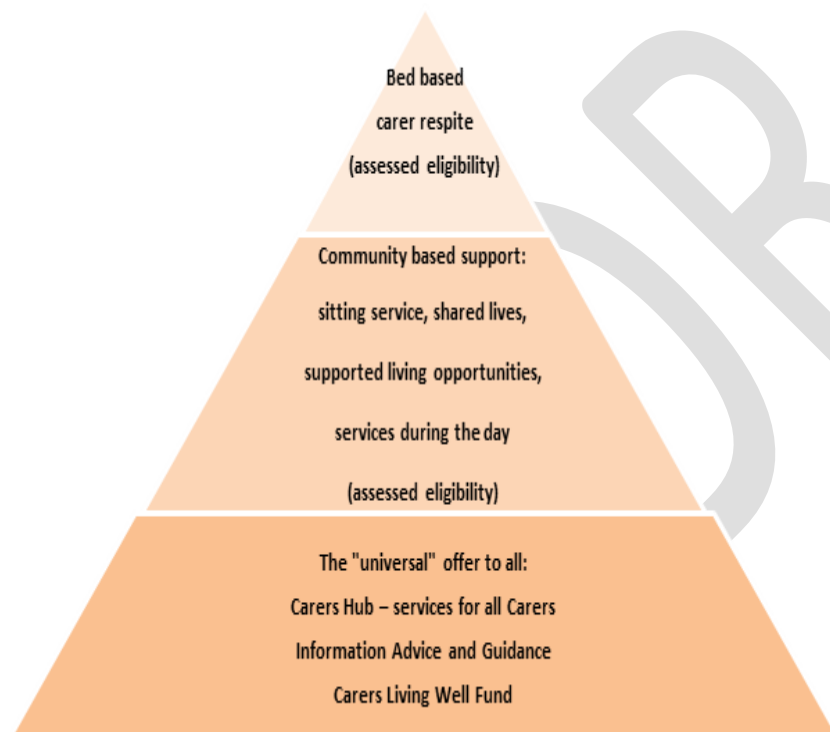


Diagram 3

Diagram 3 displays the new model for short break support in Cheshire East. The universal offer will be available to all and should provide timely and relevant support to carers. The middle tier of support will focus on enabling people to remain at home and retain their independence for as long as possible. The top tier focuses on those with the greatest level of need which can only be met in a bed based setting.

As you can see from the model, there is only a small amount of bed based provision with an emphasis on the community based tier as well as the newly mobilised Carers Hub. The community based offer could include a variety of services such as sitting services in their own home which would allow carers to attend social events on an ad-hoc basis to ensure that they get a much deserved break from their caring responsibilities.

Low occupancy levels show that the residential bed based offer was not being utilised to its full potential. We hope that the new offer will provide a variety of choice for people with learning disabilities which both the carer and the cared for will benefit from. We will continue to work with parent carers over the next few months to ensure that demands are being met effectively.

For children and young people, a similar, more flexible approach to our short break offer has been established. The number of children and young people receiving short breaks



in Cheshire East has steadily grown to approximately 1000 at the end of 2016-17. Short breaks provide children and young people with:

- Positive and safe things to do and places to go
- The opportunity to spend time with friends, to develop personally and socially, and reduce isolation
- The chance to undertake new activities and have new experiences

In addition, they provide parents and families with a necessary and valuable break from their caring responsibilities. They can take place in a community setting; the child's own home, the home of an approved carer or in a residential setting.

Cheshire East Council have commissioned an increased range of short break services, including weekend, after-school and school holiday activities, overnight breaks; and breaks within the home.

Feedback continues to emphasise that the biggest impact is made where families are supported in a flexible way with services tailored to their needs. The reasonably wide variety of activities currently on offer enables building of independence and social skills and reduces isolation. The offered services are easy to access and of good quality and we want to build on this and improve where possible in order to meet the demand of our children and young people.

[25]

## Assistive Technology

The 2004 amendments to the Assistive Technology Act of 1998 support the need to improve the provision of assistive technology to individuals of all-ages with disabilities [26]. We know that technology has enhanced exponentially over the last ten years and we want to ensure that as a local authority, Cheshire East are leading the way with these innovative technologies and putting them into practice where possible.

Assistive technology ranges from low to high tech and there are a number of benefits to their usage:

- Promotes independence and allows people to make choices about their life
- Allows people to feel safer in their home as well as out and about
- Effective communication, reduced isolation
- Helps people become a valued member of their local community
- Enables people with learning disabilities to experience more privacy
- Supports individuals to achieve better standards of personal care

[27]



We are currently utilising some of these creative technologies here at Cheshire East such as various android applications, the Amazon Alexa and biometric bands. However, we recognise that the distribution is minimal and inconsistent and this is something we need to work on. We will aim to have a set of clearly defined guidelines in place for the eligibility criteria of assistive technology so that there is clarity on who is entitled to support through such technology.

There have been a number of applications developed to assist people with learning disabilities with various aspects of their day-to-day life such as travel training support, health and wellbeing advice and dental hygiene. One in three adults with learning disabilities and four in five adults with Downs syndrome have unhealthy teeth and gums [28] so the demand for this kind of support is prevalent for people with additional needs. Travel training has been a reoccurring theme at the Learning Disability Partnership Board meetings and service users have expressed that they would like to receive support

on how to access public transport to help them become more independent. A downloadable 'App' which helps to facilitate this process has been created and this is one example of assistive technology which we would like to promote and support people in using, among many other applications.

We appreciate that there are financial restrictions on assistive technology under the current economic climate. However, where there are opportunities for reducing care packages whilst promoting independence, Cheshire East would like to embrace this and provide people with the opportunity to pilot the various technologies before putting them into place on a permanent basis.

We also appreciate that in order to encourage individuals to use such technologies, support and training will need to be given in how to use the products and this is something that needs to be factored in to the process. We will include our families, carers and cared for at every step of the process as we appreciate that their input is vital to its success.

A catalogue of products, applications and innovations which are readily available for individuals with learning disabilities will be listed on the Live Well website so that our service users know what assistive technology is out there and how they can access it.



## Housing

We want to encourage independent living for individuals with learning disabilities by ensuring that everybody has the opportunity to live in their own home with their own front door. Improving the housing offer is important to us, so we will continue to work with providers, stakeholders, carers and people with learning disabilities to ensure that there is a range of housing types to improve choice. Currently we have 123 adults with learning disabilities living in a permanent residential setting in Cheshire East and we will aim to reduce this number by ensuring that a residential placement is always the last resort and encourage independent living where appropriate. Our 2020 ambition is that 85% of adults with a learning disability will be living in their own home with their family [29].

We recognise that dependency on a certain type of accommodation can stem from childhood so we will ensure that as soon as a child or young person moves into a residential setting, a plan is developed for how they will progress towards returning to their family home and towards greater independence. This plan will be reviewed every six months to check that progress is being made and outcomes are being met. Cheshire East council will also ensure that the child or young person continues to be supported to meet the outcomes identified in their education, health and care plan [30].

NHS England state that children and young people with a learning disability, autism or both should, wherever possible, receive the support and services they need to continue to live with their family, in their own home or close to home. Out of area placements should ordinarily be avoided [31].

We would like to incorporate a Hub and Spoke Model into our accommodation offer which would allow individuals to have their own front door and private space, whilst also providing a communal area for people to socialise and interact with others should they wish to.

### People with learning disabilities have told us

*I live with my mum but I want to live on my own*

*My name is Sarah and I live on my own. I have two support workers and my mum and dad live fifteen minutes away. I can walk to the shops and I love being independent*

## Workforce Development

We want to work with providers to ensure that appropriate training and upskilling of staff is encouraged in order to ensure that people with learning disabilities are getting the best care possible and are encouraged to do things for themselves wherever they are able.

Practitioners who work with children, young people and adults with a learning disability and behaviour that challenges, and their family members and carers, should get to know the person they support and find out what they want from their lives and not just from services [32]. It has been suggested that staff should have an understanding of the specific condition and the best way of assisting the person as an individual in order to assist the person into living independently [33].

We would like to see a core group of our staff undertaking specialist training in working with individuals with learning disabilities. This would help enable the best possible outcomes for people with additional learning needs, with more specialised person-centred care and support.

We also want to work with schools' and colleges to encourage young people to pursue a career into Social Care from an early age. We recognise the stigma that is attached to careers in Social Care with its low pay and challenging duties. However, we need to highlight the benefits of working in such a rewarding role and the doors it can open into more senior positions such as Nursing and Social Work.

In addition to this, we would like to explore ways of recruiting students into Social Care roles to gain work experience during summer holidays or whilst on placement. We recognise that this will be a short term arrangement but we would hope that

some students will decide to stay or pursue a career in the sector once their studies have finished.

We will use a plethora of platforms to reach out to our community in relation to the workforce development initiatives including social media, Live Well and by attending careers fairs in schools, colleges and universities. We will provide case studies and success stories of people who have gone on to achieve great things in a Social Care career and have positively contributed to the lives for individuals with learning disabilities.

Currently the Adult Social Care offer to people with a learning disability is shared amongst the generic community teams whose primary workload consists of older people. As a consequence of this, expertise and knowledge in the needs of learning disabilities has become diluted, lacking leadership and coherence. The generic approach also acts as a barrier to effective engagement with learning disability providers of care that has to establish working relationships with a wide number of teams. Cheshire East Council is now committed to creating a new learning disability social care team which will develop enhanced and specialist knowledge of the needs of people with a learning disability as well as create new and in depth relationships with the provider market.

## Mortality and Health

People with learning disabilities have been proven to have poorer levels of health and shorter life expectancies than individuals without a learning disability. This includes higher rates of respiratory disease, gastrointestinal conditions, mental ill-health, dementia, epilepsy, diabetes, poor oral health, osteoporosis, sensory impairments and obesity [34].

In addition to this, between 25 and 40% of individuals with learning disabilities also experience mental health problems [35]. For children and young people with learning disabilities, the prevalence rate of a diagnosable psychiatric disorder is 36% compared with 8% of children and adolescents without a learning disability. These young people are also 33 times more likely to be on the autistic spectrum [36]. We therefore need to ensure that as a local authority, support pathways are in place for dual diagnosis and early action is taken for individuals with mental health problems so that we can prevent a crisis from occurring.

Annual health checks are for adults and young people aged 14 or over with a learning disability. An annual health check helps people to stay well by talking about their health and detecting any problems early so that individuals can receive the right care as soon as possible. Some people are invited to annual health checks and do not attend. Studies have shown that this can be improved through nurses or health facilitators

encouraging attendance with follow up phone-calls and reminders [37].

Public Health England says that every day approximately 30,000 to 35,000 adults with a learning disability are taking psychotropic medicines, when they do not have the health conditions the medicines are for [38]. Children and young people are also prescribed them. Overuse of such drugs can cause serious problems with physical health among other side effects and the national initiative STOMP (stopping over medication of people with a learning disability) has been introduced to help prevent this from happening. We will work with our health colleagues to promote this project and ensure that Cheshire East are leading the way.

The Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD) reported that 37% of deaths in people with a learning disability were avoidable [39]. The Learning Disabilities Mortality Audit 2013-15 published by Cheshire East Council found that 26% (9 deaths) could have been avoided and a further 15% of the cases might have been avoidable however, the panel could not come to a unanimous decision [40]. We recognise that this is a worrying statistic and we accept that actions need to be taken from both the Health and Social care sectors in order for this to change. However, it is important to note that we have come a long way over the years and significant improvements have been made to allow individuals with learning disabilities to live long and fulfilled lives.

The Learning Disabilities Mortality Audit put forward several recommendations which aimed to help reduce morbidity and mortality in people with learning disabilities in Cheshire. The 'My Life, My Choice' strategy will incorporate these recommendations into the action plan to ensure that they are acted on and officers are accountable for the outcomes. Some of these recommendations have already been picked up within the 9 priority outcomes.

- The handover process from children's to adult's services needs a full and rigorous review, to improve the transition experience of the young adult and their family and potentially reduce the frequency of deaths in young adulthood. An improved transition process could start earlier in adolescence and include more intensive service input which lasts into the mid-twenties
- Ensure that capacity assessments and consent discussions are recorded in sufficient detail.
- Ensure that the severity of learning disability is coded accurately across all agencies and that any referral letters detail the severity of the learning disability, to enable reasonable adjustments to be made by all agencies.
- Consider how to improve data sharing across relevant agencies in Cheshire, for instance by improving the Cheshire Care Record.
- All agencies involved in cancer screening programmes, at a national and local level, need to consider how to

improve the participation rates in people with a learning disability.

- Review the role played by carers, such as care home staff and foster carers, in supporting the person in attending their appointments, and ensure that carers themselves are well-supported and adequately prepared for the appointment.
- All professionals involved in the care of people with a learning disability need to sensitively challenge the understanding and documentation of the lasting power of attorney, in order to safeguard this group.
- Ensure that independent mental capacity advocates are always used when necessary, and their involvement is not delayed.
- Greater testing of mental capacity is necessary, for all care or treatment offered.
- Extra efforts need to be made by all agencies to identify those adults who are most vulnerable and offer early intervention and extra support where needed.

## Transforming Care

The government and leading organisations across the health and care system are committed to transforming care for people with learning disabilities and significant progress has been made since the events at Winterbourne View [41].

However, we recognise that too many people with learning disabilities are still admitted to hospital when admission could have been avoided and this is something we aim to address here in Cheshire East. In line with NHS England, our efforts will be focused on:

- A substantial reduction in the number of people placed inpatient settings;
- Reducing the length of stay for all people in inpatient settings;
- Better quality of care for people who are in inpatient and community settings;
- Better quality of life for people who are in inpatient and community settings.

[42]

To achieve those ambitions, we will pursue a number of streams of work:

- Empowering people and families
- Getting the right care in the right place- both by ensuring that the current care system works for patients and families, and by designing and implementing changes for the future
- Regulation and inspection: tightening regulation and inspection of providers, strengthen providers' corporate accountability and responsibility, and their management, to drive up the quality of care.
- Workforce: improving care quality and safety through raising workforce capability.

- Data and information: underlying all the workstreams above will be a focus on making sure the right information is available at the right time to the people who need it.

[43]

Sir Stephen Bubb's Winterbourne View report emphasised that people with learning disabilities and/or autism should be given the 'right to challenge' their admission or continued placement in inpatient care. In support of this, NHS England intends to provide a Care Treatment Review (CTR) for any inpatient or inpatient's family who requests one.

The CTR review process is carried out by independent expert advisers and asks whether the person needs to be in hospital and, if there are care and treatment needs, why these cannot be carried out in the community. The individual and their family are at the heart of the process and the review team will meet with them to understand the individual as a central part of the review.

[44]

For more information on Transforming Care please visit

[www.england.nhs.uk/learning-disabilities](http://www.england.nhs.uk/learning-disabilities)

## Autism

Similar to a learning disability, autism is a lifelong condition. Autism is sometimes referred to as a spectrum, or autism spectrum disorder (ASD). There are three common features of autism, which might affect the way a person:

- Interacts with others in a social situation
- Is able to communicate with others
- Thinks about and deals with social situations

Every autistic person is different. Some individuals are able to learn, live and work independently but many have learning differences and co-occurring health conditions that require specialist support [45].

Autism is **not** a learning disability, but around four in ten autistic people may also have a learning disability. [46]

There are 700,000 people in the UK who are on the autism spectrum and more boys are diagnosed than girls [47].

Asperger's syndrome is a form of autism which may also affect the way a person communicates and relates to other people. People with Asperger's syndrome may experience challenges such as specific learning difficulties, anxiety or other conditions. However, people with Asperger's syndrome **will not** have a learning disability, as they will have an average or above average intelligence.

In March 2018, Ofsted and the Care Quality Commission (CQC) carried out a joint local area inspection of Special Educational Needs and Disabilities (SEND) in Cheshire East. The inspection outcome letter was published in May 2018 and highlighted both strengths and areas for development in the work carried out by all agencies in Cheshire East.

As a result of the inspection, Cheshire East has produced a [Written Statement of Action](#) (WSOA) that explains how the local area will tackle the following areas:

- The timeliness, process and quality of EHC plans
- The lack of an effective ASD pathway and unreasonable waiting times

In addition to the WSoA, an all-age autism strategy is in the process of being produced and will aim to address the issues outlined in the Ofsted report. There will also be a refreshed [autism JSNA](#) produced in conjunction with the strategy.





# Next Steps

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## Proposed Areas of Focus

### 1. Life Changes (Transition)

- 1.1 Build on the intentions set out in the Preparation for Adulthood plan and ensure that children's and adult's teams work together and share data in a timely manner so that plans can be put in place for our young people entering adulthood. One option would be to produce quarterly reports with an update of who is coming through the system.
- 1.2 Improve local offer so that young people can experience a taster of what it is like to live independently.
- 1.3 Increase numbers of successful transitions into adult social care- assessment and support in place in a timely manner with no gaps and good outcomes for young people.
- 1.4 Ensure plans are in place for adults living with parents to avoid a crisis should one of the parents pass away.

### 2. Employment & Education

- 2.1 Reduce the numbers of SEND not in education, employment or training (NEET).
- 2.2 Increase numbers of people with learning disabilities in both paid and voluntary work.

- 2.3 Increase the number of SEND learners into supported internships (recruitment of supported internship coordinator).

### 3. Assistive Technology

- 3.1 To produce a set of guidelines for the eligibility of assistive technology in order to improve consistency of implementation.
- 3.2 To produce a catalogue of various assistive technology innovations and Apps and promote on the Live Well website.

### 4. Workforce Development

- 4.1 To work with providers to ensure that appropriate training and upskilling of staff is carried out for employees working with LD clients.
- 4.2 Work with schools to encourage young people in Cheshire East to pursue a career in Social Care.
- 4.3 Explore ways to support our providers in recruiting students into care roles whilst on placements/summer holidays.
- 4.4 Use a variety of platforms to reach out to our community about the workforce development initiatives such as social media so that our community know what is going on and can help spread the word.

## **5. Mortality, Health and Transforming Care**

- 5.1 To follow up on recommendations set out from the Mortality Audit and allocate actions to specific managers so that somebody is held accountable for the implementation.
- 5.2 To work with Health colleagues to promote the STOMP initiative and allocate a STOMP champion for Cheshire East
- 5.3 To improve the uptake of Annual Health checks and increase consistency of the offer across Cheshire East
- 5.4 To reduce the numbers of people with learning disabilities placed in inpatient settings

## **6. Autism**

- 6.1 To take on the actions set out in the Written Statement of Action, ensuring effective pathways are in place and waiting times are reduced
- 6.2 To produce an all-age autism strategy
- 6.3 To refresh the autism JSNA

## **7. General**

- 7.1 Cheshire East Employees to work collaboratively and continue to build on relationships with health colleagues, Education, CCGS and neighbouring authorities.
- 7.2 To align the processes used in both the children's and the adult's teams in relation to data inputting and ensure that all data is accurate and accessible.

- 7.3 Reduce travel times for people travelling further afield to receive education and bring children and young people closer to home.
- 7.4 Provide good quality information and signposting to parents and carers of children with learning disabilities and ensure that the Live Well website is up-to-date with all of the community services on offer in Cheshire East.
- 7.5 To carry out a review of the Parent Carer Forum to ensure that the meetings are inclusive of parents with children who have learning disabilities and meetings are not targeted heavily towards autism and ADHD
- 7.6 A more varied short break offer to be implemented with creative alternatives to bed based provision.
- 7.7 To redesign the Learning Disability Partnership Board and ensure that agenda items are service user led and relatable to their lives. For example; safeguarding, staying up late, dating etc.
- 7.8 To ensure a vibrant provider market to raise quality, promote choice and control for individuals, and provide commissioners with flexible and innovative providers.
- 7.9 To produce an all-age JSNA for individuals with learning disabilities in Cheshire East.



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[41] Department of Health Winterbourne View Review: Concordat: Programme of Action (2012)

[42, 43, 44] Transforming Care for People with Learning Disabilities- Next Steps, NHS England (2015)

[46] <https://www.mencap.org.uk/learning-disability-explained/conditions/autism-and-aspergers-syndrome>

[47] <https://www.autism.org.uk/about/what-is/asperger.aspx>

## Appendix

### Abbreviations

A number of abbreviations have been used in this document:

NICE	National Institute for Health and Care Excellence
JSNA	Joint Strategic Needs Assessment
CTRs	Care and Treatment Reviews
SEND	Special Educational Needs and/or Disabilities
SEN	Special Educational Needs
EHCP	Education, Health and Care Plan
ADHD	
PfA	Preparing for Adulthood
NEET	Not in Education, Employment or Training
NHS	National Health Service
STOMP	Stopping over medication for people with a learning disability
CIPOLD	The Confidential Inquiry into Premature Deaths of People with Learning Disabilities
CCGs	Clinical Commissioning Groups
ASD	Autism Spectrum Disorder
WSoA	Written Statement of Action

## Acknowledgements

All individuals involved in co-production including service users from The Acorn Centre and SUSO (Speaking Up Speaking Out)

Cheshire and Wirral Partnership NHS Foundation Trust

Cheshire East Council Learning Disability Teams

Cheshire East Council Learning Disability Partnership Board

CVS Cheshire East

NHS Eastern Cheshire Clinical Commissioning Group

NHS South Cheshire Clinical Commissioning Group

NHS Vale Royal Clinical Commissioning Group

## Key Documents

Cheshire East Council Special Educational Needs and Disabilities JSNA

[file:///ce-userdata/cehomedrive\\$/AP918L/Downloads/sen-jsna-final-jul17%20\(4\).pdf](file:///ce-userdata/cehomedrive$/AP918L/Downloads/sen-jsna-final-jul17%20(4).pdf)

### Cheshire East Council Autism JSNA

Cheshire East SEND Partnership Children and Young People with Special Educational Needs and/or Disabilities Joint Strategy 2017-2019

[file:///ce-userdata/cehomedrive\\$/AP918L/Downloads/send-strategy%20\(1\).pdf](file:///ce-userdata/cehomedrive$/AP918L/Downloads/send-strategy%20(1).pdf)

Cheshire East Council Learning Disability Service: [Team Operating Model](#)

NICE Guidelines (2018)

<https://www.nice.org.uk/guidance/ng93>

Department of Health (2009-2010) Valuing People Now

[http://webarchive.nationalarchives.gov.uk/20130105064234/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_093375.pdf](http://webarchive.nationalarchives.gov.uk/20130105064234/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_093375.pdf)

**For an easy read version of this strategy, please contact**

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# My Life, My Choice

## Learning Disabilities Strategy for Cheshire East 2018—2022

### Our Vision

- Cheshire East Council want to make sure that adults and children who have **learning disabilities** live a healthy, happy and **independent** life and can make their own choices over the care they get
- The strategy is for **everybody** who lives in Cheshire East who has a learning disability
- We will focus on learning disabilities so that we can give the best possible care
- We will carry on working with health, education and social care so that a person only has to tell their story once
- We have listened to what people with learning disabilities have said they want and we will carry on working with our people and listening to their views in the future (**co-production**)



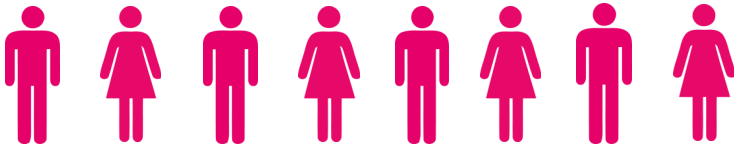
This is the easy read version of the strategy (plan). Some of the more difficult words **are in blue**. There is a Glossary at the back of this document which explains what some words mean.

## Background Information

- There are about 75,472 children in Cheshire East and 301,831 adults



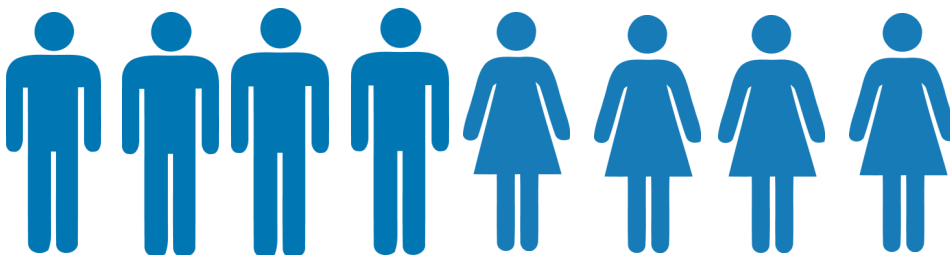
- 3,566 children and young people receive Special Educational Needs (SEN) support



- 1,891 children and young people have specialist needs and have an Education, Health and Care Plan (EHCP)



- There are 1,138 adults with a learning disability known to Cheshire East



- By 2020, over a quarter of Cheshire East will be aged 65 or over

# OUR PRIORITIES



## I am a valued member of my community

- ◆ We will give people the tools to help them live an ordinary life like anybody else
- ◆ We will help people feel a part of their **community** and not alone
- ◆ We will make sure children are **supported** in schools near to where they live

## I am supported early



- ◆ We will help people from an early age and make sure problems do not get any bigger
- ◆ We will make sure the **Live Well** website is up to date and easy to access
- ◆ We will check that our nurseries and schools meet a wide range of needs



## I am helped through my life changes

- ◆ We will make sure our adults and children's teams work together closely and plan for the future
- ◆ We will support families and young people through their life changes
- ◆ We will offer more choice and give young people a taster to living on their own





## I enjoy short breaks and so do my family

- ◆ We will move towards a more personal and **flexible** short break offer
- ◆ We will meet the needs of many and offer the best value for money
- ◆ We will focus on community support such as a sitting service and shared lives

## I use gadgets to help me do things for myself



- ◆ We will make sure everybody knows what gadgets are out there and how they can help them or their child
- ◆ We will show people how to use the gadgets and how they can improve their life
- ◆ We will make sure everybody has the opportunity to use different gadgets

## I love where I live and who I live with



- ◆ We will offer adults the chance to have their own front door, their own private space and friends nearby to spend time with
- ◆ We will support children and young people to stay living with their families or close to their family
- ◆ We will give people a choice on where they live and let them have a say



## The people who help me know me well and know the best way to support me



- ◆ We will work with **providers** to make sure staff are training correctly so that people have the best support possible
- ◆ We will make sure staff allow people to do things for themselves where possible
- ◆ We will listen to the people who are cared for and find out what they want from their lives

## I am healthy and happy



- ◆ We will help people to live a long and healthy life
- ◆ We will help people early who feel sad and low
- ◆ We will make sure people are not in hospital for a very long time



## I am supported with my autism

- ◆ We will support people who have autism and make sure waiting times are not too long
- ◆ We will make an autism strategy and speak to people about what they want



## I enjoy going to school

- ◆ We will make sure our children can go to school close to home
- ◆ We will support schools to deliver the best outcomes
- ◆ We will make sure every child has the chance to do well in school



## I have a job that I love

- ◆ We will support people who want to work and get experience
- ◆ We will look at what people can do rather than what they cannot do
- ◆ We will have a range of jobs for people to pick from

## Our next steps

### Life Changes

- We will make sure our children's and adult's teams are working together all the time and sharing information that is needed
- We will improve our **local offer** so that young people can get a taster of living on their own
- We will increase the numbers of **successful** transitions in good time with no gaps and good outcomes
- We will avoid **crisis** by having a good plan in place early



### Work and School

- We will reduce the numbers of people not in school, work or training (NEET)
- We will increase the numbers of people with learning disabilities who are in work (both paid and **voluntary**)
- We will increase the number of people who are in supported internships



## Assistive Technology

- We will be clear about who can use gadgets to help them live independently
- We will produce a catalogue of what gadgets and apps are out there for people to use



## Workforce Development

- We will work with providers to make sure the person caring for you has the right training and skills
- We will work with schools to **encourage** more young people to want to work in social care
- We will **encourage** our providers to **recruit** students into caring roles whilst on work experience or summer holidays
- We will use social media to **advertise** what we are doing



## Health

- We will review the **mortality audit**
- We will promote the **STOMP** campaign and give a member of staff the role of a **STOMP** champion
- We will increase the numbers of people who have annual health checks
- We will reduce the number of people with learning disabilities in hospital settings





## Autism

- We will reduce waiting times for people with autism
- We will create an autism strategy
- We will refresh the autism **JSNA**



## General

- We will work as one big team with health, education, other local authorities and the CCGs
- We will make sure our data is correct
- We will reduce the travel times for people going to school and try and get everyone closer to home
- We will make sure the Live Well website is up to date
- We will improve the Parent Carer Forum for our parents and carers of children with learning disabilities
- We will improve our short break offer for adults
- We will improve the Learning Disability Partnership Board so that people enjoy the meetings and make a difference
- We will improve our provider market and have as much choice and flexibility as possible



## GLOSSARY (Word Book)

<b>Learning disability</b>	Having a learning disability means that people find it harder to learn certain life skills. The problems experienced vary from person to person but may include learning new things, communication, managing money, reading, writing or personal care
<b>Independent</b>	Being able to think or act for yourself
<b>Co-production</b>	Delivering public services in an equal way between professionals, people using the services, their families and their neighbours
<b>Community</b>	A group of people living in the same place
<b>Supported</b>	Taking care of people or looking after people
<b>Flexible</b>	Being able to change or do things differently
<b>Providers</b>	A group or company that provides a service
<b>Local Offer</b>	Serves to increase access to services for parents and carers of children with special educational needs, disability or disadvantage

## GLOSSARY (Word Book)

<b>Successful</b>	To live the lives we want and achieve good results
<b>Crisis</b>	A time of difficulty or danger
<b>Encourage</b>	To give support, confidence, or hope
<b>Recruit</b>	To persuade someone to work for a company or become a new member of a group
<b>Advertise</b>	To make something known to people. To put a notice in a newspaper or local shop
<b>Mortality audit</b>	To measure or report upon why people have died
<b>STOMP</b>	Stopping people with a learning disability having to take too many medicines. STOMP is about helping people to stay well and have a good quality of life
<b>JSNA</b>	Joint Strategic Needs Assessment. The JSNA looks at the current and future health and care needs of local populations and helps with the planning and commissioning of health, well-being and social care services



## CONTACT US



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*Working for a brighter future together*

## **Health and Adult Social Care and Communities Overview and Scrutiny Committee**

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**Date of Meeting:** 08 November 2018

**Report Title:** Personal Care Record (formerly Patient Passport)

**Senior Officer:** Mark Palethorpe, Acting Executive Director for People

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### **1. Report Summary**

- 1.1. This report was requested by the committee to provide an update on the Patient Passport (now referred to as Personal Care Record which is a project being delivered in collaboration by Cheshire East Council (the Council) and Eastern Cheshire CCG (the CCG).
- 1.2. In December 2017 the CCG was notified that it had been awarded £2,665,025 following a joint bid with the Council to the NHS England Estates and Technology Transformation Fund (ETTF) for a project entitled "Patient Passport" (Personal Care Record).
- 1.3. This funding is being used to develop an electronic personal care record on the Live Well portal for Adult Health and Social Care; which will enable local people to unlock their information and advice and have direct control over what data they want to be shared and when. It is envisaged that the project will deliver a prototype, secure personal care information store. This will contain such information as test results, assessments and letters to which the person concerned is alerted by text, email or chosen channel. In addition, there will be a digital personalised care and support diary which will provide a holistic view of the events that support coordinated and sympathetic patient care.
- 1.4. Full Council in February 2018 authorised our role as Delivery Partner for the project. Our role is underpinned by a legal agreement setting out roles and responsibilities of ourselves and the CCG. Finances are strictly managed in adherence with the agreement through the operation of the

Board. This includes ensuring the financial interests of the council are suitably protected.

## **2. Recommendations**

- 2.1. To note the plans for the Personal Care Record.
- 2.2. Advise and feedback on this developing work.

## **3. Reason for Recommendations**

- 3.1. The Personal Care Record is a means to improve the way that health and social care can be provided for residents. It also supports the Council's work on creating Connected Communities as the record will support people to manage their own health and wellbeing.

## **4. Other Options Considered**

- 4.1. <Set out alternative options considered and provide sufficient information and explanation as to why those options are not recommended. There will be occasions when there is no realistic alternative to the course of action proposed. If this is a non-executive matter, please state that this section is not applicable.>

## **5. Background**

- 5.1. The ETTF bid was produced by the Council and ECCG as part of the CCG's Caring Together IT work-stream and submitted in June 2016. The bid was drafted taking into account the NHS Policy document "The Power of Information" (2012). The introduction to this states:

*'It aims to harness information and new technologies to achieve higher quality care and improve outcomes for patients and service users. Underpinned by the Health and Social Care Act 2012, it covers public health, healthcare and social care in adult and children's services in England.*

*'As citizens, patients and users of care services, this strategy sets out how a new approach to information and IT across health and care can lead to more joined up, safer, better care for us. The strategy spans information for patients, service users, carers, clinicians and other care professionals, managers, commissioners, councillors, researchers, and many others. Information and transparency can drive up standards, leading to safer, more integrated care and more effective prevention of ill health.*

- 5.2. NHS England's Estates and Technology Transformation Fund (ETTF) is a multi-million pound investment (revenue and capital funding) in general

practice facilities and technology across England (between 2015/16 and 2019/20). It is part of the 'General Practice Five Year Forward View' commitment for better use of technology to help improve general practices services for patients.

5.3. The main components of the bid opportunity are:

- 5.3.1. Citizen access to records held about them (for example, Cheshire Care Record).
- 5.3.2. Citizen access to a document repository which the person can then choose to share with a care professional of their choice. This could contain records about them (for example letter from clinic to GP), or produced by them (e.g. results of home-based monitoring).
- 5.3.3. Citizen appointments diary relating to any care setting (for example, GP appointments, outpatient appointments).
- 5.3.4. Alignment with the Council's drive towards a more digitally enabled interface with our residents.

5.4. CEC is acting as delivery partner for the following reasons:

- 5.4.1. The Live Well platform is a potential gateway to patient passport facilities. It is recognised by health as a citizen-first, self-help resource co-produced by citizen groups and has further development phases planned with ongoing consultation and co-production (for example online self assessments).
- 5.4.2. It is proposed that this funding is used to develop an electronic personal care record on the Live Well portal for Adult Health and Social Care; which will enable local people to unlock their information and advice and have direct control over what data they want to be shared and when. It is envisaged that the project will deliver a prototype secure personal care information store which will contain such information as test results, assessments and letters to which the person concerned is alerted by text, email or chosen channel. In addition, it will incorporate a digital personalised care and support diary which will provide a holistic view of the events that support coordinated and sympathetic patient care.
- 5.4.3. This is largely a project which will use existing health and council resources to produce a proposal for an electronic patient passport solution specification, which will then be subject to a formal tender process to engage a delivery partner (contractor). The key output will be a prototyped electronic information store and care diary with a view

to live implementation of the solution; subject to information governance approval.

5.4.4. The Adults, Children's and Public Health Digital Programme and its vision, has suitable governance and compatible development initiatives to support a wider collaborative effort, ultimately to the benefit of the citizen as this will provide more joined up and accessible health and care data. This programme is managed through the People Digital Board and this is chaired by the Director of Public Health.

5.4.5. The Council is proactively developing its digital relationship with residents.

5.5. The People Digital Board will therefore take responsibility for the governance and delivery of the project. This is chaired by the Director of Public Health who is the Senior Responsible Officer. A project delivery group has been established.

5.6. The proposed Personal Care Record will potentially have benefits across a wider Cheshire geography, and as the Cheshire Care Record is already used on a whole Cheshire footprint, the potential to extend the partnership to South Cheshire CCG and West Cheshire CCG will be explored.

### **Developing Workstreams**

#### Live Well

- 5.7. Signposted and rated app suggestions based on iOS and Android compatibility. When a user views information relating to a health condition, app suggestions will be provided in addition to related local services. Delivered as part of Personal Care Record
- 5.8. Online self assessments is now at technical go live stage for user acceptance testing (care needs, carer needs, online financial assessment).

#### Patient Care

- 5.9. Data feeds and clinical cohorts are being identified with discussion taking place with licenced organisations (including GPs, Hospitals, Mental Health, Community Services). As an example, at Leighton hospital, the plan is to allow cancer services clinical team to communication with low-risk Patients via the patient care record. This avoids the need for traditional annual consultations and gives patients direct immediate access to test results (when appropriate). Rather than waiting for the annual consultation, patients can contact the clinical team about any concerns, and clinicians

can contact patients as required. The patient care record also includes app suggestions.

5.10. The purpose of the Patient Care Record is to:

- 5.10.1. Create value for patients, service users and residents (and meeting their expectations in a digital world).
- 5.10.2. Create value in the processes that execute a vision of customer experiences.
- 5.10.3. Co-produce: working with those providing and using services ensuring improved experiences and outcomes.
- 5.10.4. Promote solutions for self help, citizen independence, prevention and early intervention opportunities.
- 5.10.5. Support business change to deliver sustainable solutions with beneficial outcomes.
- 5.10.6. Ensure compliance with general data protection regulations.
- 5.10.7. Support digital inclusion and accessibility to information and services.
- 5.10.8. Communicate - ensuring the public are fully engaged.
- 5.10.9. Ensure each person has control over what information is shared and whom they share with, using granular consent controls.
- 5.10.10. Ensure delegation – rights of access and control of the personal care record can be delegated to others by the owner of that record.
- 5.10.11. Ensure that it is free to use – There is no cost for an individual to access their personal care record.

## **6. Implications of the Recommendations**

### **6.1. Legal Implications**

- 6.1.1. Pursuant to Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (the “Regulations”), NHS bodies and local authorities can enter into partnership arrangements for the exercise of specified functions. The regulations define the nature of the partnership arrangements.

6.1.2. They provide for the establishment of a fund made up of contributions from the partners out of which payments may be made towards expenditure incurred in the exercise of their functions; for the exercise by NHS bodies of local authority functions and for the exercise by local authorities of NHS functions; and require the partners to set out the terms of the arrangements in writing. A written agreement can therefore clearly outline the roles and responsibilities of each party.

6.1.3. The specific objectives for implementing Section 75 Agreements are:

6.1.3.1. To facilitate a co-ordinated network of health and social care services, allowing flexibility to fill any gaps in provision;

6.1.3.2. To ensure the best use of resources by reducing duplication (across organisations) and achieving greater economies of scale; and

6.1.3.3. To enable service providers to be more responsive to the needs and views of users, without distortion by separate funding streams for different service inputs.

6.1.4. The Council will be working in partnership with Health colleagues to produce a proposal for a personal care record solution. The Service (and ICT) will engage with legal and procurement officers to ensure that the competitive procurement is carried out in accordance with EU regulations and the Council's own contract procedure rules (and that appropriate authority is obtained in accordance the proposed contract value/s). Consideration will also need to be given to information governance, data sharing, patient consent and compliance with data protection and information law and legal advice should be obtained as the project develops.

6.1.5. The funding has been provided via a grant from NHSE and it is imperative that the Service ensures it is familiar with the terms of that funding. The s75 agreement also includes terms which ensure compliance by the parties with the NHSE funding terms (and safeguard the Council in the event of clawback and/or abortive costs).

## 6.2. **Finance Implications**

As stated, the funding has been provided via a grant from NHSE and it is imperative that the Service ensures it is familiar with the terms of that funding.

## 6.3. **Policy Implications**



Progressing the Personal Care Record builds upon the successful implementation of the Cheshire Care Record (CCR). The Personal Care Record will provide residents with electronic access to their health and care information, but also facilitate the co-ordination of appointments and management of letters, reports, and other medical or social care documentation received by an individual. This aligns with the Council's drive to move towards a more digitally enabled relationship with our residents.

#### **6.4. Equality Implications**

It is acknowledged that for some people, a digital solution is not appropriate because they are unable to use or afford computers, tablets or mobile phones. This will be taken into account as the project develops. There is separately a piece of work under way to identify the most effective means of increasing digital inclusion and supporting those who cannot currently make use of technology to do so in the future.

#### **6.5. Human Resources Implications**

None.

#### **6.6. Risk Management Implications**

6.6.1. There is significant work to be done to turn the concept of Personal Care Record into reality. This will require robust project management and effective and well managed partnership working. To ensure delivery of an appropriate solution a number of key tests (stipulated by NHS England as part of the ETTF) will be put in place at different stages of the project for example:

6.6.2. Test: the proposed solution can meet at least one of the three fundamental concepts of a Personal Care Record.

6.6.3. Test: the solution can be replicated across care settings or care economies.

6.6.4. Test: the solution is something that Citizens want or will find useful in their daily lives that opens up access to care and health that is not currently available.

6.6.5. Test: a suitable technology can be found that offers core functionality of benefit to Citizens and will deliver in at least two care settings.

6.6.6. There is also a requirement for an information governance strategy to be put in place. Additionally, the scope for delivery is staged ensuring required outputs are realistic and achievable.

6.6.7. Additional risks include that NHS England demand a return of all or part of the funding. This risk would be mitigated at CEC through a robust agreement with ECCG (the recipient of the award) or that there is disagreement with ECCG or one of its partners leading to an inability to deliver the project. This risk would be mitigated by clarifying and recording agreed governance to manage project delivery, resource allocation, and spend.

#### **6.7. Rural Communities Implications**

None specifically, but it could be that the co-ordination of appointment information through the Personal Care Record might help reduce wasted journeys for cancelled appointments or missed appointments, which in more rural areas have greater impacts because of travel distances and access to transport.

#### **6.8. Implications for Children & Young People**

The Personal Care Record will apply to Children and Young People providing access to their own health and care data through their parents / carers and themselves when of an appropriate age.

#### **6.9. Public Health Implications**

6.9.1 This scheme articulates an ambition for using technology and information so that people who want to manage their own care can do so whilst via access to joined up information and systems, clinicians and care professionals are freed to focus on their practice rather than administration. The intention is to use this

### **7. Ward Members Affected**

7.1. All

### **8. Consultation & Engagement**

8.1. To be developed as the project progresses. The project is also using the learning from the development of the Council's Live Well portal.

### **9. Access to Information**

9.1. "The Power of Information' (2012)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213689/dh\\_134205.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213689/dh_134205.pdf)

## 10. Contact Information

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

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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 and driven by professionals, to services that reflect the outcomes and aspirations of people using those services. We welcome this change. 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 with 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 five 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 through, investment in Adult Social Care, commissioning all services currently provided by our in-house provider, Care4CE.
- 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*

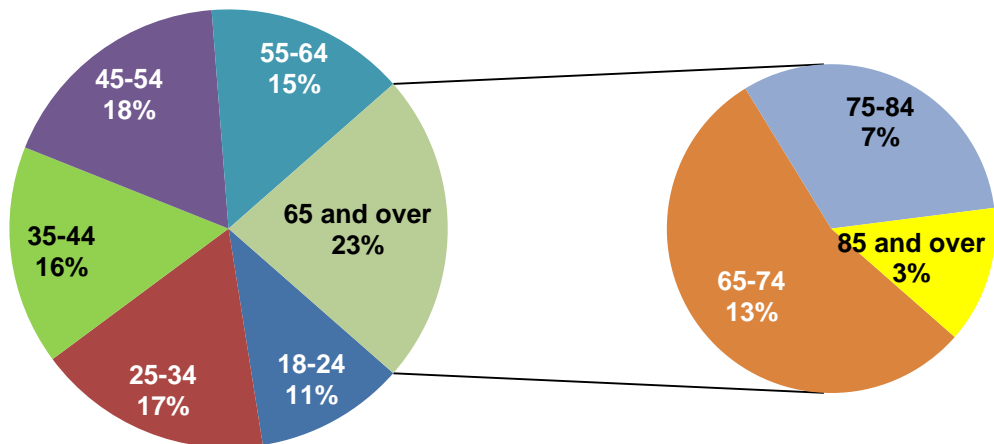
**Information and Advice:** *having the information I need when I need it*

### 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

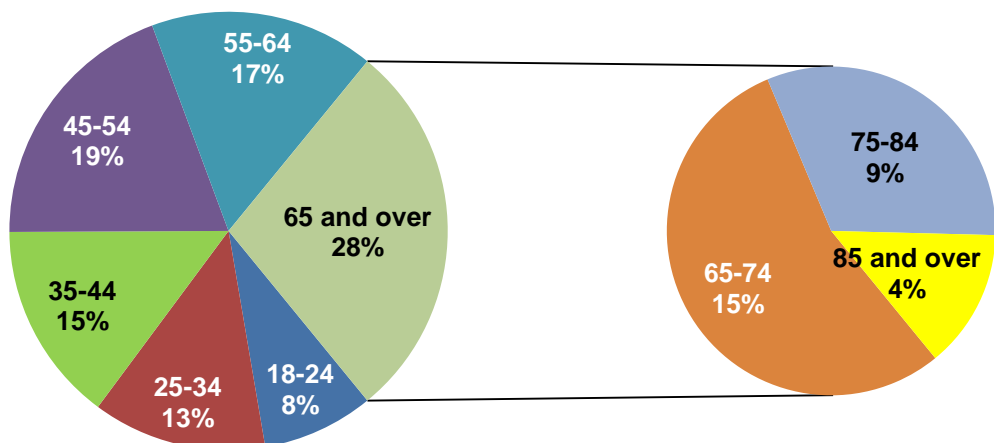
#### Analysis by age group

**Population (aged 18 and over): England by age band**



Source: Office for National Statistics licensed under the Open Government Licence. Population Estimates: Mid-2017

**Population (aged 18 and over): Cheshire East by age band**



Source: Office for National Statistics licensed under the Open Government Licence. Population Estimates : Mid-2017

### 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 care and practice support people may need in ensuring 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, meeting others socially and being able to do some of my shopping instead of relying on my husband.

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 things I've lost in the house and also help me to remember what I am going to do that day.

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 worker.

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 a new 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](http://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-



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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.



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,



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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



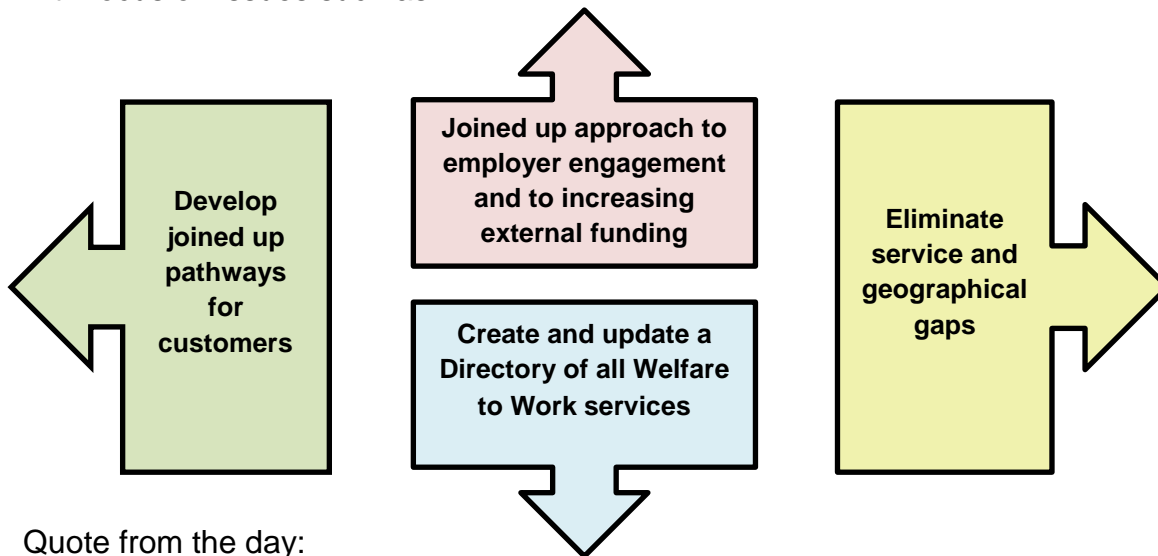
An afternoon tea dance in Crewe especially for people with memory loss and their partners aims to help reduce social isolation through accessing a dementia friendly community activity. The sessions run by Cheshire Dance, supported by funding from Cheshire East Council, helped a couple who have been married 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.

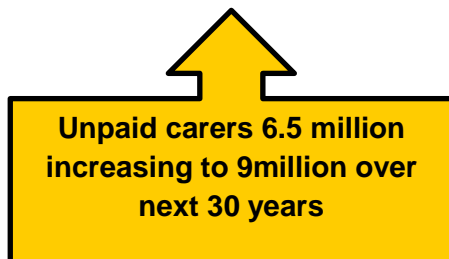
## Carers' Week 11 – 17 June



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.

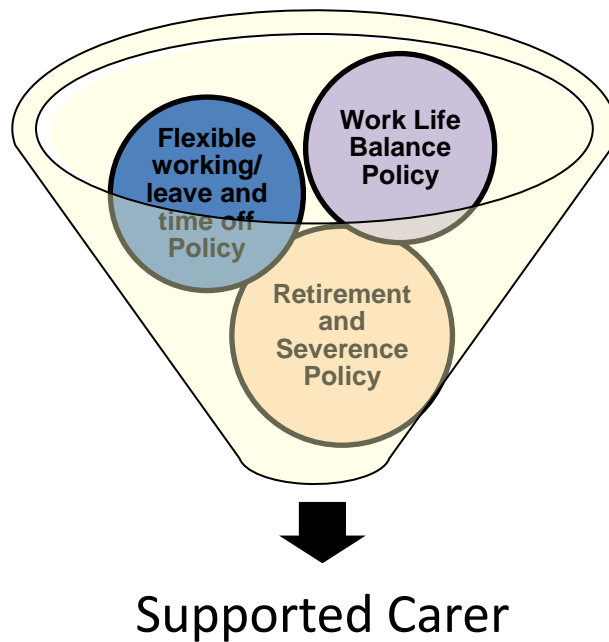


One in nine of the UK's workforce is a carer



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



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 trust.

### 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.



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## 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](http://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](http://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.



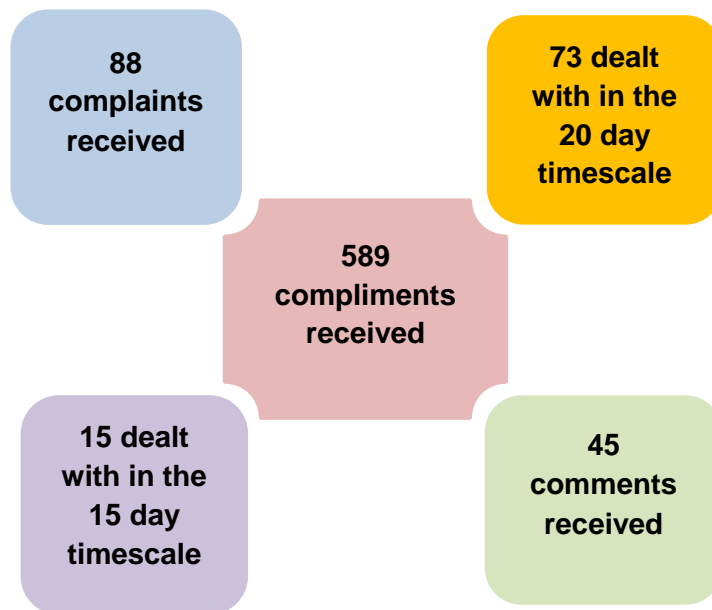
## Complaints and Compliments

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](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](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 choose and across Cheshire East.

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



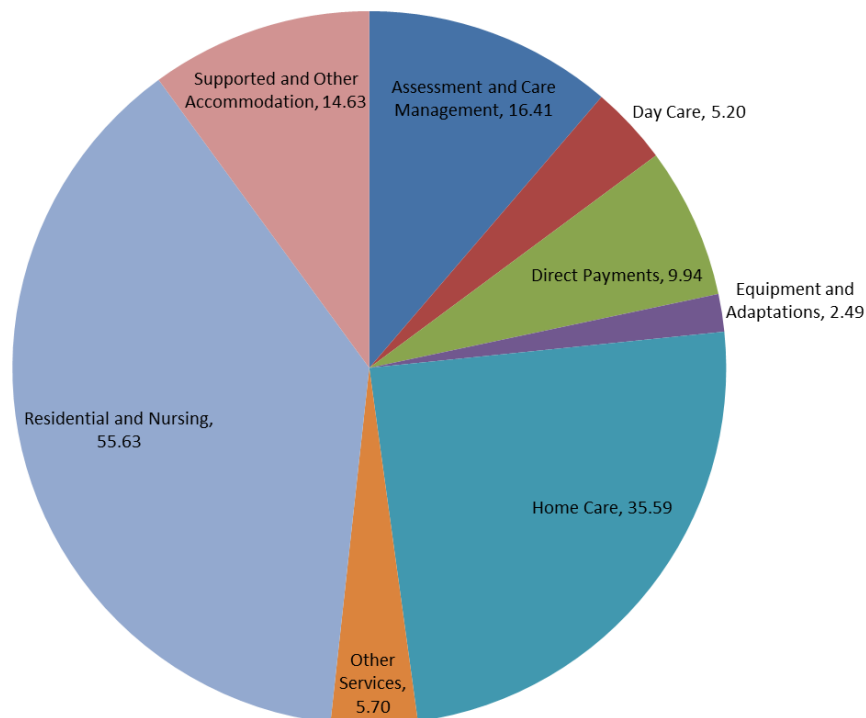
### Adults Social Care into the Future

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
<b>TOTAL</b>	<b>145.58</b>

## 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.k.aspx](http://www.cheshireeast.gov.uk/council_and_democracy/customer_services/complaints_and_feedback/complaints_and_feedback.k.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](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>



## **FORWARD PLAN FOR THE PERIOD ENDING 31<sup>ST</sup> JANUARY 2019**

This Plan sets out the key decisions which the Executive expects to take over the period indicated above. The Plan is rolled forward every month. A key decision is defined in the Council's Constitution as:

"an executive decision which is likely –

- (a) to result in the local authority incurring expenditure which is, or the making of savings which are, significant having regard to the local authority's budget for the service or function to which the decision relates; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising one or more wards or electoral divisions in the area of the local authority.

*For the purpose of the above, savings or expenditure are "significant" if they are equal to or greater than £1M."*

Reports relevant to key decisions, and any listed background documents, may be viewed at any of the Council's Offices/Information Centres 5 days before the decision is to be made. Copies of, or extracts from, these documents may be obtained on the payment of a reasonable fee from the following address:

Democratic Services Team  
Cheshire East Council  
c/o Westfields, Middlewich Road, Sandbach Cheshire CW11 1HZ  
Telephone: 01270 686472

However, it is not possible to make available for viewing or to supply copies of reports or documents the publication of which is restricted due to confidentiality of the information contained.

A record of each key decision is published within 6 days of it having been made. This is open for public inspection on the Council's Website, at Council Information Centres and at Council Offices.

This Forward Plan also provides notice that the Cabinet, or a Portfolio Holder, may decide to take a decision in private, that is, with the public and press excluded from the meeting. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, 28 clear days' notice must be given of any decision to be taken in private by the Cabinet or a Portfolio Holder, with provision for the public to make representations as to why the decision should be taken in public. In such cases, Members of the Council and the public may make representations in writing to the Democratic Services Team Manager using the contact details below. A further notice of intention to hold the meeting in private must then be published 5 clear days before the

meeting, setting out any representations received about why the meeting should be held in public, together with a response from the Leader and the Cabinet.

The list of decisions in this Forward Plan indicates whether a decision is to be taken in private, with the reason category for the decision being taken in private being drawn from the list overleaf:

1. Information relating to an individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including to authority holding that information)
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under the authority
5. Information in respect of which a claim to legal and professional privilege could be maintained in legal proceedings
6. Information which reveals that the authority proposes (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or (b) to make an order or direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime

If you would like to make representations about any decision to be conducted in private at a meeting, please email:

Paul Mountford, Executive Democratic Services Officer  
[paul.mountford@cheshireeast.gov.uk](mailto:paul.mountford@cheshireeast.gov.uk)

Such representations must be received at least 10 clear working days before the date of the Cabinet or Portfolio Holder meeting concerned.

Where it has not been possible to meet the 28 clear day rule for publication of notice of a key decision or intention to meet in private, the relevant notices will be published as soon as possible in accordance with the requirements of the Constitution.

The law and the Council's Constitution provide for urgent key decisions to be made. Any decision made in this way will be published in the same way.

## Forward Plan

Key Decision and Private Non-Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-13 Supply of Household Recycling and Waste Bins	To authorise officers to take all necessary actions to implement the proposal to charge for the supply of new and replacement household waste and recycling bins and containers, following consultation as part of the MTFS, acceptance at February Council and borough-wide consultation.	Leader of the Council	Not before 13th Sep 2018	Consultation has been carried out for the proposal and a summary is included at Appendix 1 to the Report.	Ralph Kemp	N/A
CE 18/19-18 Sexual Health Recommissioning	To seek approval to recommission sexual health services across Cheshire East.	Cabinet	9 Oct 2018		Nichola Glover-Edge	N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 18/19-19 Emotionally Health Children and Young People	To seek approval for the recommissioning and combining of the Emotionally Healthy Schools Programme with the Early Help Emotional Health and Wellbeing contracts, and subsequently commissioning an Emotionally Healthy Children and Young People Programme.	Cabinet	9 Oct 2018		Nichola Glover-Edge	N/A
CE 17/18-62 Route and Rota Optimisation	To delegate authority to the Executive Director Place, in consultation with the Portfolio Holder for Environment and the Director of Legal Services, to develop and implement the route and rota optimisation proposals through Ansa Environmental Services Ltd.	Portfolio Holder for Environment	October 2018		Ralph Kemp	N/A



<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 18/19-10 Everybody Sport and Recreation Performance Report 2017/18 and Leisure Operating Agreement - Proposed Extension	Cabinet will be asked to note the Leisure Trust Annual Report for 2017/18 and to approve the extension of the current Leisure Operating Agreement with Everybody Sport and Recreation for a further five years to allow the Trust to continue to improve the delivery of the Council's leisure services and outcomes in terms of health and wellbeing for local residents.	Cabinet	6 Nov 2018		Mark Wheelton	N/A
CE 18/19-17 Approval to Commission Universal Information and Advice Service	This is a contract for providing impartial information and advice services. The current contract expires on 31 <sup>st</sup> March 2019. Authority will be sought to commission a new service with effect from 1 <sup>st</sup> April 2019.	Cabinet	6 Nov 2018		Liz Rimmer	N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 18/19-22 Extra Care Housing: Care Provision	To authorise the officers to take all necessary actions to implement the proposal to re-commission care provision in five Extra Care Housing schemes, review the viability of commissioning care in other such schemes, and consult on Care Banding and Care Charges within the Extra Care Housing schemes.	Cabinet	6 Nov 2018		Nichola Glover-Edge	N/A
CE 18/19-24 Acquisition of Parcels of Land in North Congleton for Future Employment Uses	To seek authority to enter into conditional contracts and/or option agreements for the purchase of parcels of land in north Congleton for future employment uses.	Cabinet	6 Nov 2018		Kathryn Carr	Fully exempt - para 3
CE 18/19-1 Havannah Primary School - Change in Age Range	To approve a proposed change in age range from 4-11 to 3-11 for implementation in October 2018, having given due consideration to the response to the statutory proposal notice.	Cabinet	4 Dec 2018		Jacky Forster	N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 18/19-20 My Life, My Choice: A Strategy for People with Learning Disabilities	To consider and approve the draft Learning Disabilities Strategy and authorise the officers to take all necessary actions to implement the strategy.	Cabinet	4 Dec 2018			N/A
CE 18/19-21 Hollins View. Macclesfield - Development Options	To authorise officers to undertake a compliant tendering exercise to bring forward the development of the Hollins View site for the provision of affordable housing.	Cabinet	4 Dec 2018		Karen Carsberg	Fully exempt - para 3
CE 18/19-27 Advocacy and Independent Visitor Service - Adults, Children and Young People	To seek approval for the recommissioning of an integrated all age advocacy and Independent Visitor service.	Cabinet	4 Dec 2018		Nichola Glover-Edge	N/A
CE 18/19-11 Adoption of Community Infrastructure Levy	To seek agreement to adopt the Community Infrastructure Levy (CIL) Charging Schedule following public examination on 12/13 September 2018.	Council	13 Dec 2018		Adrian Fisher, Head of Planning and Policy	

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 18/19-25 Supplementary Planning Document - The Garden Village at Handforth - Final Approval	To seek approval to publish a Supplementary Planning Document for the Garden Village at Handforth.	Portfolio Holder for Housing, Planning and Regeneration	21 Dec 2018		Adrian Fisher, Head of Planning and Policy	N/A
CE 18/19-26 Statement of Community Involvement - Final Approval	To seek approval to publish a revised Statement of Community Involvement which will set out how the Council will involve and engage with the public and partners in pursuit of its planning functions. The Statement covers both planning applications and planning policy. The preparation of the Statement is a legal requirement.	Portfolio Holder for Housing, Planning and Regeneration	21 Dec 2018		Adrian Fisher, Head of Planning and Policy	N/A
CE 18/19-29 Macclesfield Leisure Centre Redevelopment - Approval to Enter into a Contract	To approve the letting of a contract for the redevelopment of Macclesfield Leisure Centre.	Cabinet	4 Dec 2018		Mark Wheelton	N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 18/19-30 Macclesfield Town Centre Regeneration - Castle Street Public Realm Enhancement Scheme	To approve the awarding of a contract for public realm enhancement works on Castle Street, Macclesfield.	Cabinet	4 Dec 2018		Jo Wise	N/A
CE 18/19-15 Mental Health Strategy	To seek approval from Cabinet for the adoption of the Cheshire East Mental Health Strategy.	Cabinet	15 Jan 2019		Lucy Cooper	N/A
CE 18/19-23 Community Centres	Partnerships and Communities team to cease their management and operation of 3 community centres within Cheshire East.	Cabinet	15 Jan 2019		Fiona Reynolds, Director of Public Health	N/A
CE 18/19-28 Cheshire East Integration Strategy	To authorise officers to take all necessary actions to implement the Cheshire East Integration Strategy. The purpose of the Strategy will be to adopt a localised approach to improving integration and cohesion among communities through the targeted delivery of projects.	Cabinet	15 Jan 2019			N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 18/19-31 Macclesfield Town Centre Strategic Regeneration Framework	To approve a strategic regeneration framework for Macclesfield Town Centre for public consultation.	Cabinet	5 Feb 2019		Jo Wise	N/A
CE 17/18-51 Medium Term Financial Strategy 2019-2022	To approve the Medium Term Financial Strategy for 2019-2022, incorporating the Council's priorities, budget, policy proposals and capital programme.	Council	21 Feb 2019		Alex Thompson	N/A



## **Health and Adult Social Care and Communities Overview and Scrutiny Committee**

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**Date of Meeting:** 08 November 2018

**Report Title:** Work Programme

**Portfolio Holder:** Councillor J Clowes – Portfolio Holder for Adult Social Care and Integration

Councillor L Wardlaw – Portfolio Holder for Health

**Senior Officer:** Acting Monitoring Officer and Director of Legal Services

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### **1. Report Summary**

- 1.1. To review items in the work programme listed in the schedule attached, together with any other items suggested by committee members.
- 1.2. To receive an update on good guidance and best practice for scrutiny committee work programming.

### **2. Recommendations**

- 2.1. That the work programme be approved, subject to committee agreement to add new items or delete items that no longer require any scrutiny activity.
- 2.2. That the committee agree to adopt the approach to receive reports 'for noting only' outside of the formal committee setting, to ensure the work programme and meeting agendas remain focused on items that scrutiny can add value to.
- 2.3. That this report be presented at each committee meeting as part of the standing work programme item, to advise of the reports and information circulated to members between meetings and highlight any key comments raised or outcomes from referrals.

### **3. Reasons for Recommendations**

- 3.1. It is good practice to regularly review the work programme and update accordingly.
- 3.2. To follow best practice and ensure the committee is carrying out effective scrutiny that can add value.

### **4. Other Options Considered**



- 4.1. The committee could resolve to continue without an agreed programme of work, which reports it receives and how, preferring to review the work programme and how it would deal with items on an ad-hoc basis.

## 5. Background

- 5.1. The schedule attached has been updated following the last meeting of the committee.
- 5.2. The work programme was reviewed at the most recent Scrutiny Liaison Meeting by the Chairman and Vice-Chairman, both portfolio holders and key senior officers using the appended 'Work Programme Topic Checklist' from the Scrutiny Toolkit.
- 5.3. Due to the considerable remit of the committee and the number of important matters arising to be scrutinised, it was proposed by the Chairman that reports and items for 'noting only' be circulated as briefing reports outside of the formal meeting setting.
- 5.4. Should members wish to raise any points relating to circulated briefing reports, formal questions or comments could be put to the relevant officer as noted in the report, and responses to these can be requested.
- 5.5. Members would still be able to refer these matters to the committee and suggest that they be scrutinised at a formal meeting. At its next meeting, the committee would determine whether it wishes to add the item to the work programme, whether to focus its scrutiny on specific areas of concern, or if it does not wish to pursue the matter.
- 5.6. Members are asked to review the schedule attached to this report, and if appropriate, add new items or delete items that no longer require any scrutiny activity.
- 5.7. When selecting potential topics, members should have regard to the Council's three year plan and to the criteria listed below, which should be considered to determine whether scrutiny activity is appropriate.
- 5.8. The following questions should be asked in respect of each potential work programme item:
- Does the issue fall within a corporate priority;
  - Is the issue of key interest to the public;
  - Does the matter relate to a poor or declining performing service for which there is no obvious explanation;
  - Is there a pattern of budgetary overspends;

- Is it a matter raised by external audit management letters and or audit reports?
  - Is there a high level of dissatisfaction with the service;
- 5.9. If during the assessment process any of the following emerge, then the topic should be rejected:
- The topic is already being addressed elsewhere
  - The matter is subjudice
  - Scrutiny cannot add value or is unlikely to be able to conclude an investigation within a specified or required timescale

## **6. Items Raised at the Previous Meeting**

- 6.1. At the last meeting on 11 October 2018, the committee asked that a number of items on the forward plan be considered for addition to its work programme.
- 6.2. The report 'My Life, My Choice: A Strategy for People with Learning Disabilities' was added to the work programme and to the agenda of this meeting on 8 November 2018, to enable pre-decision scrutiny and ensure that the committee could add value to the matter.
- 6.3. Following discussion at the Scrutiny Liaison Meeting, the other three items (listed below in paragraph 6.4.) were determined as reports that scrutiny could not add value to at this stage, and were they to be added to meeting agendas, could impact the focus and effectiveness of scrutiny on other items.
- 6.4. Instead, the reports and any supporting documentation will be circulated to committee members by the Scrutiny Officer for information.
- 6.5. Items not added to the work programme:
- 6.5.1. CE 18/19 – 10 'Everybody Sport and Recreation Annual Performance Report 2017/18'
  - 6.5.2. CE 18/19 – 22 'Extra Care Housing: Housing Provision'
  - 6.5.3. CE 18/19 – 23 'Community Centres'

## **7. Implications**

- 7.1. There are no implications to legal or financial matters, social or human resources, risk management, or for rural communities, children and young people or public health.

## **8. Ward Members Affected**

- 8.1. All.

## **9. Access to Information**

- 9.1. The background papers can be inspected by contacting the report author.

## **10. Contact Information**

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

Name: Joel Hammond-Gant

Job Title: Scrutiny Officer

Email: [joel.hammond-gant@cheshireeast.gov.uk](mailto:joel.hammond-gant@cheshireeast.gov.uk)

Date: <b>8.11.18</b> Time: 10:00am Venue: Committee Suite, Westfields	Date: <b>6.12.18</b> Time: 10:00am Venue: Committee Suite, Westfields	Date: <b>17.1.19</b> Time: 10:00am Venue: Committee Suite, Westfields	Date: <b>7.2.19</b> Time: 10:00am Venue: Committee Suite, Westfields	Date: <b>7.3.19</b> Time: 10:00am Venue: Committee Suite, Westfields	Date: <b>11.4.19</b> Time: 10:00am Venue: Committee Suite, Westfields
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<b><u>Item</u></b>	<b><u>Purpose</u></b>	<b><u>Lead</u></b>	<b><u>Suggested by</u></b>	<b><u>Scrutiny role</u></b>	<b><u>Corporate priorities</u></b>	<b><u>Date</u></b>
Personal Care Records (Patient Passport)	To consider a report on providing the public with access to health and care records.	Director of Public Health	Committee		People live well and for longer	8.11.18 (moved back from Sep 18)
Cheshire East Council Adult Social Care Local Account 2017/18	To consider the Council's Adult Social Care Local Account for 2017/18 and submit comments to be included within the final accounts report.	Director of Adult Social Care	Director of Adult Social Care	Performance monitoring	People live well and for longer	8.11.18
North West Ambulance Service (NWAS) Performance Update	To consider a report on the impact to patient care following changes made to ambulance target measures.	NWAS	Committee	Performance monitoring	People live well and for longer	8.11.18 (moved back from Oct 18)
Update on Proposed Business Cases Following Public Consultation on Adult's and Older People's Mental Health Services in Eastern	To consider a report from the NHS Eastern Cheshire CCG detailing how members' concerns and comments raised at the special meeting on 27 September 2018 regarding the consultation on adult's and older	Associate Director of Commissioning (Eastern Cheshire CCG)	Committee	Pre-decision, strategy/policy development	People live well and for longer	8.11.18

<b><u>Item</u></b>	<b><u>Purpose</u></b>	<b><u>Lead</u></b>	<b><u>Suggested by</u></b>	<b><u>Scrutiny role</u></b>	<b><u>Corporate priorities</u></b>	<b><u>Date</u></b>
Cheshire	peoples mental health services in Eastern Cheshire had been, or would be, addressed in the final business cases and following any future decisions made. (Final decision to be made by the ECCCCG Governing Body on 22 November.)					
My Life My Choice: A Strategy for People with Learning Disabilities	To consider the draft Learning Disabilities Strategy prior to a formal decision being taken by Cabinet on 4 December 2018.	Director of Commissioning	Committee	Pre-decision, strategy/policy development	People live well and for longer	8.11.19
Review of Autism Screening at Cheshire's Custody Suites	To consider a report from the Cheshire and Wirral Partnership (CWP) on autism screening at Cheshire's custody suites, following a campaign to identify suspects with, or suspected of having, a condition on the Autistic Spectrum.	CWP	Committee (following CWP Quality Account 2016/17)	Performance monitoring	People live well and for longer	6.12.18 (moved back from Nov 18)
NHS Dental Service Provision in Cheshire East	To consider a report from NHS England on the provision of NHS dental services across the Cheshire East borough; highlighting areas where there is lesser provision or a risk of lesser provision.	Jean Rogers (NHS England)  Yvonne Dailey (Public Health)	Chairman	Performance monitoring	People live well and for longer	6.12.18
Final Decision and Business Case for	To receive the decision of the Eastern Cheshire CCG Governing Body and the	Associate Director of	Committee	Scrutinise business case	People live well and for	6.12.18

<b><u>Item</u></b>	<b><u>Purpose</u></b>	<b><u>Lead</u></b>	<b><u>Suggested by</u></b>	<b><u>Scrutiny role</u></b>	<b><u>Corporate priorities</u></b>	<b><u>Date</u></b>
Redesign of Adult's and Older Peoples Mental Health Services in Eastern Cheshire	business case for the adopted option, as well as detail on the next steps going forward.	Commissioning (Eastern Cheshire CCG)		Set out clear role for monitoring performance and implementation of new systems and models	longer	
Cheshire East Mental Health Strategy	To consider the Cheshire East Mental Health Strategy prior to a decision being made by Cabinet.	Director of Commissioning  Corporate Manager – Health Improvement	Chairman	Pre-decision, strategy/policy development	People live well and for longer	17.1.19 (back from Dec 18)
Healthwatch Performance Update	A representative of Healthwatch be invited to attend to the Committee with an outcomes led 12 months progress review	Healthwatch	Committee	Performance monitoring	People live well and for longer  Our local communities are strong and supportive	TBD
Recommissioning of Assistive Technology	To consider a report updating on the new commission.	Director of Commissioning	Committee	Monitoring developments or	Our local communities	7.2.19

<u>Item</u>	<u>Purpose</u>	<u>Lead</u>	<u>Suggested by</u>	<u>Scrutiny role</u>	<u>Corporate priorities</u>	<u>Date</u>
				variations in service provision	are strong and supportive  People live well and for longer	
Delayed Transfers of Care	To consider a joint report from the Council, Eastern Cheshire CCG and South Cheshire CCG on performance relating to patient discharge and transfers of care, since the committee undertook a spotlight review into the matter (report published June 2017.)	Director of Commissioning (CEC) / Jamaila Tausif (SCCCG) / Fleur Blakeman (ECCCG)	Committee	Performance monitoring  Monitoring impact of scrutiny	People live well and for longer  Our local communities are strong and supportive	7.2.19
Congleton Minor Injuries Unit	To consider a report on the impacts to the Congleton Minor Injuries Unit Impact of national review of urgent care services with a required specification of service standards for the provision of facilities. Findings of the review and its impact on the unit to be considered.	Kath Senior (NHS East Cheshire Trust) / Director of Commissioning (Eastern Cheshire CCG)	Committee	Performance monitoring  Monitoring developments or variations in service provision	People live well and for longer	TBD (but before March)
Connected Communities	To consider a progress report on performance of the Council's Connected Communities Centres	Director of Public Health	Committee	Performance monitoring	People live well and for longer	7.3.19



<b><u>Item</u></b>	<b><u>Purpose</u></b>	<b><u>Lead</u></b>	<b><u>Suggested by</u></b>	<b><u>Scrutiny role</u></b>	<b><u>Corporate priorities</u></b>	<b><u>Date</u></b>
	against key strategies and objectives				Our local communities are strong and supportive	
Deprivations of Liberties Situation (DoLS)	To take an in-depth look at DoLS and mental capacity, receiving information from relevant Council officers and partner organisations.	Head of Safeguarding / Director of Adult Social Care	Committee	Performance monitoring	People live well and for longer	11.4.19 (moved back from Jan 19)

**Items scheduled to carry over to 2019/20**

Early Help Framework	Performance review following implementation in October 2018.	Director of Commissioning	Committee	Performance monitoring	June 2019	People live well and for longer
Improved Access – Eastern Cheshire CCG	To consider a report on the effectiveness and impact of NHS Eastern Cheshire CCG's work to improve access to services; new ways of working were introduced in October 2018.	Director of Commissioning (Eastern Cheshire CCG)	Committee	Performance monitoring	June 2019	People live well and for longer
Health and Adult Social Care Performance Scorecard – 2018/19 Annual Update	To keep the committee informed of progress made within the health and adult social care sections, against key performance indicators.	Director of Adult Social Care	Corporate Leadership Team	Performance monitoring	July 2019	People live well and for longer
Impacts to Cheshire East Adult Social Care Services Following Decision on Millbrook Unit	To consider a report highlighting the impacts to Cheshire East Council adult social care services following the implementation of the new model of mental health services in eastern Cheshire. (This will be brought to the committee following the implementation of new ways of working to ensure sufficient data and evidence for effective scrutiny.)	NHS Eastern Cheshire CCG / CWP / CEC	Director of Adult Social Care / Director of Public Health	Performance monitoring	TBD	People live well and for longer