Public Document Pack

Health and Wellbeing Scrutiny Committee

Agenda

Date:	**Thursday, 12th January, 2012**
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. **Declarations of Interest**

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

3. **Minutes of Previous meeting** (Pages 1 - 8)

   To approve the minutes of the meeting held on 10 November 2011.

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

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

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

   Note: in order for officers to undertake 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.

For any apologies or requests for further information, or to give notice of a question to be asked by a member of the public

Contact: Denise French
Tel: 01270 686464
E-Mail: denise.french@cheshireeast.gov.uk

5. **Dr Foster Hospital Guide** (Pages 9 - 10)

To consider the attached report.

6. **East Cheshire Hospital Trust - update on Foundation Trust status, the integration of the community health service and the Trust's Annual Plan**

Julie Green, Director of Corporate Affairs and Governance to provide a verbal update

7. **Alcohol in Cheshire East** (Pages 11 - 22)

To consider the attached report of the Head of Health Improvement

8. **Mid year budget review** (Pages 23 - 24)

To consider the relevant extracts of the mid year budget review as reported to Cabinet on 28 November 2011

9. **Update on progress with developing the Cheshire East Shadow Health and Wellbeing Board**

To receive a verbal update from the Portfolio Holder for Health and Wellbeing

10. **Work Programme** (Pages 25 - 36)

To review the current Work Programme (attached).

11. **Ageing Well in Cheshire East programme (draft)** (Pages 37 - 58)

To consider the draft booklet about the Ageing Well programme (attached).

12. **Forward Plan**

To consider extracts of the Forward Plan that fall within the remit of the Committee.

13. **Consultations from Cabinet**

To note any consultations referred to the Committee from Cabinet and to determine whether any further action is appropriate.

14. **Exclusion of the Press and Public**

The reports relating to the remaining items on the agenda have been withheld from public circulation and deposit pursuant to Section 100(B)(2) of the Local Government Act 1972 on the grounds that the matters may be determined with the press and public excluded.

The Committee may decide that the press and public be excluded from the meeting during consideration of the following items pursuant to Section 100(A)4 of the Local Government Act 1972 on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 and public interest would not be served in publishing the information.

PART 2 – MATTERS TO BE CONSIDERED WITHOUT THE PUBLIC AND PRESS PRESENT

15. **Knutsford Health and Social Care Development** (Pages 59 - 68)

To receive a verbal update on the current position with the Knutsford Health and Social Care Development project

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Agenda Item 3

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee** held on Thursday, 10th November, 2011 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor G Baxendale (Chairman)
Councillor J Saunders

Councillors G Boston, S Gardiner, M Grant, D Hough, G Merry, A Martin, A Moran and J Wray

37 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor M Hardy; and Councillor R Domleo, Portfolio Holder for Adult Services and Councillor R Menlove, Portfolio Holder for Environmental Services

38 ALSO PRESENT

Councillor J Clowes – Cabinet Support Member for Health and Wellbeing

39 OFFICERS PRESENT

M Cunningham – Assistant Director of Public Health (Acting)
D J French – Scrutiny Officer
G Kilminster – Head of Health and Wellbeing
L Scally – Head of Strategic Commissioning and Safeguarding

40 DECLARATIONS OF INTEREST

Councillor S Gardiner declared a personal interest as a patient of a GP surgery in Knutsford

41 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Committee held on 5 October be confirmed as a correct record.

42 PUBLIC SPEAKING TIME/OPEN SESSION

Charlotte Peters Rock addressed the Committee in relation to the item on the work programme regarding undertaking Scrutiny work in relation to the health and wellbeing of carers and service users arising from recently implemented closures of services and proposals under consultation.

She queried the political composition of Task/Finish Groups in the light of a letter that she had received from the leader of the Council. In response, the Chairman explained that Task/Finish Groups comprised Members who were interested in

the topic under review and were set up on a cross-party basis but were not required to be politically proportionate.

43 NORTH WEST AMBULANCE SERVICE

Sarah Byrom, Director of Performance and Patient Experience, briefed the Committee on performance, highlights, complementary resources and Chain of Survival.

As previously advised to the Committee, response time standards had been replaced by 2 categories:

- Category A (red calls) which required a response in 8 minutes with a 19 minute transport standard; and
- Category C (green calls) which were broken down into Green 1, 2, 3 and 4 with response times and telephone assessment times still to be agreed.

There were also 13 new Quality Indicators covering various items including "outcome from cardiac arrest", "outcome from stroke", "time to answer call", "service experience" and "time to treatment".

Ms Byrom outlined the headlines relating to performance which indicated that performance across Central and Eastern Cheshire had improved; for Category A8 performance for the year to date showed response times as 72.8% against the Government target of 75% and for October alone the rate was 74.72%.

She referred to service reconfigurations of wider NHS services and the impact they would have on the ambulance service, for example, when an ambulance had to transfer a patient to a centre of excellence which may be out of the area, meaning turnaround times would take longer. A new initiative - Primary Percutaneous Coronary Intervention (PPCI) - had now been introduced across Cheshire East.

A number of new developments included new clinical indicators allowing more focus on clinical care; expansion of the Urgent Care Service, the introduction of a Clinical Supervision model which had introduced a more effective supervisory structure and recruitment, the expansion of the Community Resuscitation Team, patient surveys undertaken at Leighton Hospital and unconditional registration with the Care Quality Commission. Positive feedback had been received from patient surveys but there were still issues around eligibility criteria and the inconsistent use of the electronic booking system for patient transport.

Future challenges included increased activity, winter demands, financial climate, changing commissioning arrangements and market testing for the Patient Transport Services.

In relation to complementary resources in Cheshire East there were 8 Community First Responders (CFR) schemes with 51 trained responders; there were 27 Public Access Defibrillation (PAD) sites. In the near future, further CFR schemes and PAD sites were to be introduced; presentations were being given to Parish Councils, a Co-Responder scheme was in place in Nantwich and Heartstart UK training had been given to local communities as well as introducing a schools programme – Heartstart was basic life support training given to local communities. The Chain of Survival Strategy was outlined which aimed to reduce

levels of mortality and morbidity associated with emergency situations occurring outside hospitals; it involved partnership working to strengthen the immediate response options which existed and to complement the NWAS provision too. Currently, a Regional Coordinator had been appointed with a start date of January 2012, County Level leaders were shortly to be interviewed and a County Group was under development; the Chain of Survival Strategy would be implemented in January 2012.

Finally, the Committee was briefed on the current position with Foundation Trust status – NWAS was currently undergoing an assessment with the Strategic Health Authority following which the application would be submitted to the Department of Health. It was hoped that Monitor would authorise Foundation Trust status around September 2012.

Members of the Committee were then given the opportunity to ask any questions or raise issues as follows:

- How quality was measured and whether figures were kept on survival rates? In response, the Committee was advised that a Care Bundle was used in relation to Acute Myocardial Infarction cases and measurements were taken of how many parts of the Bundle package were implemented; this was reported to the NWAS Board on a regular basis;
- Whether there was dependence on Community First Response teams particularly to reach response time targets and what would be put in place should volunteer numbers reduce? In response, Members were advised that CFRs were complementary to other services and were part of the overall response process. There were also Co-Responders teams with the Fire Service and these roles were not voluntary as they used retained fire officers. There were clear roles and responsibilities set out; a database was used to show the strength of each scheme;
- The impact of cross boundary work – it was explained that this was difficult to measure but as well as NWAS vehicles moving out of the area, there were also vehicles from elsewhere moving into the North West; the important point was that vehicles were moved in response to the current situation, for example, at times of high numbers of flu cases, vehicles would be moved to areas where cases were especially high.

RESOLVED: that

(a) the update be noted; and
(b) NWAS be invited back to a meeting in approximately six months time with current response time figures, further information on Community First Responders schemes and details of Care Bundles used for Acute Myocardial Infarction and stroke cases.

44 DENTIST SERVICES IN CONGLETON

Janet Prosser, Dental Commissioning Manager, Central and Eastern Cheshire Primary Care Trust, briefed the Committee on changes to dentist services in Congleton. She explained that, following a long procedure and process, the Primary Care Trust had decided to terminate an NHS dental contract in Congleton. The service previously provided by this dentist had now been

recommissioned through a new provider, at a flagship practice. The Committee was assured that there was no lack of dentist provision in Congleton.

RESOLVED: that the update be noted

45 KNUTSFORD HEALTHCARE PROJECT 2011

The Committee considered a report on the future of health and social care services in Knutsford.

The report outlined the current position and recent history in relation to services in Knutsford:

- The Tatton Ward was temporarily closed;
- Bexton Court was temporarily closed;
- A consultation was underway by Cheshire East Council regarding "Improvements to Adult Social Care Services" which included consideration of the future of Stanley House;
- Past consultations had looked at the co-location of the 3 GP Primary Care services onto a single site with the intention to increase the number of integrated and co-located services available to Knutsford.

The financial circumstances at present meant there was minimal public sector capital, a need to use public land efficiently and constrained expenditure in health and social care. This meant any new services needed new ways of funding and the report outlined a proposal to seek resources from the private sector. The proposal outlined a way of encouraging a private sector funder and developer to own or lease land and invest in a new building; for a developer this would ensure some guaranteed income from GP and other commissioned health and social care services (such as bed based services) with remaining space in the building rented out to such services as private dentistry, opticians, hairdressers.

The land in the centre of Knutsford where the Community Hospital and Bexton Court was situated was the preferred site and discussions were underway with planning and highways officers. It was also recognised that a travel plan would need to be introduced. The site was owned by the Council (Stanley House and Bexton Court) and East Cheshire Hospital Trust and at this stage the proposals were very much in principle, until current consultations were completed and the Hospital Trust Board and Council's Cabinet had considered the proposals and a way forward. The local GPs had indicated that they did not feel their current premises were suitable for the future needs of patients.

The report proposed ways in which the public might be engaged. It was anticipated that if potential funders or developers were sought, a prospectus would be produced which could include an Annex containing public views and showing areas of support, which could inform future tenants for the building. It was also suggested that public representatives could have an opportunity to participate in the selection process for the developer. It was noted that the Town Council and Planning Group was currently holding a listening exercise to gain people's views.

Members of the Committee were given the opportunity to discuss the issues and raised the following points:

- Whether alternative sites were under consideration for any integrated facility, for example, the Red Cross site on Northwich Road? In response, the Committee was advised that the town centre site was the preferred site but other sites could be considered.
- In relation to future tenants of the site, other than public services, it was suggested that a private hospital may be a possibility; it was also felt that there were sufficient nail bars and hairdressers already located in Knutsford. In response, the Committee was advised that possible tenants for the building were only examples of the types of business that may be interested but these were not prescribed;
- In relation to seeking the views of the public, it was suggested that views could be sought from U3A, local community groups, the voluntary sector, groups that supported people with a specific medical condition, the Town Council, patient groups at surgeries; and it was important to ensure views were sought from all age groups and all sectors of the population.

RESOLVED: That the update on the current situation be noted and a report be made to a future meeting when proposals have developed further.

46 UPDATE ON PROGRESS OF DEVELOPING THE CHESHIRE EAST SHADOW HEALTH AND WELLBEING BOARD

The Committee considered an update report on the development of the Shadow Health and Wellbeing Board.

The Board had now held two meetings and membership had been extended to 13 people including Councillor Flude, leader of the Labour Group and L Scally, Head of Integrated Commissioning and Safeguarding. The membership was based on the expected statutory membership with additional members to reflect the needs of Cheshire East; it was important that the Board was not so large as to be unwieldy. It had been agreed that substitutes were not allowed other than nominated deputies for the GP Chairs of the two Clinical Commissioning Groups and chair of Cheshire East Local Involvement Network (LINk)/Healthwatch.

Draft terms of reference were included in the report and comments were invited. There was a web page under development and a member briefing session had been arranged for Thursday 24 November.

Information would be provided shortly from Central Government regarding the transfer of public health to the Council including the shadow allocation of finance for public health. There would also be an allocation of finance to Public Health England. Work was underway to identify work currently being done at the Council to support public health. The Joint Strategic Needs Assessment had also been updated on the website.

The role of Healthwatch was discussed, which was to represent the views of the public. Members discussed whether an additional organisation could be included on the Board to also represent the public, such as a voluntary or community organisation. In response, it was explained that GPs on the Board would also represent patients. It was emphasised that adequate training and resources must be made available to support LINks/Healthwatch. The Committee was

advised that legislation was awaited on Healthwatch but in the meantime the Council was looking at how to sustain the funding during the transition period.

The Committee was informed of an asset mapping exercise taking place within the Council and some work being undertaken by the Council for Voluntary Service on an audit of health and social care provision; in addition, a Congress was to be established.

The importance of wellbeing was discussed including the role of parks, civic halls (which host a variety of activities) and play areas, in supporting wellbeing. It was reported that guidance was expected in January on producing a Joint Health and Wellbeing Strategy and this would emphasise the role of wellbeing; Scrutiny would be able to influence the development of the Strategy.

RESOLVED: that the update on the Health and Wellbeing Board be noted.

47 THE CHESHIRE AND WIRRAL COUNCILS JOINT SCRUTINY COMMITTEE

The Committee received the minutes of the Joint Scrutiny Committee held on 10 October. The Chairman drew attention to minute 20 on the future role of the Committee when various questions had been raised on matters including the terms of reference, protocols and procedures, size of the Committee, rotation of chairmanship on an annual basis, links with public health and the Health and Wellbeing Boards. These matters would be discussed at the next meeting on 23 January.

RESOLVED: that the minutes be received.

48 WORK PROGRAMME

The Committee considered the Work Programme, which had been updated following the last meeting to include items on health and wellbeing of carers, future healthcare provision in the Knutsford area and suicide prevention. It was noted that the Task/Finish Group set up by Children and Families Scrutiny Committee to look at health and Cared for Children had now held its first meeting; this Group included two Members from this Committee.

In relation to the item on North West Ambulance Service (NWAS), it was agreed to contact NWAS to see if they could provide written information on Care Bundles to the next meeting, otherwise they would report back in around 6 months on all issues identified earlier in the meeting.

The Annual Public Health report would be submitted as an annual item around January. The item on Health Inequalities would be moved back to March 2012 after the Committee had considered the Annual Public Health Report.

The Committee considered prioritising the 3 new items:

- Health and wellbeing of carers and service users - it was reported that work was being carried out by Adult Social Care Scrutiny Committee on the Carers Strategy, which would include regular monitoring; the Scrutiny responsibility for carers lay with Adult Social Care Scrutiny Committee. It was also relevant to note that a public consultation was underway on "Improvements to Adult Social Care Services" and public meetings were to be held during November. The Committee had been updated earlier on initial proposals for future health and social care provision in Knutsford. It was therefore proposed that, in view of work already underway elsewhere at the moment and because scrutiny of carers lay with Adult Social Care Scrutiny Committee, this item should remain on the work programme but no action be taken at present but it be revisited in 9 months to check on progress;
- In relation to the proposals around future healthcare in Knutsford, the Committee had earlier in the meeting considered a report on initial proposals and would be kept updated as the project progressed;
- In relation to the item on suicide prevention, the Committee requested a report to the next meeting on the main issues in order to consider the merit of undertaking some specific scrutiny work.

RESOLVED: That the Work Programme be updated as set out above and a report be submitted to the next meeting on suicide prevention.

49 **FORWARD PLAN**

There were no items on the Forward Plan for consideration by the Committee.

50 **CONSULTATIONS FROM CABINET**

There were no consultations from Cabinet.

The meeting commenced at 10.00 am and concluded at 12.15 pm

Councillor G Baxendale (Chairman)

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HEALTH AND WELLBEING SCRUTINY COMMITTEE
12 JANUARY 2012

DR FOSTER HOSPITAL GUIDE

The Dr Foster Hospital Guide was published in November 2011 and its contents are set out below:

- Hospitals with the highest and lowest mortality rates
- Reducing mortality at nights and weekends
- Hospital networks save lives
- Follow best practice and treat patients promptly
- Avoid hospitals that only perform operations occasionally
- Introduce new and better treatments quickly
- Treatment for hip and knee replacement
- Patient safety
- What patients think of our hospitals
- Who are our trusts of the year?

A link to the Dr Foster report is below:

http://drfosterintelligence.co.uk/wp-content/uploads/2011/11/Hospital_Guide_2011.pdf

The information in the Dr Foster report suggests that Mid Cheshire Hospitals NHS Foundation Trust has higher than average mortality rates, including at weekends.

The Chief Executive of MCHFT, Tracy Bullock, has provided the information below in response to the findings in the Dr Foster report:

Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) would like to take this opportunity to reassure you that patient safety and quality of care has always been, and will remain, the Trust Board's main priority.

In relation to the mortality figures published in the recent Dr Foster Hospital Guide, MCHFT has been working continuously over a number of years to make sustainable improvements in our mortality rates. The Trust has been involved in national (Leading Improvements in Patient Safety), regional (North West Reducing Mortality Collaborative) and local (Reducing Inappropriate Admissions to Hospital) projects, all of which have proved to be very successful, as evidenced by the 16 point reduction in our Risk Adjusted Mortality Index (RAMI) in 2010-11. This exceeded the 10 point reduction set by the North West Reducing Mortality Collaborative.

As a result of our involvement in these projects, the Trust is now supporting a second regional mortality reduction programme by sharing our learning with other Trusts. Furthermore, the local project focusing on inappropriate admissions to hospital won a national award from the *Health Service Journal* in November 2011.

However, in recognising the importance of ongoing improvement in our mortality rates, the work in this area continues unabated. For example, the Trust continues to update its clinical care pathways based on evidence-based practice, and it is work like this that has seen our mortality rates continue to fall this year.

The figures in November's Dr Foster Hospital Guide covered the period of April 2010 to March 2011, and gave the Trust a Hospital Standardised Mortality Ratio (HSMR) of 114. Since this date, the Trust's HSMR has reduced to 103 in the 12 months to September 2011. This is now categorised by Dr Foster as being "as expected".

To address the reported high weekend mortality rates, the Trust has already made significant investment to increase our Consultant numbers. This investment in Consultants will continue, along with additional investment in Specialist Nurses, to ensure that patients are seen in a timely manner by the most appropriately qualified healthcare professional. With regards to nursing levels on the wards, the Trust uses a nationally recognised acuity tool published by the Chief Nursing Officer for England. This tool looks at the patient dependency on a ward, and uses this data to ensure that the appropriate number of nursing staff are then matched to the patient dependency. Dr Foster provides information on an average number of nurses per 100 beds with no sensitivity around actual patient needs, whilst our acuity tool shows that the nursing numbers on our wards are as expected for the needs of our patients.

While the Trust is rated as having 'higher than expected' mortality figures in the Dr Foster Hospital Guide for HSMR and HSMR for emergency weekend admissions, the report focuses on over 30 different indicators of patient care. Examples of the mortality indicators where the Trust is rated as being 'as expected' include HSMR for elective and emergency admissions on a weekday, deaths after surgery, deaths following acute myocardial infarction (heart attack), and deaths in both low-risk and high-risk conditions. More details on these indicators can be found on the Dr Foster website but in conclusion, MCHFT exceeds or is in the expected range for 27 out of the 30 indicators.

CHESHIRE EAST COUNCIL

REPORT TO: Health and Wellbeing Overview and Scrutiny Committee

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Date of Meeting: 12th January 2012
Report of: Head of Health Improvement
Subject/Title: Alcohol Harm Reduction initiatives in the North West, Cheshire & Warrington
Portfolio Holder: Cllr Janet Clowes

1.0 Report Summary

1.1 The report provides an overview of initiatives underway across the North West, Cheshire and Warrington to try to reduce alcohol related harm and the health, social and financial impacts of that harm.

2.0 Decision Requested

2.1 That the Committee consider the report and endorse the actions underway.

3.0 Reasons for Recommendations

3.1 To raise the awareness of the Committee of work under way and to secure the support of the Committee for that work.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 All

6.0 Policy Implications including – Carbon Reduction - Health

6.1 Alcohol is one of the leading causes of ill health amongst our local population. Around one third of our population are drinking at levels above the recommended limits. The health impacts of alcohol misuse include an increased use of general practice consultations, increased attendance at A&E, ambulance call outs, out- patient and hospital admissions. The chronic effects of alcohol use include cirrhosis, coronary heart disease cancer and stroke.

7.0 Financial Implications (Authorised by the Borough Treasurer)

7.1 There are no direct financial implications in relation to this report. However, the cost to the Central and Eastern Cheshire PCT of dealing with alcohol misuse is £31,500,000 per annum, currently increasing by at least £500,000 a year. The costs to the Police in dealing with alcohol related incidents is significant (for example £600,000 cost for arrests for being drunk and disorderly in 2008-2009 just for those processed through the Middlewich Custody Suite). In addition the Fire Service and local authority have costs associated with clearing up after fires, accidents and anti social behaviour incidents, there are costs to the social services as a result of alcohol causing family breakdown or contributing to an individual's vulnerability. There are also costs to local businesses and the public sector due to days lost through alcohol related sickness.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 There are no legal implications specific to this report. Legal Services are involved in the ongoing work in relation to Minimum Unit Pricing.

9.0 Risk Management

9.1 N/A

10.0 Background

10.1 The Cheshire and Warrington Health Commission was established in 2009 following local government reorganisation and the review of the sub-regional architecture. Cheshire East is the lead authority for the Commission providing the lead officer and Chair (currently Councillor Domleo).

10.2 The Commission is made up of representatives from the local authorities (CEC, CWAC, Halton and Warrington), PCTs, Police and Fire Services and the voluntary and charitable sectors. It reports through to the sub-regional Management Team and sub regional Leadership Board. At an early stage the Commission identified alcohol harm as a major issue across all four authorities and one for which there was potential to have a positive impact by working effectively across the sub-region.

10.3 Each local authority area and PCT has concerns about alcohol consumption levels and the impacts of these. **Appendix A** covers some key facts that helped inform the Commission in its priority setting.

10.4 As a result of making the reduction of alcohol harm a priority, Officers began to consider key actions that might start to make a difference. At the same time the Chief Executive made contact with Drinkwise Northwest who were initiating a large scale change programme within the North West to reduce alcohol harm. This led to the establishment of a Cheshire and Warrington Large Scale Change group that has become an informal sub-group of the Commission.

11.0 Progress to date

11.1 The Year Two action plan is centred upon progressing the work to reduce alcohol harm. An Alcohol Strategy Group chaired by Chief Inspector Peter Crowcroft has been established to co-ordinate work across the Health and Wellbeing and the Criminal Justice and Community Safety Commissions. This includes representatives from health, the probation service, magistrates, the Police and local authorities to ensure all aspects of alcohol related harm are considered.

11.2 The Large Scale Change programme is driving the majority of ongoing actions. The Primary Driver Diagram (**Appendix B**) shows the five key objectives.

11.2.1 Leadership – The Northwest local authority Chief Executives have nominated a lead CEO for each sub-region who have regular telephone conferences to update on progress and drive the programme. Through their networks they are building the support from other organisations. In Cheshire East we have held two Large Scale Change Workshops with a wide range of public sector organisations. These have identified a number of areas where more effective collaborative working can make a difference, for example in data sharing. In addition the CEOs are developing key messages that can be used to demonstrate the impacts and costs of alcohol harm.

11.2.2 Calculate the costs – one of the objectives of the Large Scale Change programme is to reduce by 5% costs related to alcohol harm. Work is underway across the region to effectively capture the current costs at both the macro and micro level. Some of the national and Regional costs are referred to in Appendix A. More locally there is work ongoing to capture incident related costs, so for example an alcohol related accident and emergency hospital admission at Macclesfield hospital that involved the Police helicopter being called out and an alcohol related arson incident in a children's play area. The intention is to use these to demonstrate some of the hidden costs and impacts that alcohol relate harm can lead to and the impacts on others that this might have.

11.2.3 Public Sector Workforce – across the North West there is a large public sector work force. Through raising awareness of alcohol harm and helping staff understand the impacts of alcohol harm, there will be benefits to both our customers and clients, but also to the workforce. As an example Identification and Brief Advice training is being piloted with officers from the Police, the Fire Service and Cheshire East Council participating. This is designed to help staff deliver 'behaviour change interventions' that prevent later more costly referrals into services. This may involve appropriate literature being given out, or signposting to a support network.

Through a better understanding of alcohol related sickness absence, appropriate responses can be developed to help people back to work.

11.2.4 Children and Young People – There is particular concern regarding the levels of alcohol consumption of young people in the North West and the harms caused to young people as a result of others, parents or carers for example,

consuming too much alcohol. In Cheshire and Warrington we have alcohol related hospital admissions for under 18s that are worse than the national average. The Authority has recently signed up to the NHS North West 'Pledge to young people' (see **Appendix C**). Directors of Children's Services across the North West are being engaged in this work.

11.2.5 Tackle the causes – The programme is looking at ways to build support for Minimum Unit Pricing of alcohol, with clear evidence that the introduction of a MUP would significantly reduce alcohol related harms and costs. With the Scottish Parliament currently considering the introduction of MUP in Scotland, there will be implications for the Region if the Bill is passed. Clinicians locally are very supportive of MUP. Local MPs are involved in discussions to raise the issue in Westminster and the Prime Minister has recently been reported as being supportive of a minimum unit price. Local Authorities are considering their responses with many, including Halton, Warrington, Cheshire West and Chester and Cheshire East agreeing in principle to Minimum Unit Pricing and seeking further information on the implications of implementation to allow an informed decision to be made in due course. Officers across Merseyside, Greater Manchester and Cheshire and Warrington are working together to ensure a co-ordinated approach.

11.3 Other ongoing actions include Communications leads from the different organisations working together to develop evidence based messages that support the need to reduce alcohol related harm. The Health and Wellbeing Commission is also ensuring an ongoing link with the Criminal Justice and Community Safety Commission and will look to work with the emerging Local Enterprise Partnership.

12.0 Access to Information

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

Name: Guy Kilminster
Designation: Head of Health Improvement
Tel No: 01270 686560
Email: guy.kilminster@cheshireeast.gov.uk

Appendix A

Why do we need to act together to reduce alcohol harm across Cheshire and Warrington?

1 in 5 adults across the North West are drinking at levels likely to pose a significant risk to their health.

The North West has more alcohol related hospital admissions than the rest of the UK (one person every four minutes admitted to hospital, 30% of all admissions)

Cheshire and Warrington is in the worst quartile nationally for alcohol specific admissions to hospital for under 18s

3,800 a year die in the North West from alcohol related causes

The Department of Health estimates that alcohol costs the North West £400 million a year.

47% of people in the North West avoid their town centres at night because of the drunken behaviour of others

Levels of binge drinking in Cheshire and Warrington are higher than the national average.

50% of all violent incidents in the North West are alcohol related.

Alcohol is a key factor in child/elder abuse

Alcohol is a key reason for claiming incapacity benefit

Appendix A

Nationally:

22% of accidents are alcohol related and 30 % of suicides.

44% of alcohol purchased is consumed by 10% of the population

Alcohol is a factor in 40% of domestic violence cases, 40% of child protection cases and 74% of child mistreatment cases.

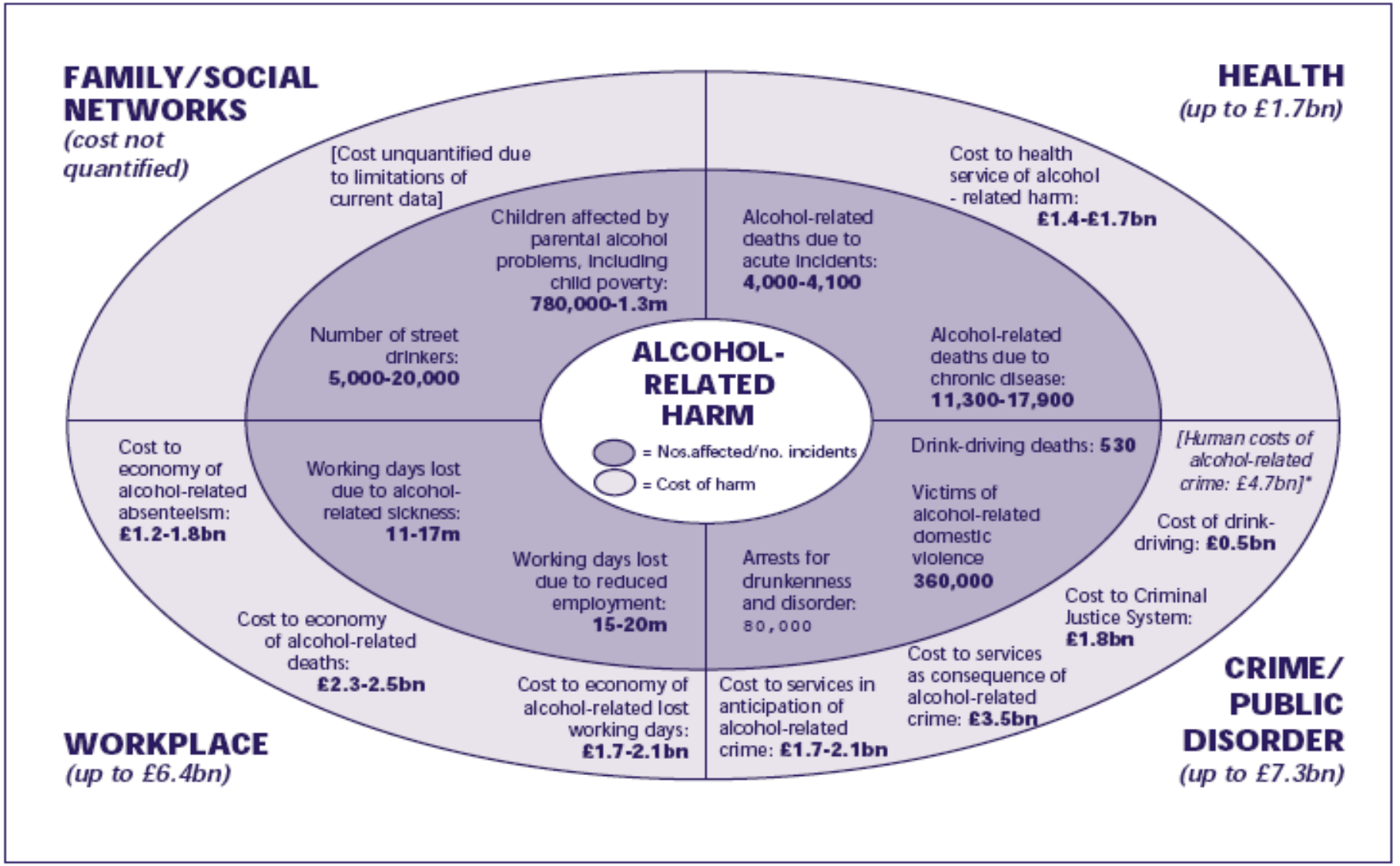
45% of all violent crime is alcohol related

Alcohol related crime and anti social behaviour is estimated to cost £7.3 billion a year nationally (emergency services, criminal justice system, costs to the victims)

Dealing with alcohol related ill health costs the NHS £2.7billion a year (2006-7 figure).

It is estimated that up to 17 million working days are lost annually due to alcohol related sickness (costing £6.4 billion to the economy)

Appendix A



Estimated Costs of Alcohol related harm (2004 figures)

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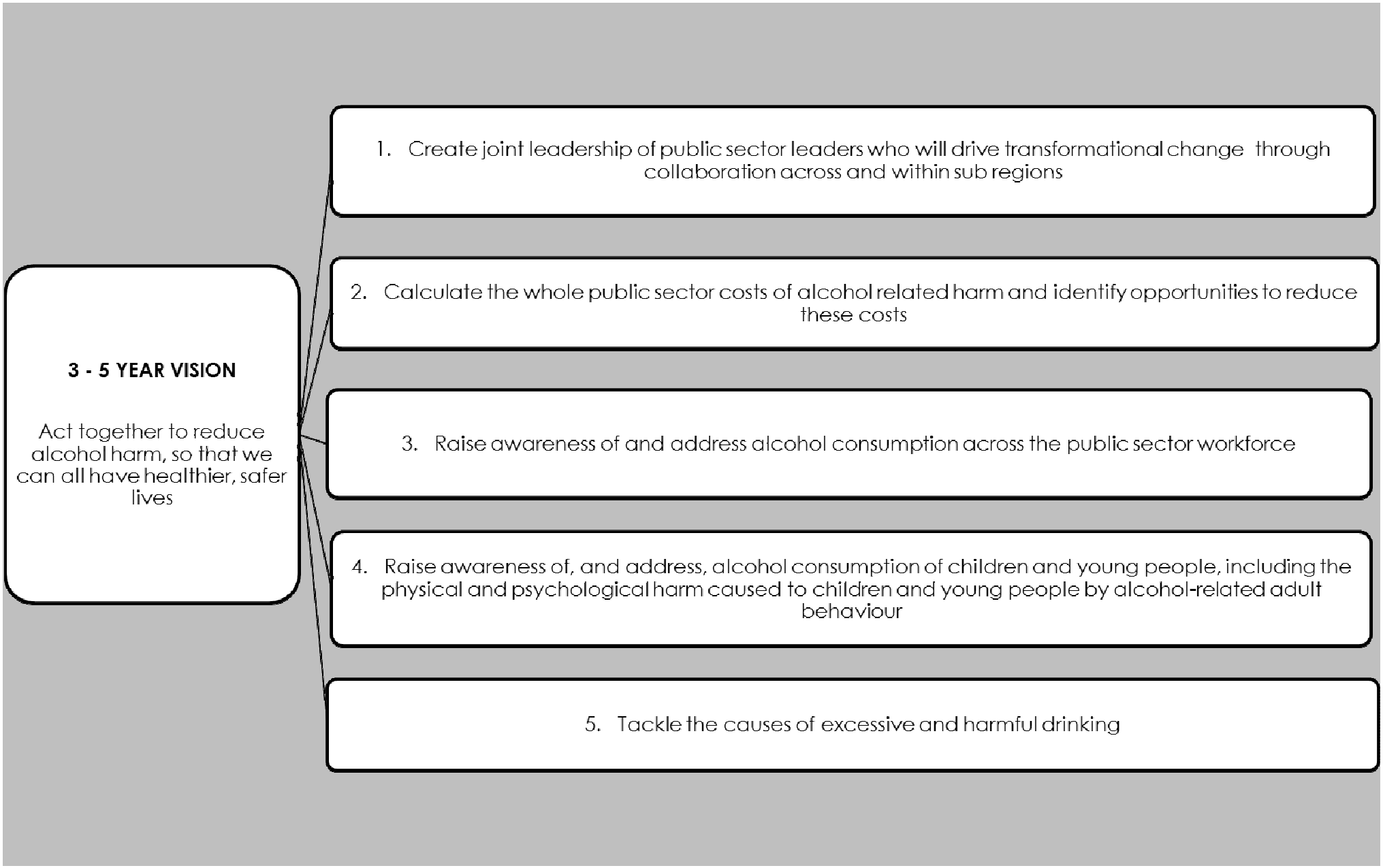
3 – 5 YEAR VISION **PRIMARY DRIVERS**



LARGE SCALE CHANGE ALCOHOL PROJECT DRAFT DRIVER DIAGRAM

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Appendix C

North West Children, Young People and Alcohol Programme

A Pledge to reduce the harm caused to children and young people by alcohol

To the children and young people of the North West….

We recognise alcohol as a significant cause of harm and collectively we are committed to safeguarding you against its impact. We acknowledge that we can't afford to wait so we will….

Pledge 1:	**Actively seek your views, work to better understand your needs and strive to deliver the services that we know you want to see**

By November 2012 we will have:

- *Set up appropriate sustainable mechanisms for young people to participate in planning and decision making*
- *Taken steps to ensure that traditionally under-represented groups of young people are fully incorporated into participation arrangements*
- *Provided regular constructive feedback as to how your views have been incorporated into our policy and practice*

Pledge 2:	**Ensure that you have the opportunity to develop the skills, knowledge and confidence to keep yourself safe and reduce the potential harm you experience from your own and other's drinking**

By November 2012 we will have:

- *Promoted ways of teaching in schools that reflect best practice and have a clear evidence base*
- *Ensured that there is the provision of informal education and development opportunities for young people outside of a school setting*
- *Ensured that advice and longer term support is available to those experiencing harm resulting from their own or other's alcohol use.*

Pledge 3:	**Ensure that all services do their best to protect you from alcohol related harm from your earliest years through to adulthood**

By November 2012 we will have:

- *Developed a Children and Young People Alcohol Strategy that clearly identifies the need to intervene from birth to adulthood*
- *Ensured that our staff in all our services for young people have the most appropriate skills, and up to date knowledge and resources to fulfil their role in delivering our strategy*
- *Ensured that there is a named and visible champion for the Young People and*

Appendix C

Alcohol Strategy who has clear responsibilities and is accountable to the Health and Well-being Board

Pledge 4:	**Ensure that your parents are equipped with the skills, knowledge and confidence to protect you from alcohol related harm as you grow to adulthood.**

By November 2012 we will have:

- *Worked with parents of children of all ages recognising their key role in protecting their children from alcohol related harm, with a particular focus on the impact of their own alcohol use*
- *Taken steps to ensure all parents have access to the latest information and evidence which enables them to support their children and intervene to prevent harm where necessary*
- *Ensured that all our staff that come into contact with parents are confident, knowledgeable and appropriately skilled in raising alcohol related concerns and providing brief information and advice*

Pledge 5:	**Do all we can to make sure you grow up in an environment where you are not put under pressure to drink by advertising, the availability of cheap alcohol or illegal sales.**

By November 2012 we will have:

- *Worked with local and national partners actively to reduce the availability of cheap alcohol*
- *Ensured that there is no alcohol advertising on council controlled billboards and sites within a mile of any school*
- *Ensured that there are cheap and easily accessible positive alternatives to drinking for you*

HEALTH AND WELLBEING SCRUTINY COMMITTEE
12 JANUARY 2012

HEALTH AND WELLBEING SERVICE FINANCIAL SUMMARY

(extracts from report to Cabinet 28 November 2011)

INTRODUCTION

1. This section provides a summary of SERVICE forecast outturn positions on revenue and capital budgets at the mid-year stage, and a summary of the debt position at 30 September. It highlights the key budget pressures facing the Council, and remedial actions taken and planned, and summarises progress against savings policy proposals contained in the 2011-12 budget.

OVERALL REVENUE SUMMARY

Table 1 - Service Revenue Outturn Forecasts

		Net Budget	Variance from Budget	SRE's for Approval	Net Projected Variance		Forecast at First Quarter	Change from First Quarter
		£000	£000	£000	£000		£000	£000
Health & Wellbeing		10,589	959		959		614	345

2. The overall net variance of £3.3m comprises:

- £970k relating to exceptional inflation re fleet fuel, waste contract bonus (HWRC), and Utility contract price increases for Council owned buildings, including Leisure facilities and Car Parks;
- £856k relating to policy changes since the budget was approved in February (re Grounds Maintenance, Markets rents and Library Review & Lifestyle Centre Income).

Key changes since FQR:

3. The key changes since FQR totalling net £1.75m relate to the following:

- Utility price increases, primarily in Assets and Health & Wellbeing, following price increases in new contract £450k and £300k respectively;
- Leisure will only partly deliver the policy saving associated with generating additional income form Adults Commissioning using leisure facilities to support day care services, £100k pressure;

Key variances against 2011-12 Savings Proposals	£'000
Health & Wellbeing Building Based Review	268
Lifestyle – Reductions in Expenditure / New Income	112

Health & Wellbeing

£300k – Planned remedial actions include a reduction to libraries book fund (£100k). In addition, further remedial actions are being sought by the service in order realise the additional reductions

DEBT MANAGEMENT

4. Total Invoiced Debt at the end of September 2011 was £6.1m. After allowing for £1.3m of debt still within the payment terms, outstanding debt stood at £4.8m. The total amount of service debt outstanding over 6 months old amounts to £2.0m. This is unchanged from FQR, and £0.4m higher than the level of older debt at 31 March. Services have created debt provisions of £1.7m to cover this debt in the event that it needs to be written off.

5. An analysis of the invoiced debt provision by directorate is provided in Table 4.

Table 4 - Invoiced Debt

Directorate/Service	Total Outstanding Debt as at 30th September £000	Total Debt Over 6 months old £000	Bad Debt Provision £000
Health & Wellbeing	91	50	50

CHESHIRE EAST COUNCIL

REPORT TO: HEALTH AND WELLBEING SCRUTINY COMMITTEE

Date of Meeting: 12 January 2012
Report of: Borough Solicitor
Subject/Title: Work Programme update

1.0 Report Summary

1.1 To review items in the 2011/12 Work Programme (attached at Appendix 1), to consider the effectiveness of existing items listed in the schedule attached, together with any other items suggested by Committee Members.

2.0 Recommendations

2.1 That the work programme be reviewed as necessary.

3.0 Reasons for Recommendations

3.1 To progress the work programme in accordance with the Council's procedures.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 Not applicable.

6.0 Policy Implications including - Climate change
- Health

6.1 Not known at this stage.

7.0 Financial Implications for Transition Costs

7.1 None identified at the moment.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 None.

9.0 Risk Management

9.1 There are no identifiable risks.

10.0 Background and Options

10.1 In reviewing the work programme, Members must pay close attention to the Corporate Plan and Sustainable Communities Strategy "Ambition for All".

10.2 At the meeting on 10 November, the Committee reviewed its work programme and asked that further information be sought on suicide prevention. Dr Guy Hayhurst, consultant in Public Health, Central and Eastern Cheshire Primary Care Trust, has put together the attached information (Appendix 2).

10.3 In reviewing the work programme, Members must have regard to the general criteria which should be applied to all potential items, including Task and Finish reviews, when considering whether any Scrutiny activity is appropriate. Matters should be assessed against the following criteria:

- Does the issue fall within a corporate priority
- Is the issue of key interest to the public
- Does the matter relate to a poor or declining performing service for which there is no obvious explanation
- Is there a pattern of budgetary overspends
- Is it a matter raised by external audit management letters and or audit reports?
- Is there a high level of dissatisfaction with the service

10.4 If during the assessment process any of the following emerge, then the topic should be rejected:

- The topic is already being addressed elsewhere
- The matter is subjudice
- Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale

11.0 *Access to Information*

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

Name: Denise French
Designation: Scrutiny Officer
Tel No: 01270 686464
Email: denise.french@cheshireeast.gov.uk

APPENDIX 1

HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME

Issue	Description/ Comments	Suggested by	Portfolio Holder	Corporate Priority	Current position	Date for completion
North West Ambulance Service (NWAS) Performance Issues and Foundation Trust status	Committee to be kept updated on performance of NWAS in Cheshire East; NWAS and Adult Social Care to meet to discuss how the two organisations can work together to make improvements to response times including sampling of cases where alternative services to an ambulance may have been appropriate but lack of knowledge meant this was not	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	Presentation made to committee on 10 November 2011. To report back in 6 months time on current response time figures and further information on Community First Responders schemes. To report back to next meeting on details of Care Bundles used for Acute Myocardial Infarction and	On-going

	possible.				stroke cases (if possible), otherwise in 6 months time.	
Diabetes/Obesity – Scrutiny Review	Task/Finish Group now submitted final report to Cabinet on 20 September 2010.	Committee	Health and Wellbeing; Children and Families	To improve life opportunities and health for everybody in Cheshire East	Keep Action Plan under review - 2012	2012
Annual Public Health Report	To receive a presentation on the Annual Public Health report and assess whether any issues should be a focus for Scrutiny	Committee	Health and Wellbeing	To improve life opportunities and health for everybody in Cheshire East	Presentation to Committee in March 2012	Annual item
Health and Wellbeing Board and Clinical Commissioning Groups	Development of new arrangements		Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	Update on progress at each meeting	On-going

Cheshire East Community Health (CECH) – now transferred to East Cheshire Hospital Trust		PCT	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	Update on CECH following transfer to East Cheshire Hospital Trust; progress of ECHT in becoming a Foundation Trust	January 2012
Alcohol Services – commissioning and delivery in Cheshire East		The Cheshire and Wirral Councils Joint Scrutiny Committee	-	To improve life opportunities and health for everybody in Cheshire East	Await Annual Public Health report	TBA
Review of Joint Strategic Needs Assessment	The Joint Strategic Needs Assessment is a joint document produced by the PCT and the Council and is regularly updated. It will be a useful tool for informing Scrutiny of areas on which to focus	Committee		To improve life opportunities and health for everybody in Cheshire East	Training session initially – what is the JSNA and how can it be used by Scrutiny? Training to be carried out on 24 November 2011	TBA

	work. The production of the JSNA will be a major role for the new Health and Wellbeing Board					
Health Inequalities including life expectancy and Marmot Report		Committee	Health and Wellbeing	To improve life opportunities and health for everybody in Cheshire East	Update to Committee in March 2012	TBA
Quality Accounts:	NHS Providers publish Quality Accounts on a yearly basis and are required to give Scrutiny the opportunity to comment.		-	To improve life opportunities and health for everybody in Cheshire East	March/April 2012	Regular annual item – March/April
Local Involvement Network (LINk) – Work Programme; Future arrangements and transition to Local Healthwatch	It is important to develop good working relationships with the LINk.	Committee	Health and Wellbeing; Adult Services	To improve life opportunities & health for everybody in Cheshire East	Update when required	On-going

The Cheshire and Wirral Councils' Joint Scrutiny Committee		Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	Share work programmes to see if there are any areas of common interest	On-going
Lifestyle Concept	Pilot taken place and initiative being developed. Scrutiny visit to Lifestyle Concept in November 2011.	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	Update to committee on regular basis – at least quarterly	On-going
Commissioning Strategy/Whole System Commissioning	Outline of the strategy and reassessment of building based care requirements.		Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East; To give the people of Cheshire East more choice and	Due to undergo pilot with GP Consortia	TBA

				control around services and resources		
Health and wellbeing of carers and service users in Cheshire East	To consider the impact that recently implemented closures have had on carers and service users and the likely impact of the proposals currently under consultation	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East; To give the people of Cheshire East more choice and control around services and resources	Review in July 2012	
Suicide and suicide prevention	To investigate measures that can be implemented that could reduce the risk of suicide or self harm	Committee	Health and Wellbeing	To improve life opportunities and health for everybody in Cheshire East;	Report to meeting in January	To be prioritised

Future healthcare provision in the Knutsford area	To investigate new proposals for healthcare provision in the Knutsford area	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East; To give the people of Cheshire East more choice and control around services and resources	Update as required	

Committee meetings:
5 October 2011
10 November 2011
12 January 2012
8 March 2012

22 November 2011/djf

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APPENDIX 2

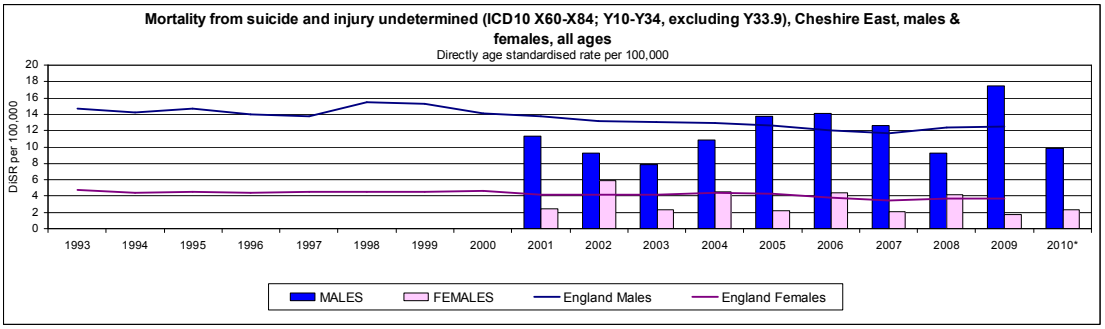
HEALTH AND WELLBEING SCRUTINY COMMITTEE
12 JANUARY 2012
Report of Dr Guy Hayhurst, Consultant in Public Health

Patterns of Death from Suicide and Undetermined Injury in Cheshire East

"Self-harm and suicide are manifestations of emotional distress and illness which not only cause the individual, their families and friends distress and anxiety but also have a damaging impact on the economy and wider society."[1]

"People of all ages and all social groups engage in self-harming behaviour or kill themselves… many people do not have mental illness but have multiple life problems of a personal, social or economical nature."[1] The rate of self-harm is higher among women and girls than among men and boys, although completed suicide is more prevalent among men and boys. Those most likely to self-harm include asylum seekers, minority ethnic groups, people in institutional care or custody such as prisoners, people from sexual minorities, veterans, and people bereaved by suicide.

The occurrence of suicide and death from injury of undetermined intent is much lower among women than in men. There were 77 deaths among men in Cheshire East in 2007-09, a rate of 13.1 per 100,000 compared to the England rate of 12.2. In women there were 16 deaths during this three-year period, a rate of 2.6 per 100,000 compared to the England rate of 3.6. The death rate for men and women combined was 7.7 per 100,000, slightly lower than the national rate of 7.9.



Looking at the trends over time in Cheshire East, there was a rise in male mortality in the years 2005 to 2007, and again in 2009. Male mortality rates were low in both 2008 and 2010. In 2007-09, death rates for local areas were lower than the national average in Wilmslow and Congleton; similar to the national average in Crewe, Macclesfield and Poynton; and above the national average in Nantwich and Knutsford. Some of these figures are based on very small numbers of deaths.

National clinical guidelines offer evidence-based advice on the treatment and management of self-harm. They cover general principles of care for people who self-harm, the assessment and initial management of self-harm by ambulance personnel, treatment in emergency departments, and the longer term management of these individuals by primary care and secondary mental health services.[2,3]

References

1 Royal College of Psychiatrists (2010). Self-harm, suicide and risk: a summary. London: Royal Collage of Psychiatrists.
2 National Institute for Health and Clinical Excellence (2004). Clinical Guideline 16: Self-harm (short term management).

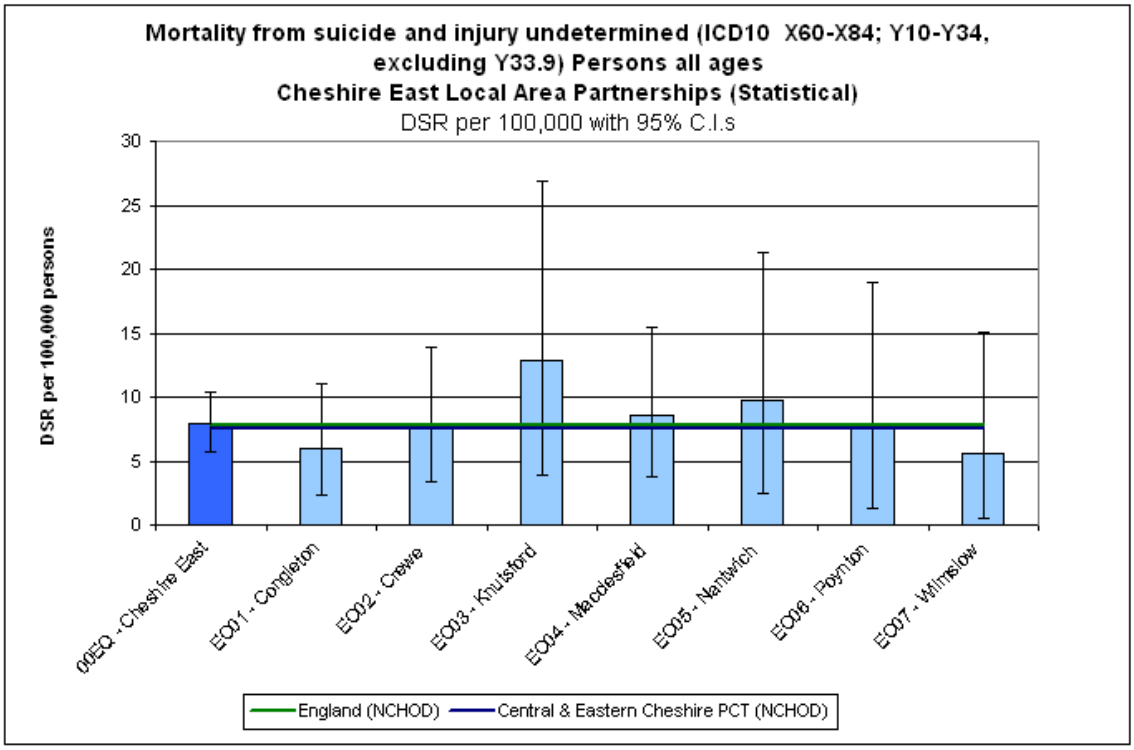
3 National Institute for Health and Clinical Excellence (2011). Clinical Guideline 133: Self-harm (longer term management).

Mortality from suicide and injury undetermined (ICD10 X60-X84; Y10-Y34, excluding Y33.9). Persons, All Ages

Deaths Registered 2007 to 2009

Directly age standardised rates (DSR) per 100,000 resident population with 95% confidence intervals

Geographical Area	Number of Deaths 2007-2009	DSR	Lower CI	Upper CI	Compared to England
England and Wales (NCHOD)	13,502	**7.9**	7.8	8.0	
England (NCHOD)	12,687	**7.9**	7.7	8.0	
Central & Eastern Cheshire PCT (NCHOD)	114	**7.5**	6.1	8.9	-
Cheshire East (NCHOD)	93	**7.7**	6.1	9.3	-
Local Area Partnerships (Statistical)					
00EQ - Cheshire East	**93**	**7.9**	**5.7**	**10.4**	-
EC01 - Congleton	18	**5.9**	2.3	11.0	-
EC02 - Crewe	19	**7.7**	3.3	13.9	-
EC03 - Knutsford	12	**12.9**	3.8	26.9	-
EC04 - Macclesfield	19	**8.6**	3.7	15.4	-
EC05 - Nantwich	11	**9.8**	2.5	21.4	-
EC06 - Poynton	8	**7.8**	1.3	19.0	-
EC07 - Wilmslow	6	**5.6**	0.5	15.1	-



Data source:
ONS Public Health Mortality File and NHS postcode directory
ONS SYOA Lower Super Output Area population estimates
Compendium of Clinical and Health Indicators (National Centre for Health Outcomes Development)

Ageing Well in Cheshire East Programme
A plan for people aged 50 and over
2012-16

Suggested Letter from the Council Leader:

We believe that Cheshire East is a good place to live and to grow old. We also recognise that the older people who live in Cheshire East contribute a great deal of talent, experience and knowledge to our communities. Through the Ageing Well Programme, we want to enable our older population to;

- Have a strong voice in influencing local policy and services
- Take and maintain responsibility for their lives
- Remain healthy and active
- Retain their independence
- Be able to access services
- Benefit from and contribute through employment, volunteering and learning
- Live in a safe environment that maintains links with family and friends
- Maintain their roles as partners, carers, grandparents, employees

Cheshire East has the fastest growing ageing population in the North West[1]; by 2033 more than 45% of our population will be over 50 years of age[2]. The Ageing Well Programme aims to ensure that services are planned in such a way that they will continue to meet the needs of our population as more of us live for longer. The Programme is bringing together local people, communities and organisations to make those plans and to ensure that they become a reality.

The Ageing Well Programme focuses on the three stages of ageing and as you read through this document you will see how the programme aims to support our older people at each stage:

- Planning for later life
- Living well during later life
- Having access to services if required

The programme's success depends upon everyone taking responsibility for our older population. As individuals, we can all play a part by taking responsibility for preparing for our own later lives and keeping ourselves healthy. At the same time, our services must continue to support older people to retain their independence and the public, private and voluntary sectors must work together to make the best use of their resources.

The Ageing Well programme aims to make Cheshire East a better place to grow old. If the programme is successful then Cheshire East will see a fundamental cultural and organisational shift, so that over time:

- Older people will have more choice and control, can receive the help they need and are valued and respected within their communities
- Public, private and voluntary sectors will work with communities to ensure that services, facilities and resources are accessible and able to meet demand
- Services and support will be locally based, cost-effective and sustainable

Cheshire East Council is committed to leading the Ageing Well Programme and we hope that you will agree to work with us to make the programme a success for all our older people.

Signature and photo

Introduction to the Programme

What does "Ageing Well" mean?

Ageing Well means different things to different people and we all have different hopes for, and expectations of, our later life. Our priorities may change as we get older, and our own definitions of Ageing Well may change as a result.

When we asked older people what would help them to age well, they identified a wide range of issues that have an impact, either positive or negative, on older people's wellbeing. The issues that were raised most often gave us the basis for the work streams within the Ageing Well Programme:

- Care and Support services
- Community Safety
- Healthy Ageing, Culture and Learning
- Housing
- Income and Employment
- Transport

What was clear from our discussions with older people is that Ageing Well is not just about staying physically and mentally healthy, important though that is. Ageing Well encompasses every aspect of an older person's life, including their ability to stay involved and connected with other people, having their contributions recognised, feeling safe and being able to stay independent for as long as possible.

What is the Ageing Well Programme?

Cheshire East has the fastest growing ageing population in the North West and the Ageing Well Programme was set up in July 2010 to provide a response to this demographic challenge, particularly as the increase in the number and proportion of older people within our communities is taking place at a time when public sector resources are shrinking. These factors present us with a unique and significant challenge, however the Ageing Well Programme is not just about tackling the perceived "problems" of providing services to an increasing number of older people; the programme also aims to make Cheshire East a place where independence, wellbeing and participation of older people is supported and developed.

In the course of our discussions with local people and partners about the Ageing Well Programme, we have agreed a vision and a set of principles that will underpin our work;

Our vision

The ageing population of Cheshire East represent an enormous resource in terms of talent, experience and knowledge.

"Ageing Well in Cheshire East" will seek to make the borough a good place to grow old, by maximising the opportunities for the ageing population to prepare for the later stages of life, maintain their quality of life during later life and have access to person centred services when required.

Our principles

To enable our ageing population

- To have a strong voice in influencing local policy and services
- To take and maintain responsibility for their lives
- To remain healthy and active
- To retain their independence
- To ensure access to services
- To benefit from and contribute through employment, volunteering and learning
- To live in a safe environment that maintains links with family and friends
- To maintain their roles as partners, carers, grandparents, employees, etc

We see the Ageing Well Programme as a journey that we are taking with and for local people. No one person or organisation has all the answers to the challenges that we face, and we are relying on strong partnerships and good communication to help us to deliver the vision described above.

The programme partnership is made up of local people and organisations from the public, private and voluntary sectors and consists of the six work streams listed above. There is also a work stream looking at communication and engagement. Each work stream is led by a member of staff from one of the partner organisations and each work stream has identified a set of priorities which are described in more detail on pages X-Y. These priorities have been discussed and agreed with local people.

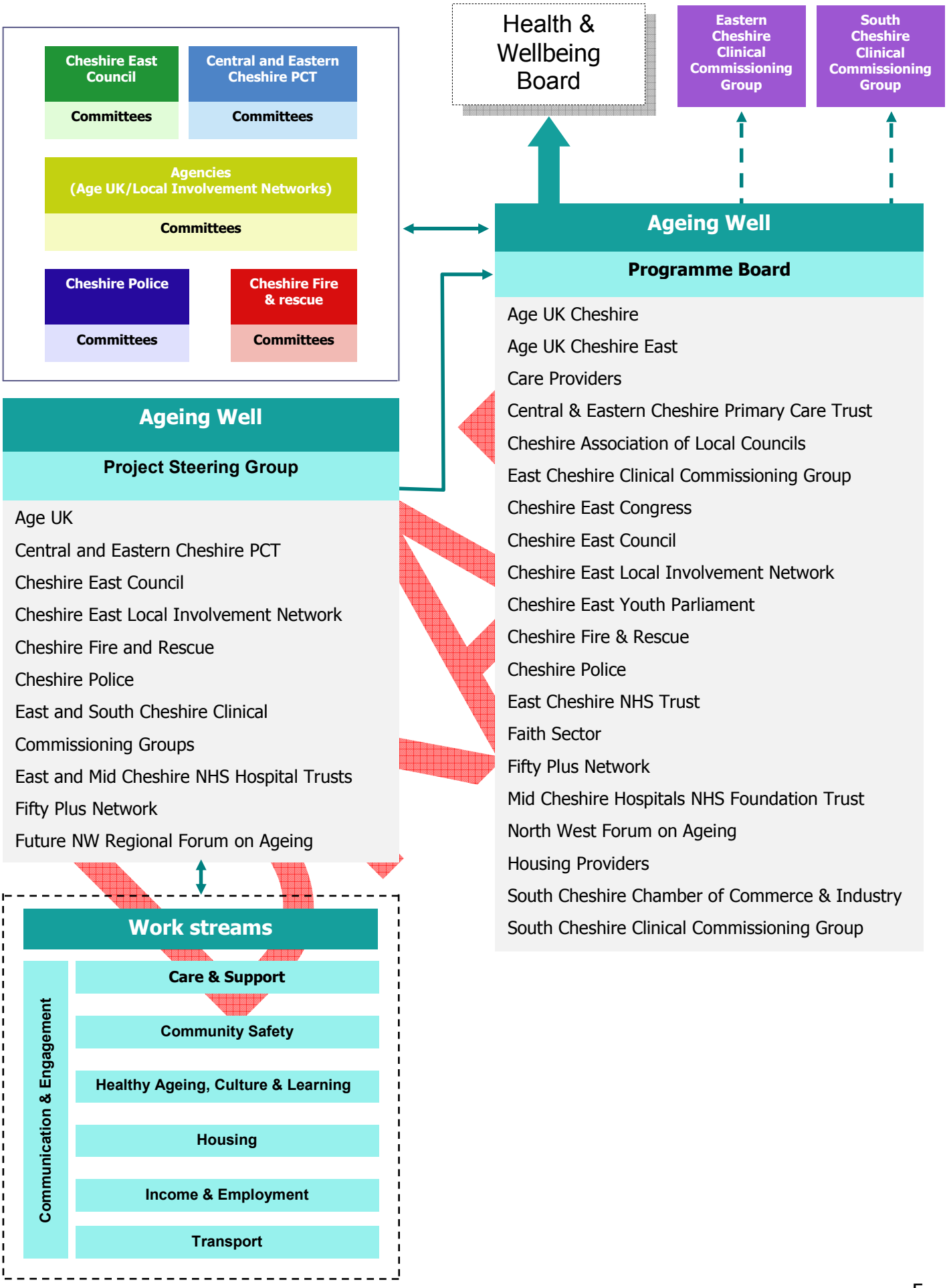
The programme is overseen by a Programme Board which is responsible for leading the programme and ensuring it delivers its plans. The Programme Board membership includes representatives from a range of different sectors as well as members of older people's forums. The Ageing Well Programme Board is planned to be a sub-group of Cheshire East's Health and Wellbeing Board.

What do we want to achieve?

If the programme is successful then Cheshire East will see a fundamental cultural and organisational shift, so that over time:

- Older people will have more choice and control, can receive the help they need and are valued and respected within their communities;
- Public, private and voluntary sectors will work together with communities in a seamless way to ensure services, facilities and resources meet demand and are accessible;
- Services and support will be locally based, cost-effective and sustainable.

Ageing Well Programme
Governance Reporting Structure

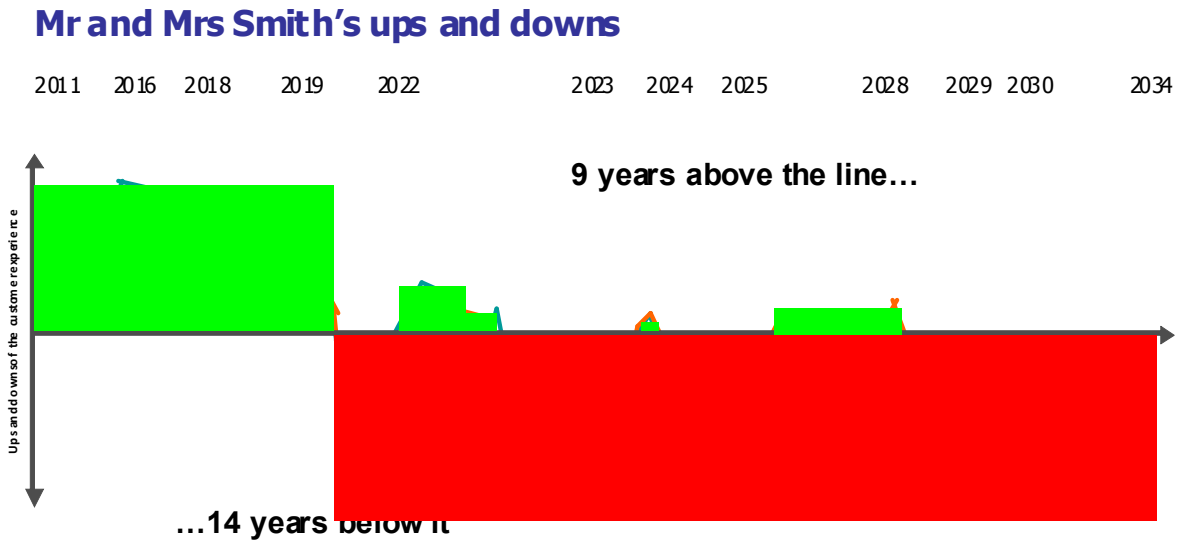


What difference will the programme make to older people's lives?

As we described earlier, "ageing well" means different things to different people. Excellent Ageing Lincolnshire have developed a scale of wellbeing and happiness to measure the impact of their own ageing well programme and there are many lessons that we can apply within Cheshire East from the work done in Lincolnshire.

Excellent Ageing Lincolnshire looked at the journey of a typical couple, "Mr and Mrs Smith" over the course of twenty years from retirement onwards, based on the experiences of a real local couple.

Over the course of two decades, Mr and Mrs Smith experienced debt, long term health problems with diabetes, acute illness and disability, caring responsibilities, loss of independence, bereavement and isolation. They came into contact with a wide range of different services over the years, but despite everyone's best efforts, they still spent the majority of their later life below the wellbeing and happiness line.



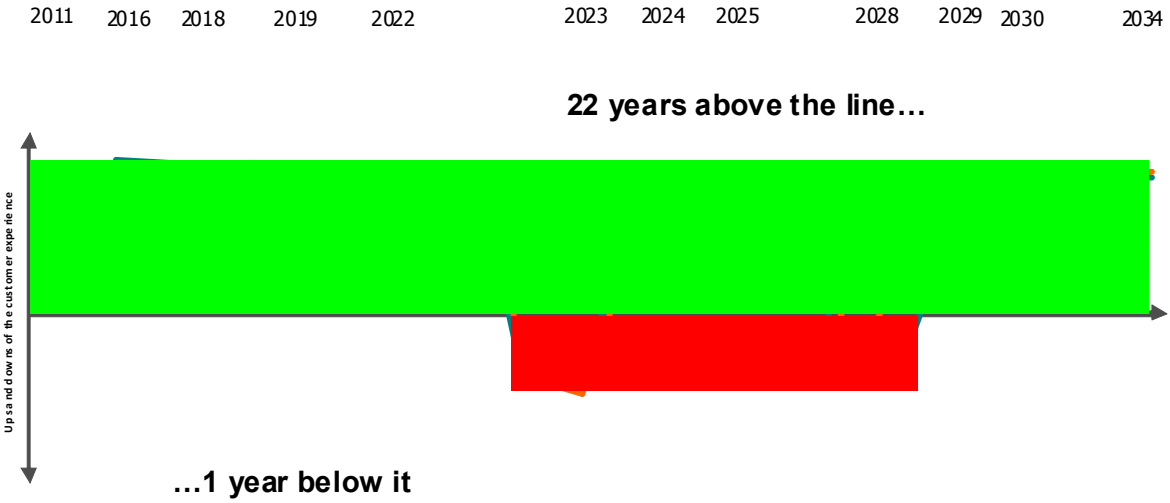
Excellent Ageing Lincolnshire then looked at how the Smiths' journey could have been improved if different approaches had been taken at various key points in their journey.

This included offering more information and training pre-retirement to help the couple plan their finances and remain active in their community through volunteering and social clubs.

They also had better access to preventative services which helped the couple to maintain a healthy lifestyle and avoid developing some of the health problems they had experienced previously.

Information and services were well co-ordinated, which made it easier for the Smiths to find out the help available in relation to a range of issues, including financial planning, driving skills and benefits. As time went on, the Smiths were supported to stay living in their own home by a multi-skilled team including a meals delivery service and telecare.

What could their journey look like?



What do we know about older people in Cheshire East?

Information about our older population comes from a range of different sources. The main source for the local data shown below is the Joint Strategic Needs Assessment for Cheshire East. Where local data is not available, we have used reliable national information sources and references are available at the end of this document.

In addition to the facts and figures shown below, we have included the comments of local people who attended events to give us give us their views about living in Cheshire East.

Older people feel positive about:

- Cheshire East is generally a good living environment where people feel safe
- We have good quality statutory services
- The police support local communities
- We have thriving voluntary organisations and faith organisations
- There are good opportunities for volunteering,
- There is a good sense of community in some areas
- There is a good variety of accommodation available, including extra care housing
- Local colleges provide good opportunities for older people
- There is good access to transport in our more urban areas

Older people had concerns about:

- Variation in quality of life and life expectancy across the area
- Levels of apathy among older people
- Our responses to social exclusion need to be more innovative and creative
- Services feel disjointed
- Communication about services available is ineffective
- Issues affecting our rural communities, including social isolation, fuel poverty, hidden poverty, decline in village life, closure of post offices, poor broadband access and poor public transport links
- Variable quality of care, particularly in care homes and making decisions about care
- Improving access to services is not just about addressing physical issues; we need to address people's perceptions

In the course of developing the Ageing Well Programme, we have learned a great deal about the older people living in Cheshire East and the contributions that they make to our local communities. It is encouraging to hear that more and more organisations, including statutory bodies and our Local Area Partnerships, are recognising the contribution that older people can make and are calling upon older people to use their expertise and boost local economies, the environment and improve the quality of life for local residents.

We have also heard stories about the many thousands of people in Cheshire East who are over 50 and who are leading richly rewarding and full lives, helping in the voluntary sector, schools, and supporting statutory organisations to deliver services such as home safety checks. Many older people are also actively involved in activities within their local communities and there are numerous organisations that are run by and for people over 50.

The vision for our programme involves making Cheshire East a good place to grow old; it has become increasingly clear to us that the group of people most likely to make this vision a reality are older people themselves.

Demographic Data

By 2033, it is projected that 45% of the local population will be over 50 years of age, an increase of 33% or 46,300 additional people from 2008. During the same period the proportion of the population over 65 years is projected to increase by 72% (48,100 additional people), whilst the proportion of the population over 85 years is projected to increase by 188% (16,700 people).

Life Expectancy

In the UK, a newborn baby boy can now expect to live over 78 years and a newborn baby girl over 82 years - life expectancy at birth in the UK is now at its highest level on record for both males and females[3].

Life expectancy for males and females in Cheshire East is the highest in the North West and higher than that for England.

In Cheshire East, life expectancy varies significantly from one area to another. Life expectancy for men varies by almost 11 years across Cheshire East, from 83.8 years in parts of Wilmslow to 72.9% in parts of Crewe. Whereas for women life expectancy varies from 93.8% in parts of Macclesfield to 77 in parts of Crewe, a variation of almost 17 years across Cheshire East[4].

Older people and poverty

Despite increases in pensioner incomes over the last fifteen years, in 2009/10, 16 percent of pensioners in the UK were living in poverty. Two-thirds of these pensioners were women[5].

Employment

May to July 2011 70.7 per cent of men and 59.4 per cent of women aged 50 and over in the UK were in paid employment. During the same period, 11.6 per cent of men and 6.2 per cent of women aged over 65 in were employment[6].

Living arrangements

Older women are more likely than older men to live alone and the percentage increases with advancing age. In 2009 in Great Britain, 32 per cent of women aged 65-74 lived alone compared to 22 per cent of men in this age group; for those aged 75 and over the proportion living alone increases to 60 per cent for women compared to 36 per cent for men[7].

Mental Health

It has been estimated that 40% of older people attending GPs, 50% of older general hospital patients, and 60% of older care home residents have mental health problems[8].

Like any other group, older people experience a range of common mental disorders, which include dementia, depression, anxiety, phobias, obsessive-compulsive and panic disorders. The vast majority of older people with mental health problems receive no care. Dementia and mood disorders are the most frequent causes of admission to hospital for mental illness for people aged 65 and over[9].

Dementia

The number of people aged over 50 with dementia living in Cheshire East is set to almost double by 2030, from 5,300 in 2009 to 9,100 in 2030[10].

Disability Free Life Expectancy

Many older people live with health conditions which impact on their daily lives. These include diabetes, respiratory conditions, Parkinson's disease, circulatory diseases, rheumatoid and osteoarthritis, continence problems, depression and visual and hearing problems.

One measure of people's quality of life is Disability free life expectancy, in other words, how old someone can expect to be before they develop any serious complications with their health. In Cheshire East, disability-free life expectancy for males ranges from 60.9 years in the Crewe area to 67.5 years in the Poynton area. Disability free life expectancy for females ranges from 63.2 in Crewe to 68.5 in Wilmslow[11].

Healthy Lifestyles

Smoking is linked to both cardiovascular disease and cancer. Although giving up smoking at an earlier age is more beneficial for health, smokers who give up later in life can still attain health benefits. It was estimated that around 17% of people setting a quit date with NHS Stop Smoking Services were over 60 in 2008/09[12].

Being overweight or obese is linked to a range of health conditions, including cardiovascular disease, cancer, diabetes and osteoarthritis. The prevalence of people who are overweight or obese has increased across all age bands, with the percentage of those aged 65-74 classified as obese rising by 12.4% between 1993 and 2005[13]. In Cheshire East, the number of people over 65 classified as being obese is set to rise from 18,300 in 2010 to 26,900 in 2030.

Work Streams

When we asked older people what would help them to age well, they identified a broad range of issues that have an impact on older people's wellbeing. What became clear very early on in the development of the programme was that whilst health and social care are important issues to older people, they are not the only things that affect someone's wellbeing and should not be viewed in isolation from all the other areas of a person's life. As a result, the Ageing Well Programme encompasses issues from culture to housing and the breadth of the programme has resulted in connections being made between issues, organisations and services that may not have worked together in the past.

The issues that were raised most often in our conversations with local people became the work streams within the Ageing Well Programme and these are described in more detail below. Each work stream has also developed a vision and identified a set of five priorities that they will focus on over the five year course of the programme.

Care and Support Work Stream

As more people live longer, more people will need help with health and personal care. For many, this care is provided by family, friends and neighbours, however this informal care may not be available to people who live alone or have no family close by. The demand for formal care provided by social care, the NHS and the third sector will continue to increase as the number of people living longer in Cheshire East rises.

Older people are the biggest group of people receiving care but are also the biggest group of carers, including roles caring for spouses or partners, grandparents, older parents or adult children with disabilities. The Care and Support work stream work aims to support both older carers and those who need care themselves to have a healthier and improved quality of life.

The focus of this work stream is on helping people to stay healthy and independent by providing services that prevent ill health and maintain quality of life. This approach will help people to stay in control of their lives for longer and decrease their dependency on care services.

This work stream encompasses the wide range of support and care services provided in Cheshire East. These services support all older people including those with severe or chronic physical diseases, disabilities, mental health and learning disabilities.

Services such as Reablement and Intermediate Care provide short-term intensive support at times of crisis to enable people to get their independence back as quickly as possible.

People who require longer-term social care services have the opportunity to choose and purchase care that they control to meet their personal needs through personal budgets.

Our Vision

Older people will have information and access to support that enables them to maintain their health, independence and a good quality of life. If a person has a need for care services these will be provided in a way that offers choice and control whenever possible, whilst also responding to the short and long-term needs of the individual and their families.

Our Priorities

- Expand the range of low-level prevention and early intervention services through partnerships with third sector organisations, including volunteer and befriending services (Preparation)
- Promote dignity and respect and health and well being (Living Well and Access)
- Increase access to technology and equipment to help people to stay independent at home (Living Well)
- Work with carers to improve the support and service available, Providing better joined up care for people and their carers (Access)
- Develop the links between health and social care integrated teams, GPs and hospital services, integrating services in times of crisis (Access)

Community Safety Work Stream

There are clear links between the levels of crime in an area and reported quality of life for local residents. Cheshire East is one of the safest places to live within the UK with low levels of crime and disorder reported throughout the borough, however there are pockets of crime across the area, including particular crimes that are targeted at older people such as door step crime and bogus callers.

The Safer Cheshire East Partnership* is responsible for community safety across all of our population, but their work includes carrying out regular reviews of information about crime relating to older people and putting measures in place to address this. The work may be linked to specific areas where door step crime has been recently committed, providing advice, guidance and equipment to ensure that elderly people are safe within their own homes.

Agencies use a range of different methods to identify vulnerable older people and ensure that resources are put in place to reduce the likelihood of them becoming victims of crime. Cheshire Fire and Rescue Service have been carrying out Home Safety Assessments throughout Cheshire East for a number of years whereby Fire Officers or Advocates visit properties to discuss fire safety issues, installing smoke alarms if necessary.

The Fire Service also works in partnership with Age UK Cheshire to provide Springboard contact assessments which help to identify whether people can benefit from a range of early interventions to help them to live independently & safely in their homes.

*The Safer Cheshire East Partnership consists of: Cheshire Police, Cheshire East Council, Cheshire Fire and Rescue Service, Youth Offending Service, National Probation Service, Registered Social Landlords and many other voluntary organisations.

Our Vision

Fewer older people will be victims of crime and anti social behaviour and older people will be safer within their homes and will be at less risk of fire related incidents within the home.

Our Priorities

- Carry out community engagement events to provide practical advice, guidance and equipment on home and personal safety to older people (Preparation)
- Older people will be given priority for Home Safety Assessments (Living Well)
- Provide extra resources in areas where vulnerable older people may be susceptible to door step crime or bogus callers (Living Well)
- Encourage agencies to work in partnership to support more vulnerable older people through the Individuals at Risk Scheme (Living Well)
- Use the Springboard contact assessment to ensure that older people are referred to early intervention services (Access)

Healthy Ageing, Culture and Learning

Across Cheshire East there is a wide range of opportunities for older people to take part in physical activities such as Tai Chi, seated exercises, walking programmes, swimming, bowls and gentle exercise to music.

Maintaining healthy lifestyles throughout life is vital in helping people to stay healthier and independent for longer and helping people to enjoy more years of life without limiting long term illness.

The health and wellbeing of older people is currently addressed mainly through traditional NHS and social care routes, and although many services and projects exist to meet the health needs of the current generation, there are some areas where services overlap, and others where the are gaps in the services provided.

Currently, services tend not to be based on intelligence about the needs of a particular locality and limited planning is carried out to address the future health needs of our population.

Our Vision

People will live longer and fuller lives and will experience more years of good health without long term illness. We will build on the skills and resources which exist within our communities to produce positive health outcomes.

Our priorities

- Improve information available to older people on learning, cultural and health and well being opportunities, by developing a range of appropriate formats, publishing these in the right places and checking that they are getting to the right people (Preparation)
- Increase participation in activities to improve health and well being by making sure that these activities are designed to meet people's needs (Living Well)
- Reduce the effects of social and economic isolation by building support in local communities such as volunteering opportunities and intergenerational activities as well as ensuring access for all (Living Well)
- Continue to consult with older people on what services would best support them to live longer and healthier lives so that the most suitable services can be commissioned and delivered in the most appropriate way (Access)

Housing

Older people's health, well being and quality of life are so closely linked to the suitability of their homes and neighbourhoods that connections across housing, health and social care are critical to ensuring independence in later life. Problems with poor housing conditions, unsuitable housing and difficulty with mobility in and around the home may significantly compromise a person's independence.

Most older people in Cheshire East wish to remain living in their own homes, whether as an owner or a tenant. However, as we get older our housing needs change. We may need support to be able to continue to live in our own homes, or we may want to move into housing more suited to our needs. As well as providing support for older people today we must also meet the challenge of making sure that the right type of housing and support is available for future generations of older people.

Older people are supported to live at home for longer through a range of solutions including home adaptations, community support programmes and housing support services. Housing related support has been expanded to include people who own their homes and with the projected increase in our 85 plus age group, we anticipate a significant increase in the number of adaptations required, particularly bathroom adaptations

Local communities have been involved in bringing about improvements to homes and services, including the remodelling of sheltered housing accommodation, the development of new build schemes such as specialist Extra Care Housing, the development of equipment and adaptation services, and handyperson services.

Our Vision

There will be a range of housing options that will enable older people to retain their independence. Older people will have the opportunity to reside in good quality, accessible and adaptable housing with access to support services and advice.

Our priorities

- Working through the Local Development Framework, continue to ensure that sites are allocated specifically for specialist housing for older people. Develop good practice guidance to ensure that provision is in the right location and close to amenities. (Preparation)
- Improve the quality of information and advice available to older people so they are able to make informed choices about specialist housing and housing related support services (Preparation)
- Tackle fuel poverty and improve the energy efficiency and condition of older people's homes through improved information and targeted awareness campaigns (Living Well)
- Develop the home improvement agency service to reach the most vulnerable older people and expand the range of handyperson services on offer (Access)
- Provide housing related support services that are accessible to everyone who needs them. Strengthen the links between housing support and specialist providers who can deliver services using personalised budgets (Access)

Income and Employment

The links between poverty, poor health, life expectancy and of having a sense of well being are widely recognised; our levels of disposable income affect the way we live, the quality of our home and work environment, and our ability to contribute to and participate in our communities.

The rise in the proportion of those aged over 50 will be accompanied by a decrease in the numbers of younger people in the local labour market, so local employers will need to recruit & manage more older workers to make up the shortfall. It is predicted that in the next twenty years 40% of those in employment in Cheshire East will be over 50.

We should note, however that financial concerns are only one of several reasons why many older people want to work; many wish to learn and continue to develop and utilise their abilities in their later years to the benefit of the community and themselves.

Many people, including those on low incomes, do not collect all the benefits and grants that are due to them. There are a variety of reasons for this, including a lack of knowledge, social stigma and difficulty accessing public services due to lack of transport in rural areas.

Access to good financial advice is becoming increasingly important so that people are able to manage their finances, make informed choices including decisions relating to personal debt.

Our Vision

We will make better use of the wealth of skills and experience we have in the borough by challenging stereotypes and promoting age positive employment.

Older people will maximise their incomes by making sure that they are claiming all the entitlements that are due to them and by identifying where they may be able to reduce unnecessary expenditure.

We will take measures to improve people's ability to plan their finances, seek out information & advice and then apply this to their personal circumstances.

Our priorities

- Encourage employers to promote healthy workforce schemes and to work with their employees to prepare for retirement (Preparation)
- Encourage the use of positive images and language relating to work in later life and promote the skills and benefits of older workers to employers (Preparation)
- Encourage partners to support people to remain in work when they experience poor health, caring responsibilities or other life changing events (Preparation)
- Work with banks, financial institutions and providers of financial advice to raise awareness of the importance of financial planning throughout life (Preparation)
- Support measures that increase the take up and access to the full range of benefits and grants including the use of positive images and language to combat stigma (Living Well)

Transport

In Cheshire East, free concessionary bus travel is well used and increasing numbers of people are continuing to drive for longer. Being able to travel independently and access a range of facilities and services helps older people retain a higher quality of life for longer, postponing the time when availability of specialist transport and access to healthcare services become the primary transport issues affecting them.

The English National Concessionary Travel Scheme ensures that bus travel, in particular, remains within the means of those on limited incomes and those who have mobility difficulties and is a step forward in tackling social inclusion for some of the most vulnerable people in our society. Bus travel remains the most used form of public transport, especially by older people.

A variety of measures are in place to counter the effects of disabilities that hinder mobility, including accessible low floor buses, dropped kerbs, and community transport schemes such as Dial a Ride and Shopmobility. The motor car is of increasing importance in later life, particularly for those in rural areas or living with disabilities, and a variety of design and technological approaches are being brought to bear to maintain the mobility of older people.

When planning to meet the needs of our older population we must ensure that use of transport systems and streets is not compromised by unnecessary barriers to mobility such as high kerbs or steps, lack of seating, or poor information, as well as minimising the risk of slips, trips and falls on streets and in transport systems. Our focus will be on areas likely to make the greatest impact to the lives of older people, for example routes approaching community centres, care homes and healthcare centres.

Our Vision

We will help improve older people's quality of life by providing accessible transport to key services including employment, healthcare, education, social, retail and leisure.

Transport will be reliable, comfortable and safe and we will offer a range of flexible transport services that are better suited to older people with less mobility than standard public transport.

Our priorities

- Extend services which help and support people to book and arrange appropriate transport (Living well)
- Develop volunteer driver/community car schemes (Living well)
- Increase the number of buses that are accessible for disabled people (Living well)
- Raise awareness of the services that are available, including pre-booked transport options, through targeted promotion and marketing (Access to services)
- Extend the personal budgets to enable people to pay for transport (Access to services)

Glossary and links to further information

Telecare: Technology that helps to give people a better quality of life by improving their confidence, developing and maintaining their independence, and enabling them to stay living at home. It offers more choices for people living at home and can provide reassurance for carers.

Information from the Cheshire East Council Website about Assistive Technology and Telecare

Cardiovascular disease (CVD): Also known as heart and circulatory disease, CVD is the biggest killer in the UK. It includes conditions such as coronary heart disease (angina and heart attack) and stroke.

Information from the British Heart Foundation Website

Care homes (nursing homes): A residential setting where older people live with access to on-site care services. Since April 2002 all homes in England, Scotland and Wales are known as 'care homes', but are registered to provide different levels of care. Some provide personal care only - help with washing, dressing and giving medication – whilst others have a qualified nurse on duty twenty-four hours a day to carry out nursing tasks in addition to the personal care provision.

Carer: a carer is someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

The Princess Royal Trust for Carers Website

Equity Release: Equity release is a way of raising money against the value of your home. It is vital to take independent financial advice before signing up to a scheme, to make sure you consider all the possibilities and implications.

Information from Age UK about Equity Release

Extra Care Housing: housing developments that provide a safe and sociable environment which promotes independent and active lifestyles for older people and are a focal point for the local community. Each development has 24 hour on-site care and support teams, whose goal is to maximise residents' independence. There are currently ten Extra Care Housing Schemes in Cheshire East.

Information from the Cheshire East Council Website about Extra Care Housing

Fuel poverty: Households are considered by the Government to be in fuel poverty if they would have to spend more than 10% of their household income on fuel to keep their home in a satisfactory condition.

Health and Wellbeing Board: Health and Wellbeing Boards are intended to act as the 'glue' between the NHS bodies (Clinical Commissioning Groups, Providers, NHS Commissioning Board and others) local authorities and other agencies (Police, Fire, 3rd Sector) and give local people greater say in how care is provided - thereby improving local democratic accountability for local decisions about commissioned services.

Information from the Cheshire East Council website about the Health and Wellbeing Board

Home Safety Checks: these are carried out by Fire Fighters or Community Safety Advocates in people's home and include advice on how to make the home safer, what to do in the event of a fire and what to do if you are trapped by a fire. Free smoke alarms are also fitted if needed.

Information from Cheshire Fire and Rescue Service about Home Fire Safety

Personal budgets: If you are eligible for social care funding you will be offered a Personal Budget and the option to buy the services you need instead of having them arranged for you. You may also be eligible for an Empower Card to help you to manage your budget.

Private Sector: this includes private businesses and other commercial organisations.

Public Sector: this is the part of the economy that is paid for, and controlled by, the government. It includes local authorities and councils, the National Health Service (NHS), Police and Fire authorities. It may also be referred to as the "Statutory Sector".

Reablement: This is a social care service for people who need extra support (for example, for up to six weeks after a hospital stay) to remain in their own home and be as independent as possible.

Information from the Cheshire East Council website about Reablement

Social exclusion: 'Social exclusion' is a term that covers, but is broader than, poverty. It relates to being unable to participate fully in normal social activities, or to engage in political and civic life. This may be because of the people themselves, or the areas where they live. They are often experiencing high crime, poor housing, high unemployment, low incomes and so on.

Voluntary sector: this includes charities such as Age UK, not-for-profit organisations such as housing associations and faith organisations including churches. It may also be referred to as the "Third Sector".

Acknowledgements

Our thanks go to all those members of the community who contributed to the development of the programme through their attendance at workshops and engagement events. Many of these individuals came into contact with the programme through one of the following networks, who continue to work with us:

- Cheshire East Local Involvement Network
- Fifty Plus Network
- Crewe and Nantwich Senior Voice
- Macclesfield Senior Voice

We would also like to thank Excellent Ageing Lincolnshire for allowing us to use their work to demonstrate the impact we hope our Ageing Well Programme will have locally.

LINK: Homepage for Excellent Ageing Lincolnshire

The programme is a partnership made up of a wide range of organisations from different sectors:

- Age UK Cheshire
- Age UK Cheshire East
- Central and Eastern Cheshire Primary Care Trust
- Cheshire and Wirral Partnership NHS Foundation Trust
- Cheshire East Council
- Cheshire Fire and Rescue Service
- Cheshire Police
- CLS Care Services
- East Cheshire Clinical Commissioning Group
- East Cheshire NHS Trust
- Fifty Plus Network
- Mid Cheshire Hospitals NHS Foundation Trust
- National Probation Service
- Peaks and Plains Housing Trust
- Plus Dane Housing
- Regenda Housing Trust
- South Cheshire Clinical Commissioning Group
- Wulvern Housing
- Youth Offending Service

Finally, we would like to thank the Local Government Association's National Ageing Well Programme and the Centre for Public Scrutiny for their continued guidance and support.

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[9] Association of Public Health Observatories: Indications of Public Health in the English Regions 9: Older People, 2008

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[11] Wilmslow Local Area Partnership

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