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Eastern Cheshire Clinical Commissioning Group

South Cheshire Clinical Commissioning Group

Health and Wellbeing Board Inaugural Meeting/AGM

Agenda

Date:	**Tuesday, 30th April, 2013**
Time:	**2.00 pm**
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. **Appointment of Chairman**

   To appoint a Chairman for the 2013/14 Municipal Year.

2. **Appointment of Vice-chairman**

   To appoint a Vice-Chairman for the 2013/14 Municipal Year.

For requests for further information
Contact: Julie North
Tel: 01270 686460
E-Mail: julie.north@cheshireeast.gov.uk with any apologies

3. **Apologies for Absence**

To receive apologies for absence.

4. **Minutes of the Shadow Health and Wellbeing Board Held on 26 March 2013** (Pages 1 - 8)

To approve the minutes of the meeting of the Shadow Health and Wellbeing Board held on 26 March 2013 as a correct record.

5. **Declarations of Interest**

To provide an opportunity for members of the Board to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

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

In accordance with Procedure Rules Nos.11 and 35 a period of 10 minutes is allocated for members of the public to address the meeting on any matter relevant to the work of the meeting. Individual members of the public may speak for up to 5 minutes but the Chairman or person presiding will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers. Members of the public are not required to give notice to use this facility. However, as a matter of courtesy, a period of 24 hours' notice is encouraged.

Members of the public wishing to ask a question at the meeting should provide at least three clear working days' notice in writing and should include the question with that notice. This will enable an informed answer to be given.

7. **North West Ambulance Service Presentation**

To receive a presentation from Dave Kitchin and Tim Butcher from the NW Ambulance Service.

8. **Cheshire East Local Plan Presentation**

To receive a presentation from Adrian Fisher, Strategic Planning and Housing Manager, on the Cheshire East Local Plan.

9. **Mapping the Dementia Gap 2012** (Pages 9 - 18)

To consider the report and agree that the Dementia Steering Group take on the work required by the Board, overseen by the Joint Commissioning Leadership Team.

10. **NHS Health Checks Update** (Pages 19 - 24)

To receive the report and support the implementation of NHS Health Checks within Cheshire East.

11. **Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Update**

To receive a verbal Update from Dr Andrew Wilson, South Cheshire Health Clinical Commissioning Group.

12. **Learning Disabilities Community Budget Submission** (Pages 25 - 38)

To note the expression of interest.

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Agenda Item 4

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Shadow Health and Wellbeing Board** held on Tuesday, 26th March, 2013 at Fred Flint Room, Westfields, Middlewich Road, Sandbach CW11 1HZ

Lorraine Butcher, Director Children, Families and Adult Services CE Council, in the Chair
Councillor Stewart Gardiner, Cabinet Support Member Health and Adult Social Care
Councillor Dorothy Flude, CE Council
Jerry Hawker, Eastern Cheshire CCG
Dr Paul Bowen, Eastern Cheshire CCG
Dr Andrew Wilson, South Cheshire Health CCGDr Heather Grimbaldeston, Director of Public Health, Central and Eastern Cheshire PCT
Barrie Towse, Cheshire East LINk
Alison Tonge, Director of Commissioning (NCB), Cheshire Warrington and Wirral Area Team

Officers in attendance:-
Guy Kilminster, Head of Health Improvement , Cheshire East Council
Paul Jones, Democratic Services Team Manager, Cheshire East Council
Jill Greenwood, Commissioning Manager, Cheshire East Council
Nik Darwin, Senior Information officer, Cheshire East Council
Caroline O'Brien, Chief Officer CVS Cheshire East,
Phil Johnson, Healthwatch Project Manager
Samantha Nichol, Director of Integrated Care Programme

45 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Janet Clowes, Cllr Rachel Bailey, Kim Ryley, Mike Rowan and Simon Whitehouse.

46 **MINUTES OF THE MEETING HELD ON 29 JANUARY 2013**

RESOLVED

That the minutes be approved as a correct record.

47 **MATTERS ARISING**

Minute 35 - Previous matters arising, previous minute 26 – It was noted that the planning application for a care village in Crewe referred to, had been refused.

Minute 35 - Previous matters arising, previous minute 20 – It was noted that the Police Commissioner, John Dwyer would be attending the first private meeting of the HWB on 30 July.

Minute 35 - Previous matters arising, previous minute 30 – It was noted that the timescale for the LGA offer of support had now expired. It had not proved possible to utilise the support within the tight timescales.

Minute 38 – Alison Tonge undertook to circulate the information regarding the overlap in the roles and responsibilities of public health and the NHS Commissioning Board, as referred to in the minute. – **Action AT.**

48 **DISCUSSION PAPER - GOING LIVE - CHESHIRE EAST'S HEALTH AND WELLBEING BOARD SUPPORT ARRANGEMENTS**

Consideration was given to a report relating to the future day to day functioning of the Board, including proposals for a Board Steering Group or resourced Officer support to the Board, agenda setting and proposed meeting venues, from when it "went live" on 1 April 2013. The Board was requested to consider and agree proposals for the functioning of the Board from 1 April; to agree to extend the JSNA Steering Group to include the Joint Health and Wellbeing Strategy; to agree a way forward in relation to the Business Support arrangements (either a small Steering Group, with membership to be agreed, or resources to allocate and align a business support role). Key issues for the Board to consider included the carrying out of its functions, transparency and openness, accountability and relationships. The Board also needed to consider a process for agenda setting.

The Board had been established to undertake a number of statutory functions, with the possibility of additional functions being delegated to it, if appropriate locally. In summary, the statutory functions were to prepare Joint Strategic Needs Assessments and a Joint Health and Wellbeing Strategy, to encourage integrated working between health and social care commissioners and a power to encourage close working between commissioners of health related services and commissioners of health and social care. The Board had previously discussed a mechanism for delivering its functions, through existing groups. However there was currently no mechanism for overseeing the whole system and there were gaps. For example, although there was a JSNA steering group and working group, there was no equivalent for the Health and Wellbeing Strategy.

In considering the report, the Board discussed the option to operate an Executive Officer support network. **It was agreed** that the size of the Board did not warrant this.

It was felt that there needed to be a mechanism for agenda setting and support arrangements between meetings and consideration also needed to be given to the funding for this. **It was agreed** that a small group, consisting of Jerry Hawker, Lorraine Butcher and Simon Whitehouse should be assigned to consider this issue and report back to the Board. **(Action JH/LB/SW).**

Consideration was also given to future meeting venues and **it was agreed** that these should be rotated around the Borough, subject to suitable venues being available. **(Action - JN to canvass Board members re potential venues).**

It was agreed that the JSNA Steering Group should be requested to drive the Health and Wellbeing Strategy.

It was also agreed that the standard format for Council agendas, including an item relating to public speaking and the standard Council report template should be used for the public meetings of the HWB.

49 **HWB TERMS OF REFERENCE, GOVERNANCE/SUB-GROUP**

At the meeting of Council held on 28 February 2013 it had been resolved that the current Health and Wellbeing Board's Terms of Reference be approved, until such a time as the draft Terms of Reference could be reviewed by the Health and Wellbeing Board, in light of the recently published Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. Consideration was given to a report, which made proposals for some amendments to the existing Terms Of Reference, in the light of the Regulations and guidance published by the Local Government Association. These were shown as tracked changes in an appendix to the report.

The Board was requested to consider the proposals contained in the report and appendix and make recommendations on any modifications required. The Board **agreed** the changes and also **agreed** that there should be a standard item relating to public speaking on the agenda for the public meetings of the Board, in line with the Council's usual practice.

It was noted that, in considering the draft Terms of Reference, Council had agreed that the Health and Wellbeing Board should consider a suggested addition to the wording of the last bullet point at paragraph 2 – The Board's Vision, to refer to "Achieving **improved** evidence–based **public** outcomes within a holistic vision of health and wellbeing".

The Board considered this suggestion and agreed that the word "improved" should be included but that the word " public" should not.

It was noted that consideration would need to be given to how the South and East Cheshire Partnership Boards would feed in to the Board.

RESOLVED

That, subject to the above changes, the Terms of Reference be agreed.

(It was noted that the chart showing the initial governance model, appended to the report, required updating – **(Action GK).**

50 **HEALTHWATCH - PRESENTATION**

Jill Greenwood, Commissioning Manager, Cheshire East Council, together with Caroline O'Brien, Chief Officer CVS Cheshire East, Phil Johnson, Project Manager and Nik Darwin, Senior Information officer, CE Council, attended the meeting and gave a presentation updating the Board on progress in respect of Healthwatch.

Cheshire East Council had held a consultation on how Local Healthwatch should be set up and function, to help design the service specification and to provide information for the procurement exercise. Three local events had taken place, together with focus groups and also a questionnaire, of which 345 had been returned. Jill thanked local Members for their help and support in the procurement interview process.

The process was now underway to recruit a Healthwatch Cheshire East Board. There had been 27 applications of outstanding quality and interviews were now taking place, with the aim of completing the process by the end of the current week.

The next steps would be to develop a work-plan and a range of road-shows and other stakeholder events were planned to raise awareness and feed into the work-plan, the development and publicity of an information and advice line, the setting up of a Youth Board and the setting up of information gathering and sharing mechanisms.

Thanks were also passed on to Cheshire East Link, for their role in the process.

51 **DISCUSSION PAPER - CONSULTATION & ENGAGEMENT NETWORK**

This item was deferred to next meeting. **(Action GK/JN).**

52 **BRIEFING ON THE OFSTED INSPECTION**

Lorraine Butcher provided an update in respect of the recent Ofsted inspection of Local Authority arrangements for the protection of children.

It was noted that the final report would be published on 23 April.

53 **DEVELOPMENT OF INTEGRATED CARE**

Samantha Nichol, Director of the Integrated Care Programme, attended the meeting and presented a report in respect of the development of Integrated Care.

The purpose of the report was to explain to the Health and Wellbeing Board the philosophy of integrated care and the proposals for health and social care partners to use this as a transformational change strategy. The report was presented on behalf of, the recently formed, Integrated Care Board, which was a sub-committee of the Eastern Cheshire Partnership Board. The Integrated Care Board included executive members (clinical and non-clinical) of Cheshire East Council, NHS Eastern Cheshire Clinical Commissioning Group, Cheshire NHS Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Crescent CIC, Vernova CIC and the Cheshire and Merseyside Local Area Team.

The Integrated Care Board was tasked with leading and directing the integration required to ensure integrated care, through collaborative working and shared outcomes. It was expected that other organisations would be represented on the Integrated Care Board in the future.

Integrated care was an approach for any individuals where gaps in care, or poor care co-ordination led to an adverse impact on care experiences and care outcomes; including delays, duplication, wasted opportunities and patient harm. It was therefore, best suited to frail older people; to those living with long term chronic and mental health illnesses and to those with medically complex needs or requiring urgent care; children and young people with complex needs; homeless people and people at the end of their lives receiving palliative care. In the next 20 years, the percentage of the population over 85 years old in England was forecast to double. There would, therefore, be many more people with complex health and care needs. Eastern Cheshire already had a population of older people that was greater than the national average and while it was seen as an efficient health and social care economy, the impact of the financial resource reductions now and in the future required a radically different approach to the commissioning and delivery of care.

Across Eastern Cheshire there had been a programme of work to bring about the key enablers for integration and integrated care over the last year, which had included a Vision and brand, details of which were reported. Work was now underway to develop and implement a Communications Plan and an Engagement Plan, which were based on campaign methodology, to support the scale and pace of the integration of the necessary processes to ensure integrated care.

It was noted that a report relating to this matter was to be considered at the Cheshire East Council Cabinet meeting on 2 April.

54 **MAPPING OF DEMENTIA**

This item was deferred to the next meeting. **(Action GK/JN).**

55 **ANNUAL PLAN FOR EASTERN CHESHIRE CCG**

The Eastern Cheshire CCG Annual Plan 2013-14 was circulated at the meeting and an electronic copy would be e-mailed to Board members after the meeting. **(Action JH/JN).**

The Plan set out the context, health need priorities and programmes and demonstrated how the CCG would "make a difference". It also set out the CCG's three local priority measures, to reduce by 5% the number of Emergency Readmissions within 30 days, increase the proportion of people entering Primary Mental Health services by 15% and increase to 55% the proportion of people feeling supported to manage their condition, as well as other local measures.

Jerry Hawker thanked the CCG staff for their hard work in producing the Annual Plan.

Agreed – That the draft Eastern Cheshire CCG Annual Plan 2013-14 and the three local priority measures be noted and supported.

56 **NHS SOUTH CHESHIRE CCG ANNUAL PLAN AND LOCAL PRIORITIES 2013-14**

Consideration was given to a report, which presented the outline of the South Cheshire CCG's Annual Plan 2013-14, which highlighted the three local priorities which the CCG had identified, against which it would be expected to make progress during the year. These related to the proportion of people feeling supported to manage their condition; unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s; and emergency readmissions within 30 days of discharge from hospital.

The Board was requested to confirm its support for the three local priorities identified and agree that these fitted within the overall context of the shared priorities identified within the Joint Health and Wellbeing Strategy and to note the South Cheshire CCGs draft Annual Plan 2013-14.

Agreed – That the South Cheshire CCG Annual Plan 2013-14 and the three local priority measures be noted and supported.

57 **REVIEW OF HWB FORWARD PLAN**

A draft Forward Plan was submitted and members of the Board were requested to consider any additional items for inclusion.

It was **agreed** that a small group, to comprise Cllr Janet Clowes, Guy Hayhurst and Jerry Hawker should meet to hold a development session to consider the process for agenda setting and formulation of the Forward Plan and to report back to a future meeting. **(Action LS/GK).**

58 **DATES OF WELLBEING BOARD MEETINGS 2013/14**

The dates of HWB meetings for 2013/14 were noted as follows :-

Date	Type of Meeting
Tuesday 30 April 2013	Public
Tuesday 21 May 2013	Private
Tuesday 25 June 2013	Public
Tuesday 30 July 2013	Private
Tuesday 27 August 2013	Provisional Private
Tuesday 24 September 2013	Public
Tuesday 29 October 2013	Private
Tuesday 26 November 2013	Public
Tuesday 17 December 2013	Private
Tuesday 28 January 2014	Public
Tuesday 25 February 2014	Private
Tuesday 25 March 2014	Public
Tuesday 29 April 2014	Private

Venues would be confirmed when agreed.

59 **CHESHIRE EAST LINK**

As this was the last meeting of the Shadow Board, thanks were given to Barrie Towse, of Cheshire East Link, for her contribution to the work of the Shadow Board. Barrie returned her thanks to the other Shadow Board members.

The meeting commenced at 2pm and concluded at 4.45 pm.

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REPORT TO: Health and Wellbeing Board

Date of Meeting: 30 April 2013
Report of: Head of Health Improvement
Subject/Title: Mapping the Dementia Gap 2012

1.0 Report Summary

1.1 The Alzheimer's Society recently published 'Mapping the Dementia Gap 2012: Progress on improving Diagnosis of Dementia 2011-2012' (Appendix One). The report shows that within the area of the Central and Eastern Cheshire PCT, there has been a 0.6% increase in diagnosis with 44.7% people with Dementia now diagnosed. However it also appears to show that the improvement in the rate of diagnosis is far lower than elsewhere, placing us at 160th out of 178 (where 1 is most improved). The Health and Wellbeing Strategy identifies the improvement of co-ordinated care for people with dementia as one of the priorities. It is estimated that in Cheshire East there will be an increase of 78% in the numbers of over 65s with dementia by 2030.

2.0 Decision Requested

2.1 That the Health and Wellbeing Board consider the report and agree that the Dementia Steering Group take on the work required by the Board, overseen by the Joint Commissioning Leadership Team.

3.0 Reasons for Recommendations

3.1 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.

4.0 Policy Implications - Health

4.1 In March 2012 the Prime Minister published his challenge on dementia, setting out an ambitious programme of work to push further and faster in delivering major improvements in dementia care and research by 2015. Central to the challenge is the requirement that from April 2013, there needs to be a quantified ambition for diagnosis rates across the country, underpinned by robust and affordable local plans.

4.2 The national dementia diagnosis rate will be published annually through the NHS Information Centre and is contained within domain two of the NHS Outcomes Framework. A new national Dementia Prevalence Calculator and associated resource pack have recently been produced to help CCGs to estimate local prevalence, set local trajectories for improving rates of diagnosis and work with local stakeholders to design and implement action plans to

deliver improvement both in rates of diagnosis, and the experience of people seeking help with memory problems.

4.3 Diagnosis rate data for 2011-2012 shows that in England, up to 54% of people with dementia did not have a formal diagnosis, presenting a 'diagnosis gap', and diagnosis rates by PCT ranged from 32.49% to 67.10%. The need to improve recognition and diagnosis is not contested but there is debate as to the meaningfulness of the data and what 'good' looks like for the person with memory problems, for the GP, memory assessment services and commissioners.

5.0 Financial Implications

5.1 There are no direct financial implications in relation to this report.

6.0 Legal Implications

6.1 The Health and Wellbeing Board has been established in line with the regulations published as Statutory Instrument 2013 No. 218 entitled The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

7.0 Risk Management

7.1 The Health and Wellbeing Board will become live from 1st April 2013. The Board's risk log will be used to ensure that risks are identified and mitigated against.

8.0 Reviewing Dementia Commissioning

8.1 A review of the 2010 – 2013 Joint Commissioning Plan is now underway with the two CCGs and CEC engaged through the Dementia Steering Group. The review group are looking at both the Workplan and the Strategy to inform the refreshed 2013 – 2015 Strategy.

8.2 In addition the Council's Adult Overview and Scrutiny Committee's Task and Finish Group looking at Dementia has recently published its report. This is also being considered by the Steering Group.

8.3 Both Clinical Commissioning Groups have identified dementia as a priority for action within their Commissioning Intentions.

8.4 It will be for the Steering Group to determine the most effective way of delivering across the system improvements that will help to achieve an improved diagnosis rate.

9.0 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

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Alzheimer's Society | Leading the fight against dementia

Mapping the Dementia Gap 2012

Progress on improving diagnosis of dementia 2011-2012

Numbers of people with dementia in 2011 and 2012 in local health areas and Strategic Health Authority (SHA) areas

Area Name	Type of local health area	Number of people on QoF dementia register (number with a diagnosis) 2011	Number of people on QoF dementia register (number with a diagnosis) 2012	Estimated number of people with dementia (diagnosed and undiagnosed) 2011	Estimated number of people with dementia (diagnosed and undiagnosed) 2012	Percent of people with dementia with a diagnosis in 2011	Percent of people with dementia with a diagnosis in 2012	Percentage increase in diagnosis 2011-12	Number of people without a diagnosis 2012	Best-worst overall ranking (1=highest UK ranking, 178=lowest) 2012	Worsened to most improved ranking (1=most Improved, 178=most worsened) 2012
England	**Nation**	**266,697**	**293,738**	**648898**	**665065**	**41.1%**	**44.2%**	**3.1%**	**371,327**		
North East SHA	**SHA**	**15,014**	**16,568**	**32563**	**33334**	**46.1%**	**49.7%**	**3.6%**	**16,766**		
County Durham	PCT	3,043	3,308	6363	6516	47.8%	50.8%	2.9%	3,208	54	93
Darlington	PCT	745	794	1356	1368	55.0%	58.0%	3.1%	574	23	88
Gateshead	PCT	1,238	1,423	2420	2487	51.2%	57.2%	6.1%	1,064	27	16
Hartlepool	PCT	441	513	1028	1047	42.9%	49.0%	6.1%	534	66	13
Middlesbrough	PCT	696	787	1599	1651	43.5%	47.7%	4.1%	864	73	50
Newcastle	PCT	1,412	1,511	3241	3288	43.6%	46.0%	2.4%	1,777	89	114
North Tyneside	PCT	1,265	1,368	2622	2671	48.2%	51.2%	3.0%	1,303	53	92
Northumberland	PCT	1,844	2,038	4530	4691	40.7%	43.4%	2.7%	2,653	110	100
Redcar And Cleveland	PCT	797	881	1860	1904	42.8%	46.3%	3.4%	1,023	84	72
South Tyneside	PCT	1,122	1,258	2091	2128	53.7%	59.1%	5.5%	870	21	23
Stockton on Tees Teaching	PCT	837	1,026	2137	2193	39.2%	46.8%	7.6%	1,167	79	7
Sunderland Teaching	PCT	1,574	1,661	3277	3347	48.0%	49.6%	1.6%	1,686	61	141
North West SHA	**SHA**	**38,230**	**42,158**	**84092**	**85978**	**45.5%**	**49.0%**	**3.6%**	**43,820**		
Ashton, Leigh And Wigan	PCT	1,376	1,554	3258	3354	42.2%	46.3%	4.1%	1,800	82	53
Blackburn with Darwen	PCT	692	779	1271	1291	54.5%	60.3%	5.9%	512	18	18
Blackpool	PCT	832	917	1963	1972	42.4%	46.5%	4.1%	1,055	80	51
Bolton	PCT	1,403	1,601	2943	3026	47.7%	52.9%	5.2%	1,425	46	24
Bury	PCT	937	1,008	2129	2176	44.0%	46.3%	2.3%	1,168	81	119
Central And Eastern Cheshire	PCT	2,800	2,933	6337	6556	44.2%	44.7%	0.6%	3,623	99	160
Central Lancashire	PCT	2,313	2,544	5310	5491	43.6%	46.3%	2.8%	2,947	83	99
Cumbria	PCT	3,524	3,938	7486	7665	47.1%	51.4%	4.3%	3,727	51	44
East Lancashire	PCT	1,975	2,183	4635	4748	42.6%	46.0%	3.4%	2,565	88	75
Halton And St Helens	PCT	1,631	1,784	3195	3290	51.0%	54.2%	3.2%	1,506	37	81
Heywood, Middleton And Rochdale	PCT	1,012	1,133	2191	2248	46.2%	50.4%	4.2%	1,115	55	49
Knowsley	PCT	853	933	1636	1643	52.1%	56.8%	4.7%	710	28	40
Liverpool	PCT	2,335	2,457	4434	4521	52.7%	54.3%	1.7%	2,064	36	140
Manchester	PCT	1,956	2,098	3858	3908	50.7%	53.7%	3.0%	1,810	40	91
North Lancashire	PCT	2,234	2,510	5354	5462	41.7%	46.0%	4.2%	2,952	90	48
Oldham	PCT	1,180	1,320	2366	2396	49.9%	55.1%	5.2%	1,076	34	25
Salford	PCT	1,079	1,322	2512	2523	43.0%	52.4%	9.4%	1,201	48	2
Sefton	PCT	1,871	2,041	4160	4271	45.0%	47.8%	2.8%	2,230	72	97
Stockport	PCT	1,679	1,843	3794	3888	44.3%	47.4%	3.1%	2,045	75	84
Tameside And Glossop	PCT	1,190	1,335	2816	2889	42.3%	46.2%	4.0%	1,554	85	60
Trafford	PCT	972	1,157	2675	2727	36.3%	42.4%	6.1%	1,570	118	15
Warrington	PCT	1,049	1,173	2227	2268	47.1%	51.7%	4.6%	1,095	50	41
Western Cheshire	PCT	1,435	1,540	3294	3391	43.6%	45.4%	1.9%	1,851	94	134
Wirral	PCT	1,902	2,055	4525	4614	42.0%	44.5%	2.5%	2,559	103	109
Yorkshire and the Humber SHA	**SHA**	**28,845**	**31,908**	**64162**	**65666**	**45.0%**	**48.6%**	**3.6%**	**33,758**		
Barnsley	PCT	1,114	1,239	2666	2689	41.8%	46.1%	4.3%	1,450	86	45
Bradford And Airedale	PCT	2,695	2,960	5217	5326	51.7%	55.6%	3.9%	2,366	32	63
Calderdale	PCT	1,018	1,171	2407	2471	42.3%	47.4%	5.1%	1,300	76	28
Doncaster	PCT	1,803	1,986	3609	3699	50.0%	53.7%	3.7%	1,713	41	67
East Riding of Yorkshire	PCT	1,516	1,694	5168	5355	29.3%	31.6%	2.3%	3,661	177	120
Hull	PCT	1,062	1,289	2659	2708	39.9%	47.6%	7.7%	1,419	74	6
Kirklees	PCT	2,121	2,244	4493	4556	47.2%	49.3%	2.0%	2,312	65	127
Leeds	PCT	4,060	4,357	8615	8800	47.1%	49.5%	2.4%	4,443	62	115
North East Lincolnshire	PCT	935	1,014	2082	2141	44.9%	47.4%	2.4%	1,127	77	111
North Lincolnshire	PCT	771	901	2106	2171	36.6%	41.5%	4.9%	1,270	127	36
North Yorkshire And York	PCT	4,791	5,259	11781	12117	40.7%	43.4%	2.7%	6,858	111	101
Rotherham	PCT	1,567	1,718	3034	3086	51.6%	55.7%	4.0%	1,368	31	58
Sheffield	PCT	3,621	4,130	6382	6494	56.7%	63.6%	6.9%	2,364	12	8

Numbers of people with dementia in 2011 and 2012 in local health areas and Strategic Health Authority (SHA) areas

Area Name	Type of local health area	Number of people on QoF dementia register (number with a diagnosis) 2011	Number of people on QoF dementia register (number with a diagnosis) 2012	Estimated number of people with dementia (diagnosed and undiagnosed) 2011	Estimated number of people with dementia (diagnosed and undiagnosed) 2012	Percent of people with dementia with a diagnosis in 2011	Percent of people with dementia with a diagnosis in 2012	Percentage increase in diagnosis 2011-12	Number of people without a diagnosis 2012	Best-worst overall ranking (1=highest UK ranking, 178=lowest) 2012	Worsened to most improved ranking (1=most Improved, 178=most worsened) 2012
Wakefield District	PCT	1,771	1,946	3938	4039	45.0%	48.2%	3.2%	2,093	70	80
East Midlands SHA	**SHA**	**23,423**	**25,953**	**56622**	**58205**	**41.4%**	**44.6%**	**3.2%**	**32,252**		
Bassetlaw	PCT	637	692	1501	1549	42.4%	44.7%	2.2%	857	101	121
Derby City	PCT	1,324	1,506	2985	3049	44.4%	49.4%	5.0%	1,543	63	31
Derbyshire County	PCT	3,937	4,385	10021	10299	39.3%	42.6%	3.3%	5,914	115	78
Leicester City	PCT	1,436	1,616	2713	2703	52.9%	59.8%	6.9%	1,087	20	9
Leicestershire County And Rutland	PCT	3,294	3,589	8992	9329	36.6%	38.5%	1.8%	5,740	152	136
Lincolnshire	PCT	4,288	4,723	10807	11163	39.7%	42.3%	2.6%	6,440	119	107
Nottinghamshire County	PCT	3,711	4,104	8854	9101	41.9%	45.1%	3.2%	4,997	96	82
Northamptonshire	PCT	3,379	3,819	7758	7990	43.6%	47.8%	4.2%	4,171	71	47
Nottingham City	PCT	1,417	1,519	2645	2641	53.6%	57.5%	3.9%	1,122	25	61
West Midlands SHA	**SHA**	**27,735**	**30,386**	**68945**	**70738**	**40.2%**	**43.0%**	**2.7%**	**40,352**		
Birmingham East And North	PCT	1,976	2,156	4659	4695	42.4%	45.9%	3.5%	2,539	92	71
Coventry Teaching	PCT	1,621	1,805	3574	3602	45.4%	50.1%	4.8%	1,797	57	37
Dudley	PCT	1,517	1,647	4026	4140	37.7%	39.8%	2.1%	2,493	141	125
Heart of Birmingham Teaching	PCT	782	898	1812	1844	43.2%	48.7%	5.5%	946	68	20
Herefordshire	PCT	1,007	1,020	3018	3091	33.4%	33.0%	-0.4%	2,071	172	168
North Staffordshire	PCT	1,140	1,219	2973	3042	38.3%	40.1%	1.7%	1,823	136	137
Sandwell	PCT	1,661	1,804	3387	3433	49.0%	52.6%	3.5%	1,629	47	70
Shropshire County	PCT	1,832	2,021	4643	4832	39.5%	41.8%	2.4%	2,811	124	116
Solihull Care Trust	PCT	1,076	1,174	2865	2937	37.6%	40.0%	2.4%	1,763	138	112
South Birmingham	PCT	1,991	2,198	4033	4061	49.4%	54.1%	4.8%	1,863	38	38
South Staffordshire	PCT	3,013	3,131	7862	8143	38.3%	38.5%	0.1%	5,012	153	163
Stoke on Trent	PCT	1,388	1,601	2944	2998	47.1%	53.4%	6.2%	1,397	44	12
Telford And Wrekin	PCT	644	693	1691	1764	38.1%	39.3%	1.2%	1,071	148	145
Walsall Teaching	PCT	1,088	1,195	3238	3323	33.6%	36.0%	2.4%	2,128	165	117
Warwickshire	PCT	2,792	3,169	7166	7404	39.0%	42.8%	3.8%	4,235	114	65
Wolverhampton City	PCT	1,262	1,413	3089	3145	40.9%	44.9%	4.1%	1,732	98	55
Worcestershire	PCT	2,945	3,242	7967	8236	37.0%	39.4%	2.4%	4,994	147	113
East SHA	**SHA**	**29,578**	**31,975**	**77553**	**79876**	**38.1%**	**40.0%**	**1.9%**	**47,901**		
Bedfordshire	PCT	1,878	2,038	4685	4860	40.1%	41.9%	1.9%	2,822	123	135
Cambridgeshire	PCT	2,959	3,213	7544	7773	39.2%	41.3%	2.1%	4,560	129	124
Great Yarmouth And Waveney	PCT	1,703	1,864	3682	3783	46.3%	49.3%	3.0%	1,919	64	89
Luton	PCT	634	707	1636	1693	38.7%	41.8%	3.0%	986	125	90
Mid Essex	PCT	1,799	2,013	4701	4858	38.3%	41.4%	3.2%	2,845	128	83
Norfolk	PCT	4,307	4,702	12562	12941	34.3%	36.3%	2.0%	8,239	163	126
North East Essex	PCT	1,649	1,772	5358	5505	30.8%	32.2%	1.4%	3,733	173	143
Peterborough	PCT	671	764	1758	1810	38.2%	42.2%	4.0%	1,046	121	57
South East Essex	PCT	1,798	1,900	5074	5226	35.4%	36.4%	0.9%	3,326	162	150
South West Essex	PCT	1,805	1,918	4678	4839	38.6%	39.6%	1.0%	2,921	144	147
Suffolk	PCT	3,452	3,796	8823	9116	39.1%	41.6%	2.5%	5,320	126	108
West Essex	PCT	1,604	1,722	3648	3745	44.0%	46.0%	2.0%	2,023	87	130
Hertfordshire*	PCT			6590				0.0%			166
Hertfordshire*	PCT	5,319	5,566	6786	13757	39.8%	40.5%	0.7%	8,191	133	68
London SHA	**SHA**	**28,255**	**31,160**	**68799**	**69849**	**41.1%**	**44.6%**	**3.5%**	**38,689**		
Barking And Dagenham	PCT	487	564	1630	1619	29.9%	34.8%	5.0%	1,055	168	32
Barnet	PCT	2,119	2,308	3939	4027	53.8%	57.3%	3.5%	1,719	26	69
Bexley	PCT	933	1,153	2785	2863	33.5%	40.3%	6.8%	1,710	135	10
Brent Teaching	PCT	901	1,059	2366	2420	38.1%	43.8%	5.7%	1,361	109	19
Bromley	PCT	1,542	1,690	4162	4229	37.1%	40.0%	2.9%	2,539	139	94
Camden	PCT	712	810	1510	1521	47.2%	53.2%	6.1%	711	45	14
City And Hackney Teaching	PCT	512	607	1426	1429	35.9%	42.5%	6.6%	822	117	11

Numbers of people with dementia in 2011 and 2012 in local health areas and Strategic Health Authority (SHA) areas

Area Name	Type of local health area	Number of people on QoF dementia register (number with a diagnosis) 2011	Number of people on QoF dementia register (number with a diagnosis) 2012	Estimated number of people with dementia (diagnosed and undiagnosed) 2011	Estimated number of people with dementia (diagnosed and undiagnosed) 2012	Percent of people with dementia with a diagnosis in 2011	Percent of people with dementia with a diagnosis in 2012	Percentage increase in diagnosis 2011-12	Number of people without a diagnosis 2012	Best-worst overall ranking (1=highest UK ranking, 178=lowest) 2012	Worsened to most improved ranking (1=most Improved, 178=most worsened) 2012
Croydon	PCT	1,416	1,540	3417	3474	41.4%	44.3%	2.9%	1,934	106	95
Ealing	PCT	1,214	1,370	2667	2750	45.5%	49.8%	4.3%	1,380	59	43
Enfield	PCT	1,074	1,183	2955	3019	36.3%	39.2%	2.8%	1,836	149	96
Greenwich Teaching	PCT	1,027	1,044	2011	2012	51.1%	51.9%	0.8%	968	49	154
Hammersmith And Fulham	PCT	430	495	1371	1356	31.4%	36.5%	5.1%	861	160	27
Haringey Teaching	PCT	648	684	1450	1489	44.7%	45.9%	1.3%	805	91	144
Harrow	PCT	781	792	2435	2464	32.1%	32.1%	0.1%	1,672	174	165
Havering	PCT	1,248	1,303	3191	3273	39.1%	39.8%	0.7%	1,970	140	157
Hillingdon	PCT	853	960	2605	2656	32.8%	36.1%	3.4%	1,696	164	73
Hounslow	PCT	794	883	1732	1754	45.8%	50.3%	4.5%	871	56	42
Islington	PCT	787	861	1167	1141	67.5%	75.4%	8.0%	280	2	5
Kensington And Chelsea	PCT	591	669	1995	2085	29.6%	32.1%	2.5%	1,416	175	110
Kingston	PCT	613	691	1607	1647	38.1%	41.9%	3.8%	956	122	66
Lambeth	PCT	952	1,024	1696	1700	56.1%	60.2%	4.1%	676	19	54
Lewisham	PCT	951	1,014	1826	1830	52.1%	55.4%	3.4%	816	33	76
Newham	PCT	865	875	1410	1406	61.4%	62.2%	0.9%	531	13	153
Redbridge	PCT	917	1,009	2533	2551	36.2%	39.5%	3.3%	1,542	145	77
Richmond And Twickenham	PCT	794	870	1924	1948	41.3%	44.7%	3.4%	1,078	102	74
Southwark	PCT	753	845	1964	1999	38.3%	42.3%	3.9%	1,154	120	62
Sutton And Merton	PCT	1,401	1,587	4011	4066	34.9%	39.0%	4.1%	2,479	150	52
Tower Hamlets	PCT	464	587	1151	1175	40.3%	50.0%	9.6%	588	58	1
Waltham Forest	PCT	931	987	1701	1702	54.7%	58.0%	3.3%	715	24	79
Wandsworth	PCT	851	946	2120	2141	40.1%	44.2%	4.0%	1,195	107	56
Westminster	PCT	694	750	2063	2102	33.6%	35.7%	2.0%	1,352	167	129
South East Coast SHA	**SHA**	**24,284**	**26,419**	**64005**	**65595**	**37.9%**	**40.3%**	**2.3%**	**39,176**		
Brighton And Hove City	PCT	1,047	1,132	3100	3094	33.8%	36.6%	2.8%	1,962	159	98
East Sussex Downs And Weald	PCT	2,360	2,538	6602	6736	35.7%	37.7%	1.9%	4,198	157	132
Eastern And Coastal Kent	PCT	3,875	4,198	10823	11092	35.8%	37.8%	2.0%	6,894	155	128
Hastings And Rother	PCT	1,430	1,547	3429	3485	41.7%	44.4%	2.7%	1,938	104	106
Medway	PCT	1,093	1,274	2493	2561	43.8%	49.8%	5.9%	1,287	60	17
Surrey	PCT	6,212	6,606	15130	15525	41.1%	42.5%	1.5%	8,919	116	142
West Kent	PCT	3,298	3,653	8720	9008	37.8%	40.6%	2.7%	5,355	131	102
West Sussex	PCT	4,969	5,471	13547	13887	36.7%	39.4%	2.7%	8,416	146	103
South Central SHA	**SHA**	**21,085**	**23,114**	**50983**	**52555**	**41.4%**	**44.0%**	**2.6%**	**29,441**		
Berkshire East	PCT	1,386	1,548	4003	4100	34.6%	37.8%	3.1%	2,552	156	85
Berkshire West	PCT	1,893	2,183	4880	5068	38.8%	43.1%	4.3%	2,885	112	46
Buckinghamshire	PCT	2,249	2,492	6414	6662	35.1%	37.4%	2.3%	4,170	158	118
Hampshire	PCT	8,288	8,695	18577	19209	44.6%	45.3%	0.7%	10,514	95	158
Isle of Wight NHS	PCT	1,047	1,339	2693	2777	38.9%	48.2%	9.3%	1,438	69	3
Milton Keynes	PCT	786	862	2057	2151	38.2%	40.1%	1.9%	1,289	137	133
Oxfordshire	PCT	2,886	3,182	7627	7847	37.8%	40.6%	2.7%	4,665	132	104
Portsmouth City Teaching	PCT	1,263	1,374	2227	2225	56.7%	61.7%	5.0%	851	15	30
Southampton City	PCT	1,287	1,439	2587	2632	49.8%	54.7%	4.9%	1,193	35	35
South West SHA	**SHA**	**30,248**	**34,097**	**81142**	**83269**	**37.3%**	**40.9%**	**3.7%**	**49,172**		
Bath And North East Somerset	PCT	867	1,022	2535	2575	34.2%	39.7%	5.5%	1,553	142	21
Bournemouth And Poole	PCT	2,639	2,884	5322	5395	49.6%	53.5%	3.9%	2,511	42	64
Bristol	PCT	1,921	2,164	4369	4425	44.0%	48.9%	4.9%	2,261	67	34
Cornwall And Isles of Scilly	PCT	3,752	4,144	8936	9190	42.0%	45.1%	3.1%	5,046	97	87
Devon	PCT	4,301	4,848	13212	13589	32.6%	35.7%	3.1%	8,741	166	86
Dorset	PCT	2,224	2,697	8251	8452	27.0%	31.9%	5.0%	5,755	176	33
Gloucestershire	PCT	3,485	4,037	8619	8870	40.4%	45.5%	5.1%	4,833	93	29
North Somerset	PCT	1,375	1,415	3420	3565	40.2%	39.7%	-0.5%	2,150	143	170
Plymouth Teaching	PCT	1,237	1,430	3132	3198	39.5%	44.7%	5.2%	1,768	100	26

Numbers of people with dementia in 2011 and 2012 in local health areas and Strategic Health Authority (SHA) areas

Area Name	Type of local health area	Number of people on QoF dementia register (number with a diagnosis) 2011	Number of people on QoF dementia register (number with a diagnosis) 2012	Estimated number of people with dementia (diagnosed and undiagnosed) 2011	Estimated number of people with dementia (diagnosed and undiagnosed) 2012	Percent of people with dementia with a diagnosis in 2011	Percent of people with dementia with a diagnosis in 2012	Percentage increase in diagnosis 2011-12	Number of people without a diagnosis 2012	Best-worst overall ranking (1=highest UK ranking, 178=lowest) 2012	Worsened to most improved ranking (1=most Improved, 178=most worsened) 2012
Somerset	PCT	3,211	3,681	8835	9132	36.3%	40.3%	4.0%	5,451	134	59
South Gloucestershire	PCT	1,116	1,187	3138	3255	35.6%	36.5%	0.9%	2,068	161	151
Swindon	PCT	967	986	2154	2232	44.9%	44.2%	-0.7%	1,246	108	172
Torbay	PCT	1,033	1,273	2662	2709	38.8%	47.0%	8.2%	1,436	78	4
Wiltshire	PCT	2,120	2,329	6502	6736	32.6%	34.6%	2.0%	4,407	169	131
Wales	**Nation**	**16,297**	**17,184**	**43614**	**44598**	**37.4%**	**38.5%**	**1.2%**	**27,414**		
Betsi Cadwaladr	Health Board	3,957	4,250	12188	12444	32.5%	34.2%	1.7%	8,194	171	139
Powys Teaching	Health Board	821	912	2319	2393	35.4%	38.1%	2.7%	1,481	154	105
Hywel Dda	Health Board	2,001	2,095	5928	6095	33.8%	34.4%	0.6%	4,000	170	159
Abertawe Bro Morgannwg University	Health Board	2,966	3,041	6944	7103	42.7%	42.8%	0.1%	4,062	113	164
Cwm Taf	Health Board	1,363	1,418	3597	3657	37.9%	38.8%	0.9%	2,239	151	152
Cardiff & Vale University	Health Board	2,247	2,379	5268	5360	42.7%	44.4%	1.7%	2,981	105	138
Aneurin Bevan	Health Board	2,942	3,089	7370	7547	39.9%	40.9%	1.0%	4,458	130	148
Northern Ireland	**Nation**	**11,246**	**11,882**	**18286**	**18862**	**61.5%**	**63.0%**	**1.5%**	**6,980**		
Belfast	Health & Social Care Trust	2,667	2,905	3806	3846	70.1%	75.5%	5.5%	941	1	22
South Eastern	Health & Social Care Trust	2,325	2,431	3807	3929	61.1%	61.9%	0.8%	1,498	14	156
Northern	Health & Social Care Trust	2,494	2,582	4839	5027	51.5%	51.4%	-0.2%	2,445	52	167
Southern	Health & Social Care Trust	1,988	2,134	3222	3343	61.7%	63.8%	2.1%	1,209	11	123
Western	Health & Social Care Trust	1,772	1,830	2613	2717	67.8%	67.4%	-0.5%	887	5	169
Total (England, Wales and Northern Ireland)		**294,240**	**322,804**	**710798**	**728,377**	**41.4%**	**44.3%**	**2.9%**	**405,573**		
Scotland	**Nation**	**40,195**	**41,525**	**62,358**	**64484**	**64.5%**	**64.4%**	**-0.1%**	**22,959**		
Ayrshire & Arran	NHS Board	3,241	3,222	4,845	5013	66.9%	64.3%	-2.6%	**1,791**	10	177
Borders	NHS Board	864	912	1,554	1617	55.6%	56.4%	0.8%	**705**	30	155
Dumfries & Galloway	NHS Board	1,430	1,458	2,284	2390	62.6%	61.0%	-1.6%	**932**	17	176
Fife	NHS Board	2,632	2,696	4,600	4766	57.2%	56.6%	-0.7%	**2,070**	29	171
Forth Valley	NHS Board	2,033	2,085	3,281	3411	62.0%	61.1%	-0.8%	**1,326**	16	173
Grampian	NHS Board	4,076	4,303	6,419	6677	63.5%	64.4%	0.9%	**2,374**	9	149
Greater Glasgow & Clyde	NHS Board	9,245	9,266	13,169	13423	70.2%	69.0%	-1.2%	**4,157**	3	174
Highland	NHS Board	2,563	2,624	4,308	4501	59.5%	58.3%	-1.2%	**1,877**	22	175
Lanarkshire	NHS Board	3,911	4,093	6,066	6299	64.5%	65.0%	0.5%	**2,206**	7	162
Lothian	NHS Board	6,200	6,455	9,150	9455	67.8%	68.3%	0.5%	**3,000**	4	161
Orkney	NHS Board	142	154	274	285	51.8%	54.0%	2.2%	**131**	39	122
Shetland	NHS Board	179	157	280	294	63.9%	53.4%	-10.5%	**137**	43	178
Tayside	NHS Board	3,417	3,826	5,719	5933	59.7%	64.5%	4.7%	**2,107**	8	39
Western Isles	NHS Board	262	274	410	421	63.9%	65.1%	1.2%	**147**	6	146
Total all nations		**334,435**	**364,329**	**773,156**	**792,862**	**43.3%**	**46.0%**	**2.7%**	**428,533**		

*Formerly two PCTs: West Herts & East and North herts

Dementia Prevalence rates:

England, Wales, Northern Ireland and Scotland

The estimated numbers of people with dementia for were calculated by applying the following prevalence rates to the corresponding age groups to 2008-based population prevalence estimates:
30-34yrs 0.0094%, 35-39yrs 0.0077%, 40-44yrs 0.014%, 45-49yrs 0.0304%, 50-54yrs 0.0583%, 55-59yrs 0.1368%, 60-64yrs 0.1557%, 65-69yrs 1.3%,
70-74yrs 2.9%, 75-79yrs 5.9%, 80-84yrs 12.2%, 85-89yrs 20.3%, 90-94yrs 28.6%, 95yrs+ 32.5% (Prevalence rates sourced from Dementia UK (2007)).
Prevalence Rates were established in the Dementia UK (2007) report. http://alzheimers.org.uk/site/scripts/download_info.php?fileID=2
Population prevalence estimate used for England: 2008-based Subnational Population Projections, Office of National Statistics
Population prevalence estimate used for Wales: 2008-based local authority population projections for Wales, 2008 to 2033 Statistical Directorate, Welsh Assembly Government.
Population prevalence estimate used for Northern Ireland: Health and Social Care Trust Home Population by sex and 5 year age band, Northern Ireland Statistics and Research Agency.
Population prevalence estimate used for Scotland: 2008 based population prevalence estimates from GRO http://www.gro-scotland.gov.uk/statistics/theme/population/projections/sub-national/2008-based/detailed-tables.html

Numbers of people with dementia in 2011 and 2012 in local health areas and Strategic Health Authority (SHA) areas

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Dementia Diagnosis rates:
The number of people diagnosed with dementia was taken from data on the 2011 NHS Quality and Outcomes Framework (QOF) indicator number DEM1.
Note for Scotland, Dementia figures used for the HEAT target include data from sources other than QOF for a small number of practices that do not take part in QOF. They can also include data from a small number of practices that do not have signed off QOF data, as these non-signed off data still contribute towards the target. As a result these figures will differ for some NHS Board areas from the main QOF prevalence data published elsewhere.

An interactive map of prevalence rates and diagnosis rates is available.

REPORT TO: Health and Wellbeing Board

Date of Meeting: 30th April 2013
Report of: Director of Public Health
Subject/Title: NHS Health Checks – an update

1.0 Report Summary

1.1 The Health and Social Care Act 2012 has introduced a statutory requirement for the Local Authority to undertake NHS Health Check Assessments as part of its Public Health responsibilities. The report outlines the requirements and progress made to undertake these within Cheshire East.

2.0 Decision Requested

2.1 That the Health and Wellbeing Board receive the report and support the implementation of NHS Health Checks within Cheshire East.

3.0 Reasons for Recommendations

3.1 To ensure that the Health and Wellbeing Board is aware of and supports the implementation of a Statutory responsibility within the new health system.

4.0 Policy Implications - Health

4.1 The Health and Social Care Act 2012 has introduced a number of significant changes that will affect the local health and social care landscape. This includes the establishment of the Cheshire East Health and Wellbeing Board, the GP Clinical Commissioning Groups and the transfer of the Public Health responsibilities from the PCT to the Local Authority.

4.2 To achieve improved health and wellbeing outcomes for local communities, the Act identified the need for increased joint working between the NHS and local authorities, with high quality local leadership and relationships being an essential foundation. The Act described Health and Wellbeing Boards as having the key role of improving joint working by bringing together key commissioners and through their function of encouraging integrated working in relation to commissioning.

4.3 The provision of NHS Health Checks will be commissioned by Public Health within Cheshire East Council.

5.0 Financial Implications

5.1 The budget allocation for the provision of NHS Health Checks in 2013-2014 is a part of the Public Health ring fenced funding allocation to the Local Authority.

6.0 Legal Implications

6.1 The Statutory Instrument 'The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013' states that 'In the exercise of its functions under Section 2B of the National Health Service Act 2006 (inserted by Section 12 of the 2012 Act), each local authority shall provide or shall make arrangements to secure the provision of health checks to be offered to eligible persons in its area.

7.0 Risk Management

7.1 The Health Checks Steering Group is monitoring the progress to introduce NHS Health Checks in accordance with the required timetable.

8.0 Health Checks

8.1 Appendix One gives details of the progress being made to introduce NHS Health Checks within Cheshire East. The legislation details who is eligible for a health check (within the age range 40 – 74) and the process by which NHS Health Checks should be conducted.

8.2 The Local Medical Committee has been consulted with and has supported the proposed Health Checks programme.

9.0 Access to Information

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

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APPENDIX ONE

CHESHIRE EAST HEALTH AND WELLBEING BOARD
NHS HEALTH CHECKS PROGRAMME BRIEFING

1. Purpose
To brief the Health and Wellbeing Board on recent developments with the implementation of NHS Health Check Programme by Public Health in Cheshire East Council.

2. Programme Overview
The NHS Health Check programme is a national risk assessment and risk management programme aimed at preventing heart disease, stroke, diabetes and kidney disease. Checks are offered every five years to adults aged 40 to 74, who have not previously been diagnosed with one of these, or certain associated conditions.

3. Commissioning Body
With effect from 1st April 2013, the responsibility for commissioning the checks transferred from the Primary Care Trust to Public Health in the Local Authority, where it is a mandated function for Cheshire East Council. It is funded from the Public Health ring fenced budget.

4. Cheshire East Programme - Eligible Cohort
- Approx.104,000 people in Cheshire East are eligible for a check.
- Approx. 20,800 people will be offered a check per year, over a five-year rolling programme.
- Approx.16,500 checks will be commissioned per year, assuming an 80% uptake rate.

5. National/Local Performance
- DH National Target: To offer 20% of the eligible population a NHS Health Check, with at least 10% of the eligible population taking up the check.
- Local Performance 2011/12: 9.55% offers and 8.1% taking up the check.

6. Mandated Service
The local programme is being implemented in line with the statutory regulations. Arrangements are in place to ensure the LA can provide a check for all eligible patients in Cheshire East, to whom an offer is made. The implementation of the new delivery model and local Communications Strategy will enable continuous improvement in the percentage of eligible people participating in the health checks as required in the statutory regulations.

7. Cheshire East Delivery Model
The delivery model includes:
- The national basic check for the assessment and management of cardiovascular disease.
- Expansion of the national check to include pathways to reduce alcohol consumption and raise awareness of dementia – as per national directive.
- The basic check has been further expanded to include local pathways to address cancer screening/awareness, falls prevention, improving mental wellbeing, and increasing uptake of the influenza vaccine.
- The implementation of a local IT solution to enable centralised data extraction, support by Public Health for call and recall, and robust outcomes monitoring, to include outcomes achieved in modifying lifestyles and associated risk factors.

The delivery model will allow Public Health to:
- Obtain value for money, by making the best use of the resources available for the delivery of the NHS Health Check, in order to achieve the desired output and maximise the benefits achieved for patients from attending a check.

- Use resources more effectively to target invitations and to deliver appropriately tailored marketing campaigns across Cheshire East.
- To commission the delivery of tailored checks to meet the wider health needs of the Cheshire East population.
- To obtain robust data to inform commissioning decisions.
- To quality assure the programme.

8. Commissioning Model

- General Practices in Cheshire East have been commissioned to deliver the programme as the mainstream provider from 1st April 2013.
- Programme data will be used to inform the commissioning of a wider range of providers and services in the future, to allow outreach provision in hard to reach populations. As existing legislation currently prevents the necessary data flow to ensure a robust programme can be delivered by external providers, this is subject to the outcome of a national review on the balance between protecting patient information and its sharing, to improve patient care.

9. Stakeholder Engagement/Support

- The Local Medical Committee has given its support for the delivery model.
- NHS Eastern Cheshire CCG and NHS South Cheshire CCG have been consulted in the development of the delivery model. Meetings have taken place with the Business Managers at both CCGs and Public Health has attended GP Locality Meetings/Membership Council Meetings in the East and South to share the plans for the NHS Health Checks Programme for 2013/14.
- The revised contract (LES) for 2013/14 has been sent to GPs. Practices have been asked to chose a level of Data Sharing and Public Health support they would like to receive to support delivery of the programme.

10. Public Health and Partnership Working Across Cheshire East Council

- Communications and Marketing – supporting Public Health with the development and delivery of a Communications Strategy to promote the programme to service providers and the general public. A survey has been undertaken with GPs and a 67% response rate received to understand how practices would like to market the programme to patients and the support/resources required from Public Health.
- Adult Health and Social Care - supporting Public Health with the development and delivery of an NHS Health Check Training Programme aimed at providers, to ensure patient equity in terms of programme delivery and outcomes. The development of a web based training tool with accreditation is being explored.
- Web Team - supporting the development of NHS Health Checks pages for the general public and signposting materials/referral information for providers, on the Cheshire East Council website.
- ICT Commissioning Team - supporting the implementation of the IT solution.

11. Programme Opportunities/Plans

- To utilise the programme to address a wider range of Adult Health and Social Care indicators and bring together work from across a range of directorates in the council.
- A modelling exercise has been undertaken to demonstrate the potential increase in demand on existing lifestyle services in Cheshire East. This information will be used to inform discussions regarding future commissioning decisions with colleagues in Cheshire East Council to ensure service provision meets patient need.

APPENDIX ONE

- The transfer of the programme to Cheshire East Council brings with it many opportunities for a range of Local Authority led services e.g. leisure services, to be involved in the programmes delivery. This will be explored further as the delivery model is rolled out.

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Agenda Item 12

CHESHIRE EAST COUNCIL

REPORT TO: HEALTH AND WELLBEING BOARD

Date of Meeting: 30th April 2013
Report of: Lorraine Butcher, Director of Strategic Commissioning
Subject/Title: Community Budgeting Proposal

1.0 Report Summary

1.1 This report provides a brief overview of the Community Budgeting expression of interest submitted to Government on 15th April.

2.0 Decision Requested

2.1 To note the expression of interest.

3.0 Background and Options

3.1 Brandon Lewis MP, Parliamentary Under Secretary of State in DCLG, wrote to all Local Authorities at the end of March inviting them to put forward partnership Expressions of Interest to join the newly formed Public Services Transformation Network. The deadline for EOIs was 15th April. The letter is attached to this report.

3.2 The network was announced in the Budget, and aims to spread the learning from the existing four Whole-Place Community Budget pilots, and work directly with local areas to co-design practical public service reforms. The 4 pilots are in Greater Manchester, Cheshire West and Chester, Essex and a tri-borough partnership in London.

3.3 If an area is successful in its EOI it will be invited to join the network, and thereby have access to the representatives from Whitehall and from the 4 pilots who can provide advice and learning on public service reform. It is understood that DCLG are hoping for 4-6 new areas to join the network this year, and a further 4-6 in 2014/15.

3.4 The Government will provide £1.5 million of funding for the new network, and those areas who join the network will be asked to make a contribution to match the Government's funding. How this aspect of the network will operate is not entirely clear at this stage.

3.5 In light of the good progress in setting up a review of Learning Disability in Cheshire East, it was considered that this would be a good focus for a community budgeting approach. A brief proposal was therefore prepared and submitted to Government on 15 April. We are waiting to hear when and how decisions will be made on which EOIs are successful.

3.6 The Expression of Interest document is attached to this report.

4.0 Access to Information

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

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21 March 2013

Local Authority Leaders

Dear Colleagues,

LOCAL PUBLIC SERVICE TRANSFORMATION - SPREADING WHOLE-PLACE COMMUNITY BUDGETS TO OTHER AREAS

As announced at Budget, Government is encouraging all areas to develop their own reforms to local public services. To support areas in doing so, we are establishing a new network to spread the learning from the four Whole-Place Community Budget pilots and work directly with local areas to co-design practical reforms. I would welcome expressions of interest from areas for support from the network.

The Whole-Place Community Budget pilots produced radical and concrete reforms to deliver better outcomes at lower cost. While the proposals have been designed by those four specific areas, many of the tools and approaches will be replicable across the country.

The four pilots focused on reducing downstream demand on public services and boosting skills and growth. Their plans redesign public services to better tackle complex issues including health and social care integration, criminal justice, troubled families, and children and young people.

We know from the pilots' experience that this work is not easy. But the potential prize is significant - the pilots' own plans suggest savings of £800m over five years. Key to success is:

- Strong collaborative leadership and a clear vision for the area.
- Clear commitment from across local partners and a history of partnership working.
- A sustained track record of delivery.
- An appropriate scale to drive reforms and savings across an area.
- Each partner providing some dedicated capacity towards a single team that helps drive a system-wide approach.
- Commitment to identify money flows and benefits across partners within the area, underpinned by data on need and current services.

As announced in the Budget, the Government is establishing a new multi-agency network to support areas to transform local public services, and is removing policy barriers that hinder reform. The network will use the learning from the Whole-Place Community Budget pilots and What Works Centres and work with other places to redesign services, to support better outcomes for the public and boost growth.

The network will work across the public sector. For example, the Department of Health and the NHS Commissioning Board are working with national and local partners to support local areas to innovate in integrating health and social care. It is our intention to ensure that public service transformation and integration are taken forward together. Your expression of interest should demonstrate how support from the network would align or integrate with any existing reform initiatives (eg. city deals).

New areas will need to contribute towards the costs of the network. If you and your partners are interested in exploring what support it could offer your area, I would welcome expressions of interest, to be sent to publicservicetransformation@communities.gsi.gov.uk by 15 April setting out briefly why your area should be considered and how your proposal reflects the six key criteria outlined above.

BRANDON LEWIS MP

Cheshire East

Expression of interest to participate in the Public Services Transformation Network

Whole Life-Course Planning for Individuals with Learning Disabilities

15 APRIL 2013

Summary of our proposal

We intend to adopt a community budgeting approach to reviewing and improving support and care for children, young people and adults with learning disabilities. We will take a whole life (birth to death) view of individual and carer needs, service requirements, and efficient use of the public funding.

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
- Ensuring the wide range of care and support services involved are 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.

While 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.

The Cheshire East Health & Wellbeing Board and the Learning Disability Executive has recently approved a learning disability review, adopting a whole life-course approach. All partners have committed time and resource to this review. We believe being part of the Public Service Transformation Network will add value to our existing work through:

1. The opportunity to co-design improvements with input from Whitehall, particularly Department for Health, Department for Education, Department for Work and Pensions, and the Department for Communities and Local Government.

2. The ability to draw upon the learning from other community budget areas.

3. The opportunity to 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 Partnership

- This proposal is being submitted by the Health and Wellbeing Partnership Board for Cheshire East. We are a well established partnership with a clear vision and priorities for action, set out in the Cheshire East Health and Wellbeing Strategy.

- Linked to our Health and Wellbeing Board, we have a Learning Disability Executive and Board. These groups are leading our current review of learning disabilities, and the Executive will provide the operational lead for our community budgeting proposal. The Learning Disability Board includes representation from Cheshire East Council, our two local CCGs, carers and their advocates, voluntary sector, health and social care private providers.

- In addition to our local partnership approach, we have the support of the national Social Care Improvement and Efficiency Board for our current life-course review of learning disability, as they recognise this is a new approach.

Cheshire East Health and Wellbeing Board Members:

Cllr Janet Clowes, Cheshire East Council, Health and Adult Social Care Portfolio Holder

Chair of the Health and Wellbeing Board

Cllr Rachel Bailey	Cheshire East Council, Children and Families Portfolio Holder
Kim Ryley	Cheshire East Council, Chief Executive
Lorraine Butcher	Cheshire East Council, Director of Strategic Commissioning
Simon Whitehouse	South Cheshire CCG, Chief Officer
Dr Andrew Wilson	South Cheshire CCG, Chair and GP Lead
Jerry Hawker	Eastern Cheshire CCG, Chief Officer
Dr Paul Bowen	Eastern Cheshire CCG, Chair and GP Lead
Barrie Towse	Cheshire East LINK, Chair
Lucia Scally	Cheshire East Council, Head of Strategic Commissioning
Cllr Dorothy Flude	Cheshire East Council, Representative of the Labour Group
Dr Heather Grimbaldestone	Cheshire East Council, Director of Public Health

Background to our proposal

- The Cheshire East Health and Wellbeing Board, led by Cheshire East Council, has identified the need to undertake a learning disability review, adopting a whole life-course approach. This project is being managed by the Learning Disability Executive which is currently commissioning support to undertake the review. The review summary is shown overleaf.

- Learning disability is a growing client group nationally and locally, with increasingly complex needs over longer lifetimes. Care costs for individuals with the most intense medical and cared needs are estimated to reach £10million over their lifetime. This creates a significant pressure on budgets, in particular for health, social care, housing, education and benefits. 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.

- It is important to note that more people with learning disabilities are admitted to hospital as emergencies than the rest of the population i.e. 50% of admissions, compared with 31% for the general population. Evolving Cheshire East's Learning Disability Review into a community budgeting approach will ensure issues such as hospital admissions will be understood and tackled through a joined up system of support for this vulnerable group.

- 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 is forecast to be £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.

- We know from open discussions at our current Joint Commissioning Leadership Team meetings that improvements can be made regarding different services' ability to better shape each other's internal provision, and the wider market. For example, high cost placements for respite care will have a real impact on family resilience as 70% of families who care for someone with a learning disability say they have reached crisis point due to a lack of respite care.

LEARNING DISABILITY REVIEW – PLAN ON A PAGE FEB 2013

Joint Context

- Increasing demand and complexity of LD population.
- Raising standards in care and accommodation where this is deemed appropriate
- Pooled Budget overspend and diminishing public sector resources
- Ineffective business processes and governance arrangements
- Personalisation and choice Increased involvement of service users
- Health structural changes and Welfare reforms

Joint Vision

We work together with children and adults with Learning Disabilities including their families and carers - ensuring everyone thrives.

Joint Objectives

1. Identify and assess needs of individuals from an early age in their life-course and ensure informed and effective decisions are made throughout. Continually assess the individual's capacity to live independently through a range of support options and importantly building individual, family, carer and community capacity
2. Raise standards of care, increase self confidence and independence. To enable young people with LD to develop, have the ability and appropriate skills for a successful transition into adulthood.
3. Ensure all people, irrespective of disability or age have the maximum opportunities to continue to learn, work and can contribute positively to society
4. Ensure that all vulnerable children, young people and adults are effectively safeguarded
5. Provide high performing, quality assured services that match the identified need of our vulnerable population, offering choice, control and availability through the efficient use of resources which ensure value for money. Review the effectiveness of Pooled Budget arrangements
6. Have in place effective systems, governance and a knowledgeable and competent workforce in the widest sense.
7. Have in place an effective and integrated approach to commissioning that is both customer and partnership led, enables participation and influences service development and design, meeting identified and prioritised need
8. Manage significant change effectively whilst contributing to achieving improvements in Health Wellbeing and economic sustainability

Outcomes

Early help
"My needs were identified early in life and I had a range of options to help me follow my dreams".

Achievement
"I live in connected communities that actively support people with Learning Disabilities, their families and carers. I know what I want to achieve, I have gained the learning and life skills that will help me achieve my potential"

Supported & Safe
"I feel safe and am supported to keep safe"

Efficient and Effective
"I have the right systems, governance and resources in place to help me to provide the right service to my customers".

Involved
"My thoughts and views have been considered in developing the services that I received"

Working Together
"I have confidence and trust in the organisations who work together to support me to meet my needs effectively".

Healthy – feeling good
"I feel good about myself and others and know where and who to go to when I don't"

Key Workstreams

- Scoping the Review with support from consultants
- Needs analysis
- Whole workforce analysis
- Finance (forecasting and role of Pooled Budget)
- Consultation and engagement
- Communications
- Alternative service delivery models (incl redesign of internal services)
- The role of schools
- Capacity building
- Support to independence
- Effective transition
- Supported employment and other life opportunities
- SEN strategy & Single Plan
- National drivers – ie welfare reforms, Winterbourne View, Mansell – Raising our Sights
- Family and carers support children and adults with LD
- Effective pathways to safeguard
- LD in later life

Cross Cutting Enablers and Stakeholders

Enablers:

- Partnership working
- Workforce development
- Joint Commissioning
- Commissioning frameworks and governance
- Self-assessment
- Accommodation needs
- Whole system change
- Communication and Engagement

Key stakeholders:

- Children and adults with LD
- Family and carers
- CEC & 2 CCGs (including Members)
- Central Government
- Providers
- Local communities

What our community budgeting approach would involve

- The one page plan on the previous page summarise the key workstreams involved in our review. Key aspects of our approach include:

  - A detailed 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.

- We are particularly keen to draw upon the learning from the Single Plan pathfinders to ensure that, when government legislation changes the landscape of special needs, Cheshire East applies a community budgeting approach. 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.

- If our expression of interest to become part of the Public Service Transformation Network is successful then we would also seek to:

  - Undertake the resource mapping in a way that others could learn from, and share our learning as we went along
  - Build in opportunities for dialogue with Whitehall representatives in the Network, to ensure our reshaped provision was genuinely co-designed between the local partnership and Central Government. Key Government departments to link with include Department for Health, Department for Education, Department for Work and Pensions, and the Department for Communities and Local Government.
  - Focus local resource into documenting and sharing our overall learning

- While 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.

Why we want to participate in the Network

- **Co-production with Whitehall** – involvement of Whitehall colleagues has been a clear benefit from the whole place community budget pilots. Given the number of Central Government departments involved in learning disability support and services, we are certain that our redesign would benefit significantly from direct access to Whitehall departments to "unblock blockages", and develop efficient cross-departmental working.

- **Shared Learning** – we would benefit from the direct and structured access to learning from other pilot areas, provided through the Network. We also 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 other areas.

- **Momentum** – as we already have our partnership in place and a review about to start, we can embark on a full community budgeting process quickly. Our geographical proximity and established relationships with Cheshire West and Chester, and Greater Manchester, mean we can easily link with these two pilot areas.

How we will address the 6 criteria for success

ONE - Strong collaborative leadership and a clear vision for the area

- Our Health and Wellbeing Board is a strong partnership, chaired by Councillor Janet Clowes who is the Council Portfolio Holder for Health and Adult Social Care. We have a clear vision for Health and Wellbeing set out in our Health and Wellbeing Strategy, and its contribution to Cheshire East's wider community ambitions set out in the Cheshire East Sustainable Community Strategy. Our Learning Disability Executive agreed a vision for its life-course review in February 2013:

"We work together with children and adults with Learning Disabilities, including their families and carers – ensuring everyone thrives"

TWO - Clear commitment from across local partners and a history of partnership working

- There is a high level of commitment to this proposal from the "whole system" of partners who are involved in learning disabilities – clients, family, voluntary organisations, health, housing, education, children and adults social care and supported employment. This is demonstrated through the existing Learning Disability Executive's initiation of the life-course review.

- Cheshire East is one of a reducing number of Local Authorities that has a formal Adult Learning Disability Pooled Budget Agreement in place with local Clinical Commissioning Groups (CCG). Forecast spend on adult social care and health through the pooled arrangement is forecast to be £43m at outturn 2012-13.

- Cheshire East has a strong and effective track record of working with all partners on the key national and local issues that face individuals with Learning Disability. This is co-ordinated through strong governance arrangements and genuine commitment across the workforce (in its widest sense) to make a positive difference.

- We already have a strong foundation of partnership working delivering tangible improvements in learning disability support around, for example, challenging behavior, autism and supported employment.

THREE - A sustained track record of delivery

- Cheshire East and its partners have a strong, effective and long-running record of delivering improved outcomes for individuals with learning disabilities. All partners have a shared ownership of the important outcomes for this vulnerable part of our population.

- In January 2013 Cheshire East embarked on a pilot to implement a transparent, consistent and effective analysis of the whole package of services for adults with learning disabilities. The focus of the pilot is value for money and improved outcomes for individuals with a particular emphasis on raising levels of independence. It has been agreed that this approach will be applied to Children's Services and Health.

- Cheshire East has in place an effective joint commissioning leadership team (JCLT) which includes a range of Local Authority and CCG senior officers. The JCLT has a far-reaching programme of work and the mutual trust that has been

generated is evidenced in the continuing Pooled Budget arrangement that is a model that will serve Cheshire East well for future joint commissioning.

- In February 2013 Cheshire East Council announced a significant change in its operating model and focus by becoming a strategic commissioning Council. This model will ensure that we will deliver on the complex work required across public sector and voluntary sector partners to tackle the significant public sector reform required.

- The Council and its key partners share a real appetite for innovation and appropriate risk. One example of innovation in Cheshire East is the establishment of a Free School for Autism. This area of education provision was identified as a current gap and a future pressure that needs effective early intervention. Cheshire East Council and its partners are in the final stages of approval with the DFE.

FOUR - An appropriate scale to drive reforms and savings across an area

- Our approach of a whole life-course review of learning disability incorporates a large range of support and services across many years. With a growing number of individuals and families requiring support, and particularly the increasing medical complexities of individual's needs, there is a growing pressure on funding for care and support which will continue to grow in future years.

- In Cheshire East we have 2,490 children in Education with a learning disability and 1,299 adults. This includes some individuals who are estimated to require support services costing £10m across their lifetime. As the number of individuals with complex needs increases, the financial pressure will grow rapidly.

- As the public purse continues to come under severe pressure it is incumbent on all partners to shape support to learning disability differently. An early focus on independence through self-confidence, strong networks and community resilience will ensure that the need for expensive services is minimised.

- One alternative example of the scaling-up potential for this proposal lies with the aim of improving the number of people with learning disabilities gaining employment. Nationally only 6.6% of people with learning disabilities are in work, although 65% say they want a job. The scale of benefits to the public purse is substantial.

FIVE - Each partner providing some dedicated capacity towards a single team that helps drive a system-wide approach

- Cheshire East Council has identified the life-course learning disability review as one of its organisational change projects in its 3-year corporate plan for 2013-16. It has committed resource to the review in terms of funding for specialist consultancy input for the review, and also dedicated project support.

- All key partners including Education, Social Care and Health have committed dedicated capacity to the life-course disability review. The wider Cheshire East Learning Disability Partnership Board have also welcomed the innovative approach being taken to the review and agreed to play a full part in ensuring an effective whole system review.

SIX - Commitment to identify money flows and benefits across partners within the area underpinned by data on need and current services

- Our existing learning disability review has been designed on the basis of a significant investment of time to identify and map customer journeys, and to track the flow of resource and funding throughout an individual's lifetime.

- We have some understanding of current and future need and service demand for learning disability, but increasing this understanding is also a significant part of our review. Partners recognise that this will take time and resource, but are committed to making it happen.

To discuss this expression of interest further, please contact:

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