# CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Board**
held on Tuesday, 24th September, 2013 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

**PRESENT**
Cllr J Clowes (Chairman)

Cllr Rachel Bailey, Cllr A Harewood Dr H Grimbaldeston, J Hawker, Whitehouse, Dr A Wilson, T Crane and M O'Regan.

**Non Voting Member**
Cllr S Gardiner.

**Councillors in attendance:**
Cllrs H Gaddum and B Murphy.

**Officers/others in attendance**:
M Suarez – Chief Executive
I Puzio - Legal Team Manager - Children Families and Adults
L Butcher – Executive Director Strategic Commissioning
G Kilminster – Corporate Manager Health Improvement
J Wilkes, Head of Clinical Commissioning and Health Outcomes, NHS South Cheshire CCG
R Walker, Commissioning Manager Carers and Later life CEC
T Butcher, Assistant Director Service Improvement
D Kitchen, Head of Service Cheshire and Merseyside, for the NW Ambulance Service

**Apologies**

Dr P Bowen, B Smith and ATonge.

12 **APOLOGIES FOR ABSENCE**

13 **MINUTES OF PREVIOUS MEETING**

**RESOLVED**

That the minutes be approved as a correct record.

14 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

15 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present wishing to use public speaking time.

16 **URGENT ITEM OF BUSINESS - LEARNING DISABILITY LIFE COURSE PROJECT HIGH LEVEL BUSINESS CASE**

*The Chairman announced that there would be an item of urgent business to consider a the meeting.*

*She confirmed that, in accordance with Section 100B (4) (b) of the Local Government Act 1972, she was of the opinion that the item should be considered at the meeting, as a matter of urgency for the reason set out below. It would be dealt with in the public part of the meeting and the reasons would be recorded in the minutes of the meeting.*

*The reason for urgency was that this was a draft high level business case and was the first of the documentation that must be prepared as part of the Council's TEG & EMB approval process. It would be used to provide an overview of the project and to obtain co-operation from key partners. It was important for the Board to consider the document at this meeting, in order to fit in with other Council and meeting timescales.*

It was reported that this was a multi agency project to secure new integrated health and social care pathways for Learning Disabilities.

This project would ensure a major whole system review of Learning Disability and Autism Spectrum Disorder (ASD) support and provision. Work would be carried out with partners to take a whole life (birth to death) view of individual and carer needs, service requirements, and efficient use of the public funding that would secure new integrated pathways of care. It was noted that the project was clearly identified in the Council's three year plan.

The objectives of the project were to review, redesign and commission services for children and adults with learning disabilities to ensure that value for money, person centred care, planning and support meets current and future needs. The project would include a whole system commissioning review of all those who have a learning disability and those with Autistic Spectrum Conditions and the support to them in Cheshire East from birth to end of life. The desired outcomes for people with learning disabilities and their families and carers, once the work of the project has been implemented, together with the measured benefits, were outlined in the draft document.

The Chairman requested regular progress reports on this matter, to enable the Board to monitor finance and expenditure.

**RESOLVED**

That the content of the Learning Disability Life Course Project High Level Business Case be noted.

17 **NORTH WEST AMBULANCE SERVICE**

Tim Butcher, Assistant Director Service Improvement, and Dave Kitchen, Head of Service Cheshire and Merseyside, for the NW Ambulance Service attended the meeting to provide an update in respect of the NW Ambulance Service. They had previously given a presentation at the meeting of the Board on 30 April 2013, where it had been resolved that the NW Ambulance Service be requested to produce a report for consideration at a future meeting of the Health and Wellbeing Board, in respect of the historic position in relation to the service, improvements made to date and how it was proposed to make future improvements to the Service, including an action plan.

A report had been circulated to Board Members, which provided a description of performance in the area over the previous four years, as well as initiatives to support demand management and performance improvement. As the Board had asked for information on the historic trends in emergency activity and performance, a number of methodological challenges were explained in the report. (A copy of the detailed report has been published on the Council's website, as a supplementary document to these minutes).

Members of the Board asked a number of questions and raised the following issues :-

- The need to address the impact of the increase of specialist care being provided in North Staffs, rather than Eastern Cheshire. This also needed to be relayed to the public.

- It was noted that a major public awareness campaign was due to be launched on 30 September in relation to the correct use of ambulances. The need to effectively play into Local Integration Programmes - It was noted that local managers attended Local Integration Programme meetings and it was recognised that the service needed to be adapted to fit local needs.

- The fact that there is a large population in Eastern Cheshire and a lot more people would be affected if targets were not met should be highlighted.

- That information regarding relative journeys and cost be included in future reports.

- The need for an increase in community responders locally, particularly in rural areas – It was noted that it was proposed to look at growing some of the community responder schemes and the provision of community based paramedics. It was also suggested

that the Ambulance Service liaise with Healthwatch to see if they could assist with this issue.

18 **BEST PRACTICE DEMENTIA CARE - UPDATE**

Jacki Wilkes, Head of Clinical Commissioning and Health Outcomes, NHS South Cheshire CCG and Rob Walker, Commissioning Manager Carers and Later life CEC, attended the meeting and presented a report in respect of Best Practice Dementia Care, including progress to date.

It was reported that the Joint Commissioning Leadership Team had identified best practice dementia care as a key priority, the high level outcomes being Improved awareness and timely diagnosis, increased support for patients and carers (including the right care package and treatment), appropriate support when care needed to change and preparing for and support in end of life care. There was an established strategy which now required updating and individual organisational groups developing and delivering aspects of care would need to be aligned to optimise outcomes for patients and their carers.

Appendix 1 of the report provided an initial draft of a Best Practice Dementia plan, with grouped Initiatives, aiming to capture and address a life course approach to best practice care: Focus was on Early diagnosis; living with dementia and end of life care.

It was reported that the next steps would be to establish a health economy project group to lead the delivery of a new integrated strategy for best practice dementia care; agree terms of reference and membership of the group; agree projects and timescales and measures of success, at a stakeholder event scheduled for 7 November; oversee and support the delivery of the RVS pilot to inform future commissioning plans and establish timescales for delivery of end of life service pilot.

It was noted that it was proposed to work with local Hospices and the two area CCGs and to use the telehealth service to help to support people in their own homes.

The Board was requested to receive the report and comment on the proposed next steps, to ensure that the Health and Wellbeing Board focuses upon the priorities contained within the Health and Wellbeing Strategy and has in place a mechanism for delivering outcomes on the ground.

**RESOLVED**

1. That the report be received.

2. In considering the report the Board agreed that they would like to see indication as to how the Strategy would be measured against outcomes, in order to qualify and quantify the use of resources. It

was also noted that there was already a strong Living Well/Dying Well Strategy in place and that the good work already carried out in this regard should be made use of.

19 **NHS SOUTH CHESHIRE CCG ANNUAL PLAN AND PROSPECTUS**

Consideration was given to a report relating to the NHS South Cheshire CCG Annual Plan & Prospectus for 2013/14. The report provided an overview of the CCG and its plans for the financial year. It described the standards that local people could expect from the services that the CCG was commissioning on their behalf and a high level description of how the budget for these services would be spent, how it would work with key partners to address health inequalities and importantly, how the local population's views had been and would continue to be heard and reflected in its plans.

In determining its programme of work and projects for 2013-14, the CCG had listened to local people about what was important to them in terms of health services, looked at the Joint Strategic Needs Assessment (JSNA), and reviewed the health inequalities of the local population and other health evidence sources. The CCG had also worked with partners on the Health and Wellbeing Board, provider organisations and the voluntary sector, to consider the key challenges that together they needed to address to make a real difference to the health and wellbeing of its communities over the coming year.

It had aligned its priorities under three Strategic Programmes, which would bring clarity to its work and projects and also aligned with the Joint Health and Wellbeing Strategy, the Starting Well Programme, the Living Well Programme and the Ageing Well Programme. It took responsibility to commission high quality and safe care and in order to improve the quality of service and care, focused on four areas of quality (CASE):- Care, Accessibility, Safety and Effectiveness.

It was noted that it would be important to keep a track on progress and outcomes and it was agreed that updates would be provided through the existing reporting mechanisms.

**RESOLVED**

That the CCG Annual Plan and Prospectus for 2013-14 be noted.

20 **PIONEER BID PRESENTATION**

It was reported that health partners have been successful in being shortlisted, following a nationwide call for "Pioneer Bids" from the Department of Health. In May 2013 the Department of Health had invited expressions of interest for Health and Social Care 'Pioneers'. The intention was that 10 'Pioneer Sites' would be selected as a means of rewarding change at scale and pace, from which the rest of the country could benefit.

The DoH were looking for Pioneers that would work across the whole of their local health, public health and social care systems and alongside other local authority departments and voluntary organisations, as necessary, to achieve and demonstrate the scale of change that was required.

Responding to this call, Cheshire East Council, Cheshire West and Chester Council and the four Cheshire Clinical Commissioning Groups had worked together to propose a model for Cheshire-wide integration of Health and Social care.

The partners had been successful in being short-listed and in the previous week, a team including representatives from the CCGs and the Council's Executive Director of Strategic Commissioning had visited the Department of Health, in London, to be interviewed as part of the Pioneer Bid.

Simon Whitehouse gave a short presentation, summarising the bid and showed the film which had been included in the bid presentation, in London.

Final results would be known by the beginning of November.

The Chairman thanked Simon Whitehouse for his presentation and also thanked Councillor Brenda Dowding, Adult Social Care and Health Portfolio Holder for Cheshire West and Chester Council, who was present at the meeting, for her Council's contribution to the bid.

21 **PARTNERSHIP BOARDS FEEDBACK**

Jerry Hawker provided an update from the Caring Together Partnership Board. The Caring Together Programme was a whole system transformation programme designed to raise the standards and experience of care in Eastern Cheshire, whilst also addressing the significant financial challenges being experienced across the local economy. The Caring Together programme was part of the Pioneer bid and the ambition to integrated care, but also addressed wider challenges in the redesign of acute and specialist services. A Strategic Outline Case has been completed, which outlined the "case for change" and three main priority areas; joining up health and social care, redesigning acute services and increasing efficiency and productivity. Commencing from the 19th September, the statutory bodies represented on the Caring Together Partnership board were presenting the findings of the Strategic Outline case to their Governing bodies/Cabinet.

It was reported that things were progressing well at South Cheshire CCG. A workshop was due to take place on the following day, which was planned to deliver an action plan for the Partnership Board, around co-ordinated care. There were a number of work streams to be considered,

along the lines of a vision of the model of care, taking issues forward, leadership of the change, finance and contracting.

The meeting commenced at 2.00 pm and concluded at 4.05 pm

Councillor J Clowes (Chairman)

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Minute Item 16

## Learning Disability Life Course Project - High Level Business Case

This is a draft high level business case and is the first of the documentation that must be prepared as part of the Council's TEG & EMB Approval process. It will be used to provide an overview of the project and to obtain co-operation and by in from key partners.

| | | | |
|---|---|---|---|
| **Project Name** | This is a **multi agency project** to secure new integrated health and social care pathways for Learning Disabilities | **Programme Name** | Care & Commissioning |
| **Directorate :** | Cheshire East Council Adults, Children & Families Services & Cheshire East Education and Health partners | **Portfolio Holder:** | Janet Clowes |
| **Service:** | Learning Disabilities | **Senior Responsible Owner (SRO):** | Lorraine Butcher |

**Description of Project**

This project will ensure a major whole system review of **Learning Disability and Autism Spectrum Disorder (ASD)** support and provision. We will work with partners to take a whole life (birth to death) view of individual and carer needs, service requirements, and efficient use of the public funding that will secure new **integrated** pathways of care. The project is clearly identified in the councils three year plan under:

Priority 2: 'Developing affordable and sustainable local models of care for vulnerable children and adults'

***For the purpose of clarity within this document, we will refer to 'Learning Disability'as a description to cover a broad range of conditions and needs eg Autism, Downs Syndrome and Challenging Behaviour. Where a piece of work is undertaken that relates to a specific condition, this will be made clear.***

The **objectives** of this project;

To review, redesign and commission services for children and adults with learning disabilities to ensure that value for money, person centred care, planning and support meets now and future needs.

1. By the end of November 2013 we will have a picture of need and will understand our population, what works and what doesn't from their viewpoint.
2. By November 2013, options will be considered and a decision taken by partners on the future of Adults pooled budget from April 2014
3. By April 2014 have considered and implemented all other actions identified within the Winterbourne Stock take action plan and Learning Disability self assessment
4. To complete a commissioning review by the end of May 2015, base-lining current provision, identifying gaps and redesigning future provision together to inform future commissioning.
5. By June 2014 there will be joined up, community adult services (learning disability services provided by health and adult social care) situated together in locations that meet need identified.
6. By September 2014, Cheshire East can produce and provide an Education, Health and Care plan for individuals from birth to 25 that demonstrate a meaningful and positive difference to the outcomes of children and young people with SEN and/or disabilities and their families through listening to service users.
7. By June 2015, new commissioned support will be in place supported by all partners working together to understand the needs and views of our service users.

**Background**

In Cheshire East we have 2,490 children in education with a learning disability and 1,299 adults. As the number of individuals with complex needs increases, as does their life expectancy, the financial pressure will grow rapidly.

This is a growing client group nationally and locally, with increasingly complex needs over longer lifetimes. Intense medical and care needs mean that support costs for some individuals are estimated to reach £10million over their lifetime, creating a significant pressure on budgets, in particular for health, social care, housing, education and benefits.
We aim to re-design current arrangements to achieve the following:

- More early intervention aimed at building confidence and independence for individuals from an early age
- A focus on building support and capacity in families, carers and the wider community
- Ensure a wide range of care and support services are involved planned and delivered using a whole life course approach, leading to forward thinking investment decisions, better quality outcomes and value for money. For example, building whole life-course housing.

This project is driven by this growth and complexity in need and the drive to ensure maximum efficiency and effectiveness across the range of specialist and non-specialist services in place to support those who have a learning disability in Cheshire East. The local authority and our two Clinical Commissioning Groups have agreed to a whole system review that will find ways of managing the growing cost of provision in this area maximizing independence and support in ordinary settings.

This project recognises the inter dependencies with statutory requirements such as Winterbourne View, the confidential inquiry into premature deaths of people with learning disabilities, the Children and Families Bill and the Care Bill. These all call for;

- An improved experience for those with a learning disability, offering greater choice and control
- Improved support to families and carers
- Improved partnership and integrated working arrangements
- Improved knowledge about those with a learning disability, their families and carers
- A focus on need, wellbeing and having the right support in place
- Opening up new methods of support that contributes to improved outcomes
- Personalisation
- Effective safeguarding arrangements.

The most significant changes arising from the Children and Families Bill to the existing SEN Code of Practice are to be introduced in September 2014. These changes are far reaching and introduce a fundamental shift in assessment and the way children and young people's needs will be identified and supported. For the first time ever, parents will be given the power to control personal budgets for their children with severe, profound or multiple health and learning needs - meaning they can choose the expert support that is right for their child, instead of local authorities (LAs) being the sole provider. The biggest reform of SEN for 30 years will also force education, health and social care services to plan services together by law - so when their children are assessed, parents will be assured they will get full provision to address their children's needs. There is a need for extensive development work with service and school staff, which this project will support.

Whilst we believe this review would enable us to connect separate streams of public funding to better effect and secure more public value, we anticipate this will be matched by an improved holistic approach to supporting and meeting individuals' needs by enhancing their life chances and quality of life. This project will consider the full life course of those with a learning disability to ensure we address the conflicts and tensions presented by transition from children's support to adults support across the system.

Cheshire East is one of a reducing number of Local Authority areas to have a formal Adult Learning Disability Pooled Budget Agreement in place between the Council and the two Clinical Commissioning Groups for the area. Spend on adult social care and health through the pooled arrangement was approximately £43m at outturn 2012-13.

An individual with learning disabilities will receive support from a wide range of services throughout their lifetime, including children's social care, health, education, adult social care, housing, benefits, and adult supported employment. In addition they may receive support from one or more community or voluntary organisations. This project will improve this support to ensure a joined up system which meets need for this vulnerable group.

**Scope and objectives**

This project will include

- A whole system commissioning review of all those who have a learning disability and those with Autistic Spectrum Conditions and the support to them in Cheshire East from birth to end of life.
    - Use of the Self Assessment Framework and Autism Self Assessment Framework to gain an understanding of the population and will build on this to develop an excellent contribution to the Joint Strategic Needs Assessment, this will then be used to provide an overarching needs assessment across the Care and Commissioning Programme. Key aspects of our approach include
    - A full analysis of the services currently providing, using pathway mapping to identify what is working well and what isn't and what will be needed in the future to meet need.
    - The analysis, review, redesign and planning of joined up provision and will seek to improve the experience of users, families and carers by identifying and reducing the number transactions, reducing bureaucracy and having the support in place that matches identified need. This in turn will lead to a reduction in greater need and crises points arising in the future.
    - The project will include all specialist and none specialist education, health and social care support for those who have a learning disability.
- The work necessary to address the statutory requirements arising from the Children & Families Bill and Care Bill and those actions arising from the Winterbourne View Stock take.
- The analysis of the workforce and resources required to meet future need which will include putting in place joined up teams who can respond directly to the needs of the population

We will do this through:

- A detailed partnership led approach to developing a needs analysis for Cheshire East, looking at individual's needs but also family and carer needs
- Customer-journey mapping across the life-course
- Resource flows through different services throughout an individual's lifetime, leading to detailed resource mapping including community and voluntary sector support
- Exploring data sharing needs across service providers
- Development of options for redesigned support and services, including tackling significant issues such as building housing suitable for an individual's whole life.
- The ability to join up funding as well as practice across Health, Education and Social Care in a Single Plan (0 – 25 years of age) will promote effective investment decisions from the earliest possible age.
- A detailed analysis of our workforce across the partnership across children and adults to identify what's needed where to meet future need effectively and efficiently through joined up provision

Once the work of this project has been implemented we want to see the following **outcomes for people with learning disabilities and their families and carers:**

- All people with a learning disability are identified and needs across arrange of spectrum are met
- Services are person centred and improved
- They have the support needed to help them gain the life skills and education they need to thrive.
- Independence is maximised through opportunities in education, employment, choice and relationships
- Children and young people with a learning disability get a good start in life, and are prepared for and can make their own choices education, work and relationships.
- Equipped to live independent, self-sufficient lives, are supported by their communities and realise their particular talents and abilities.
- Access to good physical health is available and maintained.

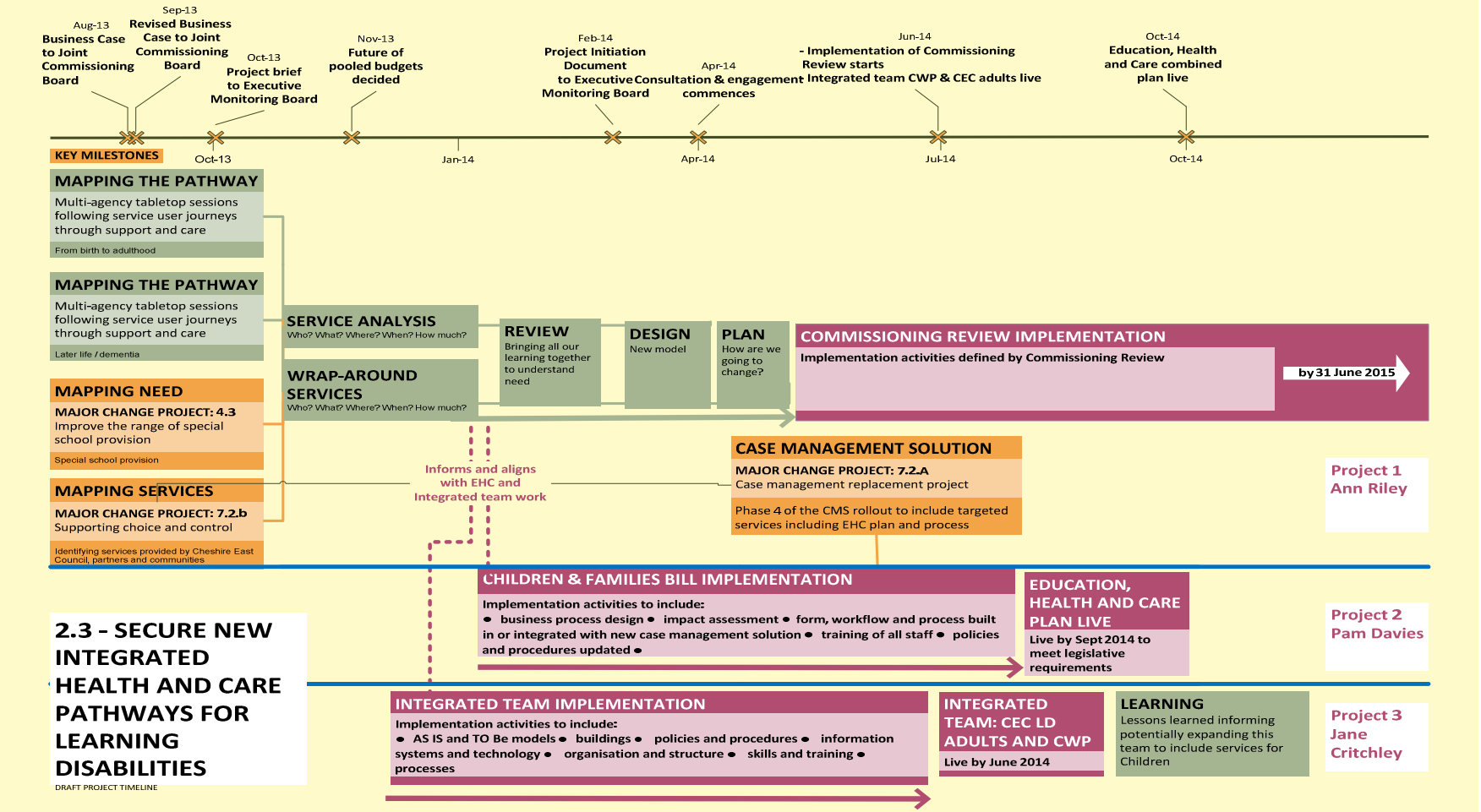
**See also the measured benefits that we have included at page 7.**

**Context:**

This project is one of a number of projects operating under the Councils Care and Commissioning portfolio to achieve the Council's 3 year Plan. It has identified the links and dependencies with other projects within this portfolio.

The draft timeline for completion is shown below at **Diagram 1**, and a high level project plan has been produced to support this project.

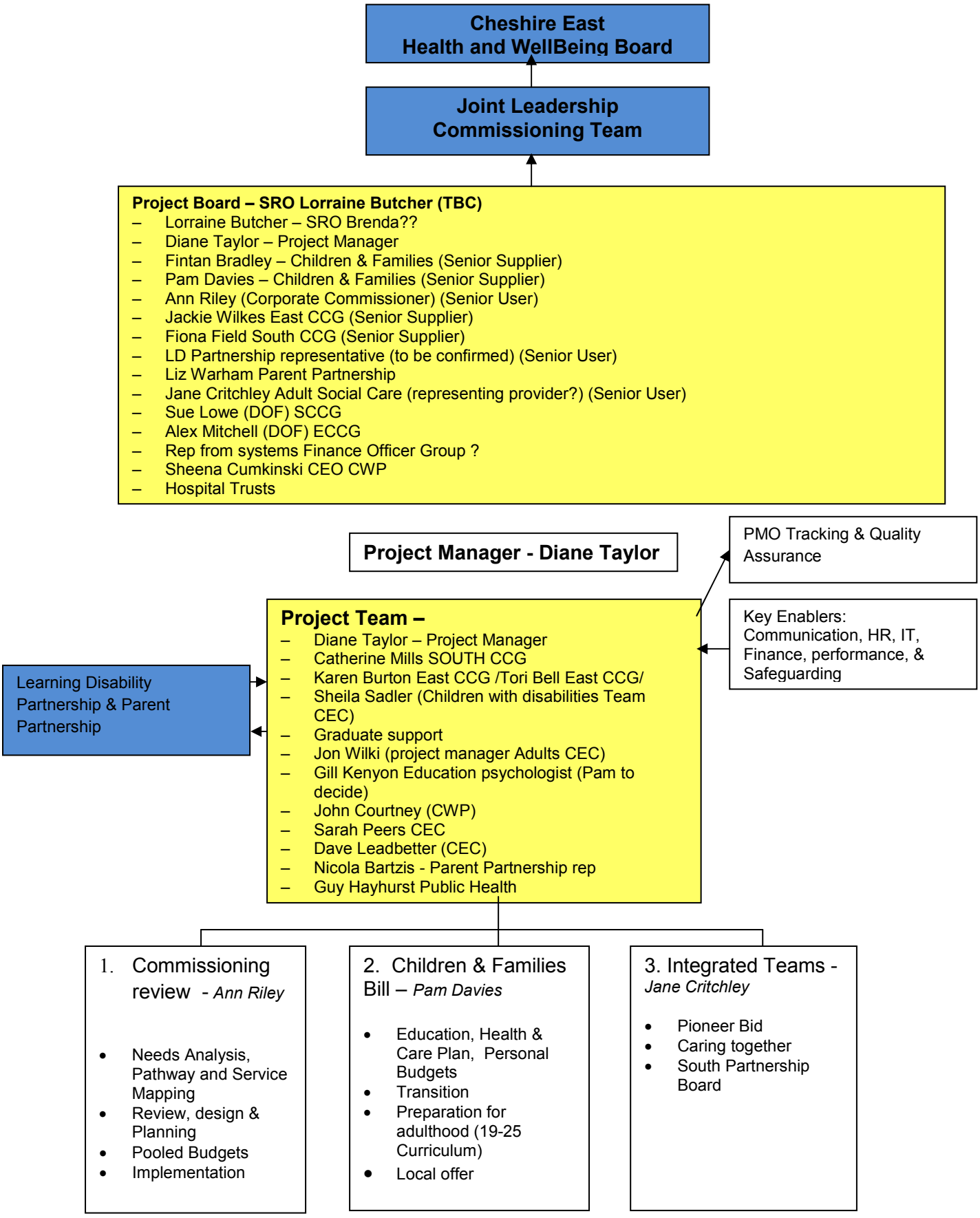
## Diagram 1


Aug-13
Business Case to Joint Commissioning Board
Sep-13
Revised Business Case to Joint Commissioning Board
Oct-13
Project brief to Executive Monitoring Board
Nov-13
Future of pooled budgets decided
Feb-14
Project Initiation Document to Executive Monitoring Board
Apr-14
Consultation & engagement commences
Jun-14
- Implementation of Commissioning Review starts
Integrated team CWP & CEC adults live
Oct-14
Education, Health and Care combined plan live
KEY MILESTONES
Oct-13
Jan-14
Apr-14
Jul-14
Oct-14
MAPPING THE PATHWAY
Multi-agency tabletop sessions following service user journeys through support and care
From birth to adulthood
MAPPING THE PATHWAY
Multi-agency tabletop sessions following service user journeys through support and care
Later life / dementia
MAPPING NEED
MAJOR CHANGE PROJECT: 4.3
Improve the range of special school provision
Special school provision
MAPPING SERVICES
MAJOR CHANGE PROJECT: 7.2.b
Supporting choice and control
Identifying services provided by Cheshire East Council, partners and communities
SERVICE ANALYSIS
Who? What? Where? When? How much?
WRAP-AROUND SERVICES
Who? What? Where? When? How much?
REVIEW
Bringing all our learning together to understand need
DESIGN
New model
PLAN
How are we going to change?
COMMISSIONING REVIEW IMPLEMENTATION
Implementation activities defined by Commissioning Review
by 31 June 2015
Informs and aligns with EHC and Integrated team work
CASE MANAGEMENT SOLUTION
MAJOR CHANGE PROJECT: 7.2.A
Case management replacement project
Phase 4 of the CMS rollout to include targeted services including EHC plan and process
Project 1
Ann Riley
2.3 - SECURE NEW INTEGRATED HEALTH AND CARE PATHWAYS FOR LEARNING DISABILITIES
DRAFT PROJECT TIMELINE
CHILDREN & FAMILIES BILL IMPLEMENTATION
Implementation activities to include:
• business process design • impact assessment • form, workflow and process built in or integrated with new case management solution • training of all staff • policies and procedures updated •
EDUCATION, HEALTH AND CARE PLAN LIVE
Live by Sept 2014 to meet legislative requirements
Project 2
Pam Davies
INTEGRATED TEAM IMPLEMENTATION
Implementation activities to include:
• AS IS and TO Be models • buildings • policies and procedures • information systems and technology • organisation and structure • skills and training • processes
INTEGRATED TEAM: CEC LD ADULTS AND CWP
Live by June 2014
LEARNING
Lessons learned informing potentially expanding this team to include services for Children
Project 3
Jane Critchley

| Benefits of the Project: | |
|---|---|
| **Benefits** | **Measured outcomes** |
| **Need identified and understood and used effectively** | |
| All people with a learning disability are identified and needs across a range of spectrum are understood early enough to prevent crises points later on in life. | • 100% of services/support available mapped out and in a format that is easily understood by all.<br>• Relevant data available and collected. The targets nationally and locally determined in every required data set (e.g. age / complexity / Autism diagnosis / BME etc).<br>• 100% of people accessing/using learning disability service/support are known and patient experience is captured<br>• 100 % of commissioned practice and contracts can provide evidence of improved practice, based on match to needs analysis |
| **Improved experience throughout life** | |
| Services are person centred and provide a better experience of care and support for service users, their families and carers through the offer of a seamless integrated approach | Through a user experience tool;<br>• 65% of existing clients will report an improved experience in their new pathway / packages of support<br>• Increased rates of satisfaction from parents/carers of children and adults with learning disabilities<br>• 70% of service users report that their thoughts and views had been considered in developing the services or support that they receive |
| More people with a learning disability get a good start in life; have the support they need to help them gain the life skills and education to equip them to live independent, self sufficient lives, supported by their communities. | • Increase in the number of those with learning disability receiving support that enables them to lead independent lives.<br>• Increase in the number of people with learning disabilities in education, training and employment<br>• Increase in the % of those with a learning disability participating fully in community activity |
| More service users, their families and carers of disabled people are able to make informed decisions and genuine involvement about their health and care | • LD specific services: 100% of services involving people with learning disability and families in recruitment/ training and monitoring of staff including advocates.<br>• Learning Disability Partnership and Parent Partnership are operating efficiently with the LA and its partners, attendance at events is increased by 50%<br>• There is clear evidence that providers of LD services involve family carers in service development. There is clear evidence that such involvement has led to service improvement. |
| **Partnership and joined up working demonstrates effectiveness and efficiencies** | |
| Well-established and monitored strategy, service pathways and multi-agency involvement across Education, Health and Social Care. There is evidence of very clear transition services or functions that have joint scrutiny and ownership | • 100 % of commissioned practice and contracts can provide evidence of improved practice, based on the use of patient experience data, and the review and analysis of complaints<br>• 100% of health and social care commissioned services for people with |

| **Progress** | |
|---|---|
| Is this an existing Project/Programme | **Yes** See context and diagram on pg 6 |
| Do you any Governance arrangements in place? | **Yes** See diagram below, although these are subject to change |

**Learning Disabilities Life Course project – Project Governance Structure**



| ***Financial Investment Resources:*** | | | |
|---|---|---|---|
| **Expenditure** | Year 1 (£000) | Year 2 (£000) | Year 3 (£000) |
| Revenue Investment | 100k | 30K | 0 |
| Capital Investment * | 25K | 10K | |

| **Savings** | Year 1(£000) | Year 2 (£000) | Year 3 (£000) |
|---|---|---|---|
| Revenue Savings | TBC | TBC | TBC |
| Capital Receipts | 0 | 0 | 0 |

*Capital Investment breakdown ( if known)

| Expenditure | 2012/13 £000 | 2013/14 £000 | 2014/15 £000 | 2015/16 £000 | Total £000 |
|---|---|---|---|---|---|
| Land/Building Purchase | | | | | 0 |
| Professional Fees (External) | | | | | 0 |
| Contracted Services | | | | | 0 |
| ICT Hardware | | | | | 0 |
| Software Licences | | | | | 0 |
| Furniture, Plant , Equipment | | | | | 0 |
| Capitalized Staffing Costs | | | | | 0 |
| Grants & Loans (Given) | | | | | 0 |
| Other Costs | | | | | 0 |
| Total Expenditure | 0 | 0 | 0 | 0 | 0 |
| Income | | | | | |
| Grants | | | | | 0 |
| Developer & Other Contributions | | | | | 0 |
| Revenue Contribution | | | | | 0 |
| Other | | | | | 0 |
| Total Income | 0 | 0 | 0 | 0 | 0 |
| Capital Receipts | | | | | |
| Prudential Borrowing | | | | | 0 |
| Total Funding | 0 | 0 | 0 | 0 | 0 |

| ***Resources to Support: For each option identify the likely resources that will be needed in each year.*** | | | | |
|---|---|---|---|---|
| ***Resource Type*** | ***Year 1 (Number of Days)*** | ***Year 2 (Number of Days)*** | ***Year 3 (Number of Days)*** | ***Name of Person Consulted in Corporate Area*** |
| Additional staffing resource to deliver project- please specify role | 1 x Project manager<br>1 x Graduate Trainee<br>Graduate mainly working on the implementation of the Single Plan | | | D Oakeshott<br><br>Pam Davies |
| HR | Discussion with Dinah in relation to:<br>• Provision of workforce data in various combinations – Probably needed late 2013<br>• Restructuring – i.e. support to manager as they revise or create new Job Descriptions, person Specs, and then advising on the process as it may involve a selection process to new posts and potential redundancy. The complication is working across different employers who will have their separate procedures. Therefore time consuming project to reach agreement on how to proceed, involve the unions etc. First half 2014<br>• Training needs analysis and design and delivery of training. Meeting planned with Lisa.<br>• Recruitment Watch approval sought to recruit an additional HR Officer due to the demands of this project | | | Dinah Robertson<br><br>Anne Joule<br><br>Lisa Burrows |
| Procurement | • Procurement activities outside of systems procurement required to complete the project could potentially include short term consultancy pieces of work such as work with stakeholders. The requirements will depend on the resourcing strategy, to be defined at GATEWAY 2<br>• An outcome of this project would likely include a framework approach to commissioning higher cost placements. We would need some procurement expertise to enable this.<br>• Dependent on the findings of the commissioning needs analysis, we may need to re-commission and this will need procurement support | | | Jackie Gray |
| Legal | To ensure all those involved in the project are aware of legal implications of redesign proposals. | | | Iolanda Puzio |
| Finance | Financial input within this project will come from all key partners<br><br>• Also may need some resource to identify unit costing of future packages of support in ensuring pooled budget arrangements are managed<br>• Contribution from Systems Finance Officers Group to Project Board.<br>• Implementing personal budgets linked to Health, education and care plans | | | Steve Wilcock Sue Lowe (SCCG), Alex Mitchell (ECCG)<br>Dave Leadbetter<br><br>Patrick Roden<br><br>Pam Davies |
| ICT & Performance | • Taking forward integrated teams will need input from ICT – all partners to ensure compatibility of systems.<br>• It is hoped that the project will highlight the need to develop a revised approach to ongoing needs analysis to inform future commissioning.<br>• Performance input will be required to meet different statutory returns and new commissioning needs. Already involved in the | | | Lydia Rafferty<br><br>Bev Harding/Sue |

*# Any cost associated with this should be captured within the Financial investment resources table.*

| *Planning Implications: Does the project require planning permission? Please comment on pre application advice and any planning issues* |
|---|
| Not at this stage |

| *Risks: The main risks or threats that would prevent delivery of the project* | *Corporate Risk Register ref:* |
|---|---|
| Lack of clarity of existing services and their effectiveness and an understanding of the views and knowledge of key stakeholders thus that we don't understand where things are already working well or gaps in provision means that we are unable to sufficiently map the user journey and identify crisis points resulting in failure to improve user experience and efficiencies | **CR6** – Evidenced decision making **CR11** – Commissioning and service delivery chains **CR16** - Intervention **CR17** – Vulnerable Care |
| Risk that Governance structure is not clear leading to lack of accountability and ownership such that inappropriate decisions are made and the project fails to deliver its objectives. | **CR 3** - Strategic Leadership & Management **CR14** - Business Planning resource |
| The project fails to address and reflect the government requirements in improving the wellbeing of those who have a learning disability, causing failure to achieve inspection standards, safeguard users and improve user experience | **CR7** - Reputation |
| Risk that overstretched capacity of senior management and loss of operational knowledge leads to insufficient contribution to the project, delaying timescales and actioning implementations such that individual objective timescales are not met. | **CR9** - Workforce |
| Partners do not commit to joint working due to insufficient resources/poor partnership working/lack of understanding such that we are unable to integrate teams and other integrated approach for effective joint working, failing to improve user experience and achieve efficiencies. | **CR8** – Public Sector Effort **CR19**- Intervention |

- *Significant Comments: Please outline any further points relevant to the project that need to be highlighted.*

- This project will be crucial in ensuring the implications of the Children's Bill (the Education Health and Care Plan), the Care Bill actions from the Winterbourne View Stock take and will incorporate the care services development programmes within our two CCG's.

- This project will also help us to adopt a community budgeting approach to reviewing and improving support and care for children, young people and adults with learning disabilities. We have applied to be part of the Public Service Transformation Network which will enable us to:

    - co-design improvements with input from government

    - draw upon the learning from other community budget areas.
    - share our learning through an established network - we understand that very few partnerships have adopted a whole life-course approach to support for learning disabilities, so our findings will be relevant to many areas.

- Our continued commitment to safeguarding the vulnerable children and adults in Cheshire East is significant throughout this project.

North West Ambulance Service NHS
NHS Trust


Delivering the right care, at the right time, in the right place

# Report to Cheshire East Health and Wellbeing Board

**September 2013**

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**North West Ambulance Service NHS Trust**

**Report to: Cheshire East Health and Wellbeing Board**

**999 Performance in Cheshire East**

## 1. Introduction

Following attendance by North West Ambulance Service NHS Trust at the Cheshire East HWB meeting in May 2013, a request was made by the Board for a report from NWAS regarding performance in the Cheshire East area and associated improvement plans. The following report provides a description of performance in the area over the last four years, as well as initiatives to support demand management and performance improvement.

## 2. Activity and Performance

The Health and Wellbeing Board for Cheshire East has asked for information on the historic trends in emergency activity and performance. This presents a number of methodological challenges described below.

### 2.1 Rule changes

The rules for determining response time performance are set nationally by the Department of Health. In recent years there has been a succession of changes including the switch from Category A, B & C to Red and Green categories and changes to the clock start time from which the response time is recorded. Other changes include AMPDS (ambulance priority dispatch system) code set changes, change in government standard categories, and the move from PCTs to CCGs and improvements in determining an incident's geography.

In order to give as clear a picture as possible, it has been decided to carry out a retrospective review of our datasets, applying as accurately as possible the current set of rules. In this way we can make reasonably fair comparisons across the last four full years. All calls received via the 999 service are prioritised to determine the most appropriate response. The current reporting requirements for call categories are:

- ***Red (also still referred to as Category A)***

Red 1, 8 minute response time - Life-threatening requiring intervention - ambulance response. Clock start time when call hits NWAS switchboard
Red 2, 8 minute response time - Immediately life-threatening - ambulance response. Clock start time once chief complaint established

- ***Green***

Green 1, 20 minute response time - Serious but not life-threatening - Serious clinical need - ambulance response
Green 2, 30 minute response time - Serious but not life-threatening - Less serious clinical need - ambulance response
Green 3, - Non-life threatening - Non-emergency - telephone assessment/response
Green 4, - Non-life threatening - Non-emergency - telephone assessment

The current national targets relate to Red 1&2 response times. The Trust is contractually required to meet them for the North West of England. This year, we are reporting

performance to our lead commissioners by NHS England areas, and the dialogue has started between our lead and local commissioners on local performance. The targets are:

- Red 1: Provide a response on site within 8 minutes in 75% of incidents
- Red 2: Provide a response on site within 8 minutes in 75% of incidents
- Category A19: Provide a conveying vehicle when required to 95% of incidents within 19 minutes

This report focuses on Red 1 and Red 2 activity and performance, but it should be noted that this represents less than half of overall activity. The proportions of the various categories are typically:

| | |
|---|---|
| Red1 | 3% |
| Red2 | 35% |
| Green | 61% |
| Other | 1% |

**2.2 Geographical boundaries**

Rather than attempt to define the various boundary changes in recent years in the NHS and local authorities, the approach adopts the current boundaries and applies them retrospectively. Activity is aligned to an area through the location of the incident, not home address or GP practice. This report therefore relates to activity in the area shown below:


There are minor variations between authority boundaries and some of the postcodes that are used to identify locations. This will cause some variation in figures but these should not make a significant difference to the outcome.

**2.3 Activity**

It is important to note the context of the continuing increase in activity year on year that affects all ambulance services in England. A range of factors cause this, including an ageing population, patient expectations and their knowledge of the availability of alternative sources of assistance. Rising activity increases the pressure on services, and ambulance trusts have to improve their efficiency each year to maintain performance levels.

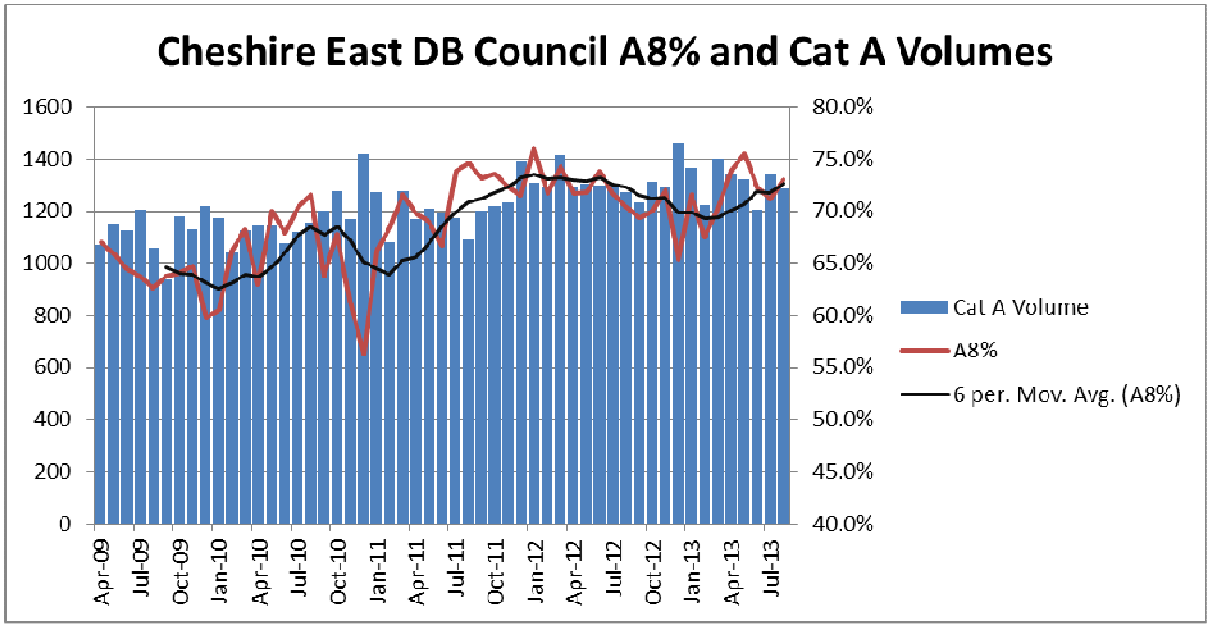
Increases in Red 1&2 (Category A) activity in Cheshire East over the last four years have been:

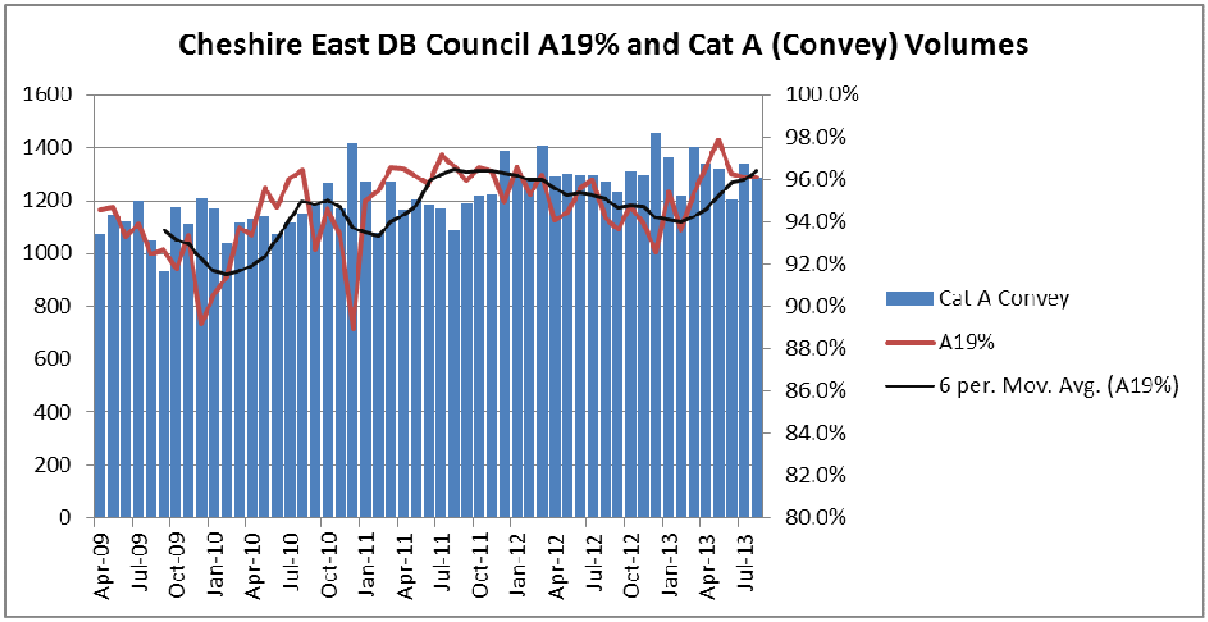
| Year | Cat A incidents | % increase year on year | % increase from 2009/10 |
|---|---|---|---|
| 2009/10 | 13414 | | |
| 2010/11 | 14330 | 6.83% | 6.83% |
| 2011/12 | 14890 | 3.91% | 11.00% |
| 2012/13 | 15758 | 5.83% | 17.47% |

These figures relate to Red category calls only. Activity increases have been seen across all call categories. In the first five months of 2013/14 there has been an overall in year growth when compared to the same reference period in 2012/13 of 6.2% in Eastern Cheshire and 1.8% in South Cheshire. Within that growth the increase in Green activity has been 10.3% in Eastern Cheshire and 4.8% in South Cheshire.

**2.4 Findings**

Adopting the methodology described above, a set of graphs have been generated at Council and CCG level. The full set is included as an appendix to this report. The headline performance at Borough level using the longstanding A8 and A19 measures is shown overleaf:



In these graphs the blue columns show activity levels in each month, the red line shows monthly response time performance and the black line shows a six month rolling average of performance

The main findings from this information are:

- There has been a rising trend in performance despite increasing activity levels. This is more apparent with A8.
- Performance has perhaps become less volatile over time with smaller variations seen in the most recent months. There were significant periods of reduced performance in the winters of 2009 and 2010. In subsequent years effective winter planning has ensured that the drop in performance over winter has reduced markedly.
- Although there has been a relative improvement over the last four years and the A19 target is now typically being met, there is still a shortfall in 8 minute performance

The position in the two CCGs in Cheshire East over the last four years is shown in full in the attached appendix 1. A more detailed tabular breakdown of performance in the current year is shown below. This reflects a clear variation between the two CCG areas. The A19 target is being met throughout the area, and there is a lower 8 minute performance in Eastern Cheshire compared with South Cheshire. The graphs in Appendix 1 demonstrate that the largest improvements in performance have been in Eastern Cheshire, where A8 was regularly as low as 60% at the start of the time period (2009/10). Although national targets are not yet being met, the position has improved to a position where A8 performance is regularly over 70%. It should be noted that there is great volatility in the Red 1 performance, which reflects the fact that they make up only about 10% of red calls, and so are highly variable.

*Cheshire East response time performance 2013/14*

**Cheshire East**

| Month | Cat A Volume | Cat A in 8 | Cat A Convey | Cat A Convey in 19 | R1 Volume | R1 in 8 | R2 Volume | R2 in 8 | A8% | A19% | R1_8% | R2_8% |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Apr-13 | 1341 | 991 | 1341 | 1296 | 115 | 77 | 1226 | 914 | 73.9% | 96.6% | 67.0% | 74.6% |
| May-13 | 1320 | 997 | 1319 | 1291 | 97 | 76 | 1223 | 921 | 75.5% | 97.9% | 78.4% | 75.3% |
| Jun-13 | 1206 | 871 | 1204 | 1159 | 92 | 64 | 1114 | 807 | 72.2% | 96.3% | 69.6% | 72.4% |
| Jul-13 | 1345 | 956 | 1344 | 1292 | 111 | 72 | 1234 | 884 | 71.1% | 96.1% | 64.9% | 71.6% |
| Aug-13 | 1283 | 937 | 1283 | 1233 | 91 | 67 | 1192 | 870 | 73.0% | 96.1% | 73.6% | 73.0% |
| YTD | 6495 | 4752 | 6491 | 6271 | 506 | 356 | 5989 | 4396 | 73.2% | 96.6% | 70.4% | 73.4% |

**South Cheshire CCG**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Apr-13 | 696 | 533 | 696 | 670 | 64 | 52 | 632 | 481 | 76.6% | 96.3% | 81.3% | 76.1% |
| May-13 | 639 | 494 | 639 | 623 | 42 | 31 | 597 | 463 | 77.3% | 97.5% | 73.8% | 77.6% |
| Jun-13 | 574 | 435 | 573 | 556 | 43 | 32 | 531 | 403 | 75.8% | 97.0% | 74.4% | 75.9% |
| Jul-13 | 646 | 463 | 646 | 628 | 53 | 30 | 593 | 433 | 71.7% | 97.2% | 56.6% | 73.0% |
| Aug-13 | 640 | 497 | 640 | 615 | 48 | 38 | 592 | 459 | 77.7% | 96.1% | 79.2% | 77.5% |
| YTD | 3195 | 2422 | 3194 | 3092 | 250 | 183 | 2945 | 2239 | 75.8% | 96.8% | 73.2% | 76.0% |

**Eastern Cheshire CCG**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Apr-13 | 645 | 458 | 645 | 626 | 51 | 25 | 594 | 433 | 71.0% | 97.1% | 49.0% | 72.9% |
| May-13 | 681 | 503 | 680 | 668 | 55 | 45 | 626 | 458 | 73.9% | 98.2% | 81.8% | 73.2% |
| Jun-13 | 632 | 436 | 631 | 603 | 49 | 32 | 583 | 404 | 69.0% | 95.6% | 65.3% | 69.3% |
| Jul-13 | 699 | 493 | 698 | 664 | 58 | 42 | 641 | 451 | 70.5% | 95.1% | 72.4% | 70.4% |
| Aug-13 | 643 | 440 | 643 | 618 | 43 | 29 | 600 | 411 | 68.4% | 96.1% | 67.4% | 68.5% |
| YTD | 3300 | 2330 | 3297 | 3179 | 256 | 173 | 3044 | 2157 | 70.6% | 96.4% | 67.6% | 70.9% |

The North West Ambulance Service and NHS Blackpool as lead recognise the importance of minimising the variation between areas. We will therefore work with local commissioners and providers to improve performance in rural areas where the issue of distance makes it harder to meet response time targets.

## 2.5 Handover

North West Ambulance Service NHS Trust has been working closely with partners at both Macclesfield District General Hospital and Mid Cheshire Hospitals NHS Foundation Trust to improve handover performance.

Handover is the time taken for crews to physically hand over the care of the patient to a member of nursing staff at the Trust. The clock starts as the ambulance arrives at the acute provider trust and handover should be achieved within 15 minutes.

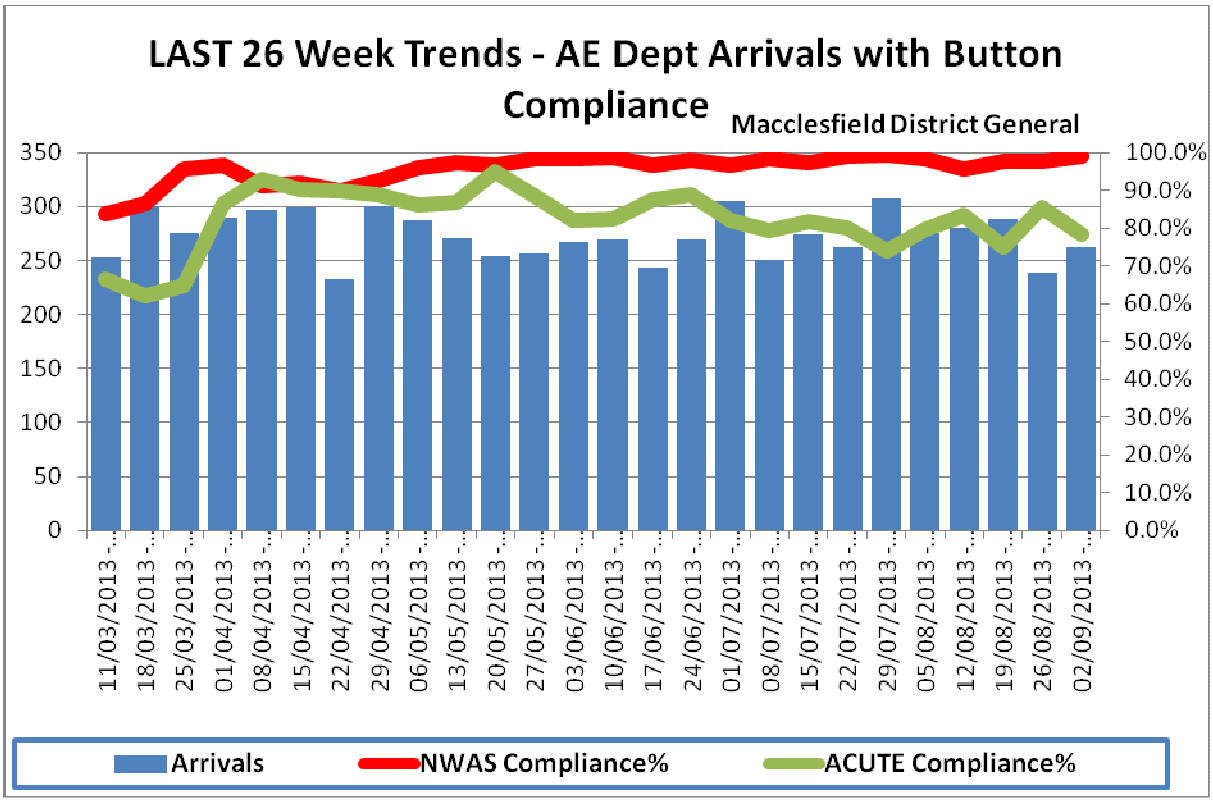
Poor handover times can result in reduced operational performance of both the ambulance trust and the hospital's emergency care service providing a poor overall patient experience of the NHS.

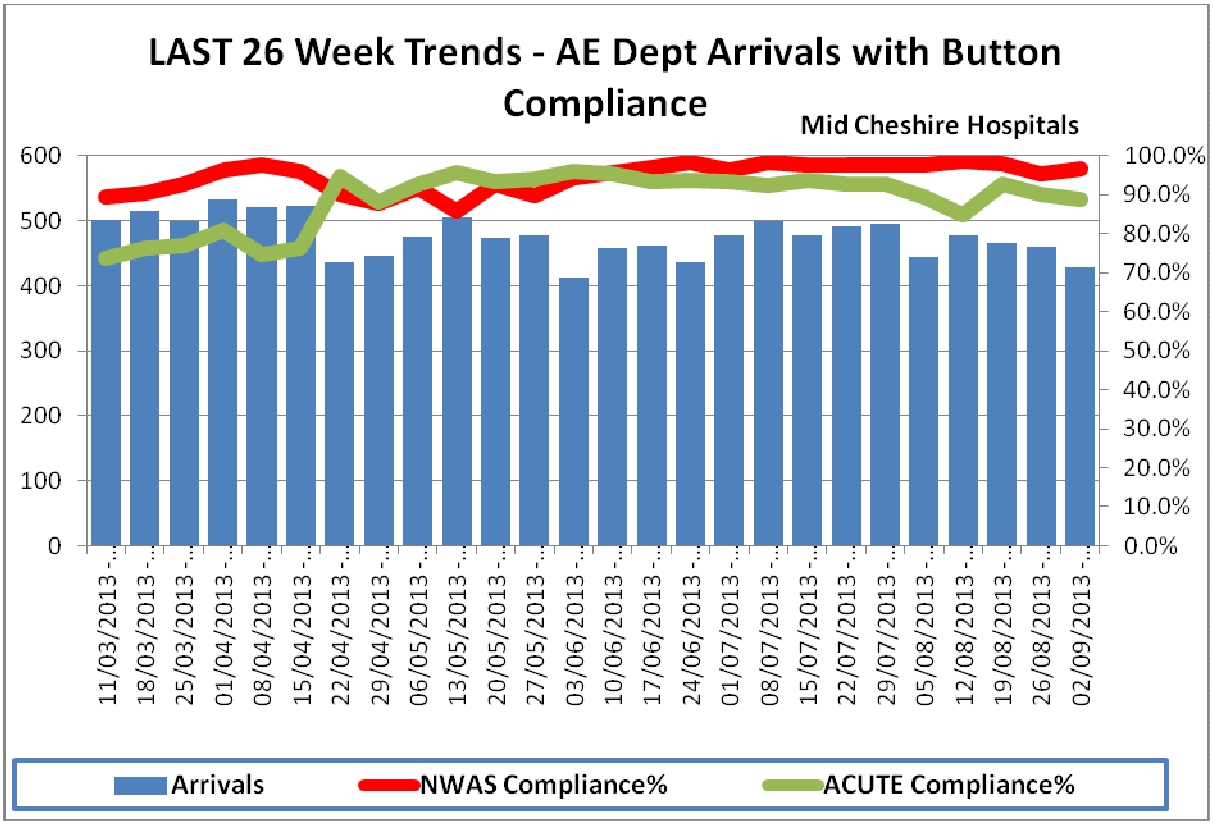
Handover is monitored using the Hospital Arrival Screens (HAS) located at various sites within the Emergency Departments. The crew will enter their PIN number on arrival, with the acute trust nursing staff entering their PIN on acceptance of handover of the patient. The times at each stage are recorded and monitored on a weekly basis. The final time recorded is the time the ambulance crew 'clears' ready to receive the next 999 call.

A number of measures have been put in place to improve performance and compliance:

- Introduction of Dual PIN – both parties have to input their PIN entries at the same time
- Introduction of Rapid Handover – patients, who fit certain criteria on paramedic assessment and where the patient can move unaided, will be asked to sit in the main waiting area of the Emergency Department and paperwork handed over to reception, freeing up crews to attend the next call. 'Rapid Handover' is entered on the HAS screen.
- At Mid Cheshire Hospitals, triage nurses have been placed at the ambulance entrance of Emergency Department solely to improve the handover process.

The graphs below illustrate handover compliance for the last 26 weeks at both Mid Cheshire and Macclesfield Hospitals.






There was marked improvement in compliance at the acute provider trusts when the dual PIN entry was introduced during April 2013. NWAS acknowledges the positive partnership working with acute hospitals which has demonstrated significantly improved handover times.

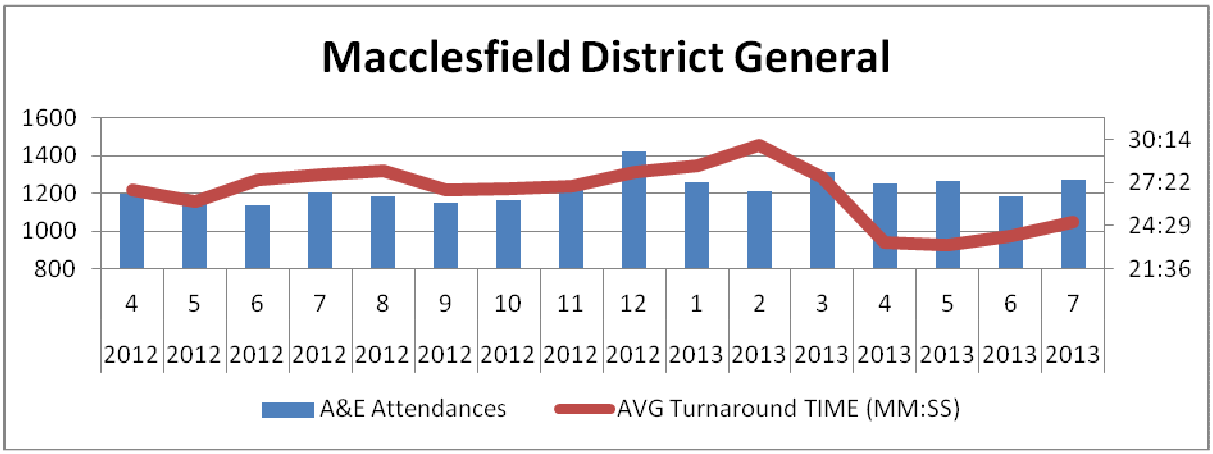
The table below illustrates the number of patients who have been handed over to acute staff using the Rapid Handover process for the month of August 2013:

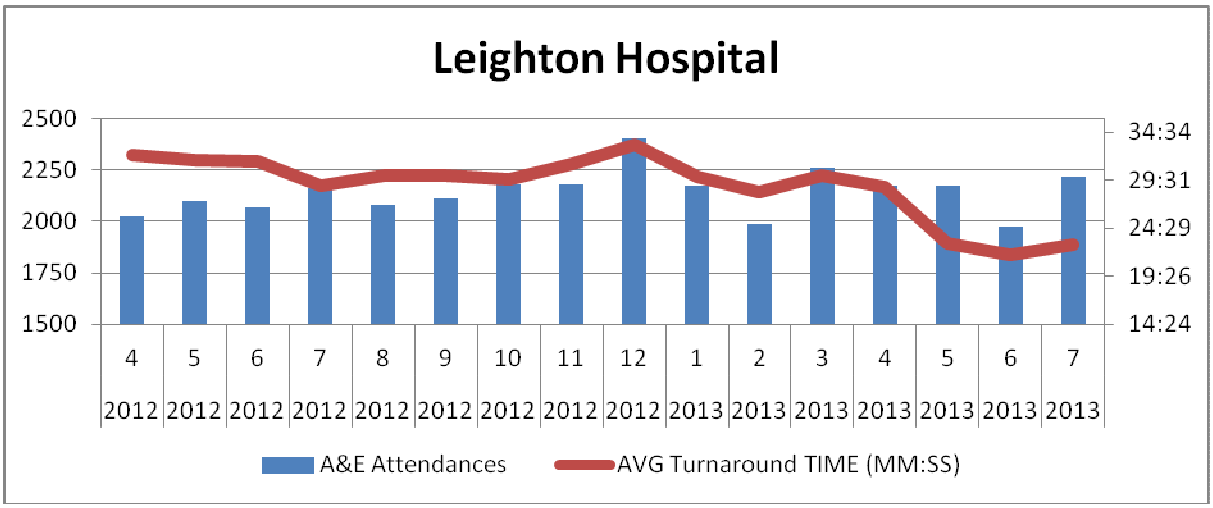
| **Acute Provider Trust** | Mid Cheshire NHS FT | Macclesfield DGH |
|---|---|---|
| **Number of Rapid Handovers** | 175 | 44 |

The steps taken to improve handover and turnaround performance have been positive and have resulted in a reduction of average turnaround time at both hospitals:

For Macclesfield DGH, from an average in April 2012 of 26:08 minutes peaking at 29:52 in February 2013 to a position in August 2013 of 24:40

For Mid Cheshire a reduction of over 9 minutes from an average in April 2012 of 32:14 minutes increasing to 33:16 in December 2012 to a position in August 2013 of 22:39




## 3. Commissioning and Funding Arrangements

NWAS is funded collaboratively by all 33 Clinical Commissioning Groups across the North West with a lead commissioner arrangement. This is currently undertaken by Blackpool CCG.

Funding levels are provided to deliver the national performance targets for the North West region which are:

- *Red 1 and 2: Emergency life threatening calls in 8 minutes for 75% of calls*
- *Category A: Red, emergency life threatening calls in 19 minutes for 95% of calls*

*There are no national targets for category C (green calls).*

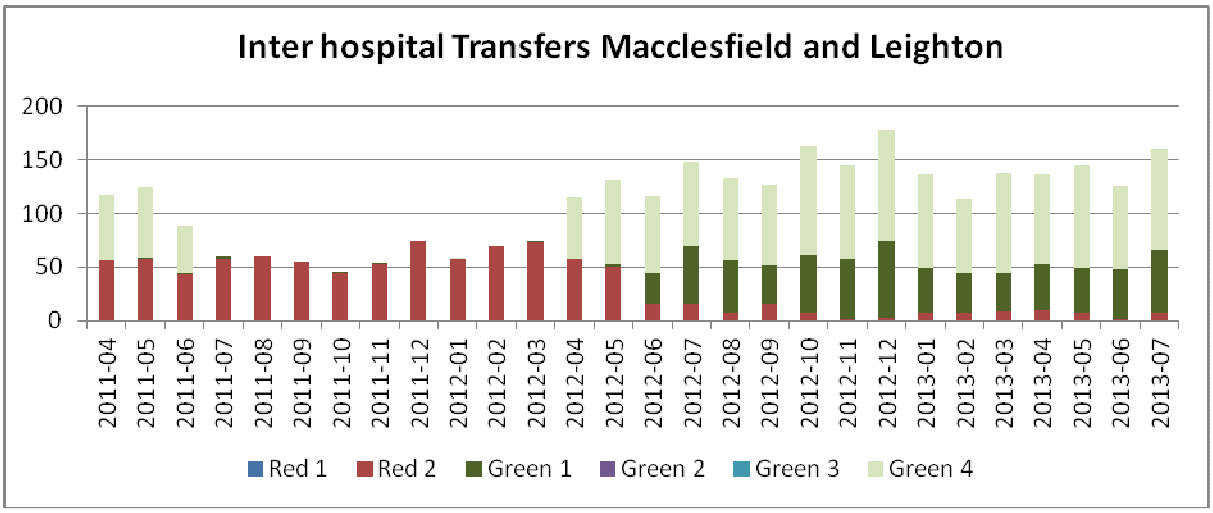
## 4. Operational Resources in East Cheshire

Recent investment monies to support increased activity have been provided by the collective CCGs. In East Cheshire the additional investment has been provide to fund two Rapid Response Vehicles (RRV); one to support the Poynton to Aldington area which has

always been a challenging part of East Cheshire. The other RRV covers the area between Winsford to Holmes Chapel. An indication of the resource levels provided is shown in Appendix 2, which gives the rostered vehicle provision from each of the stations in the two CCGs.

NWAS is seeing an increasing number of inter hospital transfers of patients to Specialist Units. Once a transfer out of area has been made, the crews may become the nearest responding resource to patients in other areas.

The graph below illustrates the number of inter-hospital transfers for East Cheshire hospitals between April 2011 and July 2013. There has been a marked increase in the number of transfers for Green 4 activity since March 2012.




## 5. Demand Management Initiatives

Demand on the ambulance service grows year on year and the Trust is working closely with partners to facilitate alternative pathways for patients who either don't require an ambulance response, or who following arrival of the ambulance are assessed as lower acuity and therefore could be better managed either in primary, community or alternative health care settings. The Trust will always ensure those patients who need an ambulance get one.

The Trust has developed a number of initiatives to support this, including:

- Urgent care 'Hear and Treat' service – where senior paramedics can undertake further triage of patients over the phone and refer to alternative services (when available).
- Paramedic Pathfinder – which enables NWAS staff to assess patients face to face and either refer them to alternative care services or leave them at home if considered safe to do so.

## 5.1 Hear and Treat

'Hear and Treat' is provided by NWAS Urgent Care Desk (UCD) which is manned by Senior and Advanced Paramedics to undertake secondary triage of patients who have already been assigned an ambulance. The UCD aims to provide patients with alternative services most appropriate to their condition rather than ambulance conveyance to the Emergency Department. The success of the 'Hear and Treat' initiative is dependent on UCD having access to alternative care pathways, and is heavily reliant on a comprehensive and up-to-date Directory of Services which not only supports NHS 111 call handlers, but also UCD clinicians to correctly and safely signpost patients to local services.

## 5.2 Pathfinder

Until recently, North West Ambulance Service has had constraints in its ability to leave appropriate patients safely at home, rather than transfer them to hospital. The development of the Pathfinder Tool has now enabled NWAS clinicians to work with other services to provide alternatives to hospital transfer. By using the Pathfinder Tool, NWAS staff can identify which patients can be treated by an alternative care pathway rather than conveyance to the Emergency Department. There are four main alternative pathway options available:-

- Convey the patient to another location – It is estimated that around 23% of patients that NWAS tend to could be conveyed to an alternative care provider e.g. Urgent Care Centre, for assessment, rapid access to diagnostics, treatment and discharge. The Pathfinder Team have presented Pathfinder to Ambulatory Care Pathways Group and it is thought that NWAS will be able to directly convey patients to the new Acute Assessment / Ambulatory Care Unit as part of phase 3 of the project. Other alternative locations for direct conveyance for patients with minor trauma have been highlighted as Congleton Minor Injuries Unit and Knutsford Community Hospital. These options are yet to be fully explored.

- Referral to dedicated GP Acute Visiting Scheme. NWAS participated in a pilot which took place to support winter pressures in Greater Manchester and parts of Lancashire last year. The pilot involved NWAS clinicians identifying low acuity patients using the Pathfinder tool and referring to a dedicated GP who could provide a 2 hour face-to-face response. A consortium of GP Out Of Hours Providers shared a rota to provide a dedicated GP to NWAS for these types of patients. The scheme was particularly beneficial for lower acuity patients; and particularly those who are elderly who currently are taken to A&E and often admitted; over half of the patients referred were over 70 years. The pilot evaluation demonstrated over 2200 patients were referred into the scheme 85% of whom did not require any further intervention. The remaining 15% of patients who required additional treatment where admitted in a planned way directly to the acute provider trust via MAU / SAU or as outpatient the following day(s). NWAS have made contact with East Cheshire NHS Trust GP OOHs Service to discuss partnership working for a GP Acute Visiting Scheme to support winter pressures this year.

- Community Care Pathways are hand-held care plans which enable NWAS clinicians to refer the patient back to a community healthcare professional whom they are already known to e.g. GP, Community Matron, District Nurses, Community Respiratory Team, Rapid Response Services, to enable patients with certain conditions to be cared for at home reducing the need for hospital admission. The Pathfinder Team are working with East Cheshire NHS Trust to reinvigorate the existing Patient Passports Scheme to incorporate the principles of the NWAS Community Care Pathways. The two providers have been working together since early 2013 and are almost ready to pilot the passports with the Community Matron caseload of patients. The Task and Finish Group is now meeting every two weeks and is in the final stages of agreeing the pathway with a suggested go live date of October 2013. It is believed that once the Community Matrons have piloted the Passports, the scheme will be rolled out to other nursing disciplines within the Provider Trust.

- Self-Care Pathways – there are currently six Self Care Pathways. If a patient fits Self Care Pathway criteria, the patient is deemed safe to be left at home with advice and possible onward referral to community specialist services. Where no services are available to support the patient, the patient automatically moves up the pathfinder to 'amber' and then 'red' i.e. A&E, until there is a service identified to support them. NWAS are working in collaboration with East Cheshire NHS Trust and AQuA around a falls pathway.

NWAS are actively engaged in the Caring Together for Eastern Cheshire Programme which focusses on integrating health and social care services and wrapping care around the patients' individual needs. This is a long-term strategy.

All of these initiatives support the reduction in demand on ambulance deployment and depend on effective system working and alternative services being available.

The Trust is also launching a Communication and Marketing campaign in October to help members of the public understand what they can expect from their ambulance service.

## 6. Future Plans for Performance Improvement

Performance Improvement is significantly dependent on Pathfinder and on the availability of alternative services in the community. Retrospective application of Pathfinder to around 500 patients across eight Emergency Departments in the Northwest has illustrated that 40% of these patients could be treated by the four listed alternatives pathways, hence reducing A&E attendances and the pressures on the acute provider trusts significantly. This would support NWAS performance, as the emergency ambulance resource would remain in the community served rather than being draw into the acute provider trust unnecessarily.

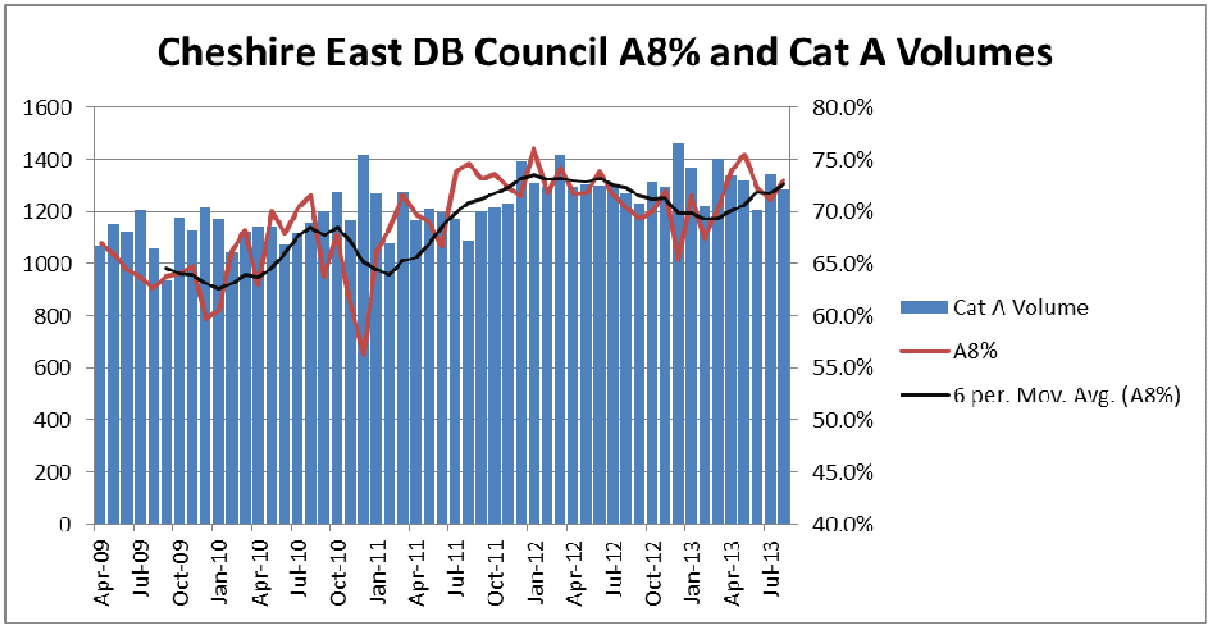
## 7. Recommendations

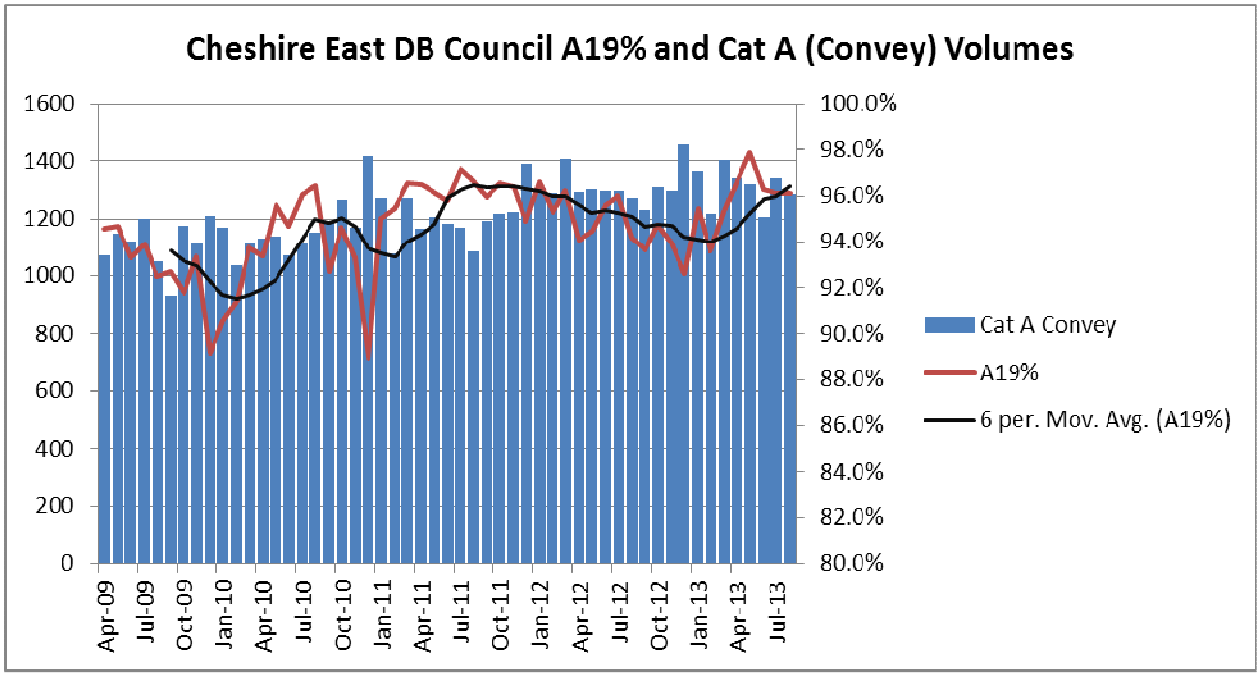
NWAS would like to work together with commissioning colleagues and other partners to drive forward the work around Pathfinder, the Integrated Care Model and other pathway

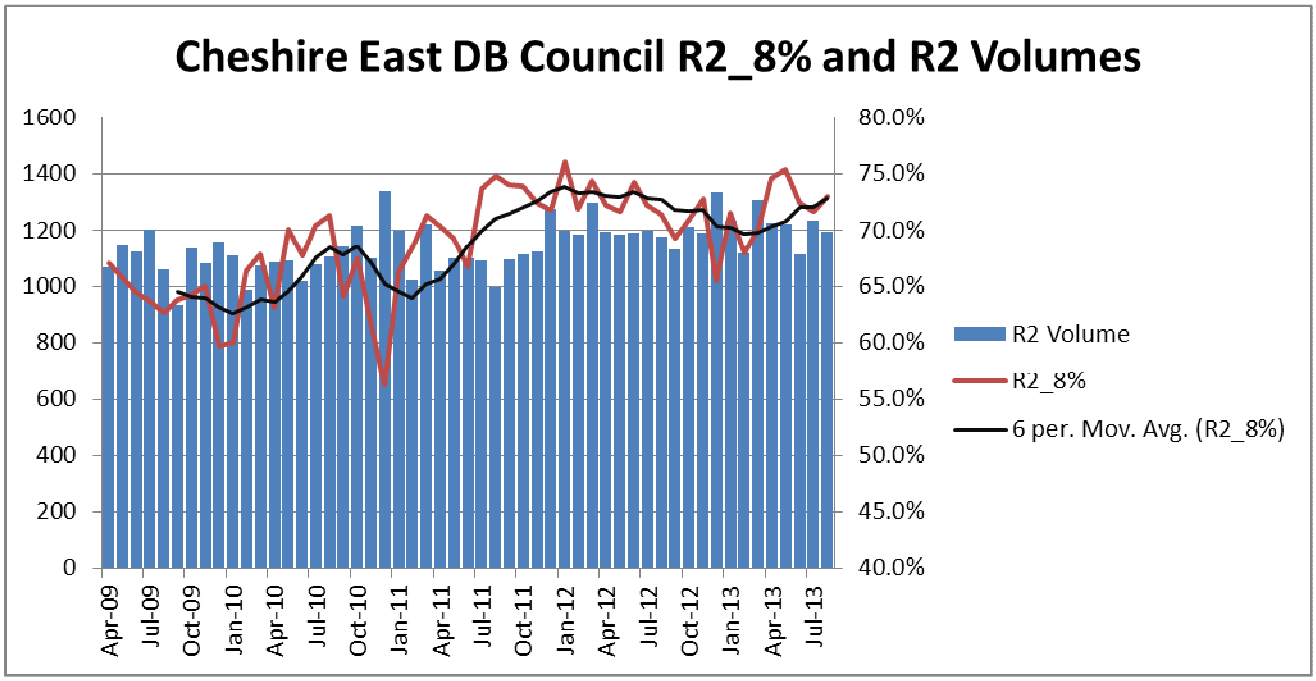
development initiatives. This is integral to improvements in the Urgent Care System both for ambulance service performance, and in reducing the number of patients requiring handover at the Emergency Department.

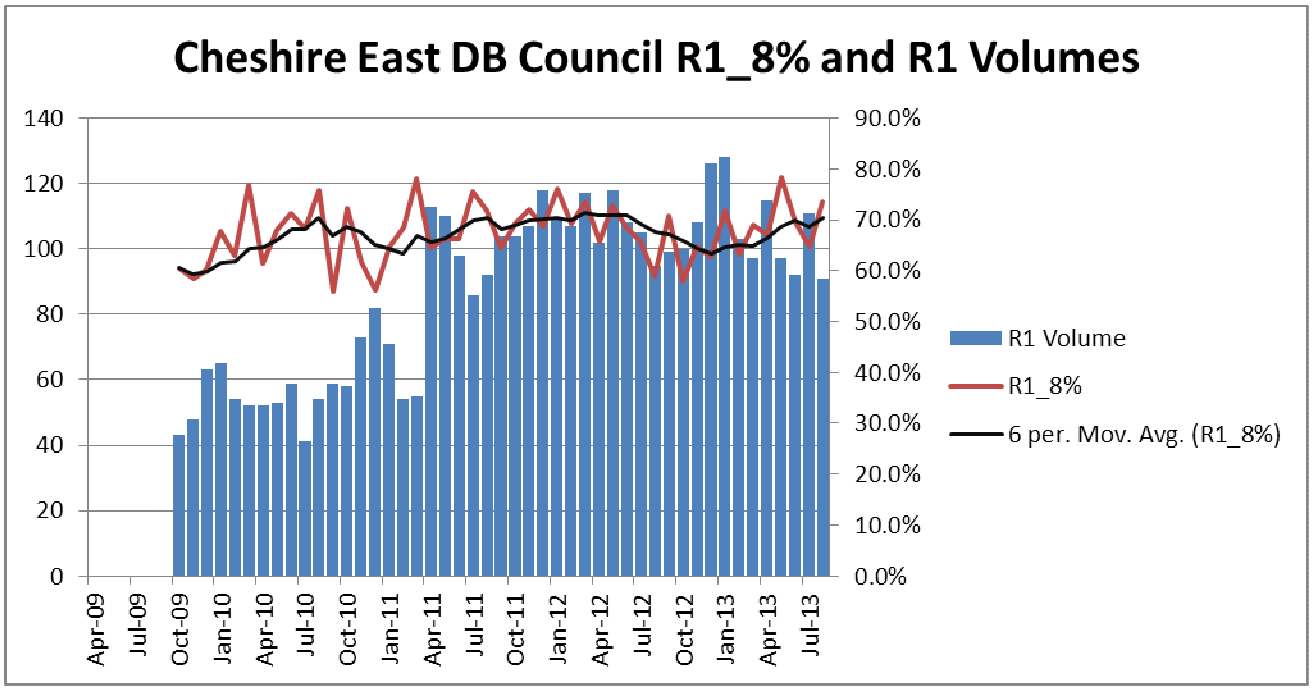
## Appendix 1: Historical activity and performance trends

### 1.1 Cheshire East

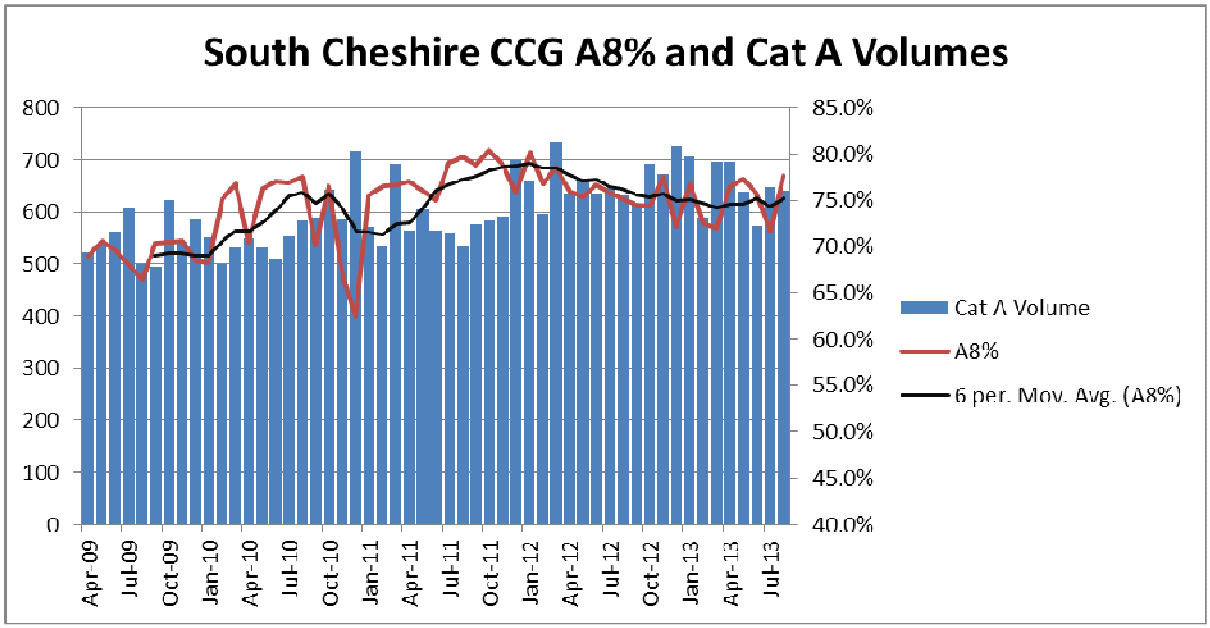


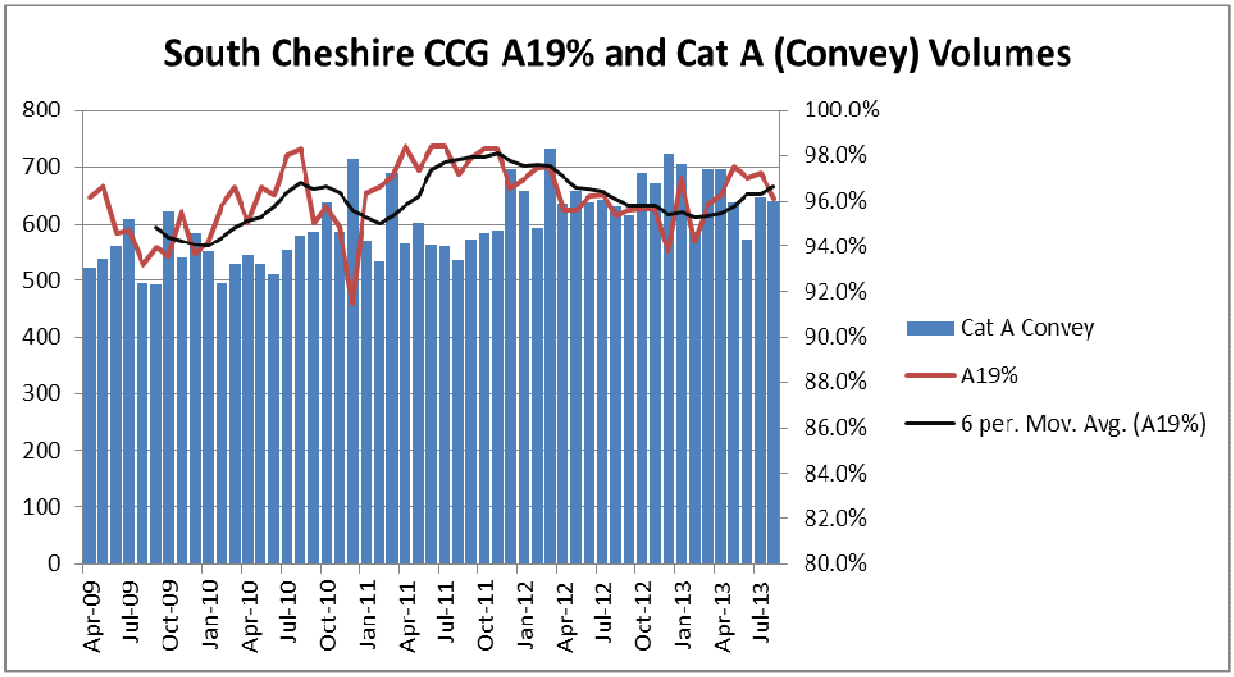



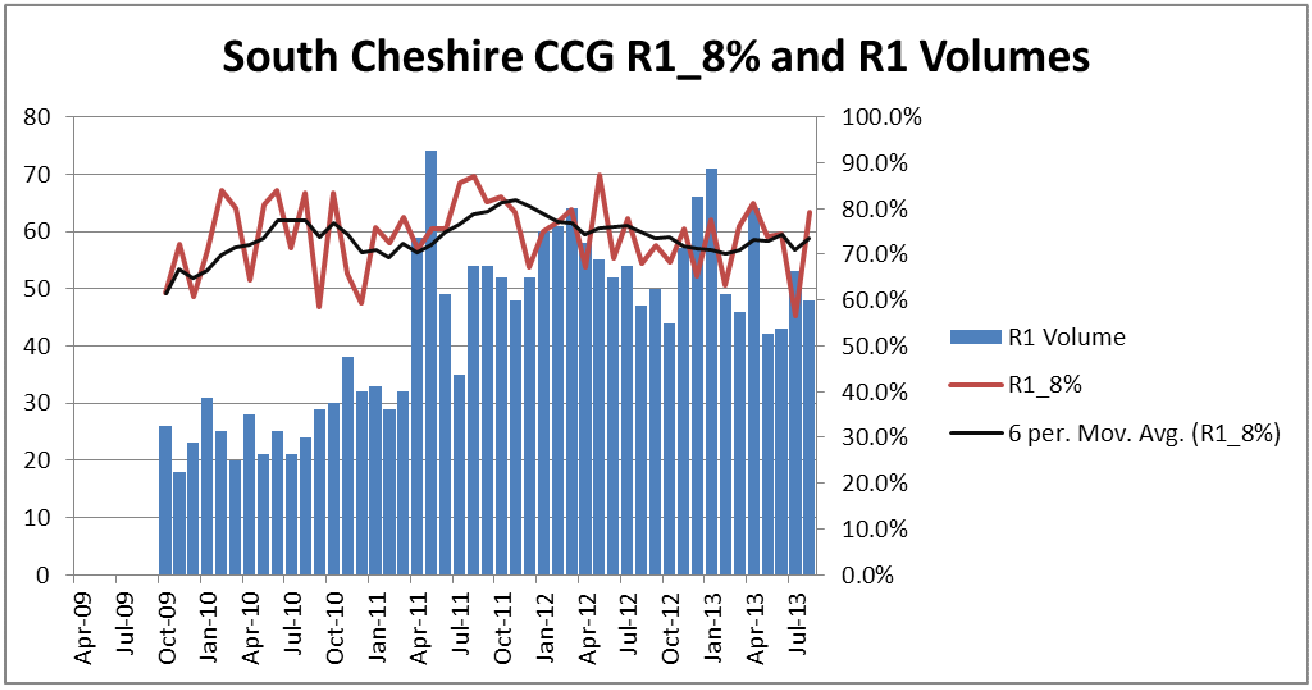

Cheshire East DB Council R2_8% and R2 Volumes
1600
1400
1200
1000
800
600
400
200
0
80.0%
75.0%
70.0%
65.0%
60.0%
55.0%
50.0%
45.0%
40.0%
Apr-09
Jul-09
Oct-09
Jan-10
Apr-10
Jul-10
Oct-10
Jan-11
Apr-11
Jul-11
Oct-11
Jan-12
Apr-12
Jul-12
Oct-12
Jan-13
Apr-13
Jul-13
R2 Volume
R2_8%
6 per. Mov. Avg. (R2_8%)

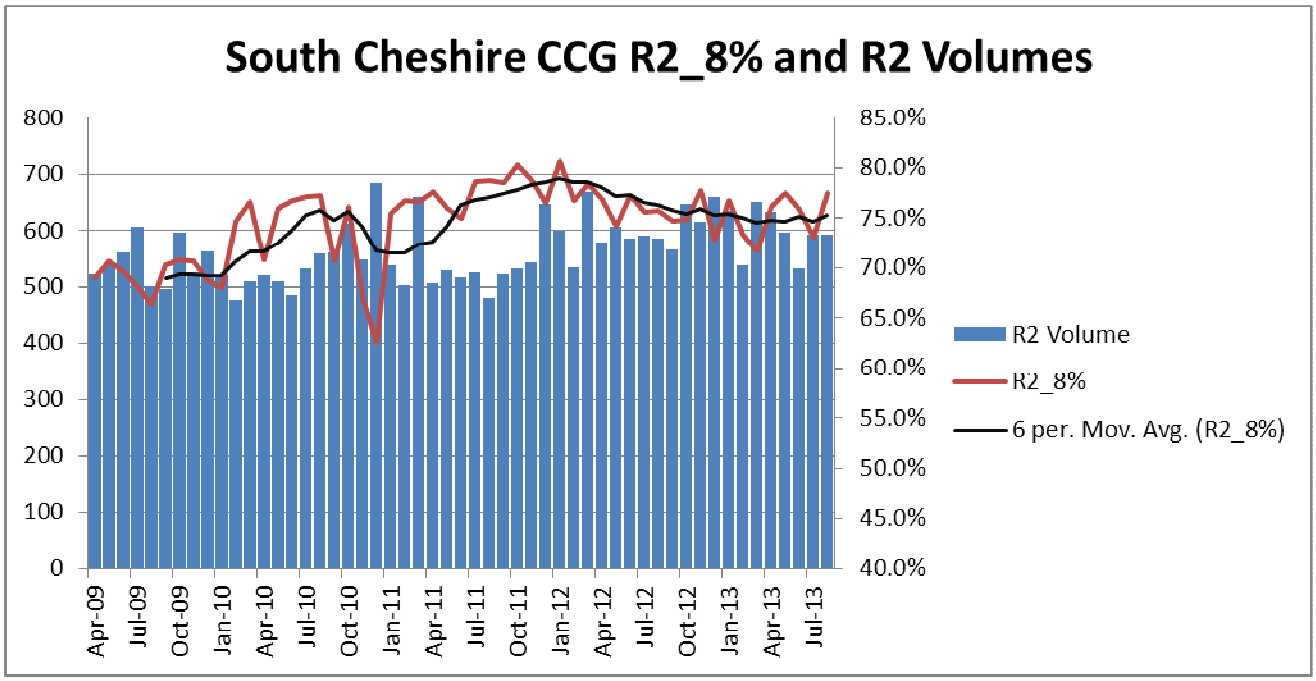

Cheshire East DB Council R1_8% and R1 Volumes
140
120
100
80
60
40
20
0
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Apr-09
Jul-09
Oct-09
Jan-10
Apr-10
Jul-10
Oct-10
Jan-11
Apr-11
Jul-11
Oct-11
Jan-12
Apr-12
Jul-12
Oct-12
Jan-13
Apr-13
Jul-13
R1 Volume
R1_8%
6 per. Mov. Avg. (R1_8%)

### 1.2 South Cheshire CCG

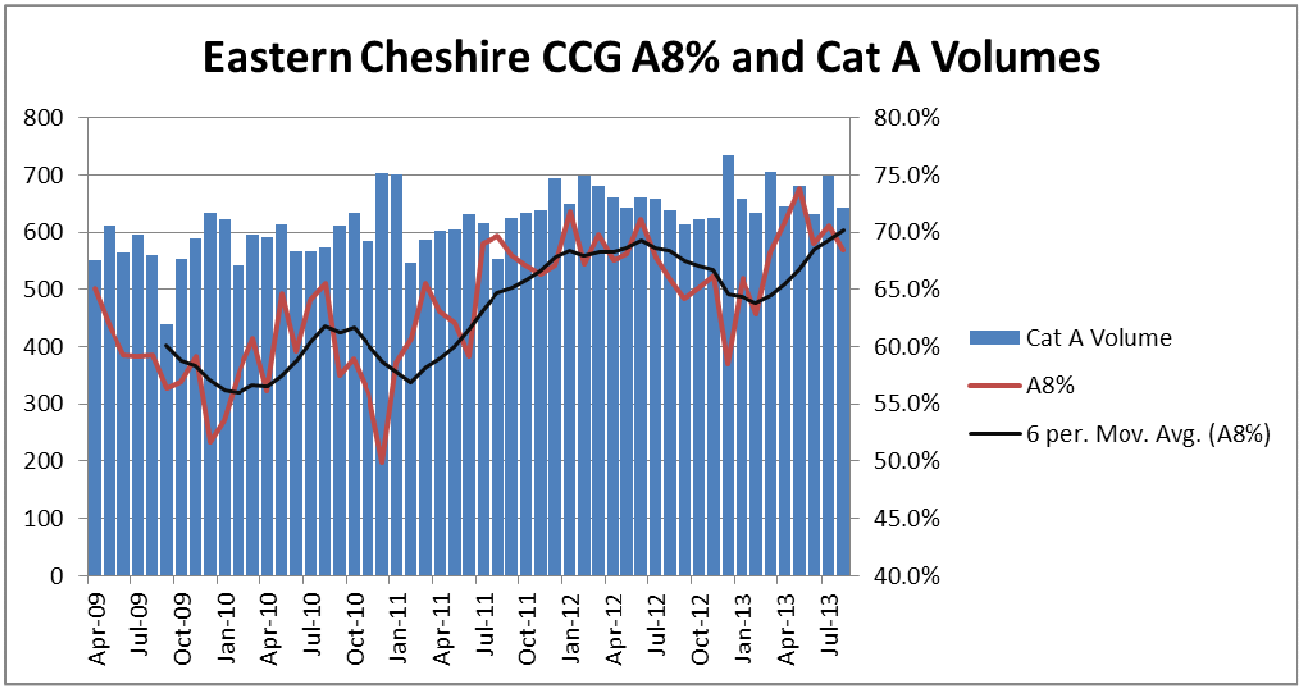


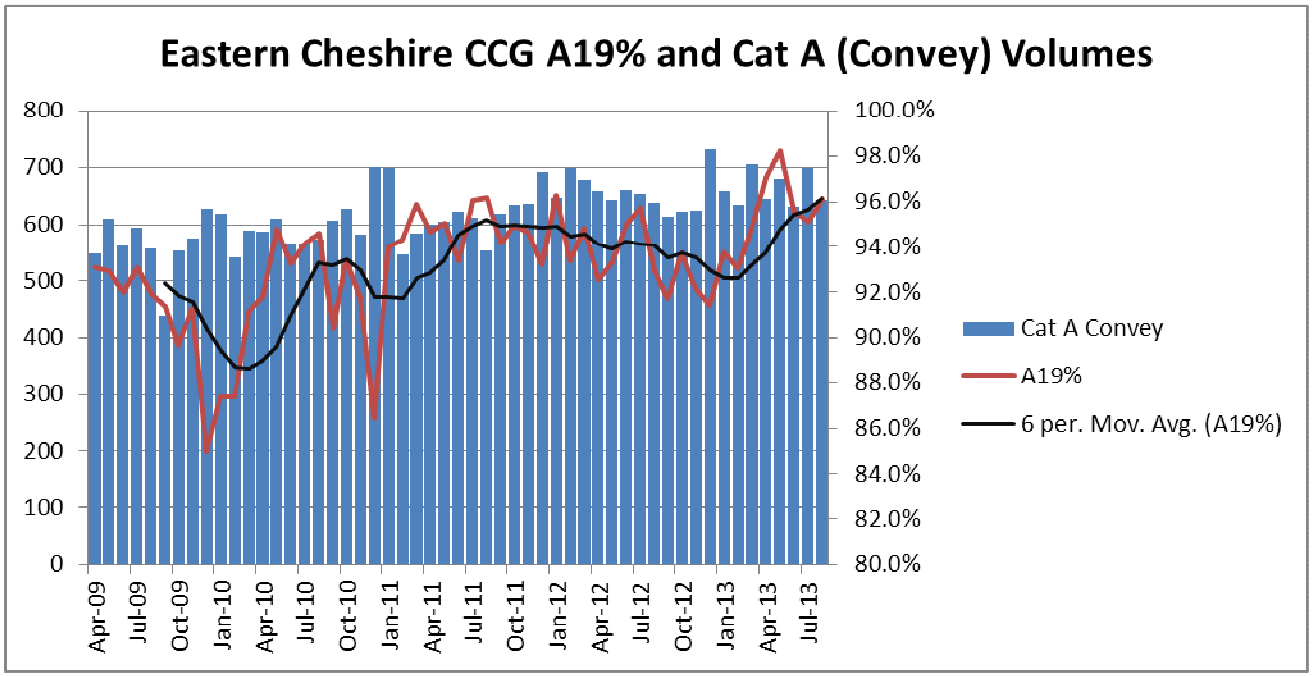



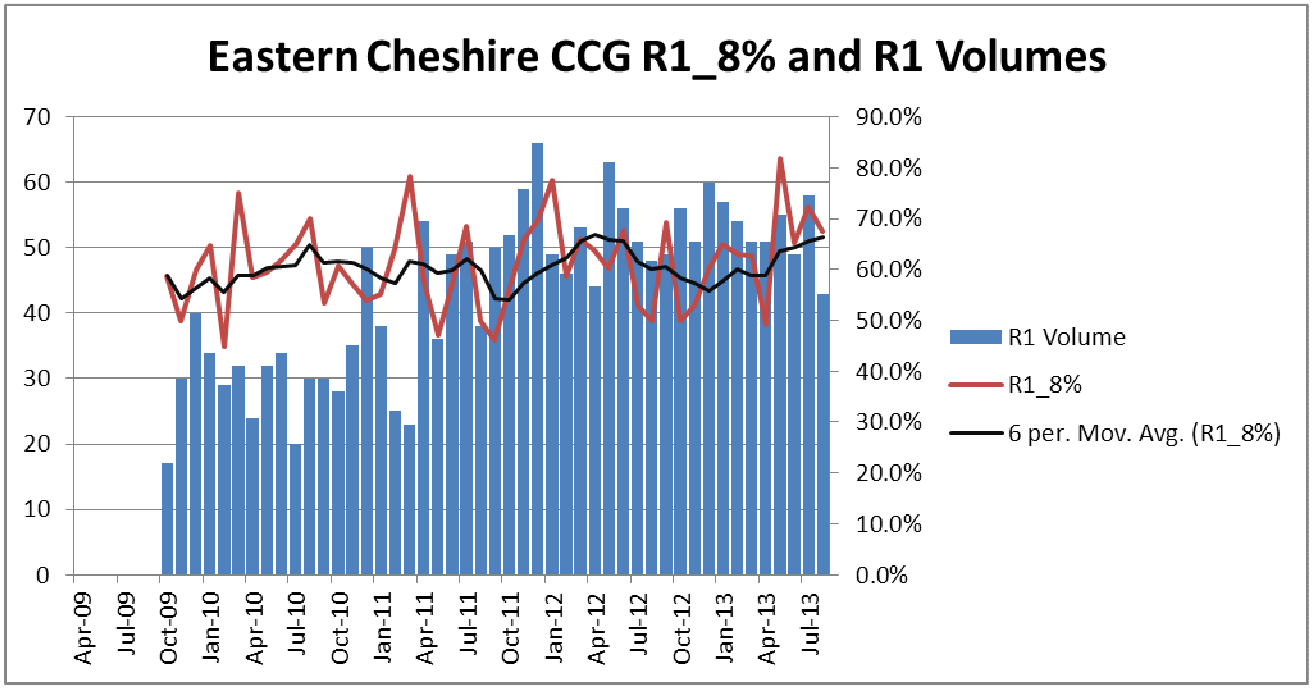

South Cheshire CCG R1_8% and R1 Volumes
80
70
60
50
40
30
20
10
0
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Apr-09
Jul-09
Oct-09
Jan-10
Apr-10
Jul-10
Oct-10
Jan-11
Apr-11
Jul-11
Oct-11
Jan-12
Apr-12
Jul-12
Oct-12
Jan-13
Apr-13
Jul-13
R1 Volume
R1_8%
6 per. Mov. Avg. (R1_8%)


South Cheshire CCG R2_8% and R2 Volumes
800
700
600
500
400
300
200
100
0
85.0%
80.0%
75.0%
70.0%
65.0%
60.0%
55.0%
50.0%
45.0%
40.0%
Apr-09
Jul-09
Oct-09
Jan-10
Apr-10
Jul-10
Oct-10
Jan-11
Apr-11
Jul-11
Oct-11
Jan-12
Apr-12
Jul-12
Oct-12
Jan-13
Apr-13
Jul-13
R2 Volume
R2_8%
6 per. Mov. Avg. (R2_8%)

### 1.3 Eastern Cheshire CCG




Eastern Cheshire CCG R1_8% and R1 Volumes
70
60
50
40
30
20
10
0
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Apr-09
Jul-09
Oct-09
Jan-10
Apr-10
Jul-10
Oct-10
Jan-11
Apr-11
Jul-11
Oct-11
Jan-12
Apr-12
Jul-12
Oct-12
Jan-13
Apr-13
Jul-13
R1 Volume
R1_8%
6 per. Mov. Avg. (R1_8%)

## Appendix 2: Cheshire East – Rostered Ambulance Provision

Eastern Cheshire CCG

| | Sunday | | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | day | night | day | night | day | night | day | night | day | night | day | night | day | night |
| Knutsford | | | | | | | | | | | | | | |
| Ambulance | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 |
| | | | | | | | | | | | | | | |
| Wilmslow | | | | | | | | | | | | | | |
| Ambulance | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 |
| RRV | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 |
| | | | | | | | | | | | | | | |
| Congleton | | | | | | | | | | | | | | |
| Ambulance | 2 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 |
| | | | | | | | | | | | | | | |
| Macclesfield | | | | | | | | | | | | | | |
| Ambulance | 1 x 11.5 1 | 1 x 11.5 1 | 2 x 11.5 | 1 x 11.5 1 | 2 x 11.5 | 1 x 11.5 1 | 2 x 11.5 | 1 x 11.5 1 | 2 x 11.5 | 1 x 11.5 1 | 2 x 11.5 | 1 x 11.5 1 | 2 x 11.5 | 1 x 11.5 1 |
| RRV | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 |
| | | | | | | | | | | | | | | |
| Poynton | | | | | | | | | | | | | | |
| RRV | 1 x 11.5 | | 1 x 11.5 | | 1 x 11.5 | | 1 x 11.5 | | 1 x 11.5 | | 1 x 11.5 | | 1 x 11.5 | |
| | | | | | | | | | | | | | | |

Note: RRV – Rapid Response Vehicle

## South Cheshire CCG

| | Sunday | | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | day | night | day | night | day | night | day | night | day | night | day | night | day | night |
| Sandbach | | | | | | | | | | | | | | |
| Ambulance | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 |
| | | | | | | | | | | | | | | |
| Crewe | | | | | | | | | | | | | | |
| Ambulance | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 | 2 x 11.5 |
| RRV | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 |
| | | | | | | | | | | | | | | |
| Nantwich | | | | | | | | | | | | | | |
| Ambulance | 1 x 11.5 | 1 x 11.5 | 1 x 9.5 | 1 x 7.5 | 1 x 9.5 | 1 x 7.5 | 1 x 9.5 | 1 x 7.5 | 1 x 9.5 | 1 x 7.5 | 1 x 11.5 | 1 x 7.5 | 1 x 11.5 | 1 x 11.5 |
| RRV | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 | 1 x 11.5 |
| | | | | | | | | | | | | | | |

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