

Health and Adult Social Care Scrutiny Committee

Agenda

Date: Thursday, 1st July, 2010
Time: 10.00 am
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

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

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

1. **Apologies for Absence**
2. **Declaration of Interests/Party Whip**

To provide an opportunity for Members and Officers to declare any personal and/or prejudicial interests or members to declare the existence of a party whip in relation to any item on the agenda.
3. **Public Speaking Time/Open Session**

Please contact Denise French on 01270 686464
E-Mail: denise.french@cheshireeast.gov.uk with any apologies or requests for further information or to give notice of a question to be asked by a member of the public

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 any 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.

4. **Minutes of Previous meeting** (Pages 1 - 10)

5. **The Cheshire and Wirral Councils Joint Scrutiny Committee** (Pages 11 - 18)

To receive the minutes of the meeting of The Cheshire and Wirral Councils' Joint Scrutiny Committee held on 25 May 2010.

6. **Age Concern Cheshire - proposed closures of day care network** (Pages 19 - 60)

Ken Clemens, Age Concern Cheshire, will brief the committee on their review of day services.

The following background documents are attached:

- Age Concern Cheshire leaflet – “How we made a difference in Cheshire East”;
- Age Concern Supporting You service report October 2009 – March 2010;
- Briefing note from Phil Lloyd, Head of Adult Services, Cheshire East Council;
- Presentation notes from Phil Lloyd;
- Age Concern Cheshire Service Review;
- Older People's Services – Health and Social Care Joint Commissioning Plan 2010 - 11.

7. **North West Ambulance Service**

To receive a presentation from the North West Ambulance Service on performance and the Quality Account.

8. **Mid Cheshire Hospitals NHS Foundation Trust - Clinical Services Strategy**

Andy Ennis, Director of Service Development at Mid Cheshire Hospitals NHS Foundation Trust, will do a presentation on the Clinical Services Strategy.

9. **Central and Eastern Cheshire Primary Care Trust - financial position and possible NHS changes**

To receive a verbal update by Fiona Field, Director of Governance and Strategic Planning at Central and Eastern Cheshire Primary Care Trust, on the current financial position and any changes to the NHS.

10. **Swine Flu update and preparing for future outbreaks of Pandemic Flu** (Pages 61 - 64)

To consider the attached report from Central and Eastern Cheshire Primary Care Trust.

11. **Obesity and Diabetes Scrutiny Review** (Pages 65 - 94)

To consider the final report of the Scrutiny Task/Finish Group.

12. **Corporate Plan** (Pages 95 - 98)

To consider a report of the Head of Human Resources considered by Cabinet on 14 June 2010, which set in motion the formal process to consult Overview and Scrutiny Committees in accordance with the Budget and Policy Framework procedure rules. The Committee is asked to consider making observations on the Corporate Plan which will be considered by Cabinet on 19 July 2010.

13. **Work Programme** (Pages 99 - 114)

To consider the report of the Borough Solicitor.

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Scrutiny Committee**
held on Thursday, 20th May, 2010 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor B Silvester (Chairman)
Councillor C Beard (Vice-Chairman)

Councillors G Baxendale, S Bentley, D Flude, S Jones, W Livesley, A Moran,
C Andrew, A Martin, C Tomlinson, A Thwaite and D Bebbington

Apologies

There were no apologies received.

28 ALSO PRESENT

Councillor R Domleo – Portfolio Holder for Adult Services
Councillor A Knowles – Portfolio Holder for Health and Wellbeing
Councillor O Hunter – Cabinet Support Member for Adult and Health Services
Councillor D Cannon – visiting Member

29 OFFICERS PRESENT

Phil Lloyd, Head of Adult Services, People Directorate
Sandra Shorter, People Directorate
Jill Greenwood, People Directorate
Jon Wilkie, People Directorate
Fiona Field, Central and Eastern Cheshire Primary Care Trust
Simon Whitehouse, Central and Eastern Cheshire Primary Care Trust
Fran Willshaw, Central and Eastern Cheshire Primary Care Trust
Helen Kershaw, East Cheshire Hospital Trust
Mike Flynn, Legal and Democratic Services
Denise French, Legal and Democratic Services

30 DECLARATION OF INTERESTS/PARTY WHIP

RESOLVED: That the following Declarations of Interest be noted:

- Councillor D Flude – Personal Interest on the grounds that she was a Member of the Alzheimers' Society and Cheshire Independent Advocacy;
- Councillor C Tomlinson – Personal Interest on the grounds that she was a patient of the Hawthorn Lane surgery, Wilmslow.

31 PUBLIC SPEAKING TIME/OPEN SESSION

There were no Members of the Public present who wished to address the meeting.

32 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Committee held on 29 April 2010 be confirmed as a correct record subject to an amendment to the list of those present to identify Councillor R Domleo as Portfolio Holder – Adult Services and not as a member of the Committee.

33 THE CHESHIRE AND WIRRAL COUNCILS' JOINT SCRUTINY COMMITTEE

RESOLVED: That the minutes of the following meetings of the Cheshire and Wirral Councils' Joint Scrutiny Committee be received:

- 26 January 2010 – subject to a correction to the Declaration of Interest by Councillor C Andrew to read “on the grounds that she attends meetings of Nether Alderley Parish Council as the Local Ward Councillor”;
- 12 April 2010.

34 CLOSURE OF HAWTHORN LANE SURGERY, WILMSLOW

Simon Whitehouse Director of Primary Care, Central and Eastern Cheshire Primary Care Trust (PCT), briefed the Committee on the current position with the closure of the Hawthorn Lane Surgery, Wilmslow.

The surgery was a single handed practice (the last single handed GP practice in the PCT area) and the GP, Dr Chung, had informed the PCT that he was to retire on 30 June 2010. The mid point meeting had considered the issue and supported the PCT in its preferred option of dispersing the patient list. The PCT had identified that there was sufficient capacity and choice within its patch to meet the needs of patients and liaison with other GP practices showed that local GPs were keen to work with the PCT and increase their patient lists.

The PCT had recently written to all practices most likely to be affected by the dispersion of Dr Chung's list. The PCT had also sent letters to all patients, and included a personal letter from Dr Chung, with letters translated into Chinese where necessary. The PCT were able to support practices with any language issues that may arise. Most patients would be able to have a choice of practice to transfer to. A number of patients lived in the Stockport area and the PCT had liaised with Stockport PCT for those patients.

Dr Chung had identified a number of vulnerable patients on his practice list and the PCT was working closely with those patients to help achieve the most appropriate outcome.

A freephone helpline had also been established.

RESOLVED: That

(a) the proposal to close the Hawthorn Lane Surgery Wilmslow be confirmed as a Substantial Development or Variation in Service, Level 3;

(b) the steps taken by the PCT to manage the closure of the Surgery and recognising the short timescales involved be endorsed;

(c) the dispersal of the patient list to other practices be supported; and

(d) the public consultations which had taken place, particularly involving the patients affected by the changes, be noted.

35 DR FOSTER REPORT - "HOW SAFE IS YOUR HOSPITAL?" - THE POSITION IN CHESHIRE EAST

Fiona Field, Director of Governance and Strategic Planning, Central and Eastern Cheshire PCT, briefed the Committee on Dr Foster. This was a private national company that looked at the performance of acute care. It produced annual public reports and sometimes league tables of acute care providers.

There had been a specific issue around mortality rates at both Mid Cheshire Hospital Foundation Trust and East Cheshire Hospital Trust. The Committee had therefore asked for a report to a future meeting and attendance by clinicians to discuss the issues raised by Dr Foster. Work at the PCT and two hospital trusts was almost complete and the issue could be fully considered at the next meeting.

RESOLVED: That the Dr Foster report and mortality rates be considered at the next meeting of the Committee on 1 July 2010.

36 EAST CHESHIRE HOSPITAL TRUST QUALITY ACCOUNT

Helen Kershaw, Associate Director of Nursing and Patient Care Standards, introduced the East Cheshire Hospital Trust's Quality Account.

She explained that the Trust had a number of quality and safety improvement initiatives underway including requirements from the PCT, standards from the Care Quality Commission and from the Trust's own Quality Strategy that had been introduced in 2008. The Quality Strategy had focused on 10 areas of patient safety and 5 on improving patient experience and improvement in 8 out of the 10 areas had been demonstrated. Two of the areas had been included as priority areas for 2010/11 – reduction of falls and reducing serious medication errors. In relation to reducing falls, various measures had already been introduced through a strategy and action plan but reducing falls had proved challenging. Further work was to be carried out including the introduction of functional electrical stimulation as recommended by the National Institute for Health and Clinical Excellence. In relation to reducing medication errors it was noted that most medication errors were minor and could be classed as prescribing, dispensing or administrative errors. Progress in reducing errors had not been as expected and a study had been undertaken to improve understanding of the issues. This had now resulted in some specific areas of work to try to reduce medication errors.

The Trust Board had agreed the following statements as underpinning principles for continuing to improve care given to patients:

- Do me no harm (safety)
- Make me better (clinical effectiveness)
- Be nice to me (patient experience)

The following areas were identified as priorities for 2010/11:

Do me no harm

- Reduce the number of falls sustained by patients;
- Protect patients from hospital acquired infection;
- Reduce the impact of medication errors on patients.

Make me better

- Reduce avoidable death, disability and chronic ill health from venous thromboembolism;
- Deliver evidence based interventions to patients with a diagnosis of acute myocardial infarction, heart failure, pneumonia, stroke or undergoing hip or knee surgery;
- Support the timely and effective discharge of patients to the most appropriate setting and provide timely information to GPs.

Be nice to me

- Ensure patients within the hospital's care were treated in privacy with dignity and respect which would include the provision of same sex accommodation unless it was clinically justified. All toilet areas and bays were same sex. In the critical care unit curtains were available around individual beds to enable greater privacy and one-to-one nursing took place;
- Ensure patients concerns and complaints were listened to, investigated appropriately and acted upon and lessons were learnt. The Committee was advised that all complainants were contacted within 48 hours;
- Develop all staff to ensure they acted as a role model, took personal responsibility, had courage to speak up and make voices heard;
- Improve incident reporting and be in the highest 25% of reporters.

The report included a list of audits both national and local that had been conducted in relation to the hospital Trust or in which the Trust had participated. An unannounced visit by the Care Quality Commission (CQC) had found the Trust was compliant with the Hygiene Code and the Trust had registered with the CQC without conditions.

The Trust had also improved on the Hospital Standardised Mortality Ratio (HSMR), which was a calculation that provided hospitals with a benchmark in relation to death in hospitals with a rate below 100 showing performance better than the benchmark. The Trust had shown a continuous reduction in HSMR with the latest risk (based on January – December 2009) of 88.0.

The National Inpatient Survey had placed the Trust in the lowest performing 20% for hand washing by doctors and hand washing by nurses and Ms Kershaw explained that this could in part be due to perception and staff had been advised to make patients aware that they had washed their hands by either specifically telling the patient this or through the use of hand gel at the bedside.

During the discussion the following issues/questions were raised:

- Role of visitors and visiting times - the Committee was advised that a Visitors' Charter was about to be launched with a list of expectations on visitors. Visiting times were generally fixed to ensure there was sufficient time to enable patients to rest but flexibility would be allowed if necessary, numbers of visitors per patient would usually be limited;
- How were medicines issued on wards? The Committee was advised that the qualified Registered Nurse who was looking after each patient would issue any required medicine;
- What stroke care was available? There was an acute stroke unit at the hospital and a CT scanner;
- What specific measures to ensure dignity and respect were in place? Patients were asked how they wished to be addressed and there was staff training to reinforce the importance of this action, a number of new volunteers had been appointed to assist at lunchtimes and a sticker system for high calorie drinks had been introduced to help with ensuring patients were drinking the required amount at the right intervals;
- Whether it was unhygienic for nursing staff to wear their uniforms on the way to work? A recent Department of Health document suggested that there were no risks to hygiene but to ensure a professional image and good perception staff were advised to cover their uniform when travelling to and from work;
- How was disruption from dementia patients dealt with? In response the Committee was advised that a side room would be used if available but side rooms would be prioritised for any patients with the MRSA infection;
- Did the Hospital Trust work with the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) regarding patients with learning difficulties or mental health issues? The Committee was advised that there were close links with CWP and other organisations including the Dementia Society and Admiral Nurses;
- Staff turnover was not high;
- Whether future Quality Accounts could include an overview of performance perhaps in the form of a "traffic light" approach at the front to assist the Committee.

RESOLVED: That

1) the draft Quality Account for 2009/10 be received, and the information provided on the quality of care and services be welcomed;

2) the Trust's priorities for improvement and performance measures for 2010/11 be endorsed, and progress be reviewed if necessary in year and as part of the Quality Account for next year;

3) attention be drawn to the following issues:

a) the continuing reduction in the number of health care acquired infections be welcomed, noting in particular the demanding target of less than four MRSA cases for 2010/11;

b) that the hospital has succeeded in reducing hospital acquired pressure sores by 22% over the last year and that a further 5% reduction is sought for 2010/11 which is a challenging target;

c) reducing inpatient falls remains a priority area for the Trust as despite a number of initiatives the incidence has not been lowered. It is important to check whether the patients have a history of falls and carers should be included in this process. The focus on avoiding serious falls and minimising harm caused is welcome;

d) it is a matter of concern that the Trust is in the bottom 20% nationally for handwashing by medical staff according to the National Inpatient Survey but it is recognised that this may be due to lack of patient awareness and that the hospital is working to address these issues;

e) despite issues raised previously in the “Dr Foster” report the hospital has achieved a progressive reduction in the Hospital Standardised Mortality Ratio, moving from a rate higher than average in 2008 to being well below the national average in the period to December 2009 which means East Cheshire is a safe hospital;

f) that the Committee reviewed and commended a number of aspects of patient safety and experience and the steps taken by the hospital to improve, including

- Same sex accommodation is provided everywhere except in critical care areas;
- Detailed attention is given to hygiene including rigorous bed cleaning and disinfection given high bed turnover;
- Advice against bringing flowers onto wards and encouragement of visitor handwashing to reduce the risk of hospital acquired infection;
- Visiting times and the control of visitors from ward to ward including prohibition on sitting on beds.

g) that the hospital performs well in responding to complaints, generally achieving 100% of response targets. The Trust has also introduced new initiatives learning from complaints with the “Patients Passport” for people with learning difficulties as an example which has been well received;

h) that the format of the Quality Account, although prescribed, does not make it easy to focus attention on any areas of particular concern and it would be better if a “traffic lights” approach or similar could be adopted to highlight specific performance issues. Although the Trust was working to provide in future a “discretionary” summary to help, the issue should be drawn to the attention of the Department of Health, to consider altering the format of the Quality Account reports;

i) the importance of ensuring that reports such as these are written in plain English to enable them to be readily understood by a wide audience;

4) these comments be forwarded to the East Cheshire NHS Hospital Trust for inclusion in their Quality Account and to the Central and Eastern Cheshire Primary Care Trust and East Cheshire Local Involvement Network for information.

37 PROCEDURAL ITEMS - PROTOCOL AND CO-OPTED MEMBERS

The Committee considered a report of the Borough Solicitor containing a draft protocol setting out the arrangements between the Committee and the Central and Eastern Cheshire Primary Care Trust (PCT) and outlining further consideration regarding co-option onto the Committee.

The Committee was advised that the view of the Scrutiny Chairmen's Group was that co-option should not take place onto Scrutiny Committees (apart from where required by statute) but rather to allow co-option onto Task/Finish Groups or for specific scrutiny reviews. Members of the Committee also raised concerns about making the Committee too large and also noted the wide remit of the Committee about which Members were still learning.

The Committee considered the draft protocol which would help govern the working arrangements between it and the PCT. The protocol set out the respective roles and responsibilities and how the relationship between the Committee and the PCT would work in practice. The Protocol reflected the current legal framework for the conduct of health scrutiny and would be updated when new guidance from the Department of Health became available.

RESOLVED: That

(a) no action be taken on co-option onto the Committee and the position be reviewed in twelve months time; and

(b) the draft Protocol be approved and adopted subject to one amendment to paragraph 8.7 under the heading Level Three to include "Local Ward Councillors concerned would be informed of the proposals by the Secretary" and forwarded to the PCT for approval by the PCT Board.

38 "CARING TOGETHER"

Fiona Field, Director of Governance and Strategic Planning, Central and Eastern Cheshire Primary Care Trust (PCT), outlined the Caring Together programme. This involved the integration of health and social care services and was aimed at achieving earlier delivery of treatment and faster recovery. It would involve developing multi agency and multi disciplinary teams, development around buildings both existing and new build and integration of IT systems.

The mid point meeting had been fully briefed by Andy Bacon, Programme Director, and would continue to receive full briefings to enable in-depth consideration. Any specific pieces of work could be dealt with through Task/Finish Groups.

RESOLVED: That the update be noted.

39 DEALING WITH DEMENTIA

The Committee considered various items relating to dealing with dementia:

- The Council's response to the National Dementia Strategy – Jill Greenwood, Service Manager (Dementia) briefed on dementia - dementia caused a progressive decline in many areas of function including skills needed to carry out daily activities. As well as emotional impact, the financial cost was estimated at over £50 billion a year in the next 30 years. In 2009 in Cheshire East the total number of people aged 65 and over was 68,000 and of these 4810 were predicted to have dementia (of which 3153 were female). This figure was expected to grow by 88 % by 2030. The predominant users of Adult Social Care were people with mental health needs and home care was the largest component of community services provided for the over 65s. The Care Service Efficiency Delivery (CSED) programme was aimed at providing a fully integrated pathway. An audit of current services and how needs were met had been undertaken and current work was looking at future demographic need, any gaps in service delivery and joint working possibilities. Workshops on the programme had been held and well attended. Gaps in service included – crisis response/home treatment – 24 hour service, intermediate care (step up and step down service), lack of awareness/stigma, enhanced support for carers and clients. A draft strategy with options and resource implications would be produced for consultation prior to adoption and implementation of the final strategy.

Alongside the development of the new strategy other work was underway including - to develop staff to undertake new and different roles, provision of a new dementia unit at Lincoln House, Crewe (to include a first stop shop including advice and information and a carers café), introduction of a dementia website for Cheshire East (Demenshare) to be launched on 5 July 2010. The Demenshare project was a partnership involving the Council, Age Concern Cheshire, Alzheimers Society, the Primary Care Trust and Opportunity Links and was an online resource that would enable people affected by dementia across Cheshire East to share and exchange their experience and knowledge.

- Sandra Shorter, Manager of Provision of Adult Social Care, briefed on the role of Community Support Centres in Transforming Adult Social Care - she explained the distribution and usage of the current beds at the Centres including vacancy rates. The in-house provider service had been renamed Care4CE (Careforce) and had three strategic priorities – reablement, complex needs and market cover. The existing service was to be transformed to meet these priorities. This would require having buildings that were fit for purpose, flexible well trained staff and viable cost

effective services. The current position was tired and out of date buildings, lean staff structures, under-occupancy at the Centres and high unit costs. A short term solution was to reduce spare capacity and increase cost effectiveness by rationalising a number of centres – by integrating the services of both Santune House and Lincoln House at Lincoln House (and thereby closing Santune House) and closing a second centre; investing in a purpose built dementia unit, enhanced staffing at remaining centres and more integrated working between Centre and community based staff. The Cabinet had approved a recommendation to undertake an exercise seeking views on the closure of provision at Cypress House. There were a number of reasons for this proposal including feedback from the previous consultation, the experience of upgrading old buildings, existing partnership arrangements with the health service, size of service and availability of alternative provision including Extra Care Housing, day services and bed provision.

- The Committee considered the report to the Cabinet on the Dementia Strategy. The report outlined that the strategy was to focus on the service to be delivered rather than actual buildings. The aim was to provide services in a different way not to reduce the services available. Part of the strategy was to close those Community Support Centres that were particularly problematic and located very close to another such Centre or significant facility such as extra care housing and to recycle the resources, subject to a robust business case, into the development of new services particularly for older people with dementia. The future service model currently proposed involved:

- Two main specialist centres for dementia – one each in the north and south of the Borough;
- Two main specialist centres for Adults with severe and complex conditions – one each in the north and south of the Borough;
- New facilities to provide both short stay residential and nursing care in seamless, integrated and co-located services between the Council and PCT;
- Investment in Assistive Technology to enable people to stay in their own homes for longer, funded from existing resources;
- Investment and acknowledgement for carers and respite, funded from existing resources;
- Maximising use of underutilised external provision;
- Maximising use of Extra Care Housing developments in the Borough.

The report outlined existing provision in Community Support Centres and usage which over all five centres showed an average vacancy rate of 21%. This had resulted in the proposed closure of Cypress House as an initial response prior to further work to develop the future service model as outlined above.

- Jon Wilkie, Project Manager, Assistive Technology, briefed on a proposal to introduce an Adult Social Care wide strategy to support the integration of assistive technology into support planning for vulnerable people. Assistive Technology was defined as “any item used to increase, maintain or improve the functional capabilities of individuals with cognitive, physical or communication disabilities”. Assistive Technology could help with prevention by raising the level at which people needed social care. It could also help with reablement

by supporting effective assessment and prevent unnecessary admissions to care placements. It could help support people to regain skills which could help them remain in their own homes for as long as possible and increase their independence. This was what most people wanted and was less costly than admission into permanent care.

Various examples of the technological solutions available were reported to the Committee along with information leaflets and case studies.

- Councillor Beard provided a brief summary of the role of Admiral Nurses. The organisation had been in existence for 20 years and provided specialist Dementia Nurses. Many people with dementia were cared for most of the time by family who were unpaid and often suffered with depression. It was suggested that a presentation on Admiral Nurses could be made to a future meeting.

Members, in discussing the presentation, raised the following points:

- Whether savings proposed as part of the budget could be achieved;
- Whether there would be sufficient social workers to carry out assessments in future;
- Whether closure of facilities would mean that people would spend a lot of time travelling. In response, the Committee was advised that people tended to want to remain in their own homes and access existing facilities in their own communities;
- When in-patient care was required whether there would be sufficient capacity. In response, the Committee was advised that in severe cases of dementia, nursing care would be required.

RESOLVED: That

- (a) the presentations and information on dementia and dementia services be received and noted;
- (b) the specific proposals outlined at the meeting as part of the Council's dementia strategy be supported;
- (c) a presentation be made to the next meeting of the Committee on Admiral Nurses and the role of Admiral Nurses also be referred to the Cheshire and Wirral Partnership NHS Foundation Trust for information and advice;
- (d) the role and support to Carers be considered further at a future meeting; and
- (e) information on how the budget savings could be achieved be circulated in writing to the Committee members.

The meeting commenced at 10.00 am and concluded at 1.00 pm

Councillor B Silvester (Chairman)

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **The Cheshire and Wirral Councils' Joint Scrutiny Committee**
held on Tuesday, 25th May, 2010 at Middlewich Civic Hall - Middlewich Civic Centre, Civic Way Middlewich CW10 9AS

PRESENT

Councillor D Flude (Chairman)
Councillor P Lott (Vice Chairman)

Councillors D Beckett, A Bridson, D Bebbington, S Jones, W Livesley, D Roberts, R Thompson, G Watt, B Silvester, S Mountney

37 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cheshire East Councillors C Andrew and C Beard (substitute - Councillor B Silvester) and Cheshire West and Chester Councillors A Dawson, J Grimshaw and G Smith.

38 OFFICERS PRESENT

Sheena Cumiskey, Chief Executive, Cheshire and Wirral Partnership NHS Foundation Trust;
Ursula Martin, Associate Director, Cheshire and Wirral Partnership NHS Foundation Trust;
Natalie Park, Associate Director, Cheshire and Wirral Partnership NHS Foundation Trust;
Mike Flynn, Legal and Democratic Services, Cheshire East Council
Denise French, Legal and Democratic Services, Cheshire East Council

39 APPOINTMENT OF CHAIRMAN

RESOLVED: That Cheshire East Councillor D Flude be appointed Chairman of the Joint Scrutiny Committee.

40 APPOINTMENT OF VICE CHAIRMAN

RESOLVED: That Cheshire West and Chester Councillor P Lott be appointed Vice Chairman of the Joint Scrutiny Committee.

41 NOTIFICATION OF SPOKESPERSON

RESOLVED: That the name of the Spokesperson from Wirral Borough Council be notified to the Secretary.

42 **APPOINTMENT OF SECRETARY**

RESOLVED: That Cheshire East Council be appointed Secretary to the Joint Scrutiny Committee for 2010 -11.

43 **DECLARATIONS OF INTEREST**

RESOLVED: That the following Declarations of Interest be noted:

- Councillor D Flude, Personal Interest on the grounds that she was a Member of the Alzheimers Society and Cheshire Independent Advocacy;
- Councillor P Lott, Personal Interest on the grounds that she was a member of the Local Involvement Network; and
- Councillor D Roberts, Personal Interest on the grounds that her daughter was an employee of the Cheshire and Wirral Partnership NHS Foundation Trust.

44 **MINUTES OF PREVIOUS MEETING**

RESOLVED: That the minutes of the meeting of the Committee held on 12 April be confirmed as a correct record.

45 **JARGON BUSTER**

The Jargon Buster was noted.

46 **CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST - QUALITY ACCOUNT**

Sheena Cumisky, Chief Executive of the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) presented the Quality Account for 2009/10.

The Quality Account was in three parts:

- A strategic overview;
- A forward look at priorities and statement of assurance against the three priorities identified against the three principal areas of service quality – ie patient safety, clinical effectiveness and patient experience;
- A backward look and review of quality performance over the past year.

The Quality Account as presented to the Committee was a draft document for the Committee to comment upon and any comments would be considered by CWP's Board the following day.

The priorities for improvement included:

Patient Safety

- improve safety by monitoring trends from Serious Untoward Incident investigations and development of systems to monitor reduction of repeatable themes;

- reduce preventable falls in in-patient areas by at least 10% by end of March 2011 – the Committee was advised that the current level of falls was 180 per quarter although 97% of these caused low to no harm. The target would be addressed through monitoring every fall and mapping it against the Falls Policy;

Clinical Effectiveness

- implement the Advancing Quality programme for schizophrenia and dementia (including development of Patient Reported Outcome Measures). This was a new regional priority for mental health services and measured clinical and patient reported outcomes to determine the level of care that patients had received benchmarked against a set of agreed “best practice” criteria.
- Develop integrated care pathways in mental health – this had been highlighted as a priority by commissioners, CWP staff and also service users and carers with an aim of seamless care between primary and secondary care;
- Review physical healthcare for CWP service users – based on research that suggested people with mental health problems had an increased likelihood of physical health problems and premature death.

Patient Experience

- Collect real time patient experience data – seek the views of patients and carers/relatives during or immediately after treatment to get accurate and timely feedback.
- Ensure that patient experience of previous Assertive Outreach service users and carers is sought and continuously monitored during the merger of the Assertive Outreach function into Community Mental Health Teams (CMHTs) – this would include regular reporting to the Joint Scrutiny Committee and the Local Involvement Network.

Part 3 of the Quality Account contained a Review of Quality Performance over 2009/10 and specific work to improve the quality of services included:

- Investment of £2.8 million to co-locate all adult and older people’s services on a single site with improved facilities at Springview Hospital on Wirral;
- Establishment of three health facilitator posts in mental health services to support public health and health promotion and work with partners;
- Opening in September 2009 of the Maple Ward, a new 10 bedded emergency service for young people aged between 13 and 18 to enable in-patient mental health care to be available for admissions from across Cheshire and Merseyside for 24 hours a day;
- Opening in February 2010 of Greenways assessment and treatment unit for adults with learning disabilities that included all en-suite rooms, additional lounges for privacy, patient kitchen, computer suite sensory room and dedicated education and learning spaces; the Committee would be visiting Greenways prior to its next meeting on 12 July;
- National praise for the Wirral drug service for work on recovery services.

During the discussion the following issues/questions were raised:

- Recognition of support to carers was welcomed but information requested as to how the out of hours support was advertised to those who may need it;
- How was safeguarding dealt with and how were issues or concerns raised by staff; what measures were in place regarding checks on people who undertook Personal Assistant roles;
- Participation in the National Confidential Enquires relating to suicide was welcomed and information sought as to whether the rate of suicide was particularly high; the Committee was advised that a full risk assessment was undertaken and the environment designed to minimise any opportunities to self harm; CWP had a Suicide Prevention Strategy which showed how work was undertaken with primary care;
- The achievement of the goal relating to improved access and reduction in waiting times for accessing 0 – 16 specialist Child and Adolescent Mental Health Service was welcomed;
- Diagnosis of dementia by a specialist – this was welcomed but concern was raised around possible delays and difficulties in checking for dementia symptoms at primary care level;
- It was felt that the format was not very user friendly and a traffic light approach would make such documents easier to understand and more accessible, although Members noted that the format was largely prescribed.

RESOLVED: That

1) the draft Quality Account for 2009/10 be received, and the information provided on the quality of care and services be welcomed;

2) the Trust's priorities for improvement for 2010/11 be endorsed, and progress be reviewed if necessary in year and as part of the consideration of the draft Quality Account for next year;

3) the format of the Quality Account, although prescribed, does not make it easy to focus attention on any areas of particular concern and it would be better if a "traffic lights" approach or similar could be adopted to highlight specific performance issues. Although the Trust was working to provide in future a "discretionary" summary to help, the issue should be drawn to the attention of the Department of Health, to consider altering the format of the Quality Account reports;

4) attention be drawn to the following issues:

a) reducing inpatient falls remains a priority area for the Trust as despite a number of initiatives the incidence level is 180 falls each quarter, although 97% are in the no or low harm category. The target of a 10% reduction in the number of preventable falls over the next year is welcome, and it would be helpful for the actual figures to be included in the report in future;

b) the wording of the Account could be appropriately strengthened in places, for example on page 8 the reference to integrated care pathways should

be changed from “who would like to see seamless care between primary and secondary care” to “who are endeavouring to achieve seamless care.....”;

c) the proposal on page 9 for surveys on the implementation of the Assertive Outreach changes to be reported in year to the Joint Committee is welcome so that the impact of the new arrangements can be monitored;

d) the availability of out of hours outreach support for carers (page 11) is viewed as an important element of the service, and further information on how this support will be communicated to carers should be included;

e) that the Trust performs well in responding to complaints, generally achieving 100% of response targets. The Trust has also introduced rigorous quality assurance reviews, focussing in particular on the more complex complaints, which are overseen at Board level;

f) the Trust has developed a systematic approach to safeguarding for adults and children, but it would be worth saying more in the Quality Account about staff training in safeguarding, and the overlap with the local authority for patients in receipt of social care, and staff awareness of the Council's procedures for safeguarding;

g) the Committee is concerned about the number of suicides involving people with mental illness, and is of the view that more work should be done to address this. Whilst recognising that the Trust has in place extensive risk assessment procedures, including the provision of a safe environment for inpatients, and a prevention strategy for patients in primary care, the Committee requests further information and data on the Trust's suicide prevention strategy;

h) the Trust's success in reducing staff sickness absence levels to just under 5.1%, which compares favourably with the national average of 6%. The Committee has requested more detailed information on the management of staff sickness absence;

i) good performance by the Trust in diagnosing dementia by a specialist within 13 weeks of referral, which accords with national best practice. Further comment on the participation of GP's in the referral process should be included in the Account;

j) there is welcome recognition in the Account of the importance of physical health wellbeing for patients with mental illness, and the Trust's contribution towards promoting healthy lifestyles, particularly targets for improving the percentage of inpatients receiving a physical health examination (79%) and having their Body Mass Index measured (83%) are important and should be kept under review.

5) these comments be forwarded to the Partnership Trust for inclusion in their Quality Account and to the three Primary Care Trusts and Wirral and Cheshire Local Involvement Networks for information.

47 CONSULTATION ON SUBSTANTIAL DEVELOPMENTS OR VARIATIONS IN SERVICE (SDV)

The Committee considered the reports of the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) on the outcome of the public consultation on the following Substantial Developments or Variations in Service (SDVs):

- Delivering high quality services through efficient design - how CWP proposed to deliver high quality mental health, drug and alcohol and learning disability services. The consultation exercise had been independently analysed by the Faculty of Health and Social Care at the University of Chester. They concluded that there were a small number of respondents to the questionnaire contained within the consultation document (32) and a significant majority supported the position of CWP in terms of the necessity to redesign mental health services to deliver greater efficiency. There was a general view that the main driver for the development of mental health services was underpinned by a reduction in in-patient beds which was itself driven by financial issues. Some respondents raised concerns regarding access to in-patient services and poor public transport facilities. There was general support for the development of small specialist units across the Trust's geographical areas and a request for an improvement in communication of information.
- Redesigning Adult and Older people's mental health services in Central and Eastern Cheshire – the proposed provision of all adult and older persons' acute mental health inpatient services from a single site. This consultation exercise had also been independently analysed by the Faculty of Health and Social Care at the University of Chester. They concluded that there were a small number of respondents to the questionnaire contained within the consultation document and many accepted the position of CWP in terms of the need to redesign mental health services and understood the position regarding financial constraints. Concerns were expressed about the potential location of a single unit and access to it. No significant issues were raised that would suggest that from a consultation point of view CWP needed to reconsider or revise their intentions.

The Committee was advised that a total of 7 public meetings had been held on the SDVs and 200 people had attended overall. One consistent theme was around the provision of support to carers. CWP had also received responses on behalf of organisations as well as individual responses. The results of the consultation exercise would be considered by the CWP Board the following day.

Members noted the work undertaken to consult on the two sets of proposals and the disappointing number of responses. It was felt that some wording could have been made more clear and simple and that one concern regularly mentioned was regarding a balance between a need for in-patient beds and community based care and support. There was also

concern regarding the possible location of any new unit in Central and Eastern Cheshire.

RESOLVED: That the reports on the outcome of the public consultation be received and further reports be made to the Joint Scrutiny Committee covering the Committee's response and the proposals for implementing both sets of proposals.

The meeting commenced at 1.00 pm and concluded at 2.45 pm

Councillor D Flude (Chairman)

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We are the leading charity in Cheshire East in matters relating to ageing and older people, and have built an excellent reputation for the fulfilment of contracts for direct service provision and for the development of specialist services including information, advocacy and mental health and support brokerage.

Age Concern Cheshire has developed strong and integral relationships with the local authority and other key health and voluntary sector partners, to meet its key objectives and mission statement.

Age Concern Cheshire works with and for older people in Cheshire East and Cheshire West & Chester from our main administrative office at

**314, Chester Rd
HARTFORD
Cheshire
CW8 2AB
01606 881660
admin@ageconcerncheshire.org.uk
www.ageconcerncheshire.org.uk
www.nw-pa.com
www.wearpurple.co.uk**

**and from our office in Cheshire East at
Unit 20/30
Brierley Business Centre
Mirion St
Crewe
CW1 2AZ
01270 214621
admin.crewe@ageconcerncheshire.org.uk**

Age Concern Cheshire is a company limited by guarantee, registered in England & Wales, No 4369758 and registered as a charity with the Charity Commission for England & Wales, No 1091608

How we make a difference in Cheshire East

AGE
Concern Cheshire

Age Concern Cheshire is proud to provide vital services to older people in Cheshire East to ensure they are able to live the life they choose in their own homes without the intervention of care services for as long as they are able, and then, when they need help, provide information support and guidance to ensure they receive the right help for them to continue to live life to the full.

www.ageconcerncheshire.org.uk

Supporting Personalisation:

We provide comprehensive independent Direct Payments and Support Brokerage advice to older people. This year over 550 people will be helped with their Direct Payment and in setting up their care arrangements, ensuring that customers are able to exercise choice through self directed care. Our model has been accepted by NHS Evidence as the highest quality and is in good practise in guidance to local authorities.

We have worked to develop the range of complimentary care services available by setting up an employment register for those people who wish to employ a personal assistant to help them with their care needs. www.nw-pa.org which now covers the North West region

Our Mentoring Service assists older people to manage their day to day money matters, including their Direct Payment, to reduce the likelihood of confusion, stress, financial abuse and debt.

The provision of specialist information and advice service helped 3,000 older people, carers and professionals every year, ensuring quality through our adherence to the standards of the Community Legal Services Quality Mark. The provision of high quality information underpins the Personalisation process.

The award winning partnership 'Springboard' with Cheshire Fire & Rescue Service and Age Concern Cheshire's Supporting You service has resulted in over 800 people continuing to live safely in their own home, including over 400 welfare benefits claimants benefiting from nearly £1 million. This partnership has won 2 national awards this year: Dept. of Local Government & Communities award for Equality & Diversity, E- Government award for innovation, and was also nominated for a Third Sector award for Partnership between a statutory agency and a charity.

The Supporting You service provides the low level help people need to continue to live safely at home,. Our dedicated staff and volunteers visit our clients at home or by telephone and help to monitor their well being. We can help get aids and adaptations to the house completed and get them to appointments and social events. This service underpins the reablement strategy adopted by the authority, enables speedy hospital discharge and allows those at risk to be monitored. In addition, to the scheme we have assisted 40 residents benefit from the Telecare process with grants from the Rural Recovery Scheme.

Supporting Well Being & Reducing Health Inequalities

Our Get Active and Target Wellbeing programme covers a wide range of physical activity to keep older people active including Tai Chi, seated chair exercises, walking programmes, golf, horse riding and swimming. Increased focus is on cardio vascular and stroke rehabilitation

Supporting Dignity in Care

Working with Central and Eastern PCT, Age Concern Cheshire produced a comprehensive report on how older people in Cheshire East felt they were treated. The toolkit and model used is recognised as good practise, and is included on Dept. of Health Dignity in Care Campaign website..

Supporting Engagement

We provide volunteering opportunities to over 420 residents (80% of our volunteers are aged 60 or over), and by facilitating older people to actively express their views facilitating older people's groups and forums. We are pioneering new ways of engagement including the use of social media to ensure as diverse a group as possible can engage.

Supporting those with Dementia & Mental Health Problems

We have enabled some of the most vulnerable older people to have a voice and effective representation through our Mental Health Advocacy Services, including the statutory advocacy provision of Independent Mental Capacity Advocacy (IMCA), Deprivation of Liberty Safeguards (DoLS) and Independent Mental Health Advocacy (IMHA).

The Midas Touch!

We will claim nearly £1 million in welfare benefits for Cheshire East residents every year – that's new money coming into the area to pay for care services. In addition to our services we attracted £207,000 in funding from alternative sources to provide services complimentary to those funded by the authority. including £136,000 for the development of a social media resource for those affected by dementia



Supporting You Service Report October 2009 to March 2010

1. Background

Age Concerns Cheshire and East Cheshire commenced a contract in April 2004 with Cheshire County Council to develop and deliver the Supporting You service, to help people age 55+ to maintain their independence by accessing information and local services. The aim of the service is to reduce older people's dependency on social and health care services by supporting them to access appropriate alternative services.

Many people contact Social Services requesting help with things like cleaning, shopping or gardening. Where the Access Team assess that a client has moderate support needs, and are therefore ineligible for Social Services, it was agreed that the client would be referred to the Supporting You service with a brief description of the presenting issue(s). Other teams and services also refer into the Supporting You service. Supporting You home assessment officers then contact the client and arrange to visit the client to discuss their needs as part of a holistic assessment.

Age Concern East Cheshire covers the geographical areas formerly administered by Macclesfield Borough Council as well as Congleton Town.

Age Concern Cheshire covers all of the new unitary authority of Cheshire West and Chester as well as the areas formerly administered by Crewe and Nantwich Borough Council and Congleton district (excluding Congleton Town).

The **Age Concern East Cheshire** service is staffed by **one full time and one part time home visiting officers** who are based at Age Concern East Cheshire's Macclesfield office and are line managed by the Service Development Manager.

The **Age Concern Cheshire** service is staffed by **4 part-time home assessors and 3 part-time support officers**, who are based at the Chester, Crewe and Hartford offices and are line managed by the Information Services Co-ordinator. 1 part-time home assessor covers Cheshire East and 3 part-time home assessors cover Cheshire West and Chester.

2. Activity Report

2.1 Activity Summary

Age Concern East Cheshire

Detailed statistics of each enquiry are recorded on the Supporting You Service database which has been used to produce this report. A total of **430** clients have received support between October 2009 and March 2010, of which **111** were repeat clients. This represents an average rate of referral of approximately

16.5 per week. Repeat clients reflect clients whose needs change over time, and who make contact with the Supporting You workers some time after their initial contact for further support to maintain their independence. Each client continues to receive support from the service for approximately 12 weeks, within this reporting period, 71 clients continued to receive support from the service to ensure all issues presented at referral are dealt with. A further 83 referrals were received from Cheshire Fire and Rescue Service that required no further action from the Supporting You team.

Age Concern Cheshire

A total of **645** clients were visited by the Supporting You service between October 2009 and March 2010. This represents an average of **24.8** referrals per week. The decrease on last year is due to changes in the way we record our partnership work with Cheshire Fire and Rescue Service rather than an actual decrease in the amount of work the service is carrying out. Aside from these figures, Cheshire Fire and Rescue Service presented us with a further 722 referrals that needed information sending rather than a home visit. The majority of clients had not been referred to the service on any previous occasion, with fewer than 3% having been visited before. The main reason for clients returning to the service was as a result of deterioration in their health, and a subsequent increase in care needs or because they were awarded a 'timed' benefit award and needed help reapplying. This is becoming more common particularly with clients aged 55-70.

Cheshire West and Chester

935 clients who live in Cheshire West and Chester were referred to the service between October 2009 and March 2010. This represents an average of 36 referrals per week.

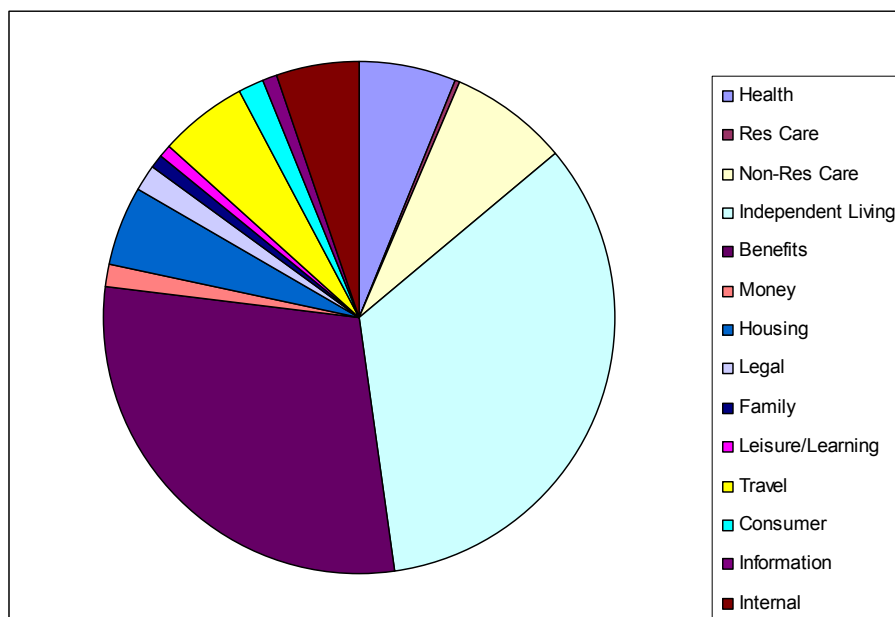
Cheshire East

432 clients who live in East Cheshire were referred to the service between October 2009 and March 2010. This represents an average of 16.6 referrals per week.

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2.2 Issues Raised

The following chart illustrates the range of issues raised between both Age Concerns. The table below it provides a breakdown of the issues raised for each organisation:



Issues	Age Concern East Cheshire	Age Concern Cheshire (total)	Age Concern Cheshire (West and Chester)	Age Concern Cheshire (East)	Overall Total
Finding Help at Home	42.6%	22.6%	19%	26.2%	32.6 %
Benefits	20.6%	42.5%	46.6%	38.4%	31.6%
Non Residential Care	19.7%	3.4%	2.7%	4%	11.6%
Travel	6.5%	4.6%	4%	5.2%	5.6%
Housing/Property	6.9%	2.3%	2.7%	1.8%	4.6%
Health	3.9%	3.8%	2.2%	5.4%	3.9%
Internal Referrals	2.2%	8.7%	12%	5.4%	5.5%
Consumer	0.5%	1.1%	1.2%	1%	0.8%
Information	0.1%	2.2%	2.7%	1.6%	1.2%
Legal Issues	0.2%	2.5%	0.3%	4.6%	1.4%
Other Money Issues	1.1%	1.8%	0.8%	2.8%	1.5%
Family and Personal	2.4%	0.5%	0.5%	0.4%	1.5%
Education & Leisure	0.1%	1.6%	1.5%	1.6%	1.4%
Residential Care	0.5%	0.5%	0.5%	0.4%	0.5%

There have been **two** cases of 'unmet need' needs within this reporting period. One was in relation to affordable gardening and the other was in regards to a handy man service.

2.3 Sources of referral

	Age Concern East Cheshire	Age Concern Cheshire (total)	Age Concern Cheshire (West and Chester)	Age Concern Cheshire (East)	Overall Total
Self	17.8%	14.9%	13.8%	16%	16.4%
Fire Service	25%	59.3%	65%	53.5%	42.2%
Family/Friend	16.8%	13.1%	9.7%	16.5%	15%
Social Services	9.7%	1.4%	1.2%	1.6%	5.6%
Age Concern internal	2.2%	7.1%	6.9%	7.2%	4.7%
Health Professional	3.4%	2.4%	1.8%	3%	2.9%
Other Agency	20.5%	1.9%	1.6%	2.1%	11.2%

Age Concern East Cheshire

The majority of our referrals continue to be received from Cheshire Fire and Rescue Service following their home safety assessments. Social Service referrals have decreased slightly since the last report, with majority to facilitate discharge from hospital. Access teams tend to suggest clients contact the service directly, contributing to the high proportion of self referrals. Health Professional referrals have remained consistent with continued promotion of the service to District Nurses, Community Matrons and G.P Surgeries.

Age Concern Cheshire

A very high percentage of our referrals still come from Cheshire Fire and Rescue Service, who have again set themselves a high target for carrying out home safety assessments in households where a resident is over 65. The majority of other referrals are recorded as 'self' referrals or come from the client's family and friends. As Social Services often advise clients to contact our service directly many referrals recorded as 'self' may actually represent Social Services' influence

2.4 Geographical Location of Referrals

Age Concern East Cheshire

Age Concern East Cheshire's Supporting You service operates within Macclesfield to the east, Knutsford to the west, Wilmslow to the north and Congleton town to the south - the rest of Congleton borough is covered by Age Concern Cheshire.

Clients live in one of 6 main postcode areas as follows:

- **SK9** covering Styal, Handforth, Wilmslow town and Alderley Edge
- **SK10** covering Macclesfield town, Higher Hurdsfield, Henbury, Over Alderley, Bollington and Rainow
- **SK11** covering Gawsorth, Marton, Eaton, North Rode, Sutton and Wincle
- **SK12** covering Poynton and Disley
- **WA16** covering Knutsford, Mobberley, Ollerton, Toft, Tatton, Mere, Tabley and High Leigh
- **CW12** covering Congleton town

The breakdown for each postcode area is shown in the following table:

SK9	22.8%
SK10	19.8%
SK11	20.7%
SK12	8.5%
WA16	14.4%
CW12	13.5%
Others	0.2%

It can be seen that the majority of clients live in the Macclesfield and Wilmslow town areas which are the most highly populated areas in a largely rural locality.

Age Concern Cheshire

Age Concern Cheshire's Supporting You service operates within Cheshire West and Chester and Cheshire East, with the exceptions of the areas outlined above which are covered by Age Concern East Cheshire.

Clients live predominantly in these postcode areas:

Cheshire West and Cheshire

- **CH65 & CH66** covering Ellesmere Port, Whitby, Great Sutton, Little Sutton
- **CH2** covering Hoole, Upton, Backford, Mickle Trafford and Elton
- **CW8** covering Northwich, Weaverham, Barnton, Hartford, Sandiway, Delamere, Cuddington and Whitegate
- **CH64** covering Neston, Little Neston, Ness and Willaston
- **CH3** covering Vicars Cross, Christleton, Waverton, Tarvin, Farndon, Hargrave, Huxley, Tattenhall and Broxton
- **CH1** covering Chester city centre, Blacon, Sealand, Saughall, Mollington and Capenhurst
- **WA6 and 7** covering Helsby and Frodsham
- **CW7** covering Winsford, Wettenhall and Cholmondeston
- **CW9** covering Wincham, Lostock Gralam and Comberbach.

Cheshire East

- **CW1 & CW2** covering Crewe, Wistaston, Willaston, Shavington and Weston.

- **CW4** and **CW5** covering Holmes Chapel, Goostrey and Nantwich
- **CW10** and **CW11** covering Middlewich and Sandbach

The breakdown for each postcode area is shown in the following table:

CH1	6.6%
CH2	9.3%
CH3	10.3%
CH64	5.1%
CH65+66	11.5%
CW7	9.1%
CW8	11.3%
CW9	15.7%
WA6 and 7	8.3%
Other West	12.7%
CW1	12%
CW2	17.8%
CW4+5	23%
CW10+11	27%
Other East	20%

2.5 Age Range and Gender of Clients

The age range and gender of clients remains consistent with the last report, with approximately 76% in the 75+ age range:

	Age Concern East Cheshire	Age Concern Cheshire (total)	Age Concern Cheshire (West and Chester)	Age Concern Cheshire (East)	Overall Total
Under 65	3.5%	4.6%	4.7%	4.4%	4.1%
65 to 74	16.3%	25.6%	25.5%	25.7%	21%
75 to 84	41.4%	46.9%	46.2%	47.5%	44.2%
85 - 90	28.8%	17.2%	17.5%	16.8%	23%
Over 90	8.8%	6.5%	6.1%	6.8%	7.7%

	Age Concern East Cheshire	Age Concern Cheshire (total)	Age Concern Cheshire (West and Chester)	Age Concern Cheshire (East)	Overall Total
Male	37.5%	33.3%	31.6%	35.1%	35.4%
Female	62.5%	66.7%	68.4%	64.9%	64.6%

2.6 Benefits Claimed

Age Concern East Cheshire

The Supporting You service assisted **239** clients to claim benefits in the last six months; the remaining clients received benefits checks but were already receiving their full entitlements. Claims are listed below; the column labelled 'Other' refers to one off payments, grants or rebates which are added to the total yearly figure gained. Most notably Attendance Allowance continues to be the most commonly received benefit.

	Pension Credit	Attendance Allowance	Disability Living Allowance	Other	Total
Weekly figure	£297.99	£2531.20	£47.00	£0.00	£2876.19
Yearly figure	£15,495.48	£131,622.40	£2,444.00	£3,452.80	£153,347.80

Age Concern Cheshire

437 clients were assisted to claim benefits by the Supporting You service over the 6 month period. Awards made so far are shown below, with a further 240 clients still waiting to hear about their claims. 158 people were assisted in Cheshire East and 279 in Cheshire West and Chester. The service most commonly assists with claims for disability benefits such as Attendance Allowance and Disability Living Allowance. Many claimants are referred on to the Local Pension Service for help to claim means tested benefits such as Pension Credit, so the total figure that our clients benefit by is likely to be much higher.

	Attendance Allowance	Disability Living Allowance	Total
Weekly figure	££9,237.50	£0	£9,237.50
Yearly figure	£480,351.80	£0	£480,351.80

The current total for the whole year stands at £1,541,681.90 and we expect this to reach over £2million when all outstanding claim decisions are made.

This is broken down geographically below:

Cheshire West and Chester

	Attendance Allowance	Disability Living Allowance	Total
Weekly figure	£7,218.20	£0	£7,218.20
Yearly figure	£375,348.20	£0	£375,348.20

Cheshire East

	Attendance Allowance	Disability Living Allowance	Total
Weekly figure	£2,019.30	£0	£2,019.30
Yearly figure	£105,003.60	£0	£105,003.60

NOTE: FINAL FIGURE FOR THE YEAR NOW £1.1 million
(all claims now finalised)

2.7 Long Term Outcomes / User Satisfaction

Feedback was collected by sending questionnaires out to past clients to ascertain the impact of the service on clients and the quality of service delivery.

Service user satisfaction:

	Age Concern East Cheshire	Age Concern Cheshire
Very Satisfied	89%	98%
Satisfied	11%	2%
Not Satisfied	n/a	n/a

Service users felt the service was:

	Age Concern East Cheshire	Age Concern Cheshire
Efficient	100%	100%

Professional	100%	100%
Provided all the information required	100%	100%

Claiming Benefits:

	Age Concern East Cheshire	Age Concern Cheshire
Service users who would not have applied without Supporting You Help	53%	92.1%

Services clients have used/planning to use since Supporting You intervention:

	Age Concern East Cheshire	Age Concern Cheshire
Cleaning	22%	16%
Shopping	11%	11%
Transport	6%	12%
Equipment	8%	22%
Personal Care	14%	7%
Home Maintenance	3%	13%
Pendant Alarm	11%	12%
Meals	11%	1%

Following Supporting You intervention, clients feel:

	Age Concern East Cheshire	Age Concern Cheshire
Happier	25%	51%
Independent	20%	40%
Safer	35%	32%
Treated with respect and dignity	20%	21%
Quality of live has improved	71%	68%
Social Life has improved	15%	n/a
Physical Health has improved	10%	n/a
Mental Wellbeing has improved	69%	56%

3. Promotion and Partnership Working

Both services continue to work closely with a number of partner organisations and agencies. These include:

- Care & Repair / Anchor Staying Put
- The Pension Service
- Social Services Access Teams
- Social Work Teams
- Hospital Social Work Teams
- Primary Care teams
- Housing Agencies
- Community Support Team
- IRIS Low Vision Centre
- Cheshire Fire & Rescue Service
- Council Tax / Housing Benefit Teams
- The British Legion
- SSAFA
- British Red Cross
- Cheshire Carers Centre
- Care Agencies
- Suppliers of hot and frozen meals
- Cleaning Agencies
- Deafness Support Network
- SAFE (key safes)

4. Future Developments

Age Concern East Cheshire

The service has continued to promote itself at events throughout the geographical area at local community centres. Service staff continues to strengthen its links with external agencies including British Red Cross, Medical Centres, Community Matrons and Cheshire Fire & Rescue Service.

Service staff continue to work closely with staff at the access points within the access teams to ensure continuity of the service since the re-organisation. Extra meetings have taken place with the Rehabilitation and Reassessment teams and staff continue to work together during the re-assessments of care packages supporting clients to seek alternative providers.

Age Concern Cheshire

The service has maintained and strengthened its links with external organisations including the Local Pension Service, Cheshire Fire & Rescue Service, Iris, Keele University and Leighton Hospital. The service continues to work with Weaver Vale Housing Trust to provide Telecare to vulnerable older people in rural areas of Crewe and Nantwich. Work has progressed with Cheshire Trading Standards in both Cheshire East and Cheshire West and Chester on developing and maintaining the increasingly popular 'Cheshire Trader's Register'. We remain actively involved in the Cheshire Advice Partnership, working to improve referral systems for advice agencies across the county. Staff from the service have participated in a number of events over the last 6 months including a series of talks on dignity and respect for nurses at Leighton Hospital, Cheshire East Council's 'Unlocking the Future' event at Wychwood Park and a series of events in conjunction with Cheshire West and Cheshire East LINK. We continue to publicise the service at talks for community groups including the WI and Townswomen's Guild. Age Concern Cheshire's partnership work with Cheshire Fire and Rescue service has led to us winning several joint awards and we were shortlisted for a prestigious Third Sector Excellence Award.

Supporting You Case Study – Age Concern East Cheshire

The Supporting You Officer first visited Mr M, a 61 year old gentlemen, when he had no means to cook food as his cooker had been disconnected due to it being unsafe. The Officer contacted the National Grid who agreed to provide temporary cooking facilities and provided a Halogen hob. Mr M was claiming Disability Living Allowance and Pension Credit. He stated he was in some debt and would struggle to pay for a new cooker, he also needed a hover and washing machine.

An application was made for a Community Care Grant, which was successful and was subsequently awarded £190 which enabled him to able to purchase the items he needed.

The Supporting You Officer referred Mr M to the Age Concern Cheshire's Mentoring service as Mr M had no bank account and had no wish to open one. This and the difficulties he had in getting out, meant he wasn't managing his bills and needed help to organise these and manage a credit card debt. He was given advice about how much to draw out of his bank account each week and to separate amounts into different tins. He was helped to get the interest frozen on his credit card account whilst paying an agreed instalment each month. The Supporting You Officer worked closely with the Mentoring Service to ensure that his needs were being met.

Mr M was struggling with his mobility which was very poor and found it difficult getting out of his flat due to complex health problems. He found it difficult to get in and out of his flat as there were stairs down to his front door. He found it difficult to get in and out of bed so, therefore, slept on his sofa. He wasn't looking after his personal care either which meant he was not dressing himself or having a wash.

The Supporting You Officer referred Mr M to the Social Services Occupational Therapy Service who carried out an assessment and referred him for a grant so that a stair lift and walk in shower could be installed. They also provided a bed lever to enable him to get in and out of bed.

Mr M was having falls in his flat. The Supporting You Officer arranged for a pendant alarm to be installed and because of his vulnerability he qualified for the scheme via "Supporting People" free of charge.

Mr M was also getting support from the Police as he had regularly had money taken by local neighbours who he had been relying on for help, resulting in his locks being changed. The Police reported these incidents to Social Services who were unable to offer any support and continued to work with the Supporting You Officer when the incidents happened so that Mr M was receiving some help and advice.

Community Cars began taking him on a regular day into town to pay his bills and collect his benefits.

The Supporting You Officer provided him with contact details for a local shopping provider to deliver food and he can pay cash on delivery. Mr M still needed some further equipment as his walking aid had broken. The Supporting You Officer arranged for Mr M to have transport from the Red Cross to the Independent Living Centre in Handforth. He was provided with a new walking stick, perching stool with back rest, shower chair and specialist tin opener. The Supporting You Office liaised with CAB's Advocacy Service as Mr M has found it very difficult to get his views heard. The Advocate began helping Mr M to raise issues about his housing and nuisance neighbours. Due to Mr M's health conditions, his ability to manage fluctuates. He has been provided with information and support to help him to manage his own life and remain as independent as possible.

Age Concern Cheshire Supporting You Case Study

Mr B contacted our I&A service. He lives alone in a rented accommodation. His wife died 4 years ago and he has no other family and little contact with his neighbours who are mostly families with young children. He has a dog, Molly, who he enjoys taking to the local park where he can sit whilst Molly has a run around. Mr B is a proud man and reluctant to ask for help but had rung Age Concern Cheshire because he was struggling to maintain his garden and had several serious repairs that needed doing to his property, which he felt he could not afford. The Information Officer arranged for one of their Supporting You Home Visitors to meet Mr B at his home and see if there were any local services that could help. The Home Visitor was able to inform Mr B that it was the landlord's responsibility to carry out the repairs and helped him pursue this via the local Council. Mr B was relieved that he wouldn't have to pay for the work to be done and now has a more comfortable, warmer home. Whilst there the Home Visitor completed an application form for Attendance Allowance for Mr B because he was struggling to manage due to arthritis and a minor heart problem. The Attendance Allowance claim was successful and now Mr B is £70 a week better off – money which he uses to pay a gardener and to take a taxi to our 'Men's Shed' once a week where he has made new friends and a new kennel for Molly!

Comments from service users:

- Help with obtaining residential care for my late husband relieved huge anxiety especially from financial aspect. Help with personal finances (e.g. benefit, tax relief etc) also v helpful.
- Knowing there is someone I can ring for advice and guidance should I need it is a weight off my mind.
- I have had my own chair fitted with blocks it has made it easier getting up. Trolley which I have bought.
- I don't feel so alone.
- My mind is put at rest now! I was concerned of how much money is allowed in an ISA account in the bank being I am on pension (state) pension credit.
- I have filled in as much as I can as my husband died suddenly in December. But I found you were very helpful. I would always get in touch if I needed help.
- Should I be awarded DLA, my self confidence would rise since my specific range of needs have been recognised and help provided to meet these.
- I feel much more supported and know where to turn for help.
- Your visitor was so easy to talk to. I was very impressed. Thank you.
- Impossible to improve on this service. I now feel that someone cares.
- Your interviewer and his attitude made me feel I wasn't worthless any longer.
- It was so helpful to have efficient, professional advice.
- You supply a first class service at a time when it is most needed.
- You gave answers to problems where solutions seemed non-existent.
- Your visitor restored my faith in human nature. I can honestly say I have never met anyone who has shown such kindness, help and understanding – she is a true professional and explained all options available to me to remain independent.
- It has removed the worry of how much longer we would be able to continue living at our present address. We can now afford help in the house and the garden.
- It will give me a better quality of life.

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REPORT TO THE HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE

REPORT FROM : Phil Lloyd – Head of Adult Services

Date 1 July 2010

Title : Age Concern Day Service Review

Age Concern have undertaken a review of their provision specifically day services recently. The aim is to move from a community day service provision to a more personalised service option through the Supporting You Service which will offer one to one support to safeguard vulnerable older people as well as focusing on maximising health and wellbeing . A separate paper outlines this service.

It can be seen from this information that the Supporting You Service is able to support many more older people which is significant given the demographic population data which is contained within the Joint Commissioning Strategy for Older Peoples Services which is also attached. This is an interim strategy for this year which captures our focus on enabling Older People to remain at home as independently as possible while also supporting discharge and recovery from illness and safeguarding the most vulnerable older people in our communities. These are exactly the priorities of the Supporting You Service.

This does mean a shift away from the levels of support for the current day services. Age Concern have indicated to us that the majority of people that they support in current Day Services have moderate or low needs [83% = 66 people], with approximately 17% = 20 people who *may* have Substantial or Critical needs. Age Concern are working to support the communities who wish to retain such local provision by exploring with them how this could be achieved independently of their funding, which includes an element of local authority funding. The detail of this transitional support offer is yet to be determined, but will be done as swiftly as possible by Age Concern.

Cheshire East Council will also want to consider with Age Concern the needs of the individuals and their families in total with a priority focus on those with Critical or Substantial need. In the meantime we understand that reassurance will be given by Age Concern to people that **No Change** will occur until proper plans for individuals and their families are in place.

For some this will require an assessment of their needs to determine how best to offer such support in the future. Options include an offer from the Reablement Service to assist with maximising independence and to inform the overall assessment. We would also want to consider how we work with other community services to enable people to access other provision / interests in their local community.

Conclusion and Implications for Cheshire East Council

Until we know the individuals who have potentially critical and substantial needs we can not determine the cost implications to us of this change to wider Supporting You service provision. We will consider engaging the Reablement Services in this work and would also consider other input to enable people to consider and become involved in other activities within their area.

Cheshire East Council will establish a link manager to monitor plans with Age Concerns and will offer other involvement, especially around supporting those for whom we have a statutory responsibility. Once we have more customer data - names, ages, days per week, cares needs etc we will move quickly to assess needs and put services in place where necessary.

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**Proposing to replace a longish day in
an Age Concern day centre for a
relatively few people, with a wider
range of options for many more
older people, and particularly those
that are too frail to attend day
centres.....
and achieve efficiency savings**

Total Value Day Care contract :

£114,716

Number of places - 74

Clients pay daily fee of £7.50

Purpose: relieve social isolation

Criteria: socially isolated, may have some degree of frailness (mental or physical) but do not require personal care.

Age Concern day centres are not equipped or staff/volunteers trained to provide personal care

A minority of clients are critical/substantial

Supporting You
Contract Value ; £64,000
682 clients
92% have not sought help before
6-8 week waiting list
Welfare benefits claimed £1.1m

Supporting You :
Home assessment leading to low
level care arrangement from
community resources plus
benefits review
On going support – regular review
periods
and the provision of

Social opportunities or activities:

Morning or afternoon clubs -90 people attend 7 clubs in Crewe and Nantwich area

Accompanied transport to appointments

Assistance with financial affairs

Household tasks and aids & adaptations

Telephone visiting

Befriending

**Proposing a careful process with
existing day centre clients;
individual discussion with trained
staff on all their needs
slow transition
opportunity to try new options
maintain friendship circles
continue to provide transport
maintain staff/volunteer support**

**Other Age Concern Activities in
Cheshire East:
Direct Payments Support & Care
Brokerage
Advocacy
Get Active
Information & Advice
Personal Assistant Register
Mentoring**

Coming soon

Demenshare : web based support for people with dementia and their carers (in partnership with Cheshire East)

Men in Sheds – a Shed will open in Crewe in early 2011 (Lottery funded) Aimed at socially isolated men 5 days per week

Target Well Being – physical activity for over 55's. (Lottery funded)

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AGE CONCERN CHESHIRE SERVICE REVIEW

Year	Service	Contract Value £	No of Clients	% new clients	Income £	Comments
2009-10	Day Services	114,716	86	41%	nil	Numbers of new starters not representative as members of a tea club were integrated into day care at Thornton House Audlem
	Supporting You	64,000	682	92%	1.1 million in new welfare benefits	The high rate of new referrals demonstrates the success of the scheme in targetting vulnerable older people and ensure they receive timely help before reaching a critical stage.
2010-11	Day Services	108,980	86		nil	Transition year.
	Supporting You	60,800	1066	90% approx	1,7 million in new benefits	Dependent on transfer of funding from day care to Supporting You by Sept

2011-12 Supporting You 169 780 1600 90% 2.6 million Contract value does not allow for efficiency savings or Inflation uplift

We have funding from an external source to fund a Welfare Rights worker who will be maximising income through taking cases to appeal.

Notes

Day services are provided in Audlem, Middelwich, Church Lawton, St Stephens, and in three locations in Crewe

The purpose is the relief of social isolation, personal care is not provided. Criteria, older people at risk of loneliness, may be frail but not in need of personal care. 37% referrals from social work teams. Clients are not critical/substantial

Supporting You supports people to live independently at home by facilitating provision of low level care needs and provides support services to those with substantial and critical needs. Welfare benefits claims form a critical part of the work bringing new income into the care system every year.

Tasks include; Welfare benefits advice, phonelinks, social groups, befriending, mentors, practical help in the home, aids & adaptations, accompanied transport

This service works in partnership with Cheshire Fire & Rescue Service. The partnership has won national awards from Dept of Communities and Local Government as an example of public and charity sector working and for targeting a vulnerable sector of the community.

Volunteering: 193 volunteers support this work contributing 11,928 hours per year (valued at £69,000 at adult minimum wage rate)

April 2010

JOINT COMMISSIONING PLAN

Older Peoples Services – Health and Social Care Joint Commissioning Plan 2010/11

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this plan is to provide an overview of the areas of joint commissioning activity between Central and Eastern Cheshire Primary Care Trust (PCT) and Cheshire East Council (CEC) (CWaC?) that are taking place during 2010/11. This one-year plan will be followed in 2011 with a whole system partnership strategy for the Ageing population that will cover the five years from 2011 to 2016. This current plan describes the priorities for older people's health and social care services for 2010/11. The plan has been written by the CEC/PCT and CEC in partnership with local services, e.g. hospitals, ambulance services, council services. Note: this plan does not include those services which are commissioned exclusively by either the PCT or CEC e.g. stroke care.

2.0 OVERVIEW

- 2.1 During 2009, a Joint Commissioning group was established to focus on services for older people. This group is accountable to the Health and Well Being Thematic Group for Cheshire East within the Local Strategic Partnership arrangements. One of the requirements of the group is to develop an Ageing Strategy for the local population. As a first step towards this a one year joint commissioning strategy has been written by co-ordinating all the existing joint work streams that relate to older people. This work has been aligned to the existing outcome framework developed in Cheshire in 2008 "Every Older Adult Matters", to link the plan to the areas that relate to older peoples lives. The full framework can be seen at www.cecpcpct.nhs.uk.
- 2.2 A summary of this plan was prepared to share with older people at an engagement event in Crewe in February 2010. Around 60 members of the public attended the event, with eight different organisations represented through activities, workshops and information stands. Feedback from the event was very positive with attendees appearing to have enjoyed the event, the displays and workshops. Many of the comments and questions on the day confirmed that the plans are focussed on the right areas, i.e. those areas which are priorities for older people. The comments received at the event have been used to work up the plan below.

3.0 OLDER POPULATION OF CHESHIRE EAST

- 3.1 Following analysis of information on the current population the Cheshire East Joint Strategic Needs Assessment (JSNA) Executive Summary 2010 identifies improving the health of older people as one of its priority measures. The evidence the JSNA highlights is:

17.8% (30,500) of the population in East Cheshire is over 65 compared with 15.9% nationally. This results in a high "old age" dependency ratio, i.e. low numbers of working-age people supporting a high non-working dependant older population. The percentage of "older" or "frail" old is also considerably higher, with 2.3% (8,200) persons 85 and over compared to 2.1% nationally.

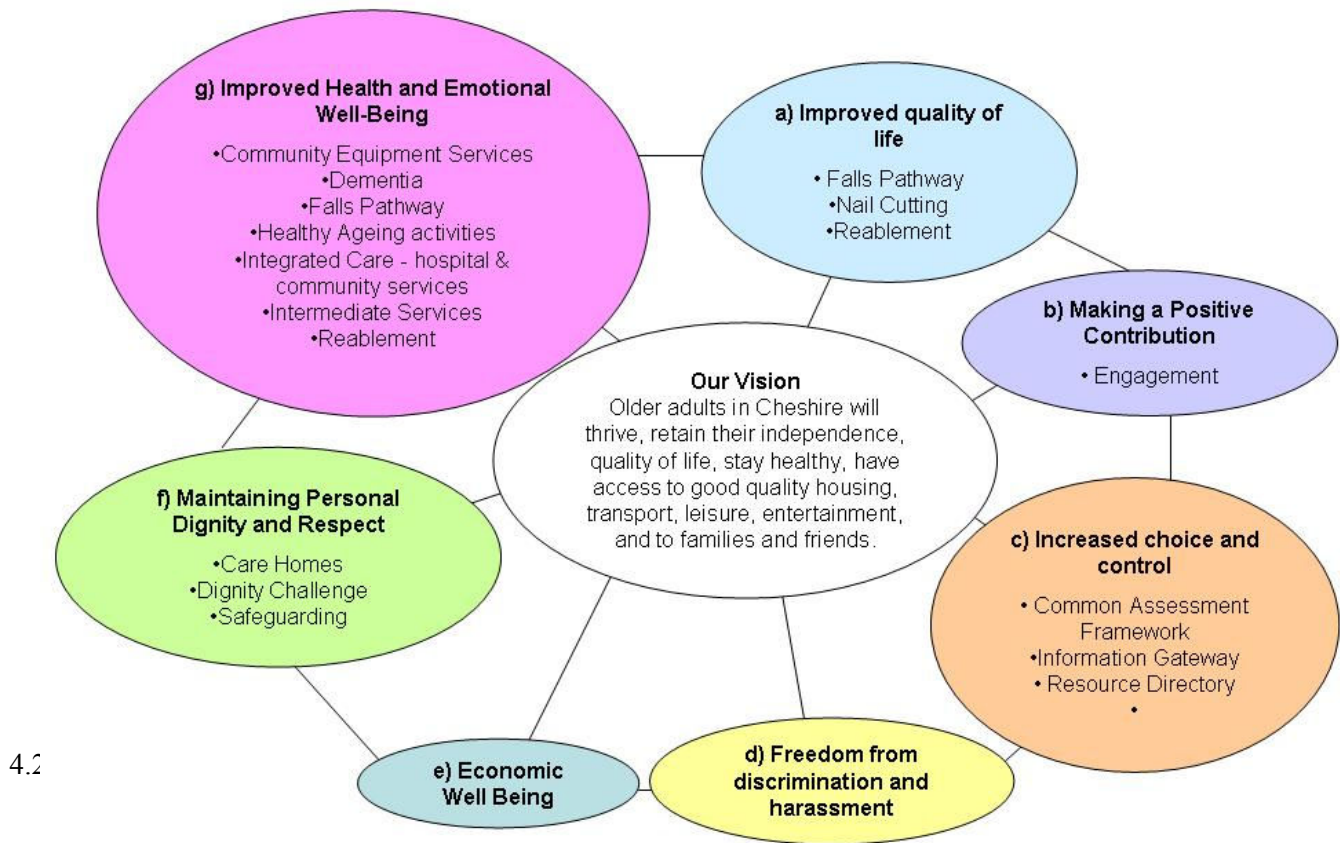
Cheshire East has the fastest growing older population in the North West. By 2016, the population aged 65+ will increase by 29.0% and the population aged 85+ by 41.5%. Cheshire East's high life expectancy and Ageing community is something to celebrate and planning services to keep this population relatively fit and active is important for our residents to enjoy a healthy older age and lower the risk of long-term illness into old age.

However the projected increases in the residents over 65 and particularly the “frail” old (85 years and over) will need to be considered in service development proposals. This potentially vulnerable group will require more input from both social and health services. It is of particular importance to plan services and review care pathways for falls prevention, stroke and dementia services.

- 3.2 The plan includes the key areas emphasised in the JSNA and will continue during 2010/11 compiling information to assist in the improved planning and delivery of health and social care services that are targeted to meet the needs of local communities.

4.0 JOINT COMMISSIONING PLAN

- 4.1 The diagram below illustrates the areas of the plan mapped to the domains of the Every Older Adult Matters Framework.



The following table identifies the national performance measures that relate to each work area (colours link the work areas back to the diagram above). Work is continuing to develop local performance measures for each of the work areas and these will be added to the plan as they are agreed.

Work Area	Plans	Partners (Leads)	Organisational objectives/outcomes	Individual outcomes	Performance Measures
1 Community Equipment	<ul style="list-style-type: none"> Review the options for providing this service from 2011/12, including how the service is provided and over what geographical area 	<p>PCT/CEC</p> <p>Cheshire West and Chester Council Western Cheshire PCT Prescribers in health and social care organisations Patients/Customers Carers Ability Aware Retailers Suppliers</p>	<ul style="list-style-type: none"> Improved Quality of Life Increased Choice and Control Maintaining personal dignity and respect Improved health and emotional well being Reduce the number of delayed discharges 		<p>Contributes to :</p> <p>VSC03: Proportion of adults (18 and over) supported directly through social care to live independently at home</p> <p>VSC10: Number of delayed transfers of care per 100,000 population (aged 18 and over)</p> <p>NI 125: Achieving independence for older people through rehabilitation / intermediate care</p>
2 Dementia	<ul style="list-style-type: none"> Provide training for health and social care workforce Diagnose dementia earlier to allow people to be more involved in decisions and better planning of care Provide support and advice to be given to carers, particularly with regard to end of life care Provide high quality of care and support in hospital Raise awareness of dementia and lifestyle factors that can contribute to reducing the possibility of having dementia. 	<p>PCT/CEC</p> <p>Cheshire and Wirral Partnership Foundation Trust</p> <p>Statutory & Non Statutory Organisations</p> <p>Patients/Customers</p> <p>Carers</p>	<ul style="list-style-type: none"> Improved Quality of Life Making a Positive Contribution Increased Choice and Control Freedom from discrimination and harassment Economic Wellbeing Maintaining personal dignity and respect Improved health and emotional well being 	42% or 2,605 of the expected number of people with dementia in 2009 will be recorded on a dementia register and have an active care plan	<p>Objectives from the National Dementia Strategy</p> <p>NI 124: People with long term conditions are supported to be independent and in control of their condition.</p> <p>NI129: End of life: access to appropriate care enabling people to choose to die at home</p> <p>NI135: Carers receiving needs assessment or review and a specific carer's service, or advice and information</p>

Work Area	Plans	Partners (Leads)	Organisational objectives/outcomes	Individual outcomes	Performance Measures
3 Healthy Ageing	<ul style="list-style-type: none"> Identify all physical activity programmes and funding Further develop the directory of activity programmes and make links to appropriate care pathways Work across all organisations to fill gaps in activities Ensure that older people's health needs are considered and identified so not to exclude them from health promotion activity. Volunteering opportunities Transport Having a voice 	<p>CEC</p> <p>PCT</p> <p>All providers of health and social care</p> <p>Patients/Customers</p> <p>Carers</p> <p>Housing Associations</p> <p>Third sector</p>	<p>Increased Levels of Activity in the older population leading to improved health and well being.</p>	<ul style="list-style-type: none"> People can join in with physical activities that are tailored to their needs and improve their well being, strength and mobility. People are able to take part in health improvement and promotion programmes that help them to remain well and independent for longer. Increased Levels of personal activity leading to improved physical and mental health including reduced social isolation 	<p>NI8: Adult participation in sport and active recreation</p> <p>VSC 25/NI 137: Healthy life expectancy at age 65</p> <p>Linked but not direct cause and effect:</p> <p>VSC 31: Self reported measure of people's overall health (EQ5D)</p>
4 Intermediate Services	<ul style="list-style-type: none"> Increase the range of services that respond rapidly when people are ill or not coping at home. These services are for people who are not ill enough to be in hospital, or who are being discharged from hospital and are not yet able to cope at home. 	<p>PCT</p> <p>CECH</p> <p>CEC</p> <p>East Cheshire Trust</p> <p>Mid Cheshire Trust</p>	<p>Support a further 750 people during 2010/11</p> <p>Increase the number of intermediate services beds and community hospital beds from 115 in 2008/09 to 220 in 2014</p> <p>Reduce in avoidable hospital admissions</p> <p>Reduction in demand for long term care</p>	<ul style="list-style-type: none"> People receive services that are centred on and tailored to their individual needs People are provided with the opportunities to maximise their independence and reduce their dependency on services People avoid unnecessary admissions to hospital People have more support to enable them to live in their own home and community The demand on Carers is minimised 	<p>NI 125: Achieving independence for older people through rehabilitation/intermediate care</p> <p>VSC04: Proportion of people achieving independence 3 months after entering care/rehab – rate per 10,000</p> <p>Contributes to:</p> <p>N134: The number of emergency bed days per head of weighted population</p> <p>VSC10: Number of delayed transfers of care per 100,000 population (aged 18 and over)</p>

Work Area	Plans	Partners (Leads)	Organisational objectives/outcomes	Individual outcomes	Performance Measures
5 Integrated Care (Community)	<ul style="list-style-type: none"> Develop integrated Health & Social Care teams in the community (based around groups of GP practices) 	CEC/CECH PCT Care4CE	Community services work together to meet the needs of the local population in the most efficient way More people are supported by, where appropriate, reducing the numbers of professionals involved in each person's care	PID (BB to add) People are supported to manage their long term health conditions Each person with complex needs has a case co-ordinator to support them in living in their own home and community	NI 125: Achieving independence for older people through rehabilitation/intermediate care VSC04: Proportion of people achieving independence 3 months after entering care/rehab – rate per 10,000 NI141: Percentage of vulnerable people achieving independent living NI142: Percentage of vulnerable people who are supported to maintain independent living VSC10: Number of delayed transfers of care per 100,000 population (aged 18 and over)
6 Integrated Care (Hospital)	<ul style="list-style-type: none"> Develop integrated Health & Social Care teams at the hospitals sites at Macclesfield and Leighton 	CEC, CECH PCT Cheshire West and Chester Council East Cheshire Trust Mid Cheshire Trust	Reduction in avoidable delays in discharge from hospital Acute Hospital beds are used for those who need them most, e.g. acutely ill patients	Patients receive timely support to assist them in leaving hospital in a safe and timely way Each patient with complex needs has a case co-ordinator to support them in their transition from hospital	VSC10: Number of delayed transfers of care per 100,000 population (aged 18 and over) VSC20: Number of emergency bed days per head of weighted population

Work Area	Plans	Partners (Leads)	Organisational objectives/outcomes	Individual outcomes	Performance Measures
7 Reablement	<ul style="list-style-type: none"> All people accessing Social Care will receive a Reablement Service if appropriate Reablement services will also be offered at review points to support the opportunities to increase independence and/or assist someone to regain skills where a change in their health and wellbeing has impacted on these. Carers will also receive a Reablement Service response that looks at their needs for support and information. 	<p>CEC, PCT, reporting to the Cheshire East Re-ablement Steering Group</p> <p>Intermediate care Patients/Customers Carers Housing Associations Third sector</p>	Reliance on and demand for long term support services is reduced	<ul style="list-style-type: none"> People receive services that are centred on and tailored to their individual needs People are provided with the opportunities to maximise their independence and reduce their dependency on services People have more short term support to enable them to live in their own home and community The demand on Carers is minimised <p>CQC Outcomes:</p> <ul style="list-style-type: none"> Improved health & well being Improved quality of life Making a positive contribution Increased choice and control Freedom from discrimination & harassment Economic well being Maintaining dignity and respect 	<p>NI130: Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets – adults all ages)</p> <p>VSC03: Proportion of adults (18 and over) supported directly through social care to live independently at home</p> <p>Contributes to:</p> <p>VSC10: Number of delayed transfers of care per 100,000 population (aged 18 and over)</p> <p>NI135: Carers receiving needs assessment or review and a specific carer's service, or advice and information</p>

Work Area	Plans	Partners (Leads)	Organisational objectives/outcomes	Individual outcomes	Performance Measures
8 Falls	<ul style="list-style-type: none"> Agree a pathway that co-ordinates all services involved in for caring for people who have fallen and/or are at risk of falling Work across all organisations to fill gaps in the pathway 	<p>PCT/CEC</p> <p>All providers of health and social care North West Ambulance Service (NWAS) Patients/Customers Carers Housing Associations Third sector</p>	<p>All services who are in contact with older people identify whether people are at risk of falling</p> <p>Services are provided to identify the specific causes of falls for each person and action taken to address these</p>	<p>People who are at risk of falling or have fallen are offered an assessment and support to reduce the risk and avoid future falls</p>	<p>Contributes to :</p> <p>NI134: The number of emergency bed days per head of weighted population</p> <p>NI18: Adult participation in sport and active recreation</p>
9 Nail Cutting Service	<ul style="list-style-type: none"> Working with the social enterprise, Caremart, to develop a nail cutting service in local communities 	<p>PCT, CEC</p> <p>CECH Podiatry Service Age Concern</p>	<p>To provide people who do not have a medical need for podiatry with an affordable nail cutting</p> <p>Promotion and monitoring of health and wellbeing and access to services via regular contact with older people</p>	<ul style="list-style-type: none"> People have access to a local affordable nail cutting service People have regular contact with a low level support service which can advise on health and well being and access to services 	<p>Numbers of people accessing the service</p> <p>Caremart has adequate numbers of customers to ensure it is self sustaining in 12 months</p>
10 Safeguarding	<ul style="list-style-type: none"> Develop an integrated Safeguarding Service. Cases to be allocated based on complexity, need and risk. Continue to offer support to victims of domestic violence 	<p>CEC, PCT</p> <p>All providers of health and social care Patients/Customers Carers Housing Associations Third sector Fire, Police, Third Sector Congress, Probation (18 service users aged 65+ in Cheshire East)</p>	<ul style="list-style-type: none"> Maintaining personal dignity and respect All services to work in accordance with the "No Secrets" Policy – not really an outcome 	<p>The safeguarding service protects and prevents vulnerable adults from significant harm and promotes recovery, well-being, choice and independence</p>	<p>Have to supply Trigger Forms (POVA)</p> <p>Number of Independent Management Reviews</p> <p>NI128/VSC32: Patient and user reported measure of respect and dignity in their treatment</p>

Work Area	Plans	Partners (Leads)	Organisational objectives/outcomes	Individual outcomes	Performance Measures
11 Care Homes	<ul style="list-style-type: none"> Work with 96 care homes in Cheshire East Council area (There are 52 Nursing homes and 51 Residential homes within the PCT area) to monitor quality of their care and work intensively with poor providers. 	<p>PCT/CEC</p> <p>Care Home Providers Patients/Customers Carers Third Sector Hospitals Primary Care Intermediate Care Community Support Centres</p>	<ul style="list-style-type: none"> Improved Quality of Life Maintaining personal dignity and respect Improved health and emotional well being Improve poor practice in care settings 	<ul style="list-style-type: none"> Individuals are protected from harm Promote dignity in care 	<p>NI134: The number of emergency bed days per head of weighted population</p> <p>NI128/VSC32: Patient and user reported measure of respect and dignity in their treatment</p> <ul style="list-style-type: none"> Care Quality Commission (CQC) registration and inspection ratings Care Home contract information Compliments/Complaints Contract Compliance Quality Customer Survey Number of admissions to A&E
12 Dignity	<ul style="list-style-type: none"> Include dignity standards and targets in service contracts Identify dignity "champions" in priority services Work with Universities to ensure dignity is a core element in training programmes for trainees Specific work on care provided at; End of Life, Hospital Care and Care Homes 	<p>PCT/CEC</p> <p>All providers of health and social care Patients/Customers Carers Primary Care Links</p>	<ul style="list-style-type: none"> Increased Choice and Control Maintaining personal dignity and respect Improved health and emotional well being 	<p>More people report that they were treated with dignity when receiving health and social care services</p>	<p>NI128/VSC32: Patient and user reported measure of respect and dignity in their treatment</p> <ul style="list-style-type: none"> Single Sex Accommodation - Measured through Patient Survey Breaches of Single Sex Accommodation Targets Complaints Reviewing Contract Compliance Complaints

Work Area	Plans	Partners (Leads)	Organisational objectives/outcomes	Individual outcomes	Performance Measures
13 Common Assessment Framework For Adults (CAF)	<ul style="list-style-type: none"> Test out joint health and social care information systems that can provide the public with information about services and support professionals with information about peoples needs. This project includes the IT infra structure for the Directory of services and information gateway 	CEC PCT Department of Health	<ul style="list-style-type: none"> Information can be shared between organisations and services Efficiencies can be made by reducing the amount of time in collecting and recording information separately There will be direct and timely information available on the interest in, uptake of and user feedback on services This information will be used to plan future services Service providers across all sectors will be able to use the resource directory to market their services directly to the public 	<ul style="list-style-type: none"> Greater sharing of information between services reduces the number of times people are asked about their details and circumstances Professionals have the necessary information to care for people People will be able to use the internet to look up services and provide feedback on them Those people with a personal budget will be able to choose and purchase a range of services via the internet 	Contributes to: VSC10: Number of delayed transfers of care per 100,000 population (aged 18 and over) VSC20: Number of emergency bed days per head of weighted population NI 125: Achieving independence for older people through rehabilitation/intermediate care VSC04: Proportion of people achieving independence 3 months after entering care/rehab – rate per 10,000 NI130: Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets – adults all ages) VSC03: Proportion of adults (18 and over) supported directly through social care to live independently at home NI18: Adult participation in sport and active recreation NI135: Carers receiving needs assessment or review and a specific carer's service, or advice and information

Work Area	Plans	Partners (Leads)	Organisational objectives/outcomes	Individual outcomes	Performance Measures
14 Information Gateway	<ul style="list-style-type: none"> Develop an accessible internet information system for Cheshire East provides information to help individuals to managing their health and wellbeing and provides information about services available within their local area. Consider how local centres e.g. health centres, Independent Living Centres, and Libraries can help people to access information within local communities. Consider how mobile services can help people in rural areas and people without transport to access information and advice 	<p>CEC, PCT</p> <p>All providers of health and social care Patients/Customers Carers Housing Associations Third sector Fire, Police, Third Sector,</p>		<p>People will have access to timely and helpful information in respect of their health and wellbeing as well as to information on who is providing services in their area and where to go to access support, advice and guidance.</p>	
15 Resource Directory	<ul style="list-style-type: none"> To provide a comprehensive web-based directory that supports the health and needs of older people. Train InfoLink "Champions" within community pharmacies, urgent care and selected Health and Wellbeing centres. Link to all Councils Departments Consultation Process 	<p>CEC, PCT</p> <p>All providers of health and social care Patients/Customers Carers Housing Associations Third sector</p>		<ul style="list-style-type: none"> Better access to health promotion services Better access to community services More support for people with long-term health needs Individuals have access to reliable, current information that can help them to take greater responsibility for their health 	

5.0 REPORTING

All of the work areas have their own governance reporting arrangements into either strategic programmes or organisational structures. The Joint Commissioning Group for Older People will not be duplicating these local arrangements as it will be responsible for monitoring the overall achievement of the plan and reporting to the Health and Well Being Group on progress and any risks.

6.0 NEXT STEPS

During the second half of 2010 the commissioning leads from CEC (Lucia Scally) and the PCT (Bernadette Bailey) will be working with local people and a wide range of services and organisations to develop a **whole system partnership strategy for the Ageing population focussing on reducing health inequalities and building a better later life. The “Ageing Strategy 2011- 16”** will be a large piece of work that will require involvement from many people across many sectors of our communities. The plan is that the strategy will be completed by April 2011.

A plan is currently being developed for the preparation of the Ageing strategy, and is available on request.

Authors: Bernadette Bailey, Commissioning Manager, Central and Eastern Cheshire Primary Care Trust
Lucia Scally, Strategic Commissioning Manager, Cheshire East Council

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Briefing note from Central and Eastern Cheshire Primary Care Trust

Swine flu update and preparing for future outbreaks of pandemic flu

Operating Framework 2010/11

The Operating Framework 2010/11 requires Boards of NHS organisations to consider their responsibilities in preparing for threats and hazards including future outbreaks of pandemic flu. It also requires Boards to prepare plans for vaccination delivery strategies and ensure NHS command and control arrangements are robust. This report describes the “Next Steps” as well as giving an update on the local response.

In September 2009 CECPT Board received a paper outlining the statement of readiness to, and the implementation of the swine flu (H1N1 influenza) response locally.

The local responses have, and are continuing as the national pandemic has progressed and subsided. It is important that CECPT Board are assured that we have delivered what has been required and are managing the “stand down” effectively whilst continuing to deliver a consistent and smooth transition for patients whilst retaining appropriate access to vaccination and anti-virals for those who continue to need them.

- The number of anti-virals provided locally (May 2009 to March 2010) was: 13,984

- The number of anti-virals collections points locally (May 2009-March 2010) was:

2 AVCPs in July/August
18 AVCPs in August (including community pharmacies)
33 AVCPs August – February 2010
3 AVCPs February – March 2010

- Patients admitted/treated for flu as in-patients:-

MCHFT – 66 (but only 12 positive) + 3 paediatric
ECT – 5
CWP – 0

- Patients treated in CCU/ICU:-

MCHFT – 4 (but only 1 positive)
ECT – 3

- July – December 2009 cumulative sickness absence % rates including swine flu in CECPT (including CECH):-

sickness – 6.19%
carer responsibilities – 0.08%
influenza – 0.17%

commissioning PCT - sickness 4.18%
- carer 0.01%
- flu 0.05%

provider CECH - sickness 6.73%
- carer 0.07%
- flu 0.12%

- The management of the 2009 outbreak was led by Fiona Field, Lead Director for flu alongside a core team internally of Head of Governance, Consultant in Public Health, Medical Director, Emergency Planning Manager, Assistant to Chief Executive and 6 members of staff drawn from teams within the PCT ie Head of Medicines Management, pharmacy lead, Primary Care Manager, Quality Manager, Health and Safety Manager and ICT Manager.

An operational group met daily during initial phases to implement AVCP's. CECH were heavily involved in this part of the planning and delivery stages across all teams and services. It should be noted by the Board that all staff in PCT and CECH were delivering swine flu response services (AVCPs, vaccination, ICT, HR and training, communication, planning etc) throughout the summer and autumn and should be congratulated for huge additional commitment over and above the "normal" responsibilities.

The operational group also drew in joint working with both local authorities, 2 acute trusts and the 3rd sector.

A strategic group was formed alongside the operational group particularly concerning the implementation of the vaccination campaign to ensure.

Next Steps

CECPCT has prepared a written debrief (attachment 1) to Cheshire Gold for 9 March 2010 exercise (included within this report) as well as carried out a review of our emergency preparedness plans (including flu) for the future. Lessons learned over the 10 month period of the pandemic are being incorporated into our plans to improve our responses in the future.

- 1 The National Pandemic Flu Line (telephone service) stood down on 11 February 2010 and patients requiring access to anti-virals returned to a primary care led consultation approach via their GP. CECPT had already made arrangements with our local 35 ACP's (community pharmacies plus CECPT HQ building) to "stand down" from 11 February although we are continuing with 3 pharmacies across the

patch who are able to issue anti-virals available through a voucher from a GP. We had also ensured primary care clinicians were fully informed of the changes in advance and had the correct processes in place for patients as necessary. This change over has gone very effectively locally.

2 Vaccination of priority groups, under 5's and healthcare workers:-

Priority groups – this campaign is delivered through primary care

Numbers vaccinated locally are:-

42.3% at risk 65+, 40.3% at risk – 65, 21.1% pregnant women

6 months to under 5's – delivered through primary care numbers vaccinated locally are: 34.7%

These campaigns are continuing but take-up rates have continued to decline despite attempts to raise awareness

Healthcare workers – delivered in-house and through occupational health

Total CECPT – 41.6%

(including GPs) + GP's – 74.4%

- practice nurses – 66.4%

- support staff primary care – 40.4%

- community nurses – 49.1%

- other qualified staff – 26.6%

- support staff – 25.7%

We are still continuing a staff vaccination programme as there is an expectation that H1N1 may return in the autumn 2010.

3 We are reviewing our healthcare workers vaccination programme to ensure positive take up of both seasonal, and pandemic flu vaccines for the future. We noted a far higher uptake of swine flu vaccination in primary care and acute services than was evident in our community services (CECH) or CWP in 2009/10 despite an assertive and clinically led approach in community services.

4 CECPT has carried out a local review as a part of the debriefing to Cheshire Gold to ensure that improvements to our local plans are made quickly based on lessons learned through 2009 pandemic. The Major Incident Plan, Flu Strategy and Business Continuity Plan are being revised currently and will be presented to the Board for agreement in May 2010.

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CHESHIRE EAST COUNCIL**Health and Adult Social Care Scrutiny Committee**

Date of Meeting: 1 July 2010
Report of: Borough Solicitor
Subject/Title: Obesity and Diabetes Review

1.0 Report Summary

- 1.1 This report encloses the final report of the Scrutiny Review Panel set up to look at Obesity and Diabetes.

2.0 Recommendation

- 2.1 That

(a) the report of the Scrutiny Panel be welcomed and supported, noting the progress achieved since the original Reviews were undertaken, but that more remains to be done;

(b) the recommendations of the Panel be endorsed, and referred to the relevant Cabinet Members and the Central and Eastern Cheshire Primary Care Trust for consideration and necessary action, and that they be invited initially to comment on the details of the recommendations;

(c) the responses of the Cabinet Members and the PCT be considered by the Scrutiny Panel in due course;

(d) the Scrutiny Panel be requested to develop an action plan and to keep progress under review, and to report further on the implementation of the Report's recommendations in 12 – 18 months time.

3.0 Reasons for Recommendations

- 3.1 To progress the findings of the Scrutiny Review Panel which are aimed at addressing the rise in Obesity and Diabetes and reducing the health and financial impacts of this rise.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 All

**6.0 Policy Implications including - Climate change
- Health**

6.1 The recommendations are aimed at improving health outcomes.

7.0 Financial Implications

7.1 Not known at this stage.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 None identified.

9.0 Risk Management

9.1 No identifiable risks.

10.0 Background and Options

10.1 In 2004 and 2006 the former Cheshire County Council had published two separate but linked scrutiny reports on “Tackling Diabetes in Cheshire” and “Tackling Obesity in Cheshire”. Both documents contained a series of recommendations amounting to an Action Plan. The Diabetes report was reviewed in 2006 and although significant progress had been made, further work was required on many of the issues raised in the two reviews.

10.2 Accordingly the Health and Adult Social Care Scrutiny Committee on 18th November 2009 decided that a “Task & Finish “ Panel should be appointed to review the progress in Cheshire East arising from the earlier reports. The terms of reference for the Panel were:

- 1 To review the outcomes and recommendations from the Scrutiny Report on Diabetes (2004) and Tackling Obesity in Cheshire (concluded in 2006) taking into account:
 - a) Ongoing performance in Cheshire East on the detection, access to services and preventative element of the NHS National Framework for Diabetes (with particular reference to Type 2 Diabetes)
 - b) The effectiveness of various initiatives on children’s eating habits undertaken in Cheshire East by the relevant agencies and schools.
 - c) The “Think Family” strategy currently being developed by Cheshire East Council and partner organisations.
- 2 To report on and produce a revised action plan, reflecting progress achieved to date and any developments since 2006.

10.3 The membership of the Panel is:

Councillors: Arthur Moran (Chair)
Carolyn Andrew
Rachel Bailey (until 13th May 2010)
Chris Beard
Gillian Merry
Christine Tomlinson

- 10.4 The Panel commenced its work in February 2010 with the aim of reporting to the July Meeting of the Health and Adult Social Care Scrutiny Committee. The Panel met on seven occasions and received both oral & written evidence from a number of officers, both of the Council and the Central & Eastern Cheshire Primary Care Trust.
- 10.5 The methodology adopted by the Panel was the careful review of the recommendations from both of the original reports (including recommendations from a review on “Food in Schools” carried out by the former Central Cheshire Local Health Scrutiny Committee) and the review of the Diabetes Action Plan in 2006. The objective was to concentrate on those aspects of the previous reviews, which still required further attention, with regard to obesity. The focus was very much on work with children and younger people, particularly in the school setting.
- 10.6 The areas of unfinished work from the earlier reviews are reflected fully in the Panel’s fifteen recommendations, which are set out in the Report. The main aspects of the Panel’s findings in this regard may be summarised as follows:
- a) The importance for a balanced diet of encouraging pupils to take the option of the school meal, including free school meals eligibility
 - b) Pressure on pupils’ time in school and the physical constraints of some school canteens which can impact adversely on the ease of opportunity to take school meals
 - c) The value of schools trying to achieve more participation in physical activities outside curriculum time
 - d) Making school related facilities more open to the local community whenever possible
 - e) The dependence of many exercise and activity programmes on “one – off” opportunistic funding, rather than being consolidated in core programmes, which may impact on longer term viability especially in the current economic climate
 - f) The lack of progress nationally towards a single regulated system of food labelling and nutritional information
 - g) The value of investment in preventative measures and promoting healthy lifestyles which has a positive impact on reducing the longer term risks of being diagnosed with diabetes.

- 10.7 If accepted, the Panel's recommendations will form the basis of an action plan for addressing these specific issues in detail. The Panel wishes to review progress again in 12 – 18 months' time.

11.0 Access to Information

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

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Designation: Scrutiny Team

Tel No: 01270 686464

Email: mike.flynn@cheshireeast.gov.uk

Report of the Scrutiny Panel

1 Introduction

- 1.1.** In 2004 and 2006 the former Cheshire County Council had published two separate but linked scrutiny reports on “Tackling Diabetes in Cheshire” and “Tackling Obesity in Cheshire”. Both documents contained a series of recommendations amounting to an Action Plan. The Diabetes report was reviewed in 2006 and although significant progress had been made, further work was required on many of the issues raised in the two reviews.

2 Terms of Reference

- 2.1** Accordingly the Health and Adult Social Care Scrutiny Committee on 18th November 2009 decided that a “Task & Finish “ Panel should be appointed to review the progress in Cheshire East arising from the earlier reports. The terms of reference for the Panel were:

- 1 To review the outcomes and recommendations from the Scrutiny Report on Diabetes (2004) and Tackling Obesity in Cheshire (concluded in 2006) taking into account:
 - a) Ongoing performance in Cheshire East on the detection, access to services and preventative element of the NHS National Framework for Diabetes (with particular reference to Type 2 Diabetes)
 - b) The effectiveness of various initiatives on children’s eating habits undertaken in Cheshire East by the relevant agencies and schools.
 - c) The “Think Family” strategy currently being developed by Cheshire East Council and partner organisations.
- 2 To report on and produce a revised action plan, reflecting progress achieved to date and any developments since 2006.

- 2.2** The membership of the Panel is:

Councillors: Arthur Moran (Chair)
Carolyn Andrew
Rachel Bailey (until 13th May 2010)
Chris Beard
Gillian Merry
Christine Tomlinson

- 2.3** The Panel commenced its work in February 2010 with the aim of reporting to the July Meeting of the Health and Adult Social Care Scrutiny Committee.
- 2.4** The Panel met on seven occasions and received both oral & and written evidence from a number of officers, both of the Council and the Central & Eastern Cheshire Primary Care Trust. The full list of those who attended is attached as Appendix 1.
- 2.5** The methodology adopted by the Panel was the careful review of the recommendations from both of the original reports (including recommendations from a review on “Food in Schools” carried out by the former Central Cheshire Local Health Scrutiny Committee) and the review of the Diabetes Action Plan in 2006. The objective was to focus on those aspects of the previous reviews, which still required further attention, with regard to obesity. The focus was very much on work with children and younger people, particularly in the school setting. For completeness, the recommendations of the initial reports are attached as Appendix 2.

3 Executive Summary and Recommendations

- 3.1** Between 2004 and 2006, linked Scrutiny Reports on the incidence of Obesity and Diabetes in Cheshire were published by the former County Council. The Health and Adult Social Care Committee decided that it was important to review progress in Cheshire East towards the implementation of the recommendations from these earlier reports. Accordingly the “Task and Finish” Panel was appointed, with terms of reference as set out in section 2 of the full report. The Panel’s priority was to focus on the more detailed work carried out in schools and through Leisure Services to encourage healthy lifestyles and thereby help to reduce obesity. It is fair to say that a great deal of activity has been successfully led by schools, and that the Central and Eastern Cheshire Primary Care Trust (the PCT) has contributed fully to these initiatives and in addressing the rise in diabetes in the general population. Inevitably, however, the Panel has noted several areas where more remains to be done.
- 3.2** The Panel has looked in great detail at food in schools, and at the opportunities provided by schools, both in and outside curriculum time, to help young people develop good eating and exercise habits. This report reflects the very impressive range of initiatives taken by different Services in the school setting and in the Community. The value of sport and physical activities, and the considerable opportunities open to all for participation in these activities, have featured strongly in the evidence presented to the Panel. In the longer term, all of this effort should have a beneficial effect on reducing the levels of obesity and diabetes, and reducing related illness caused by poor diet and physical inactivity.
- 3.3** It would appear that good practice and lessons learned in schools about healthy lifestyles can translate into the wider family setting, as children “lead by example” and physical and leisure activities are targeted more inclusively at families as a whole.
- 3.4** Measurement of progress since the previous reports has proved more difficult, but the Panel was encouraged to be told of the National Child Measurement Programme, which should progressively provide a data based means of monitoring the incidence of obesity in children. There does however appear to be less evidence available to indicate progress under the “Healthy Weight – Healthy Lives” Strategy introduced by Government, and more needs to be done to address this issue.
- 3.5** The Panel’s work had been immediately preceded by the publication of the Marmot Report on Health Inequalities, and the Panel was pleased to hear of the positive response being made by the PCT, the Council and the Local Strategic Partnership. These issues will feature in this year’s Annual Public Health Report, which will in part address the health inequality dimensions of obesity and diabetes, and should be considered by the full Cheshire East Council.
- 3.6** There do however remain some areas of unfinished work from the earlier reviews, and these are reflected fully in the Panel’s fifteen recommendations, which are set out below. Key aspects of the Panel’s findings in this regard include:
- a) The importance for a balanced diet of encouraging pupils to take the option of the school meal, including free school meals eligibility
 - b) Pressure on pupils’ time in school and the physical constraints of some school canteens which can impact adversely on the ease of opportunity to take school meals
 - c) The value of schools trying to achieve more participation in physical activities outside curriculum time

- d) Making school related facilities more open to the local community whenever possible
- e) The dependence of many exercise and activity programmes on “one – off” opportunistic funding, rather than being consolidated in core programmes, which may impact on longer term viability especially in the current economic climate
- f) The lack of progress nationally towards a single regulated system of food labelling and nutritional information
- g) The value of investment in preventative measures and promoting healthy lifestyles which has a positive impact on reducing the longer term risks of being diagnosed with diabetes.

3.7 If accepted, the Panel's recommendations will form the basis of an action plan for addressing these specific issues in detail. The Panel wishes to review progress again in 12 – 18 months' time.

3.8 In conclusion, I would like to thank all Members of the Panel for their contribution to the conduct and outcomes of this review. I would also wish to thank the officers of both the Council and the PCT who attended the Panel in person or provided written information and advice, and Democratic Services Scrutiny Team for their support to the Panel's work.

Councillor Arthur Moran
Chairman of the Scrutiny Panel
July 2010

Recommendations

1. That the Panel receive a further report on the current year's National Child Measurement Programme results in 2011.
2. That secondary schools be encouraged to ensure that lunchtime arrangements are structured so that pupils are offered a reasonable time to consume their meal, and the need for queuing is reduced and ideally avoided.
3. That schools be fully encouraged and as far as possible supported to adopt cashless systems for the payment of school meals so that this becomes available if possible in all CE schools.
4. That further work should be undertaken with the PCT to identify data which would indicate the degree of progress made under the Government's Healthy Weight, Healthy Living Strategy.
5. That further work be undertaken to improve the non-curriculum participation rates in PE and Sport through the Partnership Development Managers and specific initiatives, and a report on progress be made in 12-18 months time.
6. The Panel has considered in depth the benefits which sport and physical activity bring to leading healthy lifestyles. The Panel has reviewed the range of play, sport and physical exercise opportunities available to children and young people in particular, and is of the view that the Council should be doing everything possible to improve access to these activities. The Panel has taken into account the Council's responsibilities as "corporate parent", including the need to provide free access to sport and physical activities for its Cared for young people, and recommends that the current programmes are developed to maximise these opportunities.
7. That given the major benefits which the sport and physical activity programmes bring to healthy lifestyles, they be supported and if possible developed and as far as possible brought within the Council's core programmes.
8. The Panel was of the opinion that more could be done to enable school facilities to be made available to the public and recommends that schools be actively encouraged by the Council to develop these opportunities, their engagement with local communities and to make much more use of their assets as a community resource.
9. That in view of the outstanding success of free swimming and the importance of this activity to physical wellbeing, the Panel recommends that the programme is extended wherever possible and maintained in the future for young and old alike.
10. That discussions take place with CEC PCT with a view to extending and standardising the Healthquest Scheme across the whole of the Borough.
11. That further initiatives are put in place to encourage young people to engage in Guiding and Scouting activities.
12. That the Director of Public Health should be invited to present the Annual Public Health Report at a full CE Council meeting.
13. That further lobbying be undertaken through the Local Government Association and other appropriate channels to seek one single system of food labelling guidance to reduce confusion and provide clarity, particularly for those with dietary needs such as people with Diabetes and Coeliac disease.
14. That the Panel receive a further report on progress with Food Labelling and Advertising in 12 – 18 months time.
15. That further emphasis and resources are placed by the PCT on the prevention and education work amongst younger people with a particular emphasis on avoiding the increasing risks of diabetes deriving from bad diet and lack of physical exercise.

4 Tackling Obesity – Progress in Schools

- 4.1** 147 of the 149 Cheshire East (CE) Schools have achieved the extended services full core offer which means they have been registered with the Training and Development Agency for schools for providing a defined range of extended services. This represented significant progress towards national targets since 2004, particularly the provision of breakfast clubs and after school activities. A Cheshire East Healthy Children's Centre Award is being developed in the Summer Term 2010.
- 4.2** In addition, 109 out of the 149 CE Schools have been accredited under the "Healthy Schools Initiative" representing 74% Primary Sector, and 55% Secondary (recommendation 2 of the Diabetes Report). The aim remained to achieve 100% accreditation across the Authority. The Panel noted and supported the "healthy eating", "physical activity" and "emotional health and wellbeing" strands of the initiative which were particularly important for mitigating the incidence of obesity amongst young children. The Healthy Schools programme was now moving to an enhanced model phase with defined targets for schools, including the reduction in childhood obesity.
- 4.3** The Panel had been made aware of the National Child Measurement Programme (NCMP). The NCMP was now in its fourth year of operation, and involved all primary sector children in Reception (4 – 5 years old) and year 6 (10 – 11 years old) being weighed and measured by the School Health Service Assistants. The process did not apply to pupils in Special Schools or to the Independent Sector. The weighing and measuring involved 10,000 children in the PCT area annually, and good quality data was being obtained. The aim was to measure at least 85% of pupils, and over 90% was being achieved in CE. Children were classified as one of Underweight/Healthyweight/Overweight/Veryoverweight. The calculation was made using a computer programme, which took account of weight, by relation to age as well as height, to reflect the fact that children were still growing. (The Body Mass Index calculation is simpler for adults as they have stopped growing).
- 4.4** The comparative statistics for the PCT for the initial three years were provided (both national comparisons, and CECPT's peer group) which in summary showed that the area was in a positive position just below the national and regional averages for obesity in both age groups. The 2009/10 data would be published in December.
- 4.5** The Government had now indicated that the NCMP should develop from simply population based data, and that the results for each pupil must be sent to parents each year. Accordingly the PCT and the Council had decided to pilot the feedback process for 2010 in five areas, namely Poynton, Knutsford, Wilmslow, Alderley Edge and Disley, starting with a total of up to 750 pupils in year 6. Letters to parents were sent out in week beginning 22 March, enclosing the national "Change4Life" leaflet, a local advice leaflet on increasing physical activity and the possibility of a referral to the School Nurse. About 50% of the parents concerned would also be sent a questionnaire, the responses to which would be utilised to inform the full roll out of the parents' notifications (10,000 in total) next year. Feedback from parents would be sought again next year, but given the scale of the task, a smaller sample than 50% of parents would receive the questionnaire, and the survey would be targeted to probably only one area.
- 4.6** The Panel was of the view that the NCMP was an excellent indicator of progress towards reducing the levels of childhood obesity, and asked that a further report be made when the current year's results were available in December 2010.

<p>Recommended: That the Panel receive a further report on the current year's NCMP results early in 2011.</p>
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- 4.7** The previous report (Recommendation 2) proposed that each school should nominate a Parent Governor by the Autumn Term 2007 to promote healthy lifestyles. The Panel was advised that schools were now required to nominate a governor to act as “champion” for pupils’ wellbeing matters, which includes healthy eating and lifestyles. However, it was noted that no data was available to indicate how many such “governor champions” had been appointed by schools in practice.

5 School Meals & Packed Lunches

- 5.1** The Panel welcomed the fact that catering in schools is controlled by strict nutritional standards as set by Government Nutritional Guidelines. These standards are monitored by Cheshire East Catering as the main provider of food in schools. The guidelines recognise that school meals are an important part of achieving a balanced and healthy diet for children, and help them to develop good eating habits. The current uptake of school meals in the Primary sector is 46.74%, and in the Secondary sector it is 37.82%. It is not possible to indicate the proportion of pupils who bring packed lunches, nor is data kept on the proportion of secondary pupils that leave school at lunchtime, presumably to buy meals from commercial outlets. Some secondary schools operate a “stay on site” policy which encourages young people to stay and eat on the school site. The Panel noted that the number of “fast food” outlets within easy reach of school tended to be higher in the more socially deprived areas.
- 5.2** The Schools Food Trust has launched a “million meals” campaign. This campaign signs schools up to increasing the number of school meals purchased, and CE Catering was working jointly with the Council to help to improve performance. The targets were recognised as being very demanding.
- 5.3** With regard to the alternative of packed lunches, the Panel was advised that schools encourage healthy content in lunchboxes, but the level of monitoring varies as it is the school’s remit to recommend but not police the food that parents choose to send for their children, and it may be seen by parents as an unwarranted interference by the “authorities”. It is possible to purchase “healthy packed lunches” in school, which comply with the strictly controlled nutritional guidelines. Some schools provide fridges in which packed lunches can be stored but once again this varies. Environmental Health have run a campaign about storing lunch boxes in which parents were encouraged to purchase insulated bags or small ice packs to keep the food cool but the Authority does not monitor this. The advice is to refrigerate where possible although there are capacity issues, and to keep lunchboxes in cool a room. Ice packs should be used and food consumed within 4 hours.
- 5.4** The Health Improvement Team sends out information to schools regarding temperature control and healthy options for lunchboxes as advised by the Food Standards Agency. The Team also works with the Healthy Schools co-ordinators and the PCT on Food and Health initiatives, visiting schools and talking about healthy choices.
- 5.5** The Panel did, however, note that the size of many school canteens acted as a constraint on the numbers opting for school meals. If all pupils in some schools opted for the school meal, they couldn’t all be physically accommodated in the canteen, even allowing for fast turnaround times of about 20 minutes per sitting (which of itself did not encourage healthy eating). This was particularly the case in older school buildings. The newer schools all benefited from purpose built catering areas, and older schools were able to apply for capital funding to upgrade and extend the catering and canteen areas. This initiative featured as part of the “million meals” campaign. CE Catering actively encourages schools to bid for funding under this programme, and supported them in the outline design of the schemes, because of the beneficial impact which the refurbished facilities had on the take up of school meals. It was recognised that some school premises had physical site constraints which made improvements difficult to achieve.

- 5.6** One issue raised through the previous report was the desirability of allowing at least 45 minutes for the midday meal, to enable it to be taken without rushing and to aid proper digestion. The Panel was concerned that physical site constraints taken with other lunchtime activities could make this difficult. The need for pupils to queue in secondary schools could also be a deterrent to pupils taking the school meal, it being easier to bring a packed lunch which could be consumed without waiting. Pupil surveys have revealed that queuing at lunchtime is a significant concern. Queuing might also encourage the off-site fast food option, which was much less healthy.

Recommended: That secondary schools be encouraged to ensure that lunchtime arrangements are structured so that pupils are offered a reasonable time to consume their meal, and the need for queuing is reduced and ideally avoided.

- 5.7** Pupils also tended to bring packed lunches because they may be wary of trying the “school dinner” menus. For younger children especially, cost may also be a factor for parents. The price of a school meal is £2.00p per day in Primary, and £2.15p per day in the Secondary sector. However, in high schools there are many different service points offering various items from as little as £1.50p and sandwiches are available from £1, with a healthy packed lunch also costing £2.00 in primary schools. Meal prices were being held at the current levels by CE Catering for the new academic year in September 2010. It was felt that the cost involved was competitive, with the typical school meal including two courses and a drink.
- 5.8** The Panel noted the value of as many children as possible taking the option of a school meal, and that the take up of free school meals may previously have been inhibited by perceptions of a “stigma” in doing so. In order to address this, secondary schools manage the free meal pupils in various ways, mainly by giving them a token to give to the member of staff at the till. Cashless systems for high schools were relatively expensive to install, costing approximately £20,000 per school depending on the location, till points and wiring needed. The secondary schools that have cashless systems have purchased them out of their school budgets. There is to be the introduction of on line payments available to parents from September 2010 which should further simplify the system.
- 5.9** The Panel therefore fully supports the “cashless” provision of meals through plastic cards and online payments, which means pupils in receipt of free meals cannot be identified and the food purchased by children generally can be monitored.

Recommended: That schools be fully encouraged and as far as possible supported to adopt cashless systems so that this becomes available if possible in all CE schools.

- 5.10** The take up of free meals in schools had increased during the year due to a number of factors including improved communication from CE to parents/carers. The Council’s website contains information on free school meal entitlement and also current menus. Menu leaflets are printed biannually and there is one available for every child in Primary, and the preparation of a Secondary leaflet is currently in hand. CE Catering had put a great deal of effort into “marketing” initiatives of this sort. Wherever possible, food supplies were sourced from local producers, using organically grown produce, and visits by pupils to farms helped pupils to learn about healthy food, and reinforce the messages about healthy eating generally. Theme days which were held in schools to promote healthy eating had proved very popular, with a range of different menu options, some provided free of charge to act as an incentive for pupils to try them. The Panel was informed that these initiatives, together with the cashless system and a reduction in the eligibility threshold for free school meal entitlement to income of approximately £16,000 per annum, had led to a marked increase in take up, with the majority of pupils eligible now receiving the free meal. The Panel noted that even a small increase in the threshold led to a significant increase in the numbers taking the free school meal.

- 5.11** However, the food which children consume in school is on average only 17% of their weekly intake, so the outside/family dimension impacts much more directly on the nature of their overall eating habits, and related obesity levels. Nonetheless, there was evidence that pupils entering Secondary schools were increasingly opting for healthy meals, because the messages were “getting through” to primary age children and their parents. Little was known about whether the development of good eating habits in school impacted beneficially on the wider family at weekends. However, there were some indications that children are encouraging parents to take more account of healthy eating, and CE Catering for example went into schools to advise parents about nutrition, and to provide sample menus and help with cookery classes. The picture was therefore becoming more encouraging particularly from a “Think Family” perspective although more remained to be done in the secondary area especially.
- 5.12** The Panel was advised that the large majority of CE schools use CE Catering although this is not a requirement on Schools and some, currently 10 schools choose to be supplied from elsewhere. Provision through CE Catering is under an agreed contract, which is subject to annual roll forward. Where Schools choose an alternative, the supplier is bound to comply with the strict nutritional guidelines as applied to the CE catering contract, but the contracts concerned are generally let on a three year basis.
- 5.13** Where schools choose to make their own arrangements, the duty to comply with school food standards falls to the Governing Body rather than the Local Authority. The Governors must ensure that the standards are being met through effective monitoring of their contract arrangements with their providers.
- 5.14** Schools have to account to CE Catering about how their delegated catering budget is spent and further controls exist through Ofsted, Trading Standards and Environmental Health Officers when they carry out visits to schools.
- 5.15** The Panel welcomed the fact that legislation made in 2008 now controlled the additives and calorific content of drinks sold in vending machines in schools, and that this had removed the worst nutritional problems associated with these machines.
- 5.16** In 2000 the Government had introduced an Obesity Public Service Agreement with the aim of halting the year on year rise in obesity in under 11's by 2010. The Panel was informed that this Strategy was replaced in January 2008 by “Healthy Weight, Healthy Lives: A Cross Government Strategy for England”. Its stated ambition was “to be the first major nation to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to achieve and maintain a healthy weight. The initial focus would be on children: by 2020, the aim was to reduce the proportion of overweight and obese children to 2000 levels.” No data is yet available to indicate performance under this and/or the previous strategy. However the Panel considered that the slippage of the target date to 2020 and the lack of clarity of how demanding a target the year 2000 levels would be, were signals that progress was slow.

Recommended: That further work should be undertaken with the PCT to identify data which would indicate the degree of progress made under the Government's Healthy Weight, Healthy Living Strategy.

6 The School Curriculum

- 6.1** The earlier report (Recommendation 5) proposed that Government be lobbied to make cookery lessons compulsory for all secondary school children. Good progress had been made on this, in that all Key Stage 3 students (11 – 14 year olds) are required to have cookery lessons in school, however only 1 hour per week curriculum time is stipulated. This is not really sufficient, as it is inadequate to teach the preparation and cooking of specific meals in one lesson, which means that the process has to be split over at least two classes which are a week apart. It was welcome that the schools' food partnership training is being developed to help a broad range of school staff to demonstrate cookery skills to children.
- 6.2** Similarly the earlier review (Recommendation 7) had commended the use of Gardening Clubs and Allotments at Schools to help raise children's awareness of healthy food and its origins. The Panel was informed that there are 138 Cheshire East schools which participate in growing fruit and vegetables as part of the curriculum, with about half of these having gardening clubs. There are extra activities at lunchtime where children can learn about vegetables and fruit, planting and growing produce from seed. Links are made to the Healthy Schools agenda. The Council's Health Improvement Team have worked with Manor Park School on a successful four year pilot project to construct an allotment on the site of its redundant outdoor swimming pool, which had acted as a catalyst to encourage many other schools to undertake produce growing schemes.
- 6.3** Reference was made to the "ECO Schools" programme, which is run by the Tidy Britain Group. Schools can sign up to the scheme, agree to work towards certain goals, and can be subject to assessment. 126 CE schools are registered with the programme, which covers a number of dimensions – including biodiversity, healthy living and school grounds – all of which are relevant to growing food in schools, and a better understanding of diet and nutrition. However it is not possible to say how many of the 126 schools have included these aspects in their ECO schools work. Groundwork Cheshire continues to support this activity in schools and will deliver training courses to staff at a cost.

7 Physical Activities in Schools and Community Sport Activities

- 7.1** Recommendation 8 of the earlier report had drawn attention to the importance of providing time in school for physical activities including "active playtimes". The Panel was concerned that there remained insufficient time in the school curriculum and a lack of qualified PE teachers needed to improve the levels of physical activities and active playtimes. Also that the reduction in the "competitive" nature of team sports and the selling off of school playing fields could be having an adverse effect on the availability of sporting activities for children. It was reported that CE employed only one full time consultant to support the Healthy Schools/Healthy Lifestyles work and that as restructuring in the Children and Families Services took place the Council was looking to build capacity in the local Healthy Schools Programme
- 7.2** The Panel was informed that the national target is for 2 hours curriculum time for PE and for a further 3 hours of physical education/activity during the school week (the "5 hour offer"). Secondary schools have trained PE/Sports teachers, as do primary schools though the PE co-ordinator may have a multiple role in small schools. Many schools brought in external sports/activity coaching support, including for example the Cheshire Dance project. There were three School Sports Partnerships in CE (based on the former District Council areas) which worked in and with schools to maximise the sporting opportunities for pupils.
- 7.3** Partnership Development Managers (PDM's) are in place across Cheshire East, and are responsible for the delivery of the five hour offer, of which three hours are monitored. The school partnerships are split into three areas – Ruskin Partnership, Sandbach Partnership and Macclesfield Partnership which encompasses all of the Secondary schools and their cluster primary schools. The PDM's are reviewed on their delivery of the "3 hour offer" which is 2 hours within Curriculum and 1 hour out of curriculum time.

- 7.4 Based on a self assessment school sport survey done for the school year 2008/09, the following information on pupil participation is available.

Macclesfield -

-Percentage receiving 2hrs of high quality curriculum PE per week	93%
- Total receiving 3hrs of school-led PE and Sport per week	53%

Crewe and Nantwich

- Percentage receiving 2hrs of high quality curriculum PE per week	93%
- Total receiving 3hrs of school-led PE and Sport per week	55%

Congleton

-Percentage receiving 2hrs of high quality curriculum PE per week	96%
- Total receiving 3hrs of school-led PE and Sport per week	55%

It is evident that participation levels drop off significantly for the non curriculum (voluntary) activities. However funding has now been obtained to support 6 "Olympic Sports Clubs" in CE with the aim of improving performance and the non curriculum activity participation rates.

Recommended: That further work be undertaken to improve the non-curriculum participation rates through the Partnership Development Managers and specific initiatives, and a report on progress be made in 12-18 months time.

- 7.5 The Panel was also informed about and welcomed the work of the Community Sport and Physical Activity Network (CESPAN). This body exists to change, develop and build on the culture of sport, active recreation and physical activity within the boundaries of Cheshire East, in order to increase current participation across all social groups, particularly by offering additional opportunities for children and young people to participate in sporting activities. This in turn leads to improvements in health and other social and economic benefits. The Membership of the Network represents a very wide range of community interests, including the School Sports Partnerships.
- 7.6 The CESPAN has developed a strategy which is working on the Health strand but is very much integrated into the overall engagement plan with young people. The Network's monitored and evaluated programmes are independently verified by Manchester Metropolitan University who are responsible for drafting and reporting on the agreed outcomes.
- 7.7 Recommendation 11 of the previous report had argued for the availability of free leisure activities to children during School holidays and the Panel considered progress achieved in this area. The Council's Sports Development Team has designated slots within the leisure facilities in Cheshire East, which are available for targeted work with children who would not normally engage with sport or active recreation. These are used for a variety of activities available to the children and young people in the local community either free of charge or for a minimal charge (50p). School holiday programmes are available in non term time all year round, and are extensively publicised on the Council's website.

- 7.8** Similarly the provision of free leisure facilities to Cared for children and leisure passes to children receiving free school meals had been advocated in Recommendation 10 of the previous report. The Panel was informed that in Cheshire East there are over 394 “Cared for children” and 100 “care leavers”. A report was submitted in May 2010 to the Cabinet Member for Health and Wellbeing regarding the extension of free use of leisure facilities for Cared for children across Cheshire East. The report sought approval to allow free membership for these children to Cheshire East Council leisure facilities, which will enable this group who are known for having obesity and health issues unhindered access to active recreation. The proposals do not include care leavers at this stage, but may do as the scheme progresses.
- 7.9** The Panel took the view that this was an important initiative, and made the following **interim recommendation** to the Cabinet Member:

The Panel has considered in depth the benefits which sport and physical activity bring to leading healthy lifestyles. The Panel has reviewed the range of play, sport and physical exercise opportunities available to children and young people in particular, and is of the view that the Council should be doing everything possible to improve access to these activities. The Panel has taken into account the Council’s responsibilities as “corporate parent”, including the need to provide free access to sport and physical activities for its Cared for young people, and recommends that the current programmes are developed to maximise these opportunities.

The Panel welcomed the fact that this recommendation was agreed by the Cabinet Member on 14th May 2010.

- 7.10** The Panel was also informed of a further initiative whereby children who receive free school meals will be eligible for the “go4it” subsidy pilot schemes running this year in the north of the Borough in Bollington and Macclesfield, funded under the local Education Improvement Partnership. The go4it programme is a targeted initiative for young people who need assistance or support to engage in physical activity, for example help with playing kit or transport costs which are two major obstacles to participation. The pilots are being run by the Leisure and Play Development Team, and involve guiding and supporting young people into current activity programmes, and possibly including other non sports activities which the children identify, such as dance or art. The aim is to help qualifying children into physical activity of some sort.
- 7.11** It is hoped that the other Education Improvement Partnership Boards in the Borough will also decide to take up the go4it programme, especially as the funding is only for one year and therefore the opportunity is only available in 2010/11. The Panel welcomed these initiatives and noted in particular the fact that all young people under 16 in Cheshire East currently have access to free swimming (see paragraph 7.17 below).
- 7.12** Whilst welcoming all of these programmes, the Panel wished to assess the extent to which these initiatives had led to an increase in sport and leisure activity amongst children. Certain targeted programmes of activity had been monitored and evaluated and demonstrated increased take up amongst children and young people who would not normally engage in sporting activity. These projects which were led by the Sports Development Team included the Family Fun Zone, Sport Unlimited, The Rural Programme and Street Sports schemes. A number of other activities are ongoing but previously without the detailed tracking to measure increased usage. A full list of the available activities in Cheshire East is attached as **Appendix 3**.

- 7.13** The Panel noted that the majority of the sessions were available free of charge, or had a nominal fee of between 50p - £1. Making a small charge helps to sustain the programme, emphasised the value to participants of what is on offer, and is likely to encourage regular attendance and participation. It is also essential, particularly as a large number of the sessions are externally funded, rather than being part of core provision. This in itself raises questions about the funding of future programmes and continuation of delivery.

Recommended: That given the major benefits which these activity programmes bring to healthy lifestyles, they be supported and if possible developed and as far as possible brought within the Council's core programmes.

Community use of school facilities

- 7.14** The Panel reviewed the extent to which school playing fields and other facilities were available for community use during weekends and evenings. There were concerns that Health and Safety and associated insurance considerations, together with the availability of school caretakers outside of normal school hours may be limiting the community use of schools. The Panel sought evidence of the position, and the extent to which the Council is encouraging (and is able to encourage) schools to share facilities with the wider public. It was understood that, in particular Education Improvement Partnerships could make a significant impact, particularly as they had been allocated specific finance to support work with children on after school activities.
- 7.15** Out of the total of 21 secondary schools in CE (plus 4 special schools taking secondary age pupils) there are 8 providing joint use facilities to the local community at evenings and weekends (Poynton, Knutsford, Sandbach, Alsager, Coppenhall (Sir William Stanier Crewe), Shavington, Middlewich and Holmes Chapel). Other secondary schools chose to stay open for community use, but unless they had floodlit facilities, they generally closed by 6pm and did not open at weekends.

The Panel was of the opinion that more could be done to enable school facilities to be made available to the public and recommends that schools be actively encouraged by the Council to develop these opportunities, their engagement with local communities and to make more use of their assets as a community resource.

- 7.16** The Health and Wellbeing service is supporting the Planning Service in the open spaces strategy. This document will identify and protect the sale of land that is currently used for recreational activities. The service also supports and advises on any planning applications that will have a positive or negative impact on the provision of active recreation. The Panel was advised that the planning authority was taking a robust line on preserving open space wherever possible.
- 7.17** The current figures for the uptake of free swimming particularly among the U16's are that 28,146 children and young people aged 16 or under are registered for the free swim programme (13,725 boys and 14,421 girls). They have taken 110,380 free swims between them since 1st April 2009 (to end of January 2010), an average of 3.9 free swims per registered child). This participation rate ranks Cheshire East as 12th best out of 260 authorities in take up of the scheme performance which is accordingly very welcome.

Recommended: That in view of the outstanding success of free swimming and the importance of this activity to physical wellbeing, the Panel recommends that the programme is extended wherever possible and maintained in the future for young and old alike.

- 7.18** The Council puts a great deal of effort into the marketing and promotion of these programmes, on a family wide basis. Involving parents in the programme raises awareness of the benefits of outdoor (or out of the home) activities and so encourages them to ensure that children get the benefit of play and exercise, and that the adults join in as well. Whole families are targeted through the Children's Centres so that they can benefit collectively from physical activities and leading more healthy lifestyles, which conveys an impressive "Think Family" approach in the Panel's view.
- 7.19** An article had been included in the School Governors newsletter explaining the range of play, sport and leisure activities which are available in the area. The "Young Ambassadors" scheme managed through the Schools Specialist Sports College Programme (SSP) was designed to promote awareness of these easily accessed activities.
- 7.20** As mentioned above in paragraph 7.6, MMU Cheshire has been evaluating specific elements of the sport and physical activity programme over the last 12 months, and the evidence from this independent verification is that levels of participation have been rising. In September 2009 MMU published a report of its findings on Community Investment Funding Projects 2008-9, a copy of which was provided to the Panel.
- 7.21** More generally, and with regard to the "Think Family" dimension, the Panel reviewed the impact of modern lifestyles on eating and exercise patterns, feeling that many parents had little available time at their disposal to encourage and develop good habits for families. Examples of these constraints were "walking buses" which were dependent on the availability of parent/carer/grandparent volunteers to allow them to happen (as well as road safety considerations); and the time available to parents at home which could be devoted to producing regular and healthy family meals. It was noted that many of the healthy lifestyle initiatives introduced by schools were aimed at mitigating the worst effects of these pressures of modern life.
- 7.22** The Panel's attention was drawn to the "Healthquest" Exercise Referral Scheme, which operated in the Crewe and Nantwich area of Cheshire East. It enabled GP's to refer those who could benefit from more exercise to the Council's Health Improvement Team, where an officer could agree an appropriate range of activities for the patient to try – up to ten weeks of exercise sessions. The cost to the patient of the 10 week programme was the same as the cost of a single prescription, and therefore represented very good value for money. The total number of referrals in 2008-9 was 546 of whom 44 suffered from Diabetes, and 135 were obese. The initiative is partially funded by the PCT, but does not operate in other parts of the borough.

Recommended: That discussions take place with CEC PCT with a view to extending and standardising the Healthquest Scheme across the whole of the Borough.

- 7.23** The Panel also felt that children should be encouraged to join the Guiding and Scouting movements, as they offered a structured approach to exercise and leisure, and to developing healthy lifestyles. However, the Panel was concerned that Health & Safety considerations and possibly the impact of Child Protection legislation was reducing the "pool" of people coming forward to act as leader in both movements.

Recommended: That further initiatives are put in place to encourage young people to engage in these activities.

- 7.24** The Panel was briefed on the "Change4Life" Campaign, in which schools can become involved. Each CE school has been provided with the "Change4Life" pack, but the extent to which schools had engaged was not known. CE Catering was supporting schools wishing to become involved in the Campaign, through publicity in schools and help with school allotments and similar initiatives.

8 Health Inequalities

- 8.1** The review had confirmed the significant value of school based activities in encouraging children and families to lead healthy lives. The Panel therefore asked whether future initiatives should focus more on Primary Schools, to help children understand the value of a healthy lifestyle from an early age and therefore improve the position better for future generations. The Panel recognises that there are significant connections here with the Marmot Review of Health Inequalities, which was published on 12 February 2010, particularly the focus in the Marmot Report on concentrating resources on working with children to improve opportunities and reduce inequalities for the next generation. The Panel had requested information on how CE and the PCT in particular were responding to the Marmot report, across all services, and recognised that the process was ongoing.
- 8.2** The Panel understood that addressing Health Inequalities and the response to Marmot was a key objective of the Local Strategic Partnership, with the workstream being led by the PCT. The PCT's Annual Public Health Report for 2010 was expected to include a full section on addressing the issues raised by Marmot. CE had set up a cross service officer Working Group to support the Council's response to the Report. In addition, the Council was involved in a national project sponsored by the Centre for Public Scrutiny to improve the role of Scrutiny Committees in tackling Health Inequalities. Accordingly the Panel was of the view that CE and Partner organisations had taken appropriate initial action to respond to the Marmot Report, including the obesity and healthy lifestyles aspects, and the priority need to focus on children. It would be important for all Councillors to be aware of these issues.

<p>Recommended: That the Director of Public Health should be invited to present the Annual Public Health Report at a full CE Council meeting.</p>
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9 Food Labelling and Advertising

- 9.1** Recommendations 12 & 13 of the previous report had encouraged the lobbying of Government to introduce legislation to control food labelling & advertising. The Panel received information on the current position.

Food Labelling and Nutrition – Legal Position

- 9.2** There is currently no general requirement to mark or label food or menus at catering premises with nutritional information. When certain nutritional claims are made on packaged food these trigger a requirement under food labelling regulations to provide certain nutritional labelling in a specific way. Any claims made must be truthful and not misleading.
- 9.3** For example, if a claim is made that a food is an excellent source of protein, at least 20% of the energy value of the food must be provided by protein, and the food must bear the prescribed nutrition labelling in the familiar tabular form that can be seen on some food packaging. Some companies provide this information voluntarily even if they make no specific claims. Catering businesses cannot at present be required to provide nutritional information, nor to limit the amounts of nutrients within portions, nor restrict portion sizes. Such actions would be purely voluntary.

Council Regulatory Services Working with Food Businesses

- 9.4** Councils are the statutory enforcement body for a range of legislation relating to food standards, food safety and food hygiene. This role is carried out by Regulatory Services - Trading Standards and Environmental Health services. Food standards enforcement, including composition and labelling, is carried out by Consumer Protection and Investigations (Trading Standards) in Cheshire East. The focus of enforcement is supporting businesses to comply with legislation.

- 9.5** Formal enforcement action is focused at serious deliberate, and persistent, non compliance. As part of this role, Trading Standards provides food businesses with advice on how to comply with legislative requirements and can play a vital role in protecting the consumer and promoting a healthy economy. The Council's food enforcement officers engage with local businesses during inspections to ensure that nutritional labelling on food is accurate and claims made are not misleading. This enables consumers to make informed choices about the food that they eat. Spot checks are carried out to ensure compliance and the factual accuracy of labelling, and there were related schemes such as "Farm Assured" which enabled consumers to be confident in the content of what they were buying.

Council Regulatory Services and Voluntary Nutritional Declarations at Catering Outlets

- 9.6** Although the provision of calorie and other nutritional declarations at catering outlets is voluntary, there is legislation in place to ensure that any information provided by a business is not misleading. Catering businesses that choose to provide such declarations voluntarily will therefore need to ensure that the declarations are as accurate as possible. Councils acting as home / primary authorities for food businesses can provide guidance on such processes, including acceptable methods for measuring calories and portion control. The Panel raised the issue of concentrating these activities on "fast food" outlets near to schools so as to reduce the risks for children, but this was dependent on the officer resources available to monitor and enforce even voluntary schemes.
- 9.7** The FSA has recently consulted on the development of a voluntary calorie labelling scheme in catering outlets. A voluntary calorie labelling scheme would let people see the number of calories in the food they order when they are eating out - whether they are in restaurants, coffee and sandwich shops, pubs, leisure attractions or staff restaurants. The scheme is still awaited. It should perhaps be noted that food industry has voiced concerns that their involvement in voluntary calorie schemes will subject them to increased, and potentially disproportionate, enforcement action from local authorities.

Healthy Catering Awards

- 9.8** There are a number of healthy catering award schemes currently in operation in the UK. Cheshire East Council operates the *The Golden Apple Award Scheme*, run by the Health Improvement Team and Environmental Health Team. This award recognises businesses in the food service sector which make it easier for children to choose healthier meals when dining out.

Front of Pack Labelling on Pre-Packed Food

- 9.9** On 10 March 2010 the Food Standards Agency (FSA) Board agreed to the implementation of a single approach to front-of-pack (FOP) nutrition labelling that provides 'at a glance' information on labels about the nutritional content of food. Food businesses will be encouraged to use all three elements found by independent research to help UK consumers interpret nutritional information: traffic light colours (red, amber and green), text (high, medium or low) and percentage Guideline Daily Amounts (% GDAs).
- 9.10** Although a growing number of supermarkets and food manufacturers are using traffic light colours on the labels of some products to help consumers make a choice, a number of manufacturers and national retailers prefer to use their own schemes, which means that there is unlikely to be consistency, at least in the short term.

- 9.11** Also in March 2010, The European Parliament voted in a report on a proposed new Front of Pack nutritional labelling regulation, appearing to favour a loose set of general rules. The idea of making traffic light labelling mandatory is therefore ruled out. The shape of the final nutrition labelling legislation is far from finalised. Realistically, it could be years before the information on food packaging actually changes. Larger companies may well have three years to put the new rules into action, but companies with annual turnover or balance sheet under €5m could be given five years. The regulation is likely to lay down only quite general rules on how information should be displayed, and so would allow different countries to keep or adopt national rules.
- 9.12** The Panel noted that enforcement of labelling regulations was confined to factual accuracy only, and not to whether the nutritional content levels (eg salt, sugar) were beneficial or otherwise.

National Voluntary Labelling Agreements at Caterers

- 9.13** Since 2008, the FSA has been working with more than 40 major UK catering chains (including over 5000 public houses) to provide healthier choices for their customers when eating out. The companies involved cover the breadth of the catering industry and include many well known restaurants, pubs, coffee shops and sandwich chains. In addition the Agency is working with workplace caterers and with two of the UK's largest catering suppliers. The commitments vary according to the type of business and food served. They support the FSA priorities to reduce salt, saturated fat and energy intake, to promote healthier options and to provide consumers with more information, for example by changing the ingredients and recipes and using healthier cooking techniques.
- 9.14** The Panel was of the view that progress on the two recommendations of the earlier Review (the regulation of food advertisements and a comprehensive system of food labelling) had been slow. However, it was recognised that advances had been made with the accuracy of the information involved in food labelling, and that the FSA was campaigning strongly on the need for standard formats for the provision of nutritional information.

Recommended: That further lobbying be undertaken through the Local Government Association and other appropriate channels to seek one single system of food labelling guidance to reduce confusion and provide clarity, particularly for those with dietary needs such as people with Diabetes and Coeliac disease.

Recommended: That the Panel receive a further report on progress with Food Labelling and Advertising in 12 – 18 months time.

10 Diabetes

- 10.1** The previous review report (recommendation 10) had highlighted the imbalance across Cheshire of access to consultants with an interest in Diabetes. The Panel was updated on this, with particular reference to Leighton and Macclesfield Hospitals. There is now a clinical network in place across Central and Eastern Cheshire where 3 consultants from Macclesfield and Leighton hospitals work together to provide access to specialist secondary care services. For the majority of patients the emphasis is now much more on primary care, with most cases being addressed through a multi – disciplinary team. Following diagnosis an appointment to see a consultant is arranged within 2 weeks, sooner if urgent. Thereafter the case is managed through the GP practice and the specialist diabetic nurses, at a range of local venues. The previous problems of patients having to wait up to 18 months for a follow-up outpatients appointment have been addressed, and waiting times for seeing a member of the specialist team is currently an average of 37 days, again sooner if urgent.

- 10.2** Similarly, concerns had previously been raised about “cancellation by the Hospital” appointments figures for these two Hospitals, and the Panel was advised about the current position. Following the commissioning of the community facing diabetes specialist nursing service, the issues of cancellation had been addressed. Only patients with complex needs requiring hospital based services are now referred with the majority of care delivered in local settings with primary and community staff working in partnership with patients to support self management and care. The 2009-10 rate of cancellation of appointments for diabetic patients by the hospital was 10.4% across Cheshire East. As at March 2010, 8.4% of patients at Mid Cheshire hospital and 10.46% of patients at East Cheshire hospital failed to fulfil their diabetes outpatient appointments.
- 10.3** Significant progress had been made with the availability of digital retinal screening (recommendation 6) and the NSF targets were being achieved. There is now a comprehensive diabetic retinopathy service provided for the patients of Central and Eastern Cheshire, led by a consultant ophthalmologist. Although the service is managed centrally, screening is carried out locally to the patient, on at least an annual basis. The providers of the screening service are inviting 100% of all eligible patients annually.
- 10.4** The availability of specialist Diabetic Podiatrists had featured as a concern in the initial report, particularly in Eastern Cheshire, but a comprehensive service was now provided. Low risk patients receive regular foot checks from trained professionals in primary care, in either a clinic or if necessary at home on an annual basis. There is an incentive scheme in place via the Quality and Outcome Framework (QOF) which supports this process and ensures that patients are reviewed at least once every 15 months. Medium risk patients are seen every three to six months by the Community Podiatry Team. High risk patients receive care from specialist podiatrists within community care guidelines, and if necessary (eg. through ulceration) are admitted to be treated in hospital. The guidelines require that these patients are reviewed every one to three months.
- 10.5** The importance of effective screening to assist early diagnosis of diabetes had been raised at length in the initial report, and the Panel received an update on the present position with the Screening Guidelines. The PCT had issued very detailed Diabetes Guidance for practitioners in April 2008, based on Diabetes UK recommendations and fully compliant with the NICE Guidance. The PCT guidance was being reviewed currently, particularly with regard to Type 2 Diabetes, as the NICE guidelines in this area had recently been reissued.
- 10.6** The PCT Guidance on screening was aimed at potential diabetes sufferers, and focussed on defined high risk groups (rather than the population as a whole) with a recommendation that screening took place every three years (more often for some categories). GP's maintained registers of patients who were at risk, and once diagnosed patients were seen regularly depending on their individual symptoms. All GP practices had a lead clinician and a diabetic nurse specialist, and all diabetic patients were reviewed annually and at least every 15 months in accordance with the QOF requirements. Recent reviews of performance show that primary care clinicians in Central and Eastern Cheshire are amongst the best performers in relation to achievement of QOF targets. It is probable that this was supported by an additional incentive scheme agreed between the CECPT and GP's in 2008/9 to move beyond the QOF targets to secure even better outcomes for patients with diabetes.
- 10.7** The possibility of Pharmacies offering basic blood glucose screening as an alternative to GP Surgeries had previously been proposed (recommendation 3). However, the PCT does not encourage pharmacies to carry out screening, as this is done more effectively through GP's, although it was recognised that some pharmacies continued to offer the service to the public. There is currently no incentive for pharmacies to undertake screening as the service has been commissioned from general practices.

- 10.8** A key recommendation (9) from the earlier review report was that each GP Practice should have at least 1 Clinician who had undertaken specialist diabetic training. The Panel had reviewed the question of how many specialist trained nurses were available and whether there were sufficient such specialists or a shortfall.
- 10.9** The Panel was informed that the community diabetic specialist team works in partnership with general practice providing regular support and education to identified individuals who provide care for their practice population. All GP practices had a lead clinician and a Practice Nurse with a diabetes specialist interest, and all diabetic patients were reviewed annually as a matter of routine and at least every 15 months in accordance with the QOF requirements.
- 10.10** The amount of Information available and the levels of patient awareness of their illness and treatment had been covered previously (recommendation 6) and the Panel reviewed the literature now available to patients and in what ways is it accessed. The PCT has developed a resource pack for patients in partnership with the Hospitals Trusts. Included in the pack is information relating to managing blood glucose, diet, foot health, insulin adjustment and Keto acidosis. The information is offered to all patients on diagnosis, and is in a standardised comprehensive format as advised by Diabetes UK. The Panel also noted other initiatives designed to help patients following diagnosis, such as visits to local supermarkets, organised jointly by them and the local diabetes clinic, to help with choice of foods. The Panel felt this was a valuable and practical approach to informing patients as a follow up to simply reading the literature.
- 10.11** The Panel also explored to what extent should young people in particular be targeted to raise awareness of the implications of diabetes and the lifestyle factors involved. Members were advised that preventative work is carried out through the Health Promotion service, aimed at both teenagers and younger children. Children already diagnosed with diabetes were supported in school by the Children's Diabetic Nurses.
- 10.12** The Panel considered that there were strong connections to be made here with the childhood obesity aspects of the Review, and encouraging healthy lifestyles.

Recommended: That further emphasis and resources are placed by the PCT on the prevention and education work amongst younger people with a particular emphasis on avoiding the increasing risks of diabetes deriving from bad diet and lack of physical exercise.

- 10.13** Attention had been drawn in the previous work (recommendation 8) to inconsistencies in practice across Cheshire about no advice being given to patients for the disposal of sharps, particularly that at the point of prescription patients should be asked whether they required a sharps container as opposed to relying on the patient to request one. The current practice in Cheshire East was that all patients who need them are offered and provided with sharps bins on prescription along with clear instructions relating to safe disposal and collection. 85 of the 92 pharmacies in the CECPCT area accept the boxes for disposal. If the District Nurse is attending, they provide additional help and advice.
- 10.14** The Panel reviewed the extent to which the issue of Diabetes was being addressed effectively by public services, whether the level of public awareness had improved since 2004, and are there any ongoing problem areas, revealed by performance information.
- 10.15** The PCT confirmed that the number of diabetic patients is still increasing in the CECPCT area, in line with the national trend. Currently the prevalence rate is 4.1% in the PCT. The total number of patients registered with diabetes is 20,144 in CE, of whom 2558 are type 1 and 17,586 are type 2. The increase was likely to continue, in part due to more effective screening procedures, together with the rise in elderly population and lifestyles. The proportion of these patients who would require insulin was also increasing.
- 10.16** Lastly, Care Plans and Handheld Records (recommendation 7 of the earlier report) were valued by many patients as they involved them in the management of their condition. The

use of handheld records was however patchy in Cheshire East, and more guidance was due to be published by Diabetes UK on their application. The Panel noted that they were relatively expensive to maintain, and could be overtaken by the introduction nationally of NHS electronic summary care records. The Care Plan was the preferred method of planning the longer term care provision for patients. Patients requiring Insulin kept their own Blood Sugar Monitoring Book.

11 Conclusion

- 11.1** Given the comprehensive ground covered by the initial reports on Obesity and Diabetes, one major challenge facing the Review Panel has been to identify and focus on those aspects of the previous recommendations which still require further attention. Overall, it is fair to say that a great deal has been accomplished since 2004-6 in seeking to tackle the rise in obesity and the incidence of diabetes. However it is far from clear to what extent these initiatives and activities have had an impact on the levels of obesity in particular in the population.
- 11.2** Some degree of reassurance can be found in the higher levels of awareness among younger children of the risks which run with a poor diet and failure to exercise, and the benefits of a more healthy lifestyle. It will be important to translate this awareness more into the family setting as well as in schools. The Panel hopes that the fifteen further recommendations made as a result of this review will be addressed and will contribute to an improving situation. The Panel intend to revisit key aspects of these recommendations in 12-18 months time to review progress.

LIST OF ATTENDEES22nd February

Janet Smith (PSHE Advisor and Healthy Schools Officer) provided information on schools.

9th March

Jane Branson (CECPCT, Assistant Director of Public Health) explained the National Child Measurement Programme.

Sheila Woolstencroft (Health Improvement Manager) covered Healthy Lifestyles and Physical Activity.

22nd March

Malkia Ibbotson (CECPCT Commissioning Manager – Long Term Conditions) and Dr Phyu Wai (Diabetes Consultant) addressed the Diabetes issues.

Mark Wheelton (Leisure and Green Spaces Manager) and Geoff Beadle (Leisure and Play Development Manager) covered access to sport, physical activity and leisure.

8th April

Sharon Alldread (Head of Catering – Cheshire East Catering) covered meals provision in schools.

Kay Roberts (Consumer Protection and Investigations Manager – Cheshire East Trading Standards) advised on Food Labelling and Advertising.

Officer support to the Panel was provided by Mike Flynn of the Democratic Services Scrutiny Team.

Scrutiny Review - Tackling Obesity in Cheshire - 22.11.2006**Recommendations**

1. That the proposed County Council Award recognising nurseries and pre schools providing healthy food and promoting healthy lifestyles be supported and promoted widely to encourage the provision of healthy food and the promotion of healthy lifestyles and all appropriate organisations be encouraged to achieve the Award. Consideration should be given to making the award as widespread as possible so that child minders were also eligible to achieve the Award;
2. That each school be encouraged to nominate by the Autumn Term 2007 a Parent Governor to be responsible for promoting healthy lifestyles throughout their school and the Director of Children's Services be recommended to consider holding a Governor's conference on healthy lifestyles to promote this new responsibility;
3. That the recommendations of the scrutiny review on Food in Schools (attached as Appendix A) conducted by the Central Cheshire Local Health Scrutiny Committee be supported and the Panel recommends that these be circulated and adopted throughout Cheshire and that the County Council's Children's Services Scrutiny Select Committee be recommended to review progress in the near future;
4. That when Extended Schools are introduced consideration be given as to how healthy lifestyles can be endorsed through Extended School provision as this may mean some children and young people having the majority of their nutrition provided at schools. The Panel recommends that the nutritional guidelines which apply to school meals should apply to any meal provision made in Extended Schools;
5. That the provision of cookery lessons in secondary schools be supported and Cheshire Members of Parliament and the Local Government Association be urged to lobby the Government to make cookery lessons compulsory for all secondary school children;
6. That County Business Services be urged to support the provision of locally produced food to schools where possible;
7. That the County and Borough Councils and Primary Care Trusts work together to investigate ways in which children can learn about food including its origins through gardening clubs and allotments at school; information on good examples be made available to schools who should be encouraged to share best practice and look at ways to develop gardening opportunities in more urban schools where land is available;
8. That local authorities, health partners and other organisations should work together to look at innovative ways to introduce physical activities into schools to achieve the target of two hours per week as part of the school curriculum, alongside this, consideration also be given to introducing "active playtimes" whereby children are encouraged to spend lunch and break times in active play such as football and skipping;
9. The introduction of data collection regarding children's weight and height was welcomed. However, it was important that data, once collected, should be analysed and appropriate interventions made once trends were identified to address any issues and adequate resources should be allocated to enable such interventions to take place;
10. That District Councils be urged to consider the provision of free leisure facilities for Looked After Children as a way of enabling them to lead healthier lifestyles. Consideration should be given to introducing a free leisure pass to those children who are eligible for free school meals through a partnership arrangement involving Local Authorities and health;

11. That the Cheshire Members of Parliament and the Local Government Association be urged to lobby the Government to consider the introduction of a range of free activities to all school age children to be made available during the school holidays as a way of addressing the rise in obesity and to ensure that activities are available to all children regardless of families' income levels;
12. That as the regulation of food advertisements does not appear to be working effectively then Cheshire Members of Parliament and the Local Government Association be urged to lobby the Government to introduce legislation;
13. That Cheshire Members of Parliament and the Local Government Association be urged to lobby the Government to introduce one single comprehensive system of food labelling guidance on all processed foods to reduce confusion and provide clarity;
14. That the County Council's Children's Services Scrutiny Select Committee be invited to consider this report to ensure that its recommendations are progressed.

Scrutiny Review - Tackling Diabetes in Cheshire - 01.12.2004

Recommendations

1. All Local Authorities in Cheshire be encouraged to take every opportunity to draw attention to the risk of developing diabetes and its accompanying complications which arise from unhealthy life-styles and to the personal responsibility which falls upon individuals to reduce those risks.
2. All Cheshire Schools be signed-up and accredited under the Healthy Schools Initiative within two years.
3. The Local Education Authority commend to Cheshire Schools the introduction of joint programmes for pupils, parents and carers on Healthy Eating
4. Firm and consistent guidelines on screening be agreed by the PCTs and Health professionals across Cheshire for implementation without further delay
5. All retail pharmacies in Cheshire consider offering basic blood glucose screening services
6. The Local Optometric Committee be urged to make as much progress as quickly as possible on meeting the NSF targets on digital eye screening and to put in place a strategy for keeping patients and their carers informed as to where and when services will be available
7. The clients of Services provided by the Cheshire Local Authorities be encouraged to take advantage of screening services
8. Diabetes UK leaflets and other relevant literature be issued to all patients upon diagnosis.
9. Information on on-going care management be available in a range of formats.
10. The County Council provide awareness-raising and training to its Care and other appropriate staff in the treatment of diabetic episodes.
11. Patients should be provided with a care plan should they so choose.
12. All patients be issued with a regular supply of Sharps containers.
13. Health-care professionals should accept and dispose of used containers.
14. Clear instructions should be issued to patients and carers on the disposal of Sharps

15. An annual review be available to all those diagnosed with diabetes; primary care services should ensure that basic annual checks are always carried out on time irrespective of whether there are consultant shortages or other problems with outpatient appointments.
16. The annual review cover the areas listed in the Diabetes UK leaflet "What Diabetes Care to Expect".
17. Decisions not to implement National Institute for Clinical Excellence (NICE) guidelines, for what ever reason, be kept under review
18. To ensure consistency in developing both guidelines and practice, a communications network be established by the PCTs for the development of diabetic services across Cheshire
19. A central register of on-going training of Health professionals be maintained in order to identify areas where additional specialist input is needed.
20. PCTs bear in mind the desirability that every General Practice has someone with specialist diabetic training when assessing practices under the new GP contract.
21. The balance of availability of consultants at the three Cheshire Acute Hospitals be addressed immediately.
22. The Cheshire PCTs and Local Authorities be asked to report further in 12 months time on the implementation of the Local Delivery Strategy and progress on effecting changes to lifestyles.

Review of the Diabetes Action Plan - March 2006

Recommendations

1. The Director of Children's Services ensure that Schools be encouraged to attain full National Healthy School Status and that appropriate officer support is available to support schools in this endeavour;
2. the Tackling Obesity Scrutiny Panel continue to monitor the implementation of the National Healthy School Status throughout Cheshire, with particular emphasis on the core theme relating to healthy eating;
3. the Local Pharmaceutical Committee encourage local pharmacies to offer basic blood glucose screening services;
4. Cheshire West and Ellesmere Port and Neston PCTs be urged to reconsider their decision not to fund the revenue costs of the new digital camera based screening scheme;
5. the County Care Manager be asked to report back to the County Health Scrutiny Sub-Committee on progress which will ensure that the Clients of Services provided by the County Council be encouraged to take advantage of screening services and as part of facilitating this, awareness raising and training be provided to Care and other appropriate staff in the management of diabetic episodes;
6. PCTs ensure that the literature issued to all patients upon diagnosis is standardised across all PCTs and covers all areas listed in the "Diabetes UK" Literature;
7. PCTs be encouraged to adopt as best practice the handheld care record system as operated within Eastern Cheshire;
8. all PCTs ensure that at the point of diagnosis all patients are given clear instructions for the disposal of any sharp items and health care professionals accept and dispose of used containers - and accordingly Central and Eastern Cheshire PCTs be urged to adopt the procedures for Sharps Disposal as operating within West Cheshire for immediate

implementation, specifically ensuring that at the point of prescription patients are asked whether they require a Sharps container (as opposed to relying on the patient to request one);

9. all PCTs throughout Cheshire move as quickly as possible to having at least one clinician who has undertaken Specialist Diabetic Training in each GP practice;
10. PCTs address as a priority the imbalance in Consultant cover across Cheshire to ensure equitable service provision;
11. PCTs ensure that clear communications systems exist to enable patients with routine queries about their care to receive advice from an appropriate specialist within a short timescale and that all patients are clear at the point of diagnosis on how to access such advice;
12. The Meals on Wheels service be encouraged to make clients aware of the low calorie alternatives; and the County Health Scrutiny Sub-Committee monitor the implementation of these recommendations alongside the recommendations arising out of the work of the Tackling Obesity Panel when it reports in Summer 2006

APPENDIX 3

ACTIVITY PROGRAMMES

The information in this Appendix details work programmes or activities that are identified through various strategies which relate to Sport and Physical activity, Obesity and Mental health.

1. Volunteering

Active members - 61
 Streetgames Young people program
 1651 hours in 2009
 10 Volunteers achieved V50 award
 Young Ambassadors - School partnerships programme

2. Funding

Cycling Bid	- Bikability for young people aged 8-14 years
Aim High	- Tackling Health Inequalities for disabled children.
Community Sports coaches	- Community program's
Go4it	- Disadvantaged YP –opportunities for activities and support
Community Casback Scheme	- Street sports Programme
Football League Trust	- Street Sport programme

3. Street sports

7159 attendance to-date over 15 community venues in targeted deprivation wards

4. Community Events

Bob Fields BMX, Play Day, Play builders Primary school Town sports	
Nantwich Town Football Festival, Holiday schemes	
Open doors weekend	1600 people engaged
Cheshire Cross Country	700
Recognition awards	260
Sport relief	420
Carnival	60

5. Sports Unlimited

5268 Attendance – 70% retained of CE
 Aged 11-19

6. 2012 Legacy and Beyond

Inspire mark
 Get set programme – Schools
 Cultural Olympiad
 Young Ambassadors programme

7. Club Development

School club links document
 Club Newsletter
 381 Clubs registered on CWSP database

8. Partnership Youth Games

2009 Two Authorities competed with 400 Children participating
 2010 New Games format July 3rd

9. Talented Athlete Identification Scheme

15 registered
 Free access to LA facilities if criteria met
 Testing taken place with 50% of participants.

10. Community Sport Coach Programme

Active Bodies (parents-mostly Mums)	
Active Life	Engaging the over 55s. Back to Sport!
Adlington Primary School	Developing skills to move into secondary PE.
Alderley Edge Primary School LTC	FUNDamentals Development
CADS (SeaShell Trust Project)	Integrated activities for children and YP of all abilities.
Disley Primary School LTC:	Developing skills to move into secondary PE.
Full of Life:	Lifelong learning. Engaging the over 55s. Back to Sport!
Gateway Project:	Team work skills to help development toward Duke Of Edinburgh Bronze Award.
Lacey Green Primary School LTC	FUNDamentals Development
MEND (parents-all Mums)	Healthy lives awareness and weight management
Youth Safety Project	Crime reduction/prevention programme.
Various Lunch times programmes	
Various Breakfast clubs	
Cre8 youth Group	
Dads group	Demonstrating play and sport for Dads

11. Cif Funded Projects

Sport For All
Family Sports Hubs over 1100 attendances (50 families involved)

12. Sport Forums

18 National recognised Sports

13. Non Sport Forums

45 Groups representing Disability, Neighbourhoods, BME, Statutory services internal and external, Health panels, partnership working developing a joined up approach to delivering leisure and play opportunities.

14. Community Play Programme

Play Outreach Programme 570 attendees over 4 week period
Free play provision promoting physical activity in a fun environment

15. Play after School Club Programmes

3 venues attracted 1128 attendances
Supporting the development of play for families and young children

16. National Play day 2009

Over 3000 people

18. Play Ranger project

814 for the summer scheme
1785 attended over the year

Tackling bullying and improper use of fixed play area, engaging with young people and helping to develop social and behavioural skills. This scheme encourages participation and physical activity.

19. Playbuilder sites

11 Sites built or refurbished in year 1

CHESHIRE EAST COUNCIL**REPORT: CABINET**

Date of Meeting:	14 th June 2010
Report of:	Head of Human Resources and Organisational Development
Subject/Title:	Corporate Plan
Portfolio Holder(s)	Councillor Brown

1.0 Report Summary

- 1.1 To update Members on the development of the Corporate Plan.

2.0 Decisions Requested

- 2.1 To approve the draft Corporate Plan in the appendix to this report for consultation and for submission to the relevant overview and Scrutiny Committees under Rule 2.1 of the Budget and Policy Framework Procedure Rules.

3.0 Reasons for Recommendations

- 3.1 To enable the Corporate Plan to be adopted by the Council.

4.0 Wards Affected

- 4.1 All.

5.0 Local Ward Members

- 5.1 All.

6.0 Policy Implications including

- 6.1 The Corporate Plan provides the framework for all policy development within the Council. It is important that the priorities plans and ambitions set out within the plan are translated into objectives and actions for delivery within departmental, service, team and individual performance plans.

7.0 Financial Implications 2010/11 and beyond (Authorised by the Borough Treasurer)

- 8.1 There are likely to be financial implications in delivering the plan. In planning the delivery of the plan the Council will need to prioritise key actions and allocate available resources accordingly.

9.0 Legal Implications (Authorised by the Borough Solicitor)

- 9.1 The Corporate Plan forms part of the Policy Framework and must be submitted to Council for adoption following a process prescribed in the Budget and Policy Framework Procedure Rules.

10.0 Risk Management

- 10.1 None

11.0 Background and options

- 11.1 The Council's inaugural Corporate Plan was adopted on an interim basis for 2009/10 in order to set direction and allow Cheshire East to set a budget.

- 11.2 This plan now needs to be replaced and we have an option to either refresh the original plan for a further year or to produce a new plan aligned to the Council's mid term financial planning. In order to provide a longer term focus on our plans along with how the Council's resources should be prioritised, a decision was taken to produce a three year Corporate Plan for the period 2010 to 2103.

- 11.3 The purpose of the Corporate Plan is to set the overall strategic direction of the Council for the next three years, against which the objectives, priorities resources and actions of the Council and it's departments, services, teams and individuals can be aligned, set and performance managed.

- 11.4 In terms of its production, the draft plan emerged from the Cabinet and CMT away-day on 26th January 2010 (which looked at the Council's vision and priorities) and from the 2010 to 2013 business planning consultation process in January. In pulling the outcomes of the away-day together it was evident that the priorities identified could be readily grouped in 5 areas, which have become the 5 proposed Corporate Objectives, as follows:

- To give the people of Cheshire East more choice and control about services and resources.
- To grow and develop a sustainable Cheshire East.
- To improve life opportunities and health for everybody in Cheshire East.
- To enhance the Cheshire East environment.
- Being an excellent Council and working with others – to deliver for Cheshire East.

- 11.5 The outline of the plan along with the 5 proposed objectives have been the subject of informal consultation with; CMT, a number of Cabinet

members, the Chairs and Vice Chairs of Scrutiny and a Member briefing over the past few weeks. Nevertheless Cabinet is now required to submit the adopted draft for consultation and for consideration by the relevant Scrutiny before it is recommended to Council for adoption. Further drafting amendments will be made to the plan up to the point it is submitted to Council. The section headed "How we will Resource our Priorities" will be updated as part of this.

11.6 The draft Corporate Plan is appended to this report.

11.7 Further and fuller consultation will continue until the final Corporate Plan is brought back to Cabinet on 19th July.

12.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer.

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Your Council, Your Services, Your Plan
Cheshire East Council
Corporate Plan 2010-2013



Welcome from Wesley Fitzgerald, Leader, and Erika Wenzel, Chief Executive.

Welcome to our Corporate Plan for 2010 to 2013.

This plan sets how we will achieve our vision of:



Wesley Fitzgerald
Leader



Erika Wenzel
Chief Executive

“ Working together to improve community life ”

We are very aware of the many issues that are affecting people's lives at the moment. These are tough financial times, and this in turn can have devastating effects on individuals and communities alike. Our priorities and plans for the coming year are based firmly on what our communities want and what matters most to them. We will make sure that every penny of taxpayers' money that is spent contributes to these priorities and plans so the benefits are clear to see.

We will also have to do more with less. Central Government has just announced significant cuts to funding available to councils and further cuts are anticipated. In order to meet these financial challenges, we have budgeted for savings of over £40 million over the three years (from April 2010 to March 2013). The creation of a new unitary council with leaner management systems has already made a significant contribution to our savings.

There are many other challenges that face us over the coming years. These include a significant change in the make-up of our population, more people are living beyond their 80th birthday, with many requiring services from the council; fewer babies being born; increases in inflation; an increase in referrals in children's social care and the effects of climate change to name just a few.

We know that the wide range of services we deliver has a huge impact on a lot of people, and you have our commitment that we will be working closely with many of you to make sure that we are delivering first-class services at the right time and in the right place so that Cheshire East is a great place to live, visit and work.



Your Council, Your Services, Your Plan

Cheshire East Council Corporate Plan 2010-2013

Page 3

Cheshire East Council
Corporate Plan 2010-2013

Your Council, Your Services, Your Plan

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1. Introduction

Cheshire East – the place

Cheshire East is the third largest unitary authority in the North West and has around 360,000 residents. Our neighbours include North Staffordshire, Manchester, Cheshire West and Chester, Trafford and Warrington. First impressions of Cheshire East are often of leafy lanes and wealthy households. Indeed as an area we host 5% of the North West workforce and 7.5% of businesses in the North West are based here. This can hide the reality that it is a diverse area with many differences in income, employment and health. Figures that really show this include the life expectancy across the area. In areas of Knutsford the average life expectancy for a woman is 86, but in areas of Crewe it is 73 – a huge difference of 13 years. Household income also differs, ranging from an average of £60,000 in Wilmslow to £20,000 in Crewe.

Cheshire East Council has a responsibility to ensure that all our services meet these different needs and that the way its services are delivered across the area are developed and shaped to ensure that all who need them benefit from them. Our plan sets out how we will do this, who will be involved and how we will know if we have improved services for local people.

The Corporate Plan in the community context

Whilst the Council has statutory obligations to fulfil, regional priorities to consider, and National Indicators to measure important aspects of our performance, this plan is based on what our communities have told us they want and need. Through this community-focused approach and working with our partners, we have developed a number of key targets and priorities. The Corporate Plan focuses specifically on what we as a council will do to improve your services and get better outcomes for local residents, businesses and visitors. It keeps a clear focus on what Cheshire East will deliver for local people and how we will play our part to create strong and prosperous communities.

Other local organisations, such as the Police, Fire and Rescue and the Primary Care Trust, have their own Corporate Plans that relate to outcomes for Cheshire East people. In addition, many local organisations work together with us to develop joint strategies and improvement plans, for example the Children and Young People's Plan.

To turn our priorities into reality, we have developed departmental and service plans that will provide fuller detail about how the Corporate Plan will be delivered.

Our staff play a vital role in the successful delivery of these priorities and they, along with other key partners, have been asked for their contribution to setting out how we as a Council will work to improve local services.

We believe that excellent services can only be provided through fully engaged, satisfied and capable staff. We will work with staff to raise awareness of the priorities and to gain their input on outcomes and actions, including how services will contribute towards the achievement of the priorities. We will also consult with key stakeholders and partners.

The Corporate Plan will be updated each year to ensure that new priorities and objectives are included. This will mean that the Council will be able to respond to emerging issues and community views. Our Annual Performance Plan will clearly show how the Council performed against its priorities and how improvements for the future will be made.

This diagram shows how the long-term vision for Cheshire East, set out in the Sustainable Community Strategy (SCS), links to the priorities contained in the Local Area Agreement, through our Corporate Plan objectives, and then through to the specific strategies and action plans right down to team and individual objectives. Each member of staff and each service area should be able to identify how their work contributes to the achievement of the Council's corporate objectives and to the overall vision for Cheshire East in 2025.



Key Strategies and Plans

consists of:

Local Development Framework, Local Transport Plan, Housing Strategy, Economic Development Strategy, Visitor Economy Strategy, Climate Change Strategy, Health Inequalities Strategy and Children and Young People's Plan.

2. Who We Are and What We Want to Achieve

Cheshire East Council provides services which are important to everyone in their daily lives. The Council maintains the roads, provides transport services, commissions school places and specialist support services for vulnerable children and their families, educates children, provides social care to elderly and vulnerable people, and looks after waste and recycling, to mention but a few.

We are proud of our local area and feel a strong sense of responsibility towards its care. The beautiful diversity of the countryside, the rich cultural heritage and the character of the towns of Cheshire East provide a wonderful environment within which to live. From the dramatic scenery of the Peak District in the east to the open farmland and green spaces around the towns, people are never far from an area of natural beauty.

Macclesfield and Crewe are our largest towns, with Wilmslow and Congleton also providing substantial town centres. Our smaller towns of Sandbach, Poynton, Nantwich, Middlewich, Knutsford and Alsager historically provided market centres for local people and continue to play an important role in local life. The strong communities that exist within these towns and in our rural areas provide Cheshire East with vibrancy and give people a sense of belonging.

The Council wants to focus on the things that matter most to local people. We aim to make Cheshire East a thriving and vibrant place where people can enjoy a good quality of life and good health. This includes being able to learn and develop their skills and put them to good use in our local communities and further afield, with opportunities for everyone to fulfil their potential. Our thriving community should provide everyone with greater wealth to share, aiming for greater equality amongst its members in a range of ways.

A flourishing business community is essential to sustaining this success. In

addition, the Council aims to make our communities safer and stronger, and develop good local involvement in decision-making about local services, providing personal choice where appropriate. In short, we want:

'Cheshire East to be a great place to live, work, visit and enjoy.'

As a council we work closely with a range of partner organisations to help us achieve our ambitions, within the private, public, community and voluntary sectors. We believe this is important to ensure people receive integrated services that are good value for money.

Cheshire East Council is governed and guided by 81 councillors, with a Conservative majority. Together with talented and committed employees, our Council wants to deliver excellent services for, and with, the people of Cheshire East. This Corporate Plan sets out our ambitious plans for the next three years.

3. What Cheshire East is Like Now

Cheshire East is already a great place in a range of ways:

- Our communities are generally well-off, with most people reporting a good quality of life
- Our children tend to do well at school, with levels of achievement above the national average
- The crime rate is one of the lowest in the country
- Residents tend to enjoy better health than elsewhere in the region and nationally
- Our strong economy contributes a large amount to the North West's economic output, relative to our population size.

We want to celebrate these good stories, while recognising that the Council still has much work to do.

The population of Cheshire East is largely rural, with nearly 40% living in a rural location. There are a number of people in the area who experience a poorer quality of life in many respects, and they tend to be clustered within certain urban locations, many of which are centred in Crewe. The difference that exists between certain groups of our society presents a challenge for the Council – one that we aim to address in this Plan. The challenges are described within five themes.



Health and Wellbeing

Cheshire East's population profile is ageing dramatically. We have a population that is slightly older in make-up than that of England and Wales as a whole.

The number of people aged over 65 has increased by 20% since 1991, and a much greater increase is predicted for the coming years (a 56% increase by 2027). By contrast, the number of children in Cheshire East is decreasing, with a 5% decline predicted over the same time.

This ageing of our population will result in a smaller working population combined with an increasing population of dependent older people, many of whom will be frail and dependent. Our social care workforce is rising to the challenge of redesigning services to deal with this change.

While overall health is good within Cheshire East, people have different experiences. Life expectancy varies from 71.6 years (for males in Coppenhall East) to 93.3 years (for females in Wilmslow Town South East). In particular, we need to improve the prevention and care of

coronary heart disease, lung cancer, chronic lung conditions and alcohol-related liver cirrhosis.

Alcohol poses a significant health issue for Cheshire East, with levels of alcohol-specific hospital admissions for males, females and under-18's almost all significantly worse than the England average. Hazardous and binge drinking rates are also significantly worse. With such a strong link existing between alcohol and liver disease, a range of cancers and anti-social behaviour, reducing alcohol consumption is a significant challenge for the next few years.

Finally, while teen conceptions in Cheshire East are the third lowest in the North West, there are parts of the area where there are significantly high rates.

Children and Young People

One of our most important responsibilities is to ensure that children in Cheshire East are protected from abuse and neglect.

It is a significant challenge for us to ensure we respond well when children are referred to our services, completing assessments when appropriate and in a timely way, and providing good-quality care when needed. The number of children coming into the care of the Local Authority has increased over the preceding 15 months.

Cheshire East's children generally tend to do well at school, and go on to further / higher education, employment, or training. However, children who are 'cared for' tend to do significantly less well, in education and in other important areas. Another challenge is to ensure that children with special education needs, as well as children from a less advantaged background, have the opportunity to achieve at school.



Economy, Transport and Housing

In order to reduce carbon emissions and alleviate the levels of traffic on our roads, we will focus on localising and integrating our systems of public transport.

We will also encourage cycling and walking by developing infrastructure for these healthy and carbon-free methods of travel. With 79% of people travelling to work using their car, only 4% using public transport, and 14% walking or riding a bicycle, transport is an important area of work for the Council for the future.

The effects of the national and global economic recession have been felt strongly in Cheshire East. We have experienced a greater increase in unemployment than either the North West or the UK as a whole, with the number of claimants of Jobseeker's Allowance in Cheshire East rising by 118% between March 2009 and the same month in 2010.

Although the number of claimants has fallen from its 2009 peak, it is still over 6,500. We need to do more to help our unemployed residents find work and safeguard the jobs of those already in employment. We also need to support key industries and service sectors in Cheshire East that show a commitment to sustainable and responsible business growth.

Cheshire East Council will continue to work to make life experiences, for people of Cheshire East, the same no matter where they live. This covers aspects of life such as income, health, crime and unemployment. While we generally perform well in supporting people on this, pockets of deprivation exist mainly in the Crewe area, with some existing elsewhere in Cheshire East including Handforth, Macclesfield and Congleton.

House prices in Cheshire East have not been affected by the economic recession as greatly as elsewhere in the North West. While they declined in 2008, this was at a lesser rate than for the region as a whole, and within the last year, house prices have begun to rise again, more quickly in Cheshire East than for the North West. With the average house costing £155,000 in Cheshire East (compared to £119,000 in the region overall), maintaining affordability of housing is a key issue for the Council.



Environment and Climate Change

The relationship between climate change and carbon emissions (from electricity production, the use of gas and vehicle use) is now quite widely accepted, and the people of Cheshire East are concerned about this issue. Collectively we do not perform well in this area – the average person's domestic emissions of carbon dioxide being 2.6 tonnes per year, higher than both the North West and the UK figures.

There is a lot of work to be done in improving energy efficiency, encouraging the use of renewable sources of power, promoting small-scale electricity generation within local communities, and improving non-car transport options. This will not only assist us to reduce our carbon footprint, but also to improve our resilience for a lower-energy future in which less carbon fuels will be available for power production.

The Council is no different, and so in addition to working with residents and businesses to reduce carbon emissions, we have also signed up to the 10:10 challenge – we have committed to 'pulling out all the stops' to reduce by

10% the carbon footprint caused by our organisation during 2010. We have much work to do to meet this challenge.

Cheshire East residents are excellent at recycling domestic waste with rates of recycling continuing to rise to as high as 50%. There is a limit, however, to how much of our waste can be recycled, and the challenge for the future relates to reducing the amount of waste produced overall, for example by using less packaging and reducing food waste.

Another important environmental challenge is the ability for residents to produce their own food locally. Cheshire East is currently struggling to meet the

demand for allotments, with substantial numbers of people on waiting lists. Providing people with space to grow their own food, and the development of local markets in the area will both be important as we rely less on internationally-traded, out-of-season-food.

Safer Communities

Our communities are relatively safe places to live, with significantly lower rates of crime than in the North-West or England and Wales.

Also, while a relatively low proportion of people in Cheshire East perceive anti-social behaviour to be a problem, the issue identified in this area relates to teenagers hanging around on the streets. Our young people have expressed their concerns over a lack of facilities, with 67% of respondents to the Young People's Leisure Survey 2008/09 stating that they do not feel there is enough for them to do where they live. Providing activities and informing young people of what is available is a key area of work for the Council.

Road safety is also an important issue. There were 1,288 traffic collisions involving casualties on our roads in 2006, which is less than in previous years. Unfortunately, though, the number of resulting fatalities and serious injuries is rising, reaching 26 and 252 respectively in 2006. There is much to be done in improving the safety of our roads in a range of ways.



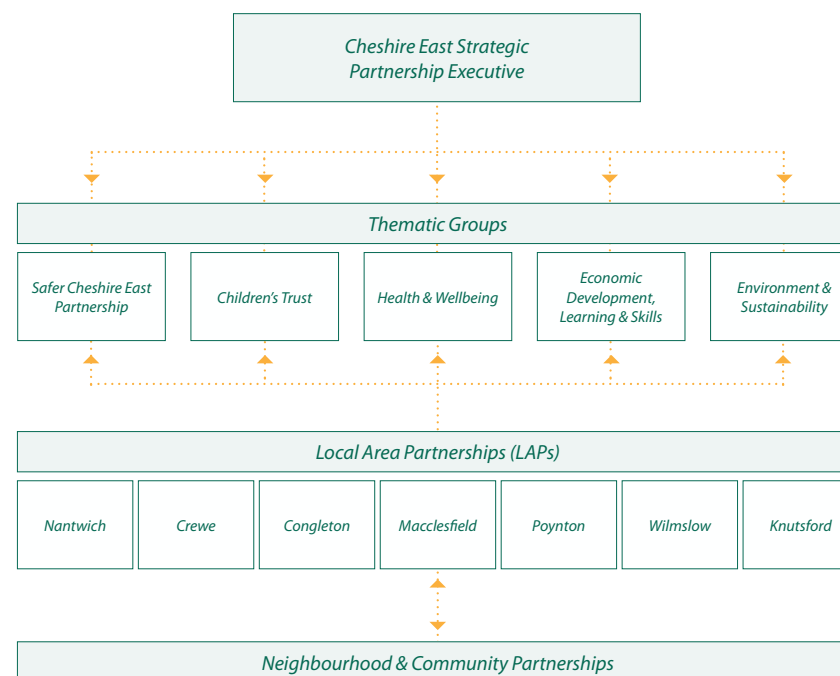
4. Working With Our Partners

Partners work together through the Cheshire East Local Strategic Partnership which aims to improve quality of life for residents, to support business and to enhance Cheshire East as a visitor destination.

Working in partnership enables more effective use of public money through a shared understanding of the needs and issues in Cheshire East and co-ordinated provision of services. This joint approach has never been more important than in the current economic climate where public funds are reducing but expectations on services are quite rightly not.

The aims and ambitions of our corporate plan cannot become a reality without the support of our partners. They play a vital part in shaping, developing and, in many cases, helping us to deliver first-class local services. This partnership sets the vision and priorities for the area, ensuring that different initiatives and services support each other and work together across Cheshire East. The structure of the Local Strategic Partnership is shown in the diagram (right):

Partners on the Local Strategic Partnership Executive Board include the Cheshire Constabulary, the Cheshire Fire and Rescue Service, the Central and Eastern Cheshire Primary Care Trust, the South Cheshire Chamber, the Cheshire East Housing Delivery Partnership, MMU Cheshire (Manchester Metropolitan University), and the Cheshire East voluntary sector.





Partnership delivery is organised through five thematic partnerships:

- The Safer Cheshire East Partnership
- The Children's Trust
- The Health and Well-being Partnership
- The Economic Development, Learning and Skills Partnership
- The Environment and Sustainability Partnership.

The Local Strategic Partnership has also established seven Local Area Partnerships (LAPs) covering the areas of Congleton, Crewe, Knutsford, Macclesfield, Nantwich, Poynton and Wilmslow. Their role is to improve services, ensure local people influence decision-making and to actively engage and empower communities. LAPs bring together a wider range of people from statutory, voluntary and community sectors. By working together at a local level, they focus collective action on what really matters, delivering improved outcomes for local people and places.

Over recent months the Local Strategic Partnership has developed the first Cheshire East Sustainable Community Strategy which sets out a clear vision for the next 15 years which is:



Cheshire East is a prosperous place where all people can achieve their potential, regardless of where they live. We have beautiful countryside, unique towns with individual character and a wealth of history and culture. The people of Cheshire East live active and healthy lives and get involved in making their communities safe and sustainable places to live.



All partners have a collective responsibility to deliver the Sustainable Community Strategy, to overcome many of the challenges described earlier in this document. The strategy identifies seven priorities for immediate action which will enable us to achieve our vision. These are:

- Nurture strong communities
- Create conditions for business growth
- Unlock the potential of our towns
- Support our children and young people
- Ensure a sustainable future
- Prepare for an increasingly older population
- Drive out causes of poor health.

We have also developed a Local Area Agreement with our partners which identifies specific improvement targets for local priorities. A lead partner has been identified for each priority and they take responsibility for co-ordinating relevant actions and progress in achieving targets.

By bringing a range of public, private and voluntary partners together to plan programmes and services, prioritise needs and manage delivery, we are ensuring that important connections are made and services are properly integrated. We are also ensuring that we minimise duplication, and are able to put our collective resources to best effect.

Some key examples of how partnership working plays out in practice can be seen in the next section, where we discuss our performance.

5. How We Are Performing

It is important that we have a realistic view of how council services are being delivered: for instance what we are doing well and want to continue to do well; and where we are not fully addressing particular challenges and need to do further work.

We are committed to ensuring that our Council does its job well, and responds to local people and the evidence we collect about the performance of our services. We are also committed to our performance plans and the current state of our performance being transparent and open to the public and other interested parties.

Given the newness of the Council and also how the Government inspects and rates councils, we have not yet had an independent view of our performance. We are expecting this later this year. As a council, we are committed to improving and have gathered our own evidence so that we can look at our performance since April 2009 and make any necessary changes for improvement. From this we will know what is going well and what we need to improve. Some key examples are shown in the next section.

What's going well?

The following are just a few examples of our recent achievements:

- During our first year, we have made £25 million of savings that have been reinvested in priority areas across the Council, such as children's services.
- Health and well-being – we have seen a 27% increase in children and young people swimming and an 89% increase in people over 60 swimming, as a result of the Council's support of the free swimming scheme. Cheshire East is currently ranked 11th out of 253 participating authorities in terms of the number of swims taken.
- Improving parks and green spaces – the refurbishment of Queen's Park in Crewe is progressing well, with new bridges installed, a bandstand restored, and lake works completed. This £6.5 million project is now set to transform the park, with a £2.78 million contribution from the Heritage Lottery Fund.
- Improving schools – Significant increase over the past 12 months in the number of schools and early years settings judged good or better in OFSTED inspections.
- Successfully conducted a pilot of a scheme to provide 10 hours of free childcare per week to most disadvantaged two-year-olds.
- Supporting independence – our Services for Adults are using a new model for supporting people, in particular those who are elderly, to live independently in their homes, and providing support for carers. A new approach is being made to providing equipment, information, advice and support, including providing people with personal choice of the services they want.
- Reducing offending – the Safer Cheshire East Partnership has set up the Priority and other Prolific Offender (PPO) team, resulting in a massive reduction in offending rates. The team involves a number of partner agencies, reducing duplication and improving risk management.
- Tackling domestic abuse – the Cheshire Domestic Abuse Partnership has implemented a best-practice



model to tackle domestic abuse, termed the Coordinated Community Response. This provides support for survivors, increased accountability for perpetrators and voluntary change programmes. Again, many partner organisations are involved.

- Transformation of Building Control Services – electronically-based systems now allow the customer to view drawings and submit applications online, as well as providing big efficiencies in departmental working.
- Supporting businesses and local people through the recession – we have supported town centres through dressing empty shop windows with

vibrant displays; increased the take-up of benefits available from Government by £1m; and supported businesses through clinics and seminars on local procurement.

- Providing choice in housing – we have launched Cheshire Homechoice, a new choice-based lettings system that allows new and existing customers to apply for housing vacancies which are advertised widely across Cheshire East. This is a new way of allocating housing, avoiding the traditional waiting list approach
- Improving community safety – our team of Community Wardens has achieved the Community Safety Accredited Person's Certificate from Cheshire Constabulary. This means that they are now accredited with a range of new powers to tackle crime and anti-social behaviour.

Some key areas we need to improve on

- We need to improve our planning service to make it more efficient and customer-friendly. We are radically changing how we do business in this key area to ensure value for money and simplify our systems.
- We are working hard to harmonise the way in which we collect and manage

household waste across Cheshire East to move away from three approaches inherited from the previous Councils into a simplified, cost-effective service.

- We will place more emphasis on the assessment of carers and provision of information, advice and support where this will help them to maintain their support for their loved one and achieve a good quality of life for themselves.
- We will place more emphasis on linking people with social care needs and their carers to resources and opportunities in their local communities, consistent with supporting their position as citizens of Cheshire East able to access the same resources and facilities as others.
- Improving our ability to respond earlier to the identified needs of vulnerable children, young people and their families.
- Address underachievement in our High Schools, where it exists.
- Improve outcomes for children cared for by the Local Authority.
- Continue to strengthen our arrangements for safeguarding children.



6. Listening to You

As we have said, fundamental to setting our priorities and improving our services is listening to you, acting on what you say, and regularly checking your feedback about outcomes.

We will work hard to improve our methods of communicating and consulting with local people and our partners. We are keen to ensure that everyone who lives or works in our community has a voice and is able to make their thoughts, aspirations and concerns heard.

Examples of key projects currently underway as a result of what the people of Cheshire East have told us include:

Rural Housing Needs surveys

Cheshire East and previously Cheshire County Council, conducted a number of rural housing needs surveys over the past two years. These surveys have highlighted the need for affordable housing in almost all of the locations included. The information gathered during this consultation also identified sites around Cheshire East that were suitable for development.

These are the Audlem area, the Plumley area, and the Congleton and Macclesfield border parishes. Plans for these sites are now proceeding through the planning application process. The 2010 Southern Parishes Survey is underway and we are already able to identify some potential development sites.

Budget consultation

We consulted widely across the Borough when setting the budget for 2010/11. We held meetings in Nantwich, Congleton and Knutsford, receiving 100 responses. As a result, we were able to identify where respondents felt more money should be spent, where less money should be spent, and where spending levels should not change, providing useful clarification on where the priorities of our communities lay and where our resources should be focussed.

Most people were prepared to pay an increase of 1% to 2% in their Council Tax rate, in order to fund services. Taking account of the views of the people of Cheshire East, the increase for 2010/11 was set at 1.7%.

We do know that as a relatively new organisation, the task of consulting, listening, responding and checking is a work in progress. We are committed to getting this right and the Local Area Partnerships that have been set up are vital in helping us with this task at a local level.





7. Transforming Our Services

Key to driving the improvement of our services and doing more with less will be our transformational approach to service delivery. This plan discusses how we will provide better value for money, focus on core services, and work well with partners. It also explores how we will ensure services are more responsive to individual and local needs, eradicate waste and inefficiency, and ultimately improve overall performance. We recognise the need to radically review our approach, in partnership with other organisations, to achieve these things.

Our plans as to how we can achieve this are laid out in our corporate Transformation Programme. Traditional approaches no longer meet user needs effectively, and demand for services is changing and rising rapidly which means significant financial challenges. It is clear to the Council that in rethinking our approach in these areas, much more can be done to achieve our priorities, often for less cost.

The current programme includes a major redesign of services for children, adults, health and well-being and transport, and a huge amount has been achieved so far. For example, in Adult Services we have achieved significant savings by

eliminating duplicated efforts, and providing integrated services with health partners. We have already invested and made improvements in safeguarding, preventative and re-ablement services – keeping people safe, independent and well for as long as possible.

The Transformation Programme is dynamic and is regularly reviewed, taking into account our performance, local needs and views, budget constraints and national guidance. It plays a key role in helping to shape and deliver the objectives within this Corporate Plan and individual service plans, working within the Council's emerging financial scenario. For the future, we will focus on improving services at a local level and examining which services might be better delivered by other agencies and partners.

8. What We Want for the Future

“

We want to make Cheshire East a place that is talked about for all the right reasons!

”

We want to make Cheshire East a place that people choose to live in, work in and visit. We want it to be a place that people say good things about, which has a great range of things to do, is a great place to live, a place where people feel happy and successful with fantastic open spaces and that is run by an excellent council.

We are committed to making this happen and are carefully planning our priorities to make sure it does and have set ourselves rightly ambitious corporate objectives. These objectives will be the basis upon which departmental and service plans are written and will form a fundamental part of every day life for all staff working within the Council. We will make sure that everything that we do as a council contributes towards making Cheshire East 'the' place.

A summary of the objectives is set out below, the full objectives can be found in Appendix 1.

Corporate objective one:

To give the people of Cheshire East more choice and control around services and resources

We want all people in Cheshire East to have more choices and access locally to good information. We will develop new ways of working, be honest about what the Council can offer and help people when they want that help. We will draw upon people's experiences and ideas and help them to play a much bigger part in informing plans for future services.

Corporate objective two:

To grow and develop a sustainable Cheshire East

We want to ensure the right environment for businesses to grow. We will provide business support, plan for the needs of future generations and provide employment and public services where people need them. We will work with our partners across the public sector to increase aspirations and realise the potential of all our community. We will provide transport solutions, support cultural projects and revitalise town centres. We will increase the number of visitors to Cheshire East through marketing our towns and major attractions.





Corporate objective three:
To improve life opportunities and health for everybody in Cheshire East

We want people in Cheshire East to make more healthy-eating choices and healthier lifestyle choices. We will encourage higher aspirations on the part of children, young people and their families and we will work to reduce the differences which currently exist in both opportunities and health in areas across Cheshire East. We will work to ensure better outcomes in life for those who are most vulnerable and to build a solid foundation for future prosperity through the development of a strong and skilled workforce.

Corporate objective four:
To enhance the Cheshire East environment

We will provide clean and well-maintained streets, public spaces and protect our heritage, natural and recreational environment for the benefit of local communities. We will tackle the effects of climate change and deliver a sustainable solution to waste across Cheshire East. We will continue to maintain and improve conditions for the use of all users, and in particular, focus on reducing the number of road traffic accidents.

Corporate objective five:
To be an excellent council and work with others – to deliver for Cheshire East

We will focus on core services that best meet the needs and aspirations of local people and communities. We will work to ensure that services and priorities are properly resourced and successfully managed within budget. As part of this, we will ensure that the overall increase in Council Tax does not exceed inflation and is below inflation where possible each year. We will work to deliver services fit for the 21st century.

Delivering the objectives will be a challenge but one we will rise to and achieve. We will be constantly looking at our performance and ensuring that we are always working towards our objectives and making changes and improvements to make sure we make them a reality. We know that we will have to make difficult decisions, but we will make them and be very clear about why we have made them and how they will contribute to our objectives. We will be publishing our service plans so that you can see in greater detail the daily work that we will be doing to move this forward, how this work contributes to our objectives and what difference we are making.

9. How We Will Resource Our Priorities

Cheshire East Council spends over £713m a year on delivering services to local people.

Despite lower levels of funding from central government than other comparable councils, we are pleased that we still provide good value services. Lower government funding obviously has an impact on our finances, with spending per head of population in Cheshire East being estimated at £1,368, compared to £1,598 per head in comparable councils – some 14% less. The Council operates a rolling three-year Business Planning process which enables the Council to take account of the needs of the community, set priorities and allocate the budget to deliver them. £422m of the Council's funding is provided for specific purposes. In 2010 the balance of funding has been allocated by the Council as shown in Figure 1 (top right).

It is predicted that inflation will rise over the next three years but our budget will rise at a lower rate. During the period, funding levels from government are also expected to decrease. This makes it increasingly important that the Council allocates its own resources to priority spending areas.

Whilst spending across the Council will increase overall, our priority areas will benefit the greatest. These will be caring for children, caring for adults, the road network and housing. These will be funded by taking resources away from lower priority services such as the Council's support functions. Figure 2 (bottom right) demonstrates the changes in local funding that the Council will make by 2012/2013. This reflects the impact of policy options to recognise and protect priority areas and responds to our budget consultation meetings with the public.

In social care provision there is a successful transformation programme underway to improve outcomes within a challenging budget. This has contributed to delivering the Putting People First priorities, notably prevention, personalisation and a 'whole-system' response to social care need.

Figure 1
Council spending 2010/11

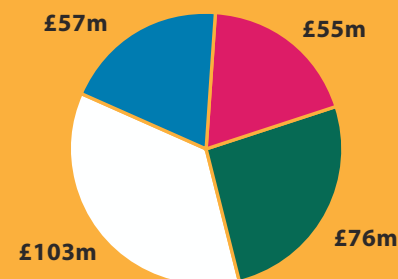
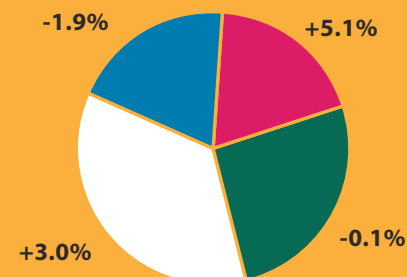


Figure 2
% Changes to local funding by 2012/13



Source: Cheshire East Financial Scenario

Key

- Learning and Social Care
- Support Service Areas
- Places
- Social Care Provision

Guide to services

Support Service Areas:
includes finance, IT, HR

Learning and Social Care:
includes further education,
lifelong learning, schools

Social Care Provision:
includes health advice, family based
care, services for disabled people

Places:
includes waste, highways

10. Organising to Deliver

Council Leadership and Cabinet

Cheshire East Council has appointed a Leader and a Cabinet to make strategic decisions for the organisation. Cabinet meets once a month, and their meetings are open to the public, with time being made available for members of the public to speak.

Each Cabinet member has their own portfolio responsibilities, and act as champions for key issues. They work closely with managers to ensure we perform well as a council.

In addition to the Leader of the Council, Cabinet is made up of members with the following portfolio responsibilities:

- Safer and Stronger Communities
- Resources
- Health and Well-being
- Environmental Services
- Performance and Capacity
- Procurement, Assets and Shared Services
- Adult Services
- Children and Family Services
- Prosperity.

Overview and Scrutiny Committees

We recognise how important it is that the administration of your services is challenged and suggestions made for their improvement. Our five Overview and Scrutiny Committees involve 58 council members and ensure that the Council is being run efficiently and effectively. Again, you are welcome to attend these meetings, which occur ten times per year. The five committees are:

- Children and Families
- Environment and Prosperity
- Sustainable Communities
- Corporate
- Health and Adult Social Care.

Elected members

Cheshire East's 27 wards are represented by 81 councillors. The role of these elected members is to reflect the views, and pursue the interests, of the communities that they represent.

The full council meets six times per year, and is responsible for setting the overall policy directions and the budget.

Through these council meetings, we make sure that the concerns and

suggestions that councillors bring from their communities are properly considered and acted upon. We also make sure that our councillors are properly supported in their work with their communities, providing tools and expertise to make a real difference to their area.

The full council appoints committees to deal with statutory decisions on planning, licensing and regulatory matters. There is also a Standards Committee which ensures the probity of our operations.



Managing the Council

Our Corporate Management Team is led by the Council's Chief Executive, and includes:

- Strategic Director, Places
- Director, Adults and Community Health
- Director, Children and Families
- Head of Human Resources and Organisational Development
- Head of Policy and Performance
- Head of Service Improvement
- Borough Treasurer and Head of Assets
- Borough Solicitor (Monitoring Officer).

The Corporate Management Team is responsible for ensuring that our corporate objectives are met and that the right priorities are set to make this happen. They will listen to the feedback from partners, local people and communities, set the priorities and then allocate the tasks to colleagues across the Council. They will work closely with Cabinet and provide information and advice where needed.

Managing our performance and risks

In order to deliver the improvements that we detail in this plan, we have robust performance monitoring and management arrangements in place. These involve the regular review of the Council's key priorities and projects,

along with the setting of clear targets and actions for staff. This gives the strong evidence to demonstrate our improvements and to highlight areas that require attention.

In managing our risks, through using an effective risk management framework, we aim to add value by improving decision-making, planning and prioritisation. This contributes to a more efficient use of resources and optimises our performance and delivery. Good management of our performance will involve setting clear objectives, developing robust service plans, reporting progress to Corporate Management Team and Cabinet and reviewing and updating our plans according to developments.

Working for Cheshire East

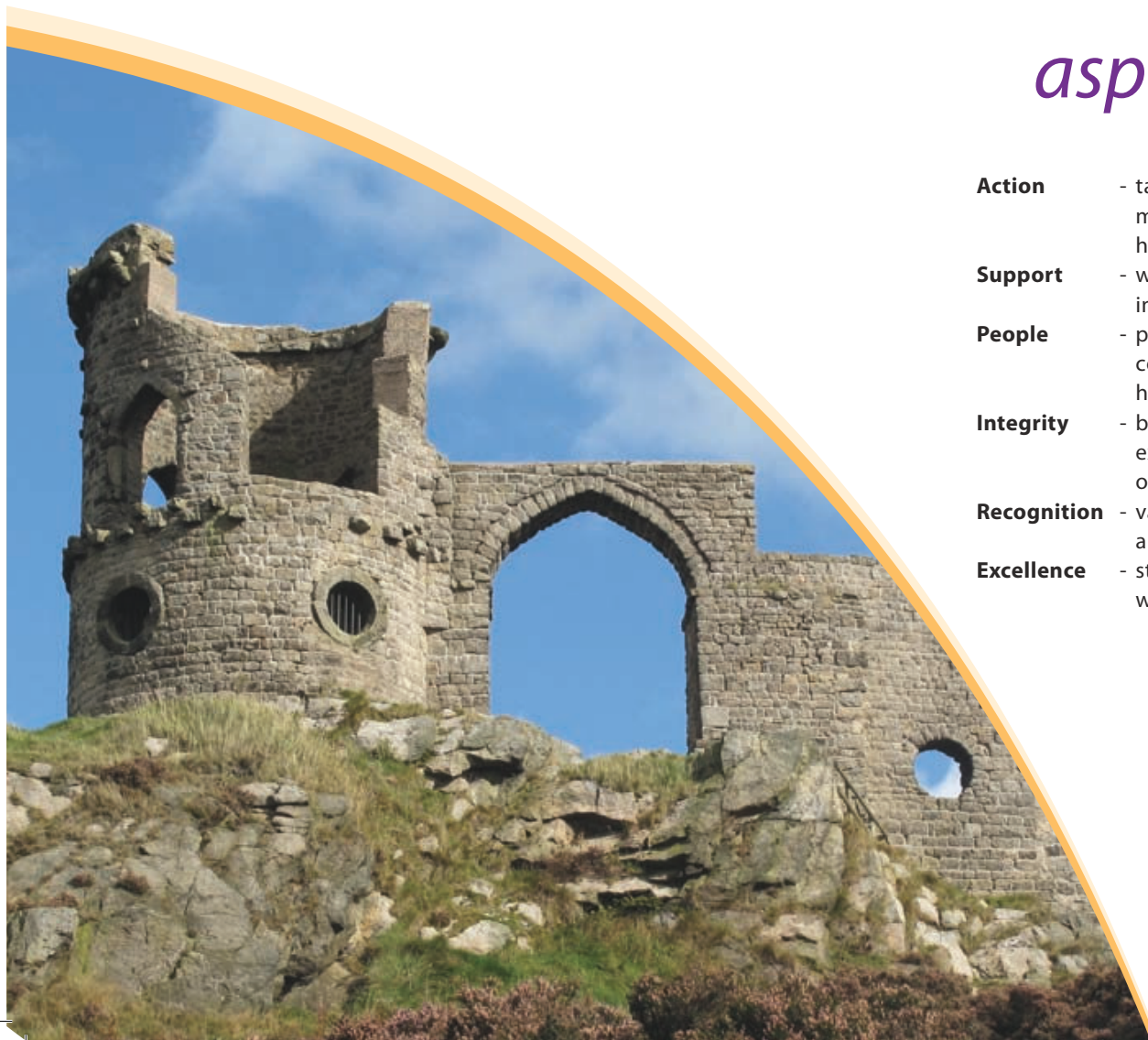
We want Cheshire East Council to be well respected in our community, with councillors viewed as community leaders, and members of staff, many who live in the local area, feeling proud of the Council and acting as its ambassadors.

Our staff survey, carried out in September 2009, told us that our staff are generally satisfied with their jobs, that they feel they achieve something worthwhile at work and that team work and working with others is critical to success. A third of employees would

speak highly of the Council if asked, whilst most other staff preferred to remain "neutral" in opinion at this stage in the Council's development.

Our reputation depends very much upon how each of us interacts with our clients, citizens, colleagues and partners. We are committed to investing in, and developing our staff, and building a positive and constructive organisational culture and values.





Our values – ASPIRE

Our core values reflect our aspirations for both our culture and our standards for serving the people of Cheshire East and we strive to demonstrate these values in all that we do:

aspire...

- | | |
|--------------------|---|
| Action | - take responsibility for making the right things happen |
| Support | - work and learn together in order to succeed |
| People | - put customer and community needs at the heart of what we do |
| Integrity | - be open, honest and fair, expecting the same of others |
| Recognition | - value all views, efforts and achievements |
| Excellence | - strive to improve all that we do |

Equality and inclusion

Cheshire East is committed to providing high-quality, customer-focused services for all people living in, working in or visiting the area. Promoting fairness and providing equality and inclusion is one of our important values, and relates to:

- Accessing the Council's services
- Accessing employment opportunities with the Council, or with its contractors who supply goods or services to the Council
- Accessing voluntary work supported by the Council
- Developing policies and plans that impact upon communities and individuals.

We are determined to develop further our equality and inclusion agenda to provide quality customer services, meet our statutory responsibilities, and as part of the achievement of our corporate aims and objectives. Our aim is to deliver inclusion for all.

Cheshire East Council

Corporate Plan 2010-2013

Appendix 1

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Cheshire East Council
Corporate Plan 2010-2013

Your Council, Your Services, Your Plan

Corporate Objective One

To give the people of Cheshire East more choice and control about services and resources

What do we want to achieve?

We want all people in Cheshire East to have more choices about the help they receive and greater control over the resources which are available to help them.

To achieve this we want to ensure that people have access locally to good information, advice and guidance about our services and those of others.

We want to develop new ways of working with people who turn to us for help. We want to work alongside people, listening to what they think they need, being honest about what the Council can offer and helping them, when they want that help, to work out tailor-made ways of meeting those needs.

We want to draw upon people's experiences and ideas, helping them to play a much bigger part in designing services for themselves, in running local services, if they are interested in doing that, and in informing plans for future services.

What will we do to achieve our ambition?

- Continue the work we have started to redesign Social Care Services so that more people can be given cash in hand rather than services, if they are comfortable with that approach
- Get service providers, both our own and those of other agencies, to re-think what they offer and make services ever more relevant to the needs of local people
- Strengthen the abilities of people to tackle their own problems, while intervening earlier ourselves when we are clear that our intervention really is needed
- Support the development of local decision-making and service delivery in our communities
- Encourage activity on the part of local volunteers and organisation
- Increase the take-up of cultural, leisure and sport services.

How will we know if we have been successful?

- A steadily increasing number of people will be getting direct cash payments and making their own decisions about how to use the money to improve their lives
- The monitoring of our Access Points will show that an increased number of people are getting the information, advice and guidance which they need
- Informal carers will routinely and consistently be offered a separate assessment of their needs and that information will be used in the commissioning of services
- As an employer, the Council will have recruited a greater number of disabled people into its workforce
- Where local people want to take on the running of services and facilities, those services and facilities will have been passed into their hands.

As a result of this work,
we want people to say:

“
Cheshire East has a
great range of things
to do and places to
go for everyone.
”

Corporate Objective Two

To grow and develop a sustainable Cheshire East

What do we want to achieve?

We want to ensure the right environment for businesses to grow through: providing access to business support; developing a skilled workforce; providing land for new homes and new commercial development; and securing resources to build strong transport and digital links across the Borough.

It's important that we plan for the needs of future generations and provide employment and public services where people need them. We will work with our partners across the public sector to deliver investment in schools, leisure facilities and young people centres to increase aspirations and realise the potential of all our community.

We will provide transport solutions which are safe, accessible and enable social mobility of our most vulnerable communities and focus on increasing independence, flexibility and choice.

We want to celebrate the distinctiveness of all our towns and villages by supporting cultural projects and revitalising town centres. We will increase the number of visitors to Cheshire East through marketing our towns and major attractions such as Tatton Park.

What will we do to achieve our ambition?

- Deliver a new Local Development Framework and Local Transport Plan, Local Economic Assessment and Housing Strategy which provide for future growth and prosperity of Cheshire East
- Work with employers through our Business Engagement Framework to ensure the Council is listening to their needs and remodel our Regulatory Services to balance protection with support
- Working with local partners, we will celebrate and support the distinctiveness of all our market towns and develop joint action plans to support their future
- Working with local partners, promote major regeneration in our key towns of Macclesfield and Crewe through delivery of the respective business plans
- Transform our Development Management service to deliver an efficient, customer-facing approach
- Develop a parking strategy across the area which addresses local issues
- Maximise developer contributions to improve infrastructure, culture, leisure and green spaces.

How will we know if we have been successful?

- Our Local Development Framework and Local Transport Plan will reflect the priorities of the Sustainable Community Strategy and the needs of businesses
- The economy of Cheshire East will continue to grow above the rate of growth across the North West
- Our market towns will thrive and prosper, supported by strong local partnership arrangements
- The Council will increase performance in key service areas whilst reducing costs such as development management and highways and transport
- The number of affordable homes available across the area will exceed current targets. The number of empty homes brought back into use will increase and provide an additional supply of housing in the Borough
- The value of the visitor economy to Cheshire East will exceed £700m per annum
- The levels of young people who are positively engaged in education, employment and training is high and they report positively on the opportunities and experience.

As a result of this work, we want people to say:

“Cheshire East is a great place to live, where we can make real choices around housing, jobs and where to enjoy our leisure time, whilst feeling safe in our communities.

”

Corporate Objective Three

To improve life opportunities and health for everybody in Cheshire East

What do we want to achieve?

We want people in Cheshire East to make more healthy eating choices and healthier lifestyle choices.

We want to see higher aspirations on the part of children, young people and their families about what they can achieve in their lives.

We want to see some narrowing of the gap which currently exists in both opportunities and health between those who are most successful in Cheshire East and those who are most challenged in their lives.

We want better outcomes in life for those who are most vulnerable, particularly our cared for children, unpaid carers and minority groups.

We want a solid foundation laid for future prosperity through the development of a strong and skilled workforce.

What will we do to achieve our ambition?

- Target action towards those schools and colleges where levels of attainment are not as high as they should be
- Develop and implement a plan for tackling health inequalities in Cheshire East
- Focus resources most sharply upon our more deprived and challenged communities, to raise aspirations and address unemployment
- Work positively with partners to ensure that there are joined-up approaches to tackling problems – for example, childhood obesity
- Raise awareness about alcohol misuse and pursue priority actions to address that problem within Cheshire East
- Work across the Council to ensure that the Council itself provides more employment opportunities for vulnerable and disabled people
- Through a clear strategy, target our Health and Well-being Services much more towards groups and communities most in need of that sort of intervention.

How will we know if we have been successful?

- We will have seen, within the whole clientele of those using leisure and cultural services, a shift in the balance between the general public and those specifically referred, either by themselves or by others in order to address particular health and well-being challenges
- The implementation of a whole system plan for reducing the harm caused by alcohol abuse will have helped more people to reduce their drinking to safe levels and will have consequently reduced the calls upon the NHS and other services which arise from alcohol harm
- Schools which are not doing well or which are just coasting will have improved their performance, so that all become either good or outstanding
- A greater proportion of our school leavers are engaged in work, training or further education of some sort
- A significant reduction has been made in the most extreme of the health inequalities, and, in particular, for older people more of their remaining years are healthy years
- Progress will have been made in putting in place a comprehensive

- pattern of specialist provision for people with dementia and their carers
- The Children Trust will have shifted the whole system for children and families, so that interventions are made much earlier, when problems become apparent.
 - Children who are cared for by the Council will achieve far better at school, and a much greater proportion of them will progress from school into worthwhile, paid employment.

As a result of this work,
we want people to say:

“
*I feel happier,
healthier and
more successful
than before*

”

Corporate Objective Four

To enhance the Cheshire East environment

What do we want to achieve?

We believe in taking a responsible approach to enhancing and nurturing our environment. We will provide clean and well maintained streets, public spaces and protect our heritage, natural and recreational environment for the benefit of local communities.

We will tackle the effects of climate change through a comprehensive approach to reducing carbon emissions and promoting sustainable approaches.

We will also deliver a sustainable solution to waste across Cheshire East by increasing the levels of recycling and providing a long-term arrangement for the management of residual waste.

The condition of our roads is important for local businesses and communities. We will continue to maintain and improve our roads with particular focus on reducing the number of road traffic accidents.

What will we do to achieve our ambition?

- Continue to work with our local partners in the police, fire and rescue service to promote road safety and reduce casualty levels across Cheshire East
- Deliver our 'Total Transport' transformation programme which will provide a more efficient approach delivering highways and transport services
- Deliver the Cheshire East Waste Strategy including providing a new residual waste facility through PFI and a harmonised approach to waste across the area
- Continue to promote recycling and reduction of waste through a major 'Love Food Hate Waste' marketing campaign
- Achieve and increase existing level of Green Flags in our Greenspace sites
- Develop and deliver a Carbon Management Plan for Cheshire East which sets targets for reducing carbon emissions.

How will we know if we have been successful?

- Customer satisfaction in key areas such as street cleansing and waste management will have increased and the services will be operating more efficiently
- Highway condition will be maintained on main routes despite recent winter damage and expected reduced investment from Government
- Casualties from road accidents will continue to fall in areas where targeted support has been provided
- We have achieved and increased the existing level of Green Flags in our Greenspace sites
- Carbon emissions from the Council will have reduced and the Council will be respected as a leading example across the Borough on climate change issues.

As a result of this work, we want people to say:

“

We have a fantastic environment across Cheshire East. Public spaces and recreational areas are well maintained and our heritage and natural environment is protected and nurtured by the Council

”

Corporate Objective Five

Being an excellent Council and working with others – to deliver for Cheshire East

What do we want to achieve?

In Cheshire East we want to be clear about the services local people and communities want from the Council and our partners. This will enable the Council to focus on core services that best meet the needs and aspirations of local people and communities, along with whether those services can be best delivered directly or in partnership with other organisations, including Town and Parish Councils. In this way, we will see the number and scope of services being delivered by our partners increase.

Key to what we can achieve will be our challenging finances. We will therefore carefully and strategically plan so that our services and priorities are properly resourced and successfully managed within budget. As part of this, we will ensure that the overall increase in Council Tax does not exceed inflation and is below inflation where possible each year.

So that we can deliver services fit for the 21st century, we will develop a multi-skilled workforce, which is flexible, competent and capable.

What will we do to achieve our ambition?

- Improve how we communicate with our residents and our towns and parishes to fully understand the needs and aspirations of our communities
- Improve access to services for all Cheshire East areas, in particular rural communities
- Increase the ability of all residents to live independently for longer through the transformation of services and the effective use of technology
- Develop a flexible and skilled workforce that can support and respond to how we deliver services
- Further develop robust financial planning and use limited resources imaginatively and effectively
- Regularly review whether each service is providing value for money
- Focus on our core services and priorities and optimise working in partnership where this improves services or makes better use of public resources.

How will we know if we have been successful?

- Our local people and communities will say that the Council provides excellent services and uses its resources well in doing so
- Council Tax rises will be at or below inflation
- The Government will rate us as good and improving over years one and two and excellent by year three
- We will deliver value for money services within budget each year
- Employee satisfaction and engagement levels will increase each time we hold an employee survey
- We will have increased the number and scope of council services delivered with or by our partners / local communities each year.

As a result of this work, we want people to say:

“
The Council is very well managed and uses its resources effectively in supporting the key changes and improvements we want to see in Cheshire East.
”

Contacts and Further Information

This Plan provides a summary of our vision, our corporate objectives and our immediate priorities. If you would like further information about our services, please visit our website at www.cheshireeast.gov.uk or contact us on **01270 686 016** or alternatively visit us at the address below.

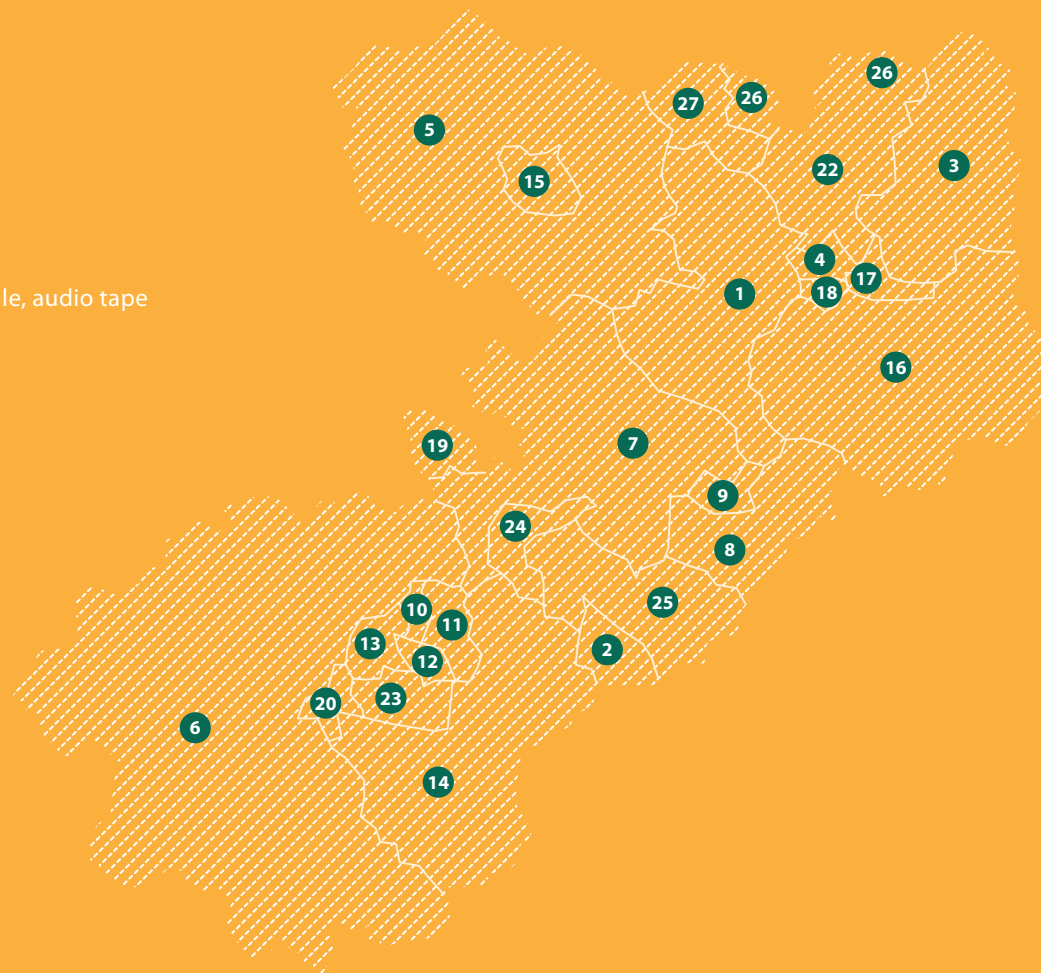
If you would like additional copies of this Plan, or if you have any queries, please contact;

Vivienne Quayle, Head of Policy and Performance
Cheshire East Council
Westfields
Middlewich Road
Sandbach
Cheshire
CW11 1HZ

If you would like a copy of the text in this document in large print, Braille, audio tape or in another language, please contact us at the above address.

Unitary Wards in Cheshire East

- | | |
|--------------------------|--------------------------------|
| 1. Alderley | 15. Knutsford |
| 2. Alsager | 16. Macclesfield Forest |
| 3. Bollington and Disley | 17. Macclesfield Town |
| 4. Broken Cross | 18. Macclesfield West |
| 5. Bucklow | 19. Middlewich |
| 6. Cholmondeley | 20. Nantwich |
| 7. Congleton Rural | 21. Poynton |
| 8. Congleton Town East | 22. Prestbury and Tytherington |
| 9. Congleton Town West | 23. Rope |
| 10. Crewe East | 24. Sandbach |
| 11. Crewe North | 25. Sandbach East and Rode |
| 12. Crewe South | 26. Wilmslow North |
| 13. Crewe West | 27. Wilmslow South |
| 14. Doddington | |





CHESHIRE EAST COUNCIL

REPORT TO: HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Date of Meeting: 1 July 2010
Report of: Borough Solicitor
Subject/Title: Work Programme update

1.0 Report Summary

- 1.1 To review items in the 2009/2010 Work Programme, to consider new items listed in the schedule attached, together with any other items suggested by Committee Members.

2.0 Recommendations

- 2.1 That the Committee recommend a draft work programme for 2010/2011 to be subject to consultation with Cabinet, Central and Eastern Cheshire Primary Care Trust (PCT) and the Cheshire East Local Involvement Network (LINK).

3.0 Reasons for Recommendations

- 3.1 It is good practice to agree and review the Work Programme to enable effective management of the Committee's business.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 Not applicable.

6.0 Policy Implications including - Climate change - Health

- 6.1 Not known at this stage.

7.0 Financial Implications for Transition Costs (Authorised by the Borough Treasurer)

- 7.1 None identified at the moment.

8.0 Financial Implications 2010/11 and beyond (Authorised by the Borough Treasurer)

8.1 Not known at this stage.

9.0 Legal Implications (Authorised by the Borough Solicitor)

9.1 None.

10.0 Risk Management

10.1 There are no identifiable risks.

11.0 Background and Options

11.1 The Corporate Scrutiny Committee at its meeting held on 19 April 2010 approved a paper entitled 'Strengthening the Scrutiny Function' which proposed a more formal approach to the work programme setting process in 2010 to enable the views of Cabinet to be fed into the process. This approach was also considered and endorsed by the Scrutiny Chairs Group. The main aim of the new approach is to share work programmes with colleagues in Cabinet and Corporate Management Team (CMT) at the outset, so that Overview and Scrutiny becomes an integral part of the Corporate business planning process of the Council. Work programme items will subsequently be linked to relevant Corporate plan targets, and where appropriate, Performance Indicators and LAA targets.

11.2 It is intended that all emerging work programmes will be presented to Cabinet informally in July, and then each Committee will formally endorse its work programme before the summer recess. It is suggested that this Committee puts in place arrangements to give the Chairman authority to agree the final work programme, as the meeting with Cabinet briefing is likely to be mid July and the next meeting of this Committee is in September.

11.3 This does not however preclude the committee from adding to or subtracting from the work programme during the year, nor does it affect the committee's powers to deal with call-ins, or items referred to it by Cabinet etc. However, care should be taken to ensure that there is sufficient leeway to allow for additional activities throughout the year.

11.4 The schedule attached, presents the work programme in a new format. This document will be updated when the final programme is formally approved at the next meeting, so that all the appropriate targets will be included within the schedule.

11.5 In reviewing the work programme, Members must pay close attention to the emerging Corporate Plan and Sustainable Communities Strategy. Both of these

documents are currently in consultation stage and are expected to be adopted by Council in July

11.6 The emerging Corporate Plan has 5 emerging strategic objectives which are:

- Cheshire East people empowered through local services and personal choice
- The growth and development of a sustainable Cheshire East
- Closing the gap for everyone in Cheshire East
- Enhancing our Cheshire East environment
- Being an excellent Council and working with others to deliver in Cheshire East

11.7 The draft Sustainable Communities Strategy 'Ambition for All' has 7 Priorities for action:

- **Nurture strong communities**

Give people a strong local voice
Support the community to support itself
Deliver services as locally as possible
Ensure communities feel safe

- **Create conditions for business growth**

Harness emerging growth opportunities
Provide a leading broadband infrastructure
Make the most of our tourism, heritage and natural assets
Create a climate attractive to business investment

- **Unlock the potential of our towns**

Regenerate Crewe
Revitalise Macclesfield
Deliver sustainable growth for our towns

- **Support our children and young people**

Ensure good transitions and skills for the future
Improve support and facilities for children and young people
Strengthen the voice of children and young people
Improve the health of children and young people

- **Ensure a sustainable future**

Provide affordable and appropriate housing
Encourage environmentally sustainable living
Improve transport connections and accessible services

Protect and enhance our heritage and countryside

- **Prepare for an increasingly older population**

Help people stay fit and active for longer

Improve care and support for those who need it

- **Drive out the causes of poor health**

Target actions to reduce heart disease and cancer

Tackle the impact of alcohol misuse on individuals and society

Focus local actions on the wider determinants of health

11.8 In addition, given the specific responsibilities which the Committee has for scrutiny of the NHS, it is proposed that the PCT be consulted on the draft Work Plan, and that the programme is referred to the Cheshire East Local Involvement Network for information. This will help to ensure that the Plan addresses the PCT's and other joint priorities such as the Joint Strategic Needs Assessment.

11.9 Members must also have regard to the general criteria which should be applied to all potential items when considering whether any Scrutiny activity is appropriate. Matters should be assessed against the following criteria:

- 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

11.10 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 the specified timescale

- 12.00 One additional matter the committee will have to take into consideration, is the impact of the recent announcement by Government that the Comprehensive Area Assessment (CAA) regime is to be scrapped, in relation to the selection of potential work programme items.
- 13.0 The Scrutiny Chairs Group recently reviewed the responsibility split of the Committees in order to simplify the links between portfolio holders and their respective Overview and Scrutiny Committees.
- 13.1 The Governance Committee will at its next meeting formally commend the new arrangements to Council, which will mean that overview and scrutiny of the following portfolio holders will be the responsibility of the Health and Adult Social Care Scrutiny Committee:
- Roland Domleo – Adult Social Care
 - Andrew Knowles – Health

14.0 Access to Information

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

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Designation: Scrutiny Officer
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Email: denise.french@cheshireeast.gov.uk

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Issue	Description/ Comments	Suggested by	Portfolio Holder	Corporate Priority	Current Position RAG	Date for completion
North West Ambulance Service (NWAS) Performance Issues and Foundation Trust status	Committee to be updated on performance of NWAS in Cheshire East and be a consultee on the application for Foundation Trust status	Committee	-	To improve life opportunities and health for everybody in Cheshire East	Update on CFR scheme; Foundation Trust application	March 10 July/September 10
Social Care Redesign	Committee to receive regular updates to full meeting or mid point	Committee	R Domleo	To give the people of Cheshire East more choice and control around services and resources; To improve life opportunities and health for everybody in Cheshire East	Updates to most meetings	On going

Safeguarding issues	Training event held for all members, review safeguarding periodically	Mid point	R Domleo	To improve life opportunities and health for everybody in Cheshire East	Training event arranged for all members and held on 19 March	On going
Future Healthcare Proposals – Knutsford and Congleton	Task/Finish Group set up and underway	PCT - Substantial Development or Variation in service	-	To improve life opportunities and health for everybody in Cheshire East	Regular meetings held but Group's work suspended due to financial situation at the Primary Care Trust	Autumn 2010
Diabetes/Obesity – Scrutiny Review	Task/Finish Group set up and underway, looking of outcomes following CCC reviews of these topics	Committee	A Knowles H Gaddum (maybe more)	To improve life opportunities and health for everybody in Cheshire East	Final report to be submitted to Committee on 1 July 2010	July 2010
Care Quality Commission (CQC)	a - Impact of abolition of Comprehensive Area Assessment of	CQC	R Domleo	To improve life opportunities and health for	Presentation by CQC	

	Social Care; b - Strategic Health Authority (SHA)(NW) “Advancing Quality”			everybody in Cheshire East; To give the people of Cheshire East more choice and control around services and resources		
Centre for Public Scrutiny pilot project	Joint work with Cheshire West and Chester Council (CWAC) on health inequalities with a focus on the rural areas	Committee	A Knowles	To improve life opportunities and health for everybody in Cheshire East	Report submitted to Committee on 10 March 2010, membership of Joint Scrutiny Group with Cheshire West and Chester set up and first meeting arranged for 13 July.	January 2011
Annual Public Health Report	To receive a presentation on the Annual Public Health report and	Strategic Director People	A Knowles	To improve life opportunities and health for		Yearly document - September 2010

	assess whether any issues should be a focus for Scrutiny			everybody in Cheshire East		
PCT Financial Sustainability and resultant Substantial Developments or Variations in Service (SDVs)	The Committee will continue to receive regular updates on the financial situation at the PCT and will need to be aware of any SDVs that arise as a result	PCT	R Domleo and A Knowles	To improve life opportunities and health for everybody in Cheshire East		On-going
Cheshire East Community Health (CECH) – Services under Review	The Committee will receive updates on the Review of services by CECH which may give rise to SDVs	PCT/CECH	R Domleo and A Knowles	To improve life opportunities and health for everybody in Cheshire East	New item not yet prioritised.	On-going
Alcohol Services – commissioning and delivery in Cheshire East		The Cheshire and Wirral Councils Joint Scrutiny Committee	-	To improve life opportunities and health for everybody in Cheshire	New item not yet prioritised	

				East		
Pharmaceutical Needs Assessment – consultation		Committee	-	To improve life opportunities and health for everybody in Cheshire East	New item not yet prioritised	Autumn
Mid Cheshire Hospital – Clinical Services Strategy		Committee	-	To improve life opportunities and health for everybody in Cheshire East	New item not yet prioritised	
Vaccinations	The preventative role of vaccinations	Councillor Baxendale	-	To improve life opportunities and health for everybody in Cheshire East	New item not yet prioritised	
Changes in the NHS - White Paper		PCT	-	To improve life opportunities and health for everybody in	New item not yet prioritised	

				Cheshire East		
Review of Joint Strategic Needs Assessment	The Joint Strategic Needs Assessment is a joint document produced by the PCT and the Council and is regularly updated. It will be a useful tool for informing Scrutiny of areas on which to focus work.	Committee		To improve life opportunities and health for everybody in Cheshire East		Autumn
Caring Together programme	This is a joint programme between the Council and health partners and regular updates will be submitted to the mid point meeting and full Committee (if required)	PCT	A Knowles R Domleo	To improve life opportunities and health for everybody in Cheshire East		
Health Inequalities including		Committee	A Knowles	To improve	New item not	

life expectancy and Marmot Report				life opportunities and health for everybody in Cheshire East	yet prioritised	
Budget consultations	Consultation on the budget will be via a Scrutiny Budget Task Group – meeting dates to be confirmed	Corporate Scrutiny Committee	F Keegan			
Quality Accounts: North West Ambulance Service; Review of QA's from both Hospital Trusts; PCT Direct Delivery of Services (Autumn)	NHS Providers publish Quality Accounts on a yearly basis and are required to give Scrutiny the opportunity to comment.	Care Quality Commission	-	To improve life opportunities and health for everybody in Cheshire East		
Dementia Strategy	a - Periodic reviews of specific aspects; b - consideration of the range of	Committee	R Domleo	To improve life opportunities and health for everybody in Cheshire		

	dementia service providers to identity gaps and scrutinise development plans (possible Task Group)			East; To give the people of Cheshire East more choice and control around services and resources		
Support for Carers	To look at current provision of support and training for carers and identify whether any scrutiny work is required.	Committee	R Domleo A Knowles	To improve life opportunities and health for everybody in Cheshire East.		
Teenage Pregnancy	A report on the Teenage Pregnancy Strategy and actions taken by the Council has been to the Children and Families Scrutiny Committee.	Children and Families Scrutiny Committee	H Gaddum A Knowles	To improve life opportunities and health for everybody in Cheshire East	New item not yet prioritised	

	The Committee may wish to look at this issue too.					
Local Involvement Network (LINK) – Work Programme; Future arrangements and development of a working protocol	It is important to develop good working relationships with the LINK.	Committee	R Domleo	To improve life opportunities and health for everybody in Cheshire East		On-going
The Cheshire and Wirral Councils' Joint Scrutiny Committee	It is important to share work programmes with the Joint Scrutiny Committee as there may be similar areas of interest.	Committee	A Knowles R Domleo	To improve life opportunities and health for everybody in Cheshire East		On-going

June 2010/djf

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