

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

## **Agenda**

---

**Date:** Thursday, 6th January, 2011  
**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. **Forward Plan**
3. **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.

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

---

Please contact Denise French on 01270 686464  
E-Mail: [denise.french@cheshireeast.gov.uk](mailto: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.

5. **Minutes of Previous meeting** (Pages 1 - 6)

To approve the minutes of the meeting held on 11 November.

6. **Admiral Nurses**

To receive a presentation by Ted McGuinness, Dementia UK, on the role of Admiral Nurses.

7. **Dr Foster Hospital Guide - mortality rates**

8. **The Willows day care - update** (Pages 7 - 10)

9. **Proposed Changes to Mental Health Services in central and eastern Cheshire - Riseley Street Learning Disabilities Health Respite Service, Macclesfield** (Pages 11 - 18)

To consider a report on the proposed closure of Riseley Street Respite Service.

10. **Adult Services - Charging and Transport Consultations**

To receive a presentation on two Adult Services' consultations currently taking place on Charging and Transport.

11. **Care Quality Commission - assessment of Adult Social Care** (Pages 19 - 52)

To consider the report to Cabinet on the Care Quality Commission's assessment of adult social care services in Cheshire East.

12. **Public Health White Paper**

To receive a presentation by Urvashi Bramwell, Policy and Performance, Cheshire East Council, on the consultation process for the Public Health White Paper – Healthy Lives, Healthy People

**CHESHIRE EAST COUNCIL****Minutes of a meeting of the Health and Adult Social Care Scrutiny Committee**

held on Thursday, 11th November, 2010 at Committee Suite 1,2 & 3,  
Westfields, Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

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

Councillors C Andrew, S Bentley, S Furlong, S Jones, W Livesley, M Lloyd  
and A Thwaite

**Apologies**

Councillors G Baxendale, D Bebbington, D Flude, A Moran and C Tomlinson

**73 ALSO PRESENT**

Councillor G Walton, local Member for Bucklow Ward

**74 OFFICERS PRESENT**

P Lloyd, Director of Adults, Community, Health and Wellbeing  
S Shorter, Head of Care4ce  
Fiona Field, Director of Governance and Strategic Planning, Central and Eastern  
Cheshire Primary Care Trust  
M Flynn, Scrutiny Team  
D J French, Scrutiny Team  
Neil Evans, NHS Blackpool  
Adrian Collier, NHS Blackpool

**75 DECLARATION OF INTERESTS/PARTY WHIP**

RESOLVED: That the following declarations of interest be noted:

- Councillor R Domleo, declared a Personal and Prejudicial Interest in respect of item 7 – Implications of the proposed closure of Riseley Street, The Willows, Macclesfield and Tatton Ward, Knutsford – in accordance with paragraphs 11 and 12 of the Member Code of Conduct and left the meeting;
- Councillors S Jones, B Livesley, B Silvester, A Thwaite, declared a personal interest in item 7 on the grounds that they were members of the Future Healthcare Project Knutsford and Congleton Task/Finish Panel.

**76 PUBLIC SPEAKING TIME/OPEN SESSION**

Mr Laurie Burton, Chairman of the Knutsford Town Plan Implementation Committee (KTPIC) addressed the Committee in relation to item 7 “Implications

of the proposed closure of Riseley Street, The Willows, Macclesfield and the Tatton Ward, Knutsford”.

Mr Burton explained that he was concerned about the temporary closure of Tatton Ward which had resulted in the Cabinet decision to agree to the temporary closure of Bexton Court. He was concerned that such temporary closures could become permanent; and that other facilities provided at the Knutsford Community Hospital site, such as the Stanley Centre, would be reviewed.

Mr Burton explained that it was difficult to understand the rationale behind closing facilities that had had significant investment in them in the past – he understood £1million had been spent in 1996 on fitting out the Community Hospital and a further £40,000 spent refurbishing the Tatton Ward wing in 2007. He also understood that Bexton Court was the only specialist dementia provision in the north of the Borough and to replace such provision, even temporarily, would result in conversion costs to another facility.

The Knutsford Town Plan's Action Plan had identified as a priority the retention of local social care services “particularly Bexton Court as a specialist dementia care respite centre” and the upgrading of the Community Hospital. He urged that the Knutsford Town Plan Implementation Committee be included in any future consultation around health and social care provision in the Knutsford area.

### **77 IMPLICATIONS OF THE PROPOSED CLOSURE OF RISELEY STREET, THE WILLOWS, MACCLESFIELD AND TATTON WARD, KNUTSFORD**

The Committee considered a report of the Head of Strategic Commissioning and Safeguarding on the implications of the proposed closure of Riseley Street and The Willows, in Macclesfield and the Tatton Ward, Knutsford Community Hospital.

The report outlined that Riseley Street provided short break accommodation for adults with a learning disability and their carers. The Willows provided support to adults experiencing mental ill health during the day through providing meaningful activities that assist in stabilising mental health and well being.

The proposal to close Riseley Street meant there would be no health respite provision in Cheshire East borough as current users would access health respite at Crook Lane, Winsford. The proposals were currently in the middle of a consultation period and joint reviews were being undertaken of service users to establish health and social care needs, including a Carers Assessment if required. It was recognised that the building was not suitable. It was proposed that a joint review with the Primary Care Trust should be undertaken to investigate the potential for providing respite provision jointly with step up and step down support included, and taking into account anticipated numbers of people requiring building based services as opposed to opting for a personal budget.

The Willows focused on enabling people to recover from mental ill health and engage in the community. Individual reviews of current users would be undertaken and until these were completed the impact on social care would be difficult to assess. These reviews would have an impact on the Community Mental Health Teams who would have to ensure capacity to undertake such reviews within their workload.

In relation to the Tatton Ward, the Committee was advised that the ward provided intermediate care beds for Older People who required a health input. The Committee had been advised at its previous meeting that the East Cheshire Hospital Trust had taken the decision to temporarily close the Tatton Ward on 6 September for a period of four months. This would impact on Bexton Court as the two facilities were linked and therefore Members had requested a report to this meeting on the implications for social care provision at Bexton Court following the temporary closure of the Tatton Ward.

At the meeting, Members were advised that the Cabinet, on 18 October, had approved the temporary closure of Bexton Court. It was emphasised that this decision was for a temporary closure only and there could not be any permanent closure without a full consultation being undertaken. The future reopening would be in consultation with the East Cheshire Hospital Trust and linked to the reopening of the Tatton Ward.

The report to the Committee outlined that rent of £173k per annum was paid to the Council by the Hospital Trust in relation to the leasing of the wing of Bexton Court known as the Tatton Ward; at the moment a reduced amount of rent was being received. There was also impact on staff who provided catering and domestic facilities and were having to be temporarily redeployed.

The report outlined the alternative arrangements being made to accommodate service users who would be affected by the temporary closure of Bexton Court. There were vacancies in other Community Support Centres in Crewe, Macclesfield and Congleton, which were being adapted as a priority to offer dementia respite support for people locally. There were specialist day services in Handforth and Macclesfield, and Mountview Community Support Centre would also be able to offer dementia day care. Each service user affected would have an individual review to find alternative provision and dedicated social workers had been allocated to support this process. The Council had a statutory duty to meet assessed social care needs and was meeting these needs despite great pressure on the social care budget. All the Council's services had been rated by the Care Quality Commission as good or excellent.

During discussion of the item the following points were raised:

- That both the health and social care provision in Knutsford were valued services which were well used;
- It was important that officers from both social care and health were involved in discussions around service provision so that a strategic view could be taken;
- The GP consortia were involved in discussions about future provision;
- That there was a Task/Finish Group already established which had been looking at future healthcare provision in Knutsford.

**RESOLVED:** That the report be received and the position regarding the temporary closure of Bexton Court, Knutsford be noted.

Neil Evans of NHS Blackpool briefed on proposed service improvements for Patient Transport Services provided by the North West Ambulance Service (NWAS).

In 2007, the Department of Health published a national policy document entitled “Eligibility Criteria for Patient Transport Services” which provided revised criteria for non-emergency patient transport services. This defined patients as eligible for Patient Transport Services (PTS) in the following circumstances:

- A patient’s medical condition required the skills or support of PTS staff on or after the journey;
- It would be detrimental to a patient’s condition or recovery if they were to travel by other means;
- A patient’s medical condition impacted upon their mobility to such an extent that they would be unable to access healthcare or it would be detrimental or hinder recovery to travel by other means;
- A recognised parent/guardian where children were being conveyed.

A comprehensive review of Patient Transport Services was undertaken in the North West and all 24 Primary Care Trusts had agreed the need to improve access to PTS services as there was a high level of variation in the interpretation of the above access criteria. NHS Blackpool had established a project implementation team to progress the consistent use of the Department of Health’s defined eligibility criteria which would enable all healthcare professionals to ensure equity when booking PTS journeys through the North West Ambulance Service. In future, to access the Patient Transport Service booking staff would use a pre assessment tool (comprising some pre eligibility questions) which had been developed and was available on the internet; patients who self booked would be able to access the tool via the telephone to an NWAS control centre.

The pre assessment tool would be trialled in five early adopter sites across the North West between October – March 2011 and included Central and Eastern Cheshire PCT. The trial had begun on 1 October 2010 and the findings from the early adopter sites would be assessed prior to implementation across the North West in April 2011. Following initial trialling of the pre eligibility questions, a new set of questions had been introduced which would be used shortly.

The Committee was advised that the new arrangements related to planned transport only and not emergency transport. A patient information leaflet was being devised which would be widely available including in hospital sites and GP surgeries. A recent training and information session had also been held for practice managers. The leaflet would include information on the Healthcare Travel Costs scheme which was a scheme enabling the reclaiming of public transport costs if a patient was able to use public transport but cost was an issue. In relation to patients using their own transport or asking friends or family for a lift, Members raised the issue of people being reluctant to ask for help and wanting to remain independent as well as the extra cost of paying for parking at hospital as well as the travel costs. In response, the Committee was advised that investigations could be made into the possibility of parking tokens being made available if this would help towards costs and enable patients to retain their independence. It was also suggested that the Local Involvement Network (LINK) should be sent information about the pre qualification questions and other relevant information about the changes.

RESOLVED: That the changes to the Patient Transport Service be noted.

**79 MINUTES OF PREVIOUS MEETING**

RESOLVED: That the minutes of the meeting of the Committee held on 9 September be confirmed as a correct record subject to a correction to minute 63 to read "Councillor C Andrew, personal interest on the grounds that she was a member of the Cheshire and Wirral Councils Joint Scrutiny Committee".

**80 THE CHESHIRE AND WIRRAL COUNCILS JOINT SCRUTINY COMMITTEE**

The Committee considered the minutes of the meeting of the Cheshire and Wirral Councils Joint Scrutiny Committee held on 12 July.

RESOLVED: That the minutes of the meeting of the Joint Scrutiny Committee be received.

The meeting commenced at 10.00 am and concluded at 11.45 am

Councillor B Silvester (Chairman)

This page is intentionally left blank



## **Briefing Paper for Overview and Scrutiny Committees, January 2011**

Proposed Changes to Mental Health Services  
in Central and Eastern Cheshire PCT area:

Update on consultation on the proposal to close The Willows Day  
Services, Macclesfield

## **Proposed Changes to Mental Health Services in Central and Eastern Cheshire Update on consultation on the proposal to close The Willows Day Services, Macclesfield**

The OSC are asked to note the process and outcome of this consultation

### **Executive summary**

This paper provides an update for members of Overview and Scrutiny Committees on the recent Level 2 consultation relating to the proposed closure of mental health day services at the Willows in Macclesfield

### **Consultation process and outcomes**

The proposals for consultation were presented at the West Cheshire OSC, the East Cheshire OSC and the Joint OSC in September 2010 and, following discussion, level 2 consultation was implemented.

Service users had individual meetings and were advised of the proposed changes. The staff from The Willows, involving the service user's care co-coordinators (within the Community Mental Health Teams) discussed and reviewed the service user's care plan in light of potential changes. Staff continue to discuss how these potential changes may affect them and their concerns and issues.

All Cheshire and Wirral Partnership NHS Foundation Trust (CWP) staff involved in the provision of the day service within the Central and Eastern Cheshire Primary Care Trust (CECPCT) area were contacted by letter and invited to attend one of five briefing sessions regarding this and other proposed service changes. A briefing for Governors was also delivered.

The General Manager and Clinical Director met with service users and carers in open meetings at The Willows on the 22 and 27 October 2010. The questions that were generated enabled an opportunity to discuss how health versus social care is funded and the differing responsibilities of each service; feedback identified that this has been a helpful clarification.

Service users commented that those who had received the service for a period of time were losing the place where they feel secure and where people know them, some wondered whether they would find an alternative place, some people have been referred into the reablement team.

The feedback and comments received were very positive about The Willows. Service users were very disappointed that under the proposals The Willows would close. All of the service users felt that they benefited from the service which the centre provides, helping them to recover from mental illness.

Some of the comments which service users gave include:

- *"Future Pathways has been essential to my recovery. The care given has been the incentive to keep going to therapy week by week."*
- *"I feel that we are just a number and that you do not care."*
- *"My course has helped me to do be able to voluntary work. Support from the staff has also helped me to stay out of hospital."*
- *"I have found the craft sessions and the wrap course very beneficial and I was hoping to continue with other courses as it has helped me recover from my mental breakdown."*
- *"I feel strongly. To lose The Willows is the worst thing that can happen. We are all just being abandoned."*
- *"I have learnt skills that I have been able to use in the workplace during periods of stability."*
- *"I'm not well enough to use mainstream facilities."*
- *"I think that The Willows provides an environment which is relaxed and not a pressured one. The activities give people meaning and purpose and a place they can express themselves rather than be stifled."*

The service has also had comments from service users who have moved on to other services and would not have done so had these potential changes not been discussed. All service users have been provided with individual support to explore their future needs.

There was also consultation with service users on how staff would work with service users in facilitating access to existing services in mainstream locations. Staff are also currently working with partner organisations to communicate potential changes and to discuss the support they may need to ensure service users can access services.

Whilst service users were positive about the service and clearly concerned about the proposed changes this was considered alongside other factors including that The Willows does not provide a true health service, rather it is providing social care, which duplicates what is already being provided elsewhere.

The costs of the service are high relative to the number of service users who access the Willows bearing in mind that everyone who uses the Willows is also under the care of a Community Mental Health team (CMHT)

The provision of day services is not seen as a part of CWP core business and it is not available in other areas of the Trust. As outlined above all services currently provided in The Willows are available via other mainstream providers.

The feedback from the consultation was considered at CWP's board meeting in November 2010 and a decision was made to inform the PCT Board that they supported the proposal to close the Willows. The Board of CECPCT considered the outcome of the consultation also at its November board and took the decision to proceed with the closure.

### **Indicative timescales**

Now that level 2 consultation has taken place and approval received from the CWP and PCT Boards, it is expected that the service will close in mid January 2011. An implementation plan has been developed and is being implemented. The impact of the changes will be monitored and CMHT staff will continue to support service users to access relevant mainstream services.

### **Conclusion**

Provision of day services is not part of CWP's core business and it is not available in other areas of the Trust. As outlined above all services currently provided in The Willows are available via other mainstream providers. Community Mental Health Teams will continue to support service users to access appropriate mainstream services, and in doing help to support their recovery.

This page is intentionally left blank

## **Briefing Paper for Overview and Scrutiny Committees, January 2011**

Proposed Changes to Mental Health Services  
in Central and Eastern Cheshire PCT area:

1. Update on consultation on Learning Disabilities Health Respite Services at Riseley Street, Macclesfield
2. Proposal for a further stage of consultation to consider the impact of the closure of Riseley Street, Macclesfield on the proposal to close Primrose Avenue, Haslington, Crewe

**Proposed Changes to Mental Health Services in central and eastern Cheshire  
Riseley Street Learning Disabilities Health Respite Service, Macclesfield**

**Introduction:**

This paper provides an update for members of Overview and Scrutiny Committees on the consultation relating to the proposed closure of Learning Disabilities health respite services at Riseley Street in Macclesfield and the potential transfer of service provision for health respite to Crook Lane at Winsford.

Members may already be aware that the proposal to close Riseley Street was discussed by the Boards of both Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and Central and Eastern Cheshire Primary Care Trust (The PCT) at their meetings in November.

We have received legal advice recommending us to undertake further consultation before making a final decision. The requirements of this further consultation work are defined in more detail later in this paper.

Members may also be aware that prior to the consultation on services at Riseley Street, a consultation had been carried out on Learning Disabilities health respite services at Primrose Avenue in Haslington.

Although the two consultation processes were originally separate, it has now become necessary to link the two consultations to now consider the impact of the closure of Riseley Street on the proposal to close Primrose Avenue. The reasons for this and the implications of taking this wider view are described in more detail in the report.

The OSC are asked to

- note progress with this consultation and
- support the proposals for a further stage in the consultation process in relation to Learning Disabilities Health Respite Services within the area served by Central and Eastern Cheshire PCT.

**Summary of Contents**

**Page**

Background to the proposal.....	3
Riseley Street .....	3
Primrose Avenue.....	3
Update on the consultation process .....	4
Findings of the consultation.....	5
Update on health assessments of all users of LD Health Respite services .....	6
Next steps in the consultation process .....	7

## **Background to the proposal**

### **Riseley Street**

As a result of the financial efficiencies required within the PCT and the prioritisation exercise that was subsequently undertaken in conjunction with CWP, the proposal for learning disability services is to decommission health respite services from Riseley Street, in Macclesfield. (The OSC was briefed about the prioritisation exercise in July and September 2010).

Riseley Street Respite Unit provides up to 6 respite beds to adults with learning disability. Twenty service users are currently in receipt of respite care at Riseley Street. This number has been static for some time and the rate of referral for respite care at Riseley Street had reduced to one per year for the past 3 years. As a result of reduced demand, the occupancy rate for Riseley Street is running at 45%.

Riseley Street does not meet the Care Quality Commission (CQC) required environmental standards, or allow appropriate access for people with physical disabilities to ensure Disability Discrimination Act compliance.

It is proposed that specialist health respite will be provided more appropriately and effectively from the purpose built facilities at Crook Lane in Winsford. Funding has already been withdrawn by CECPCCT from CWP in relation to the provision of services from Riseley Street.

In September 2010, Board of Directors' approval was given to proceed to level two consultation which has subsequently been undertaken – the consultation process and outcomes are described in more detail below. The consultation was carried out by CWP on behalf of the PCT.

### **Primrose Avenue**

Prior to the consultation on Riseley Street, a separate consultation process had been carried on LD health respite services at Primrose Avenue in Haslington. This consultation was prompted by CQC inspection findings that indicated the facilities at Primrose Avenue were no longer fit for purpose. As in the case of the Riseley Street consultation, it was proposed that service users from Primrose Avenue would transfer to Crook Lane in Winsford.

The outcome of this consultation was that Primrose Avenue would close during 2010, however a legal challenge from carers of service users at Crook Lane has resulted in delays and Primrose Avenue still does not have a confirmed date for closure.

A further outcome from this consultation was to confirm definitions and eligibility criteria for health respite services along with the recommendation that all users of LD health respite should receive a comprehensive assessment of their needs.

The results of these assessments would inform any decision making regarding access to specialist health respite, or other more appropriate respite provision. This exercise was carried out during November and December 2010. The findings will form part of the proposed further consultation process.

## Update on the consultation process

In September 2010, the relevant OSCs supported the view that a level two consultation was required in respect of the proposals for Riseley Street, meaning that the focus of engagement activities would be with people directly affected by any changes (namely people using the services, their carers and immediate support groups).

The following work has been carried out to date with regard to the consultation on Riseley Street:-

- Briefings have been given to staff and staff-side representatives from all of the three LD health respite services within the PCT footprint.
- Presentations were made to the Learning Disability East North and East South Partnership Boards and at the joint Partnership Boards for Cheshire East and Cheshire West and Chester.
- All service users who access respite care at Riseley Street were consulted on an individual basis where possible to ensure that their views and feelings were heard.
- All Riseley Street carers were sent a letter outlining the proposal to decommission this element of the learning disability health respite service. This letter included;
  - an invitation to a consultation event
  - an opportunity to request a meeting on an individual basis to discuss the proposal and its potential impact
  - a form to provide feedback on the proposals
- All Crook Lane and Primrose Avenue carers were sent a letter that outlined the proposal to decommission the Riseley Street element of the learning disability health respite service. This letter included;
  - an invitation to a consultation event
  - a form to provide feedback on the proposals



## Findings of the consultation

All the service users who access respite care at Riseley Street were consulted where possible on an individual basis (there were 9 who were able to give their views)

All Riseley Street carers were also consulted

Service users and carers from Primrose Avenue and Crook Lane were invited to a consultation event on 18 November

Key issues/concerns raised during the consultation regarding the proposal to close Riseley Street include:

- Distance/travel involved in accessing health respite at Winsford instead of Macclesfield
- Loss of familiarity of the staff team and the impact the change may have
- Lack of clarity re eligibility and the need for it to be confirmed as soon as possible
- Availability of respite and emergency access if a reduction in beds were made

As part of the consultation process, carers from the Primrose Avenue and Crook Lane services were asked to give their views on the proposed closure of Riseley Street. A number of carers from Crook Lane are challenging the outcome of the Primrose Avenue consultation, and their response to the Riseley Street consultation reflected the ongoing nature of that challenge and included correspondence from Public Law Solicitors, who are acting on their behalf.

In response to this correspondence the PCT and CWP sought legal advice about how best to proceed. As a result, when the findings of the consultation were presented to the PCT Board in November they were not in a position to give their approval to decommission the LD health respite service at Riseley Street until a number of issues had been addressed. These are set out in the "next steps" section of this document.

## **Update on health assessments of all users of LD Health Respite services**

As per the recommendations from the Primrose Avenue consultation, all service users of LD Health Respite have now received a comprehensive assessment of their health and social care needs. These assessments were carried out by CWP and Social Care staff using a locally agreed set of criteria and letters have been sent to each individual informing them of the outcome of their individual assessment. The outcome for each service user has been determined in accordance with the eligibility criteria as outlined below:

- Service users are eligible for social care respite and do not require any health input
- Service users are eligible for social care respite but will require community health service (e.g. district nursing) input to support them when they receive their respite provision
- Service users continue to be eligible for specialist learning disability health respite and will continue to receive this service from CWP
- Service users whose health needs need to be met through specialist health services e.g. generic nursing home/hospice/Macmillan nursing packages

The outcomes of these assessments in terms of how many people fall into each category are still to be finalised and therefore this information is unsuitable for publication at this stage, however the information will be made available by staff giving briefings at OSC meetings in January.

Based on current information about the number of people who will be eligible for LD health respite, CWP anticipate that the facilities at Crook Lane will have sufficient capacity to provide health respite for all of these individuals whilst retaining a proportion of capacity for future service users etc.

Meetings took place on 13 and 14 December between CWP, the PCT and the two Local Authorities involved to discuss the implications of the completed assessments of service users and to consider what transitional plans should be put in place to affect a smooth transfer of services for those individuals that the Local Authorities will take responsibility for in future.

## Next steps in the consultation process

The next steps in the consultation process take into account;

- Feedback received to date from service users and carers
  - Outcomes of health and social care needs assessments
  - Discussions with local authority colleagues as providers of social care respite
  - Legal advice
- a) The final decisions in relation to closure of both Primrose Avenue and Riseley Street effectively fall to the PCT. Before the PCT can take those decisions, a further stage of consultation activity should take place, run by CWP on behalf of the PCT.
- b) This consultation will seek the views of service users and their carers on the likely impact of the closure of Riseley Street in light of the proposed closure of Primrose Avenue, together with the proposed transitional arrangements to be put in place. This is necessary because the original consultation on the plans for Primrose Avenue did not factor in the proposed closure of Riseley Street and the impact of this on service users.
- c) CWP and the PCT will work together to prepare and circulate a consultation document which will include a summary of the results of the health and social care assessments, proposed transitional arrangements and details about the likely impact on health respite of the closure of Riseley Street. The PCT will also complete a further Equality Impact Assessment.
- d) It is expected that the Transition arrangements will include a commitment to developing a transition plan for each person affected by the service changes.
- e) This stage of the consultation should run for a minimum of four weeks and should include opportunities to feedback on the proposed transition arrangements from existing services to the proposed model. This consultation work is planned for January 2011 with a final decision by 31<sup>st</sup> March 2011.
- f) Once views and feedback from the consultation in b) have been considered, a final recommendation as to the proposal to close Primrose Avenue can be made by CWP and/or the Learning Disabilities Management Group.
- g) Thereafter the PCT should consider this and take the final decision as to the proposed closure of both Primrose Avenue and Riseley Street.

This page is intentionally left blank

## CHESHIRE EAST COUNCIL

### REPORT TO: CABINET

---

	18 <sup>th</sup> January 2011
<b>Date of Meeting:</b>	
<b>Report of:</b>	Phil Lloyd – Director Adults, Community, Health and Wellbeing
<b>Subject/Title:</b>	Adult Social Care Assessment of Performance 2009/10
<b>Portfolio Holder:</b>	Cllr Domleo – Adults Portfolio holder

---

#### 1.0 Report Summary

The Annual Assessment of Performance is undertaken by the Care Quality Commission (CQC) and has up to 31st March 2010 been the method by which CQC determine the overall performance grading for the **Council** in respect of Adult Social Care delivery.

The overall Performance Grade for the council is aggregated up into an overall score from four grading levels

Grade 4	Performing Excellently,	
Grade 3	Performing Well	----- <b>Cheshire East rating</b>
Grade 2	Performing Adequately,	
Grade 1	Performing Poorly.	

Cheshire East Directorate for Adults, Community and Health & Well-being has received a judgement of **Performing Well**, which supports the self declaration that Cheshire East is required to make.

#### 1.1 Outcome Areas & Grading

Councils are assessed on seven outcomes areas (see below) which take into account two domains, Leadership and Commissioning and Use of Resources which form part of the overall assessment

Outcome 1 – Improved Health & Well-being  
 Outcome 2 – Improved Quality of life  
 Outcome 3 – Making a Positive Contribution  
 Outcome 4 - Increased Choice & Control  
 Outcome 5 – Freedom from Discrimination and harassment  
 Outcome 6 – Economic Well-being  
 Outcome 7 – Maintaining Personal Dignity and Respect.

## **1.2 CQC Assessment of Performance for 2009/10**

Cheshire East Directorate for Adults, Community and Health & Well-being has received and accepted CQC's overall judgement of **Performing Well**, this is broken down as described below:-

Outcome 1 – Improved Health & Well-being	Well
Outcome 2 – Improved Quality of life	Adequate
Outcome 3 – Making a Positive Contribution	Well
Outcome 4 - Increased Choice & Control	Well
Outcome 5 – Freedom from Discrimination and harassment	Adequate
Outcome 6 – Economic Well-being	Well
Outcome 7 – Maintaining Personal Dignity and Respect	Well

In respect of leadership and use of resources (which are not scored) CQC noted, 'clear and effective leadership that is driving forward the transformation agenda' and that, 'the transformation agenda has led to demonstrable efficiencies during the year'.

## **2.0 Decision Requested**

2.1 The Cabinet note the results and positive rating of the CQC performance assessment for 09/10 and that this is the final year of assessment in this way by CQC.

2.2 The Cabinet notes the future direction for the assessment of performance for this work.

## **3.0 Reasons for Recommendations**

3.1 It is a requirement of councils to submit the annual report to cabinets and to subsequently make it available to the public.

## **4.0 Wards Affected**

4.1 All wards affected

## **5.0 Local Ward Members**

5.1 Council wide

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

**- Health**

- 6.1 No implications for climate change. This report is relevant to issues relating to health and it is particularly noteworthy that the Council is performing well on the outcome relating to health

**7.0 Financial Implications (Authorised by the Borough Treasurer)**

- 7.1 None

**8.0 Legal Implications (Authorised by the Borough Solicitor)**

- 8.1 None

**9.0 Risk Management**

- 9.1 No issues

**10.0 Background and Options**

**10.1 Assessment Process**

Normally the CQC would assess those outcomes where a council was previously judged to be performing 'adequately' but as Cheshire East Council came into existence on the 1<sup>st</sup> April 2009 it was necessary for all outcome areas to be assessed. The overall assessment decision is determined throughout the year via a series of Challenge Business Meetings and the delivery of a year end **Self Assessment Statement**, at which a declaration of **Performing Well** was made. The assessment includes a set of indicators published alongside the statement which is supported by a process of evidence production, assessment and challenge.

**10.2 Local Performance Monitoring Process**

At the beginning of the performance year each outcome and domain was assigned a Senior Manager from Adults Service as an Outcome Champion. It is their brief to monitor performance in the assigned areas and to ensure evidence to support statements is available to be sent to CQC throughout the year. The self declaration of **Performing Well** was based on evidence collected throughout the year and by assessing ourselves at a series of Performance Workshops held quarterly and supported by the Portfolio holder.

**10.3 Future of the Performance Assessment Framework**

On 3 November 2010, Paul Burstow, Minister of State for Care Services, announced, *'councils will no longer conduct an annual performance assessment of councils' commissioning of care under the existing framework A new approach is to be developed which will see a shift towards a more sector-led assessment, with councils holding greater responsibility for driving improvement.'*

We will be expected to be able to demonstrate the delivery of outcomes against a revised outcome framework common to the LA and NHS with increased prominence of the Joint Strategic Needs Assessment (JSNA), while maintaining the ability to monitor and measure key performance indicators and the quality of our processes and services. A consultation on the new framework has been received, Performance, Standards & Information Team is coordinating the Council's response.

## **11.0 Access to Information**

### **11.1 Cheshire East, Assessment of Performance Report 2009/10**

[http://www.cqc.org.uk/guidanceforprofessionals/councils/councilinspectionreports.cfm?widCall1=customwidgets.content\\_view\\_1&cit\\_id=36915](http://www.cqc.org.uk/guidanceforprofessionals/councils/councilinspectionreports.cfm?widCall1=customwidgets.content_view_1&cit_id=36915)

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

Name: Sue Crompton

Designation: Performance, Standards & Information Manager

Tel No: 01270 686401

Email: [sue.crompton@cheshireeast.gov.uk](mailto:sue.crompton@cheshireeast.gov.uk)



# Assessment of Performance Report 2009/10

## ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :Cheshire East

Contact Name	Job Title
Debbie Westhead	Area Manager
<p>The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.</p> <p>The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.</p> <p><b>Performing Poorly</b> - not delivering the minimum requirements for people. <b>Performing Adequately</b> - only delivering the minimum requirements for people. <b>Performing Well</b> - consistently delivering above the minimum requirements for people. <b>Performing Excellently</b> - overall delivering well above the minimum requirements for people.</p> <p>We also make a written assessment about</p> <p><b>Leadership and Commissioning and use of resources</b></p> <p>Information on these additional areas can be found in the outcomes framework To see the outcomes framework please go to our web site: <a href="#">Outcomes framework</a> You will also find an explanation of terms used in the report in the glossary on the web site.</p>	

## 2009/10 Council APA Performance

<b>Delivering outcomes assessment</b> Overall council is:	<b>Well</b>
<b>Outcome 1:</b> Improved health and well-being	<b>Well</b>
<b>Outcome 2:</b> Improved quality of life	<b>Adequate</b>
<b>Outcome 3:</b> Making a positive contribution	<b>Well</b>
<b>Outcome 4:</b> Increased choice and control	<b>Well</b>
<b>Outcome 5:</b> Freedom from discrimination and harassment	<b>Adequate</b>
<b>Outcome 6:</b> Economic well-being	<b>Well</b>
<b>Outcome 7:</b> Maintaining personal dignity and respect	<b>Well</b>

## Council overall summary of 2009/10 performance

Cheshire East Council came into existence on the 1st of April 2009 after the Local Government Review. As such a full assessment of all outcome areas was undertaken.

The council self declared itself as performing well in relation to improving people's health and emotional well-being. This assessment also concludes the council is performing well. During 2010-11 the council needs to further evidence that its initiatives to improve health and well-being are making a difference and that its strategies and plans are targeting activities according to need.

The council self declared itself as well in the delivery of outcomes for people in improving their quality of life. This assessment concludes the council is performing adequately in this outcome area. There is an increasing focus on early intervention and preventative services that is contributing to improving people's quality of life. However, during 2010-11 the council will need to: continue to help people to live at home independently; further improve the provision of telecare; continue to evidence positive outcomes for people signposted to non-care managed support; further improve services for carers; ensure people have support to access all services independently; and address gaps in services for people with complex needs.

In relation to opportunities for people to make a positive contribution the council self declared itself as performing adequately. This assessment concludes the council is performing well. The council has demonstrated that it encourages the active involvement of people who use services and their carers in development, planning and review. During 2010-11 this will be enhanced further through the Consultation Team. The council should also continue to support the Learning Disability Partnership Board to ensure that it fully captures the views and experiences of people and develop the Volunteering Strategy.

The council self declared itself as delivering excellent outcomes for people in increasing choice and control. This assessment concludes the council is performing well in this outcome area. Although it is noted that good progress was made on the delivery of self directed care, the council needs to further improve its performance on a number of key indicators and performance management arrangements.

In relation to securing freedom from discrimination and harassment the council self declared itself as performing adequately and this assessment concurs with that judgement. The council is aware it still has work to do to improve on this outcome area and has plans in place to improve its performance further during 2010-11.

Outcomes for people in supporting economic well-being is judged to be performing well and this concurs with the council's self

declaration. The council is committed to ensuring that people who use services and their carers have access to financial advice so as to improve their economic well-being.

The council self declared itself as performing well in maintaining personal dignity and respect and this assessment concurs with that judgement. The council's safeguarding service is developing in response to changes in government policy and legislation and good progress is being made on ensuring that safeguarding is Everyone's Business. This will be further strengthened during 2010-11 when procedures are reviewed and membership of the Safeguarding Adults Board strengthened.

Overall the council is performing well in achieving positive outcomes for people. During its first year the council has shown a commitment to transforming adult social care to improve outcomes for the citizens of Cheshire East. There are clear timelines for actions with clear risk assessments that are monitored regularly. These plans indicate changes in the use of resources from reaction to prevention and from managing conditions to active reablement.

The council has demonstrated that it is committed to involving service users and carers in the development of services that influence commissioning intentions. The council's budget is challenging and it continues to monitor and address financial pressures especially in services for older people and learning disability. The council anticipates that further integration with health during 2010-11 will demonstrate better outcomes for people.

### Leadership

*"People from all communities are engaged in planning with councilors and senior managers. Councilors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce".*

### Conclusion of 2009/10 performance

Cheshire East Council came into existence on the 1st of April 2009 after the Local Government Review (LGR). During its first year the council has shown a commitment to transforming adult social care to improve outcomes for the citizens of Cheshire East and as such embarked on an ambitious plan (up to 2013) for the redesign of social care. Extensive consultation was undertaken by the previous authority Cheshire County Council prior to the LGR and was formally approved by Cheshire East Cabinet during 2009-10. Work was undertaken with the lead Portfolio Holder to raise awareness of the transformation agenda across the council as a whole. This is a whole service transformation including structures, policies, practices, attitudes and skills across provision, personal assessment and strategic commissioning. There are clear timelines for actions with clear risk assessments that are monitored regularly. These plans indicate changes in the use of resources from reaction to prevention and from managing conditions to active reablement. In relation to the 'Putting People First' initiative good progress has been made.

The council is aware of its challenges in transforming services so that they become more: local, joined up, sustainable, focused on outcomes, preventative, innovative and of high quality. As part of its strategic planning the council is working on a wide ranging structural and system change to accommodate a move to Local Independent Living Teams (LILTs). These will be based in each locality with safeguarding at the heart of its work. The interface with Children's Services and transition arrangements are also under review led by a Transition Task Group. To ensure this vision is with engagement the council held an event 'Unlocking the Future'. This event symbolised the ethos of the Social Care Redesign with the aim of stimulating the market to meet the needs of

people in a more innovative way. The council also consulted on its Community Strategy, 'Shaping the Future of our Communities' and it is anticipated this will shape the council's strategy over the next 15 years. This strategy will be finalised during 2010-11. The council is aware that it will need to increase its level of community engagement and inclusivity if it is to enable people who use services to actively inform developments.

Relationships with health partners developed further during the year with the intention of ensuring that pathways for people are as seamless as possible. During 2010-11 the council intends to progress this agenda further with an intention of extending social care redesign work into the NHS, wider council and other partner services. Central to this will be the creation of multi-disciplinary teams and establishing pathways for people, who are discharged from hospital, end of life care, and dementia. The Dementia Strategy programme has progressed during the year with the PCT identifying the ways forward in delivering improved services across the community.

The culture and make up of the workforce was addressed during the year that will provide the council with the capacity and capability needed to achieve its ambitious programme of change. The council is currently developing a Workforce Strategy that will help manage the cultural and structural changes required to embed a personalised approach to the delivery of services. During the year the council delivered a number of formal training days with staff to embed its transformation plans and social care redesign. This was further supported by Manchester Metropolitan University who delivered training that concentrated on personalisation ('Making Change Happen'). In a recent IPSOS Cheshire East Survey the council scored highly on staff engagement with staff reporting they felt positive about the training they can access.

The council acknowledges it needs to have robust management frameworks in place that will report data accurately and that will also evidence improved outcomes for people who use services and for their carers. Work was undertaken to develop a Performance Framework that will monitor performance throughout the year. This is supported by quarterly performance workshops that are attended by the council's lead member and a representative from the PCT. The council is confident that these systems and the role of a Team Support Officer to support staff at a local level will improve data quality further.

### Key strengths

- Clear and effective leadership that is driving forward the transformation agenda
- The engagement of a number of stakeholders in the transformation plan and social care redesign
- Raising staff awareness has helped to embed the councils transformation plans in accordance with personalisation
- Performance management arrangements are improving supported by quarterly performance workshops that focus on outcomes for people





### Areas for improvement

- To finalise the Transition Strategy and develop a service that ensures the needs of young people with complex needs are supported into adulthood with clear plans of care
- To ensure the Dementia Strategy programme and any actions plans resulting from this work is progressed with all partners
- To finalise the Workforce Strategy
- To further improve performance management frameworks ensuring outcomes for people are met

### Commissioning and use of resources

*"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value".*

### Conclusion of 2009/10 performance

The council is committed to involving service users and carers in the development of services that influence commissioning intentions. During the year the council invested £200k in improving consultation arrangements. In addition, some of the DoH Common Assessment Framework (CAF) money will be used to strengthen engagement in service planning and co-production in respect of the CAF project. The LINK also has representatives on a number of commissioning and engagement groups that discuss strategy. Work has commenced on a number of commissioning strategies as a result of consultations that will be finalised during 2010-11.

The council's budget is challenging and it continues to monitor and address financial pressures especially in services for older people and people with a learning disability. During the year the council consulted social care users, carers and Third Sector organisations in the setting of its budget for 2010-11. The council also undertook an analysis of its 'Use of Resources' and this work was used to inform the Social Care Redesign process. This was developed on the basis of a costed model moving funds

from traditional services to new forms of delivery. During the year the council also addressed its efficiency targets by investing in preventative services; adopting a tiered care allocation system; workforce management; focussing on expensive care packages; reviewing building based services; and decommissioning excess capacity within Provider Services. The Resource Allocation System (RAS) is now complete and the council anticipates that personal budgets will reduce individual commissioning costs as individuals make more effective use of their money. From 2010-11 onwards the council intends to further progress these measures anticipating this will deliver a further £3 million in efficiency savings. In total the council anticipates that between 12% and 15% efficiencies will be made as a result of transformation.

The council is working with health partners on the integration of services to ensure there is a seamless pathway of care for people. Partnership agreements are currently in place for a number of user groups that are either social care led, health led or multi-disciplinary. Work was also undertaken on the disaggregation of the Learning Disability Pooled budget. It is the intention that services will be commissioned jointly for this population. Initial work is also being undertaken with health colleagues to agree boundaries for individual wards to enable systematic data collection and through the CAF bid work is ongoing to develop joint IT infrastructures. It is anticipated that the 'Vision and Strategy for Integrated Care' (agreed during the year in partnership between the council and its NHS partners), will be progressed further during 2010-11 under the banner of 'Caring Together'. Interim structures have been put in place to take this work forward. This strategy aims to protect delivery of services and reduce duplication of effort to ensure better use of resources. Other work streams that will enhance integration further during 2010-11 include: the further development of the LILTs; fully integrated hospital discharge teams; and further integration of urgent care at hospital sites and a community team.

In relation to market management the council is working with providers to help them understand changes in market dynamics. Pricing mechanisms have been used to incentivise the market to meet local demand. The majority of residential and nursing care contracts are paid for with spot contracts with 40% of residential contracts for supported adults being paid an incentive payment to encourage a specific type of provision. The council also works proactively with care providers to improve quality. Meetings are held regularly and outcomes from these meetings have led to improvements in care. Contract monitoring is undertaken systematically and action is taken to raise standards in relation to quality of care issues where these had been identified. The proportion of people placed in 'good' and 'excellent' services in the local area and outside the area by the council is above the national picture.

A Joint Strategic Needs Assessment (JSNA) was produced during the year that has identified a number of health inequalities within the council area. JSNA priorities are not yet embedded in local commissioning strategies, which are informed by service users and carers' views. In particular it is noted that coronary heart disease, lung cancer and alcohol are key influences upon health inequalities. The council is aware that the JSNA will need to include information in relation to learning disability population, dementia and domestic abuse to ensure that appropriate actions can be taken to improve the health and well being of its

vulnerable populations. As such the council is undertaking further work with health partners to refresh data and plan how health inequalities identified in the JSNA between areas can be effectively addressed. Health and Wellbeing is managed through the Health and Wellbeing Partnership (part of the Local Strategic Partnership). This group aims to develop a Health Improvement Strategy and Joint Commissioning Strategies during 2010-11. A Joint Commissioning Strategy is in place for Older People. There is an intention that the Local Strategic Partnership (LSP) will oversee all work in relation to health inequalities but without an overarching strategy and priorities outcomes from this work will not be known until 2010-11.

### Key strengths

- The councils commissioning plans are influenced by demographic patterns and trends as well as by individual stakeholder views
- The transformation agenda has led to demonstrable efficiencies during the year
- Development of a joint strategy with health to shift resources from reactive to preventative provision and to share the risks and benefits that result from the implementation of these plans
- The quality of regulated services is higher than average compared with similar areas
- Progress on the JSNA to inform joint working

### Areas for improvement

- To finalise all Commissioning Strategies and monitor any actions as a result
- Ensure that the council's diverse communities are effectively involved in commissioning processes, at both strategic and individual levels, so that services are sensitive to their needs.
- To develop locality based commissioning with local communities being at the heart of all decision making
- To effectively risk manage use of resources to particular reference to pressures in older people and learning disability services
- Update and refresh the JSNA to ensure that it captures the needs of all people in the community specifically addressing health inequalities
- To continue to develop integrated working with health

## Outcome 1: Improving health and emotional well-being

*“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.*

### Conclusion of 2009/10 performance

The council has developed information and advice about physical and mental health well-being on its web site although it acknowledges this requires further development. There are dedicated pages to a number of initiatives and the website provides signposting to partner agencies such as the NHS and Age UK. Information is provided in a number of different languages, formats and text sizes and there is an audio ability function.

The JSNA identifies a number of health inequalities within the council area. There are noted differences in health profiles within certain local areas and although life expectancy is above the national average there are some marked differences in some towns. Specific health priorities and support for people is being targeted through a number of different local initiatives. The council has demonstrated through its self assessment that these initiatives are making a difference to the lives of some people but is also aware that it is difficult to measure this accurately over a one year period. The council in partnership with the PCT anticipates that a Health Inequalities Strategy will be finalised and launched during 2010-11. In relation to promoting the health of people within regulated services staff are trained on medication management and this is also monitored as part of the council's contract monitoring activities. The council and its partners will need to continue to monitor: the findings from the JSNA; impact of marketing campaigns; the take up of activities; and evidence of improved outcomes for people to ascertain if these are effective or not in informing consultation arrangements and future commissioning activities. The council is aware that it will need to continue to work with its performance section to review reporting arrangements.

Within Cheshire, Drug Treatment and Prevention Services are commissioned by the Cheshire Drug and Alcohol Action Team (DAAT), which is a pan Cheshire service. The Cheshire DAAT is a multi-agency partnership and is responsible for the delivery of the National Drugs Strategy across the whole of Cheshire. During the year and as a result of the local government reform this group reviewed a number of options including the number of social work posts in drug services. Initiatives are also underway with the Criminal Justice Team with the aim of reducing the number of individuals coming through the system. Alcohol misuse is also a main priority for the council and during the year a draft Alcohol Misuse Reduction Strategy was developed. The DAAT service is currently being reviewed by the council to ascertain its effectiveness in relation to the Cheshire East footprint.

The proportion of delayed discharges from hospital attributable to adult social care is well monitored and low. As part of the preventative agenda the council and local health organisations are working together to ensure that inappropriate admissions to hospital are avoided and to ensure systems underpinning discharge planning are more effectively joined up. For example, a pilot is taking place to examine care arrangements for people leaving hospital and causes of delayed discharges. This was supported by a major review of reablement services with the aim of ensuring that people are helped to regain their confidence and skills in order to make informed decisions about their future support needs, therefore reducing the need for long term interventions. This service is being offered free to eligible individuals for a maximum of up to 6 weeks. The council's performance on the number of people living independently three months after a period of reablement is in line with comparator councils. This service is also complemented by intermediate care and community equipment services. Current levels of intermediate care are better than comparator councils. Plans are in place to increase the number of intermediate care beds in two hospital wards in community hospitals during 2010-11. The council has also redesigned its services for customers through a major restructuring of the existing social work teams into four Local Independent Living Teams (LILTs). Each team within the structure will have a number of community reablement workers. The second phase is to take place during 2010-11 and the council anticipates that joint working with health will be trailed during the year with the long term aim of full integration.

The council promotes healthy eating in a number of ways. During the year a review of community meals provision was undertaken and as a result of consultation with service users a new contract commenced. The Health Improvement Team funded cooking courses, which promote the use of healthy menus. In Extra Care Housing schemes catering is governed by a Service Level Agreement. In regulated services the council monitors nutrition and menus through its contract monitoring functions and if necessary will liaise with health colleagues if specialist intervention is required.

The council is aware there is still work to do to clarify professional and partner agency accountabilities and to secure improvements in the timely identification, decision making and co-ordination of support for end of life care. The council has made links with the PCT work stream for end of life care with specific reference around the Dementia Strategy and Safeguarding, but this work is in its infancy. Information for citizens about Advance Decisions, Lasting Power of Attorney and 'Do not Resuscitate' will be available during 2010-11. The council has a dedicated individual who works in partnership with Cheshire East and Central PCT particularly in residential and nursing homes to address end of life care pathways. There are currently seven nursing homes working towards the gold standard accreditation linked to end of life care. In conjunction with extra care housing, Housing 21 has introduced an End Of Life Strategy and a DVD. The council is also working with St Luke's Hospice who offers training to Housing 21 and Advantage staff. The council is aware of the need to promote and train care home staff in end of life care and is treating this with some urgency.

### Key strengths

- Evidence that a number of local initiatives are improving people's physical and mental well-being.
- The development of a JSNA that identifies where there are inequalities of health and well-being amongst people in the council area
- Good performance in the number of delayed transfer of care
- Development of intermediate and reablement services that enable people to regain confidence and skills helping them to plan for future support needs
- The development of Local Independent Living Teams

### Areas for improvement

- Continue to improve the availability and accessibility of information and advice so that people are well informed about their options
- Develop a Health Inequalities Strategy that effectively targets all the population within the council area
- Monitor the take up of healthy living activities in order to demonstrate if these are having a positive impact on people's health and well being
- Finalise the review of the DAAT service and implement any recommendations arising from this
- To continue to progress the implementation of Local Independent Living Teams and integration with health
- Continue to address gaps in arrangements for end of life care in accordance with people's wishes

### Outcome 2: Improved quality of life

*"People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services."*

### Conclusion of 2009/10 performance

An increasing focus on early intervention and preventative services is contributing to improving people's quality of life. The council is working with a range of partners to increase choice and opportunity with the aim of ensuring that people are able to stay as independent as possible and remain in their own homes. The council has provided examples as to how it is working with partners to promote early intervention to maintain people's independence. During the year over 47,000 older people across Cheshire East received a home visit through an initiative delivered in partnership between the council, Age UK and Cheshire Fire and Rescue service. This initiative was recently awarded the national e-government award and the Communities and Local Government award for Equality & Diversity. The council intends to link this resource into the redesign of social care, particularly to underpin reablement services. The council's performance on helping people to live independently increased during the year and is in line with comparable councils.

During the year the council opened an Independent Living Centre (ILC) that offers advice and support for people who use services, their carers and for people who fall outside the eligibility criteria. Telecare equipment was introduced into the ILC so that people can see what equipment is available. The council is seeking capital funding to further develop a customer information gateway that facilitates access to information, self help material and services from the internet, to hubs in local communities. Assistive technology such as telecare services is increasingly used to promote the safety and wellbeing of people in their homes. However, the council's performance on telecare is lower than comparators. The council plans to develop an Assistive Technology Strategy during 2010-11 and the implementation of this strategy will be supported through planned increased investment.

The council has also adopted the Prescription Model for Community Equipment. This has ensured that equipment is being provided in a timely way minimising the potential for delayed discharge from hospital. The National Community Equipment Survey results for the council highlighted that 68% of respondents felt that the equipment they received improved the quality of their life. The average waiting time for a major adaptation shows an improving picture and is better than comparator councils. The provision of minor adaptations is currently a pan Cheshire service and is to be reviewed during 2010-11. The council's performance on waiting times for minor adaptations shows an improving picture during 2009-10.

The council has invested £1.34 million in carers' services through the Carers' Grant. This was used to provide day care, respite, advice, information, counselling and leisure and well-being opportunities for carers. There is a Carers' Centre in Northwich that provides services pan Cheshire. However the council acknowledges that current levels of support provided to carers is low and is a priority area for 2010-11. To progress this agenda a Cheshire East Carers Interagency Group has been established alongside a Joint Commissioning Panel with the PCT. A Carers' Project Team is now in place and a key priority for the council is to offer carers a separate assessment. The council has provided evidence of positive work to support young carers. In March 2010 the pan Cheshire Young Carers' Group was aligned with the Cheshire East Interagency Group. During the year the group: held a

Young Carers' Day (attended by 55 young carers); produced a new strategy; and produced a newsletter for schools and GP practices. The Cheshire East Crossroads Young Carers' Project provided support to 105 young carers and is working to address the unmet needs of the 1000+ young carers in the area. The impact of these initiatives and the role of the Carers' Project Team is an area for continued monitoring during 2010-11.

The Primary Care Trust Falls Service was decommissioned in 2009 and falls provision is now included within the initial reablement contact assessment prior to goal planning taking place. The council intends to monitor a sample section of referrals to establish if there has been a reduction in falls or admission to hospital as a result of this new approach. A new falls prevention checklist is to be introduced during 2010-11.

The council has high levels of extra care housing provision for older people in place. The Extra Care Housing Annual Satisfaction Survey demonstrates that the majority of people living in each facility were generally, fairly or very satisfied with facilities and services. For people with a learning disability the council is commissioning specialist supported living provision locally and has developed an Accommodation Strategy. The ultimate aim is to develop appropriate specialist provision to enable those people who have been historically placed out of area to return to the council area. For adults with mental health problems or physical disabilities the council aims to provide further supported living initiatives that will include mixed housing provision.

The council is aware that it needs to improve information and advice to people to ensure they are well supported to use local services and have a social life. The council currently supports people to access social, leisure and learning through its web site, the ILCs and Third Sector. The Transport Policy was also updated to reflect the changing market due to personalisation. People are also being supported to travel independently through travel training and this will be taken forward during 2010-11.

The council supports 900 adults with a Learning Disability with either substantial or critical needs; 100 people have a diagnosis of autism and are accessing specialist autism services. The council commissions from specialist autism providers, most of which are based outside the borough. The council has identified gaps in services for people with complex needs and work is ongoing to review placements and develop appropriate provision within the council area. The council intends to have a strategy available to address the requirements of the Autism Act during 2010-11.

Work is ongoing with the Care Services Efficiency Delivery (CSED) Programme to identify gaps in service provision for people with dementia and to deliver Integrated Care and Support Pathway Planning. This will inform work being carried out in conjunction with health partners in relation to the implementation of the National Dementia Strategy 2009. It is anticipated this work will be completed early 2010-11. Joint funding with the PCT and third sector was secured to build a website for people living with dementia. Work is also being undertaken with key partners from the PCT and the Acquired Brain Injury (ABI) services based at the Countess of Chester Hospital to evaluate the current services provided to individuals who have had a traumatic brain injury.



It has already been identified that the absence of a formal pathway and access to Neuro-Psychiatric care management processes is a significant service deficit. It is also recognised that the rehabilitation component of ABI without any triaging systems is a significant economic risk to both the council and the PCT. The current strategy and Acquired Brain Injury pathway is to be reviewed and changed to meet the needs of the individual through the personalisation agenda. The Stroke Integration and Pathway Group is now active and the council reports the Stroke Grant will assist funding for training and development.

### Key strengths

- An increasing focus on early intervention and preventative services is contributing to improving people's quality of life
- Effective use of assistive technology to improve people's quality of life and independence
- Good performance on waiting times for minor and major adaptations
- The development and implementation of the Independent Living Centre
- Innovative initiatives with the third sector to support young carers
- High levels of extra care housing schemes for older people

### Areas for improvement

- To continue to support more people to live independently
- To finalise and implement an Assistive Technology Strategy to further increase levels of Telecare
- To further increase support for carers
- To evidence outcomes from carers' initiatives and to develop the carers' assessment pathway
- To demonstrate the effectiveness of falls provision
- Continue to develop housing initiatives that meet the needs of all people within the local area
- To continue to address gaps in services for people with autism to ensure that suitable services are developed within the council area
- To complete and implement planned work on care pathways and associated strategies for people with complex needs

## Outcome 3: Making a positive contribution

“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported”.

### Conclusion of 2009/10 performance

In order to ensure that people make a positive contribution the council encourages the active involvement of people who use services and their carers in the development, planning and review of services. A Consultation Team is now operative in Cheshire East and a timetable of consultation events and surveys is being developed. An event for older people took place during the year in partnership with the PCT. This aimed to share thinking on the development of JSNA and to check with local older people and their carers the extent to which these reflect their own priorities. Funding support has also been made available to the newly established independent Cheshire East Older People's Network. This is to enable them to increase membership and form alliances with other community based organisations in Crewe, Congleton and Macclesfield. The "I can Do It course" is being run for people with learning disabilities to improve their confidence in speaking out in public and being able to make their opinions known within the wider community. The council is aware that it needs to further demonstrate an inclusive approach to engagement from hard to reach and minority groups.

Supporting People have sought the views of people who use services in relation to the co-production of a newsletter and a number of volunteers have been identified. An Older People's Engagement Event was delivered; feedback is currently being drafted for use in forthcoming service planning. Local feedback from the User Experience Survey was used to support the establishment of a real time electronic monitoring system to make sure individuals receive a timely and sufficient service. The vast majority of respondents were satisfied with the support they received.

A stakeholder engagement event, 'Unlocking the Future' held during the year aimed to provide a public one stop shop for anyone using, involved with or delivering adult services within Cheshire East. The event was attended by over 500 service users, carers and user organisations. Feedback demonstrated a high level of satisfaction with the day. This council intends to use this information to inform future events.

The council can demonstrate it has used carers' feedback to influence service design and delivery. Carers were involved in a Strategic Interagency Group and Commissioning Panel with the council and PCT commissioners; represented wider carer networks and specific user groups; and been involved in service reviews, project evaluation and influenced commissioning decisions. A Carers' Link role was established as part of the council's strategy to identify carers' through primary care services

and provide information and advice. A User Experience Survey of Carers was undertaken and as a result of this survey the council now intends to develop an action plan to respond to the challenges it raises to inform future service development. A Community Meals Survey involving the views and experiences of people who use services was also completed during the year. As a result of this consultation a new service specification and provider was approved.

There is no council wide strategy that covers volunteering. Through the appointment of a new post holder this area is to be treated as a priority. The council intends to underpin the Volunteering Strategy with a wider Consultation and Participation Strategy; funding has been agreed to allow work in this area. The council acknowledges that performance systems need to be improved to demonstrate effective outcomes as a result of volunteering. The council is currently reviewing third sector contracts and anticipates that new contracts will be in place by the middle of 2011. There are however a number of initiatives in place that provide occupational opportunities for people who use services to access voluntary opportunities. The council's self assessment has evidenced that these are making a difference to people's lives.

In relation to social enterprises The Macclesfield Garden Centre was developed in response to a marked change in the local economic environment with fewer entry level jobs becoming available and increased competition for vacancies, particularly from migrant workers. Local business leaders were encouraged to take part in the development of the centre and a board was formed (from members of the local community) to govern the Social Enterprise. The garden centre officially opened during the year. Out of the six paid employees 4 have a disability; one is employed through Workstep and another through Future Jobs Fund. The council intends to support further social enterprises during 2010-11.

The Learning Disability Partnership Board (LDPB) Annual Report 2009-10 recognises there are a number of gaps in provision for people with a learning disability. People with learning disabilities and carers are represented on the Board and contributed to the Draft Partnership Agreement. Notes of meetings are transcribed into easy read documents. There are two further forums that also feed into the LDPB. The council anticipates this Board will develop further during 2010-11.

The council supports the Carers Federation as the Local Involvement Network (LINK) Host with an officer from the council providing a main contact. There is an approach that LINK will be seen as a key part of the council's overall plans for consultation and engagement and a liaison group meets on a monthly basis. A number of events have been held to raise awareness and the work of LINKs in local areas.

### Key strengths

- People who use services and carers are supported to take part in community life
- The involvement of people who use services in the development and review of services
- The promotion of voluntary opportunities for people who use services and carers
- The development of a successful social enterprise scheme
- Positive relationship developing with the LINK
- The availability of a range of third sector provision

#### Areas for improvement

- To develop a Consultation and Participation Strategy
- To develop a Volunteering Strategy and ensure that outcomes for people are regularly monitored through the planned review of third sector contracts
- To continue to support the LDPB to ensure that it fully captures the views and experiences of people with a learning disability and their carers.

#### Outcome 4: Increased choice and control

“People who use services and their carers’ are supported in exercising control of personal support. People can choose from a wide range of local support”.

#### Conclusion of 2009/10 performance

The council is giving high priority to ensuring that its information and advice streams are robust to enable people to choose services that meet their needs. There is a range of social care information available and the council is aware that further upgrades are required to its internet page. Funding has now been secured to develop an Information Gateway that will offer information, services and signposting and the council is aware that it will need to work closely with its partners to strengthen activity in this area. The council works closely with Age UK investing £93.8k in the ‘Supporting You’ contract, which offers individualised advice and support for those not eligible for social care funding. A British Red Cross Hospital to Home Scheme is in place offering support to people returning home. There is a comprehensive supporting people web site that provides a full

directory of services available. There are demonstrable good outcomes for people as a result of these services.

Local Independent Living Teams (LILTs) also provide a universal single point of referral/contact for people requiring advice and support. The council has found that waiting times have improved in two of the LILTs that have become established during the year and anticipate that further improvements will be made across all other teams as they too become established. There is a range of support to people who are self-funders to enable them to make arrangements that are right for them, including the provision of information, advice and assessments. Self-funders are also entitled to the full reablement and intermediate care offered free of charge for up to 6 weeks.

The council is committed to working with a number of Third Sector organisations to ensure that advocacy becomes integral to its work. Providers meet with commissioners on a quarterly basis to discuss activity and outcomes for people are regularly monitored. The council is to develop an Advocacy Strategy to review current provision in line with Putting People First.

Performance on timeliness of assessments for all adults is lower than comparators. However, the council is performing well on the timeliness of social care packages following assessments. Performance on reviews across all user groups is problematic with performance well below comparators; there is a particular backlog for people with learning disabilities. The number of carers who have received an assessment or review during the year is also lower than comparators. The council is aware that this will need to improve if it is to ensure that people are adequately protected and in receipt of the right service. The council anticipates that it's re design of care management services during the year and the addition of a team support officer in each locality will improve this performance during 2010-11.

The personalisation agenda and the roll out of personal budgets is a key priority area for the council and it has made good progress in its implementation. The council's performance on social care clients in receipt of self directed support was excellent and higher than comparators. Of all people in receipt of self directed support uptake is particularly strong for older people and people with a physical disability. The percentage of carers in receipt of direct payments is lower than comparators. Direct payments are encouraged as the first choice for how people take their personal budget. This personalised way of working has now been rolled out to all Operational Teams support by the RAS to enable flexible funding arrangements. Each individual who approaches the service is offered a personalised budget and assisted to develop a support plan that addresses their needs and identifies how services will be purchased. To support the roll out of personalised budgets the council has also developed the 'Empower' card. This offers the opportunity for service users to receive their personal budget via a pre-payment loaded card, which is preloaded with their personal budget, which can be used to pay for services. There is early evidence that people feel more in control of their lives.

There is a growing range of community based services to enable people to continue living safely at home and in their local

communities. The council is committed to supporting people to live independent lives where possible and has expanded its intermediate care and rehabilitation services to achieve this. There are some effective partnership working and innovative approaches to identifying and supporting carers including enabling them to access social and leisure, further training and employment opportunities. Direct Payments are used to ensure greater flexibility in the use of respite support. The Carers' Emergency Response Service is funded by the Carers' Grant and delivered through a partnership agreement between the Carers' Centre and Crossroads. Out of hours support and advice is available and the council is currently reviewing provision to ensure it fully meets the needs of the new authority.

The council has clear arrangements in place for managing complaints and compliments at a corporate and service level. Staff have been trained to deal with complaints and the council monitors activity on a quarterly basis. Learning from complaints is routinely undertaken and is used to inform service delivery. There is also a joint protocol with health for managing complaints in integrated services. The council's monitoring arrangements of registered services include a focus on complaints and how service providers have dealt them with. Checks are made during monitoring visits to ensure people are aware of the process and if they had complained whether they were satisfied with the outcome.

### Key strengths

- Effective advice and information services delivered in partnership with the Third Sector
- Positive partnership working with advocacy organisations with demonstrable outcomes for people
- Timely delivery of assessment and care packages
- Good progress made in the delivery of self directed support and evidence that people feel more in control
- All people that are offered a personalised budget have a support plan in place
- A growing range of community resources that support people to choose to live independently
- Complaints are handled promptly leading to satisfactory outcomes

### Areas for improvement

- To ensure information and communication is delivered in an accessible way to enable people to understand and strengthen their approaches to managing personal risk
- To develop an overarching Advocacy Strategy that supports the personalisation programme and Putting People First
- To improve performance on reviews across all user groups
- To continue to implement the Resource Allocation System and train all staff to ensure that people feel in control as a result of personal support plans
- To continue to facilitate the growth of a diverse range of services to meet people's expressed needs

### Outcome 5: Freedom from discrimination and harassment

"People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods".

### Conclusion of 2009/10 performance

The council's eligibility criteria is set at substantial. The criteria for access to social care and charging policies are widely publicised. The council undertakes an assessment for anybody with a social care need before applying the Fair Access to Care Services (FACS) criteria. A period of reablement is offered to all people who would benefit from it. Following reablement the criteria is then applied to determine both whether a package of care is needed and whether financial support can be offered. People who fund their own care are signposted to other services and agencies but there is limited evidence of whether people's needs are met. The council is working towards outcome based monitoring and this will be enhanced by a recently successful bid for the second phase of the CAF for Adults Demonstrator Programme with £2.2million awarded for a three year period. There is an intention that once in place the council will be able to use the system to identify need and use this to inform commissioning practices as well as using it as an Information Framework, which can be used to present both quantitative and qualitative data.

The council corporately transferred to Level 1 as a 'developing' council on the Equality Framework for Local Government and intends to move to the next level during 2011-12. The council is currently consulting on its Single Equality and Inclusion Scheme 2010-11. The council acknowledges this is a challenging agenda and reports a commitment to improve its performance on Equality and Diversity. Adult services are taking a lead in a number of areas. For example Black and Minority Ethnic Community Development Workers (CDW) have made links with minority groups with the aim of improving relationships and information to

eliminate barriers to services. Workshops have been held with Cheshire and Warrington Race Equality Council (CHAWREC) and the Workstep service to focus on how the service could make better links with minority communities in Cheshire. The council has also joined a steering group with the NW Development Agency looking at Faith communities in the area and how best they can work together with community churches of all faiths. A Project Officer has also been appointed to support the work on equality and diversity and consultation with hard to reach groups. Programmes are in place to both complete and act upon Equality Impact Assessments (EIAs) and staff awareness training will continue to be provided. The council uses its Supporting People Engagement Groups to make contact with people from the Lesbian, Gay, Bisexual and Transgender (LGBT) community. Both the council and the Gypsy and Traveller Voice Group approved a Gypsy and Traveller Policy focussing on the provision of care during the year. However, all this work is in its infancy and demonstrable outcomes for people as a result are as yet unknown. The impact of this work will be reviewed further during 2010-11.

Cheshire East's Crime and Disorder Reduction Partnership (CDRP), aims to tackle and reduce crime and anti-social behaviour. Its minimum priorities are to reduce crime, anti-social behaviour, alcohol and domestic abuse and prolific offending. The Community Safety Team takes a coordinating role for the council in working with partner agencies to develop, implement and monitor Community Safety strategies and plans, and to support and advise elected Members and other key council departments in their work on such issues. The Crime Rapid Response team also attends incidents where elderly and vulnerable members of the community have been approached by rogue traders.

In relation to disability and hate crime the council has modified its safeguarding procedures to ensure that all incidents of discrimination and hate crime are recorded. A 12 point plan was produced with Cheshire Police that will form the basis of a Hate Crime Strategy. The Cheshire Domestic Abuse Partnership (CEDAP) is responsible for developing and implementing a new strategy that was introduced during the year. Partnership work between the council and CEDAP was short listed for a local innovation award.

### Key strengths

- Clear published eligibility criteria
- The development of engagement with representatives with of minority groups
- The council is working in partnership to address community safety issues

### Areas for improvement



- To ensure that equality and diversity is integral to the transformation agenda
- To demonstrate outcomes from the work undertaken with minority groups
- To work towards achieving Level 2 of the Equality Framework for Local Government
- To ensure that all staff are fully aware of and trained in relation to Equality and Diversity agendas
- To further develop an outcome based monitoring system that effectively demonstrates that people's needs are being met through signposting to other services.
- To implement the Hate Crime Strategy

### Outcome 6: Economic well-being

*"People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment".*

### Conclusion of 2009/10 performance

The council is committed to ensuring that people who use services and their carers have access to financial advice so as to improve their economic well-being. A number of initiatives provide advice and information to enable people to maximise their income. This includes: a Corporate Appointeeship and Deputyship Service that assists people who lack capacity to manage their financial affairs in line with the MCA; the appointment of a Commissioning Manager responsible for income maximization; joint working arrangements with the Department for Work and Pensions (DWP) to ensure individuals are aware of what they can claim; and work with the Citizens Advice Bureaux to ensure that advice and information on income and debt is widely available. The council has provided evidence through its self assessment that these initiatives resulted in an increase in benefit claims during the year. Corporately there has also been an investment of £117,000 that has provided additional staff to increase the level of benefit take-up across the borough. There is demonstrable evidence that the level of benefit take up across the council area increased during the year.

The council commissions two support organisations; Cheshire Centre of Independent Living (CCIL), which is a user led organisation and Age UK to provide brokerage for self-funders as well as a wide range of support services to direct payment users. The council has provided evidence that these initiatives are making a difference to people.

The council also works in partnership with the PCT to determine eligibility for Continuing Health Care (CHC) funding; this is a

mature and well developed relationship. An Advocacy Support Scheme is in place to support people through the process, however the council intends to review these support arrangements to provide advocacy at the start of the process.

Corporately the council has a £330,000 package of measures to help tackle the effects of economic recession. A Recession Taskforce is leading this. The council is also committed to forging links with relevant agencies and the local business community and was involved in a joint project with Economic Development that aims to secure 240 paid apprenticeships under the National Apprenticeship Scheme.

The council both commissions (via grant allocation to partner organisations) and provides directly a Supported Employment Service for people with learning disabilities, physical/ sensory disabilities and mental health problems. There is evidence that a number of initiatives are providing better outcomes for people in finding and retaining employment. This includes the development of models of employment such as social enterprises. During the year performance on supporting adults with a learning disability into employment was lower than comparators. The council now has an action plan in place to address this issue. The council has further plans to ensure better opportunities are in place for people to maintain or seek employment. This includes a one site review of all service users in the Learning Skills and Employment service (LSE); the development of a Mindful Employment Charter and the development of an Apprenticeship Scheme with a focus on disadvantaged groups. This is an area for ongoing development and review during 2010-11.

As an employer the council's own approach to enabling carers to remain in employment is supportive. There are council wide policies and procedures in place with flexible working opportunities available for those with caring responsibilities. The council plans to undertake a Carer's Survey during 2010-11 to establish how many carers it employs that will then assist in the setting of employment targets. Some third sector organisations offer support to carers and a carers' manager was appointed to Job Centre Plus to assist carers' to get the relevant training required to secure employment. The council has identified carers as a priority group in the Cheshire East Future Jobs Fund Project. Levels of support provided to carers through assessments will be an area for continued monitoring during 2010-11.

### Key strengths

- Good advice and support is provided to people to enable them to maximise their income
- Support, advice and brokerage for managing direct payments and individual budgets is developing
- Effective arrangements are in place for determining Continuing Health Care eligibility

### Areas for improvement

- To fully implement the action plan to increase employment opportunities for people with a learning disability
- To provide support and advice to carers to enable them to remain in employment or seek employment

### Outcome 7: Maintaining personal dignity and respect

*"People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life".*

### Conclusion of 2009/10 performance

The council's safeguarding service is developing in response to changes in government policy and legislation. It is also implementing recommendations from recent strategic reviews, which make Safeguarding Everybody's business. The Inter Agency Policy, Procedures and Guidance were updated and will undergo further review during 2010-11 to ensure they remain robust. The Operations Sub-group of the Adult's Safeguarding Board is currently updating the Vulnerable Adults Procedure to include issues such as: hate crime; forced marriage; DoLS Policy; and the Complaints Policy. The Safeguarding Board has agreed the Serious Case Review Policy and work is ongoing on an Information Sharing Policy.

The council's web site has a dedicated page for vulnerable adults. This signposts the public to other organisations that can also help provide advice and support. Fact sheets are also available. It is intended that this will further raise awareness of adult abuse and how to seek assistance through social care agencies and or the Police should someone be at risk of being abused and/or actually subject to abuse. The council with its partners, people who use services and their carers has also held a number of joint events during the year with the aim of raising public awareness. A questionnaire was sent to people who use services and carers to identify their understanding of safeguarding and how they would like to receive further information. The results from this will be used by the prevention and training groups to identify how to take this work forward.

The Safeguarding Adults Board (SAB) was formed during the year and an Independent Chair appointed. To take forward its agenda the Board formed three multi-agency sub committees. Each has an action plan with timescales for delivery. The Board has membership from a wide range of partner agencies. The council is aware of the need to continually strengthen membership of the safeguarding board to ensure that all partners take responsibility. This should also include representation from the

independent sector, people who use services and carers. During 2010-11 the council intends to work more closely with its health partners to ensure there is a clear system in place that links clinical governance systems within the adult safeguarding processes.

There was an increase in safeguarding referrals during the year and the council attributes this to increased awareness and improved multi-agency working through the SAB and sub committees. The majority of referrals were completed in a timely manner but only half of the referrals made for people with mental health problems were completed. The council is aware of this issue citing that IT systems in mental health teams cannot link with social care and this has led to a false reading of closed cases. The council is aware that its performance management arrangements require further work if it is to ensure it is able to report accurately. Of the overall referrals, a number came from partner agencies, which demonstrates the council's intentions to ensure that safeguarding remains everyone's business. Fifteen IMCAs were used to support people and the council has demonstrated positive outcomes for people as a result of this involvement. Auditing of safeguarding cases is undertaken and any lessons learnt are shared with teams. However this is not systematic and fully embedded in practice. The council has developed an auditing tool for this purpose that will be introduced during 2010-11.

The council provides basic awareness safeguarding training to its own staff and also to health, housing, the police and independent sector. The majority of relevant Adult Social Care staff has received training to identify and assess risks to adults whose circumstances make them vulnerable. The council also provided investigator training to its managers and partner agencies. The authority also funds two specialist nurses who provide training to residential and nursing homes, which include Adult Safeguarding and whistle blowing. The percentage of staff employed in the independent sector that has received safeguarding training is lower than comparable council's. Training for Members on Adult Safeguarding and Protection Procedures was held during the year in conjunction with Dignity In Care, Domestic Violence and Deprivation of Liberty.

Mechanisms to conduct authorisations under the Deprivation of Liberty Safeguards (DoLS) are in place and regular monitoring ensures there is consistent application of decisions and support for assessors. There are 9 Best Interest Assessors and two nominated authorised signatories. The council in partnership with the PCT has also taken a number of steps to ensure that all workers and partner agencies it contracts with have had sufficient training in relation to DoLS. The council also promotes best practice in terms of advocacy particularly with the IMHA and IMCA advocates.

The council is embracing the Dignity and Respect agendas as they see this as being a fundamental value base for the commissioning and delivery of services. The council is working with local and regional stakeholders from primary and acute health care, and Third Sector organisations, to raise awareness and standards. The PCT has also chosen dignity and respect amongst its World Class Commissioning priority areas. This supports the council's ambition to ensure the best quality, safe and secure services for the populations of Cheshire East. The council aims to increase the number of Dignity in Care Champions to promote a cultural change, improve quality in service provision and create a system where there is a zero tolerance of abuse and

disrespect to adults. The quality of regulated services both within and outside the council area is high and above the national picture and the council is robust in its response to addressing providers who fail to meet the required level of performance.

The council strives to ensure that families and carers are treated as care partners. Feedback from carers' consultation sessions was used to direct the services that were commissioned through the Carers' Grant funding that included information, advice or counselling, short breaks, lunch support groups and outings. The Social Care Redesign Project Team also included two carers as expert partners and the Carers' team have been attending team meetings to train staff to be able understand, respect and work with carers as expert partners. A series of Carers Awareness sessions were held and a number of carers' accessed a 'looking after me carers course' that ran for six weeks promoting and recognising the needs of carers, enabling networking and sharing opportunities.

### Key strengths

- The council's safeguarding service is developing in response to changes in government policy and legislation
- Good progress is being made on ensuring that safeguarding is Everyone's Business
- Overall safeguarding referrals are dealt with in a timely manner
- Levels of safeguarding training provided by the council for its own staff
- Effective implementation of the Deprivation of Liberty Safeguards
- The council positively uses contract monitoring and inspection reports to gain a better understanding of the experience of service users who are dependent on others for their safety and wellbeing

### Areas for improvement

- To further review multi agency guidance and procedures to continuously raise standards and to ensure compliance with procedures across the partnership
- To further strengthen membership of the Safeguarding Adults Board with representatives from the independent sector, service users and carers
- To improve on the numbers of staff employed by the independent sector that receive training on the protection of vulnerable adults
- To improve performance management arrangements within safeguarding with particular reference to mental health data recording and the regular auditing of safeguarding cases
- To continue to raise awareness and standards relating to dignity in care

This page is intentionally left blank