Public Document Pack

Eastern Cheshire Clinical Commissioning Group

South Cheshire Clinical Commissioning Group

Health and Wellbeing Board

Agenda

Date:	**Tuesday, 24th March, 2015**
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. **Apologies for Absence**

2. **Declarations of Interest**

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

3. **Minutes of Previous meeting** (Pages 1 - 12)

   To approve the minutes of the meeting held on 27 January 2015.

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

4. **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 body in question. 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.

5. **Better Care Fund - Section 75 Partnership Agreements** (Pages 13 - 30)

To approve the recommendations as set out in the report.

6. **NHS Social Care Allocation 2014/15** (Pages 31 - 38)

To approve the recommendations as set out in the report.

7. **Pharmaceutical Needs Assessment** (Pages 39 - 110)

To approve the PNA for publication.

8. **Joint Health and Social Care Learning Disability Self Assessment 2014 and Action Plan 2015/16** (Pages 111 - 130)

To consider and endorse the Joint Health and Social Care Learning Disability Self Assessment Action Plan.

9. **Continuous Improvement in Commissioning for Better Outcomes** (Pages 131 - 134)

To approve the recommendations as set out in the report.

10. **Caring for Carers: A Joint Strategy for Carers of all aged in Cheshire East 2015 - 2018** (Pages 135 - 184)

To approve the recommendations as set out in the report.

11. **NHS South Cheshire CCG Draft Operational Plan 2015-16** (Pages 185 - 318)

To note the draft Operational Plan 2015-16.

12. **Care Act Update**

Presentation.

Agenda Item 3

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Board**
held on Tuesday, 27th January, 2015 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor J Clowes (Chairman)
Mike O'Regan (Vice-Chairman)

Cllr Rachel Bailey, CE Council (From item 8)
Cllr Alift Harewood, CE Council
Mike Suarez, Chief Executive, CE Council
Jerry Hawker, Eastern Cheshire Clinical Commissioning Group
Paul Bowen, Eastern Cheshire Clinical Commissioning Group
Simon Whitehouse, South Cheshire Clinical Commissioning Group
Dr Heather Grimbaldeston, Director of Public Health, CE Council

Associate Non Voting Members
Lorraine Butcher, Executive Director Strategic Commissioning, CE Council
Tina Long, NHS England local area team member

Observer
Cllr Stewart Gardiner

Officers/others in attendance
Iolanda Puzio, Legal Services, CE Council
Guy Kilminster, Corporate Manager Health Improvement, CE Council
Julie North, Democratic Services, CE Council
Kate Rose, Cheshire East Domestic Abuse Partnership
Judith Gibson, Cheshire East Domestic Abuse Partnership
John Wilbraham, Chief Executive, East Cheshire NHS Trust
Ann Riley, Strategic Commissioning Manager, CE Council
Jonathan Potter, Principal Manager Early Help, CE Council
Lindsay Thompson, Local Area CAF and Contact Point Co-ordinator, CE Council
Catherine Mills, Clinical Projects Manager, South Cheshire CCG

50 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Andrew Wilson, Tony Crane and Brenda Smith.

51 DECLARATIONS OF INTEREST

There were no declarations of interest.

52 **MINUTES OF PREVIOUS MEETING**

RESOLVED

That the minutes be approved as a correct record, subject to the addition of Dr Paul Bowen to the list of those present.

53 **PUBLIC SPEAKING TIME/OPEN SESSION**

Cllr B Murphy used public speaking time to ask a question concerning GP surgery waiting times and what the situation was in East Cheshire in respect of this. The Chairman responded that this issue was included on the work programme for consideration by the Health and Adult Social Care Scrutiny Committee.

Cllr Murphy also referred to recent applications for housing developments submitted to the Council's Strategic Planning Board and had noted that on a number of occasions the health providers had not submitted comments on the applications. It was reported that officers of the Council were due to meet with officers from NHS England to discuss infrastructure issues, in order to ensure that partners were aware of the number of approved housing developments and population movements in Cheshire East.

Cllr D Flude used public speaking time to state that Leighton Hospital's Trust had been rated as "good" in the latest Care Quality Commission findings and rated as 18th in the Country.

54 **JOINING STRATEGY AND COMMISSIONING TO REDUCE THE SCALE AND IMPACT OF DOMESTIC ABUSE IN CHESHIRE EAST**

Kate Rose and Judith Gibson, from the Cheshire East Domestic Abuse Partnership attended the meeting and presented a report relating to the joining of strategy and commissioning to reduce the scale and impact of domestic abuse in Cheshire East.

It was reported that domestic abuse was widespread and damaging to individuals, families and communities. Cheshire East Domestic Abuse Partnership (CEDAP) was implementing a strategy, following widespread consultation, to prevent as well as to respond, which required the engagement of all related partners and partnerships in promoting its aims and committing to its resourcing. The Health and Wellbeing Board had a significant role to play in this work. In recognition of this, the Joint Leadership Commissioning Team had requested that the report be brought to the Board.

It was noted that NICE Guidance recommended a joint commissioning approach to the funding of domestic abuse services. Cheshire East funding had developed historically and took three main forms as set out below, details of which were included in Appendix 1 of the report :-

a. A partnership funding approach – some core commitment and some annual contribution – to high risk services (IDVA and MARAC) and the front door for all specialist services, the Domestic Abuse Hub
b. A three year commissioning cycle for refuge and floating support – funded through Council Adults and Children's Services
c. Applications to opportunities for enhancing services

CEDAP accepted that funding approach 'c' would always be a part of its work and was a means by which innovation was driven.

Funding approach 'b' was being progressed through a joint commission of Adult and Children's Services.

The report was expressly addressing funding approach 'a' in respect of placing core high risk services, the 'front door' for all services (the Domestic Abuse Hub) putting partnership functions on a surer footing by agreeing a three year partnership agreement. Commissioning was not possible as these services sat within the Council.

Service cost and existing committed funding were summarised in the report and had been set out in more detail in a paper to the Joint Leadership Group in November. Due to partnership arrangements, CEDAP was able to use carry forward to sustain annual provision. This would be in the region of £40k for the current year. If all of the anticipated funding was realised for 2015-16 and Children's Services agreed a contribution to the Hub function in particular, there may be a modest gap in the next financial year and significant shortfalls thereafter.

In considering the report the Board supported the vision and aims as set out in the report and noted the requirement for a joint commissioning approach. However, it was considered that the process needed to be reviewed and that further clarification was required in respect of funding. It was agreed that the Strategic Joint Commissioning Tteam be requested to carry out an evaluation in respect of the funding split and to report back to the respective commissioners with clarity regarding the amount of funding required.

RESOLVED

1 That the Health and Wellbeing Board agrees to promote the priorities of Cheshire East Domestic Abuse Partnership Strategy within its own work.

2 That the Health and Wellbeing Board recognises the significance of and respond collaboratively to domestic abuse as a comorbid issue with mental ill health and substance misuse in all work streams

3 That the Health and Wellbeing Board seeks assurance that partners are individually committed to CEDAP Strategy and Action Plan.

4 That the Strategic Joint Commissioning Team be requested to carry out an evaluation in respect of the funding split and to report back to the respective commissioners with clarity regarding the amount of funding required to allow decisions to be made for 2015-16.

55 **GREATER MANCHESTER HEALTHIER TOGETHER CONSULTATION**

Consideration was given to a report which had been produced in response to the following motion, which had been proposed by Councillor Brendan Murphy and seconded by Councillor Lloyd Roberts:-

> "In the light of plans for the development of sub-regional Specialist Hospitals and the consequent downgrading of other Hospitals in the Greater Manchester conurbation, the Council requests the Health and Wellbeing Board to consider the impact that such developments *could* have on the future of Macclesfield General Hospital and, in particular, to ensure that the wellbeing of North East Cheshire residents will not be adversely affected in the event of Stepping Hill Hospital being downgraded as result the changes being currently considered"

John Wilbraham, Chief Executive, East Cheshire NHS Trust was present a tthe meeting to answer any questions raised.

The Board was asked to note the contents of the report and the work being undertaken by East Cheshire NHS Trust (ECT) with its partners in primary and acute care, and to note the Healthier Together consultation period had ended, but that no decisions had been made and none were likely until the summer. The Board was also asked to note that the Caring Together Board, of which Cheshire East Council was a member, would have more influence over service provision locally than the Healthier Together consultation. Healthier Together was looking only at 3 service areas. East Cheshire Trust already had close working relationships with Stockport Foundation Trust and University Hospital of South Manchester (UHSM), before the Healthier Together consultation commenced and would continue to work together where necessary for the continued provision of safe and high quality care for patients. This relationship was known as the Southern Sector.

The Board was informed that NHS Eastern Cheshire CCG already commissioned services from sub-regional specialist hospitals for the population of Eastern Cheshire, including Central Manchester Foundation Trust, Salford Royal Foundation Trust and University Hospital of West Midlands, in-line with national clinical standards and to ensure access to specialist services 24/7. Services were provided at these specialist centres (eg Neurology and Spinal surgery at Salford Royal) or by the specialist centres at the Macclesfield site in partnership with ECT.

RESOLVED

That the report be noted and referred to Cabinet as the formal response to the Notice of Motion.

56 **UPDATE ON THE BETTER CARE FUND**

Consideration was given to a report providing an update on the Better Care Fund (BCF), which had been jointly developed by Officers from across both the Cheshire West and Chester and Cheshire East Health and Wellbeing Boards, with the intention being that the issues raised would be discussed at both meetings. Due to a number of issues emerging from both respective BCF submissions, there were some matters which would have an impact across the pan-Cheshire geography. Therefore, it was essential that consistent information was presented to both bodies. The purpose of the report was to provide an update on the latest developments regarding the BCF and enable discussion and debate on the proposed way forwards for the governance, delivery and monitoring of the schemes associated.

Both, the Cheshire East, and Cheshire West and Chester BCF plans had been submitted to the Department of Health on 19 September. Following the national assurance process both plans had been rated as 'Approved with Support'. Since the previous meeting of the Board, both plans had been upgraded to 'Approved' following dialogue with the Local Area Team, and the submission of an Action Plan. The next area of focus was the implementation and delivery of the plans and how this was incorporated into the existing health and social care transformation programmes, along with meeting the national reporting expectations. This included getting into place the required Section 75 agreements, which was covered in Appendix 1 of the report.

It was noted that the governance arrangements supporting the s75 Better Care Fund pooled budget arrangement were fundamental to the smooth delivery and implementation of the BCF plan and ensuring the level of risk both financial and non-financial the Council, CCGs, partner organisations and providers were exposed to. The options for the structure of S75 agreements across Cheshire were set out in paragraph 3.0 of the appendix to the main report and it was agreed that Option 4: Four over-arching S75 agreements, reflecting the geography of the Clinical Commissioning Groups with the ability for reporting to be consolidated on a transformation programme basis and a Health and Wellbeing Board basis, should be supported.

RESOLVED

1 That the information contained within paragraph 2 of the main report be noted.

2 That Option 4 : Four over-arching S75 agreements, reflecting the geography of the Clinical Commissioning Groups with the ability for reporting to be consolidated on a transformation programme basis and a Health and Wellbeing Board basis, be supported.

3 That the local ambition to support ongoing pooled-budget arrangements be agreed.

57 **S.256 PILOTS - PROGRESS UPDATE**

Ann Riley, Corporate Commissioning Manager, attended the meeting to present a report providing an update in respect of S.256 pilots.

It was reported that the NHS Social Care Allocation to Cheshire East Council for 2013/14 was an amount of funding, determined by the Department of Health, that was to be transferred from the NHS (NHS England) to Councils (Gateway Reference 18568). The funds were to be spent on social care support that also had health benefits. The way the funds were spent had to be agreed with local health partners. The formal agreement was between NHS England and Cheshire East Council via a s.256 agreement. However the NHS England Cheshire, Warrington and Wirral Local Area Team sought support from the Clinical Commissioning Groups to the proposals for spending. This support was to be based upon plans that were robust. The s.256 agreement had been endorsed at the Health and Wellbeing Board on 27 August 2013. A report providing an update on the agreed proposals for this fund was submitted to the Board for consideration

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Five areas of spending had been agreed, details of which were set out in the report. The first two areas (Community Reablement and Assistive Technology and Occupational Therapy Support) were continuations of existing spending. The three new areas of spend were a pilot of the expansion of the existing Assistive Technology and Occupational Therapy (OT) service - £552,000 (c/f ringfence from 13/14); a pilot of the use of assistive technology for adults with learning disability - £246,500 (c/f ringfence from 13/14); and a pilot dementia reablement service - £637574 (c/f ringfence from 13/14).

The project plans on these three pilots had been circulated for discussion at the Joint Commissioning Leadership Team (JCLT) meeting in November 2014 and the report and its associated appendices provided the latest highlights of progress against the project plans since the report to JCLT.

In considering the report the Board felt that there was a need for greater accountability and reassurance that there was real value to individuals. It was agreed that Joint Commissioning Leadership Team should consider this matter at their next meeting, to take place later in the week, in order to restate accountability and ensure that the process was sufficiently robust.

RESOLVED

1 That the report be noted.

2 That Joint Commissioning Leadership Team be requested to consider this matter at their next meeting, in order to restate accountability and ensure that the process was sufficiently robust.

58 **FAMILY FOCUS PROGRAMME**

Jonathan Potter, Principal Manager Early Help and Lindsay Thompson, Local Area CAF and Contact Point Co-ordinator, attended the meeting and presented a report informing the Board regarding the ending of the current Family Focus programme and to begin discussion about the expanded programme. It was reported that the expanded programme would place greater demands on the Local Authority and its partners, specifically Health providers both in operational provision and through data requirements.

The National Troubled Families Programme had been operating in Cheshire East since early 2011 and during the spring of 2014 it had been rebranded as the Cheshire East Family Focus Programme. The expanded programme would have a national roll out date of April 2015 and would be a 5 year programme, ending in 2020.

Key features of the expanded programme were:-

- Increased eligibility criteria
- the development of a local Outcomes Plan to define and measure significant and sustained progress,
- greater understanding of the fiscal benefits achieved through the programme and by stimulating ongoing service transformation, by use of the cost savings calculator

The expanded eligibility programme would cover six ‘headline’ eligibility criteria, of which families would have to meet 2 in order to move into the programme. The headlines were outlined in the report.

The report had been submitted to the Board in order to reach a consensus about the need for improved information sharing between partners and to define the mechanisms for this. Additionally it needed to be ensured that all partners, including both Health commissioners and Health providers were sufficiently represented on the Family Focus Executive Board and the Youth Management Board.

It was agreed that the mechanisms for data sharing in order to facilitate this work should be explored and that the Board be updated on progress at a future meeting.

RESOLVED

1 That the report be noted and mechanisms for data sharing in order to facilitate this work be explored and that a report on progress be submitted to a future meeting of the Board.

2 That it be ensured that all partners, including both Health commissioners and Health providers are sufficiently represented on the Family Focus Executive Board and the Youth Management Board.

59 **CO-COMMISSIONING OF PRIMARY CARE SERVICES**

Consideration was given to a report relating to the Co-commissioning of Primary Care Services. All Clinical Commissioning Groups (CCGs) in England had been asked to indicate to NHS England by January 2015 which option they wished to proceed with in regards to the model of co-commissioning of primary medical care services in 2015/16. The three models which CCG's had a choice to take forward were:-

- Model A: greater involvement in primary care decision making
- Model B: joint commissioning arrangements
- Model C: delegated commissioning arrangements

Appendix A of the report provided a summary of the three model options and what adopting a model would mean for a CCG.

For 2015/16 NHS Eastern Cheshire CCG and NHS South Cheshire CCG had chosen to proceed with joint commissioning arrangements. The report provided additional detail around these models of co-commissioning and the intended benefits and opportunities. The report also provided a brief overview of the actions that needed to be completed and points to consider ahead of 1 April 2015.

For joint commissioning arrangements a joint committee structure had been the recommended governance structure as this allowed a more efficient and effective way of working together than a committees-in-common approach. A joint committee was a single committee to which multiple bodies delegated decision-making on particular matters. The joint committee would then consider the issues in question and makes a single decision. In contrast, under a committees-in-common approach, each committee must still make its own decision on the issues in question.

Both CCGs were required to submit their individual proforma to NHS England by 30th January 2015. The proposal would be agreed by the area team via regional moderation panels that would convene in February 2015, and if they were assured that arrangements complied with the legal governance framework and constitution amendments had been approved. Once approved, the CCG and NHS England would be required to sign a legally binding agreement to confirm how both parties would operate under

joint arrangements, with a view to arrangements being implemented by 1 April 2015.

RESOLVED

That the model option chosen by both CCGs and the governance arrangement requirements for joint commissioning and implications of membership of joint committees be noted and that a further report be submitted to the next meeting of the Board, following feedback from NHS England.

60 **THE NHS FIVE YEAR FORWARD VIEW AND NHS PLANNING FOR 2015/16**

Consideration was given to a report relating to the NHS Five Year Forward View and NHS Planning for 2015/16.

The NHS Five Year Forward View had been published in October 2014 and represented a significant shift in the way the NHS in England was managed and organised, setting a new direction for the NHS based on four key themes:-

- Why the NHS needs to change
- What will the future look like? A new relationship with patients and communities
- What will the future look like? New models of care
- How will the NHS get there?

Following publication of the NHS 5 year Forward View, NHS England, Monitor, the NHS Trust Development Authority, the Care Quality Commission, Public Health England and Health Education England had come together to issue the joint guidance called The Forward View into action: planning for 2015/16, coordinating and establishing a firm foundation for longer term transformation of the NHS. In late December, NHS England published the 2015/16 planning guidance and information regarding 2015/16 CCG allocations. The key new requirements and initiatives set out in the guidance which would affect clinical commissioning groups were summarised in the report.

In the guidance, NHS England had made a significant step towards addressing the historical underfunding in some geographic areas, and an increasing recognition of the need to reflect ageing populations in CCG allocations. The guidance presented both significant opportunities and challenges for both commissioners and providers of health and social care services. Many of the initiatives would require close collaboration of partners and a commitment to prevention and engagement with local communities. It was noted that the Health and Wellbeing Board would play a pivotal role in providing local leadership and ensuring the commitments in the guidance were delivered.

A link to the Forward View document is included below:

http://www.england.nhs.uk/ourwork/futurenhs/

RESOLVED

That the report be noted.

61 **WINTERBOURNE VIEW/TRANSFORMING CARE UPDATE**

Catherine Mills, Clinical Projects Manager, attended the meeting and presented a report providing an update on progress with meeting the key requirements set out in "Transforming Care", which also described the newly introduced Care and Treatment Review process.

Transforming Care set out four key recommendations in relation to people with LD or autism in NHS funded inpatient settings as follows:-

- By end of March 2013, CCGs to put in place a register of people with LD or autism funded by the NHS for their care needs.
- By June 1st 2013, review the care of all those included on the register and agree a care plan for each individual based on their and their families' needs.
- By June 1st 2013, all current placements will be reviewed and everyone in hospital inappropriately will move to community based support as quickly as possible, and no later than June 2014.
- By April 2014 CCGs and their local authorities will have a locally agreed joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging.

In June 2014, fourteen Cheshire East residents had been placed in in-patient settings, eight from NHS Eastern Cheshire CCG and six from NHS South Cheshire CCG. Since June, two Eastern Cheshire and one South Cheshire patient had been discharged to community settings.

The individuals who remained in hospital were considered to have needs that could not currently be met in a community setting (although it was acknowledged that the decision to deem a placement as appropriate may be due in part to the absence of any realistic alternatives). These patients were now required to have an independent Care and Treatment Review (CTR), unless they had a discharge date prior to 31 March 2015 and or did not give consent.

The focus of CTRs was on:-

- Whether the individual felt safe in their current placement
- How their care was progressing

- What plans were in place for future care

CTRs were being undertaken by independent panels, with the purpose of reviewing the care of all of the patients who were in hospital before and up to 31 March 2014. Once this cohort of patients had been completed those patients in services as of 1 April 2014 would also be reviewed.

Cheshire and Wirral Partnership NHSFT were leading on a piece of work to integrate clients who have been placed out of the local area back into their local communities, if appropriate, in a person centred way with their agreement and family involvement.

A joint commissioning plan had been drafted between the local authority and the two CCGs. North West Commissioning Support Unit had been alerted to this as an area of work for the coming months and had advised the CCG that a Framework approach would be the most appropriate commissioning model.

In considering the report the Board requested that that the next annual report include a mechanism to enable the Board to understand the success of the programme, for example a case study.

RESOLVED

1 That the progress that is being made in relation to both the review of individuals in inpatient settings and the development of alternative models of care within the local area be noted.

2 That the Local Adult Safeguarding Board receive quarterly updates to provide the routine monitoring of the progress of this area of work and the LASB is required to escalate any concerns that require further strategic scrutiny to the Health and Wellbeing Board.

3 That the Health and Wellbeing Board receive an annual report in January each year, the next annual report to include a mechanism to enable the Board to understand the success of the programme.

62 **CONNECTING CARE ACROSS CHESHIRE PIONEER PANEL**

As previously requested, the minutes of the meeting of the Connecting Care Across Cheshire Pioneer Panel held 13 November 2014 on were submitted to the Board for information.

RESOLVED

That the minutes be noted.

The meeting commenced at 2.00 pm and concluded at 4.15 pm

Councillor J Clowes (Chairman)

CHESHIRE EAST COUNCIL

REPORT TO: Health and Wellbeing Board

Date of Meeting:	24th March 2015
Report of:	Lorraine Butcher – Executive Director of Strategic Commissioning
Title:	Better Care Fund – Section 75 Partnership Agreements
Portfolio Holder:	Councillor Janet Clowes – Health and Social Care

1.0 Purpose of Report

1.1 Cheshire East Health and Wellbeing Board (HwB) is responsible for the ongoing oversight of the delivery of the Better Care Fund (BCF) plan during 2015/16 and whilst not a signatory of the s75 partnership agreement it will have a role in gaining assurance that partners are collectively working together to deliver the plan.

1.2 Improving the health and wellbeing of the residents of Cheshire East is a priority for the HwB. To achieve this, improvements in the way health and care services are delivered and managed are essential, with integration being the focus of attention across all organisations.

1.3 Cheshire East Council is, together with Cheshire West and Chester Council and the four Clinical Commissioning Groups within Cheshire, part of an 'Integration of Health and Care Pioneer', the Department of Health having recognised the scale of ambition and pace of change being progressed across Cheshire. Through the Eastern Cheshire CCG's 'Caring Together' and South Cheshire CCG's 'Connecting Care' programme, the Council is fully committed to developing new 'person centred' models of care.

1.4 The Better Care Fund (BCF) is a nationally driven initiative being overseen by the Department of Health and is a key part of Public Sector Reform supporting the integration of Health and Social Care. The Better Care Fund is a national pooling of £3.8billion from a variety of existing funding sources within the health and social care system and will be utilised to deliver closer integration across health and social care. The BCF is a pooled budget held between Local Authorities and Clinical Commissioning Groups (CCG's) via a legal section 75 (s75) partnership agreement. The Fund provides a tool to enable our local integration programmes. It will be spent on schemes that are integral to improving outcomes for local people.

1.5 The BCF plans and allocations have been developed on the Cheshire East Health and Wellbeing Board basis and the pooled budget for Cheshire East will be £23.9m and consists of Local Authority Capital funding of £1.8m, South Cheshire CCG funding of £10.5m and Eastern Cheshire CCG Funding of £11.6m.

1.6 The Cheshire East BCF plan was submitted to NHS England in September 2014 and has been fully approved by NHS England on the condition that a s75 pooled budget agreement is used as the mechanism to deliver the approved BCF plan.

1.7 It is a statutory requirement for a s75 pooled budget, partnership agreement to be in place to support the delivery of the BCF from 1st April 2015. The pooled budget arrangement is fundamental to the smooth delivery and implementation of the BCF plan, in particular ensuring that the level of both financial and non financial risk that partners could be exposed to is managed appropriately.

1.8 In order to provide a governance framework for the commissioning and delivery of the Better Care Fund and the management of the budget and expenditure, an agreement made under section 75 of the National Health Services Act 2006 is required. This agreement includes the following core components:

- Commissioning arrangements, including confirmation of which agency will act as Lead Commissioner for each element of the fund;
- Governance arrangements, including arrangements for reporting progress in delivering the plan to the Health and Wellbeing Board;
- Arrangements for management of the pooled funds;
- Arrangements for managing risk across the partners to the agreement;
- Information about each of the individual schemes which together make up the Better Care programme; and standard range of terms and conditions covering issues such as dispute resolution and information sharing.

1.9 On 27th January 2015, the Cheshire East Health and Wellbeing Board endorsed progressing with two separate s75 pooled budget agreements locally, to support the delivery of the Better Care Fund plan and to be aligned with the respective health integration programmes – namely Caring Together (Eastern Cheshire Clinical Commissioning Group, plus Council and partners) and Connecting Care (South Cheshire Clinical Commissioning Group, plus Council and partners). Cheshire East Council would enter into a pooled budget arrangement with Eastern Cheshire Clinical Commissioning Group (CCG) and a separate s75 arrangement with South Cheshire Clinical Commissioning Group.

1.10 The report provides Health and Wellbeing Board with an update on the implementation and delivery of the Cheshire East Better Care Fund, as approved by NHS England.

1.11 It requests HwB support and endorsement of the scheme specifications included within the s75 partnership agreement and the partnering of the Council and CCGs through two s75 Partnership Agreements from 1st April 2015 until 31st March 2016 (and to continue post April 2016 so long as there is a national requirement to operate the Better Care Fund as a s75 pooled budget agreement).

2.0 Recommendation

2.1 Members of the Health and Wellbeing Board are asked to:

i) Support and endorse that the s75 agreement is consistent with the Better Care Fund plan approved by HwB on 25th March 2014 and recommend the Council and CCGs enter into two s75 partnership agreements, with Eastern Cheshire Clinical Commissioning Group (for Caring Together Programme) and South Cheshire Clinical Commissioning Group (for Connecting Care Programme) to deliver the Better Care Fund Plan;

ii) Note the lead commissioning arrangements for delivery of the Cheshire East Better Care Fund;

iii) Agree that the Cheshire East Joint Commissioning Leadership Team is responsible for reviewing the delivery of the s75 agreement and the Better Care Fund plan (covering commissioning working arrangements and the monitoring arrangements for contract, performance, risk and finance) pending a review of existing governance arrangements and to note the arrangements for reporting progress back to the Health and Wellbeing Board;

iv) Agree the indicative timeframe for reporting BCF plan updates to HwB as detailed in section 8.6;

v) Accept that the Joint Commissioning Leadership Team are responsible for reviewing and maintaining the BCF risk register and to provide regular updates to the HwB so that they can gain assurance that risks and issues are being managed appropriately:

vi) Acknowledge the impacts of the non delivery of the pay for performance fund:

vii) Recognise the need to collectively develop data sharing arrangements across organisations which support the delivery of BCF and other wider initiatives;

viii) Accept that the HwB should be notified of variations to scheme specifications included in the BCF plan, including funding arrangements and fundamental changes to scheme specifications;

3.0 Reasons for Recommendation

3.1 In April 2014, the Cheshire East Better Care Fund plan was submitted to NHS England. The Cheshire East Health and Wellbeing Board have overseen revisions to the original plan following updated guidance and conditions from the Department of Health during the summer of 2014. It was fully approved by NHS England in December 2014.

3.2 The Cheshire East Better Care Fund plan has been developed with health partners and is aligned with local health and social care transformation programmes.

3.3 Cheshire East Health and Wellbeing Board is responsible for the strategic oversight of the Better Care Fund plan and has significant influence in supporting partnership working across health and social care.

3.4 The governance arrangements supporting the s75 Better Care Fund pooled budget arrangement are fundamental to the smooth delivery of the expected changes and ensuring the level of risk both financial and non-financial the council, partner organisations and providers are exposed to is understood and mitigated against.

4.0 Scheme Structures at the Transformation Board Programme Level

4.1 Following the decision to progress with two separate s75 agreements within the Cheshire East Health and Wellbeing Board Boundary to be aligned with the existing transformation health and social care transformation programmes (Caring Together and Connecting Care), there was a need for the local authority to reflect the funding allocation for schemes on this basis. A lead commissioner has been identified for each scheme and the below tables provide a summary of the current schemes; investment levels and the lead commissioner:

4.2 The below table identifies the schemes included in the section 75 between Eastern Cheshire CCG and Cheshire East Council:

	Scheme Title	Original BCF Value (£000's)	Revised Total BCF Value (£000's)	Lead Commissioner:
1	**Supporting Empowerment**	315	112	**CEC**
2	**Universal access to low level support**	288	288	**CEC**
3	**Assistive technology (including LD pilot)**	387	387	**CEC**
4	**Schemes for facilitation of early discharge**	119	119	**CEC**
5	**Disabled Facilities Grant**	517	517	**CEC**
6	**Carer's Assessment and Support**	391	391	**CEC**
7	**Dementia Re-ablement**	332	332	**CEC**
8	**Community Based co-ordinated care**	3,019	3,019	**Eastern Cheshire CCG**
10	**STAIRRS**	6,632	6,632	**Eastern Cheshire CCG/CEC**
11	**Social Care Capital and Programme Enablers**	549	549	**CEC**
12	**Social Care Act**	0	203	**CEC**
	Total	**12,549**		

4.3 The below table identifies the schemes included in the section 75 between South Cheshire CCG and Cheshire East Council.

	Scheme Title	Original BCF Value (£000's)	Revised Total BCF Value (£000's)	Lead Commissioner:

	Scheme Title	Original BCF Value (£000's)	Revised Total BCF Value (£000's)	Lead Commissioner:
1	**Supporting Empowerment***	289	103	**CEC**
2	**Universal access to low level support**	264	264	**CEC**
3	**Assistive technology (including LD pilot)**	356	356	**CEC**
4	**Schemes for facilitation of early discharge**	109	109	**CEC**
5	**Disabled Facilities Grant**	473	473	**CEC**
6	**Carer's Assessment and Support**	352	352	**CEC**
7	**Dementia Re-ablement**	305	305	**CEC**
9	**Integrated Community Service Model – Connecting Care**	3,029	3,029	**South Cheshire CCG**
10	**Transitional Care**	5,661	5,661	**South Cheshire CCG/CEC**
11	**Social Care Capital and Programme Enablers**	504	504	**CEC**
12	**Social Care Act***	0	186	**CEC**
	Total	**11,342**		

4.4 The funding for scheme BCF 1: Supporting Empowerment has been adjusted, as the original funding included a number of Social Care Act responsibilities that were expected to be funded by the Better Care Fund which are not necessarily aligned with the expected outcomes of this scheme. It is recommended that an additional scheme specification is included for those Social Care Act new burdens that are not accurately reflected within other scheme specifications. This adjustment does not change the overall total BCF funding requirement.

4.5 Whilst a lead commissioner has been identified for each scheme, it will be necessary to put in place management arrangements which ensure that the overall Lead Commissioner has the authority to direct the actions of commissioners from a partner agency in respect of those services which the partner agency is responsible for commissioning. It is recommended that these management arrangements be resolved within the wider work to review governance and decision making arrangements. As an interim measure and until such time as wider arrangements are agreed across partners, it is recommended that the Joint Commissioning Leadership Team determine suitable working arrangements.

4.6 It is proposed that a member of JCLT presents a BCF update on performance and delivery of the BCF schemes on a minimum of a quarterly basis, to allow the board to gain assurance of the progress and development of the schemes. The following are indicative timeframes:

- July 2015
- September 2015
- December 2015
- February 2016
- May 2016 (Annual Report of 2015/16 BCF performance)

5.0 Performance Fund

5.1 The revised guidance in July 2014 introduced a payment for performance element related to the reduction in Non Elective Admissions (these are unplanned, often urgent admissions mainly via Accident & Emergency). The potential performance payment for Cheshire East is £2.11m and this is based on a 3.5% reduction in Non Elective Admissions. The performance fund is only released if there is a reduction in activity, however there is a risk that the Council as a partner to the pooled budget will need to contribute towards some upfront investment towards the services that will act as enablers to delivery of the BCF plan.

	Eastern Cheshire CCG and CEC Pooled Budget £'s	**South Cheshire CCG and CEC Pooled Budget £'s**	**Total £s**
Performance Fund linked to 3.5% reduction in Non Electives Admissions to hospital (this is not additional funding)	1,005,000	1,114,000	2,119,000

5.2 The performance fund is **not additional funding** and it is currently paid across to the acute providers (hospitals) as part of their contract with the CCG's.

5.3 The investment released from the performance fund is required **in advance** of the non elective activity reductions being achieved in order to provide some capacity within health and social care economy to provide community based support.

5.4 The risks are slightly different across the geographical boundaries and in particular the financial risks are being treated differently, whereby Eastern Cheshire CCG would absorb the potential risk of double running costs and South Cheshire CCG are in negotiations across providers and the Council to share the risk across organisations.

5.5 The main risks are:

- The ability to stand up new services within a timeframe to deliver an impact on Non Elective Admissions
- That the services do not lead to a reduction in demand for acute services (double running costs of the new service and maintaining payments to the acute trust)

- Potential financial pressures, particularly in South Cheshire CCG if an agreement is not achieved in relation to risk share arrangements

6.0 Financial Implications

6.1 The Better Care Fund is a national pooling of £3.8bn from a variety of existing funding sources within the health and social care system, with £23.9m being pooled locally within the Cheshire East Health and Wellbeing Board area. The local pooling is made up of Local Authority funding from the Disabled Facilities Grant and Capital Allocation for Adult Social Care of £1.8m, South Cheshire CCG funding of £10.5m and Eastern Cheshire CCG of £11.6m. The local health and social care economy will work together to deliver better care arrangements for its population, seeking to keep individuals within the community, avoiding hospital/residential nursing care.

Source of Allocation	**Eastern Cheshire CCG and CEC Pooled Budget £'s**	**South Cheshire CCG and CEC Pooled Budget £'s**	**Total £'s**
Eastern Cheshire CCG (Revenue)	11,612,000		11,612,000
South Cheshire CCG (Revenue)		10,481,000	10,481,000
Social Care Capital Grant (CEC)	421,000	387,000	808,000
Disabled Facilities Grant (CEC)	516,000	474,000	990,000
Total	**12,549,000**	**11,342,000**	**23,891,000**

6.2 The Council's financial contribution into the BCF is the capital funding of £1.8m detailed above, the Council are not making any additional revenue contributions towards the pooled budget arrangement. During 2014/15 the Council received £6.649m of funding from health towards social care service with a health benefit via a s256 agreement and this funding and associated services will transfer into the Better Care Fund.

6.3 Following the agreement to operate two section 75 agreements within the Cheshire East area, the respective Clinical Commissioning Groups and the Council will be responsible for producing the pooled budget's accounts and audit in respect of those elements of the budget which they receive directly from government.

6.4 The CCG's will be the lead accounting organisations for the s75. This arrangement reduces the number of transactions across organisations and provides the opportunity for the pooled budgets to be aligned to the local health and social care transformation programmes. The organisations would

host the budget in line with the agreed plans of all partners and the funding would be used explicitly for the agreed areas of spending identified in the plan. The Council will take responsibility for the collation and consolidation of standardised financial and reporting information for the Cheshire East Health and Wellbeing board.

6.5 The risk sharing arrangements for over and underspends is directly linked to each scheme specification and the lead commissioning organisation will be responsible for the budget management of the pooled fund allocated to the each individual scheme. The risks of overspends for the schemes included in the BCF plan are currently limited to the funding contribution. A variation schedule has been included in the partnership agreement to provide the lead commissioner with the escalation process to raise issues and concerns.

6.6 The main area of financial risk is linked to the delivery of the performance fund which is directly linked to the reduction in hospital non elective admission activity.

7.0 Legal Implications

7.1 S141 of the Care Act 2014 provides for the Better Care Fund Pooled Funds to be held under and governed by an overarching s75 National Health Service Act 2006 Partnership Agreement.

7.2 Pursuant to Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (the “Regulations”), NHS bodies and local authorities can enter into partnership arrangements for the exercise of specified functions. The regulations define the nature of the partnership arrangements. They provide for the establishment of a fund made up of contributions from the partners out of which payments may be made towards expenditure incurred in the exercise of their functions; for the exercise by NHS bodies of local authority functions and for the exercise by local authorities of NHS functions; and require the partners to set out the terms of the arrangements in writing. The specific objectives for implementing Section 75 Agreements are:

- To facilitate a co-ordinated network of health and social care services, allowing flexibility to fill any gaps in provision;
- To ensure the best use of resources by reducing duplication (across organisations) and achieving greater economies of scale; and
- To enable service providers to be more responsive to the needs and views of users, without distortion by separate funding streams for different service inputs.

7.3 NHS England has provided a template developed by Bevan Brittan for overarching s75 Agreement which has been used as the main framework for the Cheshire East section 75.

8.0 Risk Assessment

8.1 The Better Care Fund plan includes a risk register and each lead commissioner is responsible for maintaining a risk register. An updated risk register is being prepared and will be monitored by the Joint Commissioning Leadership Team pending discussions about the ongoing Governance arrangements supporting the delivery and monitoring of the Better Care Fund. The corporate risk registers for the respective organisations incorporate the significant risks relating to BCF.

8.2 The most significant risks in the plan are as follows:

- The funding for Social Care Act responsibilities funded from the Better Care Fund, including carer's assessment and support packages; advocacy and information and advice is not sufficient to cope with the statutory duties.

- The investment in community based interventions does not deliver the expected benefits in reducing Non Elective Admissions. This may lead to cost pressures within the acute sector and the performance payment fund not being released.

- Governance and decision making arrangements supporting the Better Care Fund are not clear and this may lead to delays with decision making; decisions not being made and decisions being made that are not aligned with the overall vision of the Better Care Fund plan.

- Funding arrangements are not clear across partners and partners are exposed to unanticipated funding pressures.

These risks will be managed as part of the delivery of the Better Care Fund plan.

8.3 The financial risk sharing arrangements for overspends and underspends is detailed within schedule 3 of the section 75 agreement and the individual scheme specifications also include a section on the approach to over and underspends.

8.4 Mersey Internal Audit Agency and the Council's Internal Audit Team are working together to test the proposed governance arrangements for the Better Care Fund and an interim report is expected during May 2015.

9.0 Background

9.1 The opportunity afforded by the Better Care Fund is to translate the ideas that are already well established within the Cheshire East health and care economy into action, to drive change and transformation at pace.

11.2 This commitment is acknowledged by the ambitions of the Cheshire Pioneer Programme which aims to ensure that individuals in Cheshire stop falling through the cracks that exist between the NHS, Social Care and support provided in the Community. The aspiration of the Pioneer partnership is that we can develop a system that will avoid:-

- duplication and repetition of individuals experience, with people having to re-tell their story every time they come into contact with a new services;

- people not getting the support they need because different parts of the system don't talk to each other or share appropriate information and notes;

- the "revolving door syndrome" of older people being discharged from hospital to homes not personalised to their needs, only to deteriorate or fall and end up back in A & E;

- home visits from health or care workers being un-coordinated, with no effort to fit in with people's requirements;

- delayed discharges from hospital due to inadequate co-ordination between hospital and social care staff.

11.3 The clear commitment is that we will move away from commissioning costly, reactive services and commission those that will develop self-reliance, focus on prevention, improve quality of care, reduce demand and take cost out of the system for re-investment into new forms of care. Across Cheshire we are aligning our commissioning approaches and where relevant jointly commissioning services to deliver consistency and integration in the wider service landscape.

11.4 By 2015, the communities of Cheshire will begin to experience world class models of care and support that are seamless, high quality, cost effective and locally sensitive. Better outcomes will result from working together with:-

- Better experiences of local services that make sense to local people rather than reflecting a complex and confusing system of care;

- More individuals and families with complex needs are able to live independently and with dignity in communities rather than depending on costly and fragmented crisis services;

- Enhanced life chances rather than widening health inequalities.

11.5 We recognise that the current position of rising demand and reducing resources make the status quo untenable. Integration is at the heart of our response to ensure people and communities have access to the care and support they need.

11.6 Locally within Cheshire East, two integration programmes are at the heart of

this work, connecting workstreams across the Cheshire footprint as appropriate, whilst also affording opportunities for learning and remodelling care according to the needs of local populations.

11.7 Caring Together (including NHS Eastern Cheshire Clinical Commissioning Group, Cheshire East Council and East Cheshire Trust) - This area covers a population of approximately 201,000 residents, and includes the urban areas of Macclesfield, Congleton and Knutsford. Whilst life expectancy is above the national average, there are significant disparities between areas. The main causes of premature death are circulatory and respiratory disease, cancers, and diseases of the digestive system, with particular links back to lifestyle issues of obesity and alcohol consumption. This area includes 23 GP practices, and works closely with the Local Authority of Cheshire East, and East Cheshire Trust.

11.8 Connecting Care (including NHS South Cheshire Clinical Commissioning Group and Vale Royal Clinical Commissioning Group, Cheshire East Council, Cheshire West and Cheshire Council and Mid-Cheshire Foundation Hospital Trust) - This locality has a population of approximately 278,500 and includes 30 GP practices (18 in South Cheshire CCG, 12 in Vale Royal CCG). This area covers a proportion of Cheshire East and Cheshire West and Chester Council. The two Clinical Commissioning Groups share a management team to provide efficiencies. Patient flows to the District General Hospital have illustrated that 92% are from people living within the boundaries of the two Clinical Commissioning Groups. There are significant financial pressures that exist within the health and social care geographies in this locality and this is due in part to a relative lack of deprivation against national benchmarking making it difficult for local organisations to individually draw resources to create the headroom for innovation.

11.9 Effective commissioning of services to secure improved outcomes for residents is at the heart of the Better Care Fund, and the partnership within Cheshire East acknowledges this.

11.10 Consideration has been given to whether additional joint activity and commissioning resources should be included in the Better Care Fund pooled budget from April 2015. The partners, through our Joint Commissioning Board, have discussed this extensively and determined that we would wish to take a cautious and measured approach to growing the pool as we extend our collective reach in identifying appropriate activity to be included. Common areas for commissioning reviews have been identified for 15/16 across the partnership. At the point of each review decisions will be considered to joining the activity and commission to the pool. Part of the reason for doing this is to ensure we do not lose a focus, via BCF on addressing the shared outcomes and measures that we are aiming to secure. For this reason we do not wish to get ahead of ourselves or overstate our ambition early and then under-deliver.

11.11 The ambition of the partnership is clearly to connect commissioning activity to improve the health and care outcomes for residents. The Better Care Fund,

commencing in 2015 is seen as a staging post on the journey which will result over time in significant combining of resources to more effectively drive innovation and improvement.

12 **Access to information**

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

Name: Louisa Ingham
Designation: Better Care Fund Finance Lead
Tel No: 01270 686223
Email: louisa.ingham@cheshireeast.gov.uk

Annex One

Ref	Scheme	Eastern Cheshire CCG and CEC s75 Funding	South Cheshire CCG and CEC s75 Funding	Total Funding
Theme 1	**Self care and self management**			
BCF1 (1a)	**Supporting Empowerment – Information, advice, prevention and early intervention** The principle of the 'Empowered Person' has been one of the key underpinning principles of the whole system redesign in both Caring Together and Connecting Care programmes. It focuses on the cultural shift required to further enable individuals to take responsibility for their own health and wellbeing by ensuring that they have access to a range of information advice and support to do this effectively.	**£112,000**	**£103,000**	**£215,000**
BCF2 (1b)	**Universal Access to low level assistive technology, occupational therapy advice and assessment** To support and enable people to access early practical help to support them with health and social care related problems. Utilising evidence-based practice principles relating to early help to maintain independence and self reliance. It is intended that this initiative will encourage individuals to access support in a variety of community settings where they can have low level assessment which would indicate a range of assistive technology solutions and/or low level equipment, together with advice regarding self healh and self care support. This meets the objectives in the prevention and early intervention agenda. It builds on the premise that individuals want to remain in control and to have the low level support/tools to do this allowing the self care/self management principles to be encouraged and maintained.	**£288,000**	**£264,000**	**£552,000**
BCF3 (1c)	**Assistive Technology Pilot for adults with a learning disability** To pilot the use of Assistive Technology options within 24 hour supported tenancy based schemes and individuals living in	**£387,000**	**£356,000**	**£743,000**

Ref	Scheme	Eastern Cheshire CCG and CEC s75 Funding	South Cheshire CCG and CEC s75 Funding	Total Funding
	their own homes. The objective is to primarily seek out solutions to provide access to support and assistance without the need for continued staff supervision. The long-term objective is to respect individuals' rights to privacy at the same time as ensuring safety and risk management is maintained.			
BCF4 (1d)	**Facilitating Early Discharge** To provide a service that prevents Delayed Discharge from Hospital.	**£119,000**	**£109,000**	**£228,000**
BCF5 (1e)	**Disabled Facilities Grant funded service** A suitable, well adapted home can be the defining factor in enabling a disabled person to live well and independently. The Disabled Facilities Grant scheme forms part of the vision for health and social care services by increasing opportunities for frail older people and disabled people to take control of their own care and support, increasing their independence and enabling them to remain in the home their choice. There is a growing number of older people in Cheshire East, and an increasing number of non-elective admissions to hospital services, which is putting unsustainable financial pressure on acute services. Home adaptations have the potential to deliver dividends in terms of both social and financial outcomes, enabling care to be delivered in the patient / service user's own home, and maintaining their safety and independence to prevent unnecessary hospital admissions.	**£517,000**	**£473,000**	**£990,000**
BCF6 (1f)	**Carer's Assessment and Support** • Develop revised guidance for carer's eligibility criteria which is aligned with the social care act. • To effectively commission carers support services across Cheshire East across the health and social care boundary. • To ensure Cheshire East Council meets its duties under the Social Care Act to provide assessment and support planning to Carers, and further, to ensure assessment and	**Carers Breaks** **£226,000** **Social Care Act – Carers** **£165,000**	**Carers Breaks** **£200,000** **Social Care Act – Carers** **£152,000**	**£743,000**

Ref	Scheme	Eastern Cheshire CCG and CEC s75 Funding	South Cheshire CCG and CEC s75 Funding	Total Funding
	support planning are truly personalised and provided by skilled staff. • Increase the number of carers assessments performed and to develop a clearer understanding of residents who rely on carer support.			
BCF 12 (1g)	**Information, advice, prevention and early intervention** The Care Act 2014 requires that information and advice is made available to those individuals who may need to access social care support. The strategic objective of this scheme is to reduce the demand on health and social care services over the longer term by ensuring access to information and advice at an early stage in order to increase the chance of prevention or delays in deterioration of health conditions. (Includes care navigation services)	**£203,000**	**£186,000**	**£389,000**
Theme 2	**Integrated community services**			
BCF7 (2a)	**Dementia Reablement** To pilot a Dementia Reablement service with a view to providing early help to newly diagnosed patients and those in the early stages of Dementia. The aim of the service is to pilot and test the principles of reablement to focus on learning new skills/techniques to retain memory and delay memory impairment. Drawing on a range of evidence, the pilot will utilise techniques where patients can use practical measures to assist them in maintaining daily living skills and support family/carers to promote independence and positive risk **taking.**	**£332,000**	**£305,000**	**£637,000**
BCF8 2b	**Community based co-ordinated care** The Community Based Co-ordinated Care delivered by integrated health and social care teams has been designed to provide joined up care for the wellbeing of people with the most complex needs. Its purpose is	**£3,019,000**		**£3,019,000**

Ref	Scheme	Eastern Cheshire CCG and CEC s75 Funding	South Cheshire CCG and CEC s75 Funding	Total Funding
	to proactively work with people identified through a risk stratification approach and their carers to identify their individual needs and goals, design a personal care plan and support their long term care needs by a dedicated care co-ordinator.			
BCF 9 2c	**Integrated Community Service Model – Connecting Care** Community Based Co-ordinated Care will be delivered by integrated health and social care teams which have been designed to provide joined up care for the wellbeing of people with the more complex needs. Its purpose is to proactively work with people identified through a risk stratification approach and their carers to identify their individual needs and goals, design a personal care plan and support their long term care needs by a dedicated care co-ordinator. This means that instead of citizens trying to navigate their way around the multitude of health and social care services, we are redesigning services to fit around their needs. We want to reduce duplication of care, prevent people having to tell their story multiple times and to minimise waste across care settings.		**£3,029,000**	**£3,029,000**
Theme 3	**Community based urgent care/rapid response**			
BCF10 3a	**Implementing a Short Term Assessment Intervention recovery & Rehabilitation Service (STAIRRS)** The need for an integrated community rapid response service has been identified in both Caring Together and Connecting care. Whilst the core objectives and overarching ambition for this service is shared across the two health economies, the delivery model will differ, to take account of the local context and population need	**£6,632,000** **(£4,901,000 from Eastern Cheshire CCG schemes and £1,731,000 for CEC s256 schemes)**	**£5,661,,000** **(£4,070,000 from South Cheshire CCG schemes and £1,591,000 from CEC s256 schemes)**	**£12,293,000**
Theme 4	**Social Care Capital and Programme Enablers**			
BCF11 4a	**To utilise the social care capital grant (former Community Capacity Grant) to support development in three key areas:**	**£549,000**	**£504,000**	**£1,053,000**

Ref	Scheme	Eastern Cheshire CCG and CEC s75 Funding	South Cheshire CCG and CEC s75 Funding	Total Funding
	1. Personalisation 2. Reform 3. Efficiency To provide enabling support to the Better Care Fund programme, through programme management support; developing governance arrangement including the s75 agreement and commissioning capacity**.**			
		£12,549,000	**£11,342,000**	**£23,891,000**

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REPORT TO: Health and Wellbeing Board

Date of Meeting: 24 March 2015

Report of Ann Riley, Jacki Wilkes and Fiona Field
Subject/Title: NHS Social Care Allocation 2014/15

1.0 Report Summary

1.1 The NHS Social Care Allocation to Cheshire East Council for 2014/15 is an amount of funding, determined by the DH, that is to be transferred from the NHS (NHS England) to Councils (Gateway Reference 01597). The funds are to be used to "support adult social care services….. that also has a health benefit". The way the funds are spent has to be agreed with local health partners. The formal agreement is between NHS England and Cheshire East Council via a s.256 agreement. However the NHS England Cheshire, Warrington and Wirral Local Area Team are seeking support from the Clinical Commissioning Groups, Eastern Cheshire CCG and South Cheshire CCG, to the proposals for spending.

1.2 This paper outlines the proposed spend areas that have been agreed locally. It also includes the proposed governance arrangements. The overall areas of spending have been identified (table below). The first two items in the tables below are continuations of existing spending. Item 3 is in-year new spend agreed and Item 4 is proposed carry forward of all underspends to 15/16 and onwards under BCF plans.

The total allocation from NHS England to CEC for 2014/15 is £6.649m. Locally there are unspent allocations from 2013/14 which have been carried forward and ring-fenced for agreed spending in 2014/15 or for future BCF plans. This has produced a total available budget for 2014/15 agreement of **£8.42m.**

Summary of 2014/15 Spend Agreed with CCGs Including All Carry Overs

	Budg £ms	Actuals £ms
1. On-going Reablement Services (existing services)	**3.76**	**3.76**
2. Pilots from 2014/15 (now due to launch fully in 201 (total allocation for a full year will be £1.43m)	**1.43**	**0.08**
3. New Spending Allocation for 2014/15 in year	**1.79**	**1.79**
4. Carry Forward and ring-fence of all underspend at 31st March 2015 to 2015/16 financial year in BCF	**2.79**	**0**
TOTAL AVAILABLE BUDGET 2014/15	**8.42**	**5.63**

Summary of 2014/15 Allocation - Spend Agreed with CCGs

	Budg £ms	Actuals £ms
1. On-going Reablement Services (existing services)	**3.76**	**3.76**
2. Pilots from 2014/15 (now due to launch fully in 201 (total allocation for a full year will be £1.43m)	**1.43**	**0.08**
3. New Spending Allocation for 2014/15 in year	**1.79**	**1.79**
4. Carry over to 15/16 BCF of in year underspend	**1.019**	**0**
TOTAL OF 2014/15 ALLOCATION	**6.649**	**5.63**

CEC and the two CCGs have reviewed both the current spend areas and the proposals for the future to ensure that what is recommended to the Health and Well-being Board is the agreed best use of this social care allocation. The principles agreed between CEC and the two CCGs for the development of the detailed plans for the use of the underspend are as follows:-

- S.256 is for social care spend - with health benefits – this is confirmed within the BCF plan agreed with DH as part of the means of 'protecting social care'
- The Principle for the use of spend is to pay for the delivery of the social care element of BCF schemes. There is a hope that moving forward boundaries will become more blurred to support a more integrated commissioning position if that is what all partners agree is the best way forward..
- The pilots from 13/14 agreement of £1.43m will be assumed recurrent at this stage – pending evaluation outcomes.
- The underspend predicted in 14/15 of £2.799 is agreed to be carried over into 15/16 for use in line with the principles above. The exact agreement on how that will be used will be based on detailed business cases for areas of proposed spend that demonstrate how

the spend will meet BCF outcomes and release savings that would enable sustainability of those initiatives. However the release of savings will need to be considered within the wider context of both integration programmes in the two CCG areas and will be agreed by both CCGs and CEC prior to implementation.

2.0 Recommendation

2.1 That the Health and Wellbeing Board endorse the proposals for the spending areas and the governance arrangements.

2.2 That it is noted that a review has taken place between CEC and the two CCGs of both current and future spend areas to ensure these proposals are agreed as the best ways of using this allocation for social care.

2.2 That they receive performance reports on this funding twice per annum at half-year and year-end.

2.3 That they recommend to NHS England that the funding allocation is now released to CEC based on the summary in 1.2 above with any underspends ring -fenced for future years of BCF plans, as agreed.

3.0 Reasons for Recommendations

3.1 To endorse the proposed spending of this allocation of social care funding and to regularly scrutinise performance against the agreed outcomes to ensure these contribute to the Health and Wellbeing Strategy outcomes.

4.0 Background summary

4.1 Background is provided in attached as follows: Appendix 1 – DH Gateway letter 01597

5.0 Access to Information

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

Name: Ann Riley
Designation: Corporate Commissioning Manager
Tel No: 01270 371406
Email: ann.riley@cheshireeast.gov.uk

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Gateway Reference: 01597

Financial Strategy & Allocations
Finance Directorate
Quarry House
Leeds
LS2 7UE

Email address – england.finance@nhs.net
Telephone Number – 0113 82 50779

To:
NHS England Area Team Directors

9 May 2014

Dear Colleagues

Funding Transfer from NHS England to social care – 2014/15

1. For 2014/15, the Department of Health has transferred funding to support adult social care to NHS England as part of the Mandate.

2. This letter provides information on the transfer to local authorities, how it should be made, and the allocations due to each local authority under Section 256 (5A)(5B) of the 2006 NHS Act. It is noted that decisions may have already been made for the use of the funding and that this letter is formalising such arrangements: http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/

Amount to be transferred

3. For the 2014/15 financial year, NHS England will transfer £1,100 million from the Mandate to local authorities. £200m of this total is the first part of the Better Care Fund, intended to help local authorities and clinical commissioning groups prepare for the implementation of the full Better Care Fund pooled budget in 2015/16. For the avoidance of doubt, the 2014/15 element of the Better Care Fund does not have to be held in a pooled budget.

We have undertaken an exercise to map all local authorities to NHS England Area Teams, and the amounts to be paid to individual local authorities from the Area Teams are set out at Annex A.

Legal basis for the transfer

4. The payments are to be made via an agreement under Section 256 of the 2006 NHS Act. NHS England will enter into an agreement with each local authority and will be administered by the NHS England Area Teams (and not Clinical Commissioning Groups). Funding from NHS England will only pass over to local authorities once the Section 256 agreement has been signed by both parties.

For reference, please find below the national directions for 2014, which set out the conditions, Memorandum of Agreement and Annual Vouchers for use. In line with the Directions, the application and outcome monitoring of the use of funds must be agreed between NHS England, the local authorities and their local health partners.

Use of the funding

In summary, before each agreement is made, certain conditions must be satisfied as set out below:

Better Care Fund

5. As set out in the BCF annex to the Planning Guidance[1], each Health and Wellbeing Board must have agreed its Better Care Fund plan in order to have access to its share of the £200m Better Care Fund allocated in 2014/15. As plans were to be submitted in April, this condition should already be satisfied.

Remaining s256 transfer

6. The remaining £900m will be subject to the same arrangements as the s.256 transfer was in 2013/14. These are summarised below.

7. The funding must be used to support adult social care services in each local authority, which also has a health benefit. However, beyond this broad condition, NHS England wants to provide flexibility for local areas to determine how this investment in social care services is best used.

8. The joint local leadership of Clinical Commissioning Groups and local authorities, through the Health and Wellbeing Board, is at the heart of the health and social care system. NHS England will ensure that the local authority agrees with its local health partners how the funding is best used within social care, and the outcomes expected from this investment. Health and Wellbeing Boards will be the forum for discussions between the Area Teams, CCGs and local authorities on how the funding should be spent.

9. In line with their responsibilities under the Health and Social Care Act, NHS England will make it a condition of the transfer that local authorities and CCGs have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used.

[1] Available on NHS England's BCF planning page, linked at paragraph 2

10. NHS England will also make it a condition of the transfer that local authorities demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer.

11. The funding can be used to support existing services or transformation programmes, where such services or programmes are of benefit to the wider health and care system, provide good outcomes for service users, and would be reduced due to budget pressures in local authorities without this investment. The funding can also support new services or transformation programmes, again where joint benefit with the health system and positive outcomes for service users have been identified.

Governance

12.. The Area Teams will ensure that the CCG/s and local authority take a joint report to the Health and Wellbeing Board to agree what the funding will be used for, any measurable outcomes and the agreed monitoring arrangements in each local authority area.

13. The Health & Wellbeing Board then approves the report which has appended to it the agreed Section 256 agreement between the local authority and NHS England. The agreement is signed by both parties.

14. A copy of each signed agreement should be sent to NHS England Finance Allocations Team at england.finance@nhs.net so that a national review of the transfer can be undertaken.

Reporting

15. NHS England will require expenditure plans by local authority to be categorised into the following service areas (Table 1 below) as agreed with the Department of Health. This will also ensure that we can report on a consolidated NHS England position on adult social care expenditure.

Table 1:

Analysis of the adult social care funding in 2014-15 for transfer to local authorities

Service Areas-
Community equipment and adaptations
Telecare
Integrated crisis and rapid response services
Maintaining eligibility criteria
Reablement services
Bed-based intermediate care services
Early supported hospital discharge schemes
Mental health services
Housing projects
Employment support
Learning disabilities services
Dementia services

Support to primary care	
Integrated assessments	
Integrated records or IT	
Joint health and care teams/working	
Other preventative services (please specify)	
Other social care (please specify)	
Other intermediate care (please specify)	
(*Subjective codes to be set up in level 8 52131000 parent 'purchase of social care'*)	
Total	

Furthermore, as part of our agreement with local authorities, NHS England will ensure that it has access to timely information (via Health & Wellbeing Boards) on how the funding is being used locally against the overall programme of adult social care expenditure and the overall outcomes against the plan.

Further considerations

16. Area Teams to copy this letter to their local government colleagues.

17. NHS England will not place any other conditions on the funding transfers without the written agreement of the Department of Health.

If you require any further information, please contact Tim Heneghan, Senior Finance Lead, Financial Strategy & Allocation on 0113 82 50779 or email tim.heneghan@nhs.net

Yours sincerely

Sam Higginson
Director of Strategic Finance

Annex A - 2014/15 Funding by local authority & Area Team

CHESHIRE EAST COUNCIL

REPORT TO: Health and Wellbeing Board

Date of Meeting:	24th March 2015
Report of:	Consultant in Public Health
Subject:	Pharmaceutical Needs Assessment Final Version

1.0 Report Summary

The draft Pharmaceutical Needs Assessment (PNA) was consulted upon for 60 days between 19th November 2014 and 19th January 2015 with those as specified in the Regulations. A total of 8 completed responses were received and these comments have been incorporated where appropriate into this final version.

No major changes to the PNA or to the Six Statements were needed as a consequence of the consultation.

A new subsection 21.2 has been added to the PNA. It describes the main new housing developments in Cheshire East, which should help to guide assessment of any new pharmaceutical provision. Three tables cover dwellings currently under construction; those where development is likely to start or be completed within the next 3 to 5 years; and also the main Strategic Sites which are identified within the Local Plan Strategy (Submission Version – March 2014).

2.0 Recommendation

The Health and Wellbeing Board is asked to:

1. **Approve the PNA for publication**

3.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:
Name: Dr Guy Hayhurst
Designation: Consultant in Public Health
Phone: 01270 685799 Email guy.hayhurst@cheshireeast.gov.uk

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Cheshire East
Health and Wellbeing Board

Pharmaceutical Needs Assessment

2015

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- Seven LAP "profiles", each containing a map identifying the locations of community pharmacies, the names and addresses of all community pharmacies and their opening hours, a summary of the services that they provide, and the responses obtained for that LAP area from the Public Survey
- Glossary of Terms and Phrases defined in regulation 2 of the 2013 Regulations

1.0 Purpose of the Pharmaceutical Needs Assessment

1.1 Under the Health Act 2009, NHS Primary Care Trusts (PCTs) prepared Pharmaceutical Needs Assessments (PNAs) and used these as the basis for determining market entry to NHS pharmaceutical provision. The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs) and transferred the responsibility to develop and update PNAs from PCTs to HWBs. The responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013.

1.2 The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 came into force on 1 April 2013. These require HWBs to produce their first assessment of needs for pharmaceutical services in their area by 1 April 2015 and to publish a revised assessment within three years of publication of their first assessment (or as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services).

1.3 The statutory requirements for PNAs are set out in Regulations 3 to 9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. This Pharmaceutical Needs Assessment is written in accordance with these Regulations. The PNA also takes account of the Joint Strategic Needs Assessment (JSNA).

1.4 The PNA is of particular importance to NHS England who, since 1 April 2013, has been identified in the Health and Social Care Act 2012 as responsible for maintaining pharmaceutical lists. The PNA is a key document in making decisions with regard to applications made under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Under the revised market entry arrangements, routine applications are assessed against the PNA.

1.5 In addition to being used as a basis for determining market entry, PNAs are intended to be used to inform commissioning decisions by NHS England, by Local Authorities (public health services from community pharmacies), and by Clinical Commissioning Groups.

1.6 The PNA was consulted upon for 60 days between 19th November 2014 and 19th January 2015 with those as specified in the Regulations. A total of 8 completed responses were received and have been incorporated into this final version.

2.0 Structure of the Cheshire East Pharmaceutical Needs Assessment

2.1 This Pharmaceutical Needs Assessment for Cheshire East contains 27 introductory sections. These are followed by the six statements required by the legislation, and a map identifying the premises at which pharmaceutical services are provided in the area of the HWB. The appendices contain:

- seven LAP “profiles”, each containing a map identifying the locations of community pharmacies, names and addresses of all community pharmacies and their opening hours, a summary of the services that they provide, and responses from the Public Survey
- a glossary of terms and phrases defined in regulation 2 of the 2013 Regulations

3.0 Pharmaceutical Lists and Market Entry

3.1 The following individuals may apply to be included in a pharmaceutical list:

- community pharmacy contractors, who are healthcare professionals who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use
- appliance contractors, who supply appliances on prescription such as incontinence and stoma aids, trusses, surgical stockings and dressings. They cannot supply medicines. However, community pharmacists and dispensing doctors can also supply appliances
- dispensing doctors, who are medical practitioners authorised to provide drugs and appliances in designated rural areas known as "controlled localities" to those patients who have difficulty accessing a community pharmacy service

3.2 Under the NHS (Pharmaceutical Services) Regulations 2005 and up to the 1st September 2012, four categories of pharmacy applications were exempted from the "control of entry" test. Existing pharmacies that opened under the 2005 exemption categories will still be expected to meet the conditions of the category under which the application was granted, and this will be monitored by NHS England. These categories were:

- pharmacies based in approved retail areas (large retail shopping areas of 15,000 square metres or more leasehold gross floor space away from town centres). There is one of these pharmacies in Cheshire East – in the Handforth Dean shopping centre
- pharmacies that intend to open for at least 100 hours per week. There are eleven of these pharmacies in Cheshire East – three in Congleton, three in Crewe, three in Macclesfield, one in Knutsford, and one in Nantwich
- consortia establishing new one stop primary centres. There are none of these pharmacies in Cheshire East
- wholly mail order or internet-based (distance-selling) pharmacy services. There are three of these pharmacies in Cheshire East

3.3 If a person wants to provide NHS pharmaceutical services, they must apply to be included on the pharmaceutical list by proving they are able to meet a pharmaceutical need as set out in the PNA. Under the NHS (Pharmaceutical Services) Regulations 2012, control of entry is determined by a market entry test, with the only exemption being for distance selling (wholly mail order or internet-based) pharmacy services. This is known as the NHS "market entry" system. Under the market entry test, NHS England assesses an application that offers to:

- meet an identified current or future need or needs
- meet identified current or future improvements or better access to pharmaceutical services
- provide unforeseen benefits. These are applications that offer to meet a need that is not identified in a PNA but which NHS England is satisfied would lead to significant benefits to people living in the area

3.4 The market entry test applies equally to urban and rural areas. However, where NHS England has determined that an area is "controlled" (generally rural in character); doctors as well as pharmacy contractors can dispense NHS medicines under very specific circumstances.

General Practitioners (GPs) may dispense NHS prescriptions only with NHS England approval and only to their own patients who live in such controlled localities and who live more than 1.6 km (as the crow flies) from a pharmacy. This is to ensure that patients in rural areas who might have difficulty reaching their nearest pharmacy can access the medicines they need.

3.5 Generally, when a pharmacy application is granted in a controlled area, any GPs within 1.6 km of the pharmacy have to cease dispensing. The exception to this is where the patient population is under 2,750 ("reserved location"). Where this is approved, both dispensing by doctors and pharmaceutical contractor services can be provided.

3.6 One of the objectives of the current regulatory framework is to improve access by patients to community pharmacies and to ensure access in deprived areas.

4.0 Essential Small Pharmacies

4.1 One of the community pharmacies in Cheshire East is in the Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) scheme. Essential Small Pharmacies are contracted under the Local Pharmaceutical Services (LPS) provisions. The Pharmaceutical Services Negotiating Committee (PNSC) and the Department of Health agreed as part of the contract negotiations in 2004-05 that LPS contracting would be used to provide support to existing Essential Small Pharmaceutical Services (ESPS) pharmacies. The Essential Small Pharmacies were all transferred to an Essential Small Pharmacy contract from October 2006. Originally scheduled to end in 2011, PNSC secured two extensions to the scheme, and the contracts have now been amended to end in March 2015.

5.0 Ownership of Community Pharmacies

5.1 Under the Medicines Act 1968, a registered pharmacist must be in charge of each community pharmacy. Community pharmacies can be owned by a pharmacist sole trader, a limited liability partnership (where all partners are pharmacists) or bodies corporate (where a superintendent pharmacist must be appointed). These are collectively known as pharmacy contractors. Conventionally, pharmacy contractors who own six or more pharmacies are known as "multiple contractors" (also known as pharmacy chains), and those who own fewer than six pharmacies are known as "independents".

5.2 A patient survey undertaken by the Department of Health in 2007 indicated that the public value a variety of types of pharmacy. In 2012/13, 23% of pharmacies in Central and Eastern Cheshire PCT were classified as independent and 77% were owned by multiple contractors (England 38.6% and 61.4%). In 2012/13, Somerset PCT recorded the highest figure for multiple contractors at 88.2 per cent and Islington PCT the lowest at 17.8 per cent.

6.0 Definition of Pharmaceutical Services

6.1 The NHS Act 2006 sets out the definition for pharmaceutical services. Pharmaceutical services are generally provided by virtue of Part 7 of the Act. Under section 126(1) – (3), NHS England is required to secure, on the basis of Regulations made by the Secretary of State, the provision of services to people in their area of medicines and listed appliances and "such other

services as may be prescribed" (section 126(3)(e)). Prescribed services must be set out in Regulations. Therefore, these prescribed services, and the dispensing services referred to in section 126(3)(a) to (d), constitute the core “essential” NHS pharmaceutical services. Section 127 also provides for “additional pharmaceutical services” to be set out in Directions to NHS England. Directed services include advanced and enhanced services for pharmacy contractors and advanced services for dispensing appliance contractors.

6.2 The Community Pharmacy Contractual Framework was introduced in 2005. Under the framework, there are three types of service which can be provided by community pharmacy and/or appliance contractors. Pharmaceutical services in relation to PNAs therefore include:

- “essential services” which every community pharmacy providing NHS pharmaceutical services must provide. These are the dispensing of medicines, promotion of healthy lifestyles, and support for self-care including appropriate signposting
- “advanced services” currently comprise four services. The first to be introduced was Medicines Use Reviews which community pharmacies can provide if they are providing all the essential services and have suitable training and accredited premises. In April 2010 a further two advanced services were introduced for both community pharmacy and appliance contractors. These are Appliance Use Reviews and Stoma Customisation Service. In October 2011 the fourth advanced service was introduced for community pharmacies, the New Medicines Service
- locally commissioned services (previously known as “enhanced services”) that are commissioned by NHS England. The Cheshire, Warrington and Wirral Area Team of NHS England commissioned a seasonal flu vaccination service from community pharmacies during the 2014/15 flu season. (See also paragraph 11.1)

6.3 Prior to April 2013, each PCT was authorised to arrange for the provision of specific pharmaceutical services to persons within or outside its area with pharmacists included on its pharmaceutical list or on the list of a neighbouring PCT. In 2012-13 there were twenty specified services nationally although only six were commissioned by Central and Eastern Cheshire PCT. The table shows the proportion of community pharmacies providing these services in 2012-13.

	England	North West	CECPCT
Stop Smoking	20.2%	51.2%	47.5%
Supervised Administration	18.8%	46.5%	67.3%
Minor Ailment Service	12.1%	52.5%	100%
Patient Group Direction	11.7%	42.0%	100%
Medication Review	9.2%	20.8%	93.1%
Needle and Syringe Exchange	7.4%	19.9%	24.8%

6.4 From April 2013, pharmaceutical services **do not include** any services commissioned from pharmaceutical contractors by Local Authorities and Clinical Commissioning Groups.

7.0 Essential Services

7.1 **Dispensing Medicines or Appliances**. Pharmacies are required to maintain a record of all medicines dispensed, and also to keep records of any interventions made which they judge to be significant. Whilst the terms of service requires a pharmacist to dispense any (non-blacklisted) medicine 'with reasonable promptness', for appliances the obligation to dispense arises only if the pharmacist supplies such products 'in the normal course of his business'. The Electronic Prescription Service (EPS) is also being implemented as part of the dispensing service. Prescription-linked interventions can be identified during the dispensing process. Pharmacists could identify patients with specified health needs which should be addressed. The health needs that the HWB wish to be targeted could be agreed with the Cheshire, Warrington and Wirral Area Team of NHS England and the Local Pharmaceutical Committee (LPC).

7.2 **Repeat Dispensing**. Pharmacies will dispense repeat prescriptions and store the documentation if required by the patient. They will ensure that each repeat supply is required and seek to ascertain that there is no reason why the patient should be referred back to their General Practitioner (GP). This service is aimed at patients with long term conditions who have a stable medication routine and hence may have less opportunity to discuss any health issues with their GP or nurse. Pharmacists are required to check if a patient is using their medication. This gives them an opportunity to identify if a patient is not using their mediation as intended and hence may not be getting the desired health outcomes for which they were prescribed.

7.3 **Disposal of Unwanted Medicines**. Pharmacies are obliged to accept back unwanted medicines from patients. The pharmacy will, if required by NHS England or the waste contractor, sort them into solids (including ampoules and vials), liquids and aerosols, and the Cheshire, Warrington and Wirral Area Team will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals. Additional segregation is also required under the Hazardous Waste Regulations. Pharmacy staff have the opportunity to identify patients who have not taken the medicines they were prescribed. This can initiate a discussion and problems such as side effects or dosage regimes can be addressed to help improve the patients' health outcomes. A significant amount of wasted NHS resource is attributed to medications being used incorrectly or not at all.

7.4 **Public Health Campaigns and Promotion of Healthy Lifestyles**. Each year pharmacies are required to participate in up to six public health campaigns at the request of the Cheshire, Warrington and Wirral Area Team. A number of these campaigns will be agreed nationally and a number will be local campaigns across the geography of Cheshire, Warrington and Wirral and agreed by Directors of Public Health. These campaigns involve the display and distribution of leaflets provided by NHS England. In addition, pharmacies are required to promote healthy lifestyles and undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.

7.5 **Signposting**. The Cheshire, Warrington and Wirral Area Team will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help.

7.6 **Support for Self Care**. Pharmacies will help to manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS Direct/NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient.

7.7 **Clinical Governance**. The clinical governance requirements of the community pharmacy contractual framework cover a range of quality related issues.

8.0 Advanced Services

8.1 Medicines Use Review and Prescription Intervention Service (MUR)

8.1.1 The Medicines Use Review and Prescription Intervention Service is an advanced service provided under the community pharmacy contractual framework. MURs can only be provided by pharmacies. The service includes MURs undertaken periodically or when there is a need to make an adherence-focused intervention due to a problem that is identified while providing the dispensing service (a prescription intervention MUR). The purpose of the MUR service is to improve patient knowledge, adherence and use of their medicines by:

- establishing the patients actual use, understanding and experience of taking medicines
- identifying, discussing and resolving poor or ineffective use of medicines
- identifying side effects and drug interactions that may affect adherence
- improving the clinical and cost effectiveness of prescribed medicines and reducing medicine wastage

8.1.2 The following four national target groups for MURs are:

- patients taking the following high risk medicines: non-steroidal anti-inflammatory drugs, anticoagulants including low molecular weight heparin, antiplatelets and diuretics
- patients recently discharged from hospital who had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge
- patients with respiratory disease taking the following medicines for asthma or COPD: adrenoreceptor agonists, antimuscarinic bronchodilators, theophylline, compound bronchodilator preparations, corticosteroids, cromoglycate and related therapy, leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors
- patients at risk of, or diagnosed with, cardiovascular disease and regularly being prescribed at least four medicines for any of the following conditions: coronary artery disease, diabetes, atrial fibrillation, peripheral artery disease, chronic kidney disease, hypertension, thyroid disease, heart failure, stroke/transient ischaemic attack, lipid disease

8.1.3 The service is nationally available to a national service specification, but is established locally between the Cheshire, Warrington and Wirral Area Team of NHS England and community pharmacies. A fee per MUR is payable to all pharmacy contractors that choose to provide the services and meet the requirements for this service. The maximum any contractor can be paid

for under the advanced service is 400 MURs a year and at least 70% of all MURs undertaken by each pharmacy in each year should be on patients within the national target groups.

8.1.4 In 2012-13, a total of 19,957 MURs were carried out in Cheshire East, representing an average of 273 in each community pharmacy providing the service compared to an average of 246 in the North West and 267 in England.

8.2 Appliance Use Review (AUR)

8.2.1 Appliance Use Review (AUR) is the second advanced service and was introduced into the NHS community pharmacy contract on 1 April 2010. This service can be provided by either community pharmacy or appliance contractors and can be carried out by a pharmacist or a specialist nurse either at the contractor's premises or at the patient's home.

8.2.2 The service has a national service specification, but was established locally between Primary Care Trusts and their pharmacy contractors. A fee is payable to all community pharmacy and appliance contractors for each AUR they have carried out. There is a different fee depending on whether the AUR was carried out in the patient's home or on the contractor's premises. The maximum number of AURs for which a contractor is eligible to be paid for under this service is not more 1/35th of the aggregate number of specified appliances dispensed by the contractor during the financial year.

8.2.3 AURs should improve the patient's knowledge and use of any specified appliance by:

- establishing the way the patient uses the appliance and the patient's experience of such use
- identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
- advising the patient on the safe and appropriate storage of the appliance
- advising the patient on the safe and proper disposal of the appliances that are used or unwanted

8.2.4 Only one community pharmacy in Cheshire East provides this service. In 2012-13 a total of 13 AURs were carried out, representing an average of 13 in each community pharmacy providing the service compared to an average of 115 in the North West and 197 in England. During 2013-14 no activity was recorded. The number of Cheshire East patients who access the service in other areas is not known.

8.3 Stoma Appliance Customisation (SAC)

8.3.1 Stoma Appliance Customisation (SAC) is the third advanced service in the NHS community pharmacy contract and was also introduced on 1 April 2010. The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. This service can be provided by either pharmacy or appliance contractors.

8.3.2 In 2012/13 a total of 14 (17.7%) contractors provided a SAC service in Cheshire East compared to an average of 17.1% of contractors in the North West and 15.2% in England. Across the council a total of 185 SACs were carried out, an average of 13 SACs per contractor compared to an average of 497 in the North West and 635 in England. Although there is cross-boundary activity, the number of Cheshire East patients accessing this service in other areas is unknown.

8.4 New Medicines Service (NMS)

8.4.1 The New Medicines Service (NMS) is the latest advanced service to be introduced in the NHS community pharmacy contract and was introduced on 1 October 2011. This service can be provided by pharmacies only. The NMS was originally implemented as a time-limited service but is now an ongoing service within the Community Pharmacy Contract.

8.4.2 The New Medicines Service aims to:

- help patients and carers manage newly prescribed medicines for a long-term condition (LTC) and make shared decisions about their LTC
- recognise the important and expanding role of pharmacists in optimising the use of medicines
- increase patient adherence to treatment and consequently reduce medicines wastage and contribute to the NHS Quality, Innovation, Productivity and Prevention agenda
- supplement and reinforce information provided by the GP and practice staff to help patients make informed choices about their care
- promote multidisciplinary working with the patient's GP practice
- link the use of newly-prescribed medicines to lifestyle changes or other non-drug interventions to promote well-being and promote health in people with LTCs
- promote and support self-management of LTCs, and increase access to advice to improve medicines adherence and knowledge of potential side effects
- support integration with LTC services from other healthcare providers and provide appropriate signposting and referral to these services
- improve pharmacovigilance, and
- through increased adherence to treatment, reduce medicines-related hospital admissions and improve quality of life for patients

8.4.3 In 2012-13, the New Medicines Service was provided by 64 (81%) of the community pharmacies in Cheshire East. A total of 3,968 NMSs were carried out, representing an average of 62 in each community pharmacy providing the service compared to an average of 63 in the North West and 68 in England.

8.4.4 The NMS is focused on the following patient groups and conditions. For each, a list of medicines has been agreed. If a patient is newly prescribed one of these medicines for these conditions, they will be eligible to receive the service:

- asthma and chronic obstructive pulmonary disease
- type 2 diabetes
- antiplatelet/anticoagulant therapy (mainly but not exclusively used for atrial fibrillation)
- hypertension

8.4.5 It is estimated that in Cheshire East each year:

- 1,446 patients will be diagnosed with asthma or chronic obstructive pulmonary disease
- 870 patients will be diagnosed with type 2 diabetes
- 720 patients will be diagnosed with atrial fibrillation
- 2,588 patients will develop hypertension although most will not be diagnosed

8.4.6 There is no routine information available about the use of NMSs for each condition, so it is not currently possible to estimate the proportion of new patients in Cheshire East who receive this service. However, the current overall volume of service is likely to be sufficient to meet need, providing the use of this service is appropriately targeted.

9.0 Services Commissioned by Cheshire East Council

9.1 Under the Health and Social Care Act 2012 the responsibility for commissioning certain services now sits with public health in Local Authorities. In Cheshire East these services are supervised consumption and needle exchange (through a sub-commissioning arrangement), stop smoking and emergency hormonal contraception. Except for stop smoking (which has increased), the proportion of pharmacies that provide these services has not changed significantly since the transfer of commissioning responsibility.

9.2 The table illustrates the number and proportion of community pharmacies that provide these services, by Local Area Partnership and by CCG area. There is a consistent level of service provision across both CCG areas, and all four services are available in every LAP area.

Area	Community Pharmacies	Supervised Consumption	Needle Exchange	Stop Smoking	Emergency Hormonal Contraception (EHC)
Congleton LAP	22	16	6	13	17
Crewe LAP	16	13	3	13	14
Knutsford LAP	6	3	1	1	3
Macclesfield LAP	13	10	7	11	12
Nantwich LAP	7	3	1	2	6
Poynton LAP	4	3	3	2	1
Wilmslow LAP	11	6	3	3	6
NHS Eastern Cheshire CCG	47	32 (68%)	17 (36%)	23 (49%)	34 (72%)
NHS South Cheshire CCG	32	22 (69%)	7 (22%)	22 (69%)	25 (78%)
Cheshire East	**79**	**54 (68%)**	**24 (30%)**	**45 (57%)**	**59 (75%)**

Source: Pharmacies who have returned contracts for the above services as at 7th October 2014

9.3 **Supervised Consumption**. This service provides supervised consumption of prescribed opiate maintenance treatment (Methadone or Buprenorphine) at the point of dispensing in the pharmacy, ensuring that the dose has been consumed by the patient. Clients are also given support and advice, including referral to primary care or specialist centres where appropriate.

9.4 **Pharmacy Based Needle Exchange**. This service aims to assist clients to remain healthy until they are ready to cease injecting and achieve a drug-free life with appropriate support. The service also aims to reduce the rate of blood-borne infections and drug related deaths among service users by:

- reducing the amount of sharing and other high risk injecting behaviours
- providing sterile injecting equipment and other support
- promoting safer injecting practices
- providing and reinforcing harm reduction messages including safe sex advice and advice on overdose preventions (e.g. risks of poly-drug use and alcohol use)
- improving the health of local communities by preventing the spread of blood borne infection and ensuring the safe disposal of used injecting equipment

9.5 In total, 56 pharmacies provide supervised consumption and/or needle exchange services to drug users, 34 pharmacies providing one of these services and 22 providing both services. The Nantwich LAP has the lowest proportion of pharmacies providing drug services, although three pharmacies do provide supervised consumption. There is a good provision of pharmacy-based drug services across the Cheshire East area, and the number of pharmacies providing these services will serve the numbers and rates of drug clients in each LAP area.

Community Pharmacies providing services to drug clients, and number and rate of drug clients in December 2013

	Community pharmacies	Supervised consumption	Needle exchange	% providing drug services		Drug clients at 31/12/2013	Rate per 10,000 pop
Congleton LAP	**22**	16	6	73%		176	19.1
Crewe LAP	**16**	13	3	81%		195	22.7
Knutsford LAP	**6**	3	1	50%		31	12.3
Macclesfield LAP	**13**	10	7	77%		237	34.1
Nantwich LAP	**7**	3	1	43%		37	10.2
Poynton LAP	**4**	3	3	75%		7	3.1
Wilmslow LAP	**11**	6	3	55%		59	15.3
Cheshire East	**79**	**54 (68%)**	**24 (30%)**	**56 (71%)**		**741**	**21.1**

Drug clients in active treatment known to the National Drug Treatment Monitoring System (excludes 41 clients with no LAP code)

9.6 **Stop Smoking**. This service improves access to stop smoking services by establishing a one to one stop smoking service in community pharmacies, with Nicotine Replacement Therapy (NRT) dispensing and stop smoking consultation. The service aims to improve the health of the local population by supporting as many quitters as possible to the four week quit target, especially through the targeting of smokers living in deprived areas.

9.7 **Emergency Hormonal Contraception**. This service involves the supply of Levonorgestrel or Ulipristal Acetete emergency hormonal contraception when appropriate to clients in line with the requirements of the Patient Group Direction (PGD). Under 16s must be competent to consent to the treatment. The service constitutes a particularly important component of the total contraceptive and sexual health service provision and is essential in order to support the service already provided by other Contraception and Sexual Health (CaSH) clinics. The service also helps to support the reduction of teenage pregnancy.

9.8 If a pharmacist has religious objections they do not need to provide the service but should signpost a patient to another pharmacy or family planning clinic.

9.9 Emergency hormonal contraception is available from 75% of community pharmacies in Cheshire East, although this proportion is lower in the Poynton, Knutsford and Wilmslow LAPs. The lowest level of provision is in the Poynton LAP, where only one of the four pharmacies provides this service. Although women in the Poynton LAP have the lowest rate of use of emergency hormonal contraception (18 courses per 1,000 women aged 15-44 in 2013/14), the fact that they are obtaining this medicine from their general practice in 63% of cases indicates that access to emergency hormonal contraception needs to be improved in this LAP area.

Community Pharmacies supplying EHC, number of EHC courses supplied in 2013/14, and % supplied by pharmacies							
	Community pharmacies	Supplying EHC	% supplying EHC		Courses of EHC 2013/14	Rate per 1,000 women	% from pharmacies
Congleton LAP	**22**	17	77%		902	44	82%
Crewe LAP	**16**	14	88%		1402	68	94%
Knutsford LAP	**6**	3	50%		138	31	75%
Macclesfield LAP	**13**	12	92%		757	48	91%
Nantwich LAP	**7**	6	86%		427	66	88%
Poynton LAP	**4**	1	25%		73	18	37%
Wilmslow LAP	**11**	6	55%		303	32	65%
Cheshire East	**79**	**59**	**75%**		**4002**	**49**	**86%**
This table only includes EHC prescribed by GPs or supplied by community pharmacies under a public health contract							
Courses of EHC supplied by community contraception services or by services outside Cheshire East are not included							

9.10 **Potential Services Commissioned by Local Authorities.** Within the Community Pharmacy Survey, pharmacies were asked about additional services they would consider providing. A total of 63 (86.3%) pharmacies out of the 73 who responded would be willing to provide alcohol screening services, 65 (89%) would be interested in providing Chlamydia testing and 67 (91.8%) would be interested in delivering NHS Health Checks.

However, a private consultation room/area is considered essential for patients attending these services and access to a toilet may be relevant for some of them.

10.0 Services Commissioned by South Cheshire CCG and Eastern Cheshire CCG

10.1 **Think Pharmacy Urgent Palliative Care Medicines Service**. This service is commissioned from 27 pharmacies (18 in NHS Eastern Cheshire CCG and 9 in NHS South Cheshire CCG) to ensure that residents in Cheshire East have access to a defined list of medicines that should be provided to patients nearing the end of their life. Each pharmacy providing the service receives a retainer payment to hold the palliative care formulary list of medicines in stock in anticipation of receiving prescriptions to dispense at short notice. The medicines can then be provided to the patient to have at their home so that they can be administered if needed for palliative care. Not all of the medicines may be needed by each patient, but all are prescribed to ensure that they are available if the need arises. The urgent palliative care medicines service is currently available from 10 out of the 11 pharmacies that provide services for 100 hours per week.

10.2 **Think Pharmacy Minor Ailments Service**. The Think Pharmacy Minor Ailments Service aims to support patients to recover quickly and successfully from episodes of ill health that are suitable for management in a community pharmacy setting. The service is currently provided by 73 (92%) community pharmacies in Cheshire East (41 in NHS Eastern Cheshire CCG and 32 in NHS South Cheshire CCG) The service aims to divert patients with specified minor ailments from

general practice and urgent care settings into community pharmacies, where the patient can be seen and treated in a single episode of care.

- people can visit any pharmacy without an appointment for advice and treatment
- the consultation will always be confidential with a qualified pharmacist in a private room
- consultations are free, regardless of whether the pharmacist provides any treatment
- prescriptions are free for those groups who are eligible for free prescriptions, otherwise the medicine will cost no more than the prescription charge

10.3 The minor ailments service has recently been extended to cover a wider range of conditions. These conditions are acne, athlete's foot, conjunctivitis, constipation, cystitis, diarrhoea, gout, hay fever, head lice, indigestion/dyspepsia, impetigo, migraine, oral thrush in infants, piles, rashes (mild dermatitis/eczema), scabies, threadworm and vaginal thrush. The intention is that all pharmacies (except internet pharmacies and those without appropriate consulting rooms) will provide the minor ailments service.

10.4 In the public survey, 226 (31%) of respondents said that they had already used the minor ailments service and there was very little variation (29% to 31%) between the most and least deprived areas. A further 271 (37%) of respondents said that they might use the minor ailments in the future. The key finding in relation to deprivation was that 16% of people living in the most deprived areas were not aware of the minor ailments service, compared to 5% of people living in all other areas. Although the numbers on which these statistics are based are small, this may indicate a need to promote this service in the most deprived 20% of areas in Cheshire East.

10.5 **Think Pharmacy Emergency Supply Service.** NHS Eastern Cheshire CCG and NHS South Cheshire CCG have commissioned an emergency supply service from community pharmacists to support the systems resilience work over the winter period in 2014-15. This service uses the provisions within the Medicines Regulations for pharmacists to make an emergency supply of medicines previously prescribed by a prescriber, but funds the supply as an NHS service. It is expected that this will free up appointments in urgent care and out of hours providers to deal with urgent issues that require a medical assessment. Furthermore, the Think Pharmacy Emergency Supply Service is intended to reduce ongoing need for emergency supplies by signposting patients to services that can support them to order their repeat medicines routinely, such as repeat dispensing and collection and delivery services.

10.6 **Neighbourhood Integrated Medicines Optimisation Service**. NHS Eastern Cheshire CCG has recently commissioned this service from East Cheshire NHS Trust which involves clinical pharmacists providing pharmaceutical services such as medication use reviews, inhaler technique assessments to patients deemed as being "high risk", increasing access for patients to specialist advice and attempting to reduce the need for patients to access urgent care services.

11.0 Services Commissioned by Cheshire, Warrington and Wirral Area Team

11.1 During the 2014/15 flu season the Cheshire, Warrington and Wirral Area Team commissioned a seasonal flu vaccination service for at-risk patients aged from 18 years up to and including 64 years, including pregnant women. 40 (51%) of the 79 community pharmacies in Cheshire East provided this service. This is the first season that this has been in place.

12.0 Dispensing Appliance Contractors

12.1 Dispensing Appliance Contractors (DAC) are unable to supply medicines. Most specialise in dispensing stoma appliances, such as colostomy, urostomy and ileostomy bags and associated products, providing a specialist service to a niche market. DACs cover a wider geographical area than a community pharmacy, often spanning more than one health locality or providing services nationwide. Every DAC has to provide mandatory essential services relating to these products and can choose to provide two advanced services: Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC).

12.2 Cheshire East has no DACs within its boundaries. Cheshire East patients requiring appliances may be served by appliance contractors from other areas of the country that operate on a national basis within a network of local distribution centres. There have been no reported issues from patients or prescribers to indicate that patients in Cheshire East have difficulty in obtaining the products that they require.

12.3 Pharmacy contractors can choose to accept prescriptions for appliances and dispense them under their pharmaceutical contract to obtain the service from a DAC or wholesaler located at a national distribution site. It is often a joint decision between the specialist from secondary care and the patient as to where the prescription for an appliance is sent and thus how the dispensing appliance service is provided.

13.0 Distance Selling Pharmacies

13.1 In Cheshire East, there are currently three distance selling/ internet pharmacies, all located within Congleton Local Area Partnership (LAP). In 2013, the two distance selling pharmacies that then existed were responsible for dispensing 0.2% of prescriptions issued to patients in Cheshire East. The third distance selling pharmacy came into existence in September 2014. Use of distance selling/ internet pharmacies will continue to be monitored in line with national policy decisions.

14.0 Dispensing Doctors

14.1 Pharmacies may not always be viable in more rural areas. That is where the services of dispensing doctors can play an important role in ensuring that patients receive their medicines promptly, efficiently, conveniently and to high standards. Certain conditions have to be met to determine whether or not a patient is eligible to receive NHS dispensing services from a general practitioner. They need to live in a designated controlled locality (which is an area that has been determined by NHS England or a predecessor organisation to be 'rural in character') and also live more than 1.6km (as the crow flies) from a pharmacy. Patients who live within 1.6km of a pharmacy cannot be dispensed to, unless they live in a reserved location that was defined in connection with a pharmacy, or the pharmacy is a distance selling pharmacy.

14.2 In the Cheshire East Health and Wellbeing Board area there are currently eight practice premises at which dispensing doctor services are available to eligible patients. These are:

- Annandale Medical Centre, Knutsford
- Mobberley Surgery, Mobberley (a branch surgery of Annandale MC)
- Bunbury Medical Practice, Bunbury (a practice in NHS West Cheshire CCG)
- Chelford Surgery, Chelford
- Greenmoss Medical Centre, Scholar Green
- Rode Heath Surgery, Rode Heath (a branch surgery of Greenmoss MC)
- Holmes Chapel Health Centre, Holmes Chapel
- Wrenbury Medical Practice, Wrenbury

15.0 Community Pharmacy Provision in Cheshire East

15.1 At the end of September 2014 there were 79 community pharmacies, 3 distance selling pharmacies and 8 dispensing general practices on the pharmaceutical list in Cheshire East. There were no dispensing appliance contractors.

Community Dispensing in Cheshire East, September 2014

	Community Pharmacies	Distance Selling Pharmacies	Dispensing Appliance Contractors	GP Practices	Of which, Dispensing GP Practices
Congleton LAP	22	3	0	10	3
Crewe LAP	16	0	0	7	0
Knutsford LAP	6	0	0	3	2
Macclesfield LAP	13	0	0	8	0
Nantwich LAP	7	0	0	6	2
Poynton LAP	4	0	0	3	0
Wilmslow LAP	11	0	0	5	1
NHS Eastern Cheshire CCG area	47	1	0	23	3
NHS South Cheshire CCG area	32	2	0	19	4
Cheshire East	**79**	**3**	**0**	**42**	**8**

GP Practices allocated to Localities according to their physical position
GP Practices include Bunbury Medical Practice and Hulme Hall Medical Group as they lie within Cheshire East

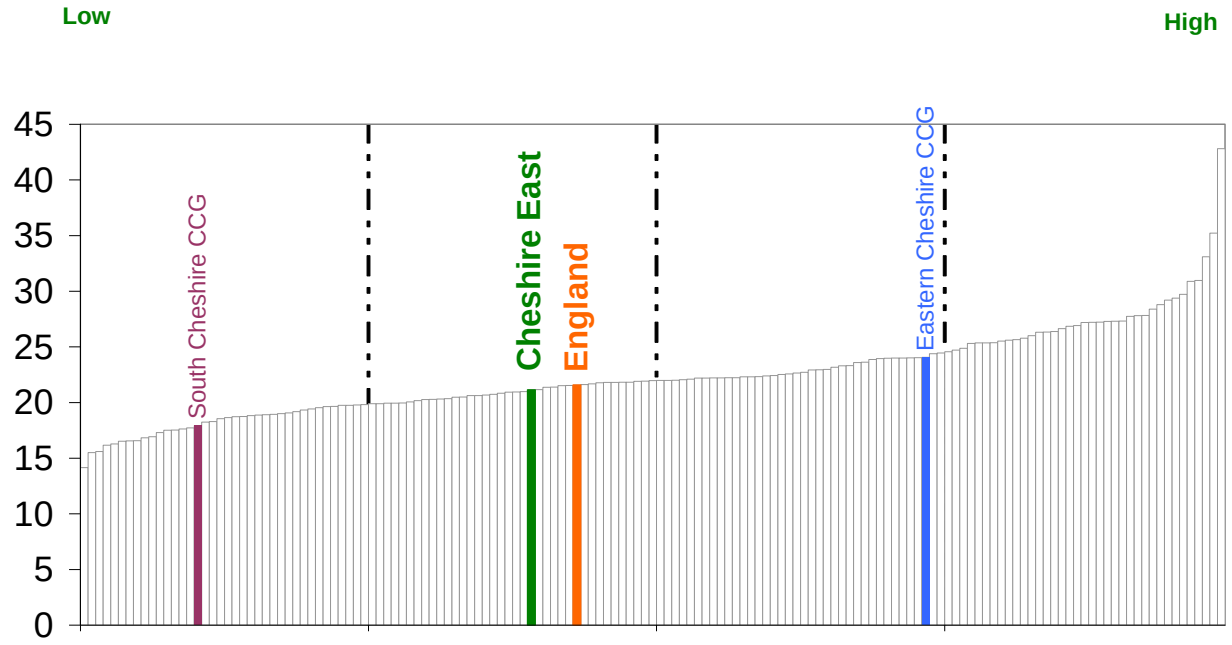
15.2 The Central and Eastern Cheshire PCT Pharmaceutical Needs Assessment published in February 2011 identified 93 community pharmacies, of which 70 fell within the Cheshire East Local Authority boundary. The number of pharmacies is now 79, an increase of 9 (13 %). Within this, the number of 100 hour pharmacies has increased by 5, from 6 to 11 (83%). The table below shows the change across the various localities.

Locality	PNA2011		Current		Movement from 2011	
LAP	Community Pharmacies	100 hr	Community Pharmacies	100 hr	Community Pharmacies	100 hr
Congleton LAP	18	1	22	3	4	2
Crewe LAP	15	2	16	3	1	1
Knutsford LAP	5	0	6	1	1	1
Macclesfield LAP	11	2	13	3	2	1
Nantwich LAP	6	1	7	1	1	0
Poynton LAP	4	0	4	0	0	0
Wilmslow LAP	11	0	11	0	0	0
Town						
Crewe	14	2	15	3	1	1
Nantwich	6	1	6	1	0	0
Alsager	3	0	3	0	0	0
Congleton	8	1	11	3	3	2
Middlewich	2	0	2	0	0	0
Sandbach	4	0	4	0	0	0
Knutsford	4	0	5	1	1	1
Macclesfield	11	2	13	3	2	1
Poynton	2	0	2	0	0	0
Wilmslow	9	0	9	0	0	0
Eastern Cheshire CCG Rural	6	0	7	0	1	0
South Cheshire CCG Rural	1	0	2	0	1	0
CCG						
NHS Eastern Cheshire CCG	40	3	47	7	7	4
NHS South Cheshire CCG	30	3	32	4	2	1
Cheshire East	70	6	79	11	9	5

15.3 There is a very strong correlation between population size and the number of local community pharmacies. Crewe, Macclesfield, Congleton and Wilmslow have between nine to fifteen pharmacies. Most of the main towns in Cheshire East are served by at least two pharmacies. Several towns and villages have a single community pharmacy, including Alderley Edge, Audlem, Bollington, Disley, Goostrey, Haslington, Holmes Chapel, Mobberley, Prestbury and Shavington.

15.4 The chart below illustrates the national distribution of the number of community pharmacies per 100,000 population. At 31 March 2013 there were 22 pharmacies per 100,000 in England. Westminster PCT (London) had the most pharmacies per 100,000 with 43 and Herefordshire PCT (West Midlands) the least pharmacies with 14. Cheshire East's rate of 21 per 100,000 was the second lowest in the North West, lower than the North West average of 26 per 100,000. The chart also shows that there are fewer community pharmacies in the NHS South Cheshire CCG area (18 per 100,000) than in the NHS Eastern Cheshire CCG area (24 per 100,000).

PNA Pharmacies per 100,000 population, 2012-13



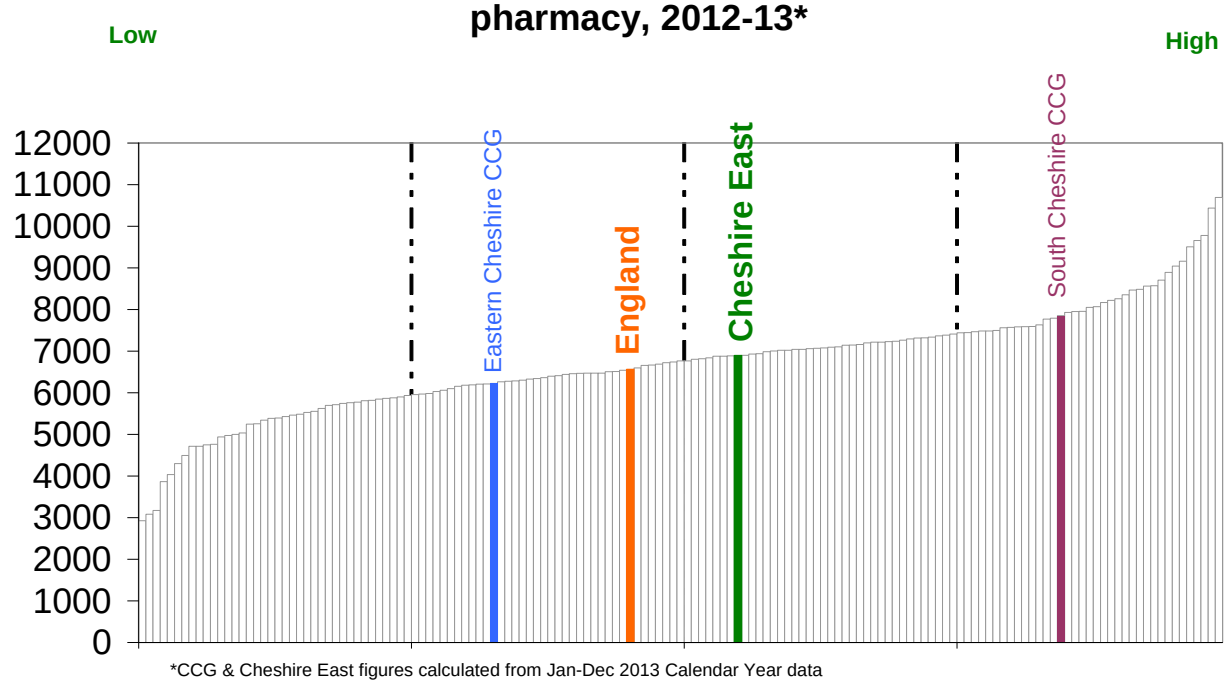
15.5 The table shows the number of community pharmacies per 100,000 population for the seven Local Area Partnership (LAP) areas in Cheshire East. The Wilmslow, Knutsford and Congleton LAPs have more pharmacies per 100,000 than the Cheshire East average, while Poynton, Crewe, Macclesfield and Nantwich LAPs have fewer. The LAP area with the lowest number of community pharmacies per 100,000 is Poynton, although several pharmacies in Cheadle Hulme and Hazel Grove lie just outside the LAP area. Congleton LAP straddles two CCG areas. It contains fewer pharmacies per 100,000 in its South Cheshire CCG portion than in its Eastern Cheshire CCG portion.

Community pharmacies per 100,000 population			
	Community pharmacies	**Population Mid 2011**	**Pharmacies per 100,000 population**
Congleton LAP	22	92090	24
Crewe LAP	16	85836	19
Knutsford LAP	6	25056	24
Macclesfield LAP	13	69585	19
Nantwich LAP	7	36057	19
Poynton LAP	4	23804	17
Wilmslow LAP	11	38308	29
NHS Eastern Cheshire CCG	47	194793	24
NHS South Cheshire CCG	32	175943	18
Cheshire East	**79**	**370736**	**21**

15.6 In 2013, the average number of prescriptions dispensed per pharmacy in Cheshire East was 6,930 per month, higher than the North West average of 6,807 and the England average of 6,628 per month. Westminster PCT (London SHA) had the lowest average number of items per pharmacy per month (2,927) and North Tyneside PCT (North East SHA) had the highest average number of items per pharmacy per month (10,691). In 2013, community pharmacies in the

South Cheshire CCG area dispensed over 1,000 items more per month (7931) than those in the Eastern Cheshire CCG area (6249), which is consistent with having fewer pharmacies per 100,000 population.

PNA Average prescription items dispensed per month per pharmacy, 2012-13*



*CCG & Cheshire East figures calculated from Jan-Dec 2013 Calendar Year data

15.7 In 2013, 94.9% of prescriptions issued in Cheshire East were dispensed by community pharmacies located inside Cheshire East. Another 3.4% were dispensed in the surrounding HWB areas, reflecting close geographical proximity and/or commuter or shopper flows (this proportion was highest for Poynton at 15.1%, Middlewich 6.8%, Wilmslow 6.4%, Knutsford 6.0%, and was under 1% for Macclesfield and Crewe). The main map illustrates where most prescriptions were dispensed in surrounding HWB areas. This includes Altrincham in the Trafford HWB area; Cheadle, Hazel Grove and Stockport in the Stockport HWB; Winsford and Northwich in the Cheshire West and Chester HWB; Kidsgrove in Staffordshire HWB; and Hanley in the Stoke-on-Trent HWB area. A further 1.7% of prescriptions were dispensed by community pharmacies elsewhere in the country or by distance selling pharmacies.

15.8 The majority of prescriptions issued by the general practitioners in each town are dispensed by community pharmacists in that town. The major flows between towns occur as inflows to Crewe and Macclesfield. There is also a significant inflow to Nantwich from prescriptions issued in Crewe.

Flows of Prescription Items from Town of Issuing to Town of Dispensing, 2013

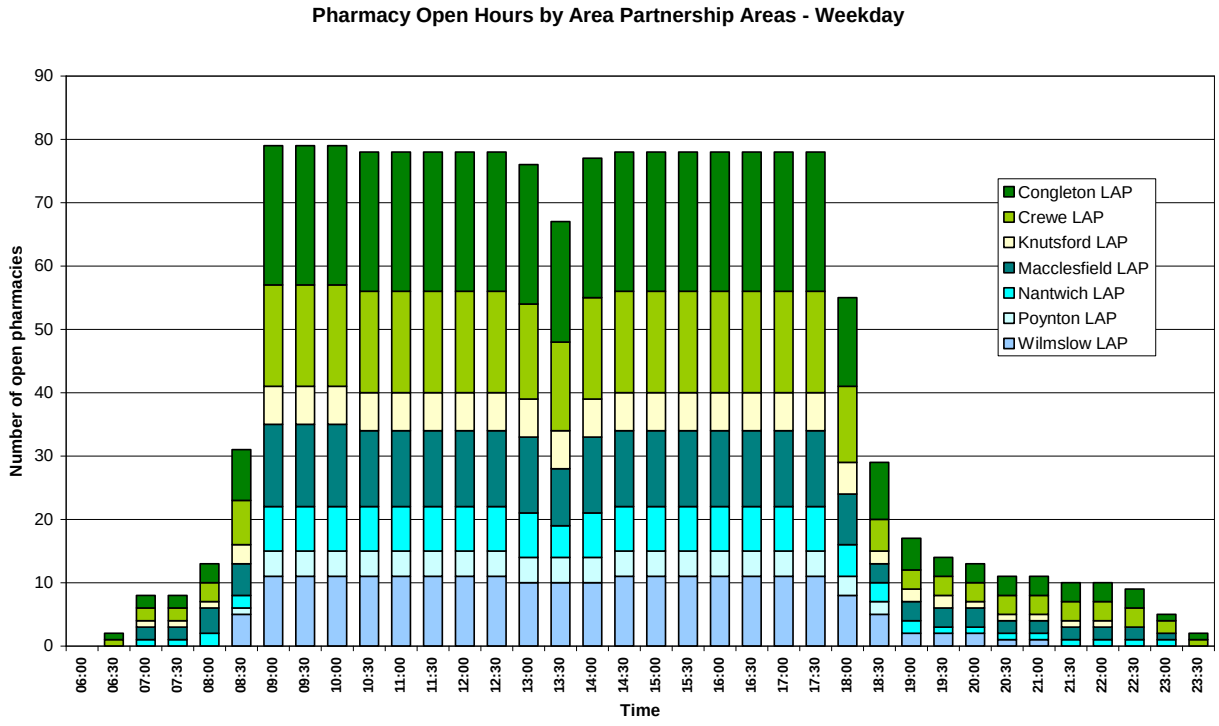
Crewe to Nantwich	37,600
Nantwich to Crewe	27,400
Alsager to Crewe	17,400
Knutsford to Macclesfield	13,900
Poynton to Macclesfield	13,100
Sandbach to Crewe	10,600
Middlewich to Crewe	10,200

16.0 Community Pharmacy Opening Hours

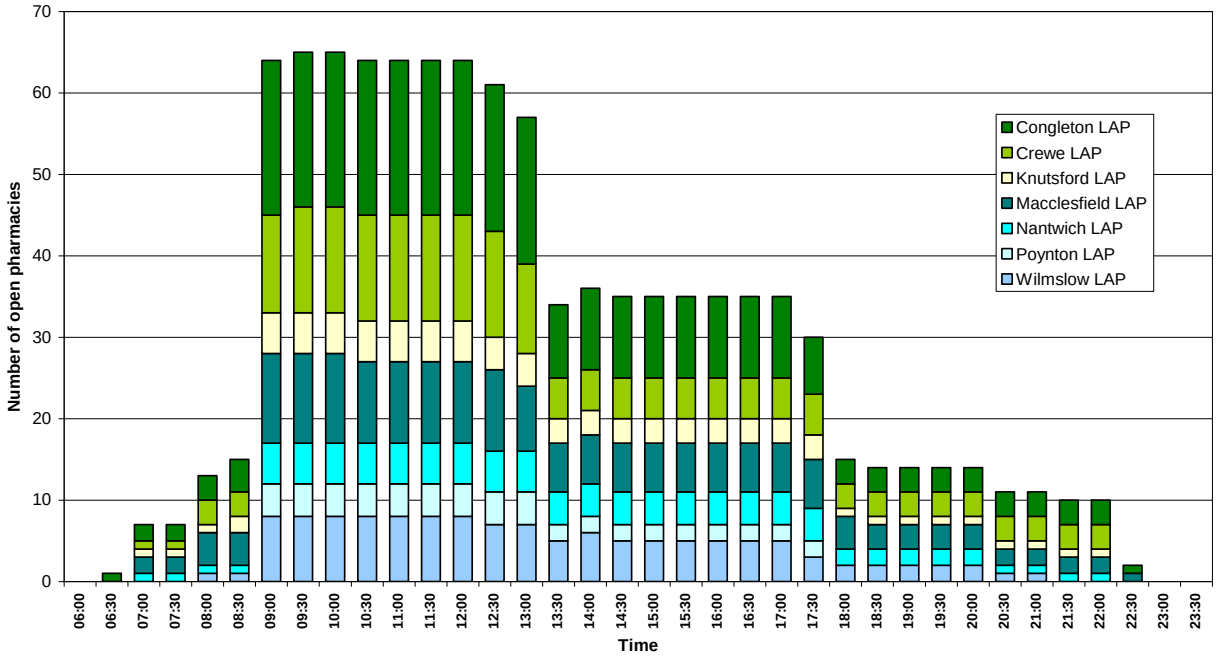
16.1 Community pharmacies are contracted to provide a minimum of 40 hours of essential services per week, the 'core' hours. Many choose to provide more than 40 hours, these extra hours are known as 'supplementary hours'.

16.2 The graphs over the next three pages illustrate the distribution of core and supplementary hours combined across the Local Area Partnership Areas (LAPs) or Clinical Commissioning Groups (CCG). Reviewing the current provision, there is good coverage during weekdays with extended opening hours from 6.30 in the morning and throughout the day up to midnight. There is some geographical difference in access on Sundays, with no community pharmacies open after 5.00pm in the South Cheshire CCG area.

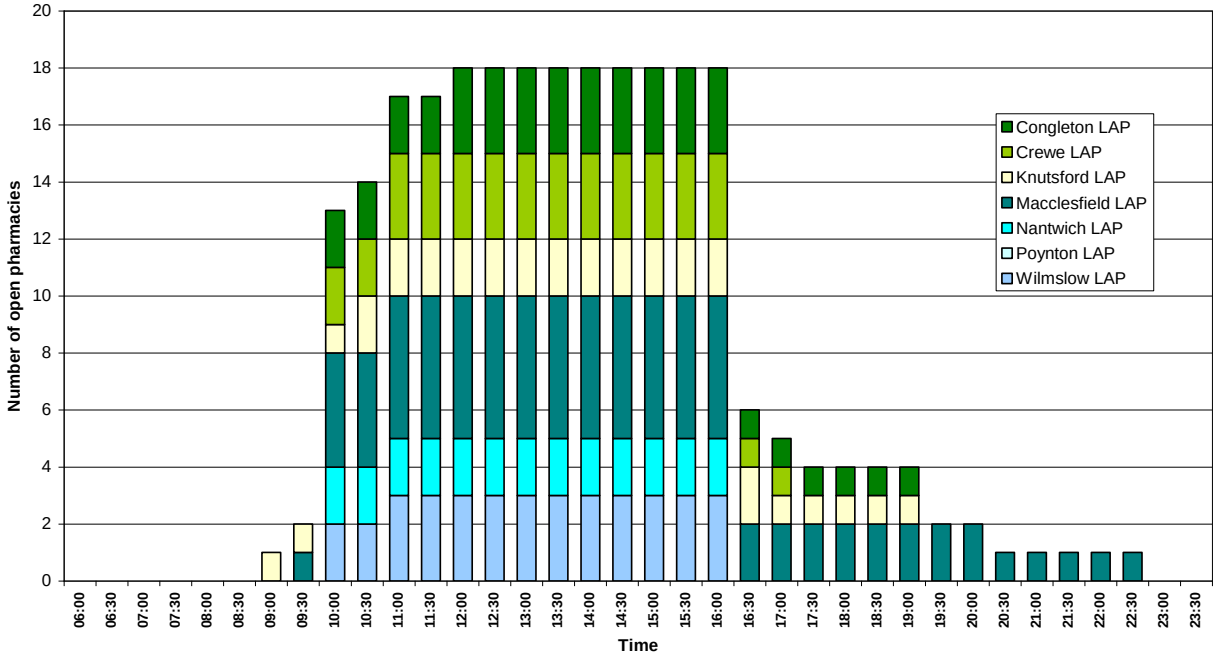
16.3 There are no 100 hour pharmacies in either the Poynton LAP or the Wilmslow LAP, and these two LAP areas do not have early morning and late night provision on weekdays and Saturday, or evening provision on Sundays. Nevertheless, people living in these LAP areas can use the nearby 100 hour pharmacies in Cheadle and Heald Green (in the Stockport HWB area).



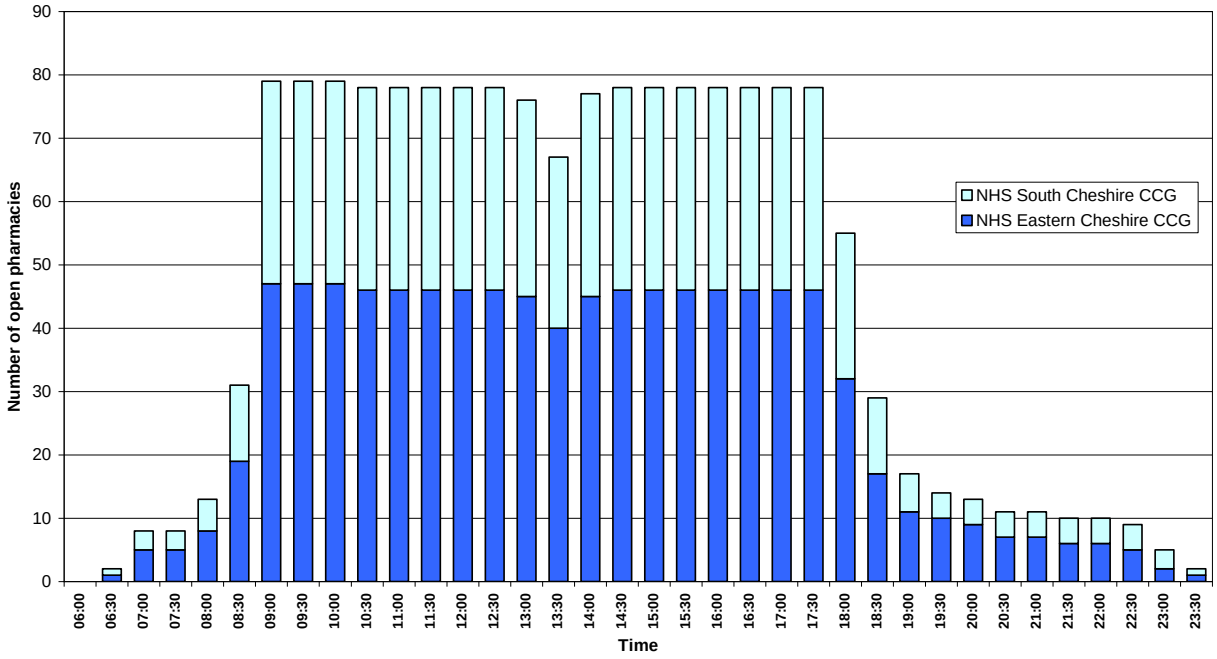
Pharmacy Open Hours by Area Partnership Areas - Saturday



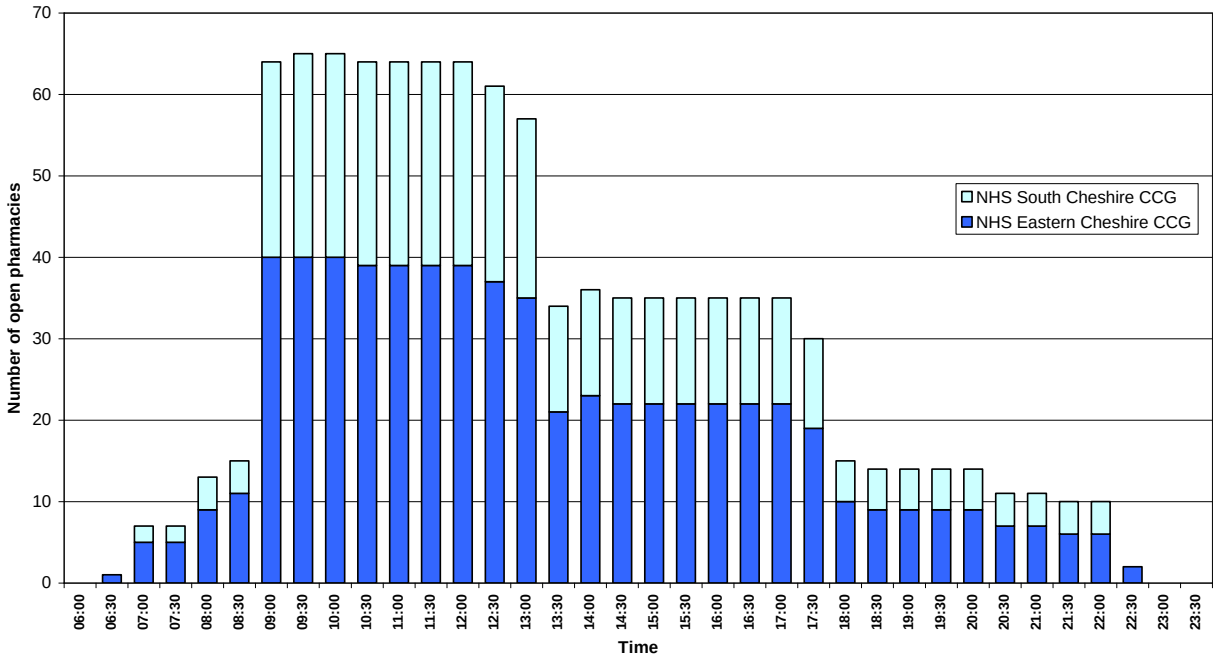
Pharmacy Open Hours by Area Partnership Areas - Sunday

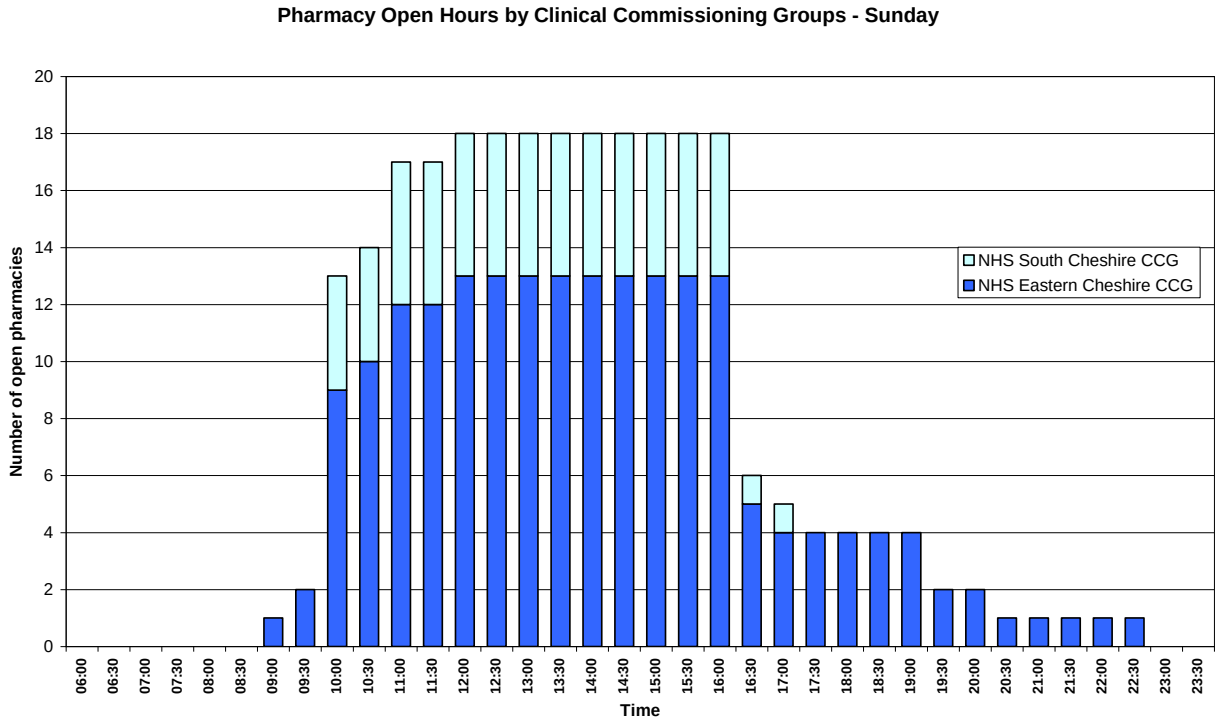


Pharmacy Open Hours by Clinical Commissioning Groups - Weekday



Pharmacy Open Hours by Clinical Commissioning Groups - Saturday





17.0 Prescription Items and Prescription Costs

17.1 Prescriptions written by General Medical Practitioners (GPs) and non-medical prescribers (nurses, pharmacists, dentists) comprise the vast majority of prescriptions dispensed in the community. In England in 2011, 98.3 per cent of prescriptions were written by GPs and 1.7 per cent by nurses and other non-medical prescribers.

17.2 A prescription item refers to a single item prescribed by a doctor or non-medical prescriber on a prescription form. If a prescription form includes three medicines, these are counted as three prescription items. The Net Ingredient Cost (NIC) of each medicine refers to the cost of each drug before discounts and does not include any dispensing costs or fees. Within this PNA the terms 'prescribing' and 'dispensing' are used interchangeably to mean 'the number of items' dispensed. The term 'cost' refers to 'net ingredient cost'.

17.3 In relation to the prescribing of items in Cheshire East in 2013:

- 7.39 million items were dispensed overall. The average number of items per head of the population in 2013 was 19.64, compared to 18.3 per head in England in 2011
- The total cost of prescriptions dispensed was £55.4 million. The average cost per head of the population was £147.16, compared to £167.22 per head in England in 2011. The average cost per item was £7.49, compared to £9.16 in England in 2011

17.4 Prescriptions are subject to a prescription charge but many people are eligible for free prescriptions. The groups that are eligible for free prescriptions are:

- where the patient holds a valid prescription pre-payment certificate

- men and women aged 60 and over
- children under age 16, and young people aged 16, 17 and 18 in full time education
- exemption certificate holders, these are: pregnant women, women who have given birth in the previous 12 months, and people with specified medical conditions
- war pensioners, but only in respect of prescriptions for their accepted disablement and an exemption certificate is held
- patients undergoing treatment for cancer
- NHS Low Income Scheme in respect of means tested entitlement
- all prescribed contraceptives are free and do not attract a prescription charge
- personally administered items

17.5 The majority of items are exempt from the prescription charge on the grounds of patients being aged 60 and over. In England, 94.6 per cent of prescription items were free in 2011, although this figure includes prescriptions purchased with pre-payment certificates.

18.0 Community Pharmacy Access – Language / Disability / Ethnic Minority / Sexuality

18.1 All community pharmacies must assess both physical access to the premises and also amendments to basic delivery of essential services for patients with regard to their culture, ethnicity or disability. For example:

- provision of an automatic door or bell to alert staff to the needs of wheelchair users
- provision of a hearing loop
- provision of plain lids for those who have difficulty opening child resistant containers
- provision of large print medication labels
- MARS (medicines administration record sheets) or monitored dosage systems to support medicines adherence
- ability to source and supply non gelatine based products

18.2 A review of current provision was undertaken via the Community Pharmacy Survey in June 2014. The questionnaire that was distributed to all pharmacies asked various questions regarding accessibility and provision of aids for people with poor hearing or eyesight. Questions regarding the provision, accessibility and facilities available within a consultation room or area were also included. 73 (92%) of the 79 pharmacies within Cheshire East returned a completed questionnaire, the following sections give the findings from those who responded.

18.3 The results indicate a high level of accessibility for customers in wheelchairs or with other mobility problems. However, pharmacies do not seem to consider the needs of people with other physical disabilities such as hearing or visual impairments. Although 75% have a hearing loop to support customers wearing hearing aids, only 58% provide large print labels for prescriptions and only 38% have large print leaflets to support people with poor eyesight, only 26 (33%) of the 73 pharmacies provided both.

18.4 The majority of pharmacies 85% have an entrance that enables wheelchair users to access the pharmacy independently, and 87% of these pharmacies stated that all areas of the pharmacy were accessible by wheelchair users. 55% indicated that they had an automatic door

and/or a bell at the front door and 66% had designated disabled parking within 10 metres of the pharmacy.

18.5 All pharmacies have seating provision for waiting customers although results from the Community Pharmacy Patient Questionnaire (CPPQ) suggest that these are often insufficient or uncomfortable.

18.6 Of the 72 pharmacies who provide a private consultation room or area, 85% stated that it is accessible by wheelchair users. However the responses to the CPPQ suggest that often customers are unaware of this facility.

18.7 Only 13 (18%) of the 73 pharmacies advised that they have either a pharmacist or other member of staff who could speak at least one additional language to English. There was a wide variety of different languages spoken, but only Urdu, Punjabi, Chinese Mandarin and French were spoken at more than one pharmacy.

18.8 47% of pharmacies indicated that they currently provide awareness training around language and assumptions about sexual identity to staff.

Accessibility aids provided	**Percentage of pharmacies providing**
Designated disabled parking within 10m	65.8%
Entrance suitable for unaided wheelchair access	84.9%
All areas accessible by wheelchair	84.9%
Accessible by mobility scooter users	52.1%
Automatic door	41.1%
Bell at front door	21.9%
Seating whilst waiting	100.0%
Hearing Loop	75.3%
Large print labels	57.5%
Large print leaflets	38.4%
MAR (Medication Administration Records) charts	61.6%
Consultation area facilities	
Consultation area	98.6%
Accessible by wheelchair	84.9%
Seating for 3 people	87.7%
Bench or table	98.6%
Computer terminal	74.0%
Access to toilet during consultations	37.0%

19.0 Prescription Collection and Delivery Services

19.1 The majority of pharmacies (99%) who responded to the Community Pharmacy Survey offer a repeat prescription ordering services and 80% offer a prescription collection service from patients' GP surgeries. The public questionnaire identified that 49% of the respondents who have a repeat prescription have their prescription collected. 5% of respondents stated that they use the prescription delivery service.

Non-NHS funded services	Current provision	
	Number of pharmacies	Percentage
Repeat prescription ordering service	72	98.6%
Collection of presriptions from surgeries	58	79.5%
Free delivery of dispensed medicinces	61	83.6%
Chargeable delivery of dispensed medicinces	3	4.1%

20.0 Factors Affecting Prescribing

20.1 Factors which may influence the growth in prescribing, and so the need for pharmaceutical services, include:

- the size of the population
- the age structure of the population, notably the proportion of the elderly, who generally receive more prescriptions than the young
- improvements in diagnosis, leading to earlier recognition of conditions and earlier treatment with medicines
- development of new medicines for conditions with limited treatment options
- development of more medicines to treat common conditions
- increased prevalence of some long term conditions, for example, diabetes
- shifts in prescribing practice in response to national policy, and new guidance and evidence, for example, in cardiovascular disease

21.0 Population and Housing

21.1 Population Structure and Growth

21.1.1 The size of the Cheshire East population is estimated to be 375,600 people in 2014. This is projected to grow by 9,700 (2.6%) over the next five years (to 385,300 people in 2019) and by a further 11,000 (2.8%) over the following five years (396,200 people in 2024).

21.1.2 The majority of the growth between the base year 2012 and 2022 will take place in the Crewe LAP (10.0%) and the Congleton LAP (6.4%). There will be relatively little population growth in the Knutsford LAP (2.0%) or the Nantwich LAP (2.3%), and a net fall in population is projected for the Poynton LAP (-0.9%).

LAP	Year			Percentage change 2012 to 2017	Percentage change 2017 to 2022	Percentage change 2012 to 2022
	2012	2017	2022			
Congleton	92,400	95,000	98,300	2.8%	3.5%	6.4%
Crewe	86,400	90,500	95,000	4.7%	5.0%	10.0%
Knutsford	26,200	26,500	26,800	1.1%	1.1%	2.3%
Macclesfield	69,700	70,600	72,100	1.3%	2.1%	3.4%
Nantwich	36,200	36,600	37,100	1.1%	1.4%	2.5%
Poynton	23,800	23,700	23,600	-0.4%	-0.4%	-0.8%
Wilmslow	37,400	38,400	39,500	2.7%	2.9%	5.6%
Cheshire East	372,100	381,200	392,200	2.4%	2.9%	5.4%

21.1.3 Most of the increase in population size will occur in the age groups 60 and above. The number of people aged between 60 and 84 will increase by nearly 20%, and the number of very elderly people aged 85 and over will increase by nearly 50%. There will be very little change in the size of other age groups in the population.

Age Band	Year			Percentage change 2012 to 2017	Percentage change 2017 to 2022	Percentage change 2012 to 2022	Eligibility for free prescriptions
	2012	2017	2022				
0-4	20,400	20,400	20,200	0.0%	-1.0%	-1.0%	Under 17
5-15	45,700	46,500	48,500	1.8%	4.3%	6.1%	
16-18	13,500	12,500	12,700	-7.4%	1.6%	-5.9%	Aged 16-18 & in full-time education
19-59	192,400	192,200	187,900	-0.1%	-2.2%	-2.3%	
60-64	24,900	23,200	27,100	-6.8%	16.8%	8.8%	Aged 60 and over
65-84	65,200	74,500	80,900	14.3%	8.6%	24.1%	
85+	10,200	12,000	15,000	17.6%	25.0%	47.1%	
Total	372,100	381,200	392,200	2.4%	2.9%	5.4%	

21.1.4 People's need for prescribed medicines increases with age. Although Cheshire East is only growing moderately in terms of the overall number of people in the population, the population is living longer and there will be a proportionately higher growth in the number of people in age groups over 60. Prescribing need can be assessed using a measure called the item ASTRO-PU 2013, which is a national weighting formula that weights different age groups based on their current usage of medicines. Using Item ASTRO-PU 2013 weighted populations, there will be an 8.5% growth in medicines use by 2019 and a further 9.1% increase by 2024, a total increase in medicines use of 17.6% over the next ten years.

21.2 Housing Developments

21.2.1 New housing developments in Cheshire East are listed in the tables below, and the information should help guide assessment of any new pharmaceutical provision. The three tables cover those dwellings currently under construction; those where development is likely to start or be completed within the next 3 to 5 years; and also the main Strategic Sites which are identified within the Local Plan Strategy (Submission Version – March 2014). Please note that this shows the position as at 31st December 2014 and the position is constantly changing.

Site address	Town/ settlement area	Local Area Partnership	Site capacity	Completed	Application Reference
Elworth Gardens, Moss Lane, Sandbach	Sandbach	Congleton	269	133	11/3956C
Hind Heath Road, Sandbach	Sandbach	Congleton	269	38	10/2608C
London Road, Holmes Chapel	Holmes Chapel	Congleton	224	63	12/2217C
Loachbrook Farm, Sandbach Road, Congleton	Congleton	Congleton	200	22	13/2604C
Warmingham Lane, Middlewich	Middlewich	Middlewich	194	0	13/5297C
Maw Green Road, Coppenhall, Crewe	Crewe	Crewe	165	0	12/0831N
Warmingham Lane, Middlewich	Middlewich	Middlewich	149	0	12/2584C
Stapeley Water Gardens, Nantwich	Nantwich	Nantwich	146	73	12/1381N
Bombardier, West Street, Crewe	Crewe	Crewe	143	104	13/3102N
Brookhouse Lane/ Brook Valley, Congleton	Congleton	Congleton	126	110	10/1269C
Gunco Lane, Macclesfield	Macclesfield	Macclesfield	124	0	10/0832M
Redhouse Lane, Disley	Disley	Poynton	121	24	12/4837M
Moss Lane, Sandbach	Sandbach	Congleton	120	29	12/0009C
Canal Fields/ Rookery Bridge, Hall Lane, Moston	Sandbach	Congleton	101	76	10/4973C
Wychwood Park, Abbey Park Way, Weston	Crewe	Crewe	100	91	P05/0112

21.2.2 The table on the previous page indicates sites of 100 or more dwellings that are currently under construction, with information about the number of dwellings already completed and those remaining to be built, as at 31st December 2014.

21.2.3 The table below shows sites currently benefitting from planning permission, or a resolution to grant planning permission, with a capacity of 100 or more dwellings, where we anticipate that they are likely to make a start on site within the next 3 years.

Site address	Town/ settlement area	Local Area Partnership	Site capacity	Application Reference	Planning stage
Coppenhall East, Remer Street, Crewe	Crewe	Crewe	650	11/1643N	Outline
Abbeyfields/ Middlewich Road, Sandbach	Sandbach	Congleton	278	10/3471C	Outline
North of Parkers Road, Leighton	Crewe	Crewe	269	11/1879N	Outline
Crewe Road, Haslington	Crewe	Crewe	250	13/4301N	Outline
Albion Chemicals site, Booth Lane, Sandbach	Sandbach	Congleton	226	09/2083C	Outline
South of Old Mill Road, Sandbach	Sandbach	Congleton	200	13/2389C	Outline
Black Firs Lane/Chelford Road, Somerford, Congleton	Congleton	Congleton	180	13/2746C	Outline
Off Manchester Road, Tytherington, Macclesfield	Macclesfield	Macclesfield	162	12/4390M	Full
North of Congleton Road, Sandbach	Sandbach	Congleton	160	12/1903C	Outline
Victoria Mills, Macclesfield Road, Holmes Chapel	Holmes Chapel	Congleton	160	08/0492/OU	Outline
North of Moorfields, Willaston	Crewe	Crewe	146	13/3688N	Outline
Close Lane/ Crewe Road, Alsager	Alsager	Congleton	132	13/1305N	Outline
North of Parkers Road, Leighton	Crewe	Crewe	131	11/1879N	Full
Rhodes Field, Crewe Road, Alsager	Alsager	Congleton	110	13/3032C	Outline
Off Hall Drive, Alsager	Alsager	Congleton	109	13/4092C	Outline
Sir William Stanier, Ludford Street, Crewe	Crewe	Crewe	107	13/4382N	Full
Clarence Mill, Mill Road, Bollington	Macclesfield	Macclesfield	104	10/3535M	Full
Irlams/ Stobarts, Knutsford Road, Chelford	Chelford	Macclesfield	100	10/3239M	s106

21.2.4 The next table identifies those Strategic Sites identified within the Local Plan Strategy. These are larger sites (that have a capacity greater than 250 dwellings). We consider that, due to their planning status and activity, they will continue to progress however they are unlikely to be fully developed within the three year timescale of the PNA. Should this occur before April 2018, and additional needs for pharmacy services are identified, a supplementary statement to the PNA will be published. They are worth highlighting as they are vital in meeting the housing needs within Cheshire East and are considered deliverable.

Site address	Town/ settlement area	Local Area Partnership	Site capacity	Application Reference	Planning stage
Kingsley Fields, North West of Nantwich	Nantwich	Nantwich	1100	13/2471N	s106
Glebe Farm, Booth Lane, Middlewich	Middlewich	Congleton	450	13/3449C	s106
Crewe Road, Basword West, Shavington cum Gresty	Crewe	Crewe	370	13/0336N	outline
South of Newcastle Road, Shavington & Wybunbury	Crewe	Crewe	360	12/3114N	outline
White Moss Quarry, Butterton Lane, Barthomley	Alsager	Congleton	350	13/4132N	s106
Twyfords, Lawton Road, Alsager	Alsager	Congleton	335	11/4109C	outline
East of Crewe Road, Savington cum Gresty	Crewe	Crewe	275	13/2069N	outline
Parkgate Lane, Knutsford	Knutsford	Knutsford	250	13/2935M	s106
Old Mill Road, Sandbach	Sandbach	Congleton	250	12/3948C	s106

21.2.5 In addition to the above a safeguarded site on the eastern edge of Handforth (North Cheshire Growth Village) has been identified to meet longer–term development needs. It is anticipated that this is likely to come forward towards the end of the Local Plan Period.

22.0 Ethnicity and Other Protected Characteristics

22.1 The Equality Act (2010) defines nine characteristics which are protected in law. Ethnicity, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion and belief and sexual orientation are classed as protected characteristics. In April 2013, the Health and Social Care Act imposed new duties on all the component organisations with respect to reducing inequalities in access and outcomes. In addition to these two Acts, all bodies have a duty to comply with the Human Rights Act. The rights of all these groups and any specific issues regarding their access to services and outcomes from such services must be considered as part of the PNA. The majority of protected characteristics are covered elsewhere in the body of the report, but ethnicity, religion and disability are discussed in more detail below.

22.2 Cheshire East is less ethnically diverse than England, with 96.7% of the population giving their ethnicity as white in the 2011 Census, compared to a national average of 86%. However, ethnic diversity has increased since the 2001 Census, when 98.2% of the population declared their ethnicity to be white. Over a ten year period, the Black Minority Ethnic (BME) population has nearly doubled from 6,200 to 12,200 and all BME groups have increased in number. Of particular note is the increase in those giving their ethnicity as 'other white', which rose from 4,600 to 9,400 between 2001 and 2011. The majority of this increase represents the Eastern European – predominantly Polish – population in Crewe. Wilmslow LAP has the most ethnically diverse population, with 11% 'Non-White British' – 3.9% are Asian and 3.4% 'Other White'.

Ethnicity in Cheshire East, 2001 and 2011 Census

Ethnic Group		Persons		Proportion	
		2001	2011	2001	2011
White	British	338339	346264	96.2%	93.6%
	Irish	2734	2241	0.8%	0.6%
	Other White	4564	9435	1.3%	2.5%
	Total White	345637	357940	98.2%	96.7%
Mixed	White & Black Caribbean	685	1341	0.2%	0.4%
	White & Black African	206	461	0.1%	0.1%
	White & Asian	650	1293	0.2%	0.3%
	Other Mixed	535	778	0.2%	0.2%
	Total Mixed	2076	3873	0.6%	1.0%
Asian or Asian British	Indian	944	2147	0.3%	0.6%
	Pakistani	388	856	0.1%	0.2%
	Bangladeshi	267	504	0.1%	0.1%
	Chinese	958	1125	0.3%	0.3%
	Other Asian	319	1428	0.1%	0.4%
	Total Asian	2876	6060	0.8%	1.6%
Black or Black British	Black Caribbean	372	511	0.1%	0.1%
	Black African	253	664	0.1%	0.2%
	Other Black	89	227	0.0%	0.1%
	Total Black	714	1402	0.2%	0.4%
Other Ethnic Groups		514	852	0.1%	0.2%
All People		351817	370127		

Source: Office for National Statistics

22.3 According to the 2011 Census, 68.9% of Cheshire East residents were Christian. This represents a reduction of 27,500 (10%) since 2001. There was a concomitant increase in the

proportion with no religion or who did not state their religion, which rose from 18.6% in 2001 to 29.3% in 2011. The number of people describing their religion as Buddhist, Hindu, Jewish, Muslim, Sikh or Other has increased, but only Hindu, Muslim, Sikh and Other religion have risen as a proportion of the whole.

22.4 It is known that 4.9% (18,161) of people in Cheshire East reported having poor health over the year preceding the 2011 Census and nearly 18% of residents indicated that they have an illness or disability that limits their day-to-day activities. It is difficult to get a comprehensive picture; various estimates are available via the Projecting Older People Population Information System (POPPI) and Projecting Adult Needs and Service Information (PANSI) or from the latest Census Estimates but some people will have multiple disabilities and therefore may be counted in more than one estimate.

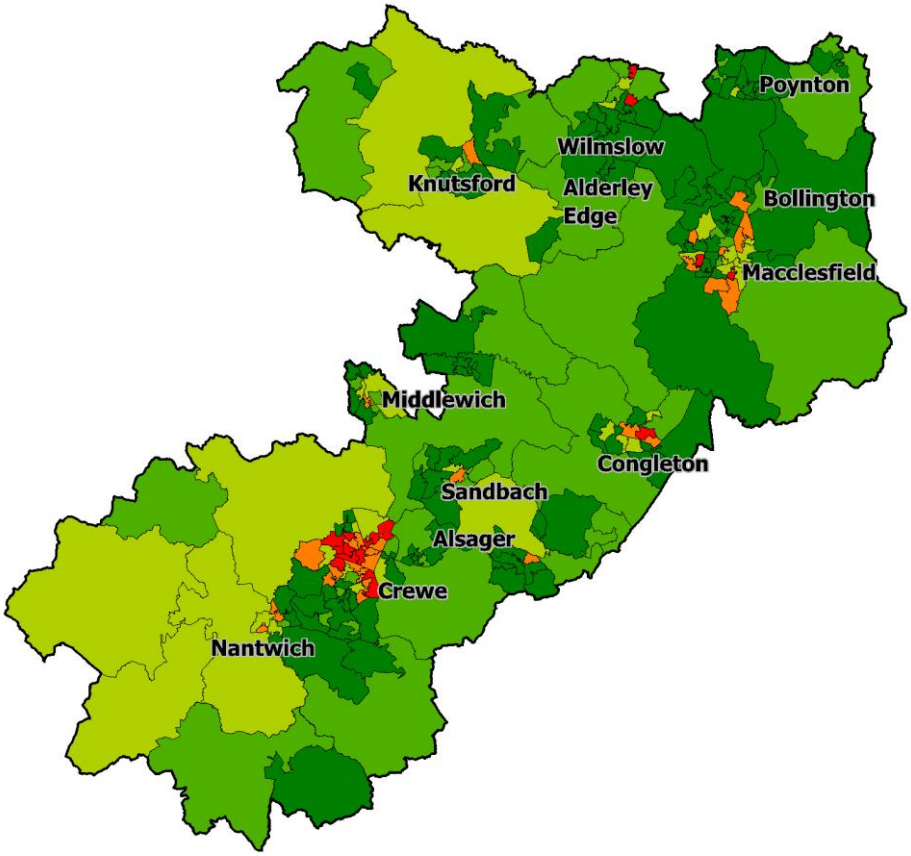
22.5 It is estimated that 14,592 (18.1%) residents over the age of 65 will have mobility problems that affect them with day to day activities such as going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; or getting in and out of bed. National prevalence rates applied to local populations suggest that 18,187 of residents of working age may have a moderate physical disability and a further 5,525 may have a serious physical disability. These statistics are reflected in the uptake of disability related benefits with 5,870 claiming Incapacity Benefit/Severe Disablement Allowance and 15,280 claiming Disability Living Allowance. Mental health is the most common condition leading to benefit uptake, 41% of claims.

22.6 National estimates of prevalence for learning disability suggest that there are likely to be 1,437 adults residents with a moderate or severe learning disability. However, a further 5,500 adults are likely to have a mild learning difficult that may impair their ability to understand instructions and they may need longer consultations or support when visiting a pharmacist.

22.7 2,370 people in Cheshire East are registered as blind or partially sighted, of whom 67% are aged 75 year or over and 46% of them will have additional disabilities. The JSNA identified that there is a large difference in the number of people living with sight loss and those actually registered as blind or sight impaired, estimating that 12,660 residents are living with sight loss. Around 12% (44,283) of the population have some form of hearing loss, and around 2% are regular users of hearing aids.

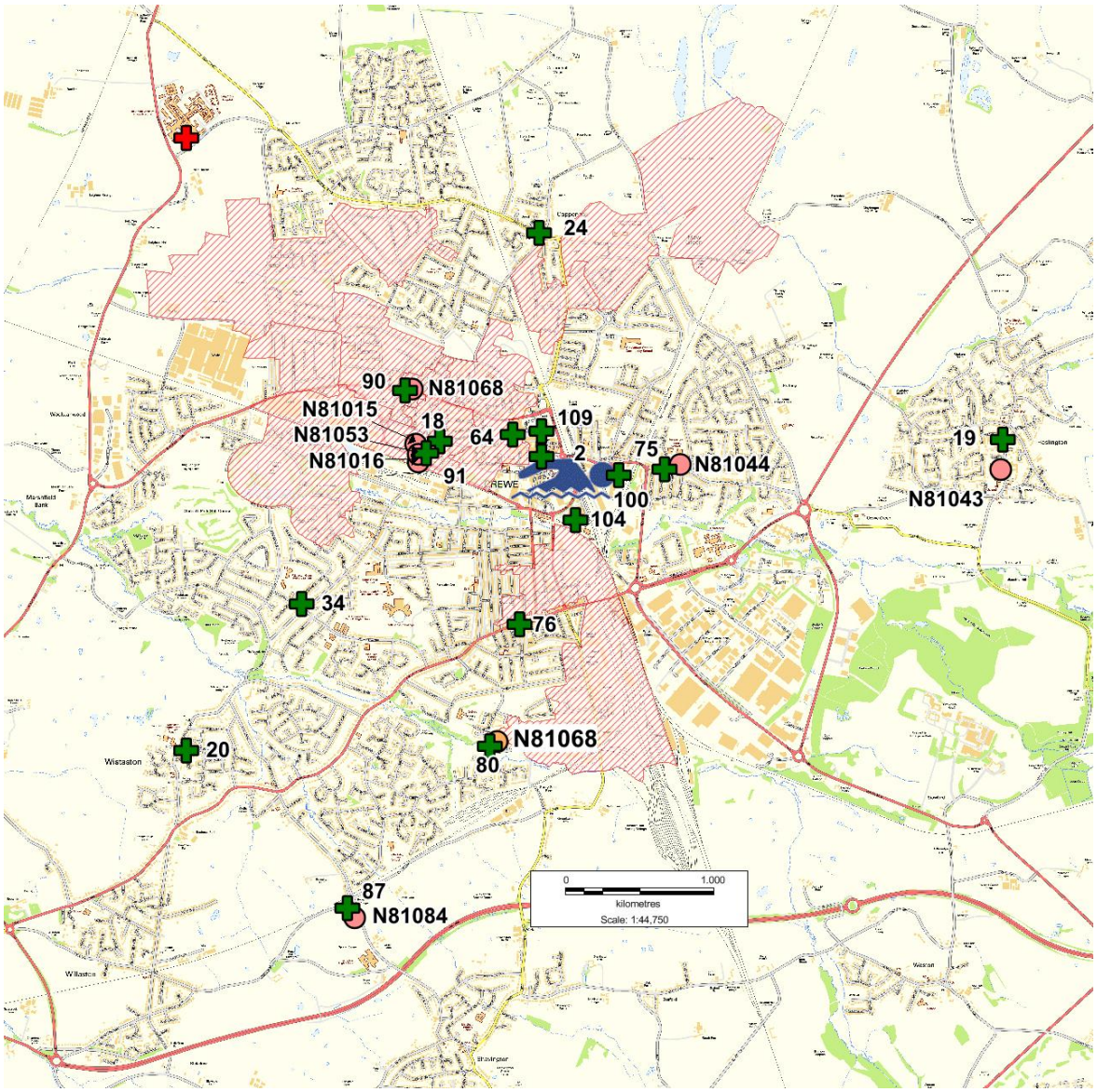
23.0 Deprivation

23.1 The map shows the level of deprivation in Cheshire East by the national Index of Multiple Deprivation (IMD) 2010 quintile. The LSOAs shaded in red are among the 20% most deprived in England, with orange representing the second most deprived 20%. The areas shaded dark green are among the least deprived 20% nationally. Cheshire East is generally very affluent, but small areas of deprivation can be found across the authority, mainly clustering in central Crewe. There are also isolated pockets of deprivation in Macclesfield, Congleton and Wilmslow LAPs.



23.2 About 8% of the population of Cheshire East live in Lower Level Super Output Areas (LSOAs) that are among the 20% most deprived areas in England. Eleven of these LSOAs are in Crewe, two are in Macclesfield, two in Handforth and one in Congleton. Socioeconomic deprivation is strongly associated with early death rates. The Annual Report of the Director of Public Health 2012-2013 found that these areas experienced higher rates of premature mortality from cancer, heart disease, stroke, lung disease and liver disease. People living in these areas will have higher levels of pharmaceutical need than in other areas.

23.3 The map shows a more detailed picture of these 20% most deprived LSOA areas within Crewe, which are shaded in pink. It highlights the fact that many residents have adequate access to medical and pharmaceutical services. However, there is only one community pharmacy located in the north of Crewe. This is labelled 24 on the map.

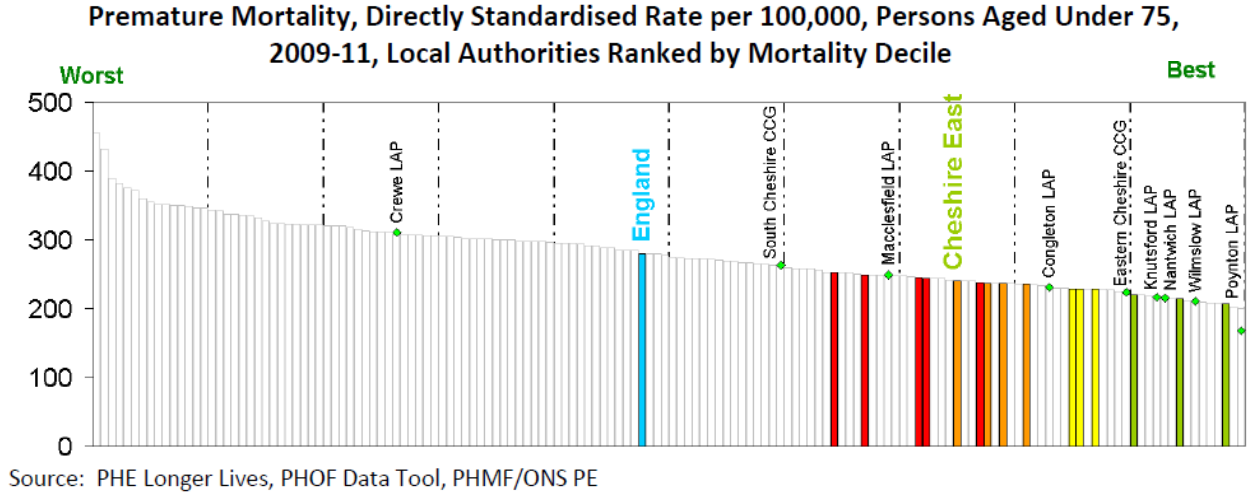


23.4 Some of the responses to the Public Survey could be analysed by level of deprivation. People from the most deprived 20% areas were less likely to visit pharmacies frequently, and were less satisfied with pharmacy services. There was little difference between the other areas.

24.0 Premature Mortality

24.1 The Annual Report of the Director of Public Health 2012-2013 focused on premature mortality, and the actions that are necessary in order for people to live well for longer.

24.2 Cheshire East has lower than average premature mortality compared to the rest of England and is ranked 38 out of 150 local authorities. Cheshire East is one of the least socioeconomically deprived areas in England, and is ranked within the 9th decile (tenth) for deprivation in England (the second least deprived). Yet when compared with other local authorities also ranked in the 9th decile, who have similar socioeconomic deprivation levels, Cheshire East performs less well and is ranked 11 out of 15 local authorities.



Source: PHE Longer Lives, PHOF Data Tool, PHMF/ONS PE

24.3 On the graph above, the coloured bars represent other local authorities within Cheshire East's peer group with those marked red being significantly worse than the peer group, orange being slightly worse, yellow being slightly better and green being significantly better. The graph also shows where the different LAP areas in Cheshire East sit on the national scale.

24.4 The significantly worse health outcomes experienced by the people of Crewe adversely affect the average premature mortality rates experienced by both Cheshire East as a whole and also those living in the area served by NHS South Cheshire CCG. Crewe residents experience premature mortality at a rate of 311 per 100,000 whilst for those in Poynton (the LAP with the lowest premature mortality rate) the rate is only 168 per 100,000. Furthermore, reductions in premature mortality in Crewe between 2001-2003 and 2009-2011 have been much more modest than those observed for Cheshire East as a whole.

25.0 Chronic Disease

25.1 The table illustrates the top four most common reasons for people being on a general practice chronic disease register. An important common factor for all these patients is that being on a chronic disease register supports the provision of structured care including the provision of drug treatments. Chronic conditions are common in all LAP areas, but it is not currently possible to make direct comparisons of prevalence between areas as areas with higher numbers of older people will tend to have higher numbers of people with chronic conditions.

LAP	Hypertension		Asthma		Diabetes		CHD	
	Numbers	Prevalence	Numbers	Prevalence	Numbers	Prevalence	Numbers	Prevalence
Congleton	14757	15.5%	6071	6.4%	4786	6.1%	3660	3.8%
Crewe	12577	14.3%	5172	5.9%	4400	6.2%	3271	3.7%
Knutsford	3443	13.5%	1426	5.6%	1156	5.5%	923	3.6%
Macclesfield	10514	14.6%	4184	5.8%	3422	5.8%	2415	3.4%
Nantwich	5951	16.1%	2203	6.0%	1732	5.7%	1380	3.7%
Poynton	3672	14.7%	1396	5.6%	1090	5.2%	929	3.7%
Wilmslow	5162	12.7%	2121	5.2%	1482	4.5%	1254	3.1%
Cheshire East	**56077**	**14.6%**	**22573**	**5.9%**	**18069**	**5.7%**	**13832**	**3.6%**

25.2 There are other chronic conditions in addition to the above. In Cheshire East general practices have recorded 18,188 people with depression, 14,537 with chronic kidney disease, 11,600 with hypothyroidism, 8,418 with cancer, 7,537 with atrial fibrillation, 6118 with chronic obstructive pulmonary disease, 2,911 with heart failure, 2,907 with peripheral arterial disease, and 2,361 with epilepsy.

25.3 For some chronic conditions, there are currently no systematically organised programmes of care despite the fact that people may have high associated pharmaceutical needs. These other conditions include chronic pain and musculoskeletal disorders.

26.0 The Top 20 Drugs used in Cheshire East, by Number of Items and Cost

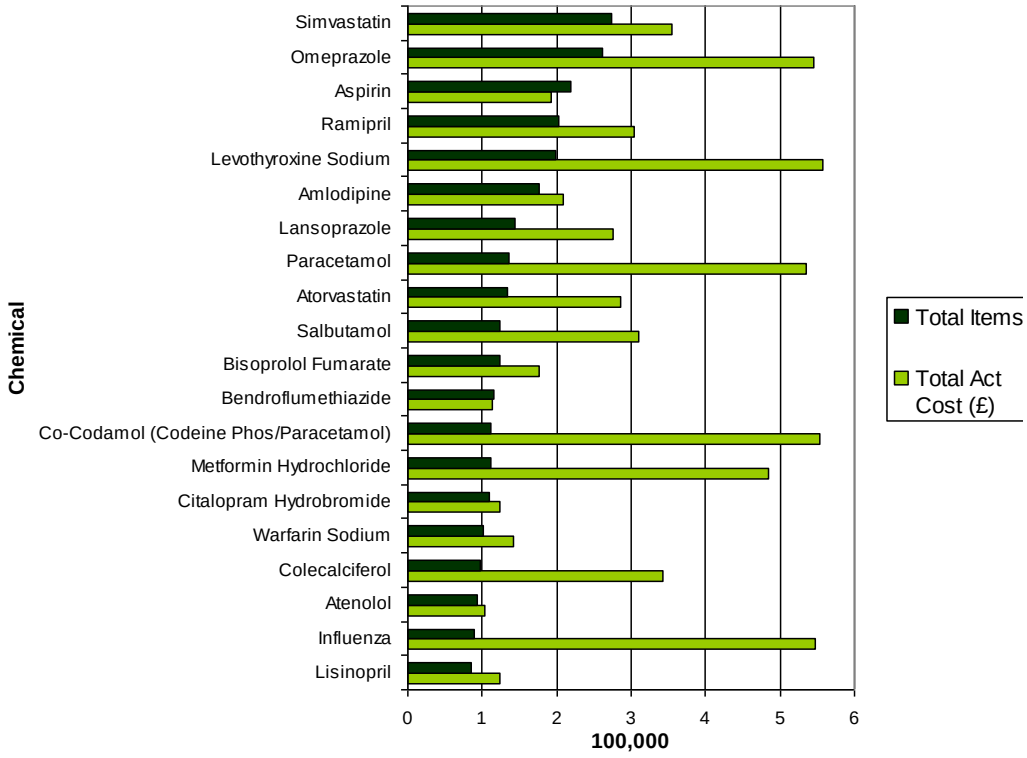
26.1 Total community dispensing in Cheshire East covers all prescriptions dispensed by community pharmacies, appliance contractors and dispensing doctors, as well as prescriptions for items personally administered in general practices. This section of the PNA includes prescriptions dispensed by community pharmacies. It does not include prescriptions dispensed by distance selling pharmacies, or items personally administered in general practices, or dispensing by general practices that are registered as dispensing practices.

26.2 These charts illustrate the top 20 most commonly used drugs in 2013, in term of the number of prescribed items and the costs of the most expensive drugs. The purpose is not to provice a comprehensive summary of all the drugs that are used to treat particular conditions, but to highlight certain of the most commonly used and most costly drugs.

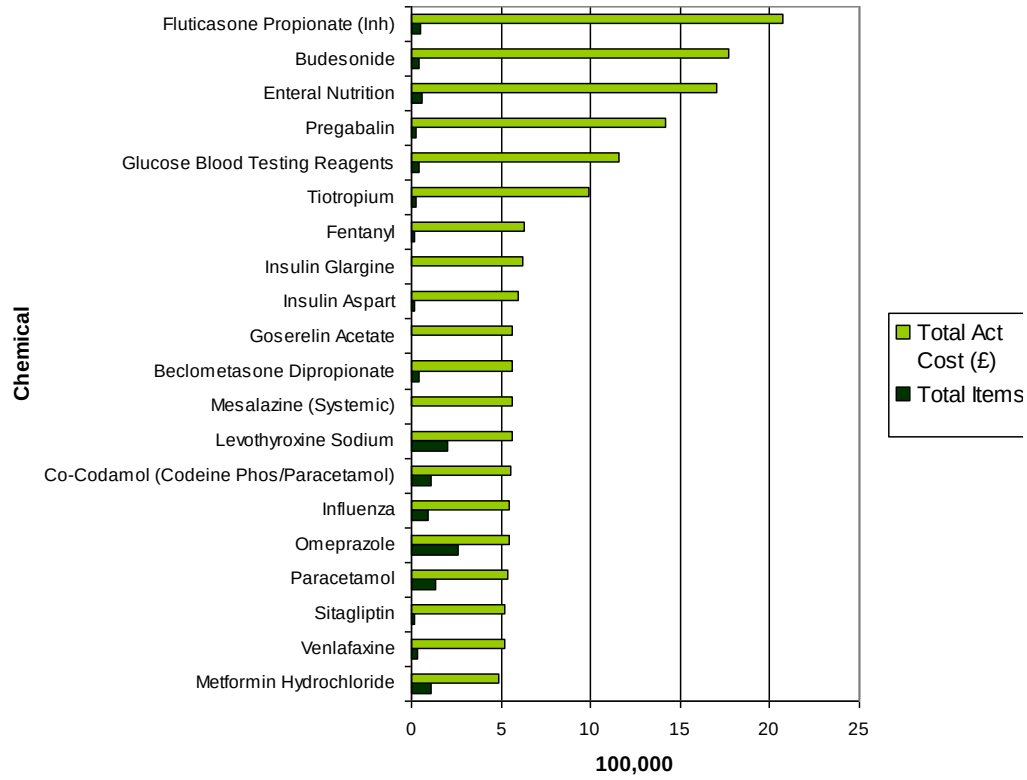
26.3 Cardiovascular drugs (including statins) comprise 9 of the top 20 most commonly prescribed drugs, with over 1.3 million items just in this short list. Drugs for pain comprise 3 of the top 20, with over 470,000 items prescribed, and gastric acid drugs come third in this short list of 20, with over 450,000 items. There is considerable scope here to develop new approaches to public health that are aimed at more selectively using medicines for situations where lifestyle modification is not sufficient or has not worked.

26.4 When looked at by cost, the most expensive single medicines are those used for the management of asthma and chronic obstructive pulmonary disease (£5.4 million), followed by diabetes (£3.4 million), and then pain (over £1.7 million) and enteral nutrition (£1.7 million).

Items and Actual Cost for the Top 20 Chemicals by items, Cheshire East 2013-14



Items and Actual Cost for the Top 20 Chemicals by Actual Cost, Cheshire East 2013-14



27.0 The Cheshire East Health and Wellbeing Strategy

27.1 The Joint Health and Wellbeing Strategy for the Population of Cheshire East for 2014-2016 indicates that the Cheshire East Health and Wellbeing Board will work together to make a positive difference to people's lives through a partnership that understands and responds to the needs of the population now and in the future. The Board will do this by:

- engaging effectively with the public
- enabling people to be happier, healthier, and independent for longer
- supporting people to take personal responsibility and make good lifestyle choices
- demonstrating improved outcomes within a broad vision of health and wellbeing

27.2 The Health and Wellbeing Board's priorities for 2014-2016 are:

- **Outcome one - Starting and developing well…** Children and young people have the best start in life; they and their families or carers are supported to feel healthy and safe, reach their full potential and are able to feel part of where they live and involved in the services they receive
- **Outcome two - Working and living well…** Driving out the causes of poor health and wellbeing ensuring that all have the same opportunities to work and live well and reducing the gap in life expectancy that exists between different parts of the Borough
- **Outcome three - Ageing well…** Enabling older people to live healthier and more active lives for longer

27.3 The Joint Health and Wellbeing Strategy is an evolving document and the priorities will change over time. Every community in Cheshire East is different and local solutions will reflect local challenges. But the Health and Wellbeing Board's action will be united around the following four shared commitments:

- **Integrated communities:** Individuals will be enabled to live healthier and happier lives in their communities with minimal support. This will result from a mindset that focuses on people's capabilities rather than deficits; a joint approach to community capacity building that tackles social isolation; the extension of personalisation and assistive technology; and a public health approach that addresses the root causes of disadvantage
- **Integrated case management:** individuals with complex needs – including older people with longer term conditions, complex families and those with mental illness will access services through a single point and benefit from their needs being managed and co-ordinated through a multi-agency team of professionals working to a single assessment, a single care plan and a single key worker
- **Integrated commissioning:** People with complex needs will have access to services that have a proven track record of reducing the need for longer term care. This will be enabled by investing as a partnership at real scale in interventions such as intermediate care, reablement, mental health, drug/alcohol support and housing with support options
- **Integrated enablers:** plans will be enabled by a joint approach to information sharing, a new funding and contracting model that shifts resources from acute and residential care to community based support, a joint performance framework and a joint approach to workforce development

28.0 The Six Statements required by Legislation

28.1 Necessary services: current provision. A statement of the pharmaceutical services that the HWB has identified as services that are provided:
(a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
(b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

28.1.1 There is currently an adequate level of community pharmacy provision in every major town in the Borough, although the level of provision is lower in the NHS South Cheshire CCG area than in the NHS Eastern Cheshire CCG area. The maps show that this provision is mostly located either in the town centres or close to GP surgeries.

28.1.2 There is evidence that residents living in peripheral areas of the Borough use pharmacies in adjacent Health and Wellbeing Board areas to have prescriptions dispensed. This is particularly evident in the north of the Borough, where over 76,000 items are dispensed each year by five community pharmacies in Cheadle, Heald Green, Hazel Grove and High Lane.

28.1.3 The public survey shows that 55% of residents are “very satisfied” with community pharmacy services, and a further 33% are “fairly satisfied”. This varies very little within the Borough, and people in all areas express satisfaction with their local pharmacy. Only 4.3% of respondents were “fairly” or “very” dissatisfied with community pharmacy services. There was also a very high level of satisfaction with pharmacy opening hours.

28.2 Necessary services: gaps in provision. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied-
(a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
(b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

28.2.1 The prescribing of medicines is predicted to grow by 8.5% by 2019 and then a further 9.1% increase by 2024, a total increase in medicines use of 17.6% over the next ten years. Existing pharmacies will either have to increase their capacity to meet this need, or additional pharmacies will be required.

28.2.2 Most of the increase in prescribing need will occur among older people. This PNA has highlighted several issues relevant to older people, including poor physical access to some community pharmacies, and insufficient accessibility aids in some pharmacies.

28.2.3 As pharmaceutical need is predicted to increase to a greater extent in South Cheshire than in Eastern Cheshire, additional community pharmacy provision is likely to be needed in the

NHS South Cheshire CCG area during the coming years. This might involve a change in the skill mix and capacity within each pharmacy to cope with the predicted additional demand.

28.2.4 This PNA should assist contractors with workforce development, aided by the predicted growth in pharmacy graduates due to an increased number of schools of pharmacy including Keele University (accredited in 2010). Developing additional dispensing capacity will be critical for community pharmacy to fulfil its potential with additional clinical services that might be commissioned by CCGs.

28.2.5 The town of Crewe has the greatest level of deprivation in the Borough, and it also has the highest levels of premature mortality. There is a low level of community pharmacy provision in the north of the town. The population of Crewe may benefit from having a greater level of outreach provision of community pharmacy services by the current pharmacy services.

28.2.6 In both of their Pharmaceutical Needs Assessments, the Cheshire East HWB and the Stockport HWB have highlighted the existence of cross-border dispensing flows across the Cheshire East / Stockport border. There is also a proposed new Growth Village comprising 1,850 homes to the east of Handforth, and a possible development of 920 homes on the former Woodford Aerodrome site. Taken together, these local requirements suggest a need to jointly review community pharmacy provision on both sides of the Cheshire East / Stockport border. This may also highlight other care and health needs including primary care, community and other services that are driven by patient flow rather than geographical area of residence.

28.2.7 Extended opening hours are a beneficial feature of pharmacy provision locally, and in many areas there is weekday access to community pharmacies from 6.30 in the morning and throughout the day up to midnight. There are no community pharmacies open after 5.00pm on Sunday in any part of the South Cheshire CCG area.

28.2.8 There are eight practice premises in Cheshire East at which dispensing doctor services are available to eligible patients. Some of these practices cover very rural areas. Patients who receive dispensing doctor services are able to be supplied with medicines, but they may not be able to benefit from the wider range of essential and advanced services that community pharmacies are able to provide, or the CCG and public health commissioned services.

28.3 Other relevant services: current provision. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided-
(a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area;
(b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
(c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

28.3.1 Both CCG's commission a Think Pharmacy urgent palliative care medicines service and an emergency supply service which have led to improvements in access to medicines that may be needed either in an emergency or for palliative care. Cheshire East Council also commission a range of services.

28.3.2 The Think Pharmacy Minor Ailments Service has recently been revised and extended to cover a wider range of conditions. The service appears to be well known to the general public, with 31% of respondents in the public survey saying that they had already used the minor ailments service and a further 37% of respondents saying that they might use it in the future.

28.4 Improvements and better access: gaps in provision. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied-
(a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area,
(b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services or a specified type, in its area.

28.4.1 The Annual Report of the Director of Public Health 2012-2013 has highlighted the high numbers of people in the Borough who have undiagnosed risk factors for cardiovascular disease. There are believed to be 35,300 residents with undiagnosed high blood pressure, 20,300 with undiagnosed kidney disease, and over 3,300 with undiagnosed diabetes. There is a need to identify people with these risk factors using a wide range of community settings, which will include community pharmacies. New approaches to case-finding will need to be considered.

28.5 Other NHS services. A statement of any NHS services provided or arranged by the HWB, NHS CB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect-
(a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
(b) whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.

28.5.1 NHS Eastern Cheshire CCG has recently commissioned a neighbourhood integrated medicines optimisation service from East Cheshire NHS Trust which involves clinical pharmacists providing pharmaceutical services such as medication use reviews, inhaler technique assessments to patients deemed as being "high risk", increasing access for patients to specialist advice and attempting to reduce the need for patients to access urgent care services.

28.6 An explanation of how the assessment has been carried out, in particular –
(a) how it has determined what are the localities in its area;
(b) how it has taken into account (where applicable)-
(i) the different needs of different localities in its area, and
(ii) the different needs of people in its area who share a protected characteristic; and

(c) a report on the consultation that it has undertaken.

28.6.1 Most of the analyses of the different needs of different localities in the area have been based on the geography of Cheshire East's seven Local Area Partnerships, as illustrated in the maps in section 29 and in the LAP appendices. An advantage of using this geography is that it combines major towns with their surrounding rural populations, and so better fits general practice and community pharmacy patient flows. Another advantage of the LAP geography is that local population projections have been prepared for these areas by the Local Authority, which take into account planned housing developments. A disadvantage of the LAP geography is that one of the LAP areas (Congleton LAP) is particularly large, containing five towns and straddling two Clinical Commissioning Groups. This LAP has internal health variations.

28.6.2 The Cheshire East JSNA also contains town-level analyses, constructed from Middle Level Super Output Areas (MSOAs). Town-level analyses illustrate local variations between communities, which is particularly relevant in the Congleton LAP.

28.6.3 NHS Eastern Cheshire CCG covers 52.5% of the population of Cheshire East and NHS South Cheshire CCG covers 47.5% (as per mid-2012 estimates). There are two general practices within the Borough that are aligned to CCGs in neighbouring HWB areas. Bunbury Medical Practice links to NHS Western Cheshire CCG but geographically lies within NHS South Cheshire CCG. In Handforth there is a branch surgery of Cheadle Hulme Health Centre which links to Stockport CCG but geographically lies within NHS Eastern Cheshire CCG.

28.6.4 This Pharmaceutical Needs Assessment has taken into account the different needs of people in its area who share a protected characteristic. A description of these groups and their needs is contained in sections 21 and 22, whilst the response of community pharmacies to these needs is described in section 18 as part of the findings of the Community Pharmacy Survey.

28.6.5 A Public Survey was also carried out to seek the views of the local population about community pharmacy services. Survey responses were downloaded from the Survey Gizmo software (used to conduct the survey) and then analysed using specialising survey software (SPSS – Statistical Processing for the Social Sciences). Headline results were produced in tabular format, with a number of further bespoke cross-tabulations of results also produced. The survey was conducted through two separate campaigns:

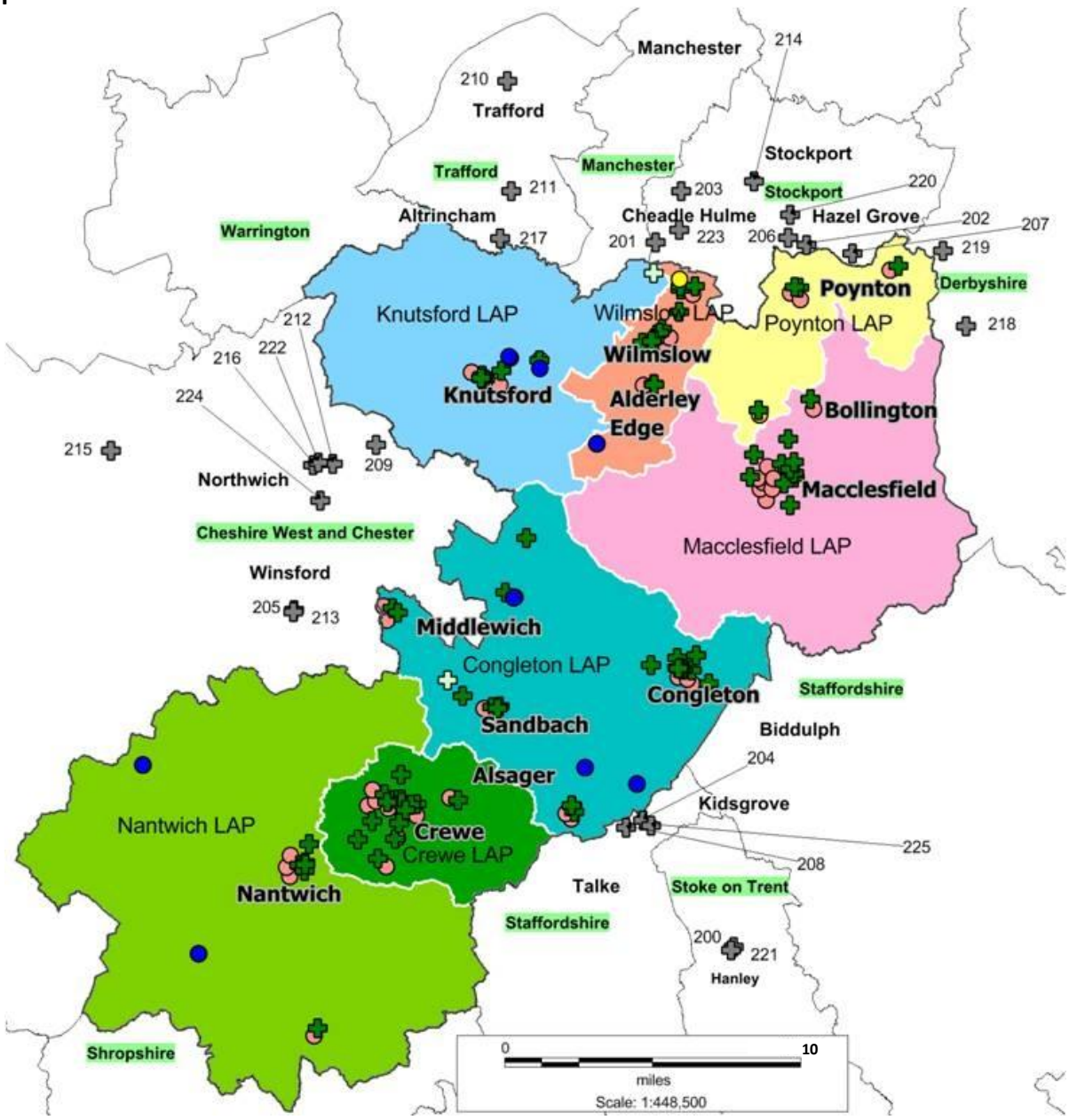
- to Citizens' Panel online members: Cheshire East's Citizens' Panel comprises over 3,000 members who are Cheshire East residents aged 18 and above. The panel's demography is broadly representative of the borough's population by gender, age, ethnicity and geographic location. 1,224 Citizens' Panel online members were sent a direct invitation email on the 25th June 2014, with a follow-up reminder email sent on 7th July 2014 to those who had not replied. The survey closed on 16th July 2014. 701 members completed the survey, representing a response rate of 59.4%, with a further 26 people completing the online survey via the Cheshire East Council websites consultation page.

- via Twitter: A link to the survey was tweeted by Cheshire East Council and re-tweeted by a number of twitter users. NHS Eastern Cheshire picked up on the survey and conducted

its own twitter campaign. In total 64 people completed this survey via this Twitter campaign.

28.6.6 A Community Pharmacy Survey was developed in conjunction with the Cheshire, Warrington and Wirral Local Pharmaceutical Committee and the CCG Medicines Management team. The questionnaire was based on that used for the 2011 Central and Eastern Cheshire PNA, with additional questions taken from the questionnaire used by the Manchester Health and Wellbeing Board. It was sent electronically to the superintendents or area managers for onward distribution to all their branches within Cheshire East. 73 out of 79 community pharmacies returned questionnaires, a response rate of 92%.

29.0 Paragraph 7 of Schedule 1 of the 2013 Regulations specifies that HWBs are required to include a map in their PNA identifying the premises at which pharmaceutical services are provided in the area of the HWB.



KEY TO CHESHIRE EAST MAP (above)

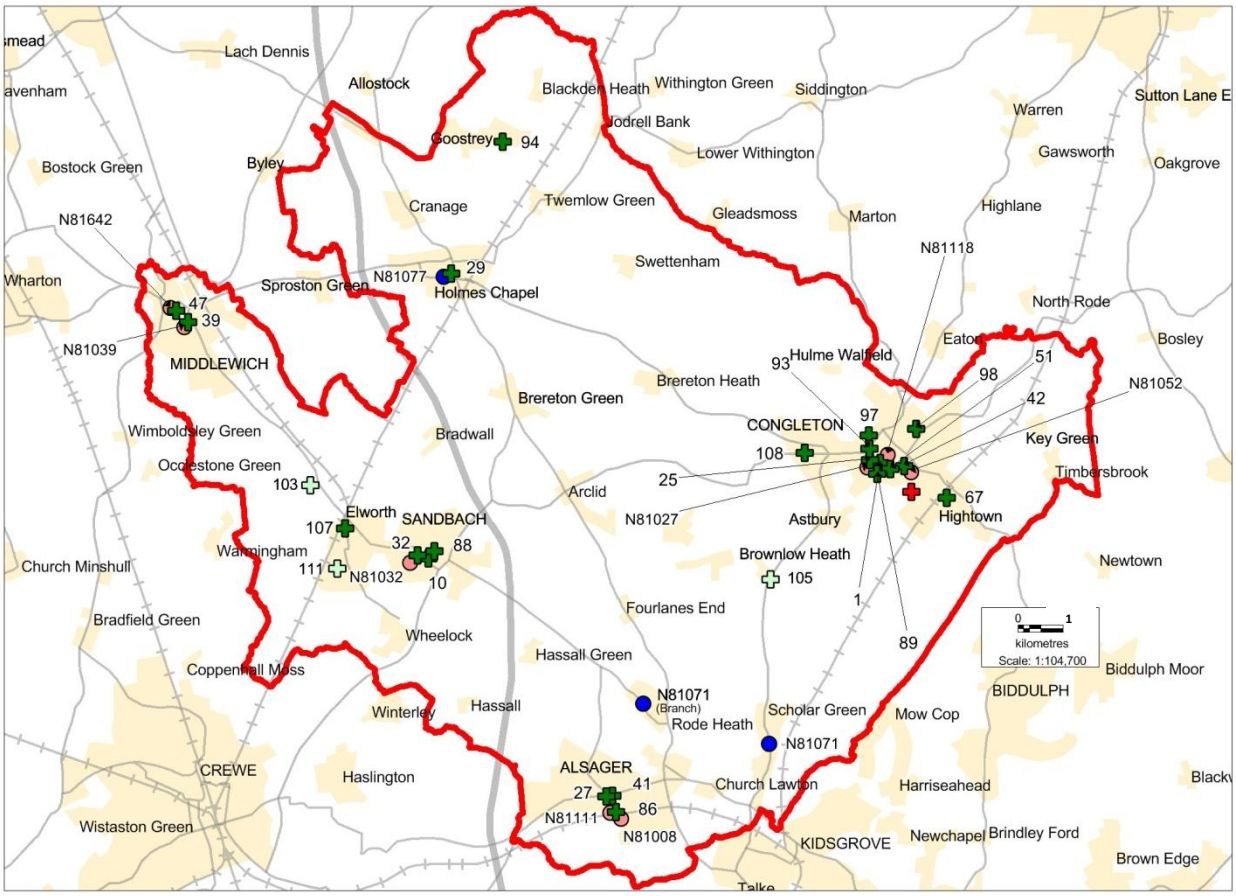
- Community pharmacy
- Distance selling pharmacy
- Community pharmacy in neighbouring HWB dispensing >2000 items per annum to Cheshire East residents
- GP Practice
- GP Practice (Branch Surgery)
- GP Practice (Dispensing)
- GP Practice (Non-Cheshire East CCG)

KEY TO LAP MAPS (subsequent pages)

- LAP Boundary
- Road
- Motorway
- Railway
- Settlement
- Pharmacy
- Distance selling pharmacy
- GP Practice
- GP Practice (Branch Surgery)
- GP Practice (Non-Cheshire East CCG)
- GP Practice (Dispensing)
- Hospital
- Crewe Lifestyle Centre (due to open 2015)

The key to the pharmacies in neighbouring HWB is on page 68

LAP PROFILE: CONGLETON LAP



Opening Hours (Supplementary hours in bold; Core hours in brackets)

Map Code	Pharmacy Address	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	100 hours
1	Boots 14-16 Bridge Street Congleton CW12 1AY	**09:00-13:00, 14:00-17:30** (09:30-13:00, 14:00-17:15)	**09:00-13:00, 14:00-17:30** (09:30-13:00, 14:00-17:15)	**09:00-13:00, 14:00-17:30** (09:30-13:00, 14:00-17:15)	**09:00-13:00, 14:00-17:30** (09:30-13:00, 14:00-17:15)	**09:00-13:00, 14:00-17:30** (09:30-13:00, 14:00-17:15)	**09:00-13:00, 14:00-17:30** (09:30-13:00, 14:00-16:45)	Closed	No
10	Boots 5-7 High Street Sandbach CW11 1AH	**09:00-17:30** (09:00-13:00, 14:00-17:00)	**09:00-17:30** (09:00-13:00, 14:00-17:00)	**09:00-17:30** (09:00-13:00, 14:00-17:00)	**09:00-17:30** (09:00-13:00, 14:00-17:00)	**09:00-17:30** (09:00-13:00, 14:00-17:00)	**09:00-17:30** (09:30-13:00, 14:00-15:30)	Closed	No
25	Lloyds Pharmacy 41a West Street Congleton CW12 1JN	**08:30-18:15** (08:30-12:30, 13:30-16:30)	**08:30-18:15** (08:30-12:30, 13:30-16:30)	**08:30-18:15** (08:30-12:30, 13:30-16:30)	**08:30-18:15** (08:30-12:30, 13:30-17:00)	**08:30-18:15** (08:30-12:30, 13:30-17:00)	**09:00-13:00**	Closed	No
27	Lloyds Pharmacy 25 Lawton Road Alsager ST7 2AA	**08:15-18:30** (09:00-13:00, 14:00-18:00)	**08:15-18:30** (09:00-13:00, 14:00-18:00)	**08:15-18:30** (09:00-13:00, 14:00-18:00)	**08:15-18:30** (09:00-13:00, 14:00-18:00)	**08:15-18:30** (09:00-13:00, 14:00-18:00)	**09:00-17:00** (No core hours)	Closed	No
29	Lloyds Pharmacy 39-41 London Road Holmes Chapel CW4 7AP	**08:30-19:00** (08:30-11:00, 15:00-19:00)	**08:30-19:00** (08:30-11:00, 15:00-19:00)	**08:30-19:00** (08:30-11:00, 15:00-19:00)	**08:30-19:00** (08:30-11:00, 15:00-19:00)	**08:30-19:00** (08:30-11:00, 15:00-19:00)	**08:30-17:00** (08:30-12:00, 13:00-17:00)	Closed	No
32	The Co-Operative Pharmacy Ashfields PCC Middlewich Road Sandbach CW11 1DH	**08:30-19:00** (09:00-13:00, 14:00-18:00)	**08:30-19:00** (09:00-13:00, 14:00-18:00)	**08:30-19:00** (09:00-13:00, 14:00-18:00)	**08:30-19:00** (09:00-13:00, 14:00-18:00)	**08:30-19:00** (09:00-13:00, 14:00-18:00)	Closed	Closed	No
39	Rowlands Pharmacy St Anne's Walk Middlewich CW10 9BE	**09:00-13:20, 13:40-18:00** (09:00-13:00, 14:00-18:00)	**09:00-13:20, 13:40-18:00** (09:00-13:00, 14:00-18:00)	**09:00-13:20, 13:40-17:30** (09:00-13:00, 14:00-17:30)	**09:00-13:20, 13:40-18:00** (09:00-13:00, 14:00-18:00)	**09:00-13:20, 13:40-18:00** (09:00-13:20, 13:50-18:00)	**09:00-13:00** (No core hours)	Closed	No
41	The Co-Operative Pharmacy Lawton Road Alsager ST7 2AA	**08:45-18:45** (09:00-13:00, 14:00-18:00)	**08:45-18:45** (09:00-13:00, 14:00-18:00)	**08:45-17:30** (09:00-13:00, 14:00-18:00)	**08:45-18:45** (09:00-13:00, 14:00-18:00)	**08:45-18:45** (09:00-13:00, 14:00-18:00)	**08:45-13:00** (No core hours)	Closed	No
42	The Co-Operative Pharmacy 1 Park Lane Congleton CW12 3DN	**08:45-18:30** (09:00-13:00, 14:00-18:00)	**08:45-18:30** (09:00-13:00, 14:00-18:00)	**08:45-18:30** (09:00-13:00, 14:00-18:00)	**08:45-18:30** (09:00-13:00, 14:00-18:00)	**08:45-18:30** (09:00-13:00, 14:00-18:00)	**09:00-13:00** (No core hours)	Closed	No

47	Rowlands Pharmacy 28 Wheelock Street Middlewich CW10 9AG	**09:00-13:00, 13:20-17:30** (09:00-13:00, 14:00-17:30)	**09:00-13:00, 13:20-17:30** (09:00-13:00, 14:00-17:30)	**09:00-13:00, 13:20-17:30** (09:00-13:00, 14:00-17:30)	**09:00-13:00, 13:20-17:30** (09:00-13:00, 14:00-17:30)	**09:00-13:00, 13:20-17:30** (09:00-13:00, 14:00-17:30)	**09:00-13:00, 13:20-17:00** (09:00-11:30)	Closed	No
51	Superdrug Pharmacy 39-41 High Street Congleton CW12 1AU	**09:00-17:30** (09:00-13:00, 15:00-17:30)	**09:00-17:30** (09:00-13:00, 15:00-17:30)	**09:00-17:30** (09:00-13:00, 15:00-17:30)	**09:00-17:30** (09:00-13:00, 15:00-17:30)	**09:00-17:30** (09:00-13:00, 15:00-17:30)	**09:00-17:30** (09:00-13:30, 14:30-17:30)	Closed	No
67	Mossley Pharmacy 18 Biddulph Road Mossley Congleton CW12 3LG	**09:00-13:00, 14:00-18:00**	**09:00-13:00, 14:00-18:00**	**09:00-13:00, 14:00-18:00**	**09:00-13:00, 14:00-18:00**	**09:00-13:00, 14:00-18:00**	**09:00-13:00** (No core hours)	Closed	No
86	The Co-Operative Pharmacy Cedars MC 12 Sandbach Road S Alsager ST7 2AD	**08:30-18:30** (09:00-13:00, 13:30-17:30)	**08:30-18:30** (09:00-13:00, 13:30-17:30)	**09:00-17:00** (09:00-13:00, 13:30-17:30)	**08:30-18:30** (09:00-13:00, 13:30-17:30)	**08:30-18:30** (09:00-13:00, 13:30-17:30)	Closed	Closed	No
88	The Co-Operative Pharmacy Unit 3 The Commons Sandbach CW11 1EG	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-17:30** (No core hours)	Closed	No
89	The Co-Operative Pharmacy 2 Mill Street Congleton CW12 1AB	**09:00-17:30** (09:00-13:00, 13:30-17:30)	**09:00-17:30** (09:00-13:00, 13:30-17:30)	**09:00-17:30** (09:00-13:00, 13:30-17:30)	**09:00-17:30** (09:00-13:00, 13:30-17:30)	**09:00-17:30** (09:00-13:00, 13:30-17:30)	**09:00-13:00** (No core hours)	Closed	No
93	Tesco Instore Pharmacy Barn Road Congleton CW12 1LR	**08:00-22:30**	**06:30-22:30**	**06:30-22:30**	**06:30-22:30**	**06:30-22:30**	**06:30-22:00**	**10:00-16:00**	Yes
94	Goostrey Pharmacy No 3 Cheshire House 164 Main Road Goostrey CW4 8JP	**09:00-17:30** (09:00-17:00)	**09:00-17:30** (09:00-17:00)	**09:00-17:30** (09:00-17:00)	**09:00-17:30** (09:00-17:00)	**09:00-17:30** (09:00-17:00)	Closed	Closed	No
97	Boots Unit E Retail Park Barn Road Congleton CW12 1LJ	**08:00-00:00**	**08:00-00:00**	**08:00-00:00**	**08:00-00:00**	**08:00-00:00**	**08:00-22:00**	**10:00-16:00**	Yes
98	Salus Pharmacy 62a Havannah Street Buglawton Congleton CW12 2AT	**09:00-18:00** (09:00-17:00)	**09:00-18:00** (09:00-17:00)	**09:00-18:00** (09:00-17:00)	**09:00-18:00** (09:00-17:00)	**09:00-18:00** (09:00-17:00)	**09:00-13:00** (No core hours)	Closed	No
107	Wise Pharmacy 11 London Road Elworth Sandbach CW11 3BD	**09:00-17:30** (09:00-13:00, 14:00-17:30)	**09:00-17:30** (09:00-13:00, 14:00-17:30)	**09:00-17:30** (09:00-13:00, 14:00-17:30)	**09:00-17:30** (09:00-13:00, 14:00-17:30)	**09:00-17:30** (09:00-13:00, 14:00-17:30)	**09:00-12:00** (09:30-12:00)	Closed	No
108	West Heath Pharmacy West Heath Shopping Centre Congleton CW12 4NB	**09:00-17:30** (09:00-17:00)	**09:00-17:30** (09:00-17:00)	**09:00-17:30** (09:00-17:00)	**09:00-17:30** (09:00-17:00)	**09:00-17:30** (09:00-17:00)	**09:00-13:00**	Closed	No
110	Congleton Pharmacy Readesmoor Group Practice 29-31 West Street Congleton CW12 1JP	**07:00-22:30**	**07:00-22:30**	**07:00-22:30**	**07:00-22:30**	**07:00-22:30**	**07:00-22:30**	**12:00-19:00**	Yes

Distance selling pharmacies

Map Code	Pharmacy Name
103	Moston Pharmacy Services
105	Keen Pharmacy Ltd
111	Counter Chemist Direct

CONGLETON LAP: CCG and Public Health Commissioned Services

		CCG Commissioned Services		Public Health Commissioned Services			
Map Code	**Pharmacy**	**PCS**	**MAS**	**SC**	**NE**	**SS**	**EHC**
1	Boots, 14-16 Bridge Street, Congleton	No	Yes	Yes	No	No	Yes
10	Boots, 5-7 High Street, Sandbach	No	Yes	Yes	No	Yes	Yes
25	Lloyds Pharmacy, 41a West Street, Congleton	No	Yes	Yes	Yes	Yes	Yes
27	Lloyds Pharmacy, 25 Lawton Road, Alsager	Yes	Yes	Yes	Yes	Yes	Yes
29	Lloyds Pharmacy, 39-41 London Road, Holmes Chapel	Yes	Yes	Yes	No	Yes	Yes
32	The Co-Operative Pharmacy, Ashfields Primary Care Centre, Sandbach	Yes	Yes	Yes	Yes	Yes	Yes
39	Rowlands Pharmacy, St Anne's Walk, Middlewich	Yes	Yes	Yes	Yes	No	No
41	The Co-Operative Pharmacy, Lawton Road, Alsager	No	Yes	No	No	Yes	No
42	The Co-Operative Pharmacy, 1 Park Lane, Congleton	Yes	Yes	Yes	No	No	Yes
47	Rowlands Pharmacy, 28 Wheelock Street, Middlewich	No	Yes	No	No	Yes	Yes
51	Superdrug Pharmacy, 39-41 High Street, Congleton	No	Yes	Yes	Yes	Yes	Yes
67	Mossley Pharmacy, 18 Biddulph Road, Congleton	No	Yes	Yes	No	No	Yes
86	The Co-Operative Pharmacy, Cedars Medical Centre	No	Yes	Yes	No	Yes	Yes
88	The Co-Operative Pharmacy, Unit 3, The Commons, Sandbach	No	Yes	Yes	No	Yes	No
89	The Co-Operative Pharmacy, 2 Mill Street, Congleton	Yes	Yes	Yes	No	No	Yes
93	Tesco Instore Pharmacy, Barn Road, Congleton	Yes	Yes	Yes	No	Yes	Yes
94	Goostrey Pharmacy, No 3 Cheshire House, Goostrey	No	Yes	No	No	Yes	Yes
97	Boots, Unit E Retail Park, Barn Road, Congleton	Yes	Yes	Yes	No	No	Yes
98	Salus Pharmacy, 62a Havannah Street, Buglawton	No	No	Yes	Yes	No	Yes
107	Wise Pharmacy, 11 London Road, Elworth, Sandbach	No	No	Yes	Yes	Yes	Yes
108	West Heath Pharmacy, Unit 3, Holmes Chapel Road, Congleton	No	No	No	No	Yes	Yes
110	Congleton Pharmacy, Readesmoor Group Practice, Congleton	No	Yes	No	No	No	No

PCS = Palliative Care Scheme; MAS = Minor Ailment Scheme; SC = Supervised Consumption; NE = Needle Exchange; SS = Stop Smoking; EHC = Emergency Hormonal Contraception

CONGLETON LAP: Advanced Services

Map Code	Pharmacy	Dispense Applicances	MUR	New Med	AUR	SAC
1	Boots, 14-16 Bridge Street, Congleton	All types	Yes	Yes		
10	Boots, 5-7 High Street, Sandbach	All types	Yes	Yes		
25	Lloyds Pharmacy, 41a West Street, Congleton	All types	Yes	Yes		
27	Lloyds Pharmacy, 25 Lawton Road, Alsager					
29	Lloyds Pharmacy, 39-41 London Road, Holmes Chapel	All types	Yes	Yes		
32	The Co-Operative Pharmacy, Ashfields Primary Care Centre	All types	Yes	Yes		Yes
39	Rowlands Pharmacy, St Anne's Walk, Middlewich	All types	Yes	Yes		
41	The Co-Operative Pharmacy, Lawton Road, Alsager	All types	Yes	Yes		Yes
42	The Co-Operative Pharmacy, 1 Park Lane, Congleton	All types	Yes	Yes		Yes
47	Rowlands Pharmacy, 28 Wheelock Street, Middlewich	All types	Yes	Yes	Yes	
51	Superdrug Pharmacy, 39-41 High Street, Congleton					
67	Mossley Pharmacy, 18 Biddulph Road, Congleton	All types	Yes	Yes		
86	The Co-Operative Pharmacy, Cedars Medical Centre, Alsager	All types	Yes	Yes		Yes
88	The Co-Operative Pharmacy, Unit 3, The Commons, Sandbach	All types	Yes	Yes		Yes
89	The Co-Operative Pharmacy, 2 Mill Street, Congleton	All types	Yes	Yes		Yes
93	Tesco Instore Pharmacy, Barn Road, Congleton	All types	Yes	Yes		

94	Goostrey Pharmacy, No 3 Cheshire House, Goostrey	All types	Yes	Yes		
97	Boots, Unit E Retail Park, Barn Road, Congleton	Just dressings	Yes	Yes		
98	Salus Pharmacy, 62a Havannah Street, Buglawton	All types	Yes	Yes		
107	Wise Pharmacy, 11 London Road, Elworth, Sandbach	All types	Yes	Yes		
108	West Heath Pharmacy, Unit 3, Holmes Chapel Road, Congleton	All types	Yes	Yes		
110	Congleton Pharmacy, Readesmoor Group Practice, Congleton					
MUR = Medicines Use Review; New Med = New Medicines Service; AUR = Appliance Review Service; SAC = Stoma Appliance Customisation						

CONGLETON LAP: Accessiblity

Map Code	Pharmacy	DP	WA	WA All	AMS	AD/B	S	HL	LPL	CA	CAWA	T
1	Boots, 14-16 Bridge Street		Yes			Yes	Yes	Yes	Yes	Yes	Yes	
10	Boots, 5-7 High Street	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
25	Lloyds Pharmacy, 41a West Street	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
27	Lloyds Pharmacy, 25 Lawton Road											
29	Lloyds Pharmacy, 39-41 London Road	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
32	The Co-Operative Pharmacy, Ashfields PCC	Yes	Yes				Yes	Yes		Yes		
39	Rowlands Pharmacy, St Anne's Walk	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
41	The Co-Operative Pharmacy, Lawton Road	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes
42	The Co-Operative Pharmacy, 1 Park Lane	Yes	Yes				Yes	Yes		Yes		
47	Rowlands Pharmacy, 28 Wheelock Street	Yes		Yes		Yes	Yes	Yes	Yes	Yes	Yes	
51	Superdrug Pharmacy, 39-41 High Street											
67	Mossley Pharmacy, 18 Biddulph Road		Yes	Yes		Yes	Yes		Yes	Yes	Yes	Yes
86	The Co-Operative Pharmacy, Cedars Medical Centre	Yes	Yes	Yes			Yes	Yes		Yes	Yes	Yes
88	The Co-Operative Pharmacy, Unit 3	Yes	Yes	Yes			Yes	Yes		Yes	Yes	
89	The Co-Operative Pharmacy, 2 Mill Street	Yes	Yes				Yes	Yes		Yes		
93	Tesco Instore Pharmacy, Barn Road	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
94	Goostrey Pharmacy, No 3 Cheshire House			Yes	Yes	Yes	Yes		Yes	Yes		Yes
97	Boots, Unit E Retail Park	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes
98	Salus Pharmacy, 62a Havannah Street		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
107	Wise Pharmacy, 11 London Road						Yes		Yes	Yes		Yes
108	West Heath Pharmacy, Unit 3	Yes	Yes	Yes	Yes		Yes		Yes	Yes	Yes	Yes
110	Congleton Pharmacy, Readesmoor Group Practice											
DP = Designated disabled parking within 10m; WA = Entrance suitable for unaided wheelchair; WA all = All areas accessible by wheelchair; AMS = Accessible by mobility scooter users; S = Seating whilst waiting; HL = Hearing loop; LPL = Large print labels or leaflets; CA = Consultation area; CAWA = Consultation area accessible by wheelchair; T = Access to toilet during consultation												

CONGLETON LAP: General Practices

GP Practice Code	GP Practice Address	Surgery Type	Dispensing Practice	Responsible CCG
N81008	The Cedars Medical Centre, Sandbach Rd South, Alsager, Stoke On Trent, ST7 2LU	Main	No	NHS South Cheshire CCG
N81027	Readesmoor Medical Group Practice, 29-31 West Street, Congleton, Cheshire, CW12 1JP	Main	No	NHS Eastern Cheshire CCG
N81032	Ashfields Primary Care Centre, Middlewich Road, Sandbach, Cheshire, CW11 1EQ	Main	No	NHS South Cheshire CCG
N81039	Oaklands, Middlewich Medical Centre, St.Ann's Walk, Middlewich, Cheshire, CW10 9BE	Main	No	NHS South Cheshire CCG
N81052	Lawton House Surgery, Bromley Road, Congleton, Cheshire, CW12 1QG	Main	No	NHS Eastern Cheshire CCG
N81071	Greenmoss Medical Centre, Portland Drive, Scholar Green, Cheshire, ST7 3BT	Main	Yes	NHS South Cheshire CCG
N81071	Rode Heath Surgery, Greenmoss Medical Centre, 130 Heath Avenue, Rode Heath, Stoke On Trent, ST7 3TH	Branch	Yes	NHS South Cheshire CCG
N81077	The Health Centre (Holmes Chapel), Holmes Chapel Health Ctr, London Road, Holmes Chapel, Cheshire, CW4 7BB	Main	Yes	NHS Eastern Cheshire CCG
N81111	Merepark Medical Centre, 12 Sandbach Road South, Alsager, Cheshire, ST7 2LU	Main	No	NHS South Cheshire CCG
N81118	Meadowside Medical Centre, Meadowside, Mountbatten Way, Congleton,Cheshire, CW12 1DY	Main	No	NHS Eastern Cheshire CCG
N81642	Water's Edge Medical Centre, Lex House, 10-12 Leadsmithy Street, Middlewich, Cheshire, CW10 9BH	Main	No	NHS South Cheshire CCG

Which pharmacy do you use?	Congleton LAP		Cheshire East	
	Count	%	Count	%
I use the same pharmacy all the time	69	36.7%	241	37.6%
I use different pharmacies but visit one most often	92	48.9%	305	47.6%
I use different pharmacies and none more frequently than any other	27	14.4%	95	14.8%
Total	**188**	**100.0%**	**641**	**100.0%**

How do you travel to the pharmacy?	Congleton LAP		Cheshire East	
	Count	%	Count	%
Car	123	65.1%	465	72.7%
Walk	98	51.9%	265	41.4%
Bike	5	2.6%	29	4.5%
Public transport	5	2.6%	11	1.7%
Delivered	9	4.8%	18	2.8%
Other	2	1.1%	8	1.3%
Total	**189**	**100.0%**	**640**	**100.0%**

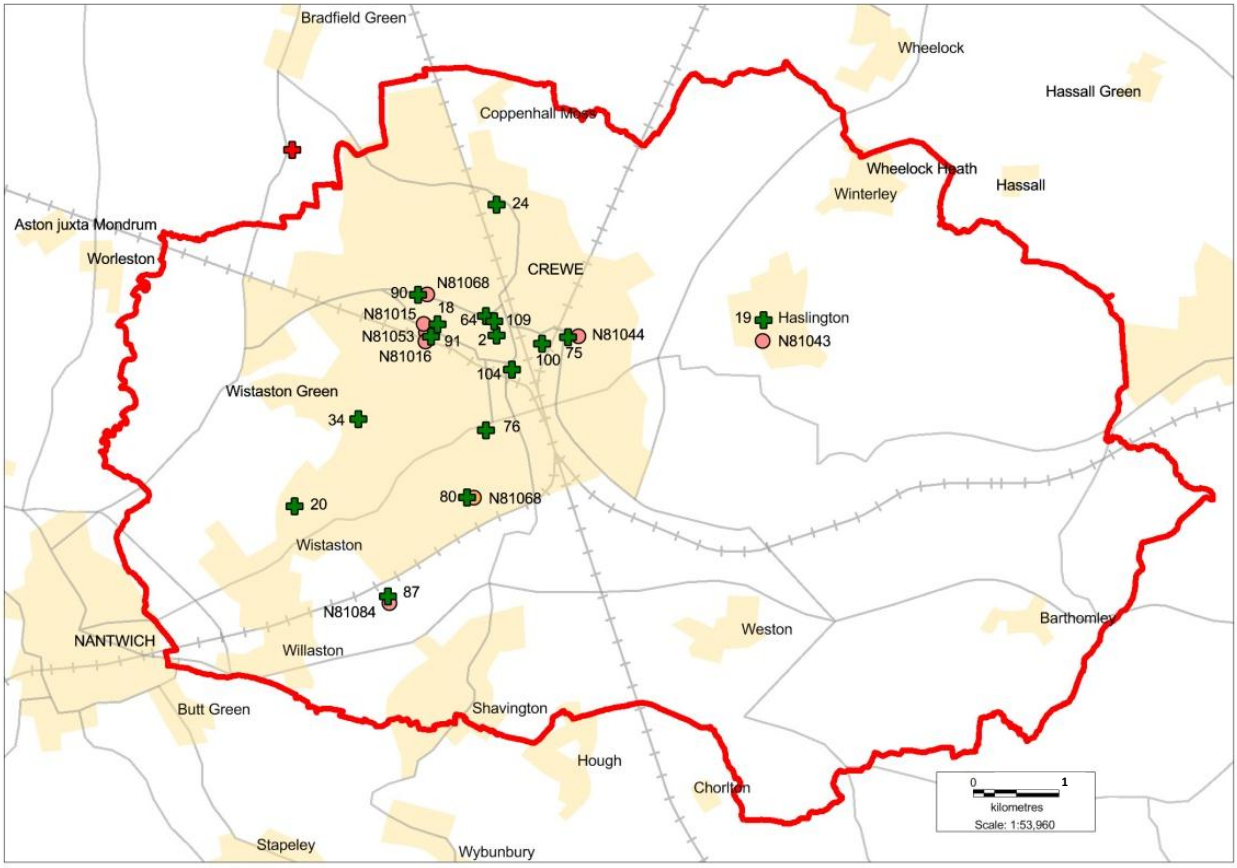
How satisfied are you with the opening hours?	Congleton LAP		Cheshire East	
	Count	%	Count	%
Very satisfied	88	46.6%	303	47.2%
Fairly satisfied	57	30.2%	202	31.5%
Neither satisfied nor dissatisfied	25	13.2%	80	12.5%
Fairly dissatisfied	5	2.6%	15	2.3%
Very dissatisfied	0	0.0%	4	0.6%
Dont know	14	7.4%	38	5.9%
Total	**189**	**100.0%**	**642**	**100.0%**

Overall satisfaction with services	Congleton LAP		Cheshire East	
	Count	%	Count	%
Very satisfied	90	50.6%	341	55.1%
Fairly satisfied	63	35.4%	204	33.0%
Neither satisfied nor dissatisfied	11	6.2%	41	6.6%
Fairly dissatisfied	10	5.6%	20	3.2%
Very dissatisfied	2	1.1%	7	1.1%
Dont know	2	1.1%	6	1.0%
Total	**178**	**100.0%**	**619**	**100.0%**

Use of the minor ailment service	Congleton LAP		Cheshire East	
	Count	%	Count	%
Have used	65	35.5%	184	29.8%
Haven't used, but might in future	67	36.6%	239	38.7%
Haven't used and dont intend to in future	41	22.4%	165	26.7%
Dont know	10	5.5%	29	4.7%
Total	**183**	**100.0%**	**617**	**100.0%**

Location and access to pharmacies	Congleton LAP		Cheshire East	
	Count	%	Count	%
Live in a rural area with access to a community pharmacy within the rural area	33	17.6%	139	21.7%
Live in a rural area with access to a pharmacy within a nearby town	19	10.1%	86	13.4%
Live in a rural area and can have my prescription dispensed by my doctors surg	13	6.9%	34	5.3%
Live in a rural area and use an online pharmacy	1	0.5%	2	0.3%
I live in a urban area and access a Town based pharmacy	120	63.8%	365	56.9%
I live in a urban area and use an online pharmacy	1	0.5%	8	1.2%
I live in a urban area and access a rural based pharmacy	1	0.5%	2	0.3%
Not Applicable	0	0.0%	6	0.9%
Other	0	0.0%	0	0.0%
Total	**188**	**100.0%**	**642**	**100.0%**

LAP PROFILE: CREWE LAP



Opening Hours (Supplementary hours in bold; Core hours in brackets)

Map Code	Pharmacy Address	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	100 hours
2	Boots 56-58 Market Street Crewe CW1 2EX	**09:00-12:30, 13:30-17:30**	**09:00-12:30, 13:30-17:30**	**09:00-12:30, 13:30-17:30**	**09:00-12:30, 13:30-17:30**	**09:00-12:30, 13:30-17:30**	**09:00-12:30, 13:30-17:30** (09:30-11:30)	Closed	No
18	Rowlands Pharmacy 66 Richard Moon Street Crewe, CW1 3AX	**08:30-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**08:30-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**08:30-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**08:30-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**08:30-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**09:00-13:00** (09:00-11:30)	Closed	No
19	Rowlands Pharmacy Haslington Surgery Crewe Road Haslington, Crewe CW1 5QY	**08:30-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**08:30-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**08:30-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**08:30-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**08:30-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**09:00-13:00** (09:00-11:30)	Closed	No
20	Rowlands Pharmacy 7 Kings Drive Wistaston Crewe, CW2 8HY	**09:00-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**09:00-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**09:00-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**09:00-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**09:00-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**09:00-13:00** (09:00-11:30)	Closed	No
24	Rydale Pharmacy 18 North Street Coppenhall, Crewe CW1 4NL	**09:00-13:00, 14:00-17:30**	**09:00-13:00, 14:00-17:30**	**09:00-13:00, 14:00-17:00**	**09:00-13:00, 14:00-17:30**	**09:00-13:00, 14:00-17:30**	**09:30-12:30**	Closed	No
34	The Co-Operative Pharmacy 3 The Precinct Readesdale Avenue Wistaston, Crewe CW2 8UR	**09:00-17:30** (09:00-13:00, 13:30-17:30)	**09:00-17:30** (09:00-13:00, 13:30-17:30)	**09:00-17:30** (09:00-13:00, 13:30-17:30)	**09:00-17:30** (09:00-13:00, 13:30-17:30)	**09:00-17:30** (09:00-13:00, 13:30-17:30)	Closed	Closed	No
64	Asda Pharmacy Victoria Centre Crewe CW1 2PT	**08:00-23:00**	**07:00-23:00**	**07:00-23:00**	**07:00-23:00**	**07:00-23:00**	**07:00-22:00**	**10:00-16:00**	Yes
75	The Co-Operative Pharmacy Hungerford MC School Crescent Crewe, CW1 5HA	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-18:00** (09:00-13:00, 14:00-18:00)	Closed	Closed	No
76	The Co-Operative Pharmacy 139-141 Nantwich Road Crewe, CW2 6DF	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-13:00** (No core hours)	Closed	No

80	The Co-Operative Pharmacy 1a Brookhouse Drive Crewe CW2 6NA	**08:45-13:00, 14:00-18:00** (08:45-13:00, 14:15-18:00)	**08:45-13:00, 14:00-18:00** (08:45-13:00, 14:15-18:00)	**08:45-13:00, 14:00-18:00** (08:45-13:00, 14:15-18:00)	**08:45-13:00, 14:00-18:00** (08:45-13:00, 14:15-18:00)	**08:45-13:00, 14:00-18:00** (08:45-13:00, 14:15-18:00)	Closed	Closed	No
87	The Co-Operative Pharmacy Rope Lane MC Shavington Crewe, CW2 5DA	**08:30-18:30** (09:00-13:00, 14:00-18:00)	**08:30-18:30** (09:00-13:00, 14:00-18:00)	**08:30-18:30** (09:00-13:00, 14:00-18:00)	**08:30-18:30** (09:00-13:00, 14:00-18:00)	**08:30-18:30** (09:00-13:00, 14:00-18:00)	**09:00-13:00** (No core hours)	Closed	No
90	West Street Pharmacy 143 West Street Crewe, CW1 3HH	**09:00-18:00** (09:00-12:30, 14:00-18:00)	**09:00-18:00** (09:00-12:30, 14:00-18:00)	**09:00-18:00** (09:00-12:30, 14:00-18:00)	**09:00-18:00** (09:00-12:30, 14:00-18:00)	**09:00-18:00** (09:00-12:30, 14:00-18:00)	**09:00-13:00** (10:30-13:00)	Closed	No
91	Eagle Bridge Pharmacy Eagle Bridge Dunwoody Way Crewe, CW1 3AW	**08:30-20:00** (09:00-17:00)	**08:30-18:30** (09:00-17:00)	**08:30-18:30** (09:00-17:00)	**08:30-18:30** (09:00-17:00)	**08:30-18:30** (09:00-17:00)	**09:00-13:00** (No core hours)	Closed	No
100	Boots Unit 12 Grand Junction Retail Park Crewe, CW1 2RP	**08:00-00:00**	**08:00-00:00**	**08:00-00:00**	**08:00-00:00**	**08:00-00:00**	**08:00-22:00**	**11:00-17:00**	Yes
104	Tesco Instore Pharmacy Vernon Way Crewe, CW1 2DD	**06:30-22:30**	**06:30-22:30**	**06:30-22:30**	**06:30-22:30**	**06:30-22:30**	**08:00-22:00**	**10:00-16:00**	Yes
109	Clear Pharmacy 31-32 The Market Centre Victoria Street Crewe, CW1 2NG	**08:45-17:30** (09:00-13:30, 14:00-17:30)	**08:45-17:30** (09:00-13:30, 14:00-17:30)	**08:45-17:30** (09:00-13:30, 14:00-17:30)	**08:45-17:30** (09:00-13:30, 14:00-17:30)	**08:45-17:30** (09:00-13:30, 14:00-17:30)	**08:45-17:30** (No core hours)	Closed	No

CREWE LAP: CCG and Public Health Commissioned Services

		CCG Commissioned Services		Public Health Commissioned Services			
Map Code	**Pharmacy**	**PCS**	**MAS**	**SC**	**NE**	**SS**	**EHC**
2	Boots, 56-58 Market Street	Yes	Yes	Yes	Yes	Yes	Yes
18	Rowlands Pharmacy, 66 Richard Moon Street	No	Yes	Yes	No	Yes	Yes
19	Rowlands Pharmacy, Haslington Surgery	No	Yes	Yes	No	No	Yes
20	Rowlands Pharmacy, 7 Kings Drive, Wistaston	No	Yes	No	No	No	No
24	Rydale Pharmacy, 18 North Street	No	Yes	Yes	No	Yes	Yes
34	The Co-Operative Pharmacy, 3 The Precinct, Wistaston	No	Yes	Yes	No	Yes	Yes
64	Asda Pharmacy, Victoria Centre	Yes	Yes	No	No	No	No
75	The Co-Operative Pharmacy, Hungerford Medical Centre	No	Yes	Yes	No	Yes	Yes
76	The Co-Operative Pharmacy, 139-141 Nantwich Road	No	Yes	Yes	No	Yes	Yes
80	The Co-Operative Pharmacy, 1a Brookhouse Drive	No	Yes	Yes	No	Yes	Yes
87	The Co-Operative Pharmacy, Rope Lane Medical Centre, Shavington	No	Yes	No	No	Yes	Yes
90	West Street Pharmacy, 143 West Street	No	Yes	Yes	No	Yes	Yes
91	Eagle Bridge Pharmacy, Eagle Bridge Health Ctr	No	Yes	Yes	No	Yes	Yes
100	Boots, Unit 12, Grand Junction Retail Park	Yes	Yes	Yes	Yes	Yes	Yes
104	Tesco Instore Pharmacy, Vernon Way	Yes	Yes	Yes	No	Yes	Yes
109	Clear Pharmacy, 31-32 The Market Centre	No	Yes	Yes	Yes	Yes	Yes

PCS = Palliative Care Scheme; MAS = Minor Ailment Scheme; SC = Supervised Consumption; NE = Needle Exchange; SS = Stop Smoking; EHC = Emergency Hormonal Contraception

CREWE LAP: Advanced Services

Map Code	Pharmacy	Dispense Applicances	MUR	New Med	AUR	SAC
2	Boots, 56-58 Market Street	All types	Yes	Yes		
18	Rowlands Pharmacy, 66 Richard Moon Street	All types	Yes	Yes		Yes
19	Rowlands Pharmacy, Haslington Surgery	All types	Yes	Yes		
20	Rowlands Pharmacy, 7 Kings Drive, Wistaston	Excluding incontinence appliances	Yes	Yes		
24	Rydale Pharmacy, 18 North Street	All types	Yes	Yes		
34	The Co-Operative Pharmacy, 3 The Precinct, Wistaston	All types	Yes	Yes		Yes
64	Asda Pharmacy, Victoria Centre	All types	Yes	Yes		
75	The Co-Operative Pharmacy, Hungerford Medical Centre	All types	Yes	Yes		Yes
76	The Co-Operative Pharmacy, 139-141 Nantwich Road		Yes	Yes		Yes
80	The Co-Operative Pharmacy, 1a Brookhouse Drive	All types	Yes	Yes		Yes
87	The Co-Operative Pharmacy, Rope Lane Medical Centre, Shavington	All types	Yes	Yes		Yes
90	West Street Pharmacy, 143 West Street	All types	Yes	Yes		Yes
91	Eagle Bridge Pharmacy, Eagle Bridge Health Ctr	All types	Yes	Yes		Yes
100	Boots, Unit 12, Grand Junction Retail Park	All types	Yes	Yes		
104	Tesco Instore Pharmacy, Vernon Way	All types	Yes	Yes		
109	Clear Pharmacy, 31-32 The Market Centre	All types	Yes	Yes		

MUR = Medicines Use Review; New Med = New Medicines Service; AUR = Appliance Review Service; SAC = Stoma Appliance Customisation

CREWE LAP: Accessibility

Map Code	Pharmacy	DP	WA	WA All	AMS	AD/B	S	HL	LPL	CA	CAWA	T
2	Boots, 56-58 Market Street	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	
18	Rowlands Pharmacy, 66 Richard Moon Street		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
19	Rowlands Pharmacy, Haslington Surgery	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
20	Rowlands Pharmacy, 7 Kings Drive, Wistaston		Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	
24	Rydale Pharmacy, 18 North Street		Yes	Yes	Yes		Yes		Yes	Yes	Yes	
34	The Co-Operative Pharmacy, 3 The Precinct, Wistaston	Yes	Yes	Yes			Yes	Yes		Yes	Yes	
64	Asda Pharmacy, Victoria Centre	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
75	The Co-Operative Pharmacy, Hungerford Medical Ctr	Yes	Yes	Yes			Yes	Yes		Yes	Yes	Yes
76	The Co-Operative Pharmacy, 139-141 Nantwich Road	Yes	Yes	Yes			Yes	Yes		Yes	Yes	Yes
80	The Co-Operative Pharmacy, 1a Brookhouse Drive	Yes	Yes	Yes			Yes	Yes		Yes	Yes	
87	The Co-Operative Pharmacy, Rope Lane Medical Ctr	Yes	Yes				Yes	Yes		Yes		
90	West Street Pharmacy, 143 West Street		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
91	Eagle Bridge Pharmacy, Eagle Bridge Health Ctr	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
100	Boots, Unit 12, Grand Junction Retail Park	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
104	Tesco Instore Pharmacy, Vernon Way		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
109	Clear Pharmacy, 31-32 The Market Centre	Yes	Yes	Yes	Yes		Yes		Yes	Yes	Yes	Yes

DP = Designated disabled parking within 10m; WA = Entrance suitable for unaided wheelchair; WA all = All areas accessible by wheelchair; AMS = Accessible by mobility scooter users; S = Seating whilst waiting; HL = Hearing loop; LPL = Large print labels or leaflets; CA = Consultation area; CAWA = Consultation area accessible by wheelchair; T = Access to toilet during consultation

CREWE LAP: General Practices

GP Practice Code	GP Practice Address	Surgery Type	Dispensing Practice	Responsible CCG
N81015	The Delamere Practice, Eagle Bridge Health and Wellbeing Centre, Dunwoody Way, Crewe, Cheshire, CW1 3AW	Main	No	NHS South Cheshire CCG
N81016	Millcroft Medical Centre, Eagle Bridge Health and Wellbeing Centre, Dunwoody Way, Crewe, Cheshire, CW1 3AW	Main	No	NHS South Cheshire CCG
N81043	Haslington Surgery, Haslington Surgery, Crewe Road, Haslington, Crewe, Cheshire, CW1 5QY	Main	No	NHS South Cheshire CCG
N81044	Hungerford Medical Centre, Hungerford Medical Centre, School Crescent, Crewe, Cheshire, CW1 5HA	Main	No	NHS South Cheshire CCG
N81053	Earnswood Medical Centre, Eagle Bridge Health and Wellbeing Centre, Dunwoody Way, Crewe, Cheshire, CW1 3AW	Main	No	NHS South Cheshire CCG
N81068	Gresty Brook Medical Centre, Grosvenor Medical Centre, Brookhouse Drive, Crewe, CW2 6NA	Branch	No	NHS South Cheshire CCG
N81068	Grosvenor Medical Centre, Grosvenor Street, Crewe, Cheshire, CW1 3HB	Main	No	NHS South Cheshire CCG
N81084	Rope Green Medical Centre, Rope Green Medical Centre, Rope Lane, Shavington, Crewe, Cheshire, CW2 5DA	Main	No	NHS South Cheshire CCG

Which pharmacy do you use?	Crewe LAP		Cheshire East	
	Count	%	Count	%
I use the same pharmacy all the time	40	35.7%	241	37.6%
I use different pharmacies but visit one most often	52	46.4%	305	47.6%
I use different pharmacies and none more frequently than any other	20	17.9%	95	14.8%
Total	**112**	**100.0%**	**641**	**100.0%**

How do you travel to the pharmacy?	Crewe LAP		Cheshire East	
	Count	%	Count	%
Car	97	87.4%	465	72.7%
Walk	31	27.9%	265	41.4%
Bike	7	6.3%	29	4.5%
Public transport	3	2.7%	11	1.7%
Delivered	2	1.8%	18	2.8%
Other	0	0.0%	8	1.3%
Total	**111**	**100.0%**	**640**	**100.0%**

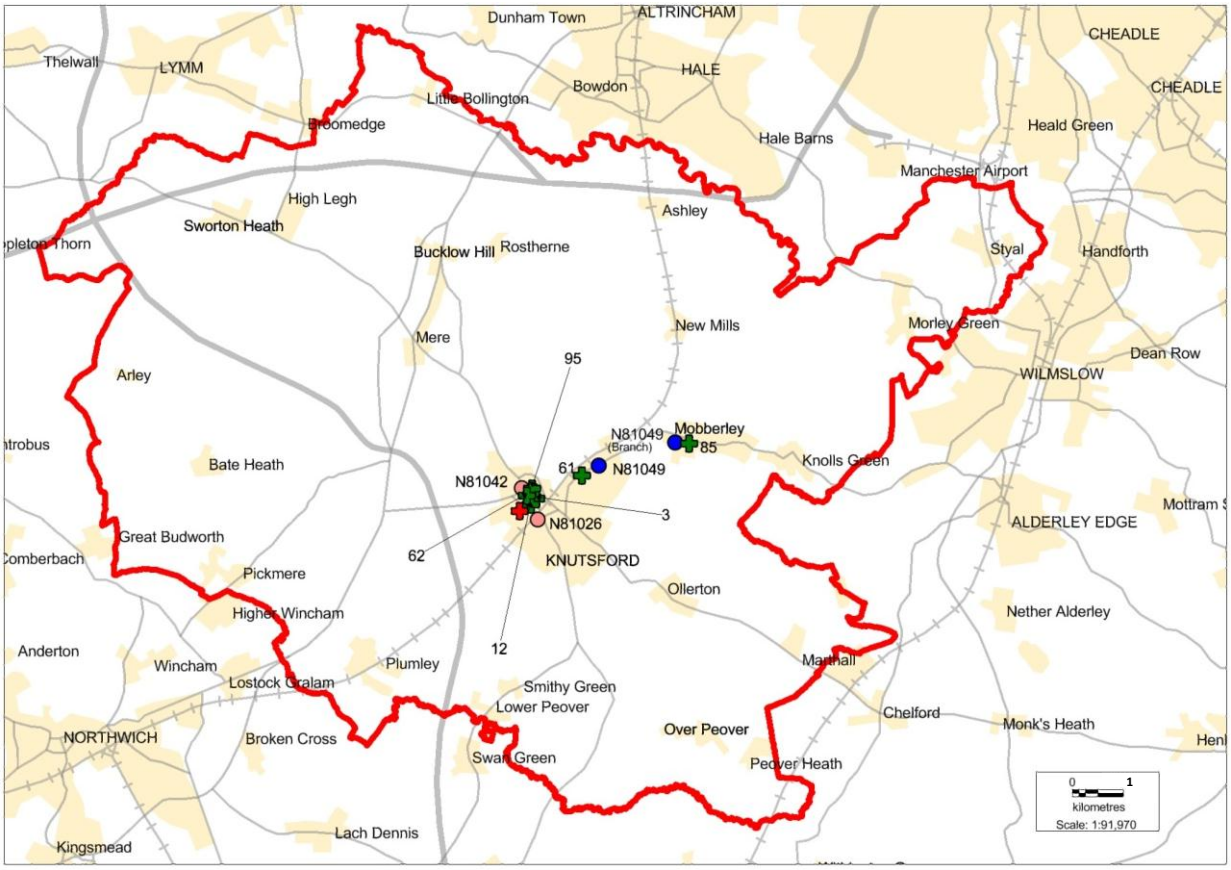
How satisfied are you with the opening hours?	Crewe LAP		Cheshire East	
	Count	%	Count	%
Very satisfied	43	38.4%	303	47.2%
Fairly satisfied	40	35.7%	202	31.5%
Neither satisfied nor dissatisfied	15	13.4%	80	12.5%
Fairly dissatisfied	3	2.7%	15	2.3%
Very dissatisfied	1	.9%	4	0.6%
Dont know	10	8.9%	38	5.9%
Total	**112**	**100.0%**	**642**	**100.0%**

Overall satisfaction with services	Crewe LAP		Cheshire East	
	Count	%	Count	%
Very satisfied	56	50.9%	341	55.1%
Fairly satisfied	39	35.5%	204	33.0%
Neither satisfied nor dissatisfied	6	5.5%	41	6.6%
Fairly dissatisfied	7	6.4%	20	3.2%
Very dissatisfied	1	.9%	7	1.1%
Dont know	1	.9%	6	1.0%
Total	**110**	**100.0%**	**619**	**100.0%**

Use of the minor ailment service	Crewe LAP		Cheshire East	
	Count	%	Count	%
Have used	31	28.2%	184	29.8%
Haven't used, but might in future	40	36.4%	239	38.7%
Haven't used and dont intend to in future	33	30.0%	165	26.7%
Dont know	6	5.5%	29	4.7%
Total	**110**	**100.0%**	**617**	**100.0%**

Location and access to pharmacies	Crewe LAP		Cheshire East	
	Count	%	Count	%
Live in a rural area with access to a community pharmacy within the rural area	32	28.1%	139	21.7%
Live in a rural area with access to a pharmacy within a nearby town	17	14.9%	86	13.4%
Live in a rural area and can have my prescription dispensed by my doctors surg	5	4.4%	34	5.3%
Live in a rural area and use an online pharmacy	0	0.0%	2	0.3%
I live in a urban area and access a Town based pharmacy	58	50.9%	365	56.9%
I live in a urban area and use an online pharmacy	0	0.0%	8	1.2%
I live in a urban area and access a rural based pharmacy	0	0.0%	2	0.3%
Not Applicable	2	1.8%	6	0.9%
Other	0	0.0%	0	0.0%
Total	**114**	**100.0%**	**642**	**100.0%**

LAP PROFILE: KNUTSFORD LAP



Opening Hours (Supplementary hours in bold; Core hours in brackets)

Map Code	Pharmacy Address	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	100 hours
3	Boots 64 King Street Knutsford WA16 6DT	**08:30-17:30** (09:30-13:00, 14:00-17:30)	**08:30-17:30** (09:30-13:00, 14:00-17:30)	**08:30-17:30** (09:30-13:00, 14:00-17:30)	**08:30-17:30** (09:30-13:00, 14:00-17:30)	**08:30-17:30** (09:30-13:00, 14:00-17:30)	**08:30-17:30** (09:30-13:00, 14:00-15:30)	**10:30-16:30** (No core hours)	No
12	Mannings 38 Princess Street Knutsford WA16 6BN	**08:30-19:30** (09:00-13:00, 14:00-18:00)	**08:30-19:**30 (09:00-13:00, 14:00-18:00)	**08:30-19:30** (09:00-13:00, 14:00-18:00)	**08:30-19:30** (09:00-13:00, 14:00-18:00)	**08:30-19:30** (09:00-13:00, 14:00-18:00)	**09:00-17:30** (No core hours)	Closed	No
61	Rowlands Pharmacy 4 Parkgate Lane Knutsford WA16 8HG	**09:00-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**09:00-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**09:00-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**09:00-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**09:00-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**09:00-12:00** (09:00-11:30)	Closed	No
62	Rowlands Pharmacy 6 Canute Place Knutsford WA16 6BH	**09:00-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**09:00-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**09:00-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**09:00-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**09:00-13:00, 13:20-18:00** (09:00-13:00, 14:00-17:30)	**09:00-13:00** (09:30-12:00)	Closed	No
85	The Co-Operative Pharmacy 93 Town Lane Mobberley, WA16 7HH	**09:00-18:00** (09:00-14:00, 15:00-18:00)	**09:00-18:00** (09:00-14:00, 15:00-18:00)	**09:00-18:00** (09:00-14:00, 15:00-18:00)	**09:00-18:00** (09:00-14:00, 15:00-18:00)	**09:00-18:00** (09:00-14:00, 15:00-18:00)	Closed	Closed	No
95	The Prescription Service 11 Tatton Street Knutsford WA16 6AB	**07:00-22:00**	**07:00-22:00**	**07:00-22:00**	**07:00-22:00**	**07:00-22:00**	**07:00-22:00**	**09:00-19:00**	Yes

KNUTSFORD LAP: CCG and Public Health Commissioned Services

		CCG Commissioned Services		Public Health Commissioned Services			
Map Code	**Pharmacy**	**PCS**	**MAS**	**SC**	**NE**	**SS**	**EHC**
3	Boots, 64 King Street	Yes	Yes	Yes	No	No	Yes
12	Mannings, 38 Princess Street	No	No	No	No	No	No
61	Rowlands Pharmacy, 4 Parkgate Lane	No	Yes	Yes	No	No	No
62	Rowlands Pharmacy, 6 Canute Place	No	Yes	No	No	No	No
85	The Co-Operative Pharmacy, 93 Town Lane, Mobberley	No	Yes	No	Yes	Yes	Yes
95	The Prescription Service, 11 Tatton Street	Yes	Yes	Yes	No	No	Yes

PCS = Palliative Care Scheme; MAS = Minor Ailment Scheme; SC = Supervised Consumption; NE = Needle Exchange; SS = Stop Smoking; EHC = Emergency Hormonal Contraception

KNUTSFORD LAP: Advanced Services

Map Code	Pharmacy	Dispense Applicances	MUR	New Med	AUR	SAC
3	Boots, 64 King Street	All types	Yes	Yes		
12	Mannings, 38 Princess Street	All types	Yes	Yes		Yes
61	Rowlands Pharmacy, 4 Parkgate Lane	All types	Yes	Yes		
62	Rowlands Pharmacy, 6 Canute Place	Excl incontinence appliances				
85	The Co-Operative Pharmacy, 93 Town Lane, Mobberley	All types	Yes	Yes		Yes
95	The Prescription Service, 11 Tatton Street	All types	Yes	Yes		Yes

MUR = Medicines Use Review; New Med = New Medicines Service; AUR = Appliance Review Service; SAC = Stoma Appliance Customisation

KNUTSFORD LAP: Accessibility

Map Code	Pharmacy	DP	WA	WA All	AMS	AD/B	S	HL	LPL	CA	CAWA	T
3	Boots, 64 King Street		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
12	Mannings, 38 Princess Street		Yes	Yes	Yes		Yes		Yes	Yes	Yes	Yes
61	Rowlands Pharmacy, 4 Parkgate Lane		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
62	Rowlands Pharmacy, 6 Canute Place					Yes	Yes	Yes	Yes			
85	The Co-Operative Pharmacy, 93 Town Lane, Mobberley	Yes	Yes	Yes			Yes	Yes		Yes	Yes	
95	The Prescription Service, 11 Tatton Street		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	

DP = Designated disabled parking within 10m; WA = Entrance suitable for unaided wheelchair; WA all = All areas accessible by wheelchair; AMS = Accessible by mobility scooter users; S = Seating whilst waiting; HL = Hearing loop; LPL = Large print labels or leaflets; CA = Consultation area; CAWA = Consultation area accessible by wheelchair; T = Access to toilet during consultation

KNUTSFORD LAP: General Practices

GP Practice Code	GP Practice Address	Surgery Type	Dispensing Practice	Responsible CCG
N81026	Toft Road Surgery, Toft Road, Knutsford, Cheshire, WA16 9DY	Main	No	NHS Eastern Cheshire CCG
N81042	Manchester Road Medical Centre, 27-29 Manchester Road, Knutsford, Cheshire, WA16 0LY	Main	No	NHS Eastern Cheshire CCG
N81049	Annandale Medical Centre, Mobberley Road, Knutsford, Cheshire, WA16 8HR	Main	No	NHS Eastern Cheshire CCG
N81049	Mobberley Surgery, Annandale Medical Centre, 99 Town Lane, Mobberley, Cheshire, WA16 7HH	Branch	Yes	NHS Eastern Cheshire CCG

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2015

Which pharmacy do you use?	Knutsford LAP		Cheshire East	
	Count	%	Count	%
I use the same pharmacy all the time	20	45.5%	241	37.6%
I use different pharmacies but visit one most often	18	40.9%	305	47.6%
I use different pharmacies and none more frequently than any other	6	13.6%	95	14.8%
Total	**44**	**100.0%**	**641**	**100.0%**

How do you travel to the pharmacy?	Knutsford LAP		Cheshire East	
	Count	%	Count	%
Car	27	61.4%	465	72.7%
Walk	22	50.0%	265	41.4%
Bike	6	13.6%	29	4.5%
Public transport	0	0.0%	11	1.7%
Delivered	1	2.3%	18	2.8%
Other	1	2.3%	8	1.3%
Total	**44**	**100.0%**	**640**	**100.0%**

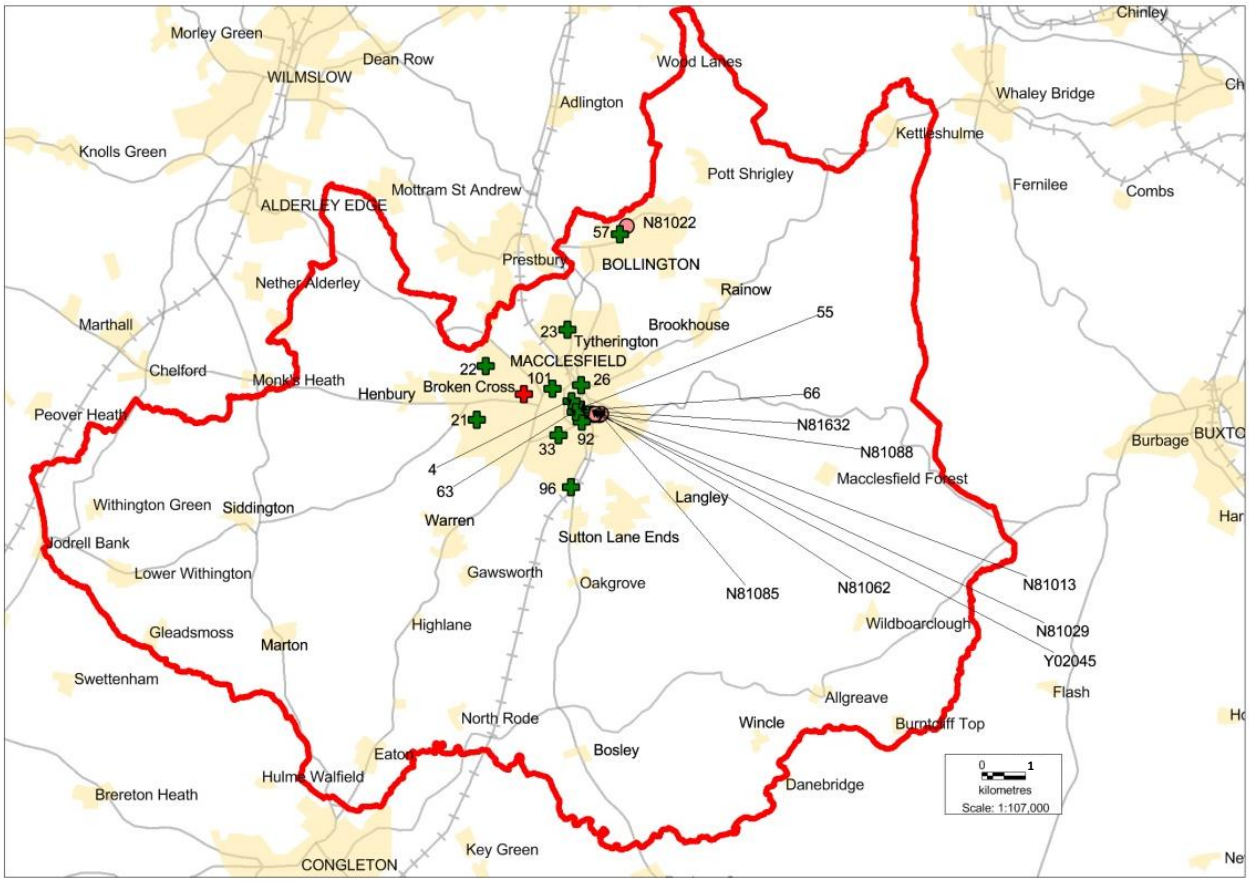
How satisfied are you with the opening hours?	Knutsford LAP		Cheshire East	
	Count	%	Count	%
Very satisfied	18	40.9%	303	47.2%
Fairly satisfied	18	40.9%	202	31.5%
Neither satisfied nor dissatisfied	3	6.8%	80	12.5%
Fairly dissatisfied	0	0.0%	15	2.3%
Very dissatisfied	0	0.0%	4	0.6%
Dont know	5	11.4%	38	5.9%
Total	**44**	**100.0%**	**642**	**100.0%**

Overall satisfaction with services	Knutsford LAP		Cheshire East	
	Count	%	Count	%
Very satisfied	26	60.5%	341	55.1%
Fairly satisfied	16	37.2%	204	33.0%
Neither satisfied nor dissatisfied	1	2.3%	41	6.6%
Fairly dissatisfied	0	0.0%	20	3.2%
Very dissatisfied	0	0.0%	7	1.1%
Dont know	0	0.0%	6	1.0%
Total	**43**	**100.0%**	**619**	**100.0%**

Use of the minor ailment service	Knutsford LAP		Cheshire East	
	Count	%	Count	%
Have used	15	37.5%	184	29.8%
Haven't used, but might in future	16	40.0%	239	38.7%
Haven't used and dont intend to in future	6	15.0%	165	26.7%
Dont know	3	7.5%	29	4.7%
Total	**40**	**100.0%**	**617**	**100.0%**

Location and access to pharmacies	Knutsford LAP		Cheshire East	
	Count	%	Count	%
Live in a rural area with access to a community pharmacy within the rural area	6	13.6%	139	21.7%
Live in a rural area with access to a pharmacy within a nearby town	11	25.0%	86	13.4%
Live in a rural area and can have my prescription dispensed by my doctors surg	6	13.6%	34	5.3%
Live in a rural area and use an online pharmacy	0	0.0%	2	0.3%
I live in a urban area and access a Town based pharmacy	20	45.5%	365	56.9%
I live in a urban area and use an online pharmacy	1	2.3%	8	1.2%
I live in a urban area and access a rural based pharmacy	0	0.0%	2	0.3%
Not Applicable	0	0.0%	6	0.9%
Other	0	0.0%	0	0.0%
Total	**44**	**100.0%**	**642**	**100.0%**

LAP PROFILE: MACCLESFIELD LAP



Opening Hours (Supplementary hours in bold; Core hours in brackets)

Map Code	Pharmacy Address	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	100 hours
4	Boots 12 Mill Street Mall The Grosvenor Centre Macclesfield SK11 6AJ	**09:00-17:30** (09:30-13:00, 14:00-17:15)	**09:00-17:30** (09:30-13:00, 14:00-17:15)	**09:00-17:30** (09:30-13:00, 14:00-17:15)	**09:00-17:30** (09:30-13:00, 14:00-17:15)	**09:00-17:30** (09:30-13:00, 14:00-17:15)	**09:00-17:30** (09:30-13:00, 14:00-16:45)	**11:00-16:00** (No core hours)	No
21	Weston Pharmacy 5-6 Weston Square Earlsway Macclesfield SK11 8SS	**09:00-18:00** (09:00-13:00, 14:00-17:00)	**09:00-18:00** (09:00-13:00, 14:00-17:00)	**09:00-17:30** (09:00-13:00, 14:00-17:00)	**09:00-18:00** (09:00-13:00, 14:00-17:00)	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-17:30** (09:00-13:00)	Closed	No
22	Andrews Pharmacy 71 Kennedy Avenue Macclesfield SK10 3DE	**09:00-13:00, 14:00-17:30** (09:00-13:00, 14:15-17:30)	**09:00-13:00, 14:00-17:30** (09:00-13:00, 14:15-17:30)	**09:00-13:00, 14:00-17:30** (09:00-13:00, 14:15-17:30)	**09:00-13:00, 14:00-17:30** (09:00-13:00, 14:15-17:30)	**09:00-13:00, 14:00-17:30** (09:00-13:00, 14:15-17:30)	**09:00-12:30** (No core hours)	Closed	No
23	Tytherington Pharmacy 2-3 The Precinct Tytherington Macclesfield SK10 2HB	**09:00-18:00** (09:00-13:00, 14:15-17:30)	**09:00-18:00** (09:00-13:00, 14:15-17:30)	**09:00-18:00** 09:00-13:00, 14:15-17:30)	**09:00-18:00** (09:00-13:00, 14:15-17:30)	**09:00-18:00** (09:00-13:00, 14:15-17:30)	**09:00-18:00** (09:00-12:45)	Closed	No
26	Tesco Instore Pharmacy Hibel Road Macclesfield SK10 2AB	**08:00-20:00** (09:00-13:00, 14:00-17:00)	**08:00-20:00** (09:00-13:00, 14:00-17:00)	**08:00-20:00** (09:00-13:00, 14:00-16:30)	**08:00-20:00** (09:00-13:00, 14:00-16:30)	**08:00-20:00** (09:00-13:00, 14:00-16:30)	**08:00-20:00** (09:00-13:00, 14:00-16:30)	**10:00-16:00** (No core hours)	No
33	The Co-Operative Pharmacy 209 Park Lane Macclesfield SK11 6UD	**09:00-18:00** (09:00-12:30, 13:30-18:00)	**09:00-18:00** (09:00-12:30, 13:30-18:00)	**09:00-18:00** (09:00-12:30, 13:30-18:00)	**09:00-18:00** (09:00-12:30, 13:30-18:00)	**09:00-18:00** (09:00-12:30, 13:30-18:00)	Closed	Closed	No
55	The Co-Operative Pharmacy Bollin House Sunderland Street Macclesfield SK11 6JL	**08:30-18:00** (09:00-13:00, 14:00-18:00)	**08:30-18:00** (09:00-13:00, 14:00-18:00)	**08:30-18:00** (09:00-13:00, 14:00-18:00)	**08:30-18:00** (09:00-13:00, 14:00-18:00)	**08:30-18:00** (09:00-13:00, 14:00-18:00)	Closed	Closed	No

57	Rowlands Pharmacy 71 Wellington Road Bollington Macclesfield SK10 5HT	**09:00-13:20, 13:40-17:45** (09:00-13:00, 14:00-17:30)	**09:00-13:20, 13:40-17:45** (09:00-13:00, 14:00-17:30)	**09:00-13:20, 13:40-17:45** (09:00-13:00, 14:00-17:30)	**09:00-13:20, 13:40-17:45** (09:00-13:00, 14:00-17:30)	**09:00-13:20, 13:40-17:45** (09:00-13:00, 14:00-17:30)	**09:00-13:00** (09:00-11:30)	Closed	No
63	Cohens Chemist Waters Green Medical Ctr Sunderland Street Macclesfield SK11 6JL	**07:00-10:00** (07:00-22:00)	**07:00-10:00** (07:00-22:00)	**07:00-10:00** (07:00-22:00)	**07:00-10:00** (07:00-22:00)	**07:00-10:00** (07:00-22:00)	**07:00-10:00** (07:00-22:00)	**10:00-20:00**	Yes
66	Lloyds Pharmacy 46-48 Charlotte Street Macclesfield SK11 6JB	**08:00-22:30**	**08:00-22:30**	**08:00-22:30**	**08:00-22:30**	**08:00-22:30**	**08:00-22:30**	**09:30-22:30**	Yes
92	The Co-Operative Pharmacy 78-80 Sunderland Street Macclesfield SK11 6HN	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-18:00** (09:00-13:00, 14:00-18:00)	**09:00-13:00** (No core hours)	Closed	No
96	London Road Pharmacy Unit 1 157 London Road Macclesfield SK11 7SP	**09:00-13:00, 14:00-17:30**	**09:00-13:00, 14:00-17:30**	**09:00-13:00, 14:00-17:30**	**09:00-13:00, 14:00-17:30**	**09:00-13:00, 14:00-17:30**	**09:00-12:30** (09:00-11:30)	Closed	No
101	Sainsbury's Pharmacy Macclesfield 61 Cumberland Street Macclesfield SK10 1BJ	**08:00-23:00**	**07:00-23:00**	**07:00-23:00**	**07:00-23:00**	**07:00-23:00**	**07:00-22:00**	**10:00-16:00**	Yes

MACCLESFIELD LAP: CCG and Public Health Commissioned Services

		CCG Commissioned Services		Public Health Commissioned Services			
Map Code	**Pharmacy**	**PCS**	**MAS**	**SC**	**NE**	**SS**	**EHC**
4	Boots, 12 Mill Street Mall	No	Yes	Yes	No	Yes	Yes
21	Weston Pharmacy, 5-6 Weston Square	Yes	Yes	Yes	Yes	Yes	Yes
22	Andrews Pharmacy, 71 Kennedy Avenue	No	Yes	Yes	Yes	Yes	Yes
23	Tytherington Pharmacy, 2-3 The Precinct, Tytherinton	No	Yes	Yes	Yes	No	Yes
26	Tesco Instore Pharmacy, Hibel Road	Yes	Yes	Yes	No	Yes	Yes
33	The Co-Operative Pharmacy, 209 Park Lane	No	Yes	Yes	Yes	Yes	Yes
55	The Co-Operative Pharmacy, Bollin House	No	Yes	No	No	Yes	Yes
57	Rowlands Pharmacy, 71 Wellington Road, Bollington	No	Yes	No	No	Yes	Yes
63	Cohens Chemist, Waters Green Medical Ctr	Yes	Yes	Yes	No	Yes	Yes
66	Lloyds Pharmacy, 46-48 Charlotte Street	Yes	Yes	Yes	Yes	Yes	Yes
92	The Co-Operative Pharmacy, 78-80 Sunderland Street	No	Yes	Yes	Yes	Yes	Yes
96	London Road Pharmacy, Unit 1, 157 London Road	No	Yes	Yes	Yes	Yes	Yes
101	Sainsbury's Pharmacy Macclesfield, 61 Cumberland Street	Yes	Yes	No	No	No	No

PCS = Palliative Care Scheme; MAS = Minor Ailment Scheme; SC = Supervised Consumption; NE = Needle Exchange; SS = Stop Smoking; EHC = Emergency Hormonal Contraception

MACCLESFIELD LAP: Advanced Services

Map Code	Pharmacy	Dispense Applicances	MUR	New Med	AUR	SAC
4	Boots, 12 Mill Street Mall	Just dressings	Yes	Yes		
21	Weston Pharmacy, 5-6 Weston Square	All types	Yes	Yes		
22	Andrews Pharmacy, 71 Kennedy Avenue	All types	Yes	Yes		
23	Tytherington Pharmacy, 2-3 The Precinct, Tytherington	All types	Yes	Yes		
26	Tesco Instore Pharmacy, Hibel Road	All types	Yes	Yes		
33	The Co-Operative Pharmacy, 209 Park Lane	All types	Yes	Yes		Yes
55	The Co-Operative Pharmacy, Bollin House	All types	Yes	Yes		Yes
57	Rowlands Pharmacy, 71 Wellington Road, Bollington					
63	Cohens Chemist, Waters Green Medical Ctr	All types	Yes	Yes		
66	Lloyds Pharmacy, 46-48 Charlotte Street	None	Yes	Yes		
92	The Co-Operative Pharmacy, 78-80 Sunderland Street	All types	Yes	Yes		Yes
96	London Road Pharmacy, Unit 1, 157 London Road	All types	Yes	Yes		
101	Sainsbury's Pharmacy Macclesfield, 61 Cumberland Street					

MUR = Medicines Use Review; New Med = New Medicines Service; AUR = Appliance Review Service; SAC = Stoma Appliance Customisation

MACCLESFIELD LAP: Accessibility

Map Code	Pharmacy	DP	WA	WA All	AMS	AD/B	S	HL	LPL	CA	CAWA	T
4	Boots, 12 Mill Street Mall		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
21	Weston Pharmacy, 5-6 Weston Square			Yes			Yes		Yes	Yes	Yes	
22	Andrews Pharmacy, 71 Kennedy Avenue	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
23	Tytherington Pharmacy, 2-3 The Precinct, Tytherington			Yes		Yes	Yes		Yes	Yes	Yes	
26	Tesco Instore Pharmacy, Hibel Road		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33	The Co-Operative Pharmacy, 209 Park Lane	Yes	Yes	Yes			Yes	Yes		Yes	Yes	
55	The Co-Operative Pharmacy, Bollin House	Yes	Yes	Yes			Yes	Yes		Yes	Yes	Yes
57	Rowlands Pharmacy, 71 Wellington Road, Bollington											
63	Cohens Chemist, Waters Green Medical Centre	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
66	Lloyds Pharmacy, 46-48 Charlotte Street	Yes		Yes		Yes	Yes	Yes		Yes	Yes	
92	The Co-Operative Pharmacy, 78-80 Sunderland Street	Yes	Yes	Yes			Yes	Yes		Yes	Yes	
96	London Road Pharmacy, Unit 1, 157 London Road						Yes		Yes	Yes	Yes	
101	Sainsbury's Pharmacy Macclesfield, 61 Cumberland St											

DP = Designated disabled parking within 10m; WA = Entrance suitable for unaided wheelchair; WA all = All areas accessible by wheelchair; AMS = Accessible by mobility scooter users; S = Seating whilst waiting; HL = Hearing loop; LPL = Large print labels or leaflets; CA = Consultation area; CAWA = Consultation area accessible by wheelchair; T = Access to toilet during consultation

MACCLESFIELD LAP: General Practices

GP Practice Code	GP Practice Address	Surgery Type	Dispensing Practice	Responsible CCG
N81013	High Street Surgery, Waters Green Medical Ctr, Sunderland Street, Macclesfield, Cheshire, SK11 6JL	Main	No	NHS Eastern Cheshire CCG
N81022	Bollington Medical Centre, Wellington Road, Bollington, Cheshire, SK10 5JH	Main	No	NHS Eastern Cheshire CCG
N81029	South Park Surgery, Waters Green Medical Ctr, Sunderland Street, Macclesfield, Cheshire, SK11 6JL	Main	No	NHS Eastern Cheshire CCG
N81062	Cumberland House Surgery, Waters Green Medical Ctr, Sunderland Street, Macclesfield, Cheshire, SK11 6JL	Main	No	NHS Eastern Cheshire CCG
N81085	Park Lane House Medical Centre, Waters Green Medical Ctr, Sunderland Street, Macclesfield, Cheshire, SK11 6JL	Main	No	NHS Eastern Cheshire CCG
N81088	Park Green Surgery, Waters Green Medical Ctr, Sunderland Street, Macclesfield, Cheshire, SK11 6JL	Main	No	NHS Eastern Cheshire CCG
N81632	Broken Cross Surgery, Waters Green Medical Ctr, Sunderland Street, Macclesfield, Cheshire, SK11 6JL	Main	No	NHS Eastern Cheshire CCG
Y02045	Vernova Healthcare CIC, Waters Green Medical Ctr, Sunderland Street, Macclesfield, Cheshire, SK11 6JL	Main	No	NHS Eastern Cheshire CCG

Which pharmacy do you use?	Macclesfield LAP		Cheshire East	
	Count	%	Count	%
I use the same pharmacy all the time	43	33.1%	241	37.6%
I use different pharmacies but visit one most often	69	53.1%	305	47.6%
I use different pharmacies and none more frequently than any other	18	13.8%	95	14.8%
Total	**130**	**100.0%**	**641**	**100.0%**

How do you travel to the pharmacy?	Macclesfield LAP		Cheshire East	
	Count	%	Count	%
Car	100	77.5%	465	72.7%
Walk	46	35.7%	265	41.4%
Bike	5	3.9%	29	4.5%
Public transport	2	1.6%	11	1.7%
Delivered	2	1.6%	18	2.8%
Other	2	1.6%	8	1.3%
Total	**129**	**100.0%**	**640**	**100.0%**

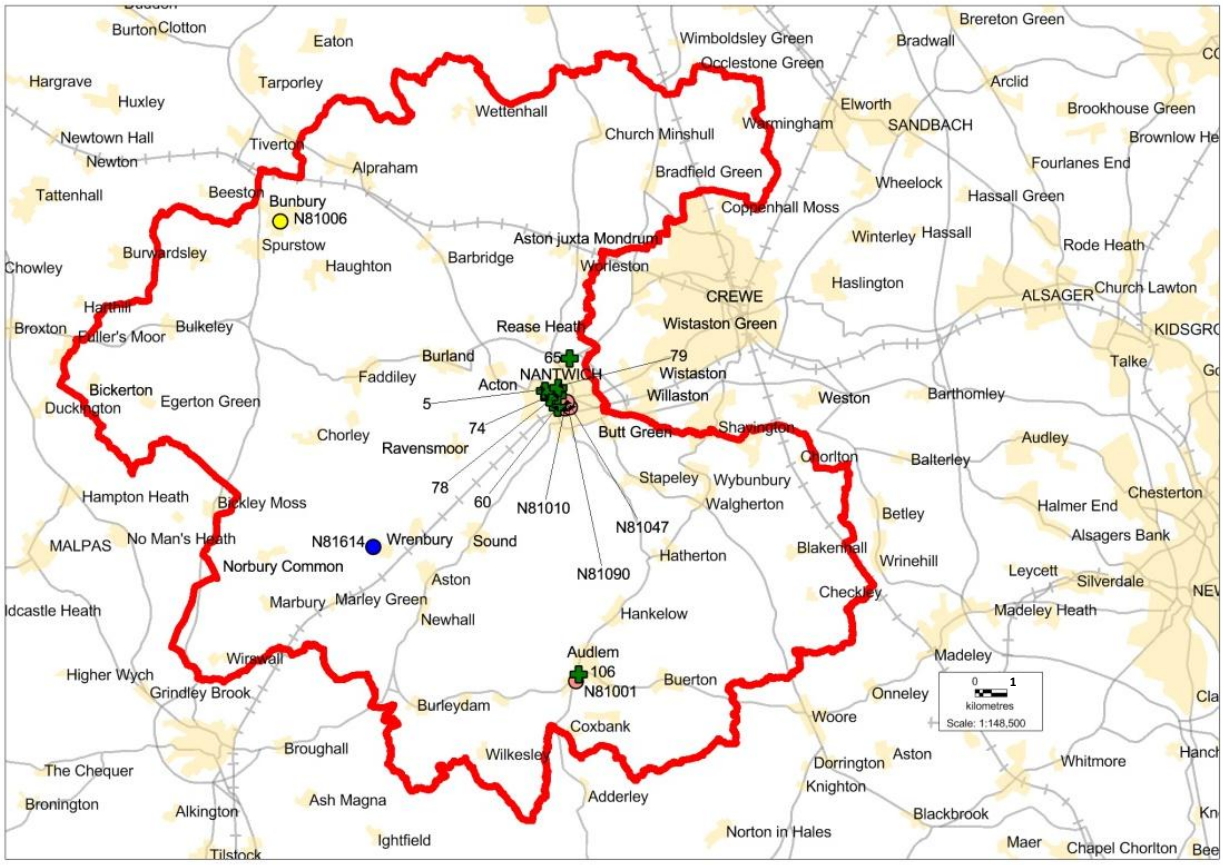
How satisfied are you with the opening hours?	Macclesfield LAP		Cheshire East	
	Count	%	Count	%
Very satisfied	77	59.2%	303	47.2%
Fairly satisfied	32	24.6%	202	31.5%
Neither satisfied nor dissatisfied	15	11.5%	80	12.5%
Fairly dissatisfied	3	2.3%	15	2.3%
Very dissatisfied	0	0.0%	4	0.6%
Dont know	3	2.3%	38	5.9%
Total	**130**	**100.0%**	**642**	**100.0%**

Overall satisfaction with services	Macclesfield LAP		Cheshire East	
	Count	%	Count	%
Very satisfied	85	66.9%	341	55.1%
Fairly satisfied	32	25.2%	204	33.0%
Neither satisfied nor dissatisfied	9	7.1%	41	6.6%
Fairly dissatisfied	0	0.0%	20	3.2%
Very dissatisfied	0	0.0%	7	1.1%
Dont know	1	.8%	6	1.0%
Total	**127**	**100.0%**	**619**	**100.0%**

Use of the minor ailment service	Macclesfield LAP		Cheshire East	
	Count	%	Count	%
Have used	28	22.8%	184	29.8%
Haven't used, but might in future	51	41.5%	239	38.7%
Haven't used and dont intend to in future	41	33.3%	165	26.7%
Dont know	3	2.4%	29	4.7%
Total	**123**	**100.0%**	**617**	**100.0%**

Location and access to pharmacies	Macclesfield LAP		Cheshire East	
	Count	%	Count	%
Live in a rural area with access to a community pharmacy within the rural area	20	15.5%	139	21.7%
Live in a rural area with access to a pharmacy within a nearby town	15	11.6%	86	13.4%
Live in a rural area and can have my prescription dispensed by my doctors surgery	0	0.0%	34	5.3%
Live in a rural area and use an online pharmacy	1	0.8%	2	0.3%
I live in a urban area and access a Town based pharmacy	88	68.2%	365	56.9%
I live in a urban area and use an online pharmacy	3	2.3%	8	1.2%
I live in a urban area and access a rural based pharmacy	1	0.8%	2	0.3%
Not Applicable	1	0.8%	6	0.9%
Other	0	0.0%	0	0.0%
Total	**129**	**100.0%**	**642**	**100.0%**

LAP PROFILE: NANTWICH LAP



Opening Hours (Supplementary hours in bold; Core hours in brackets)

Map Code	Pharmacy Address	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	100 hours
5	Boots 14 Swinemarket Nantwich CW5 5LN	**09:00-17:30** (09:30-13:00, 14:00-17:30)	**09:00-17:30** (09:30-13:00, 14:00-17:30)	**09:00-17:30** (09:30-13:00, 14:00-17:30)	**09:00-17:30** (09:30-13:00, 14:00-17:30)	**09:00-17:30** (09:30-13:00, 14:00-17:30)	**09:00-17:30** (09:30-13:00, 14:00-15:30)	Closed	No
60	Morrison's Pharmacy Station Road Nantwich CW5 5YR	**09:00-19:00** (09:00-13:00, 14:00-17:00)	**09:00-19:00** (09:00-13:00, 14:00-17:00)	**09:00-19:00** (09:00-13:00, 14:00-17:00)	**09:00-19:00** (09:00-13:00, 14:00-17:00)	**09:00-20:00** (09:00-13:00, 14:00-17:00)	**09:00-20:00** (09:00-13:00, 14:00-15:00)	**10:00-16:00** (No core hours)	No
65	Sainsbury's Pharmacy Middlewich Road Nantwich CW5 6PH	**07:00-23:00**	**07:00-23:00**	**07:00-23:00**	**07:00-23:00**	**07:00-23:00**	**07:00-22:00**	**10:00-16:00**	Yes
74	The Co-Operative Pharmacy 10-16 High Street Nantwich CW5 5AR	**09:00-17:30** (09:00-13:30, 14:00-17:30)	**09:00-17:30** (09:00-13:30, 14:00-17:30)	**09:00-17:30** (09:00-13:30, 14:00-17:30)	**09:00-17:30** (09:00-13:30, 14:00-17:30)	**09:00-17:30** (09:00-13:30, 14:00-17:30)	**09:00-17:30** (No core hours)	Closed	No
78	The Co-Operative Pharmacy Church View Beam Street Nantwich CW5 5NX	**08:00-18:30** (09:00-13:00, 14:00-18:00)	**08:00-18:30** (09:00-13:00, 14:00-18:00)	**08:00-18:30** (09:00-13:00, 14:00-18:00)	**08:00-18:30** (09:00-13:00, 14:00-18:00)	**08:00-18:30** (09:00-13:00, 14:00-18:00)	Closed	Closed	No
79	The Co-Operative Pharmacy 57 Beam Street Nantwich CW5 5NF	**09:00-13:00, 14:00-18:00**	**09:00-13:00, 14:00-18:00**	**09:00-13:00, 14:00-18:00**	**09:00-13:00, 14:00-18:00**	**09:00-13:00, 14:00-18:00**	Closed	Closed	No
106	Boots 1 Cheshire Street Audlem CW3 0AH	**09:00-13:00, 14:00-18:00**	**09:00-13:00, 14:00-18:00**	**09:00-13:00, 14:00-18:00** (09:00-13:00)	**09:00-13:00, 14:00-18:00**	**09:00-13:00, 14:00-18:00**	**09:00-13:00**	Closed	No

NANTWICH LAP: CCG and Public Health Commissioned Services

		CCG Commissioned Services		Public Health Commissioned Services			
Map Code	Pharmacy	PCS	MAS	SC	NE	SS	EHC
5	Boots, 14 Swinemarket	No	Yes	Yes	Yes	No	Yes
60	Morrison's Pharmacy, Station Road	No	Yes	No	No	No	Yes
65	Sainsbury's Pharmacy, Middlewich Road	Yes	Yes	No	No	No	No
74	The Co-Operative Pharmacy, 10-16 High Street	No	Yes	No	No	Yes	Yes
78	The Co-Operative Pharmacy, Church View, Beam Street	No	Yes	No	No	Yes	Yes
79	The Co-Operative Pharmacy, 57 Beam Street	Yes	Yes	Yes	No	No	Yes
106	Boots, 1 Cheshire Street, Audlem	No	Yes	Yes	No	No	Yes

PCS = Palliative Care Scheme; MAS = Minor Ailment Scheme; SC = Supervised Consumption; NE = Needle Exchange; SS = Stop Smoking; EHC = Emergency Hormonal Contraception

NANTWICH LAP: Advanced Services

Map Code	Pharmacy	Dispense Applicances	MUR	New Med	AUR	SAC
5	Boots, 14 Swinemarket	All types	Yes	Yes		
60	Morrison's Pharmacy, Station Road	All types	Yes	Yes		
65	Sainsbury's Pharmacy, Middlewich Road	Just dressings	Yes	Yes		
74	The Co-Operative Pharmacy, 10-16 High Street	All types	Yes	Yes		Yes
78	The Co-Operative Pharmacy, Church View, Beam Street	All types	Yes	Yes		Yes
79	The Co-Operative Pharmacy, 57 Beam Street	All types	Yes	Yes		Yes
106	Boots, 1 Cheshire Street, Audlem	All types	Yes	Yes		

MUR = Medicines Use Review; New Med = New Medicines Service; AUR = Appliance Review Service; SAC = Stoma Appliance Customisation

NANTWICH LAP: Accessibility

Map Code	Pharmacy	DP	WA	WA All	AMS	AD/B	S	HL	LPL	CA	CAWA	T
5	Boots, 14 Swinemarket	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	
60	Morrison's Pharmacy, Station Road	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
65	Sainsbury's Pharmacy, Middlewich Road	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
74	The Co-Operative Pharmacy, 10-16 High Street	Yes	Yes				Yes	Yes		Yes		
78	The Co-Operative Pharmacy, Church View, Beam St	Yes	Yes	Yes			Yes	Yes		Yes	Yes	
79	The Co-Operative Pharmacy, 57 Beam Street	Yes	Yes	Yes			Yes	Yes		Yes	Yes	Yes
106	Boots, 1 Cheshire Street, Audlem			Yes		Yes	Yes	Yes	Yes	Yes	Yes	

DP = Designated disabled parking within 10m; WA = Entrance suitable for unaided wheelchair; WA all = All areas accessible by wheelchair; AMS = Accessible by mobility scooter users; S = Seating whilst waiting; HL = Hearing loop; LPL = Large print labels or leaflets; CA = Consultation area; CAWA = Consultation area accessible by wheelchair; T = Access to toilet during consultation

NANTWICH LAP: General Practices

GP Practice Code	GP Practice Address	Surgery Type	Dispensing Practice	Responsible CCG
N81001	Audlem Medical Practice, 16 Cheshire St, Audlem, Crewe, Cheshire, CW3 0AH	Main	No	NHS South Cheshire CCG
N81006	Bunbury Medical Practice, Bunbury, Tarporley, Cheshire, CW6 9PE	Main	Yes	NHS West Cheshire CCG
N81010	Nantwich Health Centre, Church View Primary Care Centre, Beam St., Nantwich, Cheshire, CW5 5NX	Main	No	NHS South Cheshire CCG
N81047	The Kiltearn Medical Ctr., Church View Primary Care Centre, Beam St., Nantwich, Cheshire, CW5 5NX	Main	No	NHS South Cheshire CCG
N81090	Tudor Surgery, Church View Primary Care Centre, Beam St, Nantwich, Cheshire, CW5 5NX	Main	No	NHS South Cheshire CCG
N81614	The Surgery, Nantwich Road, Wrenbury, Cheshire, CW5 8EW	Main	Yes	NHS South Cheshire CCG

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2015

Which pharmacy do you use?	Nantwich LAP		Cheshire East	
	Count	%	Count	%
I use the same pharmacy all the time	20	40.0%	241	37.6%
I use different pharmacies but visit one most often	19	38.0%	305	47.6%
I use different pharmacies and none more frequently than any other	11	22.0%	95	14.8%
Total	**50**	**100.0%**	**641**	**100.0%**

How do you travel to the pharmacy?	Nantwich LAP		Cheshire East	
	Count	%	Count	%
Car	39	78.0%	465	72.7%
Walk	13	26.0%	265	41.4%
Bike	0	0.0%	29	4.5%
Public transport	1	2.0%	11	1.7%
Delivered	1	2.0%	18	2.8%
Other	1	2.0%	8	1.3%
Total	**50**	**100.0%**	**640**	**100.0%**

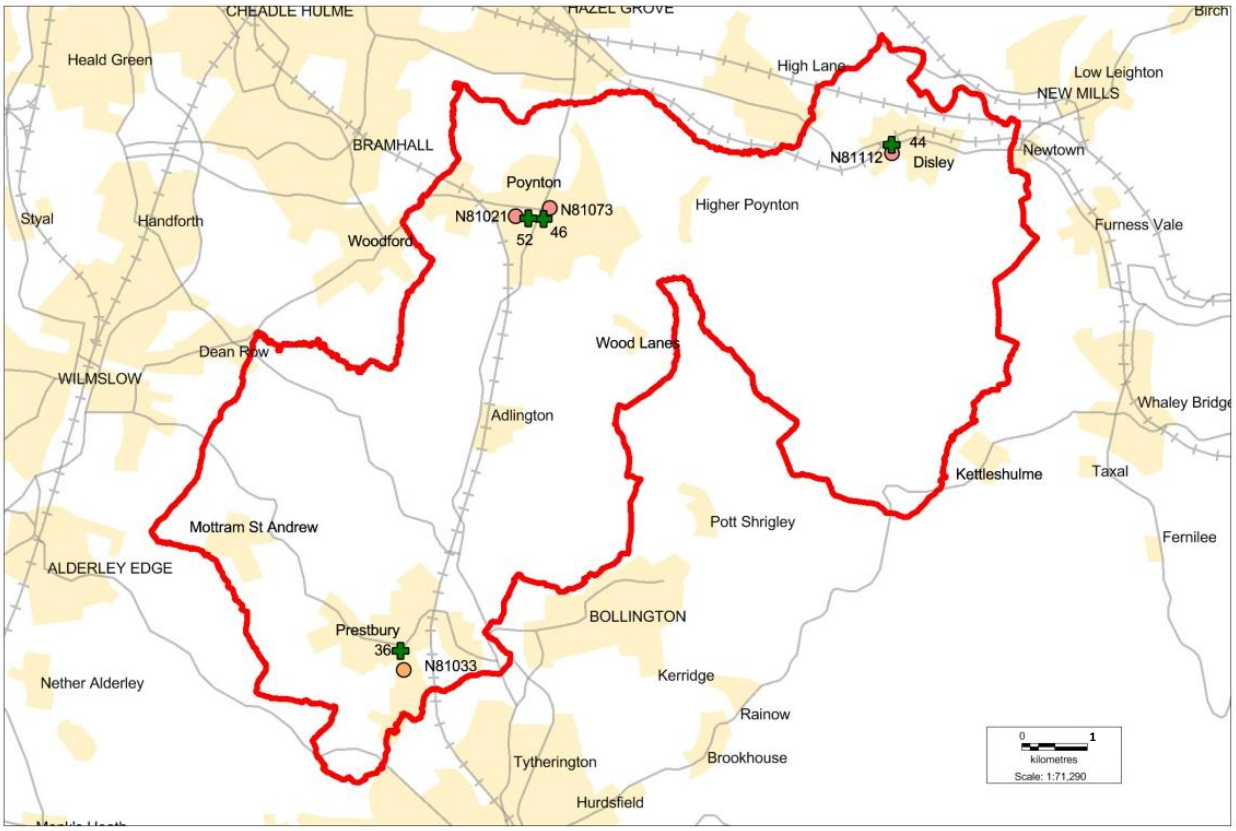
How satisfied are you with the opening hours?	Nantwich LAP		Cheshire East	
	Count	%	Count	%
Very satisfied	23	46.0%	303	47.2%
Fairly satisfied	19	38.0%	202	31.5%
Neither satisfied nor dissatisfied	4	8.0%	80	12.5%
Fairly dissatisfied	2	4.0%	15	2.3%
Very dissatisfied	0	0.0%	4	0.6%
Dont know	2	4.0%	38	5.9%
Total	**50**	**100.0%**	**642**	**100.0%**

Overall satisfaction with services	Nantwich LAP		Cheshire East	
	Count	%	Count	%
Very satisfied	25	51.0%	341	55.1%
Fairly satisfied	13	26.5%	204	33.0%
Neither satisfied nor dissatisfied	7	14.3%	41	6.6%
Fairly dissatisfied	1	2.0%	20	3.2%
Very dissatisfied	1	2.0%	7	1.1%
Dont know	2	4.1%	6	1.0%
Total	**49**	**100.0%**	**619**	**100.0%**

Use of the minor ailment service	Nantwich LAP		Cheshire East	
	Count	%	Count	%
Have used	16	32.7%	184	29.8%
Haven't used, but might in future	16	32.7%	239	38.7%
Haven't used and dont intend to in future	13	26.5%	165	26.7%
Dont know	4	8.2%	29	4.7%
Total	**49**	**100.0%**	**617**	**100.0%**

Location and access to pharmacies	Nantwich LAP		Cheshire East	
	Count	%	Count	%
Live in a rural area with access to a community pharmacy within the rural area	7	13.5%	139	21.7%
Live in a rural area with access to a pharmacy within a nearby town	13	25.0%	86	13.4%
Live in a rural area and can have my prescription dispensed by my doctors surg	8	15.4%	34	5.3%
Live in a rural area and use an online pharmacy	0	0.0%	2	0.3%
I live in a urban area and access a Town based pharmacy	22	42.3%	365	56.9%
I live in a urban area and use an online pharmacy	2	3.8%	8	1.2%
I live in a urban area and access a rural based pharmacy	0	0.0%	2	0.3%
Not Applicable	0	0.0%	6	0.9%
Other	0	0.0%	0	0.0%
Total	**52**	**100.0%**	**642**	**100.0%**

LAP PROFILE: POYNTON LAP



Opening Hours (Supplementary hours in bold; Core Hours in brackets)

Map Code	Pharmacy Address	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	100 hours
36	The Village Pharmacy Unicorn House Prestbury SK10 4DG	**09:00-17:30** (09:00-17:00)	**09:00-17:30** (09:00-17:00)	**09:00-17:30** (09:00-17:00)	**09:00-18:00** (09:00-17:00)	**09:00-17:30** (09:00-17:00)	**09:00-13:00** (No core hours)	Closed	No
44	The Co-Operative Pharmacy 11 Fountain Square Disley SK12 2AB	**09:00-18:00**	**09:00-18:00**	**09:00-13:00**	**09:00-18:00**	**09:00-18:00**	**09:00-13:00** (No core hours)	Closed	No
46	Rowlands Pharmacy 67 Park Lane Poynton SK12 1RD	**09:00-13:00,** **13:20-18:30** (09:00-13:00, 14:00-17:30)	**09:00-13:00,** **13:20-18:30** (09:00-13:00, 14:00-17:30)	**09:00-13:00,** **13:20-18:30** (09:00-13:00, 14:00-17:30)	**09:00-13:00,** **13:20-18:30** (09:00-13:00, 14:00-17:30)	**09:00-13:00,** **13:20-18:30** (09:00-13:00, 14:00-17:30)	**09:00-13:00,** **13:20-17:30** (09:00-11:30)	Closed	No
52	The Co-Operative Pharmacy 4 Park Lane Poynton SK12 1RE	**08:30-18:30** (09:00-14:00, 15:00-18:00)	**08:30-18:30** (09:00-14:00, 15:00-18:00)	**08:30-18:30** (09:00-14:00, 15:00-18:00)	**08:30-18:30** (09:00-14:00, 15:00-18:00)	**08:30-18:30** (09:00-14:00, 15:00-18:00)	**09:00-17:30** (No core hours)	Closed	No

POYNTON LAP: CCG and Public Health Commissioned Services

		CCG Commissioned Services		Public Health Commissioned Services			
Map Code	Pharmacy	PCS	MAS	SC	NE	SS	EHC
36	The Village Pharmacy, Unicorn House	Yes	Yes	Yes	No	Yes	Yes
44	The Co-Operative Pharmacy, 11 Fountain Square, Disley	Yes	Yes	Yes	Yes	No	No
46	Rowlands Pharmacy, 67 Park Lane	Yes	Yes	Yes	Yes	Yes	No
52	The Co-Operative Pharmacy, 4 Park Lane	No	Yes	No	Yes	No	No
PCS = Palliative Care Scheme; MAS = Minor Ailment Scheme; SC = Supervised Consumption; NE = Needle Exchange; SS = Stop Smoking; EHC = Emergency Hormonal Contraception							

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2015

POYNTON LAP: Advanced Services

Map Code	Pharmacy	Dispense Applicances	MUR	New Med	AUR	SAC
36	The Village Pharmacy, Unicorn House	All types	Yes	Yes		
44	The Co-Operative Pharmacy, 11 Fountain Square, Disley	All types	Yes	Yes		Yes
46	Rowlands Pharmacy, 67 Park Lane	All types	Yes	Yes		Yes
52	The Co-Operative Pharmacy, 4 Park Lane		Yes	Yes		Yes
MUR = Medicines Use Review; New Med = New Medicines Service; AUR = Appliance Review Service; SAC = Stoma Appliance Customisation						

POYNTON LAP: Accessibility

Map Code	Pharmacy	DP	WA	WA All	AMS	AD/B	S	HL	LPL	CA	CAWA	T
36	The Village Pharmacy, Unicorn House			Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
44	The Co-Operative Pharmacy, 11 Fountain Square, Disley	Yes	Yes				Yes	Yes		Yes		
46	Rowlands Pharmacy, 67 Park Lane		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
52	The Co-Operative Pharmacy, 4 Park Lane	Yes	Yes	Yes			Yes	Yes		Yes	Yes	
DP = Designated disabled parking within 10m; WA = Entrance suitable for unaided wheelchair; WA all = All areas accessible by wheelchair; AMS = Accessible by mobility scooter users; S = Seating whilst waiting; HL = Hearing loop; LPL = Large print labels or leaflets; CA = Consultation area; CAWA = Consultation area accessible by wheelchair; T = Access to toilet during consultation												

POYNTON LAP: General Practices

GP Practice Code	GP Practice Address	Surgery Type	Dispensing Practice	Responsible CCG
N81021	McIlvride Medical Practice, The Chestnuts, 5 Chester Road, Poynton, Macclesfield, Cheshire, , SK12 1EU	Main	No	NHS Eastern Cheshire CCG
N81033*	Prestbury Surgery, Hope Cottage, Macclesfield Road, Prestbury, Macclesfield, SK10 4BW	Branch	No	NHS Eastern Cheshire CCG
N81073	Priorslegh Medical Centre, Civic Centre, Off Park Lane, Poynton, Cheshire, SK12 1GP	Main	No	NHS Eastern Cheshire CCG
N81112	The Schoolhouse Surgery, Buxton Old Road, Disley, Cheshire, SK12 2BB	Main	No	NHS Eastern Cheshire CCG

* Branch surgery of George Street (Alderley Edge) in Wilmslow LAP

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2015

Which pharmacy do you use?	Poynton LAP		Cheshire East	
	Count	%	Count	%
I use the same pharmacy all the time	22	45.8%	241	37.6%
I use different pharmacies but visit one most often	22	45.8%	305	47.6%
I use different pharmacies and none more frequently than any other	4	8.3%	95	14.8%
Total	**48**	**100.0%**	**641**	**100.0%**

How do you travel to the pharmacy?	Poynton LAP		Cheshire East	
	Count	%	Count	%
Car	30	62.5%	465	72.7%
Walk	27	56.3%	265	41.4%
Bike	4	8.3%	29	4.5%
Public transport	0	0.0%	11	1.7%
Delivered	1	2.1%	18	2.8%
Other	1	2.1%	8	1.3%
Total	**48**	**100.0%**	**640**	**100.0%**

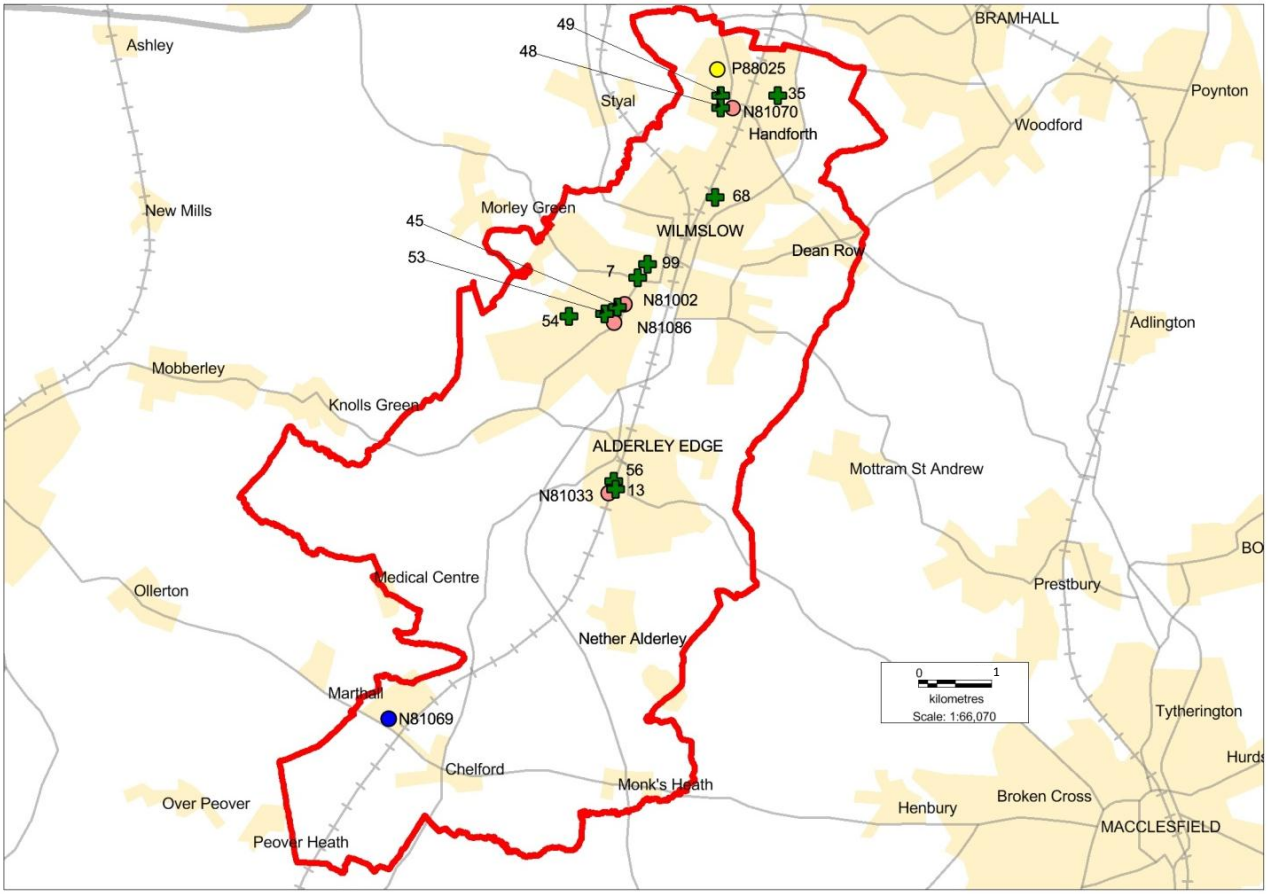
How satisfied are you with the opening hours?	Poynton LAP		Cheshire East	
	Count	%	Count	%
Very satisfied	22	45.8%	303	47.2%
Fairly satisfied	14	29.2%	202	31.5%
Neither satisfied nor dissatisfied	8	16.7%	80	12.5%
Fairly dissatisfied	2	4.2%	15	2.3%
Very dissatisfied	1	2.1%	4	0.6%
Dont know	1	2.1%	38	5.9%
Total	**48**	**100.0%**	**642**	**100.0%**

Overall satisfaction with services	Poynton LAP		Cheshire East	
	Count	%	Count	%
Very satisfied	26	57.8%	341	55.1%
Fairly satisfied	14	31.1%	204	33.0%
Neither satisfied nor dissatisfied	3	6.7%	41	6.6%
Fairly dissatisfied	1	2.2%	20	3.2%
Very dissatisfied	1	2.2%	7	1.1%
Dont know	0	0.0%	6	1.0%
Total	**45**	**100.0%**	**619**	**100.0%**

Use of the minor ailment service	Poynton LAP		Cheshire East	
	Count	%	Count	%
Have used	10	21.7%	184	29.8%
Haven't used, but might in future	22	47.8%	239	38.7%
Haven't used and dont intend to in future	12	26.1%	165	26.7%
Dont know	2	4.3%	29	4.7%
Total	**46**	**100.0%**	**617**	**100.0%**

Location and access to pharmacies	Poynton LAP		Cheshire East	
	Count	%	Count	%
Live in a rural area with access to a community pharmacy within the rural area	26	55.3%	139	21.7%
Live in a rural area with access to a pharmacy within a nearby town	7	14.9%	86	13.4%
Live in a rural area and can have my prescription dispensed by my doctors surg	0	0.0%	34	5.3%
Live in a rural area and use an online pharmacy	0	0.0%	2	0.3%
I live in a urban area and access a Town based pharmacy	13	27.7%	365	56.9%
I live in a urban area and use an online pharmacy	0	0.0%	8	1.2%
I live in a urban area and access a rural based pharmacy	0	0.0%	2	0.3%
Not Applicable	1	2.1%	6	0.9%
Other	0	0.0%	0	0.0%
Total	**47**	**100.0%**	**642**	**100.0%**

LAP PROFILE: WILMSLOW LAP



Opening Hours (Supplementary hours in bold; Core Hours in brackets)

Map Code	Pharmacy Address	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	100 hours
7	Boots 24-26 Grove Street Wilmslow SK9 1DY	**09:00-17:30** (09:00-13:00, 14:00-17:00)	**09:00-17:30** (09:00-13:00, 14:00-17:00)	**09:00-17:30** (09:00-13:00, 14:00-17:00)	**09:00-17:30** (09:00-13:00, 14:00-17:00)	**09:00-17:**30 (09:00-13:00, 14:00-17:00)	**09:00-17:30** (09:00-13:00, 14:00-15:00)	**11:00-16:00** (No core hours)	No
13	Cedrics Chemist 67 London Road Alderley Edge SK9 7DY	**09:00-13:30, 14:30-17:30** (09:30-13:30, 14:30-17:30)	**09:00-13:30, 14:30-17:30** (09:30-13:30, 14:30-17:30)	**09:00-13:30, 14:30-17:30** (09:30-13:30, 14:30-17:30)	**09:00-13:30, 14:30-17:30** (09:30-13:30, 14:30-17:30)	**09:00-13:30, 14:30-17:30** (09:30-13:30, 14:30-17:30)	**09:00-14:00**	Closed	No
35	Tesco Instore Pharmacy Kiln Croft Lane Handforth SK9 3PA	**09:00-21:00** (09:00-13:00, 14:00-16:40)	**09:00-21:00** (09:00-13:00, 14:00-16:40)	**09:00-21:00** (09:00-13:00, 14:00-16:40)	**09:00-21:00** (09:00-13:00, 14:00-16:40)	**09:00-21:00** (09:00-13:00, 14:00-16:40)	**09:00-21:00** (09:00-13:00, 14:00-16:40)	**10:00-16:00** (No core hours)	No
45	The Co-Operative Pharmacy Kenmore MC 60-62 Alderley Road Wilmslow SK9 1PA	**08:30-18:30** (09:00-13:30, 14:30-18:00)	**08:30-18:30** (09:00-13:30, 14:30-18:00)	**08:30-18:30** (09:00-13:30, 14:30-18:00)	**08:30-18:30** (09:00-13:30, 14:30-18:00)	**08:30-18:30** (09:00-13:30, 14:30-18:00)	Closed	Closed	No
48	The Co-Operative Pharmacy Handforth HC Wilmslow Road Handforth SK9 3HL	**08:30-18:00** (09:00-13:00, 14:00-18:00)	**08:30-18:00** (09:00-13:00, 14:00-18:00)	**08:30-18:00** (09:00-13:00, 14:00-18:00)	**08:30-18:00** (09:00-13:00, 14:00-18:00)	**08:30-18:00** (09:00-13:00, 14:00-18:00)	Closed	Closed	No
49	The Co-Operative Pharmacy 110 Wilmslow Road Handforth SK9 3ES	**08:30-18:**30 (09:00-13:00, 14:00-18:00)	**08:30-18:30** (09:00-13:00, 14:00-18:00)	**08:30-18:30** (09:00-13:00, 14:00-18:00)	**08:30-18:30** (09:00-13:00, 14:00-18:00)	**08:30-18:30** (09:00-13:00, 14:00-18:00)	**09:00-13:00** (No core hours)	Closed	No
53	The Co-Operative Pharmacy Wilmslow HC Chapel Lane Wilmslow SK9 5HX	**08:30-18:30** (09:00-13:00, 14:00-18:00)	**08:30-18:30** (09:00-13:00, 14:00-18:00)	**08:30-18:30** (09:00-13:00, 14:00-18:00)	**08:30-18:30** (09:00-13:00, 14:00-18:00)	**08:30-18:30** (09:00-13:00, 14:00-18:00)	**09:00-12:00** (No core hours)	Closed	No

54	The Co-Operative Pharmacy 1 Lindow Parade Chapel Lane Wilmslow SK9 5JL	**09:00-13:00, 14:00-18:00**	**09:00-13:00, 14:00-18:00**	**09:00-13:00, 14:00-18:00**	**09:00-13:00, 14:00-18:00**	**09:00-13:00, 14:00-18:00**	Closed	Closed	No
56	Cedrics Chemist 20 London Road Alderley Edge SK9 7JS	**09:00-12:30, 13:30-17:30** (09:00-12:30, 13:30-17:00)	**09:00-12:30, 13:30-17:30**	**09:00-12:30, 13:30-17:30**	**09:00-12:30, 13:30-17:30**	**09:00-12:30, 13:30-17:30**	**09:00-13:00, 14:00-17:00** (14:00-17:00)	Closed	No
68	Lloyds Pharmacy Unit 2, Summerfield Village Centre Dean Row Road Wilmslow SK9 2TA	**09:00-18:00** (09:00-14:00, 15:00-18:00)	**09:00-18:00** (09:00-14:00, 15:00-18:00)	**09:00-18:00** (09:00-14:00, 15:00-18:00)	**09:00-18:00** (09:00-14:00, 15:00-18:00)	**09:00-18:00** (09:00-14:00, 15:00-18:00)	**09:00-17:00** (No core hours)	Closed	No
99	Boots Within Waitrose 5 Church Street Wilmslow SK9 1AY	**08:30-20:00** (09:00-13:00, 14:00-17:00)	**08:30-20:00** (09:00-13:00, 14:00-17:00)	**08:30-20:00** (09:00-13:00, 14:00-17:00)	**08:30-20:00** (09:00-13:00, 14:00-17:00)	**08:30-21:00** (08:30-13:00, 14:00-17:30)	**08:00-20:00** (09:00-13:00)	**10:00-16:00** (No core hours)	No

WILMSLOW LAP: CCG and Public Health Commissioned Services

		CCG Commissioned Services		Public Health Commissioned Services			
Map Code	**Pharmacy**	**PCS**	**MAS**	**SC**	**NE**	**SS**	**EHC**
7	Boots, 24-26 Grove Street	No	Yes	Yes	No	No	Yes
13	Cedrics Chemist, 67 London Road, Alderley Edge	No	No	No	No	No	No
35	Tesco Instore Pharmacy, Kiln Croft Lane, Handforth	Yes	Yes	No	No	No	No
45	The Co-Operative Pharmacy, Kenmore Medical Centre	No	Yes	No	No	No	No
48	The Co-Operative Pharmacy, Handforth Health Centre	No	Yes	Yes	Yes	Yes	Yes
49	The Co-Operative Pharmacy, 110 Wilmslow Road	Yes	Yes	Yes	Yes	No	Yes
53	The Co-Operative Pharmacy, Wilmslow Health Centre	No	Yes	Yes	No	No	Yes
54	The Co-Operative Pharmacy, 1 Lindow Parade	No	Yes	No	No	Yes	No
56	Cedrics Chemist, 20 London Road, Alderley Edge	No	No	No	No	No	No
68	Lloyds Pharmacy, Unit 2, Summerfield Village Centre	No	Yes	Yes	Yes	No	Yes
99	Boots, Within Waitrose, Church Street	Yes	Yes	Yes	No	Yes	Yes

PCS = Palliative Care Scheme; MAS = Minor Ailment Scheme; SC = Supervised Consumption; NE = Needle Exchange; SS = Stop Smoking; EHC = Emergency Hormonal Contraception

WILMSLOW LAP: Advanced Services

Map Code	Pharmacy	Dispense Applicances	MUR	New Med	AUR	SAC
7	Boots, 24-26 Grove Street	All types	Yes	Yes		
13	Cedrics Chemist, 67 London Road, Alderley Edge	Just dressings				
35	Tesco Instore Pharmacy, Kiln Croft Lane, Handforth					
45	The Co-Operative Pharmacy, Kenmore Medical Centre	All types	Yes	Yes		Yes
48	The Co-Operative Pharmacy, Handforth Health Centre	All types	Yes	Yes		Yes
49	The Co-Operative Pharmacy, 110 Wilmslow Road	All types	Yes	Yes		Yes
53	The Co-Operative Pharmacy, Wilmslow Health Centre	All types	Yes	Yes		Yes
54	The Co-Operative Pharmacy, 1 Lindow Parade Alderley Edge	All types	Yes	Yes		Yes
56	Cedrics Chemist, 20 London Road, Alderley Edge	Just dressings				
68	Lloyds Pharmacy, Unit 2, Summerfield Village Centre	None	Yes	Yes		
99	Boots, within Waitrose, Church Street	All types	Yes	Yes		

MUR = Medicines Use Review; New Med = New Medicines Service; AUR = Appliance Review Service; SAC = Stoma Appliance Customisation

WILMSLOW LAP: Accessibility

Map Code	Pharmacy	DP	WA	WA All	AMS	AD/B	S	HL	LPL	CA	CAWA	T
7	Boots, 24-26 Grove Street	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
13	Cedrics Chemist, 67 London Road, Alderley Edge		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
35	Tesco Instore Pharmacy, Kiln Croft Lane, Handforth											
45	The Co-Operative Pharmacy, Kenmore Medical Centre	Yes	Yes	Yes			Yes	Yes		Yes	Yes	
48	The Co-Operative Pharmacy, Handforth Health Centre	Yes	Yes	Yes			Yes	Yes		Yes	Yes	
49	The Co-Operative Pharmacy, 110 Wilmslow Road	Yes	Yes	Yes			Yes	Yes		Yes	Yes	
53	The Co-Operative Pharmacy, Wilmslow Health Centre	Yes	Yes	Yes			Yes	Yes		Yes		Yes
54	The Co-Operative Pharmacy, 1 Lindow Parade	Yes	Yes				Yes	Yes		Yes		
56	Cedrics Chemist, 20 London Road, Alderley Edge			Yes	Yes	Yes	Yes		Yes	Yes	Yes	
68	Lloyds Pharmacy, Unit 2, Summerfield Village Centre	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	
99	Boots, within Waitrose, Church Street	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

DP = Designated disabled parking within 10m; WA = Entrance suitable for unaided wheelchair; WA all = All areas accessible by wheelchair; AMS = Accessible by mobility scooter users; S = Seating whilst waiting; HL = Hearing loop; LPL = Large print labels or leaflets; CA = Consultation area; CAWA = Consultation area accessible by wheelchair; T = Access to toilet during consultation

WILMSLOW LAP: General Practices

GP Practice Code	GP Practice Address	Surgery Type	Dispensing Practice	Responsible CCG
N81002	Kenmore Medical Centre, 60-62 Alderley Road, Wilmslow, Cheshire, SK9 1PA	Main	No	NHS Eastern Cheshire CCG
N81033	George Street Surgery, Alderley Edge, Cheshire, SK9 7EP	Main	No	NHS Eastern Cheshire CCG
N81069	Chelford Surgery, Elmstead Road, Chelford, Cheshire, SK11 9BS	Main	Yes	NHS Eastern Cheshire CCG
N81070	Handforth Health Centre, Wilmslow Road, Handforth, Cheshire, SK9 3HL	Main	No	NHS Eastern Cheshire CCG
N81086	Wilmslow Health Centre, Chapel Lane, Wilmslow, Cheshire , SK9 5HX	Main	No	NHS Eastern Cheshire CCG
P88025	Hulme Hall Medical Group – 166 Wilmslow Road, Handforth, Wilmslow, Cheshire, SK9 3LF	Branch	No	NHS Stockport CCG

CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT 2015

Which pharmacy do you use?	Wilmslow LAP		Cheshire East	
	Count	%	Count	%
I use the same pharmacy all the time	27	39.1%	241	37.6%
I use different pharmacies but visit one most often	33	47.8%	305	47.6%
I use different pharmacies and none more frequently than any other	9	13.0%	95	14.8%
Total	**69**	**100.0%**	**641**	**100.0%**

How do you travel to the pharmacy?	Wilmslow LAP		Cheshire East	
	Count	%	Count	%
Car	49	71.0%	465	72.7%
Walk	28	40.6%	265	41.4%
Bike	2	2.9%	29	4.5%
Public transport	0	0.0%	11	1.7%
Delivered	2	2.9%	18	2.8%
Other	1	1.4%	8	1.3%
Total	**69**	**100.0%**	**640**	**100.0%**

How satisfied are you with the opening hours?	Wilmslow LAP		Cheshire East	
	Count	%	Count	%
Very satisfied	32	46.4%	303	47.2%
Fairly satisfied	22	31.9%	202	31.5%
Neither satisfied nor dissatisfied	10	14.5%	80	12.5%
Fairly dissatisfied	0	0.0%	15	2.3%
Very dissatisfied	2	2.9%	4	0.6%
Dont know	3	4.3%	38	5.9%
Total	**69**	**100.0%**	**642**	**100.0%**

Overall satisfaction with services	Wilmslow LAP		Cheshire East	
	Count	%	Count	%
Very satisfied	33	49.3%	341	55.1%
Fairly satisfied	27	40.3%	204	33.0%
Neither satisfied nor dissatisfied	4	6.0%	41	6.6%
Fairly dissatisfied	1	1.5%	20	3.2%
Very dissatisfied	2	3.0%	7	1.1%
Dont know	0	0.0%	6	1.0%
Total	**67**	**100.0%**	**619**	**100.0%**

Use of the minor ailment service	Wilmslow LAP		Cheshire East	
	Count	%	Count	%
Have used	19	28.8%	184	29.8%
Haven't used, but might in future	27	40.9%	239	38.7%
Haven't used and dont intend to in future	19	28.8%	165	26.7%
Dont know	1	1.5%	29	4.7%
Total	**66**	**100.0%**	**617**	**100.0%**

Location and access to pharmacies	Wilmslow LAP		Cheshire East	
	Count	%	Count	%
Live in a rural area with access to a community pharmacy within the rural area	15	22.1%	139	21.7%
Live in a rural area with access to a pharmacy within a nearby town	4	5.9%	86	13.4%
Live in a rural area and can have my prescription dispensed by my doctors surg	2	2.9%	34	5.3%
Live in a rural area and use an online pharmacy	0	0.0%	2	0.3%
I live in a urban area and access a Town based pharmacy	44	64.7%	365	56.9%
I live in a urban area and use an online pharmacy	1	1.5%	8	1.2%
I live in a urban area and access a rural based pharmacy	0	0.0%	2	0.3%
Not Applicable	2	2.9%	6	0.9%
Other	0	0.0%	0	0.0%
Total	**68**	**100.0%**	**642**	**100.0%**

Glossary of terms and phrases defined in regulation 2 of the 2013 Regulations

Term or phrase	Definition as per regulation 2 of the 2012 Regulations	Explanation
Controlled localities/controlled locality	Means an area that is a controlled locality by virtue of regulation 36(1) or is determined to be so in accordance with regulation 36(2).	A controlled locality is an area which has been determined, either by NHS England, a primary care trust a predecessor organisation or on appeal by the NHS Litigation Authority (whose appeal unit handles appeals for pharmaceutical market entry and performance sanctions matters), to be "rural in character". It should be noted that areas that have not been formally determined as rural in character and therefore controlled localities, are not controlled localities unless and until NHS England determines them to be. Such areas may be considered as rural because they consist of open fields with few houses but they are not a controlled locality until they have been subject to a formal determination.
Core opening hours	Is to be construed, as the context requires, in accordance with paragraph 23(2) of Schedule 4 or paragraph 13(2) of Schedule 5, or both.	Pharmacies are required to be open for 40 hours per week, unless they were approved under Regulation 13(1)(b) of the 2005 Regulations in which case they are required to open for 100 hours per week. Dispensing appliance contractors (DACs) are required to be open for not less than 30 hours per week.
Directed services	Means additional pharmaceutical services provided in accordance with directions under section 127 of the 2006 Act.	These are advanced and enhanced services as set out in Directions.
Dispensing doctor(s)	Is to be construed in accordance with regulation 46(1).	These are providers of primary medical services who provide pharmaceutical services from medical practice premises in the area of NHS England; and general practitioners who are not providers of primary medical services but who provide pharmaceutical services from medical practice premises in the area of the HWB.
Distance selling premises	Listed chemist premises, or potential pharmacy premises, at which essential services are or are to be provided but the means of providing those services are such that all persons receiving those services do so otherwise than at those premises.	These premises could have been approved under the 2005 Regulations in which case they could be pharmacies or DACs. Under the 2012 and 2013 Regulations only pharmacy contractors may apply to provide services from distance selling premises. Distance-selling contractors are in the main internet and some mail-order, but they all cannot provide "essential services" to persons face to face at their premises and must provide a service across England to anyone who requests it.
Enhanced services	Means the additional pharmaceutical services that are referred to in direction 4 of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.	These are pharmaceutical services commissioned by NHS England, such as services to Care Homes, language access and patient group directions.
Essential services	Except in the context of the definition of "distance selling	These are services which every community pharmacy providing NHS pharmaceutical services must provide

	premises", is to be construed in accordance with paragraph 3 of Schedule 4.	and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy styles and support for self-care. Distance-selling pharmacy contractors cannot provide essential services face to face at their premises.
Neighbouring HWB	In relation to a HWB (HWB1), means the HWB of an area that borders any part of HWB1.	Used when, for example, an HWB is consulting on their draft PNA and needs to inform the HWBs which border their HWB area.
NHS chemist	Means an NHS appliance contractor or an NHS pharmacist.	

Key to pharmacies in neighbouring Health and Wellbeing Boards (shown in map on page 40)

Map Code	Pharmacy	Address				
200	Donald Wardle & Son	Ratton Street	Hanley	Stoke-On-Trent		ST1 2HH
201	Cedrics Chemist Ltd	262 Finney Lane	Heald Green	Cheadle	Cheshire	SK8 3QD
202	Fordbright Management Ltd	87 Macclesfield Road	Hazel Grove	Stockport		SK7 6BG
203	Boots Uk Limited	32 High Street		Cheadle	Cheshire	SK8 1AL
204	Tesco Stores Limited	Liverpool Road	Kidsgrove	Stoke-On-Trent		ST7 1DX
205	Boots Uk Limited	5-7 Dingle Walk	Winsford	Winsford	Cheshire	CW7 1BA
206	L Rowland & Co (Retail) Ltd	61 Arundel Avenue	Hazel Grove	Stockport		SK7 5LD
207	Cattee P & Aj (Chemists) Ltd	The Village Green	Buxton Road	High Lane	Stockport	SK6 8DR
208	Mr R Mason	147 Congleton Road	Butt Lane,Kidsgrove	Stoke On Trent		ST7 1LL
209	Ung Limited	Unit 3, 469 Manchester Rd	Lostock Gralam	Northwich	Cheshire	CW9 7QB
210	Malpapharm Ltd	28 Flixton Road	Urmston	Manchester		M41 5AA
211	Broadheath Healthcare Limited	70 Manchester Road	Broadheath	Altrincham	Cheshire	WA14 4PJ
212	Tesco Stores Limited	Tesco Superstore	Manchester Road	Northwich	Cheshire	CW9 5LY
213	Asda Stores Ltd	Dene Drive		Winsford	Cheshire	CW7 1BD
214	Lloyds Pharmacy Ltd	236 Wellington Road South		Stockport		SK2 6NW
215	Holland Pharmacy Ltd	Hollow Lane	Kingsley	Frodsham	Cheshire	WA6 8EF
216	Boots Uk Limited	39-45 Witton Street		Northwich	Cheshire	CW9 5DH
217	Bowdon Pharmacy	Vicarage Lane	Bowden	Cheshire		WA14 3BD
218	Co-Op Healthcare	40 Market Street	Whaley Bridge	High Peak	Derbyshire	SK23 7LP
219	Boots Uk Limited	55-57 Market Street	New Mills	High Peak	Derbyshire	SK22 4AA
220	Sainsbury's Supermarkets Ltd	Pharmacy Dept	Sainsbury's Supermarket	London Rd,Hazel Grove	Stockport	SK7 4AW
221	Boots Uk Limited	3-5 Upper Market Square	Hanley	Stoke-On-Trent		ST1 1PZ
222	Sainsbury's Supermarkets Ltd	Venables Road		Northwich	Cheshire	CW9 5RT
223	Sainsbury's Supermarkets Ltd	Wilmslow Road	Cheadle		Cheshire	SK8 3BB
224	United Pharmacies (Uk) Ltd	65-67 Clifton Drive	Leftwich	Northwich	Cheshire	CW9 8BQ
225	Lloyds Pharmacy Ltd	42 Market Street	Kidsgrove	Stoke-On-Trent		ST7 4AB

CHESHIRE EAST COUNCIL

REPORT TO: Health and Wellbeing Board

Date of Meeting:	24th March 2015
Report of:	The Director of Adult Social Services and Independent Living, Brenda Smith, Cheshire East Council; Karen Burton, NHS Eastern Cheshire CCG and Catherine Mills, NHS South Cheshire CCG
Subject/Title:	Joint Health and Social Care Learning Disability Self Assessment 2014 and Action Plan 2015/16

1.0 Report Summary

1.1 The Learning Disability Health Self-Assessment Framework (LDSAF) has been an annual process since being used in England in 2007/8. 2013 saw the introduction of a revised Joint Health and Social Care Self-Assessment Framework to emphasise the need for a joint commissioning approach between health and social care. As part of this process all Local Authority areas were again asked to complete the self-assessment in 2014, working with their local health partners and learning disability partnership boards.

1.2 The aim of the self assessment is to provide a framework for a comprehensive local stock- take exercise. This is intended primarily to support the Learning Disability Partnership Board, the Health and Wellbeing Board, Clinical Commissioning Groups and the Local Authority to identify the priorities, levers and opportunities to improve care and tackle health and social care inequalities for people with learning disabilities locally. It is expected that local findings will be considered by local Health and Wellbeing Boards as well as Learning Disability Partnership Boards. The information collected is intended to support action that improves outcomes for people with learning disabilities and their families.

1.3 The self assessment for 2014 required each area to assess themselves against 26 measures using a RAG (Red Amber Green) 'Traffic Light' system. These measures are divided into three broad areas in the self assessment, which are Staying Healthy, Being Safe and Living Well.

1.4 Learning Disability Partnership Boards were asked to rate provision in their area against this set of 26 measures. In Cheshire East, this was undertaken by NHS and Local Authority colleagues in collaboration with local care providers, self-advocates and family carers through the Learning Disability Partnership Board.

1.5 The Cheshire East Learning Disability Partnership Board considered and approved the submission in January 2015. The summary of the outcome of the ratings (RAG rated), is included in appendix II, attached, with the 2013 ratings provided, where available, for comparison. The outcome of the 2014 self assessment was that 4 areas were rated as red, 18 were rated as amber and 4 were rated as green (see appendix II for details).

1.6 The submission was considered at a Peer Group Review meeting chaired by the North West Area Team of NHS England following submission in January. The Area Team have requested that the Action Plan is submitted by the end of March 2015. This serves two purposes; some of the actions will have implications for NHSE commissioned services and the Area Team will have regional oversight of the actions and what progress is being achieved.

1.7 The Action Plan was devised with the Learning Disability Partnership Board to drive improvement in the areas where the rating was amber or red and to ensure that services continue to improve where they have been rated green. The full Action Plan is provided in appendix I with a summary of the actions to be taken included on the final 2 pages of the plan.

2.0 Recommendation

2.1 That the Health and Wellbeing Board consider and endorse the Joint Health and Social Care Learning Disability Self Assessment Action Plan.

3.0 Reasons for Recommendations

3.1 As part of the governance arrangements, requested by Public Health England - Improving Health and Lives (IHAL), there is a requirement to report to the Health and Wellbeing Board in respect of the Joint Health and Social Care Learning Disability Self Assessment Action Plan.

3.2 Reporting to Health and Wellbeing board will provide an opportunity to consider the Self Assessment along with the Action Plan and to ensure progress is being made on agreed actions.

4.0 Access to Information

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

Name: Jon Wilkie
Designation: Commissioning Manager
Phone: 01625 374770
Email Jon.Wilkie@cheshireeast.gov.uk

Appendix I – Joint Health and Social Care Learning Disability Self Assessment Action Plan 2015/16
Appendix II - Summary of Joint Health and Social Care Learning Disability Self Assessment 2014 ratings

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Appendix I - Joint Health and Social Care Learning Disabilities Self Assessment Framework 2014

Action Plan (2015/16)

Actions

What we will do?	What this will mean for people with learning disabilities and their families?	Who is the lead person for this work?	When will this be done?	How will the Learning Disability Partnership Board check on this?
1) Make sure that all GP practices are using the "Cumbria Template" to record information about annual health checks for people with learning disabilities. (This work is for all adults with a learning disability)	Commissioners will have better information about the quality of health checks that take place in GP practices. They will be able to identify and support the practices where uptake and quality need to be better. This will make sure that everyone gets a good quality health check every year.	Jackie Rooney (NHS England) Karen Burton (NHS Eastern Cheshire CCG) Catherine Mills (NHS South Cheshire CCG)	By April 2016, 80% of practices will be using the Cumbria Template.	Commissioners will bring a written update to the LD Partnership Board in Autumn 2015 (as part of a big Health Outcomes meeting) and again in April 2016.
2) Commissioners will find out whether access to information and treatment is as good for people with learning disabilities as it is for the general population if they have obesity, diabetes, cardiovascular disease or epilepsy. We will also review whether outcomes from treatment are as good. (This work is for any adult with a	Commissioners will understand whether people with learning disabilities experience difficulties or barriers when they need help with certain health problems. We will do this by looking at data and talking to people who have these conditions about their experiences. Commissioners will make sure that people providing treatment for these health problems have attended learning disability awareness training and know	Karen Burton (NHS Eastern Cheshire CCG) Catherine Mills (NHS South Cheshire CCG)	Ongoing until April 2016.	By Autumn 2015, Commissioners will have looked at the data and talked to people about their experiences. They will give an update to the LD Partnership Board in Autumn 2015 (as part of a big Health Outcomes meeting) about what they have found out In April 2016, Commissioners will write a report for the Board about what they have done to make things

What we will do?	What this will mean for people with learning disabilities and their families?	Who is the lead person for this work?	When will this be done?	How will the Learning Disability Partnership Board check on this?
learning disability who has one or more of these health problems).	that they need to make reasonable adjustments. Commissioners will also know whether people with learning disabilities get the same benefits from their treatment. If not, they will change things so that everyone benefits equally from their treatment.			better.
3) Commissioners will make it easier for people with learning disabilities to use cancer screening services. These services will have to make reasonable adjustments and improve the information they give people. Commissioners will help people with learning disabilities to understand why cancer screening is important and what is involved. (This work is for people who are the right gender and age for the screening programmes).	More with people learning disabilities will take part in the three cancer screening programmes (breast cancer, bowel cancer and cervical cancer). This means that anyone who has cancer will find out about it sooner and can be treated quicker. We want the numbers going for screening to be the same for the learning disability and general populations.	Jackie Rooney (NHS England) Karen Burton (NHS Eastern Cheshire CCG) Catherine Mills (NHS South Cheshire CCG)	Ongoing until April 2016	Commissioners will bring a written update to the LD Partnership Board in Autumn 2015 (as part of a big Health Outcomes meeting) and again in April 2016.
4) Commissioners will remind GPs what information they should include when they make a referral for someone with a learning disability to go to hospital for a planned appointment.	The hospital will make arrangements for reasonable adjustments before a patient with learning disabilities arrives for their planned appointment. This will make the experience better for the person and their family.	Karen Burton (NHS Eastern Cheshire CCG) Catherine Mills (NHS South	Ongoing until April 2016	Commissioners will give an update to the LD Partnership Board in Autumn 2015 (as part of a big Health Outcomes meeting) about what they have found out.

What we will do?	What this will mean for people with learning disabilities and their families?	Who is the lead person for this work?	When will this be done?	How will the Learning Disability Partnership Board check on this?
Commissioners will talk to GPs, hospitals and people with learning disabilities about their ideas to improve communication when a referral is made. (This work is for all adults with a learning disability)		Cheshire CCG) Phil Pordes (Leighton Hospital) Lyn Bailey (Macclesfield Hospital)		In April 2016, Commissioners will write a report for the Board about what they have done to make things better.
5) Commissioners will work with local hospitals to find out why people with learning disabilities end up in hospital unexpectedly. (This work is for all adults with a learning disability)	Commissioners will know what needs to be done to stop people ending up in hospital unexpectedly. We will find this out by looking at data and talking to people who have gone to hospital unexpectedly about their experiences.	Karen Burton (NHS Eastern Cheshire CCG) Catherine Mills (NHS South Cheshire CCG) Phil Pordes (Leighton Hospital) Lyn Bailey (Macclesfield Hospital)	Ongoing until April 2016	Commissioners will give an update to the LD Partnership Board in Autumn 2015 (as part of a big Health Outcomes meeting) about what they have found out. In April 2016, Commissioners will write a report for the Board about what they have done to make things better.
6) Ask people with learning disabilities about their experience of using optometry, community pharmacy or podiatry services. (This work is for all adults with a learning disability).	Commissioners will know whether people with learning disabilities experience difficulties or barriers when they use these services. They will work with those services to make sure that staff have attended	Karen Burton (NHS Eastern Cheshire CCG) Catherine Mills (NHS South Cheshire CCG)	Ongoing until April 2016	Commissioners will give an update to the LD Partnership Board in Autumn 2015 (as part of a big Health Outcomes meeting) about what they have found out. In April 2016, Commissioners will

What we will do?	What this will mean for people with learning disabilities and their families?	Who is the lead person for this work?	When will this be done?	How will the Learning Disability Partnership Board check on this?
	learning disability awareness training and that reasonable adjustments are made. This will mean that when people with learning disabilities use these services, their experience is as good as the general population.	Jackie Rooney (NHS England)		write a report for the Board about what they have done to make things better.
7) NHS Specialised Commissioning will make sure that people with learning disabilities who are in prison have their physical and mental health needs looked after. (This work is for adults with a learning disability who are in prison).	People with learning disabilities who are in prison can use health services that make reasonable adjustments and understand their needs. Specialised Commissioning will find this out by looking at data and talking to people in prison about their experiences as well.	NHS Specialised Commissioning:	Ongoing until April 2016	In April 2016, NHS Specialised Commissioning will write a report for the Board about what they have done to make things better.
8) Clinical Commissioning Groups will explain what they do to make sure that local hospitals are of a high standard. (This work is for all adults with a learning disability).	People with learning disabilities and their carers will be assured that their hospital has good quality services.	Karen Burton (NHS Eastern Cheshire CCG) Catherine Mills (NHS South Cheshire CCG)		The Clinical Commissioning Groups update the LD Partnership Board about this in Autumn 2015 (as part of a big Health Outcomes meeting).
9) Ensure that everyone with a learning disability in Cheshire East who has services from health and/ or social care receive an annual review of their needs.	People with learning disabilities and their families will have a discussion with a health or social care professional about their needs at a maximum of 12 months since the last review.	Jim Leyland (Cheshire East Council) Andy Worth (Cheshire & Wirral Partnership Trust)	Sept 2015	A report to Partnership Board about the percentage of people who are receiving services from health and/ or social care receiving an annual review of their needs will be given in September 2015.

10) Include a question about whether people with a learning disability has had a health check and a health action plan from their GP in annual reviews	This will remind services to ask GPs to complete a health check and action plan for people with learning disabilities. The check and plans are important to make sure that people with learning disabilities have the same health as everyone else.	Jim Leyland (Cheshire East Council)	May 2015	An item about this change will be included on the Partnership Board agenda at the May 2015 meeting.
11) The Cheshire East Council Quality Assurance Team will review all providers of support for people with learning disabilities every year	People with learning disabilities and their carers will know that the services provided by organisations supporting people with learning disabilities will be reviewed every year to make sure they are providing a quality service and that where concerns are raised the Quality Assurance Team will review a service and work with providers to make changes where they are needed.	Kate Phillips (Cheshire East Council)	June 2015	A report from the Quality Assurance Team will be provided at the Board's meeting in September 2015 which shows that the changes have been made and the plans for the review of providers of support for people with learning disabilities.
12) The Cheshire East Council Quality Assurance Team will require services for people with learning disabilities to: • involve service users and their families in recruitment and training • ask for feedback from the users of their services and to use this feedback to improve services	People with learning disabilities and their carers in Cheshire East will be involved in who supports them, how people are trained to provide support to people with learning disabilities and know that they will be listened to if they are unhappy with the services they receive	Kate Phillips (Cheshire East Council)	June 2015	A report from the Quality Assurance Team will be provided at the Board's meeting in September 2015 which shows that the changes have been made and how providers of services are involving people with learning disabilities and their carers in services.
13) The Cheshire East Council Quality Assurance Team will make sure that services for people with learning disabilities have policies that follow the law on the Mental Capacity Act and Deprivation of Liberty Safeguards	People with learning disabilities who are not able to make certain decisions themselves will have support they need provided that meets the law and guidelines about the Mental Capacity Act and Deprivation of Liberty Safeguards	Kate Phillips (Cheshire East Council)	June 2015	A report from the Quality Assurance Team will be provided at the Board's meeting in September 2015 which shows that providers have policies that following the law on the Mental Capacity Act and Deprivation of Liberty Safeguards
14) Information to be co-produced with people with learning disabilities and their carers through the Partnership	People with learning disabilities their carers, service providers and commissioners are clear about what	Jon Wilkie (Cheshire East Council)	July 2015	A report on the information on what people with learning disabilities should expect from services to be

Board on what people with learning disabilities should expect from services particularly about dignity and respect. This information will then be shared with people with learning disabilities and their carers in Cheshire East.	dignity and respect mean and look like in practice			presented to Partnership Board in July 2015.
15) Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG will take into account the impact of any strategies or new developments on people with learning disabilities. Relevant strategies and developments will be discussed at Partnership Board.	The effect of any changes on people with learning disabilities will always be considered by people responsible for services before and changes are made.	Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG	April 2015	Any strategies or new developments from Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG will be discussed at Partnership Board.
16) An integrated health and social care team for adults with learning disabilities will be developed	Assessment and support for people with learning disabilities will completed jointly which will mean that people will not have to have separate assessment from health and social care and will not have to tell the same story twice to different people.	Jim Leyland (Cheshire East Council)	October 2015	Partnership Board to receive an update at each meeting about the progress of the integrated team.
17) Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG will develop a joined up strategy for people with learning disabilities	Health and social care will work towards the same aims for people with learning disabilities and their carers	Jon Wilkie (Cheshire East Council)	January 2016	Partnership Board to receive a regular update about the progress of a joined up strategy.
18) GOLD sub group of the Partnership Board to be asked to prepare a report on how people with learning disabilities can go to artistic and cultural events (for example, theatres, festivals, shows) locally. This will include how best to let people know about events so that people with learning disabilities can attend. The report will make recommendations to companies and	People with learning disabilities know about events that they might want to go to and those events know how they need to change so that people with learning disabilities can attend.	Jon Wilkie (Cheshire East Council)	July 2015	GOLD Group to prepare a report for Partnership Board to consider in July 2015

organisers of these events.				
19) Employment strategy for supporting people with learning disabilities into meaningful activity and employment will be developed and implemented.	There will be a joined up approach to support people with learning disabilities to find ways to be involved in their local communities and find employment.	Jon Wilkie (Cheshire East Council)	Nov 2015	An employment strategy for supporting people with learning disabilities into meaningful activity and employment to be prepared for Partnership Board in November 2015.
20) Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG to work to improve the experience of people with disabilities and their families through transition.	People with learning disabilities and their families have a good experience through transition and feel supported by services.	Karen Burton (NHS Eastern Cheshire CCG)	Ongoing	Partnership Board to receive an update at each meeting about the progress of the work on improving transition.
21) Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG to commit to work with people with learning disabilities and their families to develop services and support.	People with learning disabilities and their families are involved in the design and development of services and support. The aim is to improve the services for people who use them.	Jon Wilkie (Cheshire East Council)	April 2015	Learning Disability Partnership Board to monitor the adoption of a co-production approach. The Board will highlight examples of good practice and offer involvement where it is needed to enable services to be co-produced with people with learning disabilities and their carers.
22) Support for carers of people with learning disabilities will be developed as part of the Joint Carers Strategy which will be launched in Summer 2015	Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG to be supported in their caring role.	Rob Walker (Cheshire East Council)	Summer 2015	A report to be prepared for the Learning Disability Partnership Board on the Joint Carers Strategy in September 2015.

Actions linked to SAF Section and 2014 Rating

LD SAF Section & RAG rating	Description	Commentary and Action
A1	LD QOF register in primary care	We have received stratified data from our GP Practice LD registers although the LDPB have challenged the accuracy of this. The "Cumbria Template" will provide stratified data by practice and against peer group in future years. CWP will continue to use the Health Equalities Framework within their LD services, and dementia screening is now routinely offered for people with Down's syndrome when their reach their 30th birthday. **Action:** Cumbria Template will be fully implemented this year which should provide a data set that is detailed enough to meet the criteria for a green rating next year.
A2	Finding and managing long term health conditions.	We can compare the % of people with different long term conditions (obesity, diabetes, cardiovascular disease and epilepsy) rates in the LD and general populations, however we have not yet begun to look at access to treatment and whether people with LD make use of services. We will also need to understand whether reasonable adjustments are made and compare treatment outcomes. **Action:** Identify the treatments that are commonly available for at least two of these long term conditions. Review whether access and outcomes are as good for people with LD and if not, take steps to resolve any barriers and improve outcomes so that they are as good as the general population.
A3	Annual Health Checks and registers	We have not yet received a RAG rating from Improving Health and Lives (IHAL), the Public Health Observatory for LD. All practices except two actively participate in the LD Direct Enhanced Service (DES) that

		includes provision of an Annual Health Check therefore we anticipate a similar score to last year (Amber). CWP Health Facilitators have supported the implementation of the new DES which included delivering an updated training programme support to practices and register verification. **Action:** Continue to work with practices and NHS England to improve both the quantiy and quality of annual health checks. Consult with the LD Partnership Board and Service User Groups to identify barriers to health checks and what support people may need to take up the offer when of a health check.
A4	Health Action Plans. Specific health improvement targets generated at the time of the Annual Health Check in Primary Care	We are advised that most areas in the North West have self-rated red for this measure. Use of the "Cumbria Template" will give us a better understandin of the quality of the checks that are carried out and the health improvements that are suggested at health checks. **Action:** Continue to work with colleagues at NHS England to improve the quality of health checks. Use data from primary care to evidence what health improvements are recommended as a result of health checks and how recommendations are followed up. Information about health check and health action plans to be included in support reviews
A5	National Cancer Screening Programmes	We have not yet received a RAG rating from IHAL for this measure. We scored red in 2013. Uptake for the three cancer screening programmes across Cheshire East is as follows: Bowel Screening - 77% of eligible population. Breast Cancer - 58% of eligible population. Cervical Cancer - 50% of eligible population." We have been working with local commissioners from NHS England to make all of these screening programmes more accessible to people with LD and this work is ongoing. **Action:** Continue to contribute to the Cheshire, Warrington and Wirral work to improve access to and uptake of cancer screening programmes.
A6	Primary care communicatio n of LD status	Although we continue to receive examples of good practice by some teams and individuals, there is still no systematic approach to communication of reasonable adjustment requirements, in particular the information provided by GPs to secondary care.

	to other healthcare providers	**Action:** As this is an ongoing issue for other areas and the focus is on improving the quality of information provided by primary care, we will work with NHS England to identify how we can improve awareness of the importance of clear communication about reasonable adjustments.
A7	LD Liaison function or equivalent process in acute settings	Leighton Hospital have been reviewing unplanned admissions amond the LD population this year to get a better understanding of the reasons that people with LD go into hospital. **Action:** Continue to review unplanned admissions in order to identify whether there are any underlying trends.
A8	Universal services flag, identify and make reasonable adjustments.	We were able to provide evidence that the specialist dental service makes reasonable adjustments including provision of easy read information, however we could not demonstrate that other services, such as optometry, community pharmacy, podiatry do likewise. **Action:** Identify one of the community services listed above to work with over the coming year to increase awareness and support them to make reasonable adjustments as a matter of course. Information about the uptake of universal health care services to be included in support reviews.
A9	Offender health and the Criminal Justice System	We provided evidence from Styal Prison and CWP's specialist Forensic Health Team for this indicator. This demonstrated that LD awareness raining training is offered within the CJS and easy read materials are available. **Action:** Working with other commissioners, review whether we have a good understanding of the needs of people with LD in the CJS and develop plans in place to address their needs.
B1	Regular Care Reviews	The amber rating is an improvement following the 2013 submission which was red. The additional social workers who have been recruited in Cheshire East Council will continue to improve the capacity of the service, increasing the number of reviews carried out. The health and social care learning disability team integration plans will ensure that people with learning disabilities have regular consistent reviews from the professional or professionals who are best placed to assess their needs.

		Cheshire East Council is currently rolling out the use of a "Care Fund Calculator" with people with learning isabilities living in in supported living properties. The calculator will facilitate outcome focused care planning which ensures that care services are linked directly to the needs of an individual and that clear contractual arrangements are in place with providers. It will also help to ensure value for money for commissioners of support. This work is ongoing. **Action**: Ensure that everyone with a learning disability in Cheshire East who has services from health and/ or social care receive an annual review of their needs. Include a question about whether people with a learning disability has had a health check and a health action plan from their GP in annual reviews.
B2	Contract compliance assurance	Cheshire East Council has developed a Quality Assurance team which will review all social care commissioned services on an annual basis. The range of indicators and outcomes to ensure quality and continuous development will be developed by the team and unannounced visits will be included. **Action**: The Cheshire East Council Quality Assurance Team will review all providers of support for people with learning disabilities every year.
B3	Assurance of Monitor Compliance	Rated Amber as CCG are not currently involved in reviewing the evidence submitted to Monitor. **Action:** Work with CCG quality teams and NHS Providers to gain greater understanding and therefore assurance of the information that Trusts submit to Monitor as evidence that they are compliant.
B4	Safeguarding	Continue to provide a robust, transparent and sustainable governance arrangements in respect of adult safeguarding, continuing to review processes and proceedures to ensure that best practice is applied. Cheshire East also scored green on safeguarding in the 2013 assessment. This work is ongoing.
B5	Involvement in Training and Recruitment	Through the Quality Assurance team, Cheshire East Council will robustly review the contractual requirement to involve service users and their families in recruitment and training. Cheshire East Council to continue to ensure that local universal services receive learning disability awareness training and look to develop and systematize existing good practice where people with learning disabilities are providers of training. **Action**: The Cheshire East Council Quality Assurance Team will require services for people with learning disabilities to involve service users and their families in recruitment and training.

B6	Compassion, Dignity and Respect	Training and information to be provided to people with learning disabilities to ensure that they know what they should expect from services with regard to compassion, dignity and respect. Health and Social Care to regularly survey people with learning disabilities and their carers in respect of their experience of compassion, dignity and respect in services and report the findings to the Learning Disabilities Partnership Board. **Action**: Information to be co-produced with people with learning disabilities and their carers through the Partnership Board on what people with learning disabilities should expect from services particularly about dignity and respect. This information will then be shared with people with learning disabilities and their carers in Cheshire East.
B7	Support, Care and Housing Strategies	Cheshire East Council will continue to ensure that all commissioning strategies have impact assessments which consider the effect of the strategies on people with learning disabilities. This work is ongoing. The measure was rated amber as the main strategies put forward by the local CCGs do not currently explicitly talk about the impact on people with learning disabilities. **Action**: Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG will take into account the impact of any strategies or new developments on people with learning disabilities. Relevant strategies and developments will be discussed at Partnership Board.
B8	Change of practice in response to feedback	Through the Quality Assurance team, Cheshire East Council will robustly review the contractual requirement with all providers of services to people with learning disabilities to seek feedback from the users of their services and to routinely use this feedback to improve services. **Action**: The Cheshire East Council Quality Assurance Team will require services for people with learning disabilities to ask for feedback from the users of their services and to use this feedback to improve services.
B9	MCA and DOLS	Cheshire East Council to continue to work closely with providers of support for people with learning disabilities to order to comply with the requirements of the recent judgement published by the Supreme Court on 19th March 2014. Cheshire East Council has been informing and supporting service providers to implement the clarified the test for Deprivation of Liberty for adults who lack mental capacity to make decisions about their care and treatment. Through the Quality Assurance Team, Cheshire East Council will work with providers to robustly evidence the implementation and application of providers' policies in relation to MCA and DoLS. **Action**: The Cheshire East Council Quality Assurance Team will make sure that services for people with learning disabilities have policies that follow the law on the Mental Capacity Act and Deprivation of Liberty Safeguards.

C1	Effective Joint Working	There is a learning disabilities Integration Project Board in place tasked with developing an integrated health and social care team for adults with learning disabilities which will be in place for October 2015. Both Eastern Cheshire CCG and South Cheshire CCG along with the Council are continuing to work on amalgamating their commissioning intentions to develop a joint strategy. This will be in place for January 2016. **Action**: An integrated health and social care team for adults with learning disabilities will be developed. Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG will develop a joined up strategy for people with learning disabilities
C2	Transport and amenities	Cheshire East Learning Disabilities Partnership Board to review the availability and accessibility of transport for people with learning disabilities through the GOLD sub-group. The GOLD group to consider the introduction of a Safe Places scheme for people with learning disabilities in local communities. This will be in connection with work on the opportunities available for people to attend music, films and art events, linked to the Stay Up Late campaign. **Action**: GOLD sub group of the Partnership Board to be asked to prepare a report on how people with learning disabilities can go to artistic and cultural events (for example, theatres, festivals, shows) locally. This will include how best to let people know about events so that people with learning disabilities can attend. The report will make recommendations to companies and organisers of these events.
C3	Arts and Culture	Cheshire East Partnership Board to review the availability and accessibility of art and cultural opportunities for people with learning disabilities through the GOLD sub-group, linked with the Stay Up Late campaign. This will be in connection with the review of availability and accessibility of transport for people with learning disabilities. **Action**: GOLD sub group of the Partnership Board to be asked to prepare a report on how people with learning disabilities can go to artistic and cultural events (for example, theatres, festivals, shows) locally. This will include how best to let people know about events so that people with learning disabilities can attend. The report will make recommendations to companies and organisers of these events.
C4	Sport and Leisure	Cheshire East Council will continue with the development of opportunities for people with learning disabilities to engage in sports and leisure of their choosing and to continue to grow options in collaboration with people with learning disabilities and specialist services. The GOLD group (a sub-group of the Cheshire East Learning Disabilities Partnership Board) will look at improving how these events and sessions are publicised to increase take up. The development of the Partnership Board website (to be in place by June 2015) will be part of this work.

		Action: GOLD sub group of the Partnership Board to be asked to prepare a report on how people with learning disabilities can go to artistic and cultural events (for example, theatres, festivals, shows) locally. This will include how best to let people know about events so that people with learning disabilities can attend. The report will make recommendations to companies and organisers of these events.
C5	Employment	Cheshire East Council to review the support available for people with learning disabilities to gain employment and to develop a strategy to support people with learning disabilities into employment by November 2015. **Action**: Employment strategy for supporting people with learning disabilities into meaningful activity and employment will be developed and implemented.
C6	Transitions	Whilst services in Cheshire East met the conditions which were set to achieve a green rating for the Self Assessment Framework, the feedback from carers of people with learning disabilities through the Partnership Board was that the experience of transition was not good. There is ongoing work to improve the experience of people with disabilities and their families through transition which is attended by Young Advisors in an expert by experience role. **Action**: Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG to work to improve the experience of people with disabilities and their families through transition.
C7	Involvement	Continue to develop a co-production approach to the development of specialist and universal services using the Learning Disability Partnership Board to monitor the adoption of a co-production approach. The Board will highlight examples of good practice and offer involvement where it is needed to enable services to be co-produced with people with learning disabilities and their carers. This work is ongoing. **Action**: Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG to commit to work with people with learning disabilities and their families to develop services and support.
C8	Family Carers	Cheshire East Council will continue to work with carers to ensure that they feel that their needs are being met. There have been 7 carers events held recently and the information is being used in the development of the Cheshire East wide Carers Strategy. The action plan which will form part of the strategy will be produced and agreed in Summer 2015. **Action**: Support for carers of people with learning disabilities will be developed as part of the Joint Carers Strategy which will be launched in Summer 2015

Joint Health and Social Care Self Assessment Framework for Learning Disabilities 2014

Self Assessed RAG ratings for Cheshire East Council (including NHS Eastern Cheshire and NHS South Cheshire CCGs)

Rating	Section A Staying Healthy								
2014	A1 LD QOF Register	A2 Screening	A3 Annual Health Checks	A4 Health Action Plans	A5 Screening (Cancers)	A6 Communication of LD status	A7 LD Liaison Function	A8 Primary and Community Care	A9 Offender Health
2013									
	Section B Being Safe								
2014	B1 Regular Care Reviews	B2 Contract compliance assurance	B3 Assurance of Monitor Compliance	B4 Safeguarding	B5 Involvement in Training and Recruitment	B6 Compassion, Dignity and Respect	B7 Support, Care and Housing Strategies	B8 Change of practice in response to feedback	B9 MCA and DOLS
2013						N/A			
	Section C Living Well								
2014	C1 Effective Joint Working	C2 Transport and amenities	C3 Arts and Culture	C4 Sport and Leisure	C5 Employment	C6 Transitions	C7 Involvement	C8 Family Carers	
2013									

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REPORT TO: Health and Wellbeing Board

Date of Meeting: 24th February 2015
Report of: Commissioning Academy Cohort (Lorraine Butcher, Brenda Smith, Lucy Heath, Fiona Field, Jacki Wilkes and Ben McCrorie)
Subject/Title: Continuous improvement in commissioning for better outcomes

1 Report Summary

1.1 A single common commissioning model for all partners pan-Cheshire would support continuous improvement in commissioning for better outcomes. There are several commissioning models currently being used. Informed by learning from the Cabinet Office Commissioning Academy we are offering to develop a single commissioning model for adoption across all partners.

2 Recommendations

2.1 Cheshire East Health and Wellbeing Board approach Cheshire West and Chester Health and Wellbeing Board to adopt the twelve standards described in 'Commissioning for Better Outcomes'

2.2 The two Health and Wellbeing Boards adopt continuous improvement in commissioning for better outcomes as a joint project.

2.3 The two Health and Wellbeing Boards (together or separately), complete the self assessment tool and establish a baseline of the quality of commissioning for better outcomes pan-Cheshire.

2.4 The two Health and Wellbeing Boards establish a working group with appropriate representation to:

- Review the available commissioning models and propose a single common commissioning model for pan-Cheshire.
- Review governance arrangements for commissioning decisions and propose a governance model to compliment the adopted commissioning model
- Develop a communications strategy to embed the commissioning model and governance arrangements in all partner agencies across Cheshire.

2.5 As the Pioneer Project already works across Cheshire East and Cheshire West and Chester it is recommended that the Health and Wellbeing Boards delegate oversight of the work group to the Pioneer Project steering group.

2.6 Health and Wellbeing Boards re-assess quality of commissioning for better outcomes in January 2016.

3 Reasons for Recommendations

3.1 We believe whatever our starting position, a single common commissioning model for all partners pan-Cheshire would support improvement.

We are already aware of commissioning models that are in place and in some cases adopted by partnerships that involve a number of the partners from across Cheshire. For example, 'Connecting Care' has adopted a commissioning model proposed by South Cheshire/ Vale Royal CCG. It will be important to request all partners to identify any other models in use that we are not aware of. In addition, there are a number of national commissioning models and other local area commissioning models that were shared through the Commissioning Academy as good practice.

The outcome of developing and adopting a single commissioning model for all partners across Cheshire East would be an improvement in our Commissioning for better outcomes. We can evaluate the size of this impact by reviewing the self-assessment tool in 12 months time.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The Health and Wellbeing Strategy prioritises improving health and wellbeing outcomes across the life course. The impact of these recommendations would be to improve our commissioning enhancing our focus on outcomes, ensuring the process as well as the output contributes to health and wellbeing and provides good value both financially and socially.

5 Background and Options

5.1 Cabinet Office Commissioning Academy

The Commissioning Academy is development programme for senior leaders from all parts of the public sector. It is designed to equip a cadre of professionals to deal with the challenges facing public services, take up new opportunities and commission the right outcomes for their communities. The academy is supported by the Local Government Association, the Department for Communities and Local Government, the Ministry of Justice and the National Offender Management Service, the Department for Education, the

Department of Health, the Department for Work and Pensions and the Home Office.

Two cohorts from Cheshire East have been participating in the Cabinet Office Commissioning Academy. The first cohort included representatives from Cheshire East Council (Lorraine Butcher, Brenda Smith and Lucy Heath), Eastern Cheshire CCG (Jackie Wilkes), South Cheshire CCG (Fiona Field) and the Office for Police and Crime Commissioner (Ben McCrorie). The cohort from Cheshire East was unique in terms of the partners represented. All other areas cohorts attended from a single organisation. This provides us with a unique opportunity to use this learning as a partnership.

Part of the process of the Commissioning Academy is to develop a 100 day plan. The commissioning challenge we chose to address was to develop a model of commissioning supported within a governance framework to be used by all partners to commission the right outcomes for our communities.

5.2 How do we know when commissioning is good?
The recently published 'Commissioning for Better Outcomes: A Route Map'1 identifies 12 standards to support a dynamic process of continuous improvement. This document has been written for a local authority audience but we feel it is equally applicable to all public sector commissioners and recommend the Health and Wellbeing Boards adopt these as partnership standards.

1 Person-centred and outcomes-focused
2 Person-centred and focuses on outcomes
3 Promotes health and wellbeing
4 Delivers social value
5 Inclusive
6 Coproduced with local people, their carers and communities
7 Positive engagement with providers
8 Promotes equality
9 Well led
10 A whole system approach
11 Uses evidence about what works
12 Promotes a sustainable and diverse market place
13 A diverse and sustainable market
14 Provides value for money
15 Develops the workforce

[1] http://www.local.gov.uk/documents/10180/5756320/Commissioning+for+Better+Outcomes+A+route+map/8f18c36f-805c-4d5e-b1f5-d3755394cfab

The document includes a self-assessment tool which would allow us, as a system to judge our current position and plan for improvement.

5.3 Partnerships

There are a number of partnership groups in Cheshire East that are working to integrate commissioning and improve outcomes for our population including: Connecting Care, Caring Together and the Pioneer work. The footprints of the partners involved in these partnerships are not co-terminus with the Health and Wellbeing Board. Therefore, we propose that any work that is undertaken is done in partnership with the Cheshire West and Chester Health and Wellbeing Board.

5.4 Continuous improvement

There are two identified opportunities to use and test out the commissioning framework and governance models. Brenda Smith is leading on developing a mental health strategy and the second Commissioning Academy cohort is developing a wellbeing framework as their output from the academy.

6 Access to Information

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

Name: Lucy Heath
Designation: Consultant in Public Health
Tel No: 01270 685696
Email: lucy.heath@cheshireeast.gov.uk

REPORT TO: Health and Wellbeing Board

Date of Meeting:
Report of: Jacki Wilkes, Associate Director of Commissioning ECCG
Subject/Title: Caring for Carers: A Joint Strategy for Carers of all aged in Cheshire East 2015 - 2018

1 Report Summary

- Eastern Cheshire Clinical Commissioning Group (ECCCG) has worked in partnership with carers, South Cheshire Clinical Commissioning Group and Cheshire East Council to develop a new three year strategy for carers.
- An evaluation of the previous strategy (2011-2015) shows that some progress has been made to improve the health and well-being of carers in Cheshire East.
- A number of engagement events have been held over a 12 month period to understand the stated needs of carers and review opportunities to meet those needs.
- The publication of the 2014 Care Act outlines specific changes to the offer of support for carers and the impact of these changes have been assessed and included in the strategy.
- There are five priority areas outlined in the new strategy and an implementation plan will be developed for each area with a detailed set of actions to be undertaken in year one.
- The implementation of the plan will be monitored by a Carers Reference group which will look to develop a 'hub and spoke' approach to engagement accessing existing carer groups within third sector organisations
- An outcomes framework, with measures of success will be developed alongside the implementation plan and used to monitor progress. This will report to the Health and Well Being Board via the Joint Commissioning Leadership Team.
- Delivery of the strategy will require additional resources from across the three commissioning organisations and agreement is sought in principle for shared appointment of a project coordinator and associated costs.

2 Recommendations

The Cheshire East Health and Well Being Board is asked to:

Agree the strategy for 2015-18 as a direction of travel in that it aligns to the Caring Together, and Connecting Care vision and transformation agenda and as such is a key priority for Cheshire East Council, South Cheshire and Eastern Cheshire Clinical Commissioning Groups

Approve the proposal to consider the implementation action plan and resource requirements via the partnership Executive Teams

Endorse the proposal to monitor progress of delivering this strategy via the Joint Commissioning Leadership Team and report as required to the Health and Well Being Board

3 Reasons for Recommendations

3.1. Health and Well Being Board partners have committed to '*ensure the health and wellbeing of carers to enable them to carry out their caring role'* This strategy describes how that will be achieved

3.2. In order to begin work on this strategy, decisions will need to be made in a timely way. The executive teams meet regularly and can make decisions which may be required to keep plans on target

3.3. Governance arrangements are required to ensure plans progress well and issues are identified and escalated where required

4 Impact on Health and Wellbeing Strategy Priorities

4.1. The mission statement 'Valuing Carers and Supporting their Health and well-being in Cheshire East' was developed in response to feedback received during the engagement events. Specifically the strategy aims to:

- Recognise and value carers as partners with expert knowledge, experience and understanding
- Capture the experience and ideas of carers to improve and develop service
- Help carers to realise and release their potential including access to work and educational opportunities
- Support a life outside of caring
- Support carers to stay out of financial hardship
- Keep people in caring roles safe from harm
- Improve the health and well-being of those in a caring role
- Identifying and supporting young carers to ensure thy learn, develop and thrive

5 Background and Options

5.1. In 2011, the first 'Joint Strategy for Carers in Cheshire East' was agreed bringing together carers, Cheshire East Council and the then 'Central and Eastern Cheshire Primary Care Trust alongside third sector organisation's supporting people in caring roles. The vision of this strategy was 'to support all carers to live their lives on their own terms.' There were 6 local outcomes identified in this strategy which included identifying people in caring roles, access to information and advice, personalisation and affordable services, life outside the caring role, caring in a family setting and strengthening the carer voice in the development of plans and services.

5.2. Progress against the 2011 -15 outcomes:

I. Outcome one: Carers will be helped to identify themselves in their caring role, and be treated as expert care partners.
   - Work with GP surgeries
   - Crossroads Early Intervention service
   - Carer events
   - New carer and service user assessments

II. Outcome two: There will be access to a range of advice, health checks, support and information in easily accessible formats and the opportunity to plan for the future.
   - New care directory
   - Commissioned carers' information service from Cheshire and Warrington Carers Centre as well as a universal service from Cheshire Citizens Advice Bureaux
   - CarersTrust4All Early Intervention and Prevention service, and Cheshire and Warrington Carers Centre's Reablement service

III. Outcome three: Flexible, affordable and personalised services will be available to all carers at times which suit them.
   - Range of commissioned services published, personal budgets introduced with carer breaks funding.

IV. Outcome four: Learning and personal development opportunities will be available to all carers
   - Training through CarersTrust4All and Cheshire and Warrington Carers Centre;
   - Carers centre's training fund;
   - Connexions' employment service

V. Outcome five: A whole family approach will address the needs of young and parent carers
   - Parent carers have access to personal budgets
   - Parent and young carers services through carer breaks funding

VI. Outcome six: Awareness of carers' issues and needs will be developed so that carers are supported, respected and fully involved

- Carers events leading to new carers involved in shaping services and policy
- Reaching wider audience by going through local media
- GP training
- Social Worker and Social Care Assessor training as part of Care Act changes
- Whole family approach

5.3. Legislative Changes from the 2014 care gives local authorities a responsibility to assess any Carers need for support and the assessment will consider the impact of caring, as well as the things the carers want to achieve in their day-to-day life. It must consider if the carer is able or willing to carry on caring, whether they work or wish to work, or study or do more socially.

5.4. When the carer's assessment is complete, the local authority must use the National Eligibility Criteria to decide whether their needs are eligible for support. If they are not eligible Cheshire East Council will provide the carer with information and signpost to services which are appropriate to the needs identified.

5.5. If eligible to receive support from the local authority, the carer will receive a personal budget, which is a statement showing the cost of meeting the identified needs. This can then be used to help with planning support for the carers to meet these needs.

5.6. Carers have the right to request that the local authority meets some or all of their eligible needs via a direct payment so that the carer can control how this support is provided.

5.7. In January 2015 a series of engagement workshops were held across Cheshire East where 90 carers joined health and social care staff and providers of support services, to review progress against the outgoing strategy, implications of the new Care Act and emerging priorities for a new Carer Strategy

5.8. The proposal presented here brings together the key strands of work described above which relate to carers of all ages, in a new strategy for 2015-18. There are five emerging priorities:

I. partnership working between social care, health and 3rd sector partners to support carers
II. improved information available to carers in a range of formats
III. increased engagement with carers
IV. raising the profile of all carers in Cheshire East
V. working to reduce the social isolation of carers

5.9. Each of these priorities will be supported by an outcomes framework to monitor and review progress, and measure success.

5.10. An implementation action plan has been developed which describes in relevant detail the actions required in years 1, 2 and 3 to achieve the outcomes required. This will be presented at the individual organisations executive teams during March and April 2015 for approval. The proposed implementation plan will be accompanied by a request for additional project support, working across the three commissioning organisations and liaising with third sector partners and carers to ensure engagement and delivery

6 Access to Information

6.1. Each of these priorities will be supported by an outcomes framework to monitor and review progress, and measure success.

Name	Jacki Wilkes
Designation	Associate Director of Commissioning
Telephone	01625 663473
Email	jackiwilkes@nhs.net

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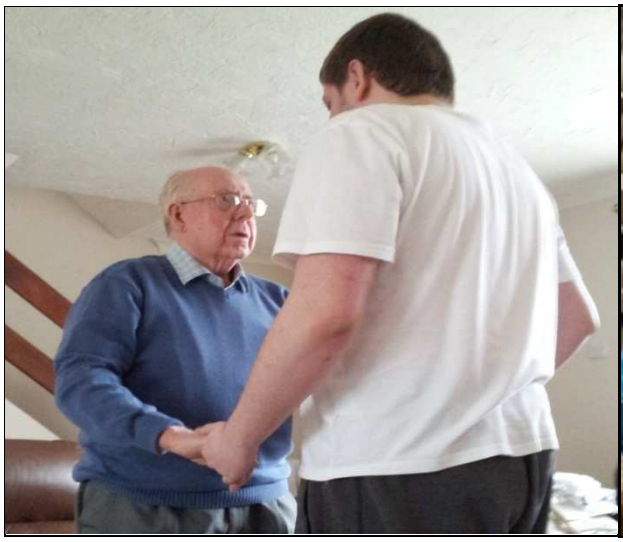
NHS
South Cheshire
Clinical Commissioning Group

NHS
Eastern Cheshire
Clinical Commissioning Group

Cheshire East
Council



‘Caring for Carers’ ….. A Joint Strategy for Carers of All Ages in Cheshire East

2015 – 2018

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Foreword

Message from Cllr. Janet Clowes Adult Social Care Portfolio Holder and Chair of the Cheshire East Health and Wellbeing Board

Around 3 in 5 people will be carers at some point in their lives.

Hidden carers often spend more than 20 hours a week looking after loved ones.

Without help and support, they can find themselves struggling and isolated with what can be very physical and emotional demands, trying to balance work and home life, and potentially risking their own health and wellbeing as a result. Carers of all ages give a vital contribution to their families and communities providing unpaid support for someone who is ill, frail or disabled.

Supporting carers to enable them to meet their own needs is a key focus for the council and we continue to actively support them working in partnership with NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Group. We value the work of our carers across Cheshire East, who are quite literally, indispensable, working hard through their dedication means putting their own lives on hold or missing out on things themselves because of their commitment to the person they care for.

The Care Act 2014 will be implemented in its first phase from 1st April 2015. This will provide a dramatic change for carers, putting their needs on an equal basis to those for whom they care. The Care Act introduces new responsibilities for the council which will ensure that carers receive an assessment of their needs, are supported to plan how those needs will be met and how the council will assist them in finding ways to meet those needs.

It is important carers are aware help is out there; whether it's just having someone to talk to, guidance on benefit entitlements, services which support the specific needs of carers and additional 'universal' services which are providing a wide range of information and advice or simply understanding the support available.

Here in Cheshire East we recognise the immense work and contribution carers make to society. I am very enthusiastic that the implementation of the new Joint Carers Strategy for Cheshire East offers carers the support and information they need and that the Council, the two CCG's and carers will be key contributors to not only developing, but also implementing the Carers Strategy. We will work with our partners in the Borough council and with stake holders to ensure that all Primary care services are fully aware of the strategy and will encourage active participation.

Janet C. Clowes.

Message from: Brenda Smith Director of Adult Social Care and Independent Living Cheshire East Council**, Fiona Field** Director of Partnership & Governance NHS South Cheshire Clinical Commissioning Group **Jacki Wilkes** Associate Director of Commissioning NHS Eastern Cheshire Clinical Commissioning Group and Joint Carers Lead for Cheshire East



- **W**e were extremely pleased to have taken part in some of the Carers Events in January 2015. The opportunity to talk to people who take on such a valuable role is always high impact. The dedication of the carers is outstanding and their ability to continue to care day in day out is impressive. It must be recognised that the caring role can be difficult to bear at times. We are committed together with our health partners to do whatever we can to support carers to carry on caring for as long as they are able. We know from carers that the support that will make a difference to them can be varied. We need to make sure that we give carers time to share their experiences, to make sure we listen and respond with the support they need.

- **F**or us to have an effective Carers Strategy in Cheshire East, it has been really important to develop this plan with carers of all ages, reflecting the views and needs of local people. Recognising the importance of carers has been a long time coming nationally but the change to the Care Act 2014 has raised the profile of carers, giving them an equal status to their family member who is being cared for. Everyone involved in recent carer workshops, and the on-going work, has been enthusiastic and committed to carers needs. We have heard some very inspiring situations of local carers of all ages and how they are caring for their loved one. Carers generally ask for very little but when they need help, it is crucial that it is quickly available and easily accessible. We need to know that we are commissioning and providing the right services to help carers continue in this really valuable role.

- **R**ecognising the value of unpaid carers and putting them on the same footing as the people they care for is a key message in the new national policy and this supports the approach already started throughout Cheshire East. Health and social care will take this opportunity to work in partnership with carers, wherever they are, to recognise, respect and respond to their needs. The important message for us, and one which we have heard repeatedly when listening to those in caring roles is this;

we want to be respected, valued and supported, we want help when we need it, sometimes that means quickly, and we want to only have to tell our story once. We want to know what support is available and how we can access that support and we want to be enabled to make decisions that are right for us as individual's and for the people we love and care for. This strategy sets out how we will work with carers we know are there and those we need to find, to deliver better outcomes for them, over the next 3 years.

Brenda Smith Director of Adult Social Care and Independent Living Cheshire East Council**,**

Fiona Field Director of Partnership & Governance NHS South Cheshire Clinical Commissioning Group

Jacki Wilkes Associate Director of Commissioning NHS Eastern Cheshire Clinical Commissioning Group and Joint Carers Lead for Cheshire East

Message from Tony Crane, Director of Children's Services

We have already set out our vision for Cheshire East to be a great place to be young; we want this to be the experience for every young person regardless of their circumstances. Young Carers can too often be part of an invisible population, working hard to care for a loved one whilst trying to balance their own lives, running a household and putting their own needs second.

I have the greatest respect for all Young Carers, they should be immensely proud of all that they do. I also feel extremely protective of them; I want to ensure Cheshire East is a caring community, one that has the right services in place at the right time to meet their needs. I am confident that our Early Help approach continues to provide a holistic intervention for all family members at an earlier stage. We will continue to ensure that the voice of the young person, be that as a young carer or being cared for, is central to all our work – planning and delivery. This partnership approach, outlined in this joint strategy, will ultimately improve outcomes for all carers and their families.

Message from Councillor Rachel Bailey Portfolio Holder Safeguarding Children and Adults

Our children and young people must be given the opportunities, the knowledge and, when required, the help, to take control of their own lives, their own health and their own destiny. I believe in creating equal opportunities and enabling our children & young people to take them.

Today and every day, we strive to give our children & young people the best start in life and give them and their families the best opportunities. We want emotional and mental wellbeing to be the focus of our plans. Being a young carer can expose a young person to experiences and feelings they are not fully equipped to deal with. Early help is critical. An integrated, cross agency strategy that ensures more young carers access the support they need. We are listening to our young carers, so our support system matches their needs.

I am confident that through shared leadership and partnership working we can deliver good outcomes for all and protect the most vulnerable. Only by working together can we make Cheshire East a great place to be young.

Introduction

This strategy has been prepared in partnership with carers and outlines the key priority areas which will be addressed over the next three years. At the heart of the strategy is a mission statement and a number of pledges from those responsible for commissioning and delivering services, to those who need them. These are based on what carers have stated is important and what the Government require health and social care to deliver.

The strategy will be taken forward by an implementation plan which will be agreed and signed off by commissioners in April 2015. The progress of this plan will be monitored regularly by a carer reference group with representation from all the key stakeholders and who will report through the Joint Health and Social Care leadership team through to the Cheshire East Health and Well-being Board

The implementation plan will consider, in detail, each of the five priority areas described in this strategy. It will be measured against success factors and underpinned by the commitment made through the pledges to carers

Each year the strategy will be reconsidered, refreshed if necessary, and detailed plans developed for the forthcoming year

Mission Statement

'Valuing Carers and Supporting their Health and Wellbeing in Cheshire East'

Our Pledge

Carers play a very significant role within the communities of Cheshire East. We pledge to:

What are we looking to achieve?

This document sets out the commitment from health and social care commissioners to support and help people in their caring role. The impact upon those who act as carers for others can be huge. Based on what carers have told us, we have set out priorities for how we will support them.

The overall aim is to ensure that unpaid carers of all ages are recognised and valued as being fundamental to strong families and stable communities. In addition that carers are provided with opportunities to have their voices heard, be respected for the role they play and, through support, are able to live healthy, fulfilling and enjoyable lives.

What are the partners looking at?

This joint strategy talks about the types of support carers have told us they see as priorities and how they need to be provided. It also relates to recent changes in legislation which directly affect how services will be delivered to carers from April 2015.

We aim to build on and further develop direct support for carers, using local information received directly from carers. This will influence how health and social care services and the wider community understand and respond to the needs of carers. The strategy will continue to invest in carer's services, whilst recognising the importance of, and investment in, carer breaks. Our future Joint Commissioning and integration plans put personalisation into practice by engaging, consulting and working closely with carers and partners across a range of organisations.

We know, from listening to carers, that the issues which affect carers do not fit neatly into one box and cannot be dealt with by one service or organisation. Carers support people who have a long-term illness and disability, learning disabilities, Autism, mental illness, alcohol and substance misuse. Their age range will vary; they can be caring full time, part time, working, in education or retired.

This joint carer's strategy must link closely with the other strategies and plans relating to children and young people and adults. We will ensure that all of our developing policy and strategies recognise the needs of carers:

- Transition Strategy,
- Mental Health Strategy and Dementia Strategy,
- Autism Strategy and Learning Disability Strategy
- The End of Life Strategy

We will monitor and measure the success of this strategy through a 3 year action plan. This will make clear who will be responsible for the work that is needed to implement the strategy and the outcomes will be tracked and reported through our engagement with carers, Individual Organisation Boards and the Cheshire East Health & Well-Being Board and work towards breaking down barriers for carers and those who they care for.

Background

Carers in Cheshire East

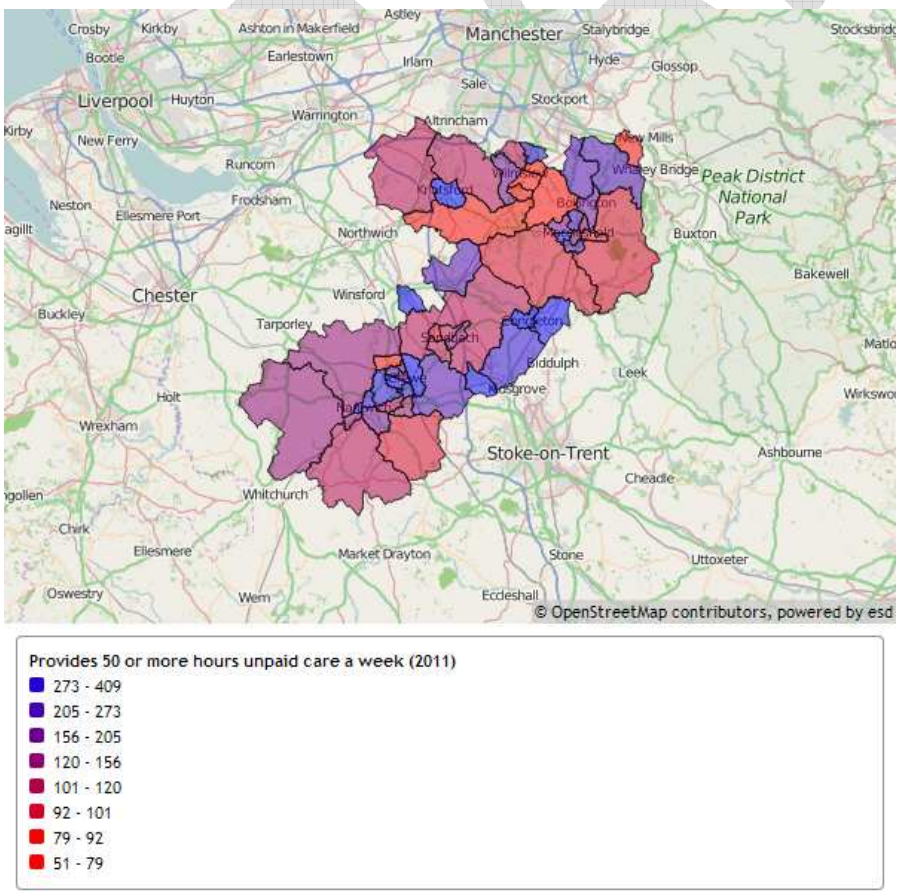
A carer is described by the government as: '*Somebody who provides support or who looks after a family member, partner or friend who needs help because of their age, physical or mental illness, or disability. They can be any age, young or old. This would not usually include someone paid or employed to carry out that role, or someone who is a volunteer'*.

Anyone can become a carer as the result of a sudden event, such as an accident, or due to a gradual decline in the physical or mental health of the person that they care for.

Caring relationships can be complex, and family members may provide different types of care for each other in order to live independently in the community.

In the 2011 Census, 12,453 people in Cheshire East identified themselves as caring for 20 hours per week or more, with a further 27,481 caring between 1 and 19 hours per week. Altogether that is almost 11% of the population of Cheshire East. The number of people caring for 50 hours or over has increased by nearly a third since 2001 to 8,014, with over 42% of them aged 65 or over.

Carers caring for 50 hours or more per week by Cheshire East ward

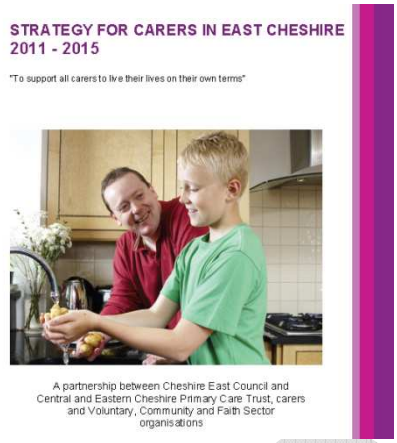


1,236 of the carers who were caring for 20 hours or more per week (10%) reported that they were in bad or very bad health.

By 2037 Carers UK calculates that the number of carers in the UK will increase by 40% by 2037, which would mean nearly 56,000 carers in Cheshire East.

2011 Carers Strategy

In 2010, the National Carers' Strategy was refreshed by the new coalition government.



As a response to this, Cheshire East published its own strategy in 2011, which was produced by Cheshire East Council, Central and Eastern Cheshire Primary Care Trust, carers and third sector carers' organisations in Cheshire East. The vision of this strategy was 'to support all carers to live their lives on their own terms.' There were 6 local outcomes identified in this strategy.

Since this strategy, we have been working together to move forward with these outcomes.

Progress to date of the 6 local outcomes from the 2011 Carers Strategy

1. **Carers will be helped to identify themselves in their caring role, and be treated as expert care partners**

Achievements include:

- Work with GP surgeries
- Crossroads Early Intervention service
- Carer events
- New carer and service user assessments

2. **There will be access to a range of advice, health checks, support and information in easily accessible formats and the opportunity to plan for the future**

Achievements include:

- New care directory
- Commissioned carers' information service from Cheshire and Warrington Carers Centre as well as a universal service from Cheshire Citizens Advice Bureaux

- CarersTrust4All Early Intervention and Prevention service, and Cheshire and Warrington Carers Centre's Reablement service

3. Flexible, affordable and personalised services will be available to all carers at times which suit them

Achievements include:

- Range of commissioned services (see Appendix 1). Personal budgets introduced with carer breaks funding.

4. Learning and personal development opportunities will be available to all carers

Achievements include:

- Training through CarersTrust4All and Cheshire and Warrington Carers Centre;
- Carers centre's training fund;
- Connexions' employment service

5. A whole family approach will address the needs of young and parent carers

Achievements include:

- Parent carers have access to personal budgets
- Parent and young carers services through carer breaks funding

6. Awareness of carers' issues and needs will be developed so that carers are supported, respected and fully involved

Achievements include:

- Carers events leading to new carers who want to be involved in shaping services and policy
- Reaching wider audience by going through local media
- GP training
- Social Worker and Social Care Assessor training planned as part of Care Act changes
- Whole family approach
- Link with national publicity programmes to ensure that carers have the opportunity to receive information and advice about what is available to support them in their caring role

How we have engaged with carers

- Survey

In 2012 and 2014, Cheshire East Council carried out the national Carers Survey for carers in their area. For this, a random sample of all the carers who have received an assessment in the past year are contacted and asked to answer questions on their experience of information, services and support in East Cheshire. At the time of writing the results from the 2014 survey are not finalised, but the 2012 survey showed us that:

- 71% of carers were satisfied with the support or services that they and the person they cared for had received from social services in the previous 12 months
- 91% of carers felt that they had some measure of control over their daily life
- 79% of carers who were looking for information found it easy to find.

This shows that while support and information is working well for some, there is still work to be done to ensure that all carers receive the support that they need.

- Events

In November 2013 a Cheshire East Joint Strategy event was held to enable carers and professionals from health, social care and the voluntary and community sector to work together to identify what needed to be added to any new carers' strategy, and to look at how best to work together to deliver what matters for carers in Cheshire East. A report of that event is available and the views from that event have informed this new carers' strategy.

South Cheshire CCG link: http://www.southcheshireccg.nhs.uk/publication

Eastern Cheshire CCG link: https://www.easterncheshireccg.nhs.uk/Links/resources.htm

In January 2015, a series of follow-up events were held across Cheshire east, where the 90 carers who attended had the opportunity to tell the Council and local NHS Clinical Commissioning Groups how they can improve the support they offer. The main messages to come out of this were:

- Carers have/retain control
- Reducing stigma/increasing awareness, understanding and compassion
- Communication
- Personalisation
- Forward planning

These have been taken into account when looking at the main priorities for the year ahead.

- Consultation

In December 2014 and January 2015 there has been a consultation on new proposals about how people who access services through Cheshire East Council and their carers will be charged for services in the future. There were a series of meetings in the area, and also a web page where people could go to assert their views. As a result of this, Cheshire East Council will not be implementing a policy to financially assess and charge carers for services they receive from the council.

Legal Framework

The legal framework currently governing support for carers is poised on the implementation of significant and far reaching change. New legislation and policy directives are combining to raise the profile of carers by giving them new rights and requiring improved methods of identification with a view to providing them with support. The major changes for carers are contained in the following:

- Caring for our Future: Reforming Care and Support White Paper 2012
- Care Bill 2013
- Social Care (Local Sufficiency of Supply) and Identification of Carers Bill 2012
- The Power of Information
- Health and Social Care Act 2012
- Equality Act 2012
- NHS Mandate 2013 – 2015 (the NHS Outcomes Framework)
- Adult Social Care Outcomes Framework
- Public Health Outcomes Framework
- The Care Act 2014
- Children and Families Act 2014

The Care Act and Children and Families Act 2014

The Care Act 2014 is government legislation which sets out carers' legal rights to assessment and support. It relates mostly to adult carers – people aged 18 and over who are caring for another adult. Young carers (aged under 18) and adults who care for disabled children can be assessed and supported under children's law.

However, under the Care Act the government has set out rules about looking at family circumstances when assessing an adult's need for care, which means, for example, making sure the position of a young carer within a family is not overlooked.

The Care Act gives local authorities a responsibility to assess their need for support as a carer. This assessment will consider the impact of caring, as well as the things carers want to achieve in their own day-to-day life. It must also consider other important issues, such as whether they are able or willing to carry on caring, whether they work or want to work, and whether they want to study or do more socially.

When the carer's assessment is complete, the local authority must use the National Eligibility Criteria to decide whether a person's needs are eligible for support. If they are not eligible

Cheshire East Council will provide them with information and signposting to services which are appropriate to the needs that they do have.

If eligible to receive support from the local authority, they will receive a personal budget, which is a statement showing the cost of meeting their needs. This can then be used to help with planning support for the carers to meet these needs.

Carers have the right to request that the local authority meets some or all of their eligible needs by giving them a direct payment so that they can control how this support is provided.

This is a new way for Cheshire East Council to provide support to carers, and will mean more flexibility in the way that they are supported.

Young Carers

Children and young people who care have the same rights as all children and young people. Young carers should be able to learn, achieve, develop friendships and enjoy positive, healthy childhoods. Care services should be delivered in ways which sustain families, avoid the need to take on inappropriate caring roles and prevent further inappropriate caring.

Young carers tell us that they value their caring role and are often proud of the contribution they are able to make in their families. In some cases, however, young carers have assumed a level of responsibility that no child should be expected to take on. This can have consequent knock-on effects on schooling and other key areas of their lives.

The Care Act does not deal with assessment of young carers; however, young carers can be supported under the law relating to children. It does state that assessments of adults must be carried out to ensure the need of the whole family are considered. Where a young carer is found to have eligible needs which require support, local councils will have to either provide this support directly to the young carer or show that the cared for person's assessment has provided enough care and support to ensure that the young carer does not have to provide inappropriate care.

Parent carers

Under the Children Act 1989, it has always been expected that an assessment of a child 'in need' will take account of the needs of other family members. However, parent carers also have a right to their own assessment and services under the Children and Families Act 2014.

Under the Act the Council must assess a parent carer if they appear to have a need or if the parent requests an assessment. This will include whether that parent has needs for support and, if so, what those needs are, and whether it is appropriate for the parent to provide care for their disabled child in the light of their own needs for support. It will take into account the well-being of the parent carer and the need to promote the welfare of the disabled child and any other child the parent is responsible for.

Following assessment, the local authority must then decide whether the parent has needs for support; whether the disabled child for has needs for support; and if so whether those needs could be met by services under Children Act 1989.

Transition

The Care Act says that adult social services needs to be involved in planning the support a young carer may need once they reach 18. This also applies to adult carers of children where it appears likely that the adult carer will have needs for support after the child turns 18.

Advocacy

The Care Act 2014 introduces a duty to provide independent advocacy to represent and support carers as individuals - if needed to facilitate their involvement in assessments and preparing support plans. This includes advocacy support for carers, carers of children at transition age and young carers at transition age.

Safeguarding Carers

We know that the caring situations carers face can sometimes create unbearable stresses and strains, and sometimes result in safeguarding issues. It is important that carers understand what abuse is and recognise types of abuse.

The main aim of safeguarding is to ensure that the user and carer is kept safe and secure, and involvement from the Council, health or organisations must be supportive and offer support and practical assistance for carers wherever possible and reasonable.

There are different types of abuse:

- Physical abuse
- Sexual abuse
- Emotional/psychological abuse
- Financial abuse
- Institutional abuse
- Self-neglect
- Neglect by others

There is more information on safeguarding on the following websites:
www.cheshireeast.gov.uk/social_care_and_health/vulnerable_adults.aspx

Safeguarding Adults video (British Sign Language version) which explains the different types of abuse and what happens after someone tells us that abuse has or may have happened.

Equality & Diversity

There are some carers who may experience multiple disadvantages and isolation. For example, we are aware that carers of some disability groups or who are carers of disabled, black and minority ethnic carers, gay, bisexual and transgender have found it difficult to access services.

We recognise the full diversity of carers, and aim to ensure that community support and services for **all carers** are improved and are fully accessible. This includes taking due regard of equality strands and recognises that diversity of carers covers more than this. It includes for example, education and employment, health of carers, diversity of the people cared-for, income and finance and the impact of caring for more than 50 hours per week.

The 2010 Equality Act[1] includes measures regarding discrimination by association in relation to disabled or older people. The act has the potential to reduce the strain on some carers, particularly when fitting caring responsibilities around employment, as they will have greater protection from discrimination as a result of their caring responsibilities.

(See Appendix 2: Equality Impact Assessment)

Personalisation

Think Local Act Personal (TLAP) launched ***Making it Real: Marking progress towards personalised, community-based support*** on 17 May 2012.

This resource aims to help organisations move towards more personalised and community-based support by providing them with practical steps to make personalisation a reality. The ***Making it Real*** programme was developed and co-produced with members of TLAP's National Co-Production Advisory Group, which is made up of people with experience of using services and carers from across the country. The resource consists of a series of 'I' statements, which describe what people, might say if personalisation was working well for them.

In Cheshire East we want to support carers and acknowledge the enormous contribution they make within our communities across the borough and to the lives of the individuals they care for whether they are family, friends or neighbours. We recognise that if personalisation and community-based support is to work well, it needs to work well for everyone, including carers. In Cheshire East we are committed to ensure that we embed Personalisation in all services and support available to carers. We will continue the progress which has been made so far in implementing the TLAP principles for carers and ensure that our delivery plan, policies and procedures reflect our commitment. For more information please follow the link below:

http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=9483

[1] 'website' www.adviceguide.org.uk/index/equality_act_2010_carer

STRATEGIC PRIORITIES for 2015-18

Overarching Priorities for Adult carers

This strategy identifies five priorities based on the feedback we have received through our engagement with carers and the changes in legislation following the Care Act 2014

Overarching Priorities

- Partnership working between social care, health and 3rd sector partners to support carers
- Improved information available to carers in a range of formats
- Increased engagement with carers
- Raising the profile of all carers in Cheshire East
- Working to reduce the social isolation of carers

Under each priority we have identified areas for development in the 3 year Delivery Plan. The Delivery Plan will be regularly tracked and updated and reported on to ensure we achieve the aims set within it.

We need to ensure that we obtain the best value for money and a good way is recognising carers as partners to help ensure money is spent wisely on services that meet their needs.

All services, organisations and individuals can contribute to supporting individuals in their caring role by recognising that role and contribution carers make to society.

Carers Support in the community

Cheshire East Council contracted a number of service providers specifically to support carers (for details see Appendix A). In the year April 2013 – March 2014, there were around 1,400 individual users of these services.

When contracting services, the Council takes care that they relate to the outcomes from:

- **the government's Carers Strategy Second National Action Plan, published in November 2014, whose four priorities are:**
-
    - Identification and recognition
    - Realising and releasing potential
    - A life alongside caring
    - Supporting carers to stay healthy

- **the current local strategy (see above)**
- **Cheshire East Council's 3 year plan, especially Outcome 5**

- 'People live well and for longer. Local people have healthy lifestyles and access to good cultural, leisure and recreational facilities. Care services focus on prevention, early intervention and physical and mental wellbeing.'

The Council monitors these services carefully to make sure that they are reaching a wide range of carers across the area, and that they are achieving the outcomes that are important to carers

The services have all been contracted for 3 years to ensure continuity for carers and that the organisations that provide them can plan for the longer term.

There is also a Carer Breaks Fund, where organisations can bid for funding for one year to deliver services or activities to meet the needs of carers across Cheshire East. The fund particularly encourages services designed to identify and support people who do not necessarily see themselves as carers - they are often family members in a caring role who do not identify themselves as a carer and may not access services that are available to support them.

These services need to meet one of the following objectives:

1. Realising and Releasing Potential - enabling those with caring responsibilities to fulfil their potential by removing the barriers to opportunity and promoting access to learning.

2. Supporting Carers to Stay Healthy - Supporting carers to remain mentally and physically well by offering services that provide positive outcomes to an individual's health and well-being.

3. Life Outside of Caring - Support to carers which enables them to have a family and community life, alleviating the impact of the caring role.

Developing new and relevant support for carers

The Council, NHS Eastern Cheshire and NHS South Cheshire CCG's working in partnership with carers, have a key role to play in shaping community and family life for people in a caring role to ensure a range of support is available for them and the people they care for.

This will help to provide carers with a greater links in their local community to ensure that excellent support is available to help them; at the right time and in the right place. This will help achieve positive outcomes and enable cares to have a life outside of caring, making Cheshire East a better place for carers to live

Working together principles

Locally partners work together and report to a joint board – the Health and Wellbeing board - and this group influences the plans of the local NHS, the Council, and other organisations in Cheshire East.

This board looks to make a positive difference to people's lives and has a wish to support people to live and work well. As part of this there is a stated need to

- *Ensure the health and wellbeing of carers to enable them to carry out their caring role*

http://moderngov.cheshireeast.gov.uk/ecminutes/documents/s34638/Health%20and%20Wellbeing%20Strategy%202014%20-%2016%20version%205%20-%20Final.pdf

Within Cheshire East there are two ambitious change programmes which will see health and social care working together to transform the way in which care is seen, planned and delivered. In Eastern Cheshire the programme is called 'Caring together' and in South Cheshire it is known as 'Connecting Care. Whilst it is important to have two programmes to ensure local needs are taken into account, the overarching principle aims are the same; shifting the focus of care from hospital to home, working with individuals to support self care, independence and choice, working with partners to integrate services where people have needs which span health and social care and moving to commissioning for improvement in a persons' health and well- being outcomes

People who need help and use services should not be able to recognise the divisions between support services, such as health or social care and organisational boundaries should not get in the way of delivering excellent services. Partners will work with providers across voluntary, private and statutory sectors to help shape the market to deliver the personalised support that carers need.

We also encourage and support health and social care services, schools, voluntary organisations, faith and community organisations, employers and the wider community to work together and support carers in their role. All these organisations, whether local or national, have a crucial role in helping people to identify themselves as having a caring role and signposting them to the relevant sources of information and advice. This will help to ensure that they are not isolated or financially disadvantaged and that their health is not adversely affected as a result of their caring role.

Delivery Plan Summary

This strategy will be delivered through an implementation plan which will identify specific actions against each of the priority areas identified:

- Partnership working between social care, health and 3rd sector partners to support carers
- Improved information available to carers in a range of formats
- Increased engagement with carers
- Raising the profile of all carers in Cheshire East
- Working to reduce the social isolation of carers

Carer involvement

Carer engagement will continue in a number of ways as the strategy enters the delivery phase:

- Following on from the success of the 7 events which took place in January 2015 we have pledged to build on this engagement with carers across Cheshire East, through quarterly 'drop in' sessions planned across the borough. Sessions will enable Carers to drop in at different times of the day to talk about what it's like to be a carer in Cheshire East. This will enable carers to share their stories make new friends with people in a similar position to themselves and provide an opportunity for information sharing
- There will also be the chance for carers to be involved in giving their opinions and feedback through email, Carers Assessments, at their GP practice, on the services they have accessed and how they have been valued as a care partner.
- The number of carers who attend the drop-ins and want to become part of a 'Carer feedback group' through their chosen method, will be a measure of local carer involvement, as will evidence of how their views as carers are taken forward and influence positive change in Cheshire East.
- The carers reference group has committed to developing stronger links with carers through local and voluntary sector organisations. The reference group will look to build its membership to create a more representative group and will monitor progress of the strategy to ensure it stays on plan
- Events targeted at working with local employers and carers on their staff, will provide the opportunity not only to support carers in the workplace, but to gather evidence of issues that face carers who are in employment.

- The development of future work on carers' issues and rights will inform the development of future work with a wider range of employers, organisations and services will show how their involvement has shaped this for carers of all ages in Cheshire east.

Measure of success – how will we know we've done it?

Cheshire East Council and NHS South and Eastern Clinical Commissioning Groups have a number of ways to tell whether the actions that they are taking and the services they are providing are actually supporting carers in the area.

Survey 2016

National Carers' Surveys happen every two years, and as most of the questions that they ask are the same each time, it gives the Council a chance to see which areas are improving, and areas which need attention and where more work is needed

In line with this, we will continue to ensure that we link with national publicity programmes to ensure that carers have the opportunity to receive information and advice about what is available to support them in their caring role

Measures through carer's assessments

A simple measure of the number of carers who are being reached though the Council is the number of carers' assessments which are being carried out. If these are increasing year on year or reducing, this will give a basic measure of the number of carers we are directly supporting. With the new carers' assessment, it will also be possible to tell whether the support needs of carers are increasing or reducing over time, and whether overall wellbeing is improving or deteriorating.

Number of individual carers taking up commissioned services

By looking at the number of individual carers who contact or receive services from the organisations who provide them, the Council will also be able to get a better picture of the overall number of carers who are being supported in Cheshire East.

Outcomes measures from commissioned services

It is important that we not only reach out to carers, but that the services are achieving positive outcomes for them. Every organisation that provides carer services commissioned by Cheshire East Council measures the outcomes that it is achieving. Some of the outcomes from existing services are:

- Improving carers' health
- Greater uptake of carer registration with GP

- Carers are enabled to carry out day-to-day tasks – e.g. shop, cook, and garden more effectively
- Carers feel calmer and more able to deal with the pressures of their role
- Carers are more confident, feel safe, and are able to forward plan
- Carers have a better balance between caring and a life of their own, with increased social activity and breaks
- Carers feel more supported, and are able to access networks and appropriate professionals
- Carers are financially more secure and aware of benefits, employment and how to manage money.

Cheshire East Young Carers Strategy

Introduction

The impact of caring at a young age can be both positive and negative but should not be allowed to impact on a child or young person so much that they cannot 'be a child first'. The vision of those involved in developing this strategy is to identify and significantly reduce the numbers of young people undertaking inappropriate and harmful caring roles in Cheshire East.

This new strategy takes account the views of local young carers as well as the ideas which have been developed in supporting young carers and their families both nationally and locally. It builds on the "Strategy for Carers in Cheshire East 2011 – 2015" and compliments wider children's and youth work in the local authority, health providers and voluntary and community organisations.

Purpose

This strategy is aimed at those with responsibility and interest in supporting young carers and their families. It will also be of direct relevance to young carers and families themselves.

It is intended to provide a mechanism to address the gaps that exist in meeting the needs of young carers. To achieve this goal requires a strategic plan which, not only sets out the direction of travel, but defines the actions needed, the agencies responsible and includes measureable outcomes.

Agencies will work together to provide coherent and equitable support and services to young carers and those for whom they care. It is important to recognise both the value of the support that is offered by young carers' projects and also the need to develop support in mainstream services, all of which should be able to provide safe, quality support to those children who continue to be affected by any caring role within the family.

"After my friend had a young carer's assessment her worker discussed it with adult services. They could then see why it was important to put some home care in to help all the family"

What is a 'Young Carer'

Young carers are children and young people who help to look after a family member or friend who has an illness, a disability, or is affected by mental ill-health or substance misuse.

Young carers often take on practical and/or emotional caring responsibilities that would normally be expected of an adult. The tasks undertaken can vary according to the nature of the illness or disability, the level and frequency of need for care and the structure of the family as a whole.

A young carer may do some or all of the following:

- Practical tasks, such as cooking, housework and shopping.
- Physical care, such as lifting, helping a parent on stairs or with physiotherapy.
- Personal care, such as dressing, washing, helping with toileting needs.
- Managing the family budget, collecting benefits and prescriptions.
- Administering medication.
- Looking after or "parenting" younger siblings.
- Emotional support. 'worrying about, checking on, keeping an eye on'
- Interpreting, due to a hearing or speech impairment or because English is not the family's first language.

Some young carers may undertake high levels of care, whereas for others it may be frequent low levels of care. Either can impact heavily on a child or young person.

The term does not apply to the everyday and occasional help around the home that may often be expected of or given by children in families and is part of community and family cohesion.

A young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical wellbeing or educational achievement and life chances.

Young Carers often may not think of themselves as carers and are not recognised as such by other people like friends, teachers, doctors and other family members.

Being a young carer can have detrimental effects on young people, including problems at school, health problems, emotional difficulties, isolation, lack of time for leisure, feeling different, pressure from keeping family problems a secret, problems with transition to adulthood, lack of recognition and feeling they are not being listened to.

More positively however Cheshire East Young Carers have told us that they also can feel proud, more self-confident, closer to the people they care for and valued by their family.

National Strategy & Legislative Context

The vision of the National Carers' Strategy for young carers is that: ***'Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods'.***

The National Strategy for Carers is underpinned by a range of national policy and guidance identifying young carers as a group of young people needing support and highlighting the important role of adult social care in ensuring that parents and families are supported and young people are not required to take on inappropriate caring roles. Of particular note is:

- Children Act 1989
- Carers (Recognition and Services) Act 1995
- Carers and Disabled Children Act 2000
- Carers (Equal Opportunities) Act 2004
- Children Act 2004
- Children in Need Section 47

The two pieces of legislation that will have the greatest influence on support for young people, especially those preparing for adulthood, are Part 3 of the **Children and Families Act 2014**, which focuses on Special Educational Needs and Disability and is due to be implemented in September 2014, and Part 1 of the **Care Act**, which focuses on the care and support of adults with care and support needs and is due to be implemented in April 2015.

Importantly, the Children and Families Act 2014 introduces a system of support which extends from birth to 25, while the Care Act deals with adult social care for anyone over the age of 18. This means there will be a group of young people aged 18-25 who will be entitled to support though both pieces of legislation. The two Acts also have the same emphasis on outcomes, personalisation, and the integration of services. It is therefore essential that the planning and implementation of both of these Acts is joined up at a local level.

The Children and Families Act includes a duty to assess a young carer if it appears they may have needs for support, or if they request an assessment. Young carers' needs assessments must have regard to the extent to which the young carer is participating in or wishes to participate in education, training or recreation, and the extent to which the young carer wishes to work.

The Care Act includes a duty to carry out a Young Carers' needs assessment where there is 'likely need' for support post-18 and when it is of 'significant benefit'.

Strategic Vision for Cheshire East

This Strategy should be considered within local operating frameworks. Those outlined below are of particular relevance.

Cheshire East - A Strategic Commissioning Authority

Cheshire East Council is adopting a new operating model that reflects recent Government policy and legislation to ensure that local needs, preferences and aspirations are met and that service providers are more accountable to local people. This transformation to become a strategic commissioning body will affect the way in which services are delivered so ensure they achieve the desired outcomes for local people. On this basis a 'Strategic Council' is one that is able to capture, leverage and disperse all available local funds and resources, in line with its strategic ambitions and goals for its local communities, as part of its 'place shaping' role. The Council will need to work closely with other local commissioners of public services (including Police, Clinical Commissioning Groups, Fire and Rescue Service, Ambulance Service and Probation Service, Town and Parish Councils) as well as with the voluntary and community sector.

Cheshire East Children's Trust

Cheshire East Children's Trust brings together all partners with a role in improving outcomes for children in order to agree plans and prioritise their services to improve children's well-being and to ensure services work closely together. The Trust has representation from across the economy of Children's Services incorporating schools, health, police, fire and voluntary sector as well as children & young people themselves and parents / carers.

The Trust operates a 'levels of need' model to ensure consistency of approach to understanding children, young people and family need and pathways to support and intervention.

The Trust produces a joint 3 year plan, known as the **Children and Young People's Plan.** The latest plan outlines three key priorities for action in Cheshire East responding to the needs of the children, young people and family populations:

- Develop and implement an integrated commissioning and delivery approach to improve the emotional health and well-being of children and young people.
- To reconfigure some services to focus more clearly on co-ordinated early intervention and prevention on a locality basis appropriate to need, whilst continuing to meet the needs of children & young people who have more complex needs and require specialist support.
- Ensure that all agencies collectively safeguard children young people and their families.

Early Help Strategy

To support and deliver on the Children's Trust priorities, the 'early help offer' has been put in place and was presented to the Children's Trust in September 2012 highlighting a number of principles which emphasised the required commitment from all agencies to take responsibility for fostering a shared culture that values:

- The identification and the taking of early help opportunities with families
- The contributions of all professional staff, volunteers and family members
- Positive challenge and holding each other to account for outcomes for families
- Working to overcome systematic barriers to achieving better outcomes
- Support time for shared learning and ensuring that what we do is based on good evidence.

These principals will only be successful by working in an integrated way with all agencies to make a real impact on improving outcomes for our children, young people and their families. The role of the Children's Trust is to implement this 'early help offer' whilst driving the starting well and living well aspects of the Health and Wellbeing strategy, therefore connecting the two to have the most impact.

What do our Children and Young People tell us?

The voice of children and young people is important to the Trust and a report was shared that brought together results from consultation and participation activity across our partners to share what's important to our children and young people. Children and young people want to;

1. Feel involved and supported by well promoted, accessible services with well skilled and knowledgeable professionals.
2. Have something to do/places to go that are relevant, appropriate to need, of benefit to them and distract from negative behaviour.
3. Engage through accessible/cool/up to date methods.
4. Know that agencies are joining up to understand and address need

Cheshire East Strategy for Carers 2011 – 2015

This strategy has been developed in partnership with carers, health services, local authority and voluntary sector organisations and identifies its joint vision "to support all carers to live

their lives on their own terms". It provides a framework to identify, develop and deliver the best possible services to meet the needs of carers in Cheshire East.

With specific regard to Young Carers, the strategy states:

"Cheshire East Council, Central and Eastern Cheshire Primary Care Trust *(now replaced by the relevant Clinical Commissioning Groups)* are committed to working with Children's Services staff and partners to ensure that the needs of children and their families across East Cheshire are met through this strategy to ensure that young carers *"are able to learn, achieve, develop friendships and enjoy positive, healthy childhoods just like other children."*

This Young Carers Strategy will complement and builds on this work.

Cheshire East Health & Wellbeing Board

The Health and Social Care Act 2012 provides a basic, common framework for Health and Wellbeing Boards (HWB's). HWB's form a statutory committee of each local authority and are responsible for crucial levers for change, such as the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) and are responsible for ensuring that commissioning plans are aligned - across health and local government.

The Joint Health and Wellbeing Strategy (JHWS) has been informed by the Joint Strategic Needs Assessment (JSNA) and the assessed needs for our Children and Young People through the Children's Trust. The HWB will be working with a wide range of partners from inside the council and externally – in housing, environment, education, employment, criminal justice and planning to improve the health and wellbeing of its population through the priorities identified within its JHWS. The JHWS has identified 3 priorities; Starting Well, Living Well and Ageing Well.

The Children's Trust have a direct role in driving the starting well and living well aspects of the Joint Health and Wellbeing Strategy and connecting it to the 'early help offer'.

Safeguarding

All professionals involved in working with young carers have a duty to keep children safe from harm and abuse. Organisations must work in partnership with others to identify and respond to any young carers who are suffering, or likely to suffer, significant harm and to protect them from this harm. Young Carers provision will be delivered having regard to the need to safeguard and promote the welfare of children and young people. The Cheshire East Local Safeguarding Children Board (LSCB) provides governance and guidance to services for children, young people and families.

Local Context

There are 83,400 people aged 0 - 19 years in Cheshire East (2011 Census)

There is no current figure for the true number of young carers in the borough. Young carers are only known to agencies when they or their families identify themselves and therefore the levels remain 'hidden'.

The 2011 census identified 2110 young carers aged 0 – 24 in Cheshire East. However the census was completed by parents only and did not take into account 'hidden carers' such as children living with parents with mental illness or substance misuse issues. This fear of stigma or involvement from statutory services is now recognised to lead to wide under-identification. Indeed national estimates/research suggests the numbers could be 4 times the 2001 census figure.

- ***This equates to at least 4000 young carers living in Cheshire East.***

What Cheshire East Young Carers have told us

In September / October 2012 two Cheshire Young Carers projects (Crossroads and Cheshire Young Carers) undertook consultation work with young carers who access their services.

Emerging themes from these discussions:

1. **Youth Provision**

   "I need to be able to go somewhere where I feel supported and where the volunteers understand my situation"

2. **Young adult carers**

   "When leaving Young Carers I felt like all my social life just disappeared and I don't get out much to see friends now."

   "I felt that caring was the only thing I knew how to do well and so have chosen to do this as a career and I'm now unhappy."

3. **Schools & education**

   86% stated that school were not aware they were young carers

   This isn't true for CYC as all schools are aware of the young carers on the project

4. **Professionals** – mental health services & drug/alcohol services

   "The CPN doesn't really talk to me but I'm the one who has to look after him"

5. **Awareness raising**

   "We want to have recognition for the things we do in a more formal way so it's worth something out there"

6. **Technology / easily accessible support**

   "We'd like to see more technology involved in services offer. It's quick and it's easy to access from our smart phones."

7. **Health, wellbeing, self-esteem, confidence & aspirations**

   "I want someone to come with me and help me. I feel that I take these big steps alone. I don't want to burden my mum."

   "I get stressed a lot at home and I have learnt how to manage stressful situations by using different breathing techniques. Some of the other young carers spoke about how they deal with stress and this has really helped me. If it works for them it can work for me."

What professionals have told us

Emerging themes from discussions with professionals working locally with Young Carers:

1. Only small numbers of young carers are currently being identified or assessed for support. The reasons for this include blurred boundaries of responsibility between adults and children's services; a lack of awareness among many professional groups of young carers' needs and concerns; young carers' own lack of awareness of their entitlements, and the young carer and their family's reluctance to seek formal help.

2. Identification of young carers within our communities is key: without true need being identified we are collectively unable to understand the scale of need. It is therefore important to ensure that practise is developed which will enable young carers to be identified and for families to feel safe and confident to ask for support.

3. Professionals working with a family should consider not just what the young carer does but why they do it and what physical and emotional impact it is having on their own life. The reasons why children undertake levels of care may be complex and to resolve them may require a multi-faceted response.

4. This is where **assessment** needs to be joined up and smarter asking what needs to change in order to prevent inappropriate caring or to significantly reduce the pressures.

Principles

The 2008 Children Society document "Young Carers, parents and their families – Key principles of practice" identifies six principles of practice. These link well to what young carers in Cheshire East have told us and are therefore suitable for adoption locally.

1. Children's welfare should be promoted and safeguarded by working towards the prevention of children undertaking inappropriate care of any family member
2. The key to change is the development of a whole family approach and for all agencies to work together, including children and adult services, to offer co-ordinated assessments and services to the child and the whole family
3. Young carers and their families are the experts on their own lives and as such must be fully involved in the development and the delivery of support services
4. Young Carers will have the same access to education and career choices as their peers
5. It is essential to continue to raise awareness of young carers and to support and influence change effectively. Work with young carers and their families must be monitored and evaluated regularly
6. Local young carer projects and other targeted services who work directly with young carers should be available to provide safe, quality support to those children who continue to be affected by any caring role within the family.

Implementing the Strategy – Priorities for Action

The action plan attached to this strategy comprises specific areas of work with their associated tasks and accountable agencies. These areas of work are based on the key principles combined with what young carers have told us as well as feedback from workers in the young carer projects.

1. Support young carers and their families in order to reduce the number of young people where caring is impacting negatively on their wellbeing
2. Awareness raising at all levels : for young carers and professionals
3. Promote early identification of young carers
4. Establish a working partnership between young carers projects and youth service
5. Further develop links with education providers and young carers projects

6. Develop clear pathways and use of a whole family, interagency approach to assessments and service delivery

Monitoring and Review

Cheshire East Children's Trust has overall responsibility for the outcomes for young carers and therefore there needs to be regular reporting to the Trust.

It is fundamental to ensure that there is regular monitoring of activity and therefore progress against the individual actions. This will be undertaken by the 'Young Carers Development Group' chaired by the Cheshire East Principal Manager, Early Help. This is a multi-agency forum which meets quarterly.

The work identified in the action plan will be evaluated on a rolling basis and updated as required. The full strategy will also be reviewed on an annual basis to ensure appropriateness, timeliness and viability.

Young Carers will continue to be consulted on their views which will also feed into this strategy.

Any changes to the strategy will be authorised by the group and forwarded via the governance arrangements as appropriate.

For further Information please contact:

Viki Kehoe
Cheshire East Children's Services,
Early Help Project Worker

Email: Viki.Kehoe@cheshireeast.gov.uk
Mobile: 07764 368 752

Information on the Cheshire East Council web page relating to Young Carers is available at:

http://www.cheshireeast.gov.uk/education_and_learning/family_information_service/helpful_information/young_carers.aspx

Family Information Service
0300 123 5033
www.cheshireeast.gov.uk/fis
fis.east@cheshireeast.gov.uk

Adult Carers

Appendix 1:

Carers Services Commissioned by Cheshire East Council 2014 – 2017

Organisation	Address	Who is the service for?	Service description
Alzheimer's Society	Springbank Centre Victoria Road Macclesfield Cheshire SK10 3LS Electra House Electra Way Crewe Business Park Crewe CW1 6GL	Adults with any type of dementia and their carers	Information and support through monthly dementia cafes, befriending service, advisers, and bulletins and per support groups.
Contact	**Macclesfield** **Phone:** 01625 503302 **Email:** east-cheshire@alzheimers.org.uk **Crewe** **Phone:** 01270 501901 **Email:** southcheshire@alzheimers.org.uk **Web:** http://www.alzheimers.org.uk		
Cheshire & Warrington Carers Centre	146 London Road Northwich Cheshire CW9 5HH	Carers who are aged over 18	Provide intensive support including carer breaks, carer training and information and advice for carers.
Contact	**Freephone helpline**: 0800 085 0307 **Email:** advice@cheshirecarerscentre.org.uk **Web**: http://www.carers.org/cheshire		
Crossroads Care – Cheshire, Manchester and Merseyside	Overton House West Street Congleton CW12 1JY	Carers who are aged over 18	**Offers tailor made training sessions through community-based assessment, information, support and advocacy service for carers who are new to caring or who have not accessed any support before.**
Contact	**Phone:** 01260 292850 **Email:** cheshireeast@carerstrust4all.org.uk **Web address:** http://www.carerstrust4all.org.uk		
Greater Merseyside Connexions Partnership	Head Office Strand House 21 Strand Street Liverpool L1 8LT	Carers who are aged over 18	**Provide information, advice and support to carers on employment, training and volunteering and supported work experience placements.**
Contact	**Phone:** 07791333241		

	Email: nicola.holyoak@connexionslive.com **Web:** http://www.connexionslive.com		
Making Space	Waterside House Navigation Road Northwich Cheshire CW8 1BE	Carers who are aged over 18	**Carry out carers' assessments for people who care for someone with a mental health condition.**
Contact	**Phone: 01606 786710** **E-mail:** jane.reeves@makingspace.co.uk **Web:** http://www.makingspace.co.uk		
Neuromuscular Centre (NMC)	**Woodford Lane** **West** **Winsford** **Cheshire** **CW7 4EH**	People 18 and over with Neuromuscular conditions and their families / carers	Provide regular breaks for carers through activities such as gardening and DIY, alternative therapy and carer counselling sessions
Contact	**Phone:** 01606 860911 **Email:** matthew.lanham@nmcentre.com **Web:** http://www.nmcentre.com/		
Peaks and Plains Housing Trust	Ropewalks Newton street Macclesfield SK11 6QJ	All carers	Provide an Alert Card for Emergencies (ACE) scheme where an emergency plan is agreed and an emergency contact number is given.
Contact	**Phone**: 01625 428433 **Email:** trust@peaksplains.org **Web:** http://trustlink.peaksplains.org		

Appendix 2: Joint Carers Equality Impact Assessment

Equality impact assessment is a requirement for all strategies, plans, functions, policies, procedures and services under the Equalities Act 2010. We are also required to publish assessments so that we can demonstrate how we have considered the impact of proposals.

Section 1: Description

Departments	**1.** CEC- Adult Social care and Independent Living Individual Commissioning **2.** CEC- Children and families service **3.** Eastern Cheshire CCG **4.** South Cheshire CCG		**Lead officer responsible for assessment**		• Pete Gosling CEC • Jim Leyland CEC • Jacki Wilkes Eastern Cheshire CCG • Fiona Field South Cheshire CCG • Brenda Smith CEC-Director of Adult Social care and Independent Living • Tony Crane CEC– Director of Children and families services	
Services	CEC- Adult Social Care CEC- Children and families service Eastern Cheshire CCG South Cheshire CCG		**Other members of team undertaking assessment**		• Ann Riley Corporate Commissioning manager • Rob Walker Commissioning manager • Nicola Phillips Service manager Adult social care • John Turton South Cheshire CCG	
Date	19th February 2015		**Version 1**			
Type of document (mark as appropriate)	**Strategy**	**Plan**	**Function**	**Policy**	**Procedure**	**Service**
Is this a new/existing/revision of an existing document (mark as appropriate)	**New**		**Existing**		**Revision**	

Title and subject of the impact assessment (include a brief description of the aims, outcomes , operational issues as appropriate and how it fits in with the wider aims of the organisation) **Please attach a copy of the strategy/plan/function/policy/procedure/service**	**'Caring for Carers' ….. A Joint Strategy for Carers in Cheshire East 2015 – 2018** This document sets out our commitment to support and help people in their caring role. The impact upon those who act as carers for others can be huge. Based on what carers have told us, we have set out priorities for how we will support them The overall aim is to ensure that unpaid carers of all ages are recognised and valued as being fundamental to strong families and stable communities. In addition that carers are provided with opportunities to have their voices heard, be respected for the role they play and, through support, are able to live healthy, fulfilling and enjoyable lives
Who are the main stakeholders? (eg general public, employees, Councillors, partners, specific audiences)	• Adult unpaid Carers, Young and parent carers • Customers of Adult Social care services and their carers **<u>Stakeholders</u>** • Portfolio Holder Adult Services. • Members. • Adult Services Senior Management Team. • SMART/OT Team • Resource Managers, Care4CE. • NHS South and NHS Eastern Clinical Commissioning Groups • Local GP

Section 2: Initial screening

Who is affected? **(This may or may not include the stakeholders listed above)**	• Adult unpaid Carers, Young and parent carers • Customers of Adult Social care services and their carers **<u>Stakeholders</u>** • Portfolio Holder Adult Services. • Members. • Adult Services Senior Management Team. • SMART/OT Team • Resource Managers, Care4CE. • NHS South and NHS Eastern Clinical Commissioning Groups • Local GP
Who is intended to benefit and	**1.** Adult Unpaid Carers

how?	**2.** Customers of Adult Social care services **3.** Young and parent carers Each Individuals benefit will be different
Could there be a different impact or outcome for some groups?	**1.** Adult Unpaid Carers **2.** Customers of Adult Social care services **3.** Young and parent carers Each Individuals outcome will be different
Does it include making decisions based on individual characteristics, needs or circumstances?	Yes
Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)	No as All Adult Unpaid Carers will be assessed individually and options for potential support, design and implementation will be consulted on individually or in specific Carers groups
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?	No as All Adult Unpaid Carers will be assessed individually and options for potential support, design and implementation will be consulted on individually or in specific Carers groups. Where specific characteristics apply this will be met through targeted interventions and engagement

Is there an actual or potential negative impact on these specific characteristics? (Please tick)

Age		**N**	**Marriage & civil partnership**		**N**	**Religion & belief**		**N**	**Carers**		**N**
Disability		**N**	**Pregnancy & maternity**		**N**	**Sex**		**N**	**Socio-economic status**		**N**
Gender reassignment		**N**	**Race**		**N**	**Sexual orientation**		**N**			

What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts	**Consultation/involvement carried out**	
	Yes	**No**
Age — No perceived impact on this group		

Disability	No perceived impact on this group		
Gender reassignment	No perceived impact on this group		
Marriage & civil partnership	No perceived impact on this group		
Pregnancy & maternity	No perceived impact on this group		
Race	No perceived impact on this group		
Religion & belief	No perceived impact on this group		
Sex	No perceived impact on this group		
Sexual orientation	No perceived impact on this group		
Carers	**Included within the Strategy Demographics**		
Socio-economic status	No perceived impact on this group		

Proceed to full impact assessment? (Please tick)	**Yes**	**No**	**Date**

If yes, please proceed to Section 3. If no, please publish the initial screening as part of the suite of documents relating to this issue

Section 3: Identifying impacts and evidence

This section identifies if there are impacts on equality, diversity and cohesion, what evidence there is to support the conclusion and what further action is needed

Protected characteristics	Is the policy (function etc.…) likely to have an adverse impact on any of the groups? Please include evidence (qualitative & quantitative) and consultations	Are there any positive impacts of the policy (function etc.…) on any of the groups? Please include evidence (qualitative & quantitative) and consultations	Please rate the impact taking into account any measures already in place to reduce the impacts identified High: Significant potential impact; history of complaints; no mitigating measures in place; need for consultation Medium: Some potential impact; some mitigating measures in place, lack of evidence to show effectiveness of measures Low: Little/no identified impacts; heavily legislation-led; limited public facing aspect	Further action (only an outline needs to be included here. A full action plan can be included at Section 4)
Age	See carers section	See carers section	See carers section	See carers section
Disability	See carers section	See carers section	See carers section	See carers section
Gender reassignment	See carers section	See carers section	See carers section	See carers section
Marriage & civil partnership	See carers section	See carers section	See carers section	See carers section
Pregnancy and maternity	See carers section	See carers section	See carers section	See carers section
Race	See carers section	See carers section	See carers section	See carers section
Religion & belief	See carers section	See carers section	See carers section	See carers section
Sex	See carers section	See carers section	See carers section	See carers section
Sexual orientation	See carers section	See carers section	See carers section	See carers section
Carers	No as this is a positive revision of	Yes as the implementation of	**Low: Little/no identified**	3 Year Delivery Plan

	the previous National Carers Policy. The procedure applies from 1st April 2015 and outlines the national eligibility criteria detailed in the care and support (eligibility criteria) regulations 2014 and section 13 of the Care Act 2014. Additional policy revision has been completed for young carers and parent carers through the Transition Policy relating to requirements under the care Act and Children and families Act 2014	the Care Act 2014 and Children and families Act 2014 will change the status of carers and equity with the person they care for through the Assessment of need, support planning and access to community and support services which are person centred	**impacts; heavily legislation-led; limited public facing aspect**	
Socio-economics				

Is this project due to be carried out wholly or partly by contractors? If yes, please indicate how you have ensured that the partner organisation complies with equality legislation (e.g. tendering, awards process, contract, monitoring and performance measures) Some delivery will be undertaken by Commissioned providers but Cheshire East Council CPR (Contracting and Procurement Regulations) a statutory duty to ensure that any procurement represents the most cost effective, best value for money solution. The vast majority of expenditure is covered by formal contractual arrangements for which invitations to tender are publicly advertised.

Section 4: Review and conclusion

Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed			
Specific actions to be taken to reduce, justify or remove any adverse impacts	**How will this be monitored?**	**Officer responsible**	**Target date**
1. Each carer will be offered an assessment of need and support needs identified and support plans completed	• SMART Team /Occupational Therapist	SMART Team Manager/Nicola Phillips Service manager	31.03.2016
2. Identification of providers of services with local community settings, contracted out	• CEC Strategic Commissioning, Contracts and	Rob Walker/Kate Phillips	31.03.2016

services across Health and Social care	Quality Assurance • CCG Carers lead Officers	Commissioning managers, Alison Kime South Cheshire CCG, Rachel Wood Eastern Cheshire CCG, Damian Lally Contracts Manager CEC Lana Davidson Eastern Cheshire CCG CEC Procurement Team	
Please provide details and link to full action plan for actions	Carers Joint Strategy Delivery plan		
When will this assessment be reviewed?	31.03.2016		
Are there any additional assessments that need to be undertaken in relation to this assessment?	No		
Lead officer signoff			
Jacki Wilkes Eastern Cheshire CCG as Joint Commissioning JCLT Lead for carers		**Date 12/3/15**	
Head of service signoff		**Date**	
Brenda Smith CEC			

Tony Crane CEC		
Fiona Field South Cheshire CCG		

Please publish this completed EIA form on your website

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REPORT TO: Health and Wellbeing Board

Date of Meeting: 24th March 2015
Report of: Simon Whitehouse, Chief Executive, NHS South Cheshire CCG
Subject/Title: NHS South Cheshire CCG Draft Operational Plan 2015-16 (V7.1)

1 Report Summary

1.1 Our refreshed Operational Plan is intended to inform local people, partners and staff about the healthcare services that will be commissioned during 2015-16 on behalf of the population covered by NHS South Cheshire Clinical Commissioning Group (CCG).

1.2 Last year the CCG developed a 2 Year Operational Plan 2014-16. We are now in the process of reviewing and refreshing the Operational Plan. *Forward View into Action: Planning for 2015-16* builds on the direction of travel that all CCGs will have been following over the past year. Therefore the refreshed Plan will not only reflect the progress that has been made against the stated plans and priorities form Year 1, but also realign the narrative and focus in line with the *Five Year Forward View*.

1.3 Importantly the refreshed plan will reflect more fully on the Connecting Care Strategy and ensure that the programmes of work better reflect the CCGs clinical strategy, with greater focus on delivering the Priority Projects whilst also remaining focused on the operational assurance of the NHS Constitution rand the NHS Mandate requirements.

1.4 As part of the NHS South Cheshire CCG Refresh Operational Plan the CCG have incorporated the work that has been undertaken as part of our Connecting care Strategy to bring all local providers together to improve the health and wellbeing of our local population. The Strategy is underpinned by 6 key integration outcomes/foundation stones created by the Connecting Care Board to provide a single framework for integration and transformation, which aligned directly to the exiting NHS Constitution, health, public health, social care and 'Everyone Counts' outcomes frameworks and measures.

1.5 Each stone identifies the specific area of the Connecting Care programme plan and the relative plans, aspirations and measures of success that relate directly to the 6 health and social care integration outcomes. The following are our foundation stones:

- Building communities that support and promote healthier living
- Empowering our public and our workforce to lead the way

- Personalising care to support self-care and independence to enhance quality of life
- Getting it right: High quality, safe care for everyone
- Strengthening our key assets: Supporting our carers
- Spending money wisely and where it counts.

1.6 The CCG has adopted the foundation stones from the Connecting Care Strategy, along with reviewing the top health inequalities for our locality. From this work the CCG has adopted the following Strategic Priorities and local ambitions that will support the delivery of the Connecting Care Strategy:

The NHS South Cheshire CCG strategic priorities have been identified as:

1. **Transforming Mental Health** – recognising that this is a significant area of health need locally with a national focus on parity of esteem.
2. **Transformation of Primary Care** – this will build on the transformation work that has already started in 2014-15.
3. **Transforming Urgent Care** – to bring a renewed focus on transforming the current system (some of which will be delivered through the Better Care Fund).
4. **Integration** – the delivery of the integrated community teams and the transformation of community services (some of which will be delivered through the Better Care Fund).
5. **Person Centred Care** – with a focus self-care self-management and empowering communities and individuals.
6. **NHS Constitution Standards** – being accountable for improving health outcomes commissioning high quality care and best use of resource

1.7 The NHS South Cheshire CCG Operational Plan Refresh 2015-16 has reflected what the CCG has achieved during 2014-15 to enable them to look at their commissioning intentions that needed to be delivered starting in 2015-16. The achievements have been categorised again the NHS Outcomes Framework Domains. The list below identifies some of the key areas of our achievements (further detail is contained within the plan)

Domain One – Preventing people from dying prematurely

- Early diagnosis of cancer
- Specialist Educational Needs and Disabilities (SEND)
- Risk Stratification
- Early Intervention- Domestic Abuse

Domain Two – Enhancing quality of life for people with long term conditions

- Integrated Community Teams
- 0 – 5yr Admissions
- Respiratory
- Children with LTCs

- Neurodevelopment Pathways
- Memory Services with Dementia
- Personality Disorder
- Primary Care Mental Health Team
- Military Veterans IAPT Service
- Stroke Rehabilitation Pathway
- GP Care Homes Scheme
- Third Sector Grants

Domain Three – Helping people to recover from episodes of ill health or following injury

- Intermediate and Transitional Care Services Review
- 24/7 Urgent Care
- Cancer Diagnosis and Treatment Pathways
- Cancer Pathways Review for Lund and Upper GI
- Medical Emergency Response Incident Team (MERIT) –
- Think Pharmacy
- NHS111

Domain Four – Ensuring that people have a positive experience of care

- Citizens Advice Bureau
- Dementia Services for people at End of Life
- Co-ordinated End of Life Care
- Child Adolescent Mental Health Service Specification review
- Electronic Palliative Care Coordination System (EPACCS)
- Electronic Prescribing

Domain Five – Treating and caring for people in a safe environment and protecting them from avoidable harm

- Quality, Nursing, Safeguarding and Patient Safety
- Safeguarding

1.8 The full narrative detail of the CCGs refreshed Operational Plan will be made available locally to be shared with partners and stakeholders, including NHS England following the final sign off form the Governing Body and NHS England (10th April 2015). The CCG have prepared a plan for sharing the Plan with stakeholders and members of the public, these events and conversations have been taking place as part of our drafting of the refreshed Plan. The purpose of these engagement activities have been to:

- To keep stakeholders and members of the public up to date with the work the CCG has been doing over the past 12 months
- To update stakeholders and members of the public on the work we still have to do and what is coming up over the next 12 months
- To give our stakeholders and members of the public an opportunity to let the CCG know what they think and tell us about their experiences

2 Recommendations

2.1 The Health and Wellbeing Board are asked to note to the draft Operational Plan 2015-16. A Final version will be published on the CCG website following approval by NHS England in April 2015.

3 Impact on Health and Wellbeing Strategy Priorities

3.1 The CCGs Operational Plan is the key work plan for the CCG for the coming year and as such determines the projects that the CCG prioritises in order to delivery its overall vision and strategic priorities (to maximise health and wellbeing and minimise health inequalities, informed by local voices and delivered in partnership). In turn the CCGs plans are aligned to the Health and Well Being Strategic Priorities.

4 Access to Information

4.1 A copy of the draft refreshed Operational Plan (V7) is attached for information and comments.

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

Name:Jo Vitta
Designation: Business Manager, NHS South Cheshire CCG
Tel No:01270 275391
Email: joanne.vitta@nhs.net

DRAFT Version 7

NHS
South Cheshire
Clinical Commissioning Group

Operational Plan
2015 - 2016

Refresh

CCG Information Reader Box	
Document Purpose	For information
CCG Website Link	www.southcheshireccg.nhs.uk
Title	NHS South Cheshire Clinical Commissioning Group Refreshed Operational Plan 2015-16
Author	NHS South Cheshire Clinical Commissioning Group
Publication Date	April 2015
Target Audience	NHS North of England, Local Area Team, CCG Shared Management Team, NHS Trust Chief Executives, Directors of Nursing, Local Authority Chief Executives, Councillors, NHS Trust Board Chairs, Directors of Commissioning, PPG Chairs, CCG Membership Council, GPs, Healthwatch
Circulation List	NHS North of England, Local Area Team, CCG Shared Management Team, NHS Trust Chief Executives, Directors of Nursing, Local Authority Chief Executives, Councillors, NHS Trust Board Chairs, Directors of Commissioning, PPG Chairs, CCG Membership Council, GPs, Healthwatch
Description	The Refreshed Operational Plan 2015-16 of NHS South Cheshire Clinical Commissioning Group outlines its Strategic objectives and commissioning intentions for the next 2 years and the approach to improving the health outcomes and quality of care for its population.
Action Required	N/A
Timing	N/A
Contact Details	NHS South Cheshire Clinical Commissioning Group Bevan House Barony Court Nantwich Cheshire CW5 5QU T: 01270 275283 F: 01270 618392 Email: nhssouthcheshire.ccg@nhs.net
For recipients use	

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Foreword

This is a refresh of our plan published last year and we are now half way through delivering our 2 years plan. Our ambition remains the same to improve effectiveness of care services by rebuilding them around the personal needs and goals of those that use our services. Redesigning services so that the local population can say:

“I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me." (National Voices)

To do this we need to ;*" to improve the care delivered to many thousands of people in need, by many hundreds of care workers, nurses, doctors, therapists and others. These people work in hundreds of teams in scores of organisations. We need to improve this care in partnership with neighboring health commissioners, public health and local authority colleagues and at a time when money is tighter than it has ever been before. This situation is difficult and complex; when working in this web of interconnections, we know that no plan will ever be complete or perfect. The plan we are presenting this year will need to evolve and be improved. In fact we want the plan to grow, to be shaped by the voice of those that use the services and those that work on the “front line”. Our ambition is to learn how to do this better; redesigning services across our geographic area based the experiences of those that use health services, and the enthusiasm and dedication of staff that work in those services (taken from last years operational Plan forward)*

All of this needs health, social care both commissioners and providers to work collaboratively. To work collaborative with each other and to learn how to work collaboratively with communities and citizens.

That collaborative working is developing well, much of our ambition is held jointly with partners across health & social care and the communities across central Cheshire as part of the Connecting Care Programme. The Connecting care provider board has bought together social care, acute hospitals, community care, mental health care and General Practice federations to start to join up care. Over the next 12 months this partnership of provider organisations will deliver our 'integrated Community teams', multi professional teams working to help people to achieve their personal goals and helping deliver care closer to home when that is desirable. We will work with our providers to implement our integrated Urgent Care Services proposals, that will simplify the Urgent and Out of Hours offer to our population, streamline care and better meet the needs of those needing care.

These are the first steps that we have taken in designing care services around the person and not around orgnisations or professional groups, to deliver outcomes for our population together. Our efforts now need to go on delivering these teams and as importantly liberating those on the front line to think 'in systems' continuously improve the care they deliver, continually improving the outcomes that are meaningful to those using these services, restoring the pride of those workers. We continue to recognise that mastery, self-determination and the ability to deliver the best are strong motivators for health and social care workers, both clinicians and managers and we know that we need to continue to strive to commission in ways that support this, commissioning for outcomes, moving away from tick boxes and process.

As we move towards the collaborative commissioning of GP practices alongside NHS England the opportunities of this change appear in our plans. We wish to see strong, capable, organised GP provider providers that can deliver better care differently.. They will do this by building on the Starfield Principles that appear in the Connecting Care Strategy, to deliver holistic care, continuity of care, co-ordination of care and the care of all common problems and also use technology to deliver in new ways to access & deliver care. By working at larger scale we expect to see GP providers with new capabilities, better able to provide care flexibly to the highest standards and grow to start to provide

care alongside specialists that at present is hospital based developing into organisations recognised as the Multi-Professional Community Providers outlined in the Five Years Forward View.

I have saved my last words to talk about person centred care and the place of communities. I am passionate about many areas of improvement for health & social care but it is in these areas that I think we need to be looking to for the future. Person Centred Care (or Patient Centred Care as it is called by the Royal College of General Practitioners - RCGP 2015 ref) is a redefinition the relationship between patient and professional to an equal partnership, empowering the person, sharing decision making. Improving the way in which the individual controls and participates in their care in this way improves 'patient activation' (kings Fund 2014?15?) which improves outcomes while also reducing the use of services. We should implement these changes, learn from them and build on them evolving our health & care services into services run by and for the our communities to become the 'wellbeing service of the people'

We have already started to deliver this plan. I hope that you will see in this refresh our continuing passion to improve your care

[DN: INSERT PIC AND SIGNATURE]

Dr Andrew Wilson

Clinical Leader and Chair of the Governing Body

NHS South Cheshire Clinical Commissioning Group is a membership organisation comprising the following 18 practices:

SMASH Locality (Sandbach, Middlewich, Alsager, Scholar Green, Haslington):

- Ashfields Primary Care Centre, Sandbach
- Waters Edge Medical Centre, Middlewich
- Oaklands Medical Centre, Middlewich
- Cedars Medical Centre, Alsager
- Merepark Medical Centre, Alsager
- Green Moss Medical Centre, Scholar Green
- Haslington Surgery, Haslington

Nantwich & Rural Locality:

- Audlem Medical Practice, Audlem
- Kiltearn Medical Centre, Nantwich
- Nantwich Health Centre, Nantwich
- The Tudor Surgery, Nantwich
- Wrenbury Medical Centre, Wrenbury

Crewe Locality:

- Delamere Practice, Crewe
- Earnswood Medical Centre
- Grosvenor Medical Centre, Crewe
- Hungerford Medical Centre, Crewe
- Millcroft Medical Centre, Crewe
- Rope Green Medical Centre, Crewe

1. Introduction – Our approach to partnership and planning for 2015-16

In 2015/16 the commissioning system has been given greater focus on strategic goals articulated in *The Forward View into action*. These include better prevention of ill-health, empowering patients, engaging diverse communities, and stimulating the development of better models of care, supported by innovative use of technology and workforce.

As a commissioner of healthcare we need to provide assurance about our progress during the year around, for example, the expected increase in patients receiving personal health budgets, full delivery of patient choice entitlements, and/ or progress towards a paperless NHS.

The year ahead is also seeing a significant move towards "place-based" clinical commissioning. The CCG is being given the ability to influence an increasing proportion of the total local and regional NHS commissioning resources, including primary care. This puts us in a much better position to match investment decisions with the needs and aspirations of our local communities, for example to improve primary care and mental health services. Linked to this, we will be enhancing our joint commissioning arrangements with local government, for example through the operation of the Better Care Fund and for those national demonstrator sites the first steps on integrated personalised commissioning.

The Forward View into action confirms that 2015/16 will expect to see a continued focus on continuing to deliver NHS Constitution and Mandate requirements. This will be matched with a more differentiated approach to NHS England support, assurance and intervention in CCGs.

Last year the CCG developed a 2 Year Operational Plan, which included 2015-16. We have now taken the time to review and refresh the CCG Operational Plan for 2015-16 and have been sure to address a number of fundamental requirements, which include how we intend to continue to focus on:

- Improving outcomes;
- Improving access;
- A focus on quality;
- Innovation & research; and
- Delivering value.

In addition we have remained focused on the need to deliver the rights and pledges as set out in NHS Constitution, which include:

- NHS Constitution measures;
- NHS Constitution Support Measures;
- Activity measures;
- Infection measures,
- Mental health measures;
- Better Care Fund measures,
- The new Quality Premium measures ;and
- Primary care measures.

We have been sure to share our refreshed plan with our local partners, stakeholders and public as well. An outline of the engagement activity we have been involved in is presented in section [DN: insert section no,].

During this past year we have continued to work with and strengthen our working relationships with our local NHS Trusts and Local Authority partners to put into action our joint five year strategic vision – Connecting Care. Our strategic planning has taken a aligns to our main priorities

regarding the integration of health and social care. We have developed out Connecting Care Programme Board and introduced a Provider Board by way of enabling our providers to deliver service based on outcomes. Our GP Federation is a key partner on the Provider Board, recognising that in order to bring about the transformation and integration required across health and social care, our primary care partners need to round the table to help influence, shape and design the services needed.

An outcome of the collaborative leadership is the is the development of the Integrated Community Teams, that have been designed to provide patients with an holistic joined up healthcare system that improves the patient experience and quality of life for patients with multiple long term conditions. Over the last year the CCG has been working with the Connecting Care Board to develop a local solution to enable the delivery of Integrated Community Teams across South Cheshire. A “Provider Board” has been established with membership from the acute Trusts, Cheshire and Wirral Partnership Trust\mental health services, community and primary care services. The Provider Board has been working to develop a project team to enable the setup of these teams. Further work will now be undertaken to ensure the successful delivery of Integrated Community Teams.

We have welcomed this opportunity to enable us to take a longer term, strategic perspective of the direction of travel across the health and social care landscape. We will continue to develop and implement bold and transformative long-term strategies and plans to enable us to be financially sustainable and uphold safety and quality of patient care.

The refresh of our Operational Plan is intended to inform our local people, partners and staff about the progress we have made during the past year and the plans in place for the healthcare services that will be commissioned during 2015-16 on behalf of the population (173,000) covered by NHS South Cheshire Clinical Commissioning Group (CCG).

Underpinning the large amount of work represented in this plan is our commitment to ensure that our population receives high quality healthcare.

The CCG has spent time during this planning period to refocus the priorities needed for the year ahead. We have endeavoured to do this in a transparent manner, continuing to involve patients, carers, local people, clinicians, voluntary organisations, local authorities and other interested parties as we have been reviewing, developing and refining our plans and priorities.

It is important that we are seen as a responsive organisation that listens and takes into account a wide range of perspectives but at the same time keeps its core principles central to commissioning decisions, valuing:

- self-care;
- carers;
- quality of personal care;
- The family, community, voluntary and informal care structures.

We are committed to help improve the general health of the population, reduce health inequalities, ensure equitable access to healthcare and to work with our partners on the Health and Wellbeing Board and providers of care so that patients are treated with dignity and respect at all times.

At the heart of our work as a clinically led commissioning organisation is the focus on improving outcomes for our patients. Therefore we have taken the clear steer from the NHS Five Year Forward View and our own Strategic Vision within Connecting Care to articulate a set of **6 Strategic Priorities** and **Local Ambitions** that will support the delivery of improved outcomes for our population.

CCG Strategic Priorities:

- **Mental Health** – recognising that this is a significant area of health need locally with a national focus on parity of esteem
- **Transformation of Primary Care** – this will build on the transformation work that has already started in 2014-15.
- **Integration** – the delivery of Integrated Community Teams and the transformation of community services (some of which will be delivered through the Better Care Fund).
- **Urgent Care** – to bring a renewed focus on transforming the current system (some of which will be delivered through the Better Care Fund).
- **Person Centred Care** – with a focus self-care, self-management and empowering communities and individuals.
- **NHS Constitution Standards - accountable for** improving health outcomes , commissioning high quality care and best use resources

In support of our Strategic Priorities we have identified local levels of ambition, based on evidence of local patient and public benefit, against a common set of indicators that place our duty to tackle health inequalities front and centre stage. This will ensure that we can clearly articulate the improvements we are aiming to deliver for patients across the 6 Strategic Priorities.

CCG Local Ambitions:

- To increase the levels of participation in national screening programs (bowel, breast and cervical) /to be in the top quartile nationally by 31.03.17
- To Increase the proportion of children achieving school readiness by 5% by 2020
- Reduce emergency admissions from respiratory diseases for the population of Winsford and Crewe by 50% by 20202 and to reduce cigarette smoking in Winsford & Crewe by 10% by 2017
- Reduce the number of people with LTCs requiring crisis intervention by 2020
- To close the gap in YLL in people with MH problems to the same rate as the general population in 10years
- To reduce avoidable deaths to be in line with our ONS peers by 2020, as understood by close collaboration with PH

2. Who We Are

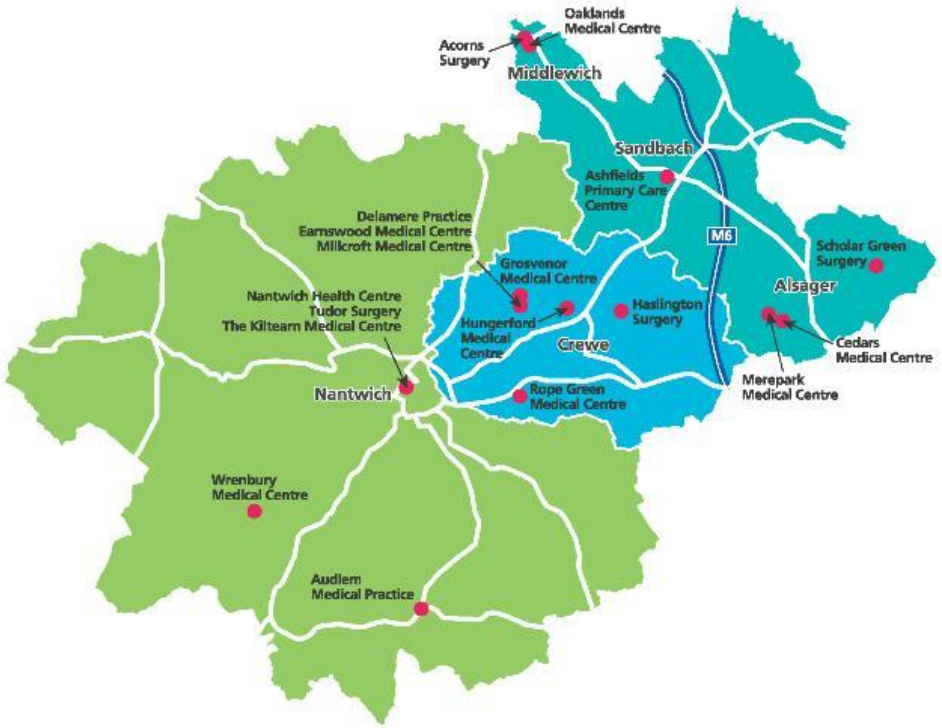
NHS South Cheshire Clinical Commissioning Group exists to improve the health and healthcare of the local population. Our aim is to use the local knowledge of our GPs and their Practice teams to develop the way that health services are delivered and help our patients to make full use of the services that are available.

We are a membership organisation comprised of 18 member practices (listed on page 7). The practices cover a geographical area of Cheshire stretching from Audlem in the south to Middlewich in the north. Crewe is the largest manufacturing town and much of the surrounding area is made up of smaller, rural market towns. The total registered population is 173,000.

NHS South Cheshire CCG geographic area falls entirely within the boundary of Cheshire East Council.

Close relationships exist between ourselves and NHS Vale Royal CCG, with whom we share a management team. We also working closely with NHS Eastern Cheshire CCG which lies to the east of our patch and with whom we share community health services and the Local Authority.

The acute general hospital, our main provider, is Mid Cheshire Hospital Foundation Trust (MCHFT), which is situated just outside Crewe. Mental health services are provided by Cheshire and Wirral Partnership Trust and East Cheshire Community Business Unit, which forms part of East Cheshire NHS Trust, provides community health services, such as district nursing, health visiting and therapy services



We have responsibility for designing and commissioning local health services and will do this by commissioning or buying health and care services including:

- Elective hospital care
- Rehabilitation care
- Urgent and emergency care
- Most community health services
- Mental health and learning disability services

We work with patients and healthcare professionals and in partnership with local communities and local authorities. On our Governing Body, in addition to GPs, we have a registered nurse and a doctor who is a secondary care specialist. We are responsible for arranging emergency and urgent care services within our boundaries, and for commissioning services for any unregistered patients who live in our area. All GP practices have to belong to a Clinical Commissioning Group.

Commissioning Support

We receive Commissioning Support Services from North West Commissioning Support Unit. (NWCSU) Commissioning Support Units to support CCGs and NHS England in undertaking their commissioning responsibilities and delivering the best possible outcomes for Patients.

We work with the CSU as a key partner. There is a Service Level Agreement established between the CCGs and the CSU to manage the quality of the services that the CSU provides and this runs until March 2016. The services that are provided to the CCG are:

- Technology Support (Information and Communication Technology)
- Business Intelligence and Data Management
- Process Centre and Governance Support (Individual Funding Requests, Information Governance, Compliance and Assurance Claims)
- Communications Support
- Human Resources Support
- Procurement advice and guidance
- Continuing Healthcare – during 2014-15 CW CCGs established a shared service to deliver the CHC service. The CSU continue to provide Contract Advice and Data Management Support for this service.

This support is developed through a locality model so that our services can be understood and accessed locally. Each of these functions has a locality lead. CSU and CCGs staff share office space to enhance the way that the two organisations work together.

During 2015/16, the CCG will have the opportunity to buy alternative provision of Commissioning Support. This can be achieved by utilising one of the nationally accredited organisations on the newly developed Commissioning Support Lead Provider Framework or alternatively by establishing a new CCG ‘shared service’. This will ensure that the CCG remain able to purchase the appropriate level of Commissioning Support that is both high quality and affordable. The Lead Provider Framework has been established by NHS England for use by CCGs and enables a quicker procurement route for Commissioning Support Services with some procurement and legal support provided by NHS England.

3. Our Vision and Strategic Priorities

Our Vision

To maximise health and wellbeing and minimise health inequalities, informed by local voices and delivered in partnership

Our Strategic Priorities

Mental Health – recognising that this is a significant area of health need locally with a national focus on parity of esteem

Transformation of Primary Care – this will build on the transformation work that has already started in 2014-15.

Integration – the delivery of Integrated Community Teams and the transformation of community services (some of which will be delivered through the Better Care Fund).

Urgent Care – to bring a renewed focus on transforming the current system (some of which will be delivered through the Better Care Fund).

Person Centred Care – with a focus self-care, self-management and empowering communities and individuals.

NHS Constitution Standards - accountable for improving health outcomes , commissioning high quality care and best use resources

Our Local Ambitions (which address some of our greatest health needs):

To increase the levels of participation in national screening programs (bowel, breast and cervical) /to be in the top quartile nationally by 31.03.17

To Increase the proportion of children achieving school readiness by 5% by 2020

Reduce emergency admissions from respiratory diseases for the population of Winsford and Crewe by 50% by 20202 and to reduce cigarette smoking in Winsford & Crewe by 10% by 2017

Reduce the number of people with LTCs requiring crisis intervention by 2020

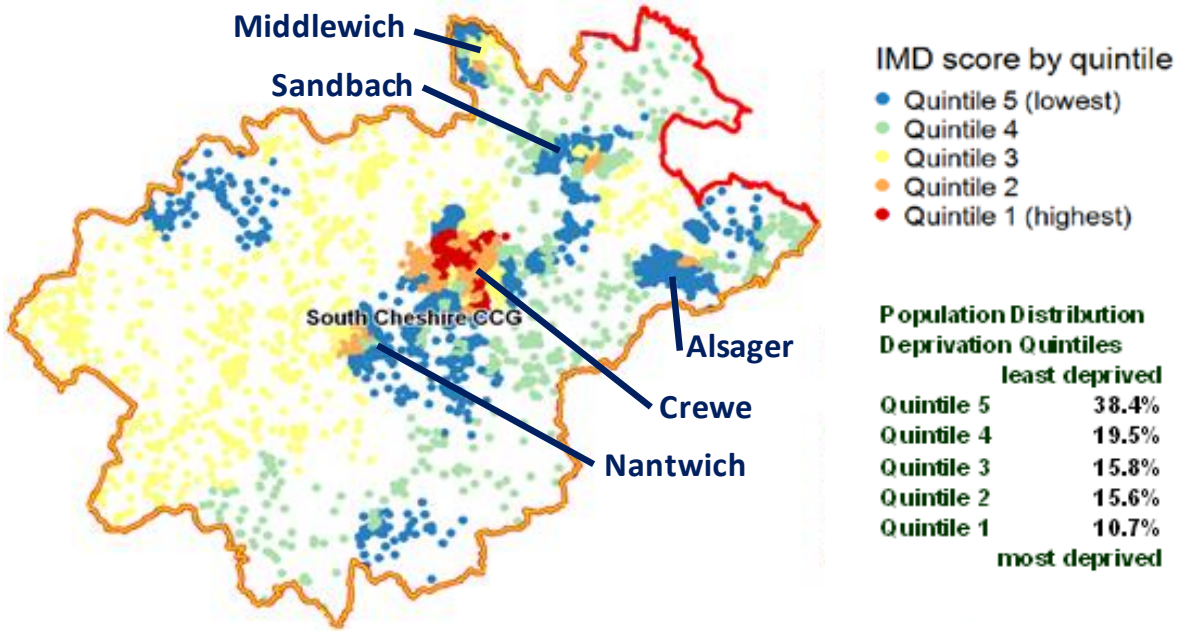
To close the gap in YLL in people with MH problems to the same rate as the general population in 10years

To reduce avoidable deaths to be in line with our ONS peers by 2020, as understood by close collaboration with PH

4. Overview of Health Needs and Health Inequalities in South Cheshire

Around 10.7% of our population across South Cheshire live in small areas (LSOAs) that are among the 20% most deprived areas in England. A further 15.6% live in the next most deprived fifth of areas in England. The map colours individual postcodes to illustrate geographical variations in deprivation. The areas of solid colour represent the towns, while areas with white spacing represent rural villages and rural communities. It shows that:

- Large parts of Crewe town are very deprived
- Each of the four other main towns contain some deprived areas
- All of the five main towns have a mix of affluent areas as well as deprived areas
- There is rural deprivation to the west and north of Nantwich, and from Sandbach to Alsager

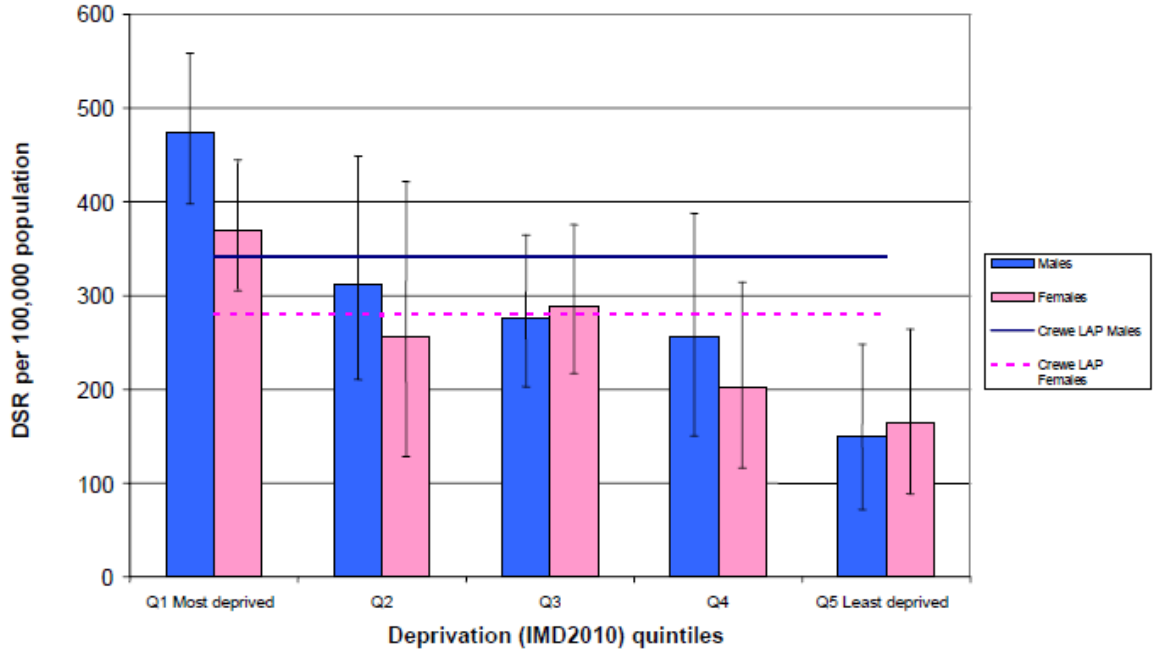


The Annual Report of the Director of Public Health has highlighted the stark difference that living in deprivation makes to premature death, with a twofold difference in death rates between the most deprived and least deprived areas in South Cheshire. The Joint Strategic Needs Assessment shows that there are similar differences in the incidence and prevalence of many acute and chronic diseases, and also in many of the lifestyle factors that are known to cause disease in both children and adults.

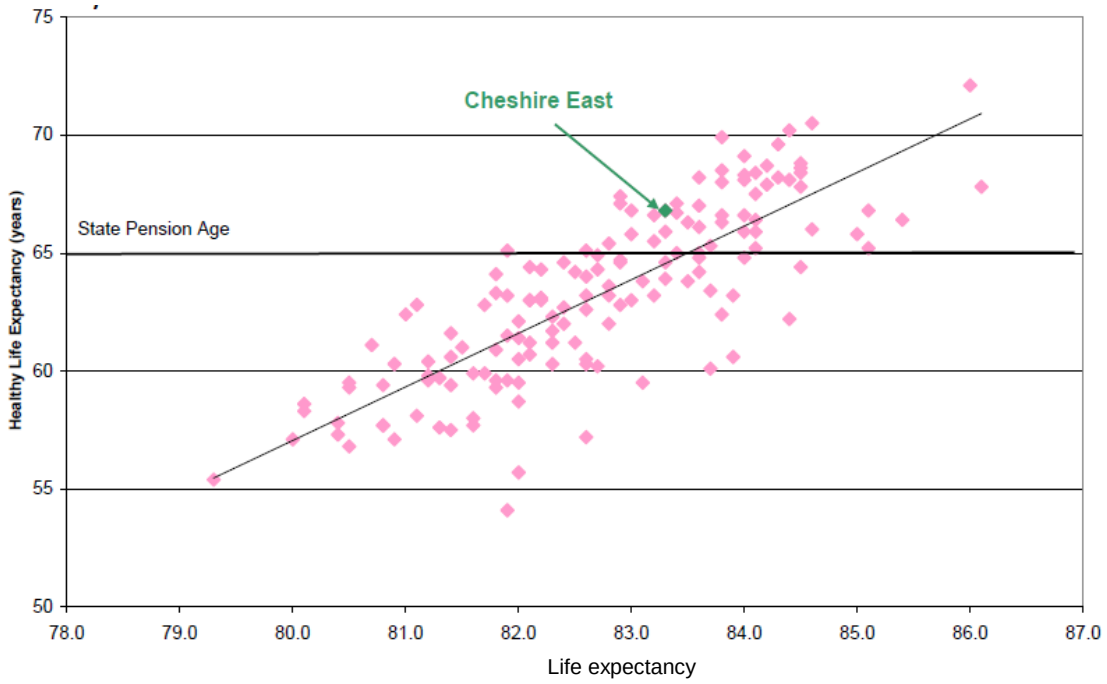
Within the area of the Crewe Local Area Partnership, there is a clear pattern of higher premature death rates among people experiencing higher levels of deprivation, whereas those who are less deprived have better health and a reduced risk of dying prematurely. There is also significant variation in Life expectancy and Healthy life expectancy across east Cheshire with people in the most deprived areas, in particular women living in Crewe, experiencing low life expectancy and a shorter time living without experiencing illness due to morbidity or disability. The significantly

worse health outcomes experienced by the people of Crewe adversely affect the average premature mortality rates for our population, and also for Cheshire East Council as a whole.

Directly Standardised Mortality Rates for All causes by deprivation quintile, Crewe LAP, aged under 75, Males & Females, 2009-11 provisional (using Mid2011 population estimates)



Life Expectancy and Healthy Life Expectancy for Women, 2009-11



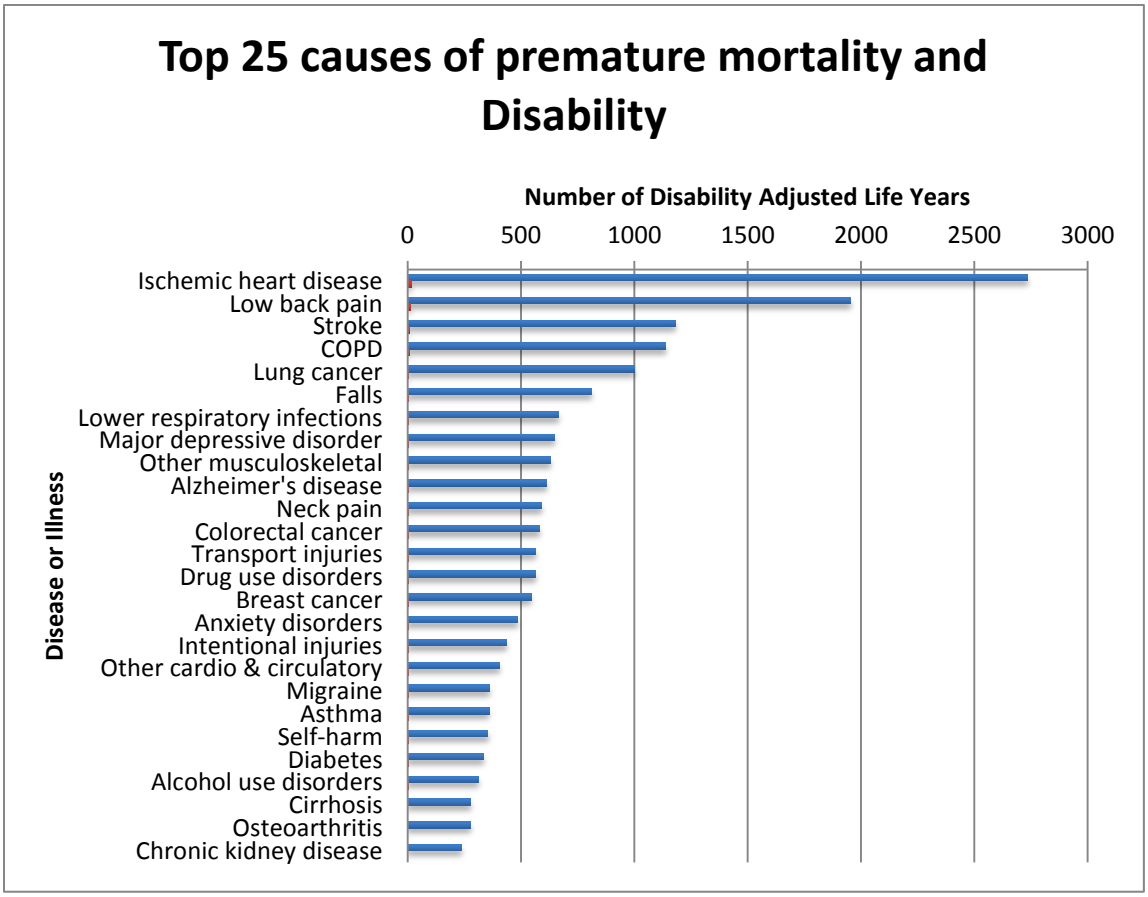
The pattern of health inequalities by deprivation and to some degree gender, is repeated across the major disease areas.

In terms of premature death from **cancer** (lung cancer and upper GI cancers - oesophagus, stomach and pancreas), the population of Macclesfield has high rates of male cancer deaths while in Crewe female mortality is 20% higher than that national average.

For premature deaths from **heart disease**, this has fallen by 40% (2001-2011) in men faster than women but this reduction stills mean that men and women who live in Crewe have a higher risk of **early death from CVD** than other people. This pattern of early death, levels of morbidity and disability due to different rates of disease and illness is repeated for **respiratory disease**, **liver disease** and **mental illness**.

Across east Cheshire we can examine the collective burden of early death and disability in one measure of the health– this is called 'Disability Adjusted Life years' (DALYs). One DALY is thus one lost year of healthy life. Using this measure of population health we can examine health inequalities according to the major causes of early death and the time spend living with a disability.

In South Cheshire, the main causes of DALYs include those illnesses we are familiar with such as **Heart Disease**, **Stroke**, **Cancer** or **Respiratory disease**, as well as those that cause significant disability, as highlighted in the table below:



The local variations in the burden of disease and disability are multi-factorial but are due in part to the health experience of people living in socioeconomically deprived areas. Local levels of socioeconomic deprivation affect early death rates in several possible ways. These include the health effects of material deprivation (e.g. through poorer housing, education and income), higher prevalence of harmful lifestyle behaviours (e.g. smoking and alcohol) and possibly reduced access to good quality healthcare.

Where differences in health exist, are measured, deemed to be inappropriate, and can be reduced through the actions of GP practices (primary care) or ourselves (either working alone or with partners), we can help to ensure that actions are targeted to all areas at a level that is appropriate to their needs. In so doing we will achieve maximum health gains within the available resources.

Some of the areas that can be used for targeting initiatives in South Cheshire include:

- 25 electoral wards with an average population size of 6,800
- 24 middle level super output areas (MSOAs) with an average population size of 7,100
- 109 lower level super output areas (LSOAs) with an average population size of 1,600
- 18 general practices with an average population size of 9,500

Although many interventions will focus on populations defined by GP practices and/or the super output areas, we recognise the importance of ward level action and the role of elected Councillors as a force for change locally within the wards they represent.

As already stated, the main towns across South Cheshire have communities that are affected by deprivation. Some areas of Crewe are in the 20% most deprived areas in England, and people's lives are up to nine years shorter than in other parts of the town. The main causes of premature death in these areas are **cancer**, **heart disease**, **stroke**, **respiratory** and **liver disease**.

Smoking

Unhealthy lifestyles and harmful environments can lead to adverse health effects at each stage of people's lives. Tobacco smoke is a major risk factor for poor health, and 25% of pregnant women in Crewe still smoke. In addition to the significant health hazards to babies and young children from being exposed to cigarette smoke, teenagers are at higher risk of becoming smokers if they live in a smoking household.

In some areas of Crewe around a third of adults are smokers. These areas also have the highest rates of children admitted to hospital with respiratory problems. Most chronic respiratory disease in childhood is caused by repeated exposure to cigarette smoke, and we have over 1,120 children with chronic respiratory disease. Preventing respiratory ill-health in future generations of children is a key health need and one of our local priorities.

Mental Health

General practices in South Cheshire provide care for over 40,000 patients with a chronic health condition, including 1,500 children. People with mental health problems have important but often hidden needs, and there are over 20,000 patients in South Cheshire with a history of depression, about forty percent higher than expected.

There are high rates of excess mortality among adults with serious mental illness in Cheshire East. The risk of death in this group of people is over four times higher than in the general

population. They need better detection and management of their risk factors by general practices working in partnership with local mental health services. ***Addressing mental illness is a key health need and one of our local priorities.***

Cancer

Crewe has higher than average cancer death rates among both men and women, and in this town there are fewer than expected numbers of people who have survived cancer. This may relate to lung, upper gastrointestinal and colorectal cancers. The priority actions for us (in conjunction with Cheshire East Council and other partners) are to increase colorectal, breast and cervical screening, increase public awareness of cancer symptoms, encourage people to present early with symptoms to general practitioners, and strengthen specialist cancer referrals from general practices.

Ageing Population

Our registered population of 173,200 people is forecast to increase by 0.6% annually to 177,400 by 2015, and to 183,000 by 2020. The increase in the number of people over 75 in South Cheshire will be around fifty percent higher than is occurring nationally, increasing by 3.6% annually from 13,700 to 18,800 in 2020.

Ageing populations have additional health and social care needs, and more people require support to remain independent and live at home. Some older people develop disabling sensory impairments including loss of hearing and loss of vision. Others may suffer from multiple chronic conditions. The number of people with dementia is increasing in South Cheshire, although more slowly than anticipated. In 2009/10, there were 925 people with dementia, which rose to 945 in 2010/11 and 984 in 2011/12. As fewer than 50% of patients with dementia are believed to be known to general practices, unrecognised dementia is becoming an important health need locally.

5. Our Achievements: What we did in 2014/15

2014/15 was the second operational year for NHS South Cheshire CCG and we are proud of what we have achieved. In 2013-14 a number of successful initiatives were carried out in partnership between ourselves, other local health commissioners, organisations that provide health services, social care and the voluntary sector. The following table summarises some of our achievements against the NHS Outcomes Framework Domains 1 – 5.

Domains

Domain One

Early diagnosis of cancer

Work has been undertaken to improve the cancer screening uptake in South Cheshire; we are now ranked in the top 20% of all CCGs in England. Educational sessions have been run within primary care to **raise cancer awareness** and to improve the local knowledge of the primary care workforce. Due to the excellent work undertaken over the last few years there has been a reduction in premature mortality in the under 75s down to 115 per 100,000.

Specialist Educational Needs and Disabilities (SEND)

Through partnership working we have implemented robust care pathways to ensure there is a thorough process for developing a single Education, Health and Social Care plan that will replace the Learning Difficulty Assessments for children and young people.

Learning Disabilities Mortality

The CCG has worked closely with NHS England to make national and local screening programmes more accessible. It is hoped that by undertaking these screening programmes undetected health conditions will be highlighted and treated accordingly to extend the life expectancy of this cohort of patients

Risk Stratification

The CCG has recognised that the use of risk stratification tools would help to identify patients at risk of developing long term conditions that could result in premature deaths. We have piloted potential risk stratification tools for South Cheshire and hope to introduce to all GP practices in the near future

Early Intervention- Domestic Abuse

We have funded an IDVA (Independent Domestic Violence Advocate) to work in our local hospital in A&E and maternity as well as across all wards to improve the early identification and provision of support to victims of domestic abuse.

We have rolled out the IRIS Programme (Identification and Referral to Improve safety) across GP practices – this education and support programme led by a clinical lead and a CCG funded Independent Violence Advocate will improve early identification of victims of domestic abuse in general practice, and has already demonstrated increased referrals to support services from GPs

Domain Two

Integrated Community Teams

Working with the Connecting Care Board, we have developed a local solution to enable the delivery of Integrated Community Teams across the South Cheshire locality.

Paediatric Pathways 0 – 5 Admissions

Recognising the high number of A&E attendances and the non-elective admissions for young children in South Cheshire we have engaged with minority groups and specific cohorts of parents to enable us to have a better understanding of how they use the current urgent care system. We have developed an “insights” report that details the parents\carers understanding of the system and have introduced “wheezy child” pathway for children with respiratory problems. It is hoped that by introducing more of these pathways that attendances and admissions into secondary care will be avoided.

Respiratory

The Medicines Management Team has worked with practices to maintain a focus on improving inhaler technique in patients with respiratory conditions such as asthma and COPD. In addition, there have been a number of new medicines launched in inhaler devices in 2014-15, and the local health economy formulary has been updated to reflect the place in therapy of each of these.

Children with LTC

Work has been taking place across several areas of the CCG to improve the care of children with long term conditions. This work includes looking into avoidable admissions, mental health service provisions, and respiratory projects within primary and secondary care.

Neurodevelopment Pathways

We have worked to support improved access to diagnostic assessments for children and young people with suspected Autism and ADHD.

Memory Services with Dementia

We have introduced a shared care arrangement for primary and secondary care, to ensure that patients living with dementia and their carers\families are well supported.

Personality Disorder

We have reviewed services for people suffering with a personality disorder and developed proposals for a multi-disciplinary complex care team This will increase the number of patients treated each year by offering a wide range of therapies to suit the needs of patients who suffer with this condition.

Primary Care Mental Health Team

We have developed proposals for the introduction of a new primary care mental health team (working as part of the Integrated Community Team). These teams will deliver high quality care that result in improved health and wellbeing and a better experience for adults with complex mental health care needs.

Military Veterans IAPT Service

The CCG reviewed services available for veterans of the armed forces and their families due to the high numbers of depression, anxiety and alcohol abuse in this cohort of patients.

Stroke Rehabilitation Pathway

The stroke rehabilitation pathway was reviewed and a specialist community stroke rehabilitation team has been implemented.

GP Care Homes Scheme

We have delivered a scheme to enhance the support offered to nursing homes from primary care.

Pain Management

The community pain management service has been reviewed and a revised service specification developed so that a new provider can be commissioned and in place for April 2015.

Third Sector Grants

The CCG has worked collaboratively with the Local Authority to review and improve 3rd Sector commissioning arrangements.

Domain Three

Intermediate and Transitional Care Services Review

The CCG has re-designed Intermediate Care services in partnership with the Connecting Care Board to create a vision for the future provision of intermediate care and reablement services to be known at Short Term Assessment, Intervention, Recovery and Rehabilitation Service (STAIRRS). STAIRRS seeks to bring together existing intermediate care, reablement and other community support services to shift the balance of provision from acute bed based services to community step up and home based health and social care support to improve patient outcomes and deliver more cost effective, sustainable care.

24/7 Urgent Care

We have reviewed current Urgent Care systems and developed planned outcomes for service re-design work planned for 2015/16.

Cancer diagnosis and treatment pathways compliant with NICE Guidance

In response to health inequality and population health need reports and 'Commissioning for Value' recommendations for both lung and upper GI cancer pathways we undertook a complete pathway review for both tumour groups. Specialised commissioning led the gynaecological review in 2014.

Cancer Pathways Review for Lund and Upper GI

A complete cancer pathway review took place for both lung and upper GI; introducing Community Health Needs Assessment clinics and a second Clinical Nurse Specialist to develop Primary Care partnerships.

Medical Emergency Response Incident Team (MERIT)

We commissioned specialised clinical teams that provide advanced medical care on scene at a range of emergency incidents, up to and

including major and mass casualty incidents.

Think Pharmacy

We extended our *Minor Ailments* service.

NHS111

We have supported the tendering and development of NHS 111 Services.

Domain Four

Citizens Advice Bureau

We commissioned the citizens advice bureau to provide a GP practice based health advice service with the aim of improving patients health and wellbeing by addressing the underlying issues affecting health outcomes that often relate to non-medical issues such as welfare and benefits.

Chemotherapy reform and acute oncology

In 2014 the CCG secured Macmillan funding to support the development of an acute oncology service to be provided in the community. A communications plan and education regarding the community acute oncology for primary care colleagues is planned for 2015.

Dementia Services for people at End of Life

We have piloted a dementia end of life service to enhance the quality of experiences from patients, carers and family members.

Co-ordinated End of Life Care

The end of life partnership was launched in April 2014 to support the delivery of high quality, co-ordinated end of life care pathways across all care settings that respects patients and carers choice. We supported the training of nearly 6,000 health and social care staff on end of life care and health and wellbeing. End of life care plans have also been implemented in line with national requirements across all care settings in South Cheshire.

Child Adolescent Mental Health Service Specification review

We have reviewed Child Adolescent Mental Health Service (CAMHS) and developed plans for 2015/16 to enhance the quality of care provided.

Electronic Palliative Care Coordination System (EPACCS)

We assisted in the delivery of data sharing agreements, ICT system development, communication and engagement activities to enable the introduction of “electronic shared care record” that can be accessed across the health care system. This will enable health providers to have access to patient records that will provide them with the most up to date information of the patient’s current health status reducing the need of the patient to replicate information relating to their illness.

Electronic Prescribing

We have enabled electronic prescriptions to be sent from GP practices directly to a pharmacy of the patients’ choice. 17 out 18 practices in South Cheshire have deployed electronic prescribing, or will complete the deployment by end April 2015.

Domain Five	**Quality, Nursing, Safeguarding and Patient Safety** • Developed a Quality and Safeguarding strategy • Introduced an Expert Reference Group; with primary, secondary care nurses Allied Healthcare Professionals alongside GP's, hospital and community doctors and patients to influence service change • Developed a Practice Nurse Membership Council/Assembly to empower the practice nurse, wider nursing and Allied Health Professional voice • Practice Nurses in 12 out of 30 GP practices have received training to be able to take student nurses and have started to take students **Safeguarding** We adopted and developed the National Safeguarding Audit Tool and ensured quality measures regarding safeguarding in all of our NHS Standard contracts.

Other achievements that the CCG has delivered during the past 12 months are presented throughout the plan and include:

- Primary care transformation with a focus on quality
- Quality Premium achievement
- Improved mortality with our local acute provider
- Development of GP federations
- Improved governance and decision making arrangements (Clinical Commissioning Executive)
- The development of our local pioneer footprint
- Techfund2 bid
- Continuing Healthcare
- System Resilience\winter pressures

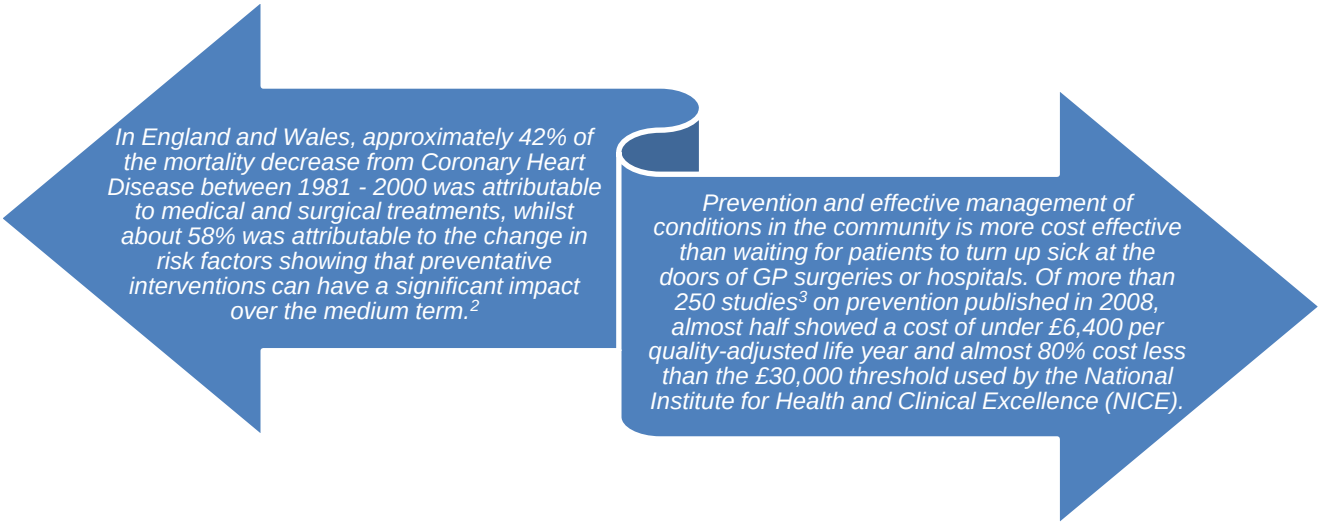
6. Creating a New Relationship with Patients and Communities

6.1. Getting Serious about Prevention

With an ageing population and increased prevalence of chronic disease NHS South Cheshire CCG recognise the need to shift health care commissioning away from the current emphasis on acute and episodic care towards prevention, personalised self-care, and more co-ordinated, integrated primary care.

To achieve this NHS South Cheshire CCG will continue to engage with the public health agenda; working with Cheshire East Council (CEC) to address the wider determinants of health and ensure that commissioned services are used to help people make positive changes to their health and well-being.

Clearly patients would prefer to avoid getting ill in the first place or, if they do get ill, ensure that it is diagnosed at an early stage and that arrangements to manage the condition effectively are put in place as soon as possible to allow them to continue living independent and active lives.



Although some care interventions take many years to pay-off, others do not. For example, suicide prevention has an immediate impact and effective management of atrial fibrillation or hypertension can show results within a couple of years. Smoking cessation programmes can have an impact over the short term when targeted on Chronic Obstructive Pulmonary Disease patients at risk of acute admission.

Our local ambitions (which support our Strategic Priorities) will help focus our actions on addressing some of our greatest health needs:

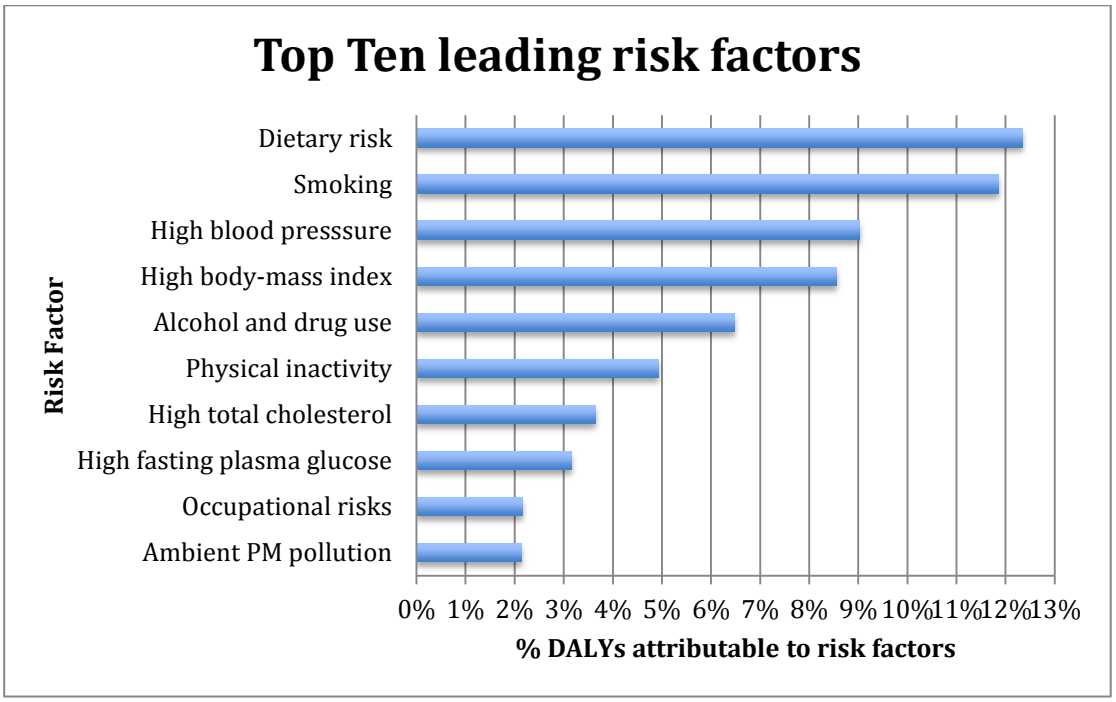
The causes of premature death are dominated by ‘diseases of lifestyle’, where smoking, unhealthy diet, excess alcohol consumption and sedentary lifestyles are contributory factors. Therefore by, investing in prevention and early intervention we could have a positive impact in reducing the incidence of disease and the risk of early death and thereby increasing the time spent living healthier for longer.

Overall, the three risk factors that account for the most disease burden in the East Cheshire (and NHS South Cheshire CCG) are:

- dietary risks (13%),
- tobacco smoking (11%), and
- high blood pressure (9%).

Reducing smoking rates, increasing physical activity, improving diet and weight management represents a huge challenge for the CCG and our public health partners at CEC.
The Public Health Annual Report outlines the key elements which need to be focussed on to reduce premature mortality and improve healthy life expectancy.
National comparisons reveal that Cheshire East has relatively low levels of premature mortality, ranked 38th out of 150 local authorities. The number of premature deaths locally has also fallen over the past nine years by 22%. However, further improvements in health and reductions in premature mortality are needed as:

1. Over 1,000 people die before the age of 75 each year.
2. Nearly 800 of these deaths are avoidable.
3. More men die prematurely than women in Cheshire East, though the number of men dying prematurely has been reducing since 2001.
4. The reduction in premature deaths in women has stalled since 2005-2007.
5. There are wide variations within Cheshire East, depending on where you live, on your risk of premature death.



Actions on prevention:

The CCG and our Public Health partners are supporting the development of two approaches:

- an integrated preventative services; and
- the benefits or cumulative impact of co-ordinated prevention across the life course

Our collective ambitions for prevention include working together to deliver integrated services that can offer a range of service to people (e.g. public health 'Integrated Wellbeing Service' – see below) as well as delivering interventions and joined up programmes throughout the life course in order to maximise the health gain associate with early intervention.
This will enable our combined efforts to not only deliver a new model of service to our patients but by joining up preventative activity across the life course we will be able to maximise the benefits of prevention on disease and illness within our population
The model of public health services that we will commission for starts from the value of investing in prevention and early intervention in order to secure the best possible health at each point in the Life course. We also recognise the cumulative benefits of investing in early transition points and setting different trajectories and maximising healthy life expectancy.

The model recognises the need to intervene beyond traditional service lines and deliver integrated services that recognise the needs of our population are not linear. The configuration of service user needs (both physical health and mental wellbeing) cannot be delivered not based around one service, for example our population will have multiple public health needs (i.e. a smoker requiring support with weight and alcohol).

The delivery of this model at one level may include clear referral pathways from one service to another service to ensure connection across services. However, this still treats users along linear lines and fails to respond completely to all the needs of the users.

An alternative service model demands the delivery of public health services within a public health centre offering support, interventions, management and exits from all needs of a user, e.g. lifestyle services, or child health services. This level of integration could be delivered at key transition points across the life course service.

Ambitions for an **'Integrated Wellbeing Service'** includes offering the following elements:

- Diet & nutrition, physical activity & weight management
- Stop smoking Service
- Alcohol and Drugs Service
- Mental Wellbeing
- Community Health Checks Service
- Health Improvement Training
- Prevention and Campaign Delivery

This new 'Integrated Wellbeing Service' model would:

- provide good, consistent healthy lifestyle advice for residents;
- improve access to wellness services for people in the town, particularly priority groups such as BME communities and people with disabilities;
- increase uptake of wellness services;
- enable more people to make positive lifestyle changes and become more physically active;
- reduce the number of residents at risk of developing long term conditions
- increase the uptake of NHS Health Checks (see below)

- establish effective referral pathways and increase referrals from primary and secondary care services;
- increase the number of staff trained to deliver brief interventions.

If the current level of need in our communities were to be converted into demand for our public health services, then this would be financially unsustainable. We therefore need to consider how to reduce demand for services consistently in terms of a reduction in the incidence of behaviours such as smoking or being sedentary and the prevalence of lifestyles factors that lead to increased risk of premature death and disability.

We are also concerned with reducing risk within our population due to multiple behaviours that lead to more complex presentations to services and require more intensive interventions. We will aim to offer services that reduce this type of demand as well as services that reduce constant demand due to population growth.

In order to do this we will ensure all commissioned services will have a clearly defined health promotion, prevention or self care budget within the service specification.

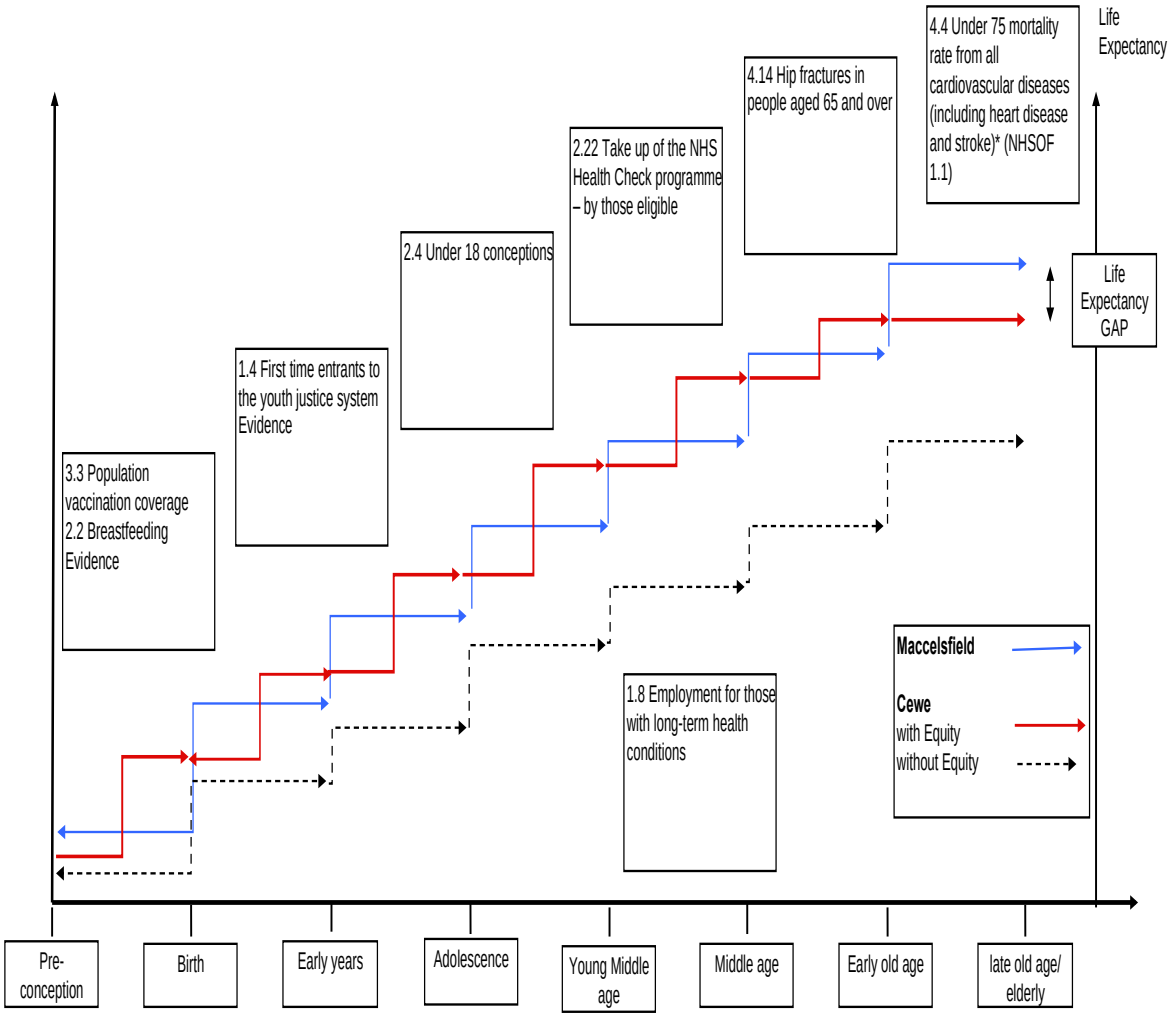
We will invest and support existing programmes such as making every contact count and workplace and sector based health promotion and wellbeing initiatives.

We will support providers with their marketing approach and ability to segment our population segmentation and provide clear messages using flexible multi media platforms to engage users and ensure information is available.

We will mandate all our providers will work together to coordinate health promotion and prevention activity through our contracts and ensure prevention campaigns are aligned, methods are joined up and targeted.

As well as our prevention work focusing on further integration and commissioning an integrated lifestyle service, the following section provides an example of the cumulative impact of co-ordinated prevention across the life course and how if we offer services across this life course. they can impact on the causes of inequality and inequity.

The Chart below illustrates an example ‘health trajectory’ of two populations, one in Macclesfield (**blue line**) and one in Crewe (**red Line**). The result of the underlying trajectory and associated transition points throughout the life course result in inequality and a difference in Life expectancy. The Chart provides an illustration of the impact of commissioning for equity to change both the underlying trajectory of each population and at each transition points. The result is a reduction in inequality throughout the life course not only at the end of life or in life expectancy. This approaches attempts to maximize health and opportunity throughout the life course.



Prevention of Alcohol Related Harm (an example of the cumulative impact of co-ordinated prevention across the life course)

The impact of interventions across the life course will have significant benefits. The tables below provide **an example** of an approach for reducing health inequalities due to alcohol related harm within each section of the life course:

Stage: Pregnancy Fetal Alcohol syndrome (FAS).	
Evidence: Pregnancy	
NICE and NTA Guidance	• At the first contact with a healthcare professional: information should be given on lifestyle advice, including smoking cessation, and the implications of recreational drug use and alcohol consumption in pregnancy[1] • Pregnant women and women planning a pregnancy should be advised to avoid drinking alcohol in the first 3 months of pregnancy if possible because it may be associated with an increased risk of miscarriage. • If women choose to drink alcohol during pregnancy they should be advised to drink no more than 1 to 2 UK units once or twice a week (1 unit equals half a pint of ordinary strength lager or beer, or one shot [25 ml] of spirits. One small [125 ml] glass of wine is equal to 1.5 UK units). Although there is uncertainty regarding a safe level of alcohol

[1] NICE clinical guideline 62: Antenatal care. June 2010

	consumption in pregnancy, at this low level there is no evidence of harm to the unborn baby. • New Women should be informed that getting drunk or binge drinking during pregnancy (defined as more than 5 standard drinks or 7.5 UK units on a single occasion) may be harmful to the unborn baby. • Use professional judgement as to whether to revise the AUDIT scores downwards when screening: women, including those who are or are planning to become pregnant[2], TWEAK and T-ACE are superior screening instruments for detecting alcohol misuse amongst pregnant women [three review articles] [3] • If someone is reluctant to accept a referral, offer an extended brief intervention.
Evidence	• There is limited evidence around psychosocial and educational programmes for increasing abstinence from alcohol in pregnancy. The intervention reviewed varied widely [Cochrane review 2009][4]. • There is a lack of research to draw a conclusion round pharmacologic interventions[5], psychosocial interventions[6] or Home visits for pregnant women with alcohol or drug problems
Gaps in Evidence	Although drinking in pregnancy can harm the fetus in first few months, there are, as yet no effective programmes to intervene or prevent a woman who is dependent on alcohol and pregnant from continue to drink excessively
Key priorities for impacting life course in this age band	
1. Prevent children being born with fetal alcohol syndrome. 2. Identify, diagnose and support those children that are born with the syndrome	

Stage: Birth to ten Findings: Neglected Child	
Evidence: Early years	
NICE	• There is a statutory duty under the children's act 2004 that services proving assessment to ensure that functions are followed to safeguard children. Therefore local services should follow local joint working arrangements as agreed by the local safeguarding children boards[7] • Talking to others (especially with those who have had similar experiences) was found to be helpful in terms of coping, making friendships and understanding more about alcohol misuse.[8] • Alateen is a programme which is suggested to support children of those with alcohol problems
Evidence	The harm to children should be part of the risk assessment for those in alcohol treatment3.
Gaps in Evidence	There is no guidance for the identification of children whose parents are alcohol dependent but are not in alcohol treatment. Need to generate and pilot specific interventions for the identification and support of children of families who have alcohol issues.
Key priorities for impacting life course in this age band	
1. Ensure that all professionals and community members in contact with young children,	

[2] NICE public health guidance 24: Alcohol-use disorders: preventing harmful drinking. June 2010
[3] National Treatment Agency . Review of effectiveness of treatment for alcohol problems. 2006
[4] The Cochrane collaboration.. psychological and/or educational interventions for reducing alcohol consumption in pregnancy women and women planning pregnancy. 2009.
[5] The Cochrane collaboration. Pharmacologic Interventions for Pregnant Women enrolled In alcohol treatments. 2009
[6] The Cochrane collaboration. Psychosocial interventions for women enrolled in alcohol treatment during pregnancy 2008
[7] Department of Health Models of care for alcohol misusers (MoCAM). 2006
[8] Alcohol-use disorders. The NICE guideline on diagnosis assessment and management of harmful drinking and alcohol dependence. 2011

Identify, support and safeguard children with a parent who is misusing alcohol.

2. Generate a programme of interventions intervene and support adults who have children and are missing alcohol

Stage: Eleven to Seventeen	
Evidence: Adolescence	
NICE	**Prevention** • Ensure alcohol education is an integral part of the nation science, PSHE and PSHE education curricula, in line with the department for children and families (DCSF) guidance (NICE guidance PH7). • Ensure alcohol education is tailored for different age groups and takes different learning needs into account (NICE guidance PH7). • Introduce a "whole school" approach, involve staff, parents and pupils and cover policy development to school environment (NICE guidance PH7). • Where appropriate offer parenting skills development information (NICE guidance PH7). • Where appropriate offer brief one to one advice on the harmful effects of alcohol use, where appropriate make a direct referral to external services, (NICE guidance PH7). • Form partnerships, to support alcohol education, ensure interventions are integrated in the community, consult with families about initiatives to reduce alcohol use and monitor and evaluate partnership working, (NICE guidance PH7). **Screening** • There is NICE guidance that children aged 10-15 should be supported, have detailed history recorded, and an appropriate and sensitive course of action if there is a reason to believe that there is a significant risk from alcohol related harm, there is no evidence available as to the format to which the course of action should take to make an impact2. • Discussions around alcohol use should also occur in sexual health2. • There is NICE guidance the young people ages 16-17 should be screened and offer extended brief interventions with young people, however there is no evidence as to the impact. • AUDIT was shown to perform more effectively in the identification of alcohol abuse or dependence than CAGE, CRAFFT or RAPS-QF in male and female young people[9] it is also proven to be the most cost effective. • Ensure an integrated approach across all services to ensure that an at-risk adolescent that has become known to a service is lost in referral process**Error! Bookmark not defined.** • Staff should have access to recognised, evidence based packs. These should include a short guide on how to deliver a brief intervention, a validated screening questions, a visual presentation (to compare drinking levels) practical advice on how to reduce alcohol consumption a self help leaflet. Inconclusive evidence on the effectiveness of brief intervention for young people. Although effective for adults for a range of measures**Error! Bookmark not defined.**. The social needs of young people that different to adults. Young people with drinking problems fall into one of two groups: those whose problems are largely related to intoxication and those whose drinking is better interpreted as a symptom of profound psychosocial disturbance3

[9] NICE. Screening and Brief Interventions for Prevention and Early Identification of Alcohol Use Disorders in Adults and Young People

	• If there is demand staff should be trained to deliver brief interventions. **Treatment** • Treatment of young people and adolescents is the same as the treatment for adults (see adult section) although there is no evidence base around treatment of alcohol issues in young people. **Re-enablement** • There is very little evidence to suggest the best programmes for ensuring long term relapse prevention and re-enablement into the community
Evidence	• There is limited evidence around psychosocial and educational programmes for increasing abstinence from alcohol in pregnancy. The intervention reviewed varied widely [Cochrane review 2009][10]. • There is a lack of research to draw a conclusion round pharmacologic interventions[11], psychosocial interventions[12] or Home visits for pregnant women with alcohol or drug problems
Gaps in Evidence	• There is no evidence for the efficacy of case management for children and young people • There is no evidence for the efficacy of assertive community treatment for children and young people • There is no evidence for the efficacy of the stepped approach for children and young people • Diagnosis and identification of withdrawal is difficult in children and young people, for this reason a lower threshold for admission for children and young people who misuse alcohol. • There is not evidence to support an ST regime for pharmacological treatment over and FD regime. • Treatment of children and young people is detailed in NICE guidance CG115
Key priorities for impacting life course in this age band	
3. Prevent alcohol related teenage pregnancies 4. Prevent misusing alcohol at this age band, screen to identify those misusing alcohol in this age band, provide brief intervention and refer to alcohol services to ensure the alcohol misuse does not impact on their life course	

Stage: 18-24yrs (young adult) Stage: 25-39 years Stage: 40- 59 years Stage: 60+ years
Evidence: Adults
Screening: • NICE guidance states that screening for alcohol harm should be an integral part of practice. This should be within new patient registrations, screening for chronic conditions, or carrying out a medicines review. • These discussions should also take place when seeing someone for an antenatal appointment and when treating minor injuries. • When screening everyone is not feasible professionals should focus on the increased risk groups e.g. those with physical conditions such as hypertension, those with relevant mental health problems, those who have been assaulted, at risk of self harm, who regularly experience accidents

[10] The Cochrane collaboration.. psychological and/or educational interventions for reducing alcohol consumption in pregnancy women and women planning pregnancy. 2009.
[11] The Cochrane collaboration. Pharmacologic Interventions for Pregnant Women enrolled In alcohol treatments. 2009
[12] The Cochrane collaboration. Psychosocial interventions for women enrolled in alcohol treatment during pregnancy 2008

or minor trauma, those who regularly attend GUM.
- The alcohol-use disorders identification test (AUDIT) is effective in the identification of hazardous and harmful drinking in adults

Brief intervention
- NICE guidance supports brief advice for adults identified through screening, if this can not be offered immediately offer an appointment as soon as possible.
- Use the evidence FRMAES principle (feedback, responsibility, advice, menu, empathy and self sufficiency).
- Where there is an ongoing relationship with the client routinely monitor their progress, where required offer additional session. Offer an extended brief intervention to help people address their alcohol use. This could take the form of motivational interviewing, follow up offering further sessions.
- Referral for specialist treatments for those with moderate or severe alcohol dependence who have failed to benefit from brief advice, extended brief advice or showing signs of alcohol impairments.

Treatment
- NICE guidance contains best practice for treatment and relapse prevention.

Re-enablement
- Although programmes ensure that adults are less likely to relapse, there is a gap around ensuring that the individual gains employment and finds way in which to integrate within the community, be it supporting others or achieving employment.

Settings:

GP

Screening
- Policy for Screening at next GP registration with a phased approach rather than using the next GP consultation [NICE PH24 quality of evidence not known]
- The alcohol-use disorders identification test (AUDIT) is effective in the identification of hazardous and harmful drinking in adults in primary care [three High quality study systematic review, High quality study (Finland) High quality study (UK) evidence]. Optimum threshold appeared to be greater or equal to seven in men [two High quality study systematic review evidence] and greater or six among women [High quality study systematic review evidence] and hospital inpatient [High quality study systematic review evidence]. Also AUDIT cheaper than laboratory tests [Moderate quality study (UK) Cost effectiveness evidence]
- Laboratory markers are of limited value [High quality study(UK), High quality study (Belgium) Moderate quality study (Germany) evidence] **Error! Bookmark not defined.**

Brief intervention
- Brief interventions given in primary care are effective in reducing alcohol related negative outcomes [6 High quality study systematic reviews evidence][13]

Costing within GP setting
- Very brief interventions are likely to be more cost effective than extended brief interventions. Life time QALY gain per individual is effective based on the 20,000 per QALY.
- Brief interventions are shown to be cost effective showing savings of £4.30 per £1 spent, £2000 per life pr year. In another study this saving was £123 per person.

Evidence
- There is no conclusive evidence as to the cost effectiveness of a tool to risk stratify patients by condition and potentially associated alcohol use.

[13] Cochrane collaboration. Effectiveness of brief alcohol interventions in primary care population. 2009.

A&E	<u>Screening</u> • Use validated screening tools appropriate to the setting, for example the Alcohol Use Disorders Identification Test (AUDIT). Where time is limited they can use an abbreviated version such as AUDIT-Consumption (AUDIT-C)[14]. <u>Brief Intervention</u> • Limited evidence of effectiveness of brief interventions in emergency care [two High quality study and Moderate quality study quality of evidence country unknown] inconclusive in inpatient and outpatients [High quality study review evidence] • There are benefits such as reducing death rate and alcohol consumption following admission to general hospital wards[15] <u>Costing within A&E settings</u> • Cost estimates of £3.81 per £1 spent. Cost savings of £47 per patient screened and £175 for each patient offered a screen. • In one study having an alcohol liaison nurse in a hospital to deliver brief advice that saved 10 times more in reducing repeat admissions than it cost. A similar programme of a link nurse also generated great savings.
Family Planning	There is no evidence for the use of screening or brief interventions in family planning or the impacts this may make. • (For preconception/pregnancy see earlier section)
Sexual Health	• NICE Guidance Discussions around alcohol use should also occur in sexual health[16] [17]. • Sexual health is a suggested specialist setting for brief intervention[18] • There is no evidence for the use of screening or brief interventions in sexual health or the impacts this may make.
Homeless	• There is evidence for holistic programmes of Intensive case management (ICM) and Community reinforcement approach3. • NICE guidance suggests consider offering residential rehabilitation for a maximum of 3 months. Help the service user find stable accommodation before discharge[19]. • Tier 1 interventions can be provided at residential provision for then homeless and tier 2 can be provided by homelessness services. •
House, Job Centre, Benefits Office	• There are no studies stating a format by which to screen or intervene with those who have alcohol misuse issues within a jobcentre, housing associate or benefits office setting. . However, NICE guidance does address that those who do not have stable employment or housing are more likely to require further support to deal with their alcohol misuse and/or alcohol withdrawal issues.
Crisis management e.g. divorce, bankruptcy	• There are no studies stating a format by which to screen or intervene with those who have alcohol misuse issues within a crisis managing setting.
Arrest, Probation, Prison	• There has been no research into the conduction of alcohol screening or brief intervention for the population who are in contact with the police probation or in prison different to that performed in the universal adult population.
Dementia	Due to the high risk of long-term brain injury and the potentially serious

[14] NICE. Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults. Commissioning guide. 2011
[15] Cochrane collaboration. Brief interventions for heavy alcohol users admitted to general hospital wards. 2011
[16] Commissioning guide. Implementing NICE guidance. 2011
[17] NICE Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults
[18] Department of Health. Signs for improvement – commissioning interventions to reduce alcohol-related harm. 2009
[19] NICE 115.

	consequences of WE, a high index of suspicion for WE should be adopted and thiamine prescribed accordingly[20]. • Low-risk drinkers without neuropsychiatric complications who appear healthy and are believed to take a reasonable diet – minimum thiamine 300mg, daily during detoxification or periods of particularly high alcohol intake. • High-risk heavy drinkers who are malnourished – thiamine 250mg daily as Pabrinex® IM or IV for 3–5 days. • Confirmed or strongly suspected diagnosis of Wernicke's – thiamine 500mg daily as in Pabrinex® IM or IV for 3–5 days. • However, relatively little is also known about the outcomes of the treatment of alcoholic Korsakoff syndrome.
Workplace	Screening There are no studies reviewing the best screening tool to use within an employment setting. Brief Intervention Two interventions in the work place reduced drinking by about 50% and improved climate with regarding to drinking in the workplace[21] • Apart from the above study there are no other studies showing impacts of staff "wellness" programmes.
College/ University	Screening There are no studies involving screening models for the college or university population specifically. Brief Intervention • Web based programmes appear to reduce peak blood alcohol content, drinking frequency, Quantity and binge drinking. Face to face had some effect but less broad[22].
Other	• Preoperative: Intensive preoperative alcohol cessation interventions may significantly reduce the postoperative complication rates, but no effect on mortality or length of stay[23]. • Insufficient evidence for interventions at the point of alcohol serving service [24] • Promotions at point of sale and affects on alcohol consumption among under age drinkers, binge drinkers and regular drinkers2.
Key priorities for impacting life course in this age band	
5. At every opportunity professionals should screen, briefly intervene and refer to alcohol support services 6. Embed the knowledge of alcohol misuse within the community by generating a wellness programme within the local authority, CCG and NHS trust.	

From 2015 Cheshire East Council will be investing more on preventing the risk of poor health and specifically targeting the main risk factors that cause early death and disability. The challenge will be to ensure the cumulative impact of prevention work is seen across the life course, both in terms of sustained partnerships work and also sustained investment so the benefits of prevention can be realised.

[20] NTA review of effectiveness of treatment

[21] Bennett J..,Patterson C..,Reynolds G..,Wiitala W..,Lehman W.. Team awareness, problem drinking, and drinking climate: Workplace social health promotion in a policy.
American Journal of Health Promotion, November;December 2004

[22] Cichrane Collaboration. Social norms interventions to reduce alcohol misuse in university or college students. 2010

[23] Cochrane collaboration. Preoperative alcohol cessation prior to elective surgery, 2012

[24] Cochrane collaboration. Intervention in the alchol server setting for preventing injuries. 2010

Smoking

Evidence from Tobacco Health Profiles and the CEC Joint Strategic needs assessment indicates that adult smoking prevalence is around 16/17%(2012) and less than the England average (19/5%). Smoking in pregnancy in Cheshire East is around 15%, which is higher than the national position of around 12.7%. Working collaborative our targets remain to reduce:

- Adult smoking prevalence
- Reduce regular smoking amongst 15 year olds
- Reduce smoking in pregnancy

Obesity

The prevalence of obesity in England is one of the highest in the European Union. In England just over a quarter of adults (26% of both men and women aged 16 or over) were classified as obese in 2010 (Body Mass Index (BMI) 30kg/m2 or over).

Obesity is directly associated with many different illnesses, chief among them insulin resistance, type 2 diabetes, metabolic syndrome, dyslipidaemia, hypertension, left atrial enlargement, left ventricular hypertrophy, gallstones, several types of cancer, degenerative joint disease, obstructive sleep apnoea syndrome, psychological and psychiatric morbidities. It lowers life expectancy by 5 to 20 years. Direct costs of obesity are estimated to be £4.2 billion.

By the end of 2015-16 the CCG will have introduced a new **Tier 3 (T3) weight management service**, offering multidisciplinary assessment and treatment in accordance with NICE guidelines.

This service will provide support to eligible patients to help them make long-term life-style changes to manage their weight, improve their health status and their quality of life. The service will:

- provide assessment, information and treatment for patients who meet the criteria for the Specialist Weight Management Service;
- support patients with severe difficulties or complex needs relating to their weight, to make appropriate lifestyle changes to lose weight and maintain weight loss; and
- empower patients to self-manage their weight loss and maintenance goals

NHS Health Checks

The NHS Health Checks programme brings significant benefits to individuals, with the potential to prevent up to 1,800 strokes and 9,700 cases of diabetes each year.

Cheshire East Public Health has worked with the CCG and with local practices to develop the use of the NHS Health Check to identify people at high risk of diabetes. All 18 of the CCG practices use the EMIS clinical system, and Cheshire East Public Health has developed an EMIS clinical template in conjunction with EMIS. This EMIS clinical template standardises and improves the sensitivity of the diabetes filter (and in future a validated diabetes risk engine), which will help to underpin our local preventative diabetes programme.

The Local Authority is also developing a new ‘integrated lifestyle / wellness’ service (see above) for people at high risk of diabetes identified by a Health Check, and will use EMIS to track and report improvements in their risk factors. The Health Check is being used to improve detection of the estimated 16% of diabetics locally who remain undiagnosed (Cheshire East Public Health Report 2013).

Diabetes Prevention

The CCG has commissioned a structured education programme for type 2 diabetes delivered by dieticians and practice nurse. There will be up to 4 sessions per month, at different times and

locations, to be flexible for the population. The aim is that this will encourage and support patient self-care and empowerment, using a range of interactive approaches.

Health Programme for employees Well-being
As part of the need to focus on a sustainable NHS South Cheshire CCG take seriously the need to ensure its workforce are supported to improve their physical and mental health and wellbeing. During 2015/16 NHS South Cheshire CCG will refresh the current HR Strategy to bring about a stronger focus on employee well-being and the development of sustainable health and workplace incentives to promote employee health. The CCG has already made a commitment to support people with mental health by achieving the 'Time to Change' award; therefore the strategy will build on this achievement and will include specific incentives around mental health. A revised HR Strategy will be in place by June 2015.

Prevention and Early Intervention- Joint Working for Children, Young People and families
NHS South Cheshire CCG works closely with partner agencies to plan and deliver improved outcomes for children and young people including the wider context of the family and community.

The CEC Children and Young People's Plan contains the locally agreed priority areas and outcomes agreed by the Children's Trust, in which the CCG is a fully engaged partner.

The Children and Young People's Trust Board has agreed to focus on a group of priorities developed around the following key themes:

- Children and young people at risk and providing help to families early
- Healthy and resilient young people
- Young People equipped and excited to enter adulthood
- Children, young people and young adults with special education needs and disabilities
- A borough that respects children's rights

The priority outcomes for 2014 -17 are:

1. Children and young people will be **actively involved in decisions** that affect their lives and communities
2. Children and young people **feel and are safe**
3. Children and young people experience **good emotional and mental health and wellbeing**
4. Children and young people are **healthy and make positive choices**
5. Children and young people **leave school with the best skills and qualifications they can achieve** and the **life skills they need to thrive** into adulthood
6. Children, young people and young adults with additional needs **have better chances in life**

The Children and Young People's Plan (CYPP) is a single strategic and overarching plan which sets out how partners across the Local Authority, Health Services, Education, Justice and the voluntary and community sector intend to achieve improvements in outcomes for the borough's children, young people, young adults and their families.

The Plan is strategically aligned to the work of the Cheshire East Health and Wellbeing Board and sets out how we as partners aim to support children to get the best start in life. It provides a strategic framework for local activity, setting out our ambition, our shared sense of purpose and direction supported by a range of underpinning strategies and action plans and reflected in the plans of partner agencies.

The CCG is developing a joint commissioning plan with the council to improve how we collectively plan and deliver services locally.

6.2. Empowering Patients

Patients empowerment is synonymous with high quality care

A key goal for NHS South Cheshire CCG is to achieve authentic patient participation and ensure patients and professionals 'co-produce' care in order to achieve true patient empowerment. We need to transform the way in which we listen and involve our patients, their carers and the public. In a time of unprecedented demand, the NHS has to turn to its service users and their communities to become active partners in planning and managing their own care.

In the development of a more engaged relationship with patients and their carers we aim to support people with long term conditions to manage their own health and care. We also aim to work with voluntary sector partners to invest in evidence-based approaches such as group based education and peer-to-peer support communities.

How we can learn and do more to support patient empowerment
How involved do people feel in the big decisions about their care, and are patients' voices heard when things go wrong and do we learn from this? There a number of simple things we plan to do to support patient empowerment.

Knowledge is power - Giving everyone the ability to see and interact with their medical records online gives people the knowledge to better understand their health and treatment.

Making shared decision-making the easy choice for clinicians - Partnership with patients needs to be the easy choice, which means making consultations smarter rather than longer.

Invest in supporting carers - For many people with long-term health problems, family members provide the vast majority of the care they receive. Giving these carers the skills to support their loved ones at home is a great investment in quality of life, and in affordable healthcare.

Groups of patients are a powerful asset - When patients come together they can be a powerful force for improving their own health and that of others. We've seen what peer support and education can do in the UK for years through the work of networks like the Expert Patient Programme and our South Cheshire PPG Federation.

Listen to what patients have to say - Patient stories have enormous power to challenge and change the status quo.

Access to Information
Access to good quality health information, and the support to use it, is fundamental to securing patient and public engagement. Whilst there are powerful legal and ethical incentives for providing quality information, NHS South Cheshire CCG believes access will enable people to better manage their health and wellbeing and make fully informed decisions about their treatment and care.

As part of the commitment to improve access to information, the CCG has been working with provider organisations to make progress towards achieving fully interoperable digital health

records across Cheshire from 2018. 2015/16 will see the development of a business case with implementation dependent on the successful award of the national Tech Fund 2 bid.

NHS South Cheshire CCG have also put in place measures to improve online access to primary care services. Patients will have online access to their GP records, GP appointment bookings, repeat prescriptions and access to Summary Care records during 2015/16. This is being planned for activation by 1st April 2015.

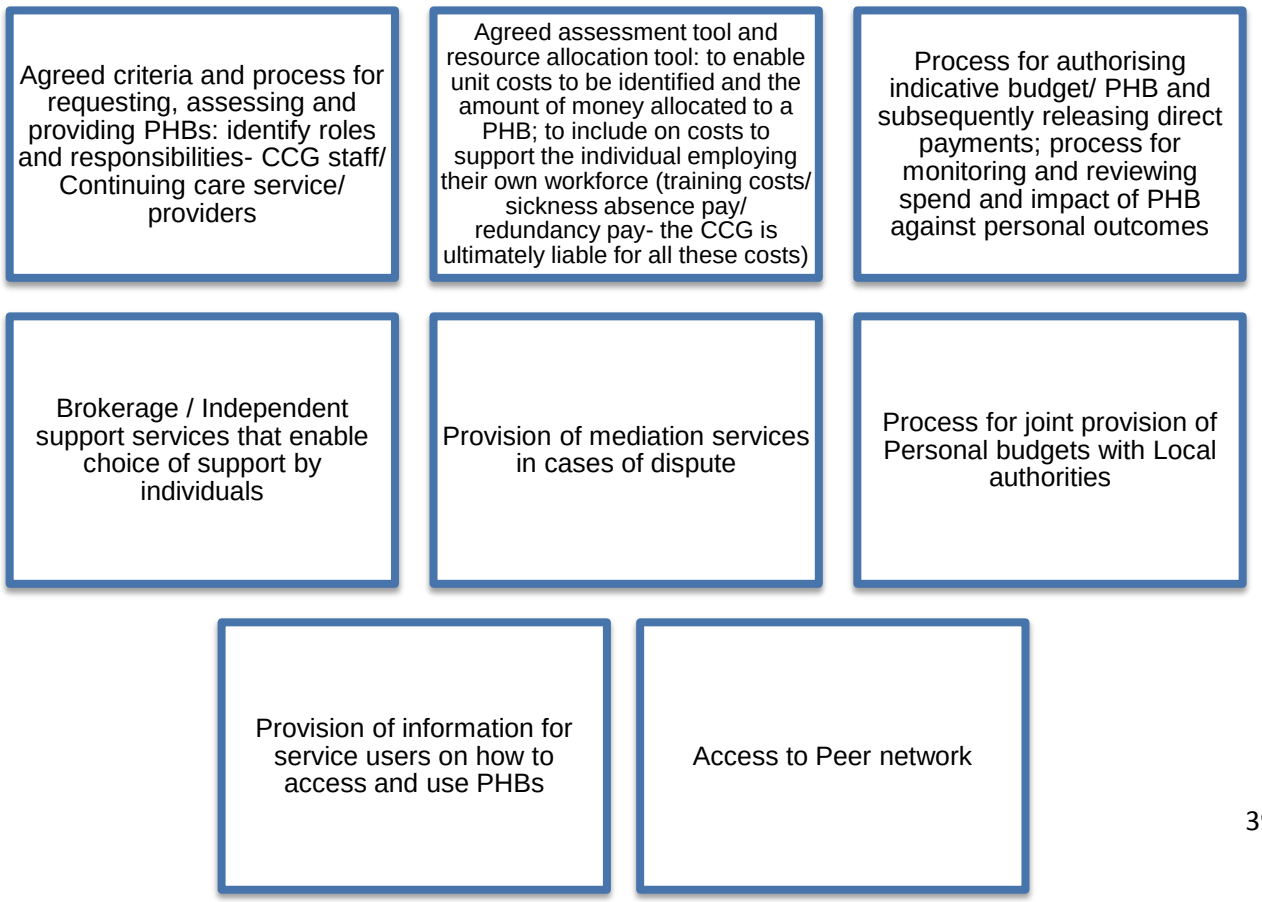
Personal Health Budgets (PHBs)

At NHS South Cheshire CCG we believe personal health budgets enable people with long term health needs to have greater choice, flexibility and control over the health care and support they receive in order to achieve agreed personal outcomes. During 2015/16 we aim to create a shared plan across the 5 CCGS in Cheshire and Wirral to develop an approach to the delivery of personal health budgets (PHB). This will ensure a consistency of approach, with shared criteria and standards as well as a shared commissioning approach.

Since October 2014 PHBs can be provided to adults who are eligible for Continuing Health Care and for children and young people who are eligible for Continuing Care. From April 2015 the provision will be extended to all patients (all ages, children, young people and adults) who have a recognised mental health need. By 2016 this will be extended to include people with a Learning Disability and Autism and by 2017 those with a Long Term Condition.

Under the Children and Families Act 2014, for Children and Young People (CYP) aged 0-25 years with Special Educational Needs and Disabilities (SEND), PHB may form part of their Personal Budget linked to their Education Health and Care Plan (EHCP) if they are eligible for an EHCP. We have worked with our local authority to put in place an agreement for PBs, ensured our continuing care teams inform parents/carers of their right to have PHBs and raise awareness with colleagues across the CCG of the requirements of PHBs.

During 2015/16 we will continue to implement our PHB Action Plan to ensure the following processes and standards are implemented:



During 2015/16 NHS South Cheshire CCG will engage widely with our local population and HealthWatch representatives to define goals on expanding PHBs.

The South Cheshire PHB Action Plan links closely to the work the CCG is undertaking to meet the requirements of the Children and Families Act 2014 - Special Educational Needs and Disabilities (SEND). The CCG SEND Project will see the delivery of a Joint Commissioning Strategy for CCGs and LAs to commission services that support children and young people with special educational needs and disability. The SEND Project will also ensure implementation of the single 'Education, Health & Care Plan', transitional Care Pathways between Children's and Adult services and introduction of Personal Budgets (see above). Finally, NHS South Cheshire CCG will, through the Designated Clinical Officer (DCO) role, gain a clear understanding of the number of children and young people receiving Education Health and Care (EHC) assessments and Plans. From this we will identify the levels of health provision required and ensure appropriate local provision is in place by 31st March 2016.

Working with the Third Sector

NHS South Cheshire CCG recognises the "added value" that the Third Sector can bring to public service provision in the form of the development of innovative solutions and the longer-term preventative agenda. We believe partnership working with the Third Sector can provide an essential link between CCG and the population of South Cheshire: building services tailored around the needs of the individual from organisations that are firmly rooted in our local community.

During 2014/15 the CCG has sought to address some of the issues around third sector commissioning. The work has examined issues of personalisation, self-directed care support and the development of a range of service choices. Underpinning this work has been an aim to ensure services are developed nurturing community and user-led organisations at a local level.

2014/15 saw the development of a Joint Commissioning Plan for voluntary and third sector grant funding: securing a collaborative approach to commissioning services in partnership with Local Authority partners.

From April 2015, some Third Sector contracts will be commissioned via the Local Authority, for example, advocacy contracts. During 2015-16 the CCG and the Local Authority will deliver shared priorities and a joint contract and performance management approach, in addition it will setting out a preferred model for Third Sector development. This expected to be completed by September 2015.

Some Third Sector contracts will be retained within the CCG and a review of these contracts will be undertaken to ensure they meet the needs and priorities of those communities they serve, for example the End of Life care packages. It is anticipated that this will form part of a wider review of End of Life services and so makes better use of resources if considered as whole pathway. The dementia advisor service is also being reviewed by the CCG, in order to take the opportunity to extend the service.

Choice for Patients

NHS South Cheshire CCG is committed to give patients choice over where and how they receive care and promote choice. We want you, and your family and carers, to be able to make informed choices about your healthcare. **In order to promote** real choice for our patients we aim to provide them with information that will help support them in making choices about their care.

Our NHS South Cheshire CCG Communications and Engagement Strategy details how we will work to help patients locally understand what rights they have under the NHS Constitution.

Any Qualified Provider

For an organisation to be accredited to supply a clinical service under the Any Qualified Provider arrangements they must be able to satisfy nationally agreed standards relating to the delivery of care, and to supply that care under a specification agreed by the CCG. This will allow a wider choice of provider and clinic location for patients in South Cheshire.

During 2015/16 NHS South Cheshire CCG intends to commission services under "Any Qualified Provider" for the following specialities:

- ENT
- Oral Surgery
- General Surgery
- Gynaecology
- Musculoskeletal / Orthopaedics
- Ophthalmology
- Urology

End of Life
NHS South Cheshire CCG is also currently working with care homes to actively promote patient choice around End of Life Care and for residents and family wishes to be fully documented and respected. GP's are also being asked to identify patients within last year of life and for them to have discussions about their preferred place of care in order that community support, future care plans and workforce education can be planned to support patients (and their families) who do not wish to go to hospital.

The CCG fully supports the patients' right to choose which hospital they are referred to if they to see a specialist. As a legal right, we will support the patient to you choose from any hospital offering a suitable treatment that meets NHS standards and costs.

We also support the patients' right to choose which consultant-led team, or clinically appropriate team led by a named healthcare professional, will be in charge of the patients' treatment for their first appointment at the hospital.

Choice in Maternity Services
NHS South Cheshire CCG has reviewed the choices locally available for women requiring maternity services and has considered what more can be done to offer meaningful choice.

In our commissioning plans we are considering how to balance the requirements to ensure sustainable maternity services for the CCG that offer personalised care and choice.

Locally, some women have chosen to have their baby with an independent provider of community midwifery services providing a case-loading midwifery model of care.

There is clear evidence that 'continuity of care 'models can deliver good outcomes for women as well as a positive experience of care.

Our intention is to commission a case-loading midwifery model as a 'choice' option and consider options for procurement. The specification will seek to target health inequalities locally.

Expected outcomes include improving relationships between women and midwives by personalising their care, reducing postnatal depression through earlier diagnosis as well as better support, improving breastfeeding rates and access to home birth.

Choice in Mental Health Services
At NHS South Cheshire CCG we believe that people who use mental health services should have more choice about where and how they get their condition treated in the NHS. We aim to give patients more involvement, greater control and choice over their care. Giving mental health equal

importance with physical health means giving people more choice over who provides their mental health care.

The NHS 5 Year Forward View mandates transformation within mental health to improve access to mental health services on a par with physical health. The changes in law endorses that patients with mental health problems now have the same legal rights as they have had in physical health services and is a significant step towards achieving parity between the two.

As commissioners, NHS South Cheshire CCG want to understand our population needs better to enable us to commission appropriate mental health services. We will achieve this through joint working with our Local Authority and studying our local Joint Strategic Needs Assessment (JSNA). During 2015/16 NHS South Cheshire CCG will work to achieve a "currency" for mental health using "The National Tariff" mechanism to support high quality outcomes and new levels of care. We aim to move away from existing unaccountable block contracts and will ensure Providers of mental health services meet the requirement to support patient choice. Service specifications will be developed during 2015/16 to reflect choice and demonstrate that parity has been addressed.

During 2015/16 the CCG will publish a Mental Health Communications Plan focusing on defining what "rights" mean for our population and when they will and will not apply. It is fundamental that choice is offered at specific points to enable patients to make decisions on Provider/Team and about what options are available. Patients will be informed of services, outcomes and of previous patient experience so they feel empowered to make educated decisions.

6.3. Engaging Communities

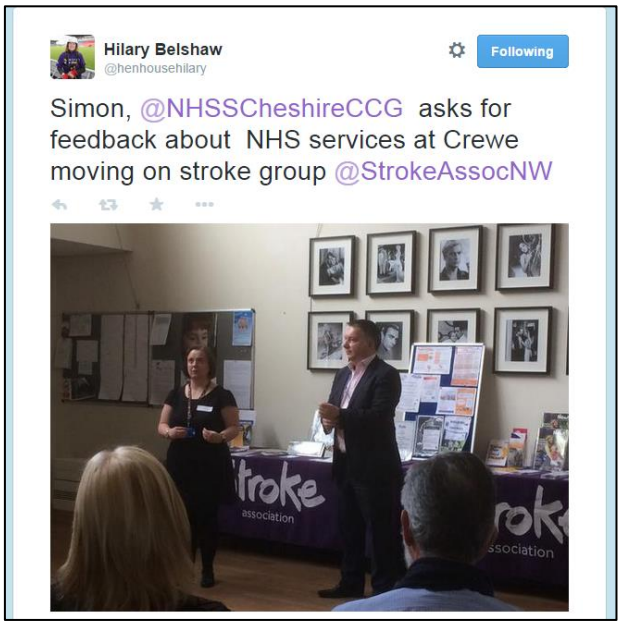
The CCG holds patient and public involvement in high regard and believes that true success occurs when we share, involve and engage with our local population. We have a real desire to make a difference to the communities of South Cheshire and want to enable all residents to have a voice in local health services and decision making. This is underpinned by our belief that understanding and reflecting on patient and carer experiences is critical in supporting us to improve quality and reduce variations in service and health inequalities.

2015/16 will be a year of un-precedented patient and service user engagement for NHS South Cheshire CCG. Our ambitious plans place patients are at the heart of the work we do, demonstrating that people have the opportunity to become involved in shaping the healthcare services for the future and a commitment towards reducing health inequalities in the South Cheshire area as well as supporting diverse commissioning.

We appreciate the value of face to face conversations with our local communities to listen to and understand the experiences of our patients, however we cannot use this as our only engagement opportunity; we will continue to develop and expand our use of social media and our website to enable us to reach out to patients and our stakeholders.

As our following on Twitter expands we need to ensure we are continuing to build meaningful and sustainable engagement by showcasing the work of the CCG in the local area and demonstrating its impact. Our governing bodies will always feature live twitter feeds, bringing the governance of the CCG into the public arena, showing how we conduct our business and the open and honest way in which we do it.

Our events and key activities will be featured on twitter and we will engage with our audience using pictures and images; our key partners will always be linked to us with their activity being re-tweeted to highlight the ways in which we work together and our priorities are linked and integrated.



Any information shared on our website will always be transparent, providing a real understanding of our work and giving a platform for patients to share their stories and feedback their experiences of local health care. Our website will act as the hub of on-line information, providing governance information as well as up to date news of the CCG, events and useful information key to the connected way in which we work with our partners. It is the website that will demonstrate engagement tools such as 'you said, together we did' showing how we listen to the feedback we receive, act up on it and deliver a difference.

The following table illustrates our current planned engagement activities and approaches for 2015/16. A revised edition is due to be taken to the CCG Governing Body in June 2015. [DN: hyperlink to Communications & Engagement Plan will be inserted in final Ops Plan]

Public engagement and communications activity during Year 1 2014- 15 and next steps for Year 2 – 2015-16

Outlined activity within the operational plan	Actual activity and outcome
Development of an engagement network	An engagement network has been established with partner organisations and wider stakeholders from the South Cheshire / Cheshire East locality region.
Next steps: During Year 2 this engagement network will be extended to include organisations which have joined the **Connected** scheme. By the end of quarter 1 a fully updated baseline of stakeholders will be developed.	
Carry out stakeholder analysis	Stakeholder analysis has been carried out to identify the primary organisations which deliver services through CCG contractual arrangements. This in turn is linked to the engagement network. This work needs completing on an annual cycle and is considered to be an ongoing area of work.
Next steps: the stakeholder analysis is a central component of the engagement network as discussed above.	
Encourage individual participation through patient stories and experiences	Year 1 has been a busy year with a significant number of individuals participating to share their own experiences in order to create their own patient stories. These patient stories have been used at Governing Body meetings, Quality Board meetings and at a range of local and national conferences. The patient stories bring a true human context to aiding a deeper understanding to patient's actual experiences of care.
Next steps: This work will be further developed during Q1 of Year 2, to embed a quality-assured process which also includes clear governance procedures. The outcomes of future patient stories will follow a triangulated approach where improvements and outcomes are clearly defined, measured and communicated to all.	
Embedding patient and carer feedback is a crucial part of the commissioning cycle.	Work is ongoing to ensure patient and carer feedback is truly included into the commissioning cycle. A notable development in Year 1 has been the contribution that patients have made to the Quality and safeguarding strategy, sense checking and reviewing actions. This will be re-visited during year 2. Service Delivery Mangers are now approaching the engagement and communications team in order to locate patient representatives to join their work.
Next steps: As part of the development of a new Engagement Strategy, the process of involvement with be clearly defined, so that colleagues may become empowered to lead this process themselves	
Build patient and carer insight into the expectations of our local providers to deliver accountable care systems around patient's needs.	Share best practice and make insight reports and findings available to all local stakeholders. In order to facilitate this, a close working relationship and sharing agreement has been developed with Cheshire East CVS and Public Health, which links to the JSNA.
Next steps: During Year 2 this engagement network will be extended to include organisations which have joined the **Connected** scheme. By the end of quarter 1 all Insight reports will be shared with partners.	
Collate information during 2014-2016 from public and patient voice activity into a monthly insight report, which will be issued to all Service Delivery and Clinical Project Managers and lead GP commissioning clinicians.	Quarterly insight report completed and shared through: • Health inequalities meeting • Governing body • Senior Management Team
Next steps: Development of the intranet to act as a portal for Insight Reports is required. The signposting to these reports will be clearly set-out by our ways of working which are being finalised as part of the Engagement Strategy	
Publish feedback from HealthWatch Cheshire East about our locality as and when it becomes available	Updates received from Healthwatch Cheshire East have been duly published within the public domain. However, due to a range of internal changes within Healthwatch locally, the number of reports and information made available has been limited in scope. In year 2, Healthwatch will become a member of the engagement

	network.
Next steps: In Year 2, Healthwatch will become a member of the engagement network. Bi-monthly meetings have also been instigated to develop the relationship further	
Invite patient/ public to be involved in specific service areas i.e. cancer/ stroke/ urgent care/ mental health or the transformational changes i.e. Integrated Teams, Connecting Care.	Group of patients in place (Federation members, Connected members and Tea & Talk groups) to be approached to support specific service area consultation and engagement work when it appears in the commissioning cycle.
Next steps: via the Connected membership scheme, members interests are being determined in order to create Expert groups to ensure that patients and public are able to contribute to areas where they feel most closely aligned	
Report back via You Said, We Did to ensure that engagement, involvement and communications activity has been effective and reflects the needs of local people	"You said, **together** we did" is an area which will be further developed during year 2. Initial 'reporting back on impact' activity has focused on the work undertaken by the Readers Panel, which has worked on Diabetes information and COPD/Chest x-ray information this year. The Readers Panel have indicated a high level of appreciation regarding the new approach.
Next steps: The You Said Together we did reporting is a statutory duty which as a CCG we must comply with. Further promotion of our achievements will be added to our website.	
Using a range of activities and approaches to ensure that the public voice visibly influences and is directly involved in the decisions made by the CCG, underpinned by our 'Making a Difference - Good Engagement Charter'.	On-going development of face to face engagement alongside other channels such as social media. Schedule of engagement created to involve and inform all protected characteristics and deliver strategic aims and objectives of the CCG –including Connecting Care
Next steps: Joint work with the Commissioning Service Unit (CSU), Equality & Diversity team to ensure that we comply with our statutory duties. There is a specific workplan, which follows a rolling programme.	
Effective management of the CCGs identity and house style is an important element in protecting the organisations reputation and it is important that the CCGs identity is not used inappropriately.	Working with the CSU, the CCG brand identity was refreshed during Year 1, which included a new visual identity as well as the development of the use of brand identity guidelines. A full suite of branded corporate documents and reporting templates has also been designed and is now used across the organisation.
Next steps: Whilst the brand identity was refreshed during Year 1, further work is now required during Year 2 onwards to develop brand behaviours which mirror the reputation of the CCGs.	
Proactive and planned internal and external communications assist NHS South Cheshire CCG to operate effectively and gain the support of staff and stakeholders needed to implement wider scale changes.	An aligned approach involving 'planning runways', regular meetings and planning sessions has developed across CCG & CSU teams. This is regularly updated and measured.
Next steps: A working action plan is currently being developed by CSU colleagues to both demonstrate the wrap-around service delivery which they will provide in order to ensure that vision set out by NHS South Cheshire CCG	
Membership Scheme (to commence June 2014)	The 'Connected' involvement membership scheme was launched during the summer of 2014, with current membership standing at 98 members. The membership is analysed on a bi-monthly basis alongside local population information, in order to compare how representative the voice of our local population is.
Next steps: During Year 2 the 'Connected' scheme will become the main channel by which patients, public and stakeholders are communicated from. Year 2, Q1 activity is to focus specifically on stakeholder involvement and engagement	
Use of electronic survey with registered patients	The use of the CRT Viewpoint terminals has proved to be a valued resource in collecting patient feedback in practice, with 15

	surveys being created and delivered, and approx. 1000 responses being gained. Year 2 will see the continued use of the terminals, and placements within other public locations, to reach further audiences. Option to develop this into the channel to capture Friends & Family responses in the future.
Next steps: The Practice Engagement Managers have placed a bid to fund each practice to have their own touch screen terminals. As part of the wider Communications and Engagement strategy and work plan, the touch screens will be utilized as a data capture method at public events.	

Year 1 - 2014-15 IMPACT:
In total 70 public engagement opportunities have been presented to members of the public between September 2013 - September 2014. These events have ranged from 1-1 individual participation opportunities to larger scale focus groups, consultations and patient conferencing.

The CCG provides a wide range of opportunities for patients and members of the public to be involved; however we recognise that true success from these events will only be achieved when as an organisation we firmly embed this engagement into the whole commissioning cycle.

Year 2 - 2015-16:
The NHS Five Year Forward View gives people far greater control of their own care among its top priorities for the health system (NHS England 2014e) and elsewhere NHS England Chief Executive Simon Stevens has stressed the 'renewable energy' that patients, carers and communities can offer (Stevens 2014, para 35). Health care quality experts agree that truly safe and effective care can only be achieved when patients are 'present, powerful and involved at all levels' (Berwick 2013, p 18).

Milestones for year 2 for public engagement and communications work include the following:

Priorities outlined for year 2	Drivers	Timescales for delivery
Continued development of the **Connected** involvement scheme to also encompass staff members, and stakeholders to ensure consistency of message and opportunity for all.	**Connecting Care:** Empowering our public and our workforce to lead the way **FYFV:** Stronger partnerships with charitable and voluntary sector organisations, better able to reach undeserved groups and are a source of advice for commissioners on particular needs	Jan/Mar 2015 – Build and maintain stakeholder Connected membership
Development and facilitation of a **Connected** forum, in order to provide a broader forum for engagement and involvement	**FYFV:** Engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services	By March 2015 to hold the first connected Forum including members and stakeholders
Continue to support the South Cheshire Federation of Patient Participation Groups to become a 'go to' bank of representatives for patient experts. Also to provide broader support to Federation to support practices in developing their own groups, where no currently exist.	**Connecting Care:** Empowering our public and our workforce to lead the way **FYFV:** Engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services **Kings Fund:** Evidence shows that when people are involved in	Federation to move to a Four meetings per year model from January 2015 onwards, with a greater emphasis to becoming a working partner to the CCG

Priorities outlined for year 2	Drivers	Timescales for delivery
	decisions about health and social care, then those decisions are better, health and health outcomes improve and resources are allocated more efficiently.	
Embedding patient and carer feedback into the wider commissioning cycle	**Connecting Care:** Empowering our public and our workforce to lead the way **Connecting Care:** Strengthening our assets – support our carers **FYFV:** Stronger partnerships with charitable and voluntary sector organisations, better able to reach undeserved groups and are a source of advice for commissioners on particular needs	Jan 2015 - Review methodology to deliver insight and feedback into the commissioning cycle Feb 2015 – as part of new Engagement strategy launch, formal process embedded
Renewed engagement strategy	**Connecting Care:** Empowering our public and our workforce to lead the way **FYFV:** Stronger partnerships with charitable and voluntary sector organisations, better able to reach undeserved groups and are a source of advice for commissioners on particular needs	**Jan 2015 – renewed Engagement Strategy shared in draft form** **Feb 2015 – new Engagement Strategy agreed and shared**
Renewed internal communications strategy	**Connecting Care:** Empowering our public and our workforce to lead the way **FYFV:** Stronger partnerships with charitable and voluntary sector organisations, better able to reach undeserved groups and are a source of advice for commissioners on particular needs	**Jan 2015 – renewed Internal Communication Strategy shared in draft form** **Feb 2015 – new Internal Communication Strategy agreed and shared**
Continued engagement and communication expertise and advice to the wider organisation	**Connecting Care:** Empowering our public and our workforce to lead the way **Transforming participation**: Listen and truly hear what is being said, proactively seeking participation from communities who experience the greatest health inequalities and poorest health outcomes **Kings Fund:** Putting involvement and participation at the forefront of policy and practice provides the opportunity not only to create an effective and sustainable health and care system, but also to contribute to a more equitable and healthier society	**Jan 2015 – renewed strategies shared in draft form** **Feb 2015 – new strategies agreed and shared**

Carers

The CCG has in conjunction, with its partner CCG and Cheshire East Council (CEC) developed actions around the support of carers, to include the new requirements of the Care Act 2015, which heralds huge changes for social care services and those in a caring role.

There are a range of activities identified from engaging with carers, supporting them, to providing information in a suitable format and increasing employment opportunities. This has been shared with the Carers Reference Group Forum, a group open to carers within the Cheshire East footprint, in which the statutory agencies, can engage with Carers, the voluntary sector and consult with their local carers and understand their needs.

In addition to the Carers Reference Group, the partners come together come together to discuss and progress matters relevant to local carers on a regular basis. In January 2015 the partners held a series of engagement events across the CEC footprint to share information on services for carers, give an overview of the Care Act 2014 and gain a greater understanding of their needs. These were well received and further quarterly sessions are being planned.

As part of the identified actions, the CCG and LA commission the local carers service to support GP practices to identify and support the carers within their practice. The service is currently working with all GP practices, (and with 8 practices across Cheshire East in particular, in an intensive and innovative way) to develop the understanding and knowledge of those in primary care, to identify carers, and keep them healthy and supported.

The Local Authority and the CCGs continue to jointly commission carers break services from the voluntary sector. This funding stream is procured through a bid process and successful services aim to cover all caring roles, open to all carers (while not being means tested).

The CCG has reviewed their internal HR polices to ensure that they are suitable in supporting staff with caring responsibilities and offers flexible working arrangements to accommodate staff where possible.

Key Areas of Action	By When	Update y When
Deliver the carer break application and commission activities for 2015-16	April 2015	Applications being sent out by CCG & LA.
Finalise reviewed Carers Strategy and ensure delivery of the 5 objectives: • To help and advice carers so that they are not forced to into financial hardship • To ensure carers will be respected as expert care partners and will have access to integrated and personalised services they need to support them in their caring role • To ensure children and young people are protected from inappropriate caring roles and have the support they need to learn, develop and train and to enjoy positive childhoods • To support carers to stay mentally and physically well and ensure they are treated with dignity • To support carers to have a life of their own alongside their caring role	April 2015	Strategy refined in line with the publication of the Care Act 2014 guidance.
Providing support within GP practices - to identify and support the carers within their practice population	April 2015	Pilot taking place 4 practices in South Cheshire, to review the support required.

Scope the potential to look at signposting for carers from community pharmacy	May- June 2015	
Carers champion event linking with carers week	June 2015	

HealthWatch
HealthWatch Cheshire East as "Consumer Champion" provides a voice for the residents of Cheshire East to help shape local health and social care services. Their role is to listen to and reflect the opinions of local people, and use this information to influence the design and delivery local services. The team work with local people and organisations as well as service providers so that individuals in Cheshire East get the best possible Health and Social Care services.

HealthWatch Cheshire East is a statutory organisation which delivers several key activities including:

- Providing information and advice about health and social care to the local community
- Gathering the views and experiences of the community and feeding these to decision makers to influence the design and delivery of local services
- Using the Enter and View process to scrutinise local adult health and social care establishments, ensuring that they are providing a good quality of life for the community.
- Representing the community on the Cheshire East Health and Wellbeing Board

HealthWatch Cheshire East has been working with NHS South Cheshire CCG to ensure that the community voice is heard and that the person is at the centre of the services delivered in South Cheshire. To achieve this HealthWatch have been feeding in local intelligence about the experiences of people accessing services that NHS South Cheshire CCG commissions and monitors. They have also been supporting the Connecting Care Programme, and during 2015-2016 will continue to support NHS South Cheshire CCG and other partners ensuring that the programme has effective engagement and involvement with the community.

HealthWatch Cheshire East have provided information and intelligence from the scrutiny work that they have been undertaking in South Cheshire. During 2015-2016 they will be working with the CCG to jointly develop their scrutiny programmes with the aim of creating a fully rounded picture of the quality of local services in South Cheshire.

During 2015-2016 they will be working closely with the CCG on an in-depth GP Access project. The aim of the review is to gather the views and experiences of the people utilising GP services, and identify the impact on the individual, their carers and family, if they are experiencing barriers. This evidence will be used to identify good practice and identify any necessary service improvements in Cheshire East.

NHS South Cheshire CCG values its relationship with HealthWatch Cheshire East and is committed to continue joint working during 2015-2016.

6.4. Equality & Diversity

As Commissioners we know and understand that demographic and financial challenges the NHS faces and that there is clear evidence that people's health, their access to health services and experiences of services are affected by the nine protected characteristics.

To enable the CCG to make fair commissioning decisions we will seek to ensure that we:

- Understand our requirements under the Equality Act 2010
- Undertake Equality Assessments on key areas of change and in designing new models of care

- Fully understand the needs of communities by protected characteristic
- Communicate, involve and consult with communities and stakeholders
- Continue to work in partnership with our key providers via the quality contract schedule to improve equality performance
- Continue to undertake EDS 2 to address barriers and health inequalities
- Engage and involve communities

NHS South Cheshire CCG has undertaken key pieces of work over the last year that demonstrates we consider our exacting duties including:

- Opening up equality assessments on key pieces of work: including Policies of Low Clinical Value, Urgent and Intermediate care and a high level Equality Analysis of the CCGs 5 year Connecting Care Strategy.
- Delivery against our Strategic Equality Objectives Plan: Working closely with key providers to ensure equality requirements are key component of the quality contract process, improving the equality performance of our providers and working together to resolve issues and close any gaps and undertaking a Equality Delivery System 2 (EDS2) self-assessment.

The Equality Delivery System 2 is one of the ways NHS South Cheshire CCG demonstrates it is under taking work that supports its delivery against the Public Sector Equality Duty (PSED). We are currently implementing a plan to implement EDS2 from January to April 2015 to seek the views of communities who face 'barriers' in relation to accessing services and are more likely to experience health inequalities. Once the information has been collated we believe the will be better able to understand the gaps and barriers certain communities face, take action to improve access and outcomes for patients and communities with protected characteristics and improve the equality performance of our key providers.

The CCG as a Progressive Employer
The introduction of the first NHS workforce race equality standard from April 2015 fits with the fact that the CCG has identified equality and diversity as a priority area in 2015/2016.

We are developing an Equality and Diversity Action Plan, setting out annual equality and diversity objectives which will be effective from April 2015. The Action Plan will provide assurance that NHS South Cheshire CCG is meeting our responsibilities under the Public Sector Equality Duty and in summary will include action for:

- **Policy proofing** – reviewing policies to ensure the fundamental elements of the Equality Act 2010 are incorporated and all policies have been through an equality impact assessments.
- **Monitoring** – enhancing current monitoring processes to include other key areas such as recruitment, selection, review and performance, career progression and employee relations to identify any areas of indirect discrimination and consider positive or corrective action.
- **Positive action** – widen the monitoring of performance against CCG policies to enable the identification of trends and allow for the challenge of potential barriers. This is a particularly important area for NHS South Cheshire CCG as a local employer and ensuring the workforce reflects the diversity of the local population.
- **Training** – E&D training is in place within the CCG but monitoring needs to be put in place to check the profile of attendees against worker profile.
- **Staff profile and surveys** – establish a staff profile and include E&D questions in the survey to enable an understanding of the staff relationship with organisational culture to eliminate any institutional discrimination.

At the end of December 2014 NHS South Cheshire CCG employed 2 members of staff from an ethnic minority background from the employed workforce of 69, and this equates to 2.90% of

the workforce. Analysis has shown that the Office for National Statistics (ONS) ethnic population estimate across the CCG area is 5.34% and from the analysis below it can be seen that the workforce across the CCG is not representative of the population it serves.

7. Delivering Connecting Care (our new model of care)

7.1. Building the Foundations for The Future

Our health and social care systems face significant challenges. We are living with increasingly complex care needs. This coupled with continual advancement of care options, means that each year more and more can be done for more and more of us. However, more and more money is not available and continual improvements can only be funded from being more efficient and effective. We do not claim to have every answer to this difficult problem. However, we do believe that we know where we should be heading and the main strands of change that are needed.

The NHS has generally been successful in responding to the increase demand and pressures of a growing population, an ageing population and a sicker population as well as new drugs and treatment and cuts in local councils' social care. However if the NHS is to continue as a service available to all at the point of need there are a number of challenges that need to be tackled:

- Changes in patients' health needs and personal preferences. Long terms health conditions take 70% of the health service budget, rather than illnesses that respond to a one-off cure. Many people want to be more informed and involved with their own care. Greater opportunities for better health through increased prevention and supported self-care.

- Changes in treatment, technologies and care delivery. Technology is transforming our ability to predict, diagnose and treat disease. We know there are better ways of organising care, breaking boundaries between hospital and primary care, health and social care, generalists and specialists.

- Changes in health services funding growth. NHS spending has been protected over the past five years, but the pressures are building.

New Models of Care:
We need to develop new models of care, that recognise the importance of patient goals, carers and self-care, shared decision-making, health coaching, motivational support and a move towards true partnerships with those who use services. Our new models must include a wider perspective, with an understanding of the wider determinants of health.

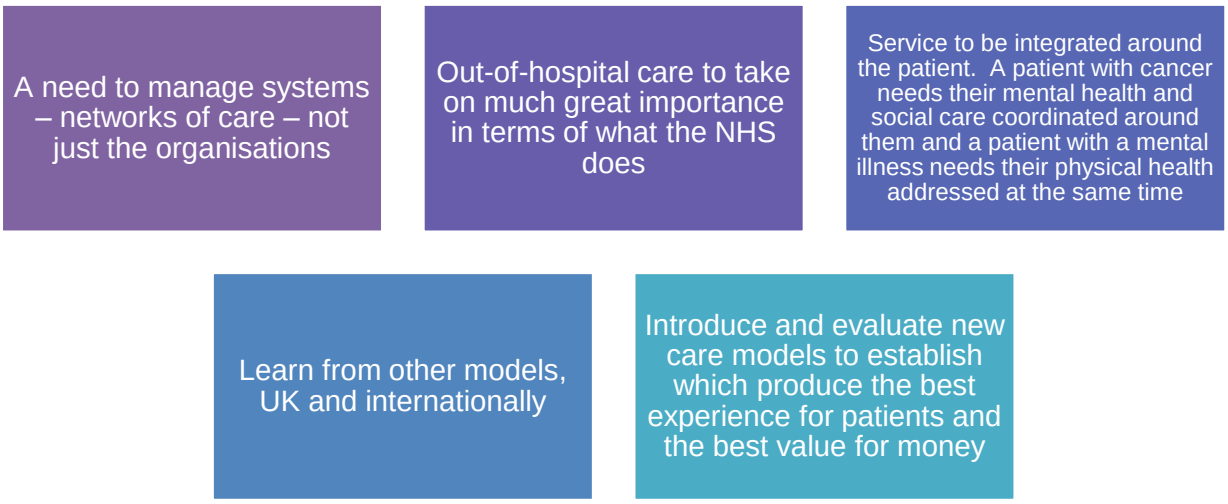
Our plans are to create structures of care that bring together professionals from different organisations and make them accountable together for a population of patients, responsible for working with those patients to deliver care but also to continually improving the system of care within which they work. We want to see them form learning organisations/teams to deliver this continual improvement in work.

These changes need new relationships between our hospitals, mental health services, social care, community services and GP practices and we need new ways to contract between them and measure their success.

The traditional divide between primary care, community services and hospitals is a barrier to a more patient-centred care and coordinated health services. The NHS *Five Year Forward View* sets out a clear vision for how traditional boundaries need to be broken down if we are to meet the changing needs and increasing demands on the health and social care service.

As long term conditions are a main priority for the NHS, our approach to caring for these patients now needs a more collaborative relationship with patients over a longer period, and not just dealing with single episodes of care, but caring for the whole person and their health and social

care needs. The direction of travel set out in the NHS Five Year Forward View sets out some key principles:



The *Five Year Forward View* sets the challenge that we must meet the needs of patients and capitalise on the opportunities presented by new technologies and treatments. Our Connecting Care Strategy in Central Cheshire sets out our ambition to achieve this.

Connecting Care: Laying the 6 Foundation Stones for Success

In NHS South Cheshire CCG we have established a Partnership Board for our **Connecting Care Programme**. This Board has representation from commissioners (CCGs, Local Authorities & NHS England), and our main providers (Mid Cheshire Hospital NHS Foundation Trust, East Cheshire NHS Trust for community services, Cheshire and Wirral Partnership NHS Foundation Trust, North West Ambulance Service and Primary Care). It has the Chief Executive, Medical Director and/or lead Executive Director from all of these organisations sitting on it. The commitment to the Connecting Care Board is strong from all partners. However there is a recognition that this commitment now needs to turn into action and delivery of change.

Published in June 2014, our **Connecting Care Strategy** articulates shared ambitions and a programme of work for the population across South Cheshire and Vale Royal. The Strategy sets out to support the people within our local communities to be empowered to take responsibility for their own health and wellbeing. They will place less demand on more costly public services through the implementation of ground-breaking models of care and support based on:

- integrated communities
- integrated case management
- integrated commissioning and

- Integrated enablers to support these new ways of working.

The Connecting Care Board has also established a 'Provider Board' which brings together multiple acute, mental health, community and primary care providers across central Cheshire. An 'Innovation Fund' was also created via an 'Alliance contract' to achieve our ambitions for the care system.

Our Connecting Care Strategy has already begun to change the way we commission and deliver health and social care; building the foundations for early adoption of a new models of care for the years ahead.

The Strategy is underpinned by 6 key integration outcomes/ Foundation Stones created by the Connecting Care Board to provide a single framework for integration and transformation, which aligned directly to the exiting NHS Constitution, health, public health, social care and 'Everyone Counts' outcomes frameworks and measures.

Each stone identifies the specific area of the Connecting Care Programme Plan and the relative plans, aspirations and measures of success that relate directly to the 6 health and social care integration outcomes. The following table illustrates our Foundation Stones and key actions to support their delivery.

	Outcome / Foundation Stone	Detailed summary	Actions
1	**Communities that promote and support healthier living**	Individuals and communities are able, motivated to and supported to look after and improve their health and wellbeing, resulting in more people being in good health or their best possible health for longer with reduced health inequalities.	Build stronger, self-reliant communities that promote and support healthier living by empowering and building resilience within individuals. Work with partners to address the multiple/wide determinants of health and well-being
2	**An empowered and engaged workforce and public**	People who work in health, social care and community support/voluntary sector support are positive about their role, are supported to improve the care and support they provide and are empowered at a local level to lead change and develop new ways of working Citizens are engaged in the shaping and development of health and care services and supported to make positive choices about their own health and wellbeing	Support service users to lead their own care and to understand and self-manage their condition Work in partnership with our citizens in the planning, development, commissioning, re-design and evaluation of care Establish integrated multi-disciplinary teams around the individual in local communities Work collaboratively to develop a joint workforce strategy and

			plans Utilise large scale change methodologies to promote positive culture change to focus on new models of care and quality/continuous improvement
3	**Personalised care that supports self-management and independence and enhances quality of life**	People with physical or mental Long Term Conditions, those with complex needs and the elderly frail are able to live as safely and independently as possible in the community. They will plan care with people who work together to achieve the outcomes important to them. Care will have a focus on prevention, self-management and independence and the individual will have control over their care and support.	Developing the skills of teams and citizens to implement whole person care to realise shared decision making, a focus on an individual's own goals and maximising health and wellbeing & quality of life Personalised care planning, care co-ordination and case management through integrated community teams Continuous evaluation with robust metrics of care and experience to facilitate continuous quality improvement
4	**Individuals will have positive experiences and outcomes of safe services**	People have positive experiences of health, social care and support services, which help to maintain and improve their own health and wellbeing People using health, social care and support services feel safe and secure, are safe-guarded from harm, have their dignity and human rights respected and are supported to plan ahead and have the freedom to manage risks the way that they wish	Build a strong focus on positive experience and safety to all aspects of care across the system and build in robust governance, shared information systems, monitoring and management systems Develop the skills of the workforce to seek, identify and address any shortcomings in quality and safety in collaboration with the public and across partners to harness opportunities for continuous improvement Create a culture of openness and transparency and develop support structures for frontline staff and the public raising concerns
5	**Carers are supported**	People who provide unpaid care for others are supported, are	A robust framework of support is offered to carers to facilitate

		consulted in decisions about the person they care for and they are able to maintain their own health and well-being and achieve quality of life	their continued role as a carer and their right to a quality of life Support carers to understand and support self-care.
6	**Effective resource use**	The most effective use is made of resources across health and social care, involving partnership working, joint commissioning, sharing of information, new contracting and funding approaches, exploiting new technologies and avoiding waste and unnecessary duplication.	Increase the amount of joint working and joint commissioning across a range of areas to avoid duplication and gain value for money Create joint systems: shared information system, system governance, integrated health and social care teams and new contracting and care models e.g. COBIC/Alliance, Accountable Care System.

Using the 6 Foundation Stones from the Connecting Care Strategy, along with the top health inequalities, the CCG has adopted the following 5 Strategic Priorities and local ambitions which will support the delivery of the Connecting Care Strategy:

CCG Strategic Priorities

Our plans, proposed initiatives and redesign work will contribute to delivery of the Connecting Care Foundation Stones and the CCG Strategic Priorities as shown by some of our key commissioning activities for 2015/16:

Integrated Community Teams (ICTs):
This project reflects NHS South Cheshire ambition to move appropriate care from a hospital to community settings. Integrated Community Teams (ICTs) aim to facilitate a shift in focus from episodic and reactive care to continuous, long term care; from paternalistic to a person centred care model. This model aims to deliver services in a way that puts patients and service users at the centre, giving them more control.

This means that instead of patients and service users trying to navigate their way around the multitude of health and social care services, we are redesigning services to fit around their needs. We want to reduce duplication of care, prevent people having to tell their story multiple times and to minimise waste across care settings. The ICTs have been designed to achieve the model of care requirements for people with complex needs, including:

- strengthening primary care and its role in proactive long term condition management
- empowering people to live full and healthy lives, self-manage and where required supporting people and their families with improved information and technology
- increasing the investment and portfolio of services in the community to support care closer to home where safe and effective to do so
- people knowing where to get the right help at the right time
- carers supported to continue caring in partnership with other support services
- Our aim is that Integrated CommunityTeams deliver joined up care to our citizens; empowering them to be active partners in their care, improving their life expectancy and providing greater levels of integrated care. This in turn will reduce unnecessary hospital admissions and long lengths of stay in hospital.

The agreement with the Connecting Care Board is to establish 5 Integrated Community Teams across South Cheshire and Vale Royal (3 in South Cheshire and 2 in Vale Royal) from which named health and social care professionals will in-reach into the 9 Integrated Care GP clusters. This will create a localised integrated team approach linked to GP practices.

Expected outcomes for the implementation of Integrated Community Care Teams:

Patient	• Increase in the number of patients who have a positive experience of care outside of hospital, in general practice and in the community • Increase in the proportion of older people living independently at home following discharge from hospital into reablement/rehabilitation services • Increase in the number of carers who report that they have been included or consulted in discussions about the person they care for • Increase in the number of patients providing positive feedback on the quality of service and care • Increase in the number of patients with a named key worker/first point of contact • Increase in number of patients with a care plan in place to meet their needs
Clinical	• Improved health and social care related quality of life for people with long term conditions • Proportion of patients recovering to their previous level of morbidity/walking ability at 30 and 120 days
Managerial	• Reduction in emergency admissions from baseline by 15% by 2019 • Reduction in delayed transfers of care and those attributable to adult social care • Reduction in number of direct admissions to long term care from acute care • Reduction in the number of readmissions • Reduction in the length of stay in hospital • Effectiveness of reablement
Learning /Growth	• Continuous improvement cycle • Increasing effectiveness of integrated team working • Increased freedom to innovate • Improved staff experience/satisfaction/confidence

We will also be measuring the success of ICTs in terms of quantifying the improved health and social care related quality of life for people with long-term conditions and the proportion of patients recovering to their previous levels of mobility /walking ability at 30 and 120 days.

Intermediate Care – STAIRRS
In 2014 NHS South Cheshire CCG reviewed how we commission Intermediate Care services. Existing models of intermediate health care and social care reablement were found to be separate services; protected by strict access criteria. Patients described a dis-connect between services where needs are complex and a lack of coordination or single hub. Problems were found when people required a rapid response to avoid a hospital admission. Hospital discharge services were also found to be fragmented, with serial assessments for complex patients. Finally, we noted a lack of specified dementia friendly bed based services and specific dementia facilities for patients with behavioural problems.

It was found that where facilities have multiple types of beds they allow patients to move to other levels of support within the same facility as patient's care needs change. Length of stay is reduced overall to 3 weeks and allows a higher throughput of patients. In addition, this group of patients were originally thought not to have rehabilitation potential and to be largely awaiting placement in long term care but the return home rate has greatly exceeded expectations (1.5% into long term care) and it is proving to be successful at rehabilitating patients.

The findings of the review were used to create a vision for the future provision of intermediate care and reablement services to be known as 'Short Term Assessment, Intervention, Recovery and Rehabilitation Service' - STAIRRS. The STAIRRS approach will bring together these current services in a joined up way to ensure seamless health and social care at the time of greatest need to help patients who need a short, intensive period of additional help to support recovery.

Bringing together existing intermediate care, reablement and other community support services STAIRRS will shift the balance of provision from acute bed based services to community step up and home based health and social care support. The service will be delivered through a redesign of existing intermediate care, reablement and other community support services to provide timely access to assessment and intervention and reduce emergency admissions.

Development and implementation plans for STAIRRS will be in place by April 2015 with a staged implementation throughout the year.

Integrated Urgent Care
An effective integrated urgent care system is essential to achieving the CCGs strategic ambitions and connecting care foundation stone.

This commissioning intention aims to develop and implement an integrated urgent care system across health and social care that is both responsive to patient need and delivers quality care in the most suitable setting. Delivering a high quality, cost effective, seamless, responsive services both in and out of hours.

Three cross-organisational workshops have taken place during 2014-15 to develop a common understanding of the current services, the financial position, issues faced locally and the national direction for urgent care services.

The CCG has developed a suite of outcomes for service redesign in 2015/16. The Central Cheshire Connecting Care Board will be overseeing the development of these outcomes and a full business case will be developed with the aim to deliver a whole system change by April 2016.

GP Care Home Scheme
The purpose the GP Care Home Scheme is to:

- Avoiding hospital admissions

- Improving patient involvement in their care
- Delivering care in the residents' place of choice.

Following a review of the scheme in May 2014 which identified areas of good practice as well as opportunities to deliver an improved revised scheme.

At the same time the national admission avoidance Direct Enhanced Service (DES) for GP practices was introduced which incorporated elements of the CCG Care Home Scheme, specifically relating to care planning for the frail elderly.

Quality Standards in Nursing Homes

The aim of this work is to build on the robust governance and information sharing protocols, to deliver planned quality and assurance monitoring.

During 2014 we established a multidisciplinary group with CEC, working with a comprehensive data set, a Multi-Agency Risk and Safeguarding (MARS) intelligence database. This group uses information provided by all partner agencies to identify homes that are requiring support or additional monitoring.

From these initiatives the following work streams and outcomes planned for 2015-16:

- Review of the joint commissioning contracts - with clear quality outcomes identified within.
- Development of a joint monitoring audit tools for use by Health and Local Authority
- Monitoring leadership of the clinical staff in the care homes.
- Continued development of the care home network forums with opportunities to share and cascade best practice and provide information to the private providers.
- A programme of targeted interventions, training and communications in respect of identified themes.
- Ongoing development of audit tools to improve quality outcomes to promote best practice information sharing and joint working between all partners.
- Develop coordinated programme of reviews and inspections with where appropriate, CQC, Local Authority and Healthwatch.

7.2. Delivering a New Deal for Primary Care

In 2014, the NHS South Cheshire CCG outlined ambitious intentions towards delivering a programme of transformational change across Primary Care that supports the delivery of a wider programme of integration of care services. To do this, the CCG has been working alongside its member GP Practices and representative Primary Care Provider organisations to explore how we can build on the strong, high quality care primary care that is already in place.

Over the past 12 months we have developed and delivered in partnership with GP colleagues a comprehensive range of initiatives that support the CCGs vision towards:

- developing Primary Care as a prime provider for delivery of services
- supporting extended access to General Medical services
- supporting integrated care and
- advocating the development of proactive care and patient self-management.

Through our Local Quality Scheme, we have contributed to the emergence of a number of primary Care Provider organisations that bring together GP practices, set around a minimum population size of 30,000 – 50,000 patients. These provider organisations represent not only a strengthening of Primary care as a provider but provide the cornerstone for the delivery of a truly integrated health system.

We have:

- Successfully encouraged 100% of our GP practices toward formally align within a Primary Care Provider organisation
- Developed and delivered initiatives that ensure people feel supported to manage their Long Term Conditions, following an unplanned admission to hospital.
- Developed a register and a programme of intervention for those patients that are Vulnerable or Isolated. This provides health and well-being interventions to support patients and their carers to stay well, in their own home.
- Developed an enhanced programme of capturing and reviewing patients with a diagnosis of Atrial Fibrillation and ensuring that they are receiving the optimal medication in line with best practice and NICE guidelines. This has resulted in more patients receiving anticoagulant treatment to reduce their risk of stroke.
- Implemented Direct Access for Physiotherapy across Sandbach, Middlewich, Alsager, Scholar Green and Haslington.
- Identified and implemented EMIS Risk Stratification across all Practices.
- Supported the development of Primary Care Providers plans that will deliver extended primary care, including extended access from 7am – 8pm Monday to Friday and 10 – 4pm on Saturday and Sunday.
- Implemented Quality and Safety Champions in Primary Care across all localities. The Quality and Safety Champions provide clinical protected capacity within Primary Care to focus on and undertake work that will continue to embed quality and safety within all our practices, allowing us to be unique as a CCG in developing a designated champion to promote quality and safety at ground roots level.
- Placed kiosks in practices to capture real time information around patient experience and satisfaction feedback.
- Developed a detailed series of data sets and reports that enable member practices and the CCG to benchmark achievement and quality across planned care activity.
- Developed a detailed Primary Care Dashboard that enables a comprehensive understanding of practice demographics, key quality markers, disease prevalence and prescribing.

2015/16 and Beyond

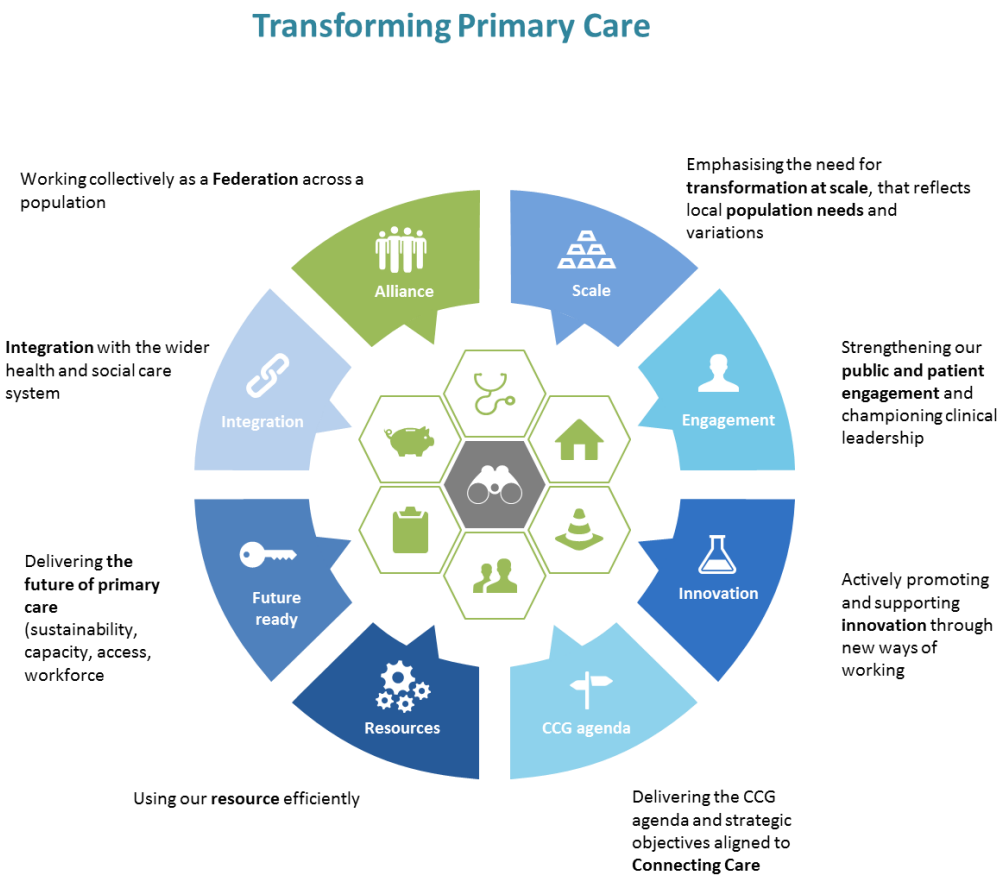
As we look forward to 2015/16 we recognise that this will be an ambitious year for Developing Primary Care. 14/15 was the test bed for the advent of far reaching and aspirational initiatives for our practices and services that focus upon delivering Primary care at scale, improved quality, delivering outcomes for the population that we serve and strengthen the collective co-ordination of general practices, across populations, and as part of the wider health system

Through the prioritisation process, we have committed our intention to delivering initiatives developed in the first year of our two year plan, which will see services such as those detailed below implemented across South Cheshire and Vale Royal.

We will deliver:

- A range of community based intervention services, such as;
    - community based catheter service
    - COPD Hotline for patients
    - Community based Minor injuries services
    - A range of consultant led GP clinics
    - Primary Care input into GP care homes
    - Community based phlebotomy services
- Larger change initiatives that will build the strength of General practice locally, such as:

- provide direct support to the practices and individual through in- practice case managers whose requirements are directly exacerbated or impacted by social factors linking in with community and voluntary sector support
- signpost' individuals into other local third sector provision
- Delivery our marketing and public awareness campaign, set around the promotion of primary care as being "Open for Business"
- ensure that each practice has processes and systems in place to enable all patients to be able to access services / advice to address their urgent needs and for practices to fully understand their access and demand needs and tools to increase capacity.
- Increase the number of on-line appointment availability across all practices
- Extended access to GP services
- Co-Commissioning of Primary Care



Outcome based Competency framework for general practice
This year, we will be implementing the first phase of our Outcomes based Competency Framework for General Practice.

This is an aspirational programme of primary care Transformation and development places emphasis and ownership on aspirational development driven by outcomes rather than process.

Not only will we seek to strengthen and mature our GP federations locally, we will seek to enable a cultural and practical shift of General practice through professional, organisational and qualitative development.

We will:

- Continue to work with influential partnerships such as AQuA and health Education England to build and promote a culture and programme of excellence for primary care quality.

- Consider and respond to the challenges and ambitions laid out within the FYFV
- Deliver a programme of Primary Care development that focuses on outcomes that are responsive to local need.
- Laid down the foundations for a continuous programme of quality improvement that will be developed over the next 3 – 5 years.

In collective agreement, we will be focusing our attention on developing competency descriptors built on outcomes across 6 key areas:

-
- Driving Clinical Quality (AF, COPD, diabetes etc)
- Addressing Access and Demand within primary care
- Building capacity within Primary Care
- Building maturity and strength across populations and federations
- Fostering organisational and cultural development within Practice
- Driving innovation in primary care

All of which will be underpinned by the following principles:

-
- Ensuring quality improvement measures are embedded
- Commitment to delivering patient centred care
- Recognising the requirement for delivering productivity
- Delivering a programme of development built upon evidence based medicine and practice.

Co-Commissioning of Primary Care

From 1st April 2015, NHS South Cheshire CCG and NHS Vale Royal CCG will be assuming greater responsibility in the commissioning of Primary Medical Care services in partnership with NHS England.

The CCG, member practices and the LMC regard the opportunity for joint commissioning of Primary Medical Care as an essential step towards expanding and strengthening general practice whilst improving services for patients.

The CCG has been working alongside its member GP Practices and representative Primary Care Provider organisations to explore how we can build on the strong, high quality care primary care that is already in place. We regard co commissioning of Primary Care an essential step towards expanding and strengthening the delivering our of Primary care services and a key mechanism that will ensure that high quality, patient centric local provision remains at the forefront of health care for the population of South Cheshire.

Delivering improved primary care

Principles will be delivered through nine changes in how primary care

Promoting consistency and collaborative working, ensuring that all patients can access services even if they are not provided by the practice they are registered with

Developing our 'provider' influence and ensure GPs have a clear understanding of their role and accountabilities

Developing **alternative solutions** to support support patients whose ill-health is caused by social factors, by utilising a range of third sector provision

Utilising IT to support our Alliance model, including promotion of self-care

Ensuring primary care is **'open for business'**, especially for urgent care needs, by utilising peer support and capacity

Developing **new models of service delivery** with collective management of patient care in priority areas (e.g., dermatology, mental health, physiotherapy, phlebotomy)

Improving the primary care of the elderly through establishment of a community geriatrician led service

Delivering **consultant outpatient sessions** locally

Ensuring robust GP practices by practices working together to improve efficiency (e.g., shared provision of non-core service, nurse bank)

Practice Nurse Membership Council

As a clinically led organisation we are keen to empower a strong nursing voice, particularly from practices nurses who have well developed relationships with patients and take a big role in supporting patients to manage their own health needs and have valuable knowledge and skills relating to impact for and approaches with patients.

Practice Nurses across South Cheshire want to ensure consistently high quality care for all patients, delivering on all of the 6C's of the nursing strategy. Therefore a Practice Nurse Membership Council was established in 2014-15, providing the opportunity for a consistent approach to achieve quality and sharing best practice within practice nursing and also to influence nursing developments and approaches within the South Cheshire area.

Achievements of work undertaken through the Practice Nurse Membership during 2014-15 are presented below:

- The formation of the Practice Nurse Membership Council was included in the Chief Nursing Officer 6Cs 'One Year On' Report at the end of 2013. This was followed with an interview for the NHS 'Putting Patients First' film in June 2014 which supported the NHS Business Strategy Plan.
- Working collaboratively with the CCG Practice Engagement Managers (PEMs), Joint Nurse Education Sessions for Practice Nurses were delivered to incorporate mandatory training along with building links and raising awareness of 3rd sector organisations.
- There has been increased activity and engagement between Practice Nurses and Patient Panel Groups (PPGs) with Nurses encouraged to attend their own PPG meetings. Patients encouraged to support the Flu campaign within their own surgery and the Quality lead Practice Nurse attended the Joint PPG Annual Meeting for the CCG.
- A second group of Pre -Registration Nursing Students have just completed their 10 week placement in Primary Care. Within South Cheshire there are currently 10 mentors, with 3 trained to Masters level to enable them to take 2nd and 3rd year Nursing students.
- One Practice was successful in their Workforce Modernisation bid to fund a HCA through Assistant Practitioner training.
- Several Nurses joined forces with teams from the CCG at the Nantwich Show to promote healthy living.
- The Practice Nurse Council developed the Vulnerable and Isolated Patient (VIP) Register through the local CQUINN scheme. This new model of care enabled nurses to remotely assess the physical, mental and social well-being of an identified vulnerable cohort of patients. (Report to follow shortly)
- The Practice Nurse Quality Lead was invited to an evening Reception with the Prime Minister at 10 Downing Street to celebrate the work of Nurses in Oct 2014
- Practice Nurses from the Nurses Council attended the 'Northwest Conference Out of Hospital Care' in November 2014 to discuss the future of Primary Care Nursing and the 5 year Forward Plan.
- The formation of the expert reference group which aims to support the connecting care board with representation from primary, community and secondary care nurses, AHPs, mental health and social care sectors.

Plans 2015-16:
Building on the foundations from their inaugural year, the Practice Nurse Council have identified the following plans for 2015-16:

- Roll out of the 6Cs Implementation Plans across Practices (at CCG Level and Practice Level
- To Support NHS Five Year Forward View
- Bespoke Leadership Course
- PNs to be 'Carer Champions' for South Cheshire by raising awareness through PLTs, VIP scheme, speaking at Carers Conference.

- Develop rolling Education programme through PLTs, HEENW,
- Workforce Project (HEENW)-developing clinical roles, fund more APs
- New Model of Care for pts with LTCs e.g House of care for pts with diabetes to encourage self-management and care planning.
- NMC Revalidation Workshops
- To increase number of nursing Students in Primary Care.
- To input into the development of Diabetes and Podiatry pathways

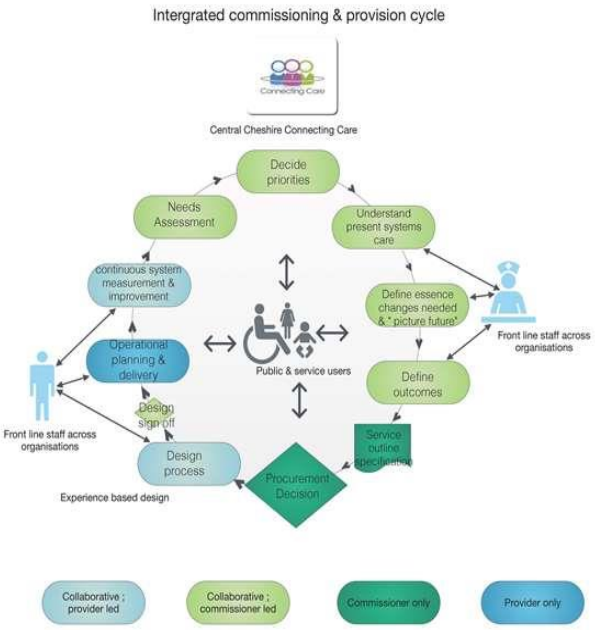
7.3. New Care Models – urgent and emergency care

2015-2016 Operational Resilience funding to address additional pressure in the health and social care system has been allocated to the CCG's base budget, rather than being allocated in late Summer early Autumn. This early notification will enable the Resilience Groups to prepare and implement robust plans in a timely manner to ensure patients continue to receive a high quality safe service during times of increased demand. NHS South Cheshire CCG has been allocated £1,080,000 and NHS Vale Royal CCG has been allocated £638,000, meaning that the whole local health and social care economy has a total of £1,718,000 to invest. The schemes supported during 2014-2015 will be evaluated in May to ensure partners clearly understand what schemes have had the largest impact for patients, whilst providing an effective and efficient service. This information will be used alongside the Resilience Groups detailed risk log to ensure schemes introduced during 2015-2016 make a significant impact on handling the increased demand and focused on the economy areas facing the highest risks.

Using our winter monies we commissioned the British Red Cross to assist our acute provider with supported discharge. The service costs approximately £9K a month to operate, which equates to £108K per year. For the first 2 months, the service set itself a target of saving 15 potential bed days, the service actually saved a potential 91 bed days, which if costed at £350/day equates to £31,850 (which could be £191,100 over an entire year). In December the service transported 80 patients home and 33 were referred to BRC Leighton Support At Home service where patients are provided with none medical support for up to 6 weeks.

7.4. Commissioning Principles – 'Ways of Working'

[DN: Joint Working Between Commissioners And Provider – include narrative for final Ops Plan]



Alliance Contract
Within 2015/16 the CCG will be continuing the use of an Alliance Contract which was developed during 2014/15. The scope of this innovative approach to contracting will be enhanced with the inclusion of the Better Care Fund (where applicable) for the local health and care economy within 2015/16. The Governance of the Alliance Contract with the Provider Board will be further strengthened with the introduction of the Commissioner Alliance Performance Management meeting which will be accountable to the Connecting Care Board.

Provider Board
The Provider Board was established in 2014/15 between partners from the local health and care economy. The remit of this group, reporting to the Connecting Care Board, was to implement Integrated Community Teams and deliver the outcomes specified within the Alliance Contract. For 2015/16 the remit of the Provider Board will be further developed with the inclusion of the Better Care Fund (applicable schemes) and included within the Alliance Contract.

Better Care Fund
One of the main strategic drivers nationally is for social and health care commissioners to work more closely together. In order to facilitate closer working the Government has identified the Better Care Fund which will be a pooled resource to facilitate joint planning, information sharing and services.

The Department for Communities and Local Government and the Department of Health has identified £3.8 billion of funds for investment in this integration. £3.4 billion is expected to come from CCG budgets; in order that the creation of the fund does not result in a financial pressure the associated investments will need to identify significant transformational change to reduce demand for social and health care. If these changes do not lead to more effective use of services this could result in a financial pressure across the health and social care system.

Plans have been agreed between NHS South Cheshire CCG and Cheshire East Council and adopted by the Health and Well Being Board. The overarching local Pioneer Project Connecting Care will provide a structure for the development of these plans.

The total better care fund to be identified by the CCG is £10.481 million.

The Plans identified include:

1. Self care and self management
    - Supporting Empowerment
    - Universal Access to low level assistive technology, occupational therapy advice and assessment
    - Assistive Technology Pilot for adults with a learning disability
    - Facilitating Early Discharge
    - Disabled Facilities Grant funded service
    - Carer's Assessment and Support

2. Integrated community services
    - Dementia Reablement
    - Community based co-ordinated care
    - Integrated Community Service Model – Connecting Care

3. Community based urgent care/rapid response
    - Implementing a Short Term Assessment Intervention recovery & Rehabilitation Service (STAIRRS)
    - Social Care Capital and Programme Enablers

8. Priorities for Operational Delivery in 2015-16

8.1. Improving Access and Outcomes

8.1.1. Meeting the NHS Constitution Standards.

At NHS South Cheshire CCG we are committed to improving outcomes: better health for the population of South Cheshire, increasing the quality of care received by all patients whilst being accountable custodians of the public purse. To achieve this, we need to deliver sustained improvements against the NHS Constitution standards, NHS Outcomes Framework and the seven sentinel indicators.

NHS South Cheshire CCG	CCG 2014/15 Target	YTD	CCG 2015/16 Performance Targets
Referral to Treatment waiting times for non-urgent consultant-led treatment			
Admitted	>= 90%	94.13%	>= 90%
Non Admitted	>= 95%	95.40%	>= 95%
Incomplete	>= 92%	95.04%	>= 92%
Diagnostic test waiting times >6 weeks	< 1%	0.51%	< 1%
A&E waits	>= 95%	94.00%	>= 95%
Cancer waits – 2 week wait			
Cancer 2 Week Wait - All cancer two week wait	>= 93%	94.92%	>= 93%
Cancer 2 Week Wait - Non-suspected cancer breast symptoms	>= 93%	94.42%	>= 93%
Cancer waits – 31 days			
Cancer 31 day first treatment	>= 96%	98.91%	>= 96%
Cancer 31 day subsequent treatments - surgery	>= 94%	100.00%	>= 94%
Cancer 31 day subsequent treatments - anti-cancer drugs	>= 98%	100.00%	>= 98%
Cancer 31 day - Subsequent treatments - radiotherapy	>= 94%	98.25%	>= 94%
Cancer waits – 62 days			
Cancer 62 day referral to first treatment -	>= 85%	89.45%	>= 85%
Cancer 62 day referral to first treatment - NHS screening referral	>= 90%	93.10%	>= 90%
Cancer 62 day referral to first treatment - consultant referral upgrade	n/a	85.37%	n/a
Category A ambulance calls			
Ambulance - Category A (Red 1) - 8 minute response	>= 75%	67.72%	>= 75%
Ambulance - Category A (Red 2) - 8 minute response	>= 75%	68.84%	>= 75%

Ambulance - Category A - 19 minute response	>= 95%	95.32%	>= 95%
NHS Constitution Support Measures			
Mixed Sex Accommodation breaches	0	0	0
Cancelled Operations - Percentage of patients not offered a binding date within 28 days of a cancelled operation. (MCHFT only)	0.00%	0.67%	0.00%
Mental Health			
Mental Health - % of patients on CPA discharged from inpatient care who are followed up within 7 days	>= 95%	95.56%	>= 95%
Referral To Treatment Waiting Times for Non-Urgent Consultant Led Treatment - waiting <=52 weeks			
Admitted	0	2	0
Non Admitted	0	0	0
Incomplete	0	0	0
A&E - Note: Plans are to be submitted by lead commissioners of Type 1 Trusts. Plan submitted should be for all attendances to A&E			
Trolley Waits in A&E - 12hr waits from Decision to Admit to Admission (MCHFT)	0	0	0
All A&E Attendances (In 2015/16 Plans for NHS South Cheshire Only as lead CCG - MCHFT)	new measure	64002	89549
Cancelled Operations - Number of Urgent Operations Cancelled for a second time (MCHFT)	0	0	0
Ambulance Handovers			
Ambulance Handover Time - delays of over 30 minutes	Reduction in delays	99.21%	Reduction in delays
Ambulance Handover Time - delays of over 1 hour	Reduction in delays	99.94%	Reduction in delays
Referrals			
GP referrals - G&A	Full year plan: 37,956	28700	38666
Other referrals - G&A	Full year plan: 17,300	12432	16302
Elective			
Inpatient - G&A	Full year plan: 4,089	2920	3739
Day cases - G&A	Full year plan: 21,572	15153	20555

Non-elective	Full year plan: 22,054	16535	19252
Out-patients			
GP referred - G&A	Full year plan: 33,957	25825	38746
All 1st Outpatients - G&A	Full year plan: 57,898	43294	58491
Subsequent Outpatient Attendances	Full year plan: 120,535	54460	127886
Infection			
MRSA	0	1	0
C Difficile	42	53	52
Mental Health			
Dementia - Diagnosis Rate	67% by end of year	57.50%	68.62%
New Mental Health access waits			
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period. (Local Data)	No plans for 2014/15	79.00%	75%
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.(Local Data)	No plans for 2014/15	92.20%	95%
IAPT - proportion of people who have depression/anxiety who receive psychological therapies (local data)	15% YTD	5.61%	16%
IAPT - proportion who complete treatment who are moving to recovery (local data)	50%	45.29%	50%
IAPT - proportion who complete treatment who are moving to recovery (Published)	50%	52.63%	50%

NHS OUTCOME DOMAIN

1. Prevent people from dying prematurely
2. People with Long Term Conditions (including mental illness) have the best possible quality of life
3. Patients are able to recover quickly and successfully from episodes of ill-health and injury
4. Patient have a positive experience of care
5. Patient in our care are kept safe and protected from all avoidable harm

SEVEN SENTINEL INDICATORS

i. Securing additional years of life for people with treatable mental and physical health conditions

ii. Improving the health related quality of life for people with long term conditions, including mental health conditions

iii. Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital

iv. Increasing the proportion of older people living independently at home following discharge from hospital

v. Increasing the number of people having a positive experience of hospital care

vi. Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community

vii. Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care

8.1.2. Clinical Accountability

At NHS South Cheshire CCG we believe that by having a named clinician both in primary and secondary care, with responsibility for the overall management, continuity and delivery of a patient's care will benefit patients and improve the quality of care. During 2015/16 will be continuing to seek assurance from all of our providers on the arrangements they have in place and the improvements this has brought in the quality of patient care. For our acute provider we will monitor this through the accountability structures that will be reported through the clinical review meetings. Where there is a need for escalation this will be through the appropriate governance mechanisms.

As part of the service quality review visit the name of the accountable clinician and nurse forms part of the proforma. Information is sought from both staff and patients. This will go forward into 2015/16. At Root Cause Analysis review meetings clinical accountability is part of the investigation process and if applicable is explored further as part of the investigation. All lessons learned from incidents is shared individually with responsible clinicians and also appropriate members of other health care professions. Clinical audit that have been undertaken have specifically asked the name of the accountable clinician. This will be taken forward into 2015/16.

8.2. Improving Quality & Safeguarding

8.2.1. Response to Francis, Berwick and Winterbourne View (including Transforming Care for People with Learning Disabilities)

NHS South Cheshire CCG continues to strive to improve the quality of care provided to its local population. In order for us to do this it is essential that we learn from both local and national significant events and publications such as the Francis, Berwick and Winterbourne View reports. In 2014/15 Mersey Internal Agency reported significant assurance against the key recommendations included in the Francis, Berwick and Winterbourne View Reports for the systems and process we had put in place for NHS South Cheshire CCG.

Transforming Care" is the national response to the abuse that took place Winterbourne View, an independent hospital for adults with learning disabilities. We are working closely with the local authority to implement the recommendations made in Transforming Care and the subsequent report by Sir Stephen Bubb.

One of the requirements under Transforming Care has been to carry out "Care and Treatment Reviews of all adults with learning disabilities and/or Autism who are currently resident in inpatient settings. In conjunction with service users, their families, advocates and local authority partners, the findings of these reviews will now be used to help us commission person centred support in appropriate community settings for those individuals. Our work with local authority partners will also encompass a wider use of personal budgets (through the Cheshire West and Chester Integrated Personal Commissioning Programme) and the further development of joint commissioning frameworks for Learning Disability services. These frameworks describe in detail a wide range of quality requirements that are demanded of services and are designed to ensure that provision is of a consistently high standard. In line with our organisational priorities the frameworks also reflect the fact that providers should be working towards improving their clients' physical as well as mental health.

8.2.2. Patient Safety

Specifically the quality team have commissioned root cause analysis training for Primary Care quality champions in all GP practices in South Cheshire and Vale Royal in 2015. This training will highlight the importance of incident reporting, investigation and sharing of lessons learned across all GP Practices and healthcare providers.

During 2015/16 NHS South Cheshire CCG will be taking an active role in the newly introduced **Patient Safety Collaborative** programme. Our aim is to ensure that patient safety and patient safety learning, sits at the heart of everything we do. Focused on understanding and eradicating "avoidable" harm to patients we will actively participate to identify safety priorities and develop solutions. We also encourage our providers to participate and have a GP Quality Leads attending the Academic Health Sciences Network, which links directly to the patient safety collaborative.

Our participation in the Patient Safety Collaborative has led NHS South Cheshire CCG to join the '**Sign up for Safety**' National Patient Safety Campaign during 2014/15. We have made the following 5 pledges:

1. **Put safety first.** To commit to working with healthcare providers to reduce avoidable harm in the NHS by half and make public the goals and plans developed locally. This is achieved by monitoring patient safety measures e.g. incidents, clinical risk, complaints with all healthcare providers. Share information across Cheshire Warrington and Wirral CCG's about patient safety in order to triangulate information about healthcare providers. It is our ambition to increase the numbers of reported professional and patient concerns to 5/1000 of the population by 31st March 2017 and by 2020 100% of new pathways will be co-produced with patients and carers.
2. **Continually learn**. To make our organisation more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe their services are. Undertake service quality review visits to providers. Attendance at providers internal meetings and external monitoring visits e.g. Patient Led Assessment of the Clinical Environment (PLACE).
3. **Honesty**. To be transparent with people about their progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong. Uphold the requirements of the NHS Standard Contract with regard to the Duty of Candour. Providers are required to provide exception reports for any breaches and contractual sanctions are applied. Providers are encouraged to offer face to face meetings with complainants. Any complaints received by the CCG are managed in a robust manner with complainants offered face to face meetings.
4. **Collaborate**. To take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use. Local Authority council members are invited on quality service review visits. The work undertaken by the quality team around the 6C's has been shared with local CCG's and Local Authorities for adoption.
5. **Support**. To help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress. In 2015/16 the Quality team will continue their attendance at Root cause Analysis review meetings with providers to understand why things go wrong and to ensure any lessons learned are cascaded throughout the organisation through the action plan. Through the RCA process the CCG gathers evidence around staff support and openness with patients and carers.

Sign up to safety will be used in 2015/16 in our engagement with patients, carers, public and 3rd sector organisations The CCG has revisited the quality review visit template which incorporates the 6 C's based on the principles of Sign up to Safety. In 2015/16 as more of our healthcare providers sign up to safety then we will share our pledges. Monitoring will then commence through the quality review meetings. Action plans will be requested if appropriate.

NHS South Cheshire CCG is a member of the Advancing Quality Alliance (AQuA), as a means to improve the quality of healthcare in the North West of England. As part of our ongoing quality improvement initiatives, we support AQuA in the improvement of the quality of patient care, promotion of best practice and the reward of NHS Trusts who perform well through a system of financial incentives. These financial incentives are achieved through the Commissioning for Quality and Innovation (CQUIN) schemes for each NHS Trust and are part of the CQUIN schemes included in the NHS Standard Contract annually. During 2015/16

the “Advancing Quality Improvement Programme” will be expanded, to improve patient safety in the following clinical areas:

- Chronic Obstructive Pulmonary Disease (COPD)
- Sepsis
- Fractured neck of femur
- Diabetes
- Alcohol related liver disease
- Acute Kidney Injury

Finally, during 2015/16 through the national CQUIN scheme, NHS South Cheshire CCG will review current care pathways for acute kidney injury and sepsis and ensure that they complies with all the recommendations set out in the CQUIN guidance. The impact of the CQUIN will be reviewed quarterly throughout 2015 with final reports in April 2016.

8.2.2.1. Primary Care Initiatives

In 2014 the CCG devised a Primary Care Quality, Development and Engagement Group. This group is responsible for working to ensure the effective co-ordination of practice development, performance and education for the Practices within the CCGs. The group is responsible for identifying and taking action and making recommendations to deliver the agreed consortium objectives. The group drive the need to improve patient experience and the quality of care provided to reduce any unwarranted incidents of harm.

Each GP practice has a nominated safeguarding lead as part of their compliance with the Care Quality Commission. Our GP practices have undertaken Level 3 Safeguarding training for their clinicians. The CCG recognises that GPs are required to acknowledge and discuss significant events and complaints as part of their annual appraisals. GP “quality champions” have been appointed and are due to undertake training in March 2015 relating to root cause analysis and significant events analysis. The CCG is currently in the process of refreshing the professional incidents system via Datix to promote the necessary reporting of any clinical safety incidents. There is continued promotion of improved health care acquired infection reporting and practice based RCA via infection control nurse.

A Practice Nurse Council has been established with our Executive Nurse. Through these meetings there has been a large focus on the delivery of the 6 C’s. In addition to the 6 C’s the nurses have signed up to a seventh “C” to include culture. The Nurses have worked to develop a local infection control policy, undertaken sessions to reflect and learn from incidents and complaints that has included sharing best practice.

The CCG is keen to continue to disseminate learning across the locality newsletter and practice quality leads forums, practice medicines leads quarterly meetings.

8.2.2.2. Improving AMR and Antibiotic Prescribing in Primary and Secondary Care

NHS South Cheshire CCG continues to review and develop prescribing guidance to ensure the safety of our patients is paramount. During 2015/16 we will implement a strategy to reduce the pressure on antibiotic resistance and support providers to meet targets for incidence of Healthcare Acquired Infections including MRSA and Clostridium difficile. Developed collaboratively with the Local Antibiotic Stewardship Committee, the Strategy will deliver:

- A complete a review and update of the antibiotic prescribing guidance for our Member Practices
- A practice-based audit tool to assess the appropriateness of antibacterial prescribing
- Training and educational opportunities
- Continued work with local Antibiotic Stewardship Committees to oversee antibiotic prescribing in the local health economy

- Continued close working with Infection Control colleagues to support action planning in primary care following post-infection reviews.

8.2.2.3. Continuing Healthcare

The Continuing Healthcare Service was originally commissioning from our local Commissioning Support Unit (CSU). In February 2014 a Due Diligence Audit was undertaken to scrutinize the current service being provided to the CCGs and inform them of the best course of action to improve the situation. Following this review the CCGs withdrew from the service that was being provided and agreed to bring the service in house. This transfer was undertaken on 1st February 2015 and the relevant staff were TUPE across. The service is currently involving staff in the shaping of a new service that will be delivered locally, and efficiently in a new model based on best practice.

For patient outcomes, we intend to have an efficient system that can respond quickly to patient's needs for assessment and review. Patients will receive a patient focused service responsive to their needs. Brokerage of placements and care packages will be improved to release nursing time to spend with patients.

We will to be able to respond to the serious issues of safeguarding vulnerable patients either at home, or in a care setting, alongside the Local Authority, in a targeted and integrated manner. For patients, this should deliver a responsive service able to act quickly. We intend to integrate this service alongside out own safeguarding adults team and potentially with the local authority during 2015. We will work to remove the backlog of reviews, improving outcomes for patients so they receive the right care funded in the right way for their needs. This should also deliver savings to the CCGs to reinvest in CHC/Complex care given the rising demand from the population.

8.2.3. Seven Day Services

In 2015/16 NHS Vale Royal CCG will embrace the delivery of the seven day services initiative; acknowledging that whilst it is initially focussed on the acute inpatient pathway there are lessons we can learn in terms of our review of Urgent Care, primary care transformation and integrated community teams. We support the introduction of seven day services as we understand their potential impact on patient safety, patient experience and clinical effectiveness.

A complete seven day service plan is to be developed in partnership with our acute provider. It is hoped that this will be in place by 30th June 2015 and will be monitored through our SRG.

8.2.4. Safeguarding

NHS South Cheshire is responsible for promoting safeguarding quality and quality assurance in the services we commission. This is achieved through the contractual arrangements with our service providers. The approach of the CCG is to ensure services commissioned embed safeguarding standards in practice.

Contracts include safeguarding standards in respect of both children and adults at risk. The Commissioned Services Standards for Safeguarding Children and Adults at Risk document includes section 11 responsibilities of The Children Act 1989, and the six adult safeguarding principals linked to the 6C's of Compassionate Care.

In 2015/16 we will:

- Co-ordinate and review the delivery of all of our Provider's Safeguarding Annual Self-assessment Audits.
- Actively participate in the NHS England Quality Surveillance Group for Cheshire, Warrington and Wirral Area Team as a means of sharing any concerns with the quality and safeguarding assurance of providers, sharing best practice and opportunities for service improvement.

- Ensure services commissioned embed safeguarding standards in practice (including the statutory requirements including the section 11 responsibilities of The Children Act 1989, the six adult safeguarding principals and the 6C's of Compassionate Care). Throughout 2015/16 we will actively monitor performance against these standards.
- Review all health providers from whom we commissions services (both public and independent sector) to ensure they have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and to protect adults at risk from abuse or the risk of abuse.
- Our safeguarding dashboard will continue to be used and develop with our providers to demonstrate the safeguards in place in our provider services.
- One of our main areas of development this year will be to align our safeguarding team with the quality team strengthening safeguarding and ensuring quality and quality assurance is core to the services it commissions.
- Continue to demonstrate we have appropriate systems in place via our policies, setting out our commitment and approach to safeguarding through our safe recruitment practices and arrangements for dealing with allegations against people working with children and adults as appropriate. Safeguarding awareness and training for all CCG staff and Governing Body members will continue to be a priority.
- Work with our colleagues in the local authority who are involved in the commissioning of public health services to ensure that effective safeguarding arrangements are in place within these services to safeguard children and young people
- Continue to lead the completion of the action plan developed in March 2014 following the Care Quality Commission Review of Health Services for Children Looked After and Safeguarding in Cheshire West and Chester across the local health systems to improve the outcomes for our children and young people. A key focus of this action plan is the work we are doing with the local authority to address the health needs of our children in care and care leavers.

The CCG will continue to support the multi-agency work of the Local Safeguarding Children Board and Safeguarding Adult Boards financially, by representation and involvement in the work of the Boards and sub groups. Our designated professionals take responsibility for undertaking serious case reviews / case management reviews / significant case reviews on behalf of health commissioners and for quality assuring the health content. We will share the learning from the reviews with our staff and consider the implications for the services we commission.

We have taken an active role in the set up arrangements for the developing multi agency Child Sexual Exploitation Team in Cheshire West and Chester in our role of working across the health system to support all aspects of safeguarding and child protection across the local health systems.

8.2.5. NHS Constitution Standards - Elective Care and Diagnostics Waiting Times Standards

The delivery of the national elective and diagnostic targets in 2015/16 will be supported through the Elective Services Review Group. The group will identify priorities for the joint development of services and whole system pathways across the local health economy. The pathway development work will be undertaken by the cross organisational Clinical Pathways Action Group and supported by partners at the System Resilience Group (SRG). This work fits with our strategic objective to ensure a whole system approach is adopted across all the services we commission.

8.2.6. NHS Constitution Standards - Emergency Care and Diagnostics Waiting Times Standards

The delivery of national Non-Elective, Emergency and diagnostic targets in 2015/16 will be supported through the Operational System resilience Group (ORG). The group has the delegated authority to identify priorities for the joint development of services and whole system pathways across the local health economy on both an ongoing basis and for the winter period and agree the

funding for these initiatives. The pathway development work will be undertaken by the ORG and supported by partners at the Strategic System Resilience Group (SRG). Again the approach supports our strategic objective to ensure a whole system approach is adopted across all the services we commission.

8.3. Parity of Esteem

NHS South Cheshire CCG are committed to the principle of delivering parity between physical and mental health and valuing mental health on the same level as physical health. Both morally and economically, there is a strong case for redressing the balance, and in recent policy documents the government has signalled its intent to improve mental health services for all ages, investing in effective treatment, highlighting the importance of early intervention and prevention, introducing a focus on crisis care and framing in law the requirement to offer choice of mental health provider.

This move towards parity is fully supported by NHS South Cheshire CCG and we are currently working on increasing resource allocations to enable the CCG to achieve the parity of esteem agenda. This information can be found in section 10. [DN: to confirm final financial position]

8.3.1. Access and Waiting Time Standards

Published in mid-October, the policy document “Achieving Better Access to Mental Health by 2020” states what action the government is taking to provide better access for mental health services from April 2015. This includes national waiting time standards in mental health services for the first time. The new waiting time standards being adopted by NHS South Cheshire CCG for 2015/16 are:

- Treatment within 6 weeks for 75% of people referred to IAPT services, with 95% of people being treated within 18 weeks

This standard is the first to replicate the standards that already exist in physical health care. The vision is that eventually, all mental health services will guarantee people access to timely, evidence based and effective treatment. In time, this will lead to more positive outcomes. The IAPT service operating in NHS South Cheshire CCG has recently been the subject of review, and undergone a number of planned improvements. This will have an impact on the ability of the service to meet the new standards.

- Service improvements that will impact both on access to the service and waiting times are:
    - Improved data quality and recording processes
    - Introduction of psycho-education groups
    - Increased use of telephone contacts for step two
    - Increased clinical capacity within the service

Initial scoping of our current performance against the waiting times suggest that the service is already exceeding the standard of 75% of people treated within 6 weeks (90%) and is narrowly missing the 18 week standard (94.6%).

- Treatment within 2 weeks for more than 50% of people experiencing a first episode of psychosis.

It is widely acknowledged that by intervening early when a person experiences an episode of psychosis this can significantly improve their recovery. The Early Intervention in Psychosis (EIP) service in South Cheshire works to the recommended evidence based principles described by NICE. This standard has been included in the specification for the service and will be monitored through the monthly contract meeting during 2015/16, ready for its introduction in April 2016. An SDIP will be included within the 2015/16 contract to inform this new standard.

Targeted investment on effective models of liaison psychiatry in acute hospitals. Availability of liaison psychiatry will inform CQC inspections in future.

Psychiatric liaison services provide mental health care to people of all ages who are being treated for physical health conditions in general hospitals. There is some evidence that certain models of liaison psychiatry can deliver clinical and cost effective care to a wide range of people who might be experiencing mental health problems. The service locally is based in MCHFT, working closely with the hospital emergency department.

A commissioning intention for 2014/15 was to review the current service, with a view to understanding the demand and scope of the service and how the present configuration compares with best practice. Based on this review, the evidence base, and the results of consultation and engagement, a business case has been developed which extends the scope of the existing hospital based service to provide a community liaison team, which will be incorporated into the primary care mental health team.

8.3.2. Mental Health Crisis Concordat

Introduced earlier this year, the Mental Health Crisis Care Concordat is a national agreement between services and agencies that sets a standard for mental health crisis care. Locally, this has been taken forward as a Cheshire wide initiative, and organisations including health, policing and local authorities have issued a public declaration to jointly deliver improved crisis care. Underpinning this public declaration, which can be found on the Mental Health Crisis Concordat website at http://www.crisiscareconcordat.org.uk/ NHS South Cheshire CCG has been working with other agencies to develop a shared Delivery Plan, to be operational by April 2015.

The delivery plan which accompanies this work is being developed jointly, and will be completed by the end of March 2015. Some of the themes coming out of the work completed to date include the following:

- Evaluating the impact and potential extension of our street triage pilots. November 2015 saw the introduction of a street triage pilot scheme across Cheshire. Street Triage offers an immediate response to calls made to Cheshire Police for situations that would benefit from the joint attendance of police and Mental Health services. The pilot is funded for a 12 month period, and a robust evaluation is being sought from a local University. Early results have been very positive, with a dramatic reduction in detentions under the mental health act and a reduction in hospital admissions and attendances.

- Supporting people experiencing mental health crisis to find the help they need − whatever the circumstances − from whichever service they turn to first.

- The need to work together to prevent crises happening whenever possible, through intervening at an early stage, and supporting individuals to manage their recovery and avoid relapse

- Recognise the needs of vulnerable people in urgent crisis, getting the right care at the right time from the right people to make sure of the best outcomes.

This declaration supports ‘parity of esteem’ between physical and mental health care in the following ways:

- Through everyone agreeing a shared ‘care pathway’ to safely support, assess and manage anyone who asks any of our services in Cheshire for help in a crisis. This will result in the best outcomes for people with suspected serious mental illness, provide advice and support for their carers, and make sure that services work together safely and effectively.

- Through agencies working together to improve individuals' experience (professionals, people who use crisis care services, and carers) and reduce the likelihood of harm to the health and wellbeing of patients, carers and professionals.
- By making sure there is a safe and effective service with clear and agreed policies and procedures in place for people in crisis, and that organisations can access the service and refer people to it in the same way as they would for physical health and social care services.

8.3.3. Child and Adolescent Mental Health Services (CAMHs)

There are national concerns about the historical provision of CAMHs and a growing imperative regarding the importance of earlier intervention with young people with mental health disorders, recognising that one in ten children aged five to 16 have a significant mental health problem (ONS Prevalence data 2004). We believe that, key to this, is a stronger focus on joint working across agencies to ensure that all commissioners share the same vision and will drive improvement.

During 2015/16 NHS South Cheshire CCG will develop a CAMHS strategy with partners to ensure commissioning plans are aligned and achieve shared improvement outcomes for children and young people.

NHS South Cheshire CCG's commissioning intentions in this area are:

- To support early intervention and prevention through a range of Universal and Tier 2 supports
- Additional investment into CAMHS services across Tier 2-3 including identification of joint commissioning initiatives- £ 200k
- Supporting joint investment plans to identify efficiencies in spend and benefits realisation across partner agencies: through economies of scale, reducing duplication and alignment of shared objectives/ outcomes for children's EHWB with related commissioner budgets (including education and public health)
- CCG commissioned CAMHS services: develop an integrated, outcome based specification with the commissioned provider
- Explore options for contracting which improve delivery of outcomes and measurement of performance in relation to patient outcomes

It is expected to achieve the above by April 2016.

8.3.4. Commissioning an effective liaison service

Community based liaison services are an integral part of modern mental health services. We believe the development of such teams allows the care of patients to be transferred from institutions to the community; leading to a reduction in suicide rates, improved patient engagement and reduction in the number of days patients stay in hospital.

During 2015/16 NHS South Cheshire CCG plans to review current Liaison Services; putting in place a community facing liaison team We believe this team will deliver care outside of a hospital setting, whilst supporting GPs to manage patients who have co-morbid physical and mental health conditions. Our work will build and maintain our commitment, clarity of purpose and shared vision for effective liaison services.

8.3.5. Dementia Diagnosis

Dementia is a clinical syndrome which affects the intellectual functions of the brain – remembering, thinking, and deciding. Dementia is a common condition, with an estimated one in three people over the age of 65 set to develop dementia before they die. The rates for dementia are forecast to increase with an ageing population.

There can be opportunities and challenges at all stages of the illness, whether in relation to prevention, early detection or at the end of life. Despite a high prevalence, rates of diagnosis have been low, and the government has set a national ambition that two thirds (67%) of the estimated number of people with dementia will have a confirmed diagnosis. A timely diagnosis is important in that it can allow support to be provided for people and their families and help to avert emergency admissions to a hospital or a care home. NHS South Cheshire CCG has been working with their GP practices to improve rates of diagnosis and ensure that people living with dementia can access the support they need. Throughout 2015/16, practices will be supported to achieve and maintain a high level of diagnosis.

8.3.6 Physical Health of People with Severe Mental Illness

Mental health conditions such as schizophrenia and bipolar disorder are associated with high medical co-morbidity; with mortality rates approximately 50% higher than in the general population. (Hennekens et al. 2005). The primary cause of death due to a physical cause is circulatory disease, diabetes and obesity. Evidence suggests excess weight gain can be 2-3 times more prevalent in people with schizophrenia than in the general population (Allison and Casey 2001). This may be due to higher levels of smoking, and lack of exercise when compared with people without mental illness, and also that antipsychotic medication can also exacerbate weight gain (Allison and Casey 2001).

In order to ensure that physical health is regarded as a priority for this group of people, a programme of annual physical health checks has traditionally been provided within primary care. The success of this intervention relies on patients being engaged with their general practice, and a CQUIN has been developed locally to follow up patients who might not have attended their general practice, but are known to mental health services, so that their physical health needs can be addressed.

This commissioning intention for 2015/16 builds on the work done during 2013/14 and involves:

- Working with providers to deliver a programme of brief interventions targeted at this vulnerable group of people.
- Liaising with general practices to improve their understanding of mental illness and in particular physical health needs.
- Delivery of lifestyle interventions targeted at people with mental ill health.

Much of the learning has come from the AQUA programme ‘Don’t just screen, intervene’. This new programme of work will take things to the next step and provide a service to ‘intervene’ to support this population group.

In addition to this, 2014/15 saw the introduction of a national mental health CQUIN which incentivised the physical health checks for those people with severe mental illness who are in patients.

8.3.7 Primary Care Mental Health Teams

The aim of this project is to develop a new primary care mental health team which will have a focus on improved dementia care and mental health liaison in the community. The aim of an integrated team would be to provide high quality care that results in improved health and wellbeing and a better experience for adults with complex care needs. This will be achieved by joining up mental health and physical health services to focus on individuals in their own homes and community, and reduce the need for emergency care during 2015/16.

The team will provide the additional skills and knowledge necessary to manage patients living with dementia, and patients who have a mental health condition as well as a physical health problem. It is envisaged that the team will work closely with GP practices and link with the developing integrated neighbourhood team model.

8.3.8 Learning Disabilities - Challenging Behaviour

Development of high quality, community based provision, (as an alternative to a hospital placement) for people with a learning disability whose behaviour challenges is a priority as set out in the Winterbourne Concordat.

The work programme which underpins the national " Transforming Care Programme' and the 'Winterbourne Concordat' has set out the principle that "a hospital is not a home" and has put forward a number of recommendations for the development of community based services to support people with challenging behaviours. As a signatory to this Concordat, NHS South Cheshire CCG is committed to work with partners to agree a joint strategic plan to commission high quality health, housing and support services for people of all ages with challenging behaviours throughout 2015/16.

8.3.9 Dementia Services for people at End of Life

The CCG is running a two year pilot commissioning a dementia end of life service to enhance the quality of experiences from patients, carers and family members. Over the past year there has been the development of an operational model and service specifications to enable an operational service to be implemented across the localities. The agreed outcomes were established in May 2014 to enable the service to be evaluated at the end of the pilot. Education and training programmes are taking place throughout February to progress the team into a fully functioning operational service. An evaluation of the service will take place in December 2016.

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8.4. Other CCG Operational Priorities

8.4.1. Cancer Pathways

As part of our CCG priorities to reduce the premature mortality of our local population we are reviewing our cancer pathways. This will include ensuring the highest quality of care that meet the NICE Improving Outcome Guidance and national performance standards. This review will include moving care closer to home. In 2014/15 the specialised commissioning team reviewed gynaelogical and urology cancer patient pathways to ensure that our local cancer pathways are of the highest quality and meet NICE Improving Outcome Guidance and national performance standards. In addition to this there was a complete pathway review undertaken due to health inequality and population health need reports and commissioning for value recommendations for our lung and upper GI pathways.

As part of Mid Cheshire Hospital Foundation Trust and University Hospital of North Midlands "Stronger Together" Programme there is commissioner commitment to review all cancer pathways that currently do not flow to the University Hospital of North Midlands. This will be led by the specialised commissioning unit and follow a commissioning led process being patient centred, clinically led and outcome focused considering also capable provider and competition rules.

The cancer pathway reviews will continue into 2015/16. The new Gynaelogical and Urology cancer pathways will be reviewed and outcomes monitored by specialised commissioning and the Greater Manchester Cancer Commissioner Group. Following the review any actions will be co-

ordinated into a formal action plan for the CCG to monitor. The CCG will continue to review the of the whole lung cancer pathway with a focus on survivorship. This will align cancer care reviews, after treatment summaries and holistic needs assessment with a focus on self are / self-management.

The CCG plan to recruit a Macmillan Project Manager who will be responsible for reviewing the upper GI cancer pathway. This will include reviewing statistical information alongside patient experience. The first year of this will focus on early diagnosis, diagnostic pathways and Primary Care partnerships.

The CCG will continue to review cancer waiting times and performance against the NICE Improving Outcomes guidance.

8.4.2. Chemotherapy Reform

As part of our drive to reduce the number of premature deaths across our locality cancer and the early diagnosis of cancer is imperative to this. It is hoped that by diagnosing cancer early this will improve outcomes of people going through treatment for cancer and thus being one of our reasons for undertaking the Chemotherapy reform to provide cancer care closer to home resulting in a greater patient experience. Within this two year project the CCG plans to transfer of solid tumour protocol driven chemotherapy delivery from Christie's and North Staffs to Leighton Hospital; it will purchase and set up of electronic prescribing of chemotherapy at Leighton Hospital and an acute Oncology team will be accessed from the emergency department and extended into primary care. Within the first year of the project the following was achieved:

In February 2014 the breast chemotherapy service was moved from Christies to Leighton Hospital. In April 2014 the CCG secured Macmillan funding to support the development of an acute oncology service to be provided in the community. Following this service specifications and operational policies have been developed for the community service. A contract variation is being managed between the CCG and MCHfT to allow the recruitment and operational functions of the acute oncology service to go forward. The recruitment of staff into posts commenced in February 2015.

It is now the CCGs intention to identify further tumour groups where chemotherapy can be moved from the Christie to Leighton Hospital and implement any changes by 31st March 2016. As part of the community acute oncology service part of the project there will be a review of outcomes and patient experience under taken. In addition to this the next aim will be a reduction in average length of stay to 6 days following an Acute Oncology admission.

8.4.3. Diagnose Cancer Early

The CCG will continue with its programme to diagnose cancer early in its local population over the next year there will be several "Be Clear on Cancer" campaigns that will include Information being promoted through GP practices, pharmacies, via involvement groups, and internally via staff groups. We will also use our external facing websites to promote these campaigns and the "Be Clear on Cancer" website: http://campaigns.dh.gov.uk/category/beclearoncancer/

The CCG is committed to engaging with the community to develop "community champions" to target awareness to early signs and symptoms of cancer with support from Accelerate Coordinate Evaluate (ACE) project and Public Health Transformation Fund.

The CCG will be reviewing the Upper GI pathway to look at promoting how to detect upper GI cancers early. Following that review the CCG will ensure that there are quality diagnostic pathways in place to support this. There will also be the development of targeted direct access for patients to chest x-rays. Our aim is to have this in place by July 2015. Finally there will be a breast screening redesign to meet our quality assurance guidance for screening for the population size. This will be completed by March 2016.

8.4.4. Respiratory

There will be a large focus on respiratory within the CCG over the next couple of years. With numbers increasing relating to emergency department attendances and admissions this has been identified as a significant health inequality across our locality. It is our intention to build up on the existing services currently in place to improve care and empower patients to self-care within their level of competence and motivation to manage respiratory conditions and so minimise any adverse effect on quality of life. The review during 2015-16 of the respiratory services will include ensuring compliance with NICE quality standards for COPD and Asthma; review the resources currently in place and develop a bronchiectasis service in the community to reduce the number hospital spells and the length of stay in an acute setting for patients with bronchiectasis this will have a focus on delivering care close to home for patients. In addition to this review the CCG will work with the general practices within our locality to reduce variation between practices and CCGs for respiratory admissions and will improve the consistency of spirometry provision within general practice.

8.4.5. NHS111

NHS 111 is a national initiative available to the public to call if they need medical help fast but are not in a life-threatening situation. The easy-to-remember, free to call number is being introduced across England to help reduce the pressure on emergency departments and the 999 service. The service will be available 24 hours a day, 365 days a week, the service is for people who aren't sure if they need to go to the emergency department, don't have a GP to call or generally need reassurance and advice. This is currently available across our locality on a limited basis. During 2014/15 work has been undertaken to develop robust service specifications to enable the CCG to hold the relevant provider to account once this is fully operational. The next steps will be to award the contract to a successful provider who will then roll out the service. It is expected that this will be fully operational by 31st October 2015.

8.4.6. Pain Management Service

The current community pain management service was one that NHS South Cheshire inherited from Central and Eastern Cheshire Primary Care Trust (PCT). In December 2013, it was agreed at the Ageing Well Programme Board that an in-year project to revise and update the service specification for the current community pain management service was required. During 2014-15 several engagement events were undertaken with our local stakeholders. A tender process was undertaken and the contract awarded to the successful provider. In 2015/16 the new contract arrangements will be implemented and a review of the new service will be take place in early 2016.

8.4.7. Children's Nursing Review

NHS South Cheshire CCG undertook the Children's Nursing Review to ensure that appropriate nursing input is delivered within our community settings to meet the individual needs of children and their families. The review also included ensuring that commissioned resource in children's nursing is sufficient and deployed effectively to meet the needs of individuals and their families and that where appropriate the review would identify opportunities for redesign and productivity.

Within 2014/15 the Starting Well team lead this piece of work reviewing and ensuring that:

- Multi-agency childrens' reference groups have informed the process for commissioning school nursing
- Local Authority led engagement and consultation on re-commissioning school nursing
- Cross organisational strategic commissioning approach to the development of children's health services (Public health, NHSE)
- Reviewed special school nursing activity in terms of baseline provision
- Identification of special school nursing funding arrangements and transfer arrangements to CCGs in 2015

This work will now continue into 2015/16 with the following taking place:

- Input into the preparation of plans with current provider to ensure continuity of clinical nursing supports to children in identified special schools by June 2015
- Lead the engagement with children, young people and families; also schools and stakeholders regarding provision of clinical nursing support to children by June 2015
- Work with Cheshire East Council finalise specifications for 0-19 service including CCG commissioned clinical nursing elements by June 2015
- Development of commissioning plans and specifications by the end of September 2015
- Review financial envelope for existing provision and identify any funding gaps/ risks or efficiencies to be gained though redesign by the end of September 2015
- Draft specifications and outcomes relating to children's nursing services by the end of December 2015
- Clarify the commissioning intentions of the CCG for children's nursing including contract notice if required by the end of March 2016

8.4.8. Special Educational Needs and Disabilities (SEND)

There is a particular need for improvement, working in partnership across different services, in supporting children and young people with special educational needs or disabilities. NHS England's objective is to ensure that they have access to the services identified in their agreed care plan, and that parents of children who could benefit have the option of a personal budget based on a single (coordinated) assessment across health, social care and education. Children and young people who have a Special Education Need and/or Disability make up a significant proportion of the childhood population, with up to 20% of school age children and young people having SEN. The Children and Families Act 2014; Special Educational Needs and Disabilities (SEND) reforms and legislation came into effect on the 1st September 2014. In order to fulfil its legal duties the CCG has worked closely with the Local Authority who has the lead responsibility for development and implementation. Working with the Local authority and co-ordinating the input of local health providers the CCG has:

- Contributed to the development of an agreed multiagency process for an Education Health and Care (EHC) assessment and completion of an EHC Plan with the Local Authority
- Provided relevant information for inclusion in the Local Offer for both LAs
- Produced a SEND Strategy and Work Plan with Cheshire East LA
- Produced a SEND Joint Commissioning Strategy with Cheshire East LA
- Established a Multi- agency managers group to continue the delivery and embedding of the SEND reforms
- Are establishing a Joint Commissioning Strategy with Cheshire West and Chester
- Identified the process for delivering Personal Health Budgets for Children and Young People linked to SEND personal budgets
- Based on a new business case have secured one year's funding for a Designated Clinical Officer role for the CCG
- Used findings from the implementation of the SEND reforms to inform commissioning work for the next year

The work that has been undertaken relating to this project in 2014/15 will continue into 2015/16 and will help to identify other gaps in services that will need reviewing. The main actions will focus on:

- Through the Designated Clinical Officer role gain a better understanding of the number of children and young people receiving Education Health Care assessments and plans and from these identify the levels of health provision required and ensure appropriate local provision is in place. This will be done through quarterly reporting through the Designated Clinical Officer operational group to give trend analysis and final data collation in March 2016

- Identify gaps in local provision and link this with developing a robust Joint Commissioning Plan with the Local Authority
- Complete a business case to secure recurrent funding for the Designated Clinical Officer role as this is a legal requirement for CCGs to have a permanent Designated Clinical Officer by the end of December 2015.
- Develop transition pathways and processes with the Local Authority and adult commissioners to ensure services for young adults with SEND; this will be done on an ongoing basis.
- Ensure that Personal Budgets for Children and Young People are embedded in the Personal Health Budget strategy that is adopted across the CCG.

9. Enabling Change

9.1. Harnessing the Information Revolution and Transparency

In line with our NHS South Cheshire CCG ICT Strategy, numerous projects have been undertaken to enhance the use of ICT across the local health economy. We have supported the development of Telehealth as a means of empowering patients to monitor and manage their own health conditions as well as reporting any high risk issues back to general practice that in turn would enable interventions to happen at the right time. There is a pilot currently taking place that will finish in February 2015, following this there will be a review undertaken as part of a tendering process to look a models of care against value for money that can be rolled out to the Community Matrons and patients.

During 2014/15 NHS South Cheshire CCG supported the piloting of a risk stratification tool to enable the pro-active case management of patients classed as vulnerable or at risk of an unplanned admission. Following pilots with NHS South Cheshire Member Practices, the CCG is now looking to expand the use of the EMIS risk stratification tool to enable General Practice to identify their top 2% of *"at risk"* patients. During 2015-16 we believe this will enable GPs to find at risk patients before they have a hospital admission, enabling GPs to classify their risk factors and plan appropriate care. All member practices will have EMIS capability by April 2015 and will be able to access health and social care data.

We recognise sharing patient information across the health and social care economy will improve treatment and patient experience. During 2014/15 NHS South Cheshire CCG has increased the number of ICT systems that are interoperable across the local health economy and will continue to develop this further in 2015/16. All the GP practices are now using unique patient NHS numbers on EMIS web software that can be used across healthcare providers. During 2015/16 further work will be undertaken to increase the usage of EMIS web within our main acute provider.

This is a national mandate for the implementation of electronic prescriptions to be sent from GP practices directly to a pharmacy of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for both patients and healthcare staff. NHS South Cheshire and NHS South Cheshire CCGs have deployed EPS to over 90% of GP Practices so far, this is expected to be over 95% by June 2015.

During 2015/16 NHS South Cheshire CCG will continue the work to enable online access to medical records and online appointments. The first wave programme will enable patients to book online GP appointments and to order repeat prescriptions. In addition to this, we also plan to ensure patients will be able to view an on line summary care record of their medical history by April 2015.

NHS South Cheshire CCG aspires to implement an Integrated Digital Care Record across Cheshire and have been working with our Pioneer partners to map service requirements. Work is now being undertaken to understand the financial elements of this project. A business case will be developed for consideration by our Clinical Commissioning Executive in March 2015. Recommendations from the Clinical Commissioning Executive will then go to the CCG Governing Body for any final decisions.

By March 2016 NHS South Cheshire CCG is required to achieve at least 80% electronic referrals between GPs and other services. NHS South Cheshire CCG is currently awaiting HSCIC release of E-Bookings to bring enhancements and improvements to the current service. During 2015/16 we will pilot electronic GP referrals with our GP practices to enable us to decide how this will be rolled out across the local health economy.

We have been working with our acute providers to implement electronic discharges. Both Mid Cheshire Hospital Foundation Trust and the University Hospital of North Midlands rolled out

services in October 2014. The CCG is now looking to expand to integrate with other acute providers and tertiary centres across Cheshire during 2015-16.

The CCG applied to be a “pathfinder” organisation for the roll out of care.data. Unfortunately the CCG were unsuccessful on this occasion. NHS England are currently evaluating materials and processes with the public that will continue until the end of March 2015. The CCG are currently in discussions regarding how this can be rolled out across our locality towards December 2015.

9.2. A Modern Health and Care Workforce

NHS South Cheshire CCG is committed to deliver new models of care in the future and for the NHS to be sustainable and provide quality joined-up care. As such, we are committed to the delivery of our ‘Connecting Care Strategy’ with our social, community and mental health providers. This Strategy also describes how we will equip our staff and managers with the skills and leadership ability to work effectively in theses prescribed new models of care. In particular these areas of the strategy will focus on the development of a leadership academy. [DN: AW]

At NHS South Cheshire CCG we believe the delivery of high quality health care is underpinned by the development of a workforce that has the right numbers, skills, values and behaviours. To achieve this goal, we recognise we have a role to play in the identification of what these ‘right’ numbers, skills, values and behaviors are, and then influence our local LETB to support their delivery. During 2015/16 we will explore our planned service transformation initiatives; developing workforce proposals reflect the needs of our Connecting Care Strategy and the challenge of changing and growing health needs.

9.3. Staff Satisfaction

NHS South Cheshire CCG works with all its providers around understanding the factors that affect staff satisfaction. Annually, each provider undertakes a national staff satisfaction survey. The results and actions are reviewed and monitored by the Quality review meetings with all healthcare providers.

However at each meeting with the providers there is information shared specifically around factors that affect staff satisfaction. This work was commenced in 2014/15 and will be carried on in 2015/16.

Areas that may affect staff satisfaction	Information gained from	Measure improvements
Staffing levels	Nurse staffing levels are published on NHS Choices through the safe staffing website	Where staffing levels are low in specific clinical areas then assurance will be sought through the quality review meetings with each provider. Action plans requested and monitored. Evidence at service quality visits about the impact of low staffing levels or skill mix.
Sickness levels	Requested from providers at Quality review meetings	Where sickness levels are high in specific clinical areas then assurance will be sought through the quality review meetings with each provider. Action plans requested and monitored. Evidence at service quality visits about the impact of high sickness levels
Recruitment and retention	Vacancies in each health	Where vacancies are high in

	care provider requested	specific clinical areas then assurance will be sought through the quality review meetings with each provider. Action plans requested and monitored. Evidence at service quality visits about the impact of high vacancy rates
Competencies/ development opportunities	Mandatory training figures Other development opportunities e.g. AQuA programmes, specific competencies for roles	Training figures requested through the quality review meeting with each provider. Action plans requested and monitored. Evidence at service quality visits about the impact of difficulties in attendance at mandatory training
Open and honest culture – safety	Providers are high reporters of incidents Evidence of a 'no blame' culture and shared organisational learning from incidents/complaints Duty of candour reporting	Open and transparent report received each month at the quality review meeting with acute provider. Other providers are just setting up systems to participate in open and honest care programme Review of National Reporting and Learning System each quarter when figures published to benchmark providers around reporting culture Application of contractual requirements around the Duty of Candour. Evidence on every root cause analysis document detailing involvement of patients and carers Evidence of 'open and honest' culture sought at service quality review visits
Staff are valued and listened to	Evidence of listening events by providers Outcomes from staff suggestions	Evidence sought at service quality review visits
Engagement of staff through CQUIN to participate in service developments with patients	Evidence that staff are involved in CQUIN schemes around service developments and are fully engaged with the process	Evidence sought through service quality review visits

All information received into NHS South Cheshire CCG is triangulated. Therefore using the information detailed above with complaints about staff, incidents, patient opinion websites such as NHS Choices, findings from Healthwatch clinical visits in all healthcare settings forms a picture of the motivation and satisfaction of staff.

Using data from the annual national staff survey and all other hard and soft intelligence from all our healthcare providers is used to benchmark our healthcare providers both locally and nationally.

During 2014/15 NHS South Cheshire CCG has anticipated the new requirement for nursing and midwifery revalidation in December 2015. We have been discussing this as part of the Quality Meetings that hold with our providers throughout the year to ensure the nursing and midwifery staff is fully supported through this process. For Practice Nurses and staff within the CCG who are required to hold a nursing registration, we have liaised with the Royal College of Nursing to

hold sessions via the Practice Nurse Membership Council/Assembly around re-validation and portfolio development. During 2015 we will also deliver further sessions as part of the GP Practice Protected Learning Time events and provider-led development sessions. Further work is planned with the Practice Nurse Council\Assembly to ensure best practice and support is provided to all practice nurses employed across the CCG locality regarding their revalidation throughout 2015-16.

9.4. Accelerating Useful Innovation

NHS South Cheshire CCG is committed to supporting innovation throughout the NHS; as a means of not only delivering improvements in the quality and value of care delivered but also transforming the way services are delivered. During 2015/16 we will promote innovation in health care delivery by:

Reducing Variation and Strengthening Compliance; supporting rapid and consistent implementation of National Institute of Clinical Excellence (NICE) Technology Appraisals (TAs) by including clauses in all our contracts that require all providers commissioned by the CCG to comply with NICE Technology Appraisals. This includes them to publish their formularies so that anyone can see which medicines and technologies are being made available locally. The CCG is working to improve implementation of NICE TAs and use of the scorecard will be part of the role for the additional resource.

What we do is work with our local acute trusts and the Area Prescribing Committees to review implementation of NICE guidance. The Medicines Management Team review all the list of NICE TAs against our local Health Economy Formulary at least twice a year to ensure there is nothing missing from anything in the routine process. During 2015-16 our new medicines group will look to continue horizon scanning for forthcoming medicines.

The CCG's new medicines subgroup looks at horizon scanning for forthcoming medicines and the Area Prescribing Committee looks at changes to use for established agents. Much of this feeds into service and guideline development. Our high cost drugs team use Blueteq templates to provide assurance that ex-PBR medicines used by Trusts are prescribed within guidance.

Delivering Innovation: NHS South Cheshire CGG is committed to building strong relationships with the scientific and academic communities, to develop solutions to current health care problems. We have a named GP who attends the Academic Health Science Networks (AHSNs) as a means of NHS South Cheshire CGG influencing, clinical research, informatics, innovation, training and education and healthcare delivery.

NHS South Cheshire CCG has been awarded 'Research Capability Funding' from the National Institute for Health Research. These monies are being used to assist the CCG to act flexibly and strategically to maintain research capacity and capability. NHS South Cheshire CCG have committed this funding to involvement in the North West Coast 'Collaboration for Leadership in Applied Health Research and Care' (NWC CLAHRC), which brings universities, local authorities, NHS organisations and the public together, to support the translation of research findings into health service improvements and changes that will reduce health inequalities and improve population health. The four programme themes of the NW CLAHRC are:

- Delivering Personalised Health and Care
- Improving Mental Health
- Public Health; and
- Managing Complex Needs

Our involvement has mainly been focused on scoping the current work, processes and networks, with the view to thinking about what this means for the CCG commissioning processes and generating innovative ideas for the CCG's next steps.

Developing Our People: We recognise that training and development is crucial to promote innovation and change within South Cheshire. We believe that leadership for Innovation must be become core business for the CCG; we want to promote an enduring shift in attitudes towards experimentation and innovation amongst clinicians and managers at all levels in the NHS. [DN: AW]

CQUIN Payments: The CCG has previously undertaken several initiatives as part of the *Innovation Health and Wealth, Accelerating Adoption and Diffusion in the NHS1* that was implemented in 2013. Originally the CCG put in an action plan for a CQUIN as part of the pre-qualification requirement in 2013/14. It was agreed in 2014/15 that this wouldn't be a formal CQUIN however it was agreed that an action pan and progress reports would be required going forward. The CCG is now waiting for the 2015/16 guidance to be released to see what the requirements will be for 2015/16.

10. Driving Efficiency & Delivering Value

10.1. A More Productive and Efficient NHS

Planning Assumptions

The plan developed by the CCG is governed by a number of planning assumptions issued by NHS England.

Consequently in 2015/16 we will be using inflation and efficiency targets as identified in the Forward View into Action: planning for 2015/16. The inflation uplift is assumed to be at 3% with an efficiency requirement of 3.8% giving a net deflator of 1.9%.

Commissioning Assumptions	
Demographic Growth	Locally determined based on population projections and historic data
Prescribing Inflation	4%growth in demand
Continuing Health care	Full impact of in year growth plus 4%
Business Rules	1% surplus 1% non-recurrent 0.5% contingency

These assumptions are derived or adopted to allow the CCG to produce financial plans which reflect the on-going commissioning of services in South Cheshire to ensure that finances are in place to support additional demand or to support service redesign

The finances of the CCG will support the above assumptions where it is financially possible to do so.

The CCG has activity plans with its main acute provider which takes into account national peer averages and other benchmarking tools such as commissioning for value. The CCG has an on-going improvement and review programme for all its services embedded within contract requirements.

Finance and Activity plans are based on locally agreed figures between the local acute provider and the CCG. The plans are derived from current and future demand projections and are clinically based.

10.2. Joint Working Between Commissioners And Providers

10.2.1. Better Care Fund

There is a cross local authority and CCG finance subgroup which reports into the governance of the BCF locally, and includes, Cheshire West and Chester Council, Cheshire East Council, NHS East Cheshire CCG, NHS Western Cheshire CCG , NHS Vale Royal CCG and NHS South

Cheshire CCG. The joint working group has designed the local Section 75 agreements including the rules in respect of financial management, monitoring and financial risk.

There is clear financial linkage with the delivery of 3.5%. A risk sharing arrangement is to be agreed between all the parties to ensure implementation delivers the required outcomes whilst maintaining system stability. This is a key plank for contract agreement. The CCG operates a collaborative Contracting Group where all providers and health and social care commissioners work together to arrive at contract settlements which provide overall benefit and do not penalise any party during the transformation of services. The list of plans is included in section 7.4.

10.2.2. Provider Board

The Provider Board is an innovative approach to partnership in South Cheshire. Discussion locally have led to the establishment of a Provider Board which brings together all local providers including social, acute, primary and community care to develop plans to encourage greater integration of care. The Provider Board is the main vehicle for the delivery of Integrated Community Teams.

10.2.3. Alliance Contract

Within 2015/16 the CCG will be continuing the use of an Alliance Contract which was developed during 2014/15. The scope of this innovative approach to contracting will be enhanced with the inclusion of the Better Care Fund (where applicable) for the local health and care economy within the 2015/16 contract. The Governance of the Alliance Contract with the Provider Board will be further strengthened with the introduction of the Commissioner Alliance Performance Management meeting which will be accountable to the Connecting Care Board.

10.2.4. Operational Planning Outcomes Framework for 2015-16

A summary of the CCGs Operational Planning Outcomes Framework for 2015-16 is provided in Appendix 2

10.3. Delivering Value – Financial Summary

The financial plans are prepared based on assumptions and rules set out by NHS England. Additional information on local trends and the impact of local commissioning intentions are also included in the plan to giving a view of the financial health of the CCG. The financial plan is aimed at producing a sustainable, high performing organisation commissioning care for its population.

10.3.1. Revenue Resource Limit

The CCG is funded based on the size of their population and its demographic make-up. The details of the South Cheshire population are included in section 2.

NHS South Cheshire CCG allocation is shown in the table below:-

Programme Allocation	14/15 £'000's	15/16 £'000's
Allocation	191,446	198,616
Growth	6,036	10,992
Subtotal	197,482	209,608
Population	177,339	178,251

% growth	3.15%	4.99%
Revenue allocation Per head of Population	1.114	1.176
Target revenue allocation per head of Population	1.187	1.222
Distance from target	0.073	0.046
% distance from target	-6.19%	-3.76%

It can be seen that the revenue funding per head has increased by £62 per head of population for 2015/16 and the CCG moves closer to target by 2.43%.

10.3.2. Better Care Fund

One of the main strategic drivers nationally is for social and health care commissioners to work more closely together. In order to facilitate closer working the Government has identified the Better Care Fund which will be a pooled resource to facilitate joint planning, information sharing and services.

The funding will formally sit with the commissioner who has been allotted the allocation which is included in the BCF. This is in line with the Bevan Brittan s75 guidance as issued by NHS England. The governance arrangements have been embedded within the BCF plan and the s75 agreement. The BCF implementation and delivery will be overseen by the Health and Wellbeing Board. Each BCF project has a lead organisation, management and monitoring structure assigned. The value of the Better Care Fund is £10.625m

10.3.3. Financial Plan 2015/16

The Summary Financial plan remains in draft and will be agreed at the Formal Governing body on 1st April 2015.

The initial budget setting process has identified a number of challenges, including unidentified QIPP of £3,835,000 which will need to be resolved before the final budget is agreed; this includes ensuring the robustness of QIPP schemes and the timeliness of commissioning intention implementation. Further discussions will be held at our clinically led Clinical Commissioning Executive in March 2015.

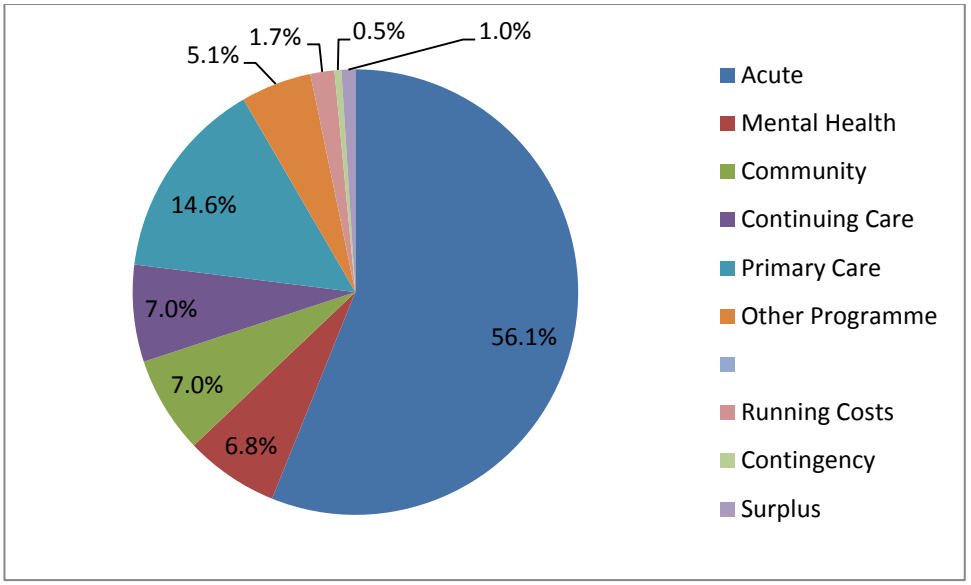
The initial expenditure plan is shown below:-

Income and Expenditure	2014/15 £'000's		2015/16 £'000's
Acute	123,455		122,093
Mental Health	14,000		14,803
Community	14,940		15,299
Continuing Care	13,314		15,319
Primary Care	31,151		31,871
Other Programme	7,420		11,155
Total Programme Costs			

	204,280		210,540
Running Costs	3,900		3,800
Contingency	-		1,090
Total Costs	208,180		215,430
Surplus	1,118		2,180
Total Revenue Resource	209,298		217,610

The allocation of expenditure is shown diagrammatically below:-

NHS South Cheshire CCG - Split of 2015-16 Budget



10.3.4. Key Budget Areas

Provider Services (Acute, Ambulance, Community and Mental Health Services)

The CCG has made assumptions as per the guidance from NHS England with the deflator value at 1.9%. The quality and innovation payment (CQUIN) remains a non-recurrent allocation of 2.5% as in 2014/15.

There is on-going pressure in the acute sector in particular in respect of Urgent Care whilst elective demand is also rising.

The main challenges in 2015/16 are:

- the on-going drive to improve the effectiveness of the Urgent Care Services leading to a reduction in demand, and;
- Maintaining the 18 week target and other constitutional requirements whilst keeping financial control on the elective services costs.
- The implementation of the Integrated Community Teams across Health and Social Care.
- Ensuring the investment in Parity of Esteem for Mental Health is delivered

In 2015/16 the CCG has continued with its approach of collaborative contracting between our main acute, community, primary care, local authority and mental health providers using either alliance or lead contractor models.

The model to be developed will use the approach of a joint resource to drive innovation funding collaborative working across the health economy.

The table below shows those provider contracts over £5m.

Provider	£'000's
Mid Cheshire Hospitals NHS FT	91,454
University Hospital of North Midlands NHS Trust	8,913
North West Ambulance Service NHS Trust	6,175
East Cheshire NHS Trust	16,409
Cheshire And Wirral Partnership NHS FT	13,791
Other Contracts (less than £5m)	9,798
Total	146,540
Non NHS Providers	5,655
Total NHS & Non NHS Providers	152,195

10.3.5. Prescribing

Primary care providers within NHS South Cheshire CCG have always maintained a focus on efficient and effective prescribing; the details of the medicines management actions to control expenditure can be seen in Appendix 3 [DN: to follow] The inflation recommended for prescribing has been maintained at 4%.

10.3.6. Continuing Health Care (CHC) and Funded Nursing Care (FNC)

There is pressure on these budgets locally due to the demographic changes and the increasingly aged population. The CCG has funded all new packages in 2014/15 at a full year effect with an additional growth of 4% due to the increased demand and uncertainty in this area.

10.3.7. Primary Care – Co Commissioning

The CCG has opted for joint commissioning with NHS England and envisage an increasing responsibility over the next financial year in relation to this commissioning area.

10.3.8. Running Cost Allowance

The CCG has planned to reduce its expenditure in this area by 10% in 2015/16 in line with national guidance.

10.3.9. Quality Innovation Productivity and Prevention (QIPP) 14/15-2018/19

It has been recognised that the NHS savings required in the four years from 2015/16 to 2018/19 will be an additional £30 billion i.e. a total NHS savings requirement of £50 billion over a period of 8 year.

The identification of QIPP for 2015/16 by type can be seen in the table below:-

QIPP Scheme Type	£'000's
Transactional Productivity and Contractual Efficiency Savings	438
Transformational Service Re-design and Pathway Changes	3,132
Unidentified QIPP	3,835
Total	7,405

Locally the initial CCG requirement in respect of the £20 billion has been achieved. The additional financial challenge has been identified above.

The most significant projects delivering change and productivity are:-

- Transitional Care Beds impact Urgent Care
- Extended Practice Teams impact Urgent Care
- Redesign Urgent Care 24/7 impact Urgent Care
- Better Care Fund impact Urgent Care – reduction of 3.5% in activity

10.3.10. Key Financial Priorities for 2014/15 to 2018/19

The CCG has a number of statutory financial and national requirements the key items are identified:-

- To maintain a balanced position and deliver the 1% surplus as required by the NHS England;
- To deliver our QIPP targets whilst ensuring that we are delivering improved care to patients;
- To invest the commissioning budget to maximise value for money;
- To ensure the financial resources are applied to support the CCG commissioning Strategy;
- To utilise the Better Care Fund in 2015/16 locally on health and care to drive closer integration and improve outcomes for patients and service users and carers;
- To remain within the CCG running cost allowance of £22.5 per head of population;
- To set aside 1% of recurrent resource for non-recurrent expenditure in 2015/16 to focus on transformational schemes, in particular Integrated Neighbourhood teams

10.3.11. Key Financial Risks:

- increased pressures in elective and non-elective care, continuing health care, funded nursing care and learning disabilities services leading to contract over performance
- ensuring the drive to closer integration can be achieved within existing allocations and change recognised through provider contracts in particular the reduction in activity by 3.5%
- ensuring 1% in 2015/16 is identified for non-recurrent expenditure to enable change;

- ensuring the financial risks associated with the introduction of Personal Health Budgets and Integrated Personal Care Budgets are managed, particularly in respect of safeguarding;
- the productivity requirements are achieved to deliver the CCG element of the £30 billion national productivity challenge
- Identification of an additional investment in Mental Health services to deliver parity of esteem.
- Additional Charges in respect of NHS Property Services
- Additional Costs related to any required transfer of services from the North West CSU.
- Resilience Funding has decreased from 2014/15 by £1m to a value of £1.080m for 2015/16, this may lead to issues with the commissioning of additional winter services in 2015/16.

10.4. Quality Premium Measures 2014-15 Update

The 'quality premium' is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

The quality premium paid to CCGs in 2015/16 – to reflect the quality of the health services commissioned by them in 2014/15 – will be based on six measures that cover a combination of national and local priorities. These are:

- reducing potential years of lives lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality (15 per cent of quality premium);

- improving access to psychological therapies (15% of quality premium);

- reducing avoidable emergency admissions (25 % of quality premium);

- addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in 2014/15 and showing improvement in a locally selected patient experience indicator (15 % of quality premium);

- improving the reporting of medication-related safety incidents based on a locally selected measure (15 % of quality premium);

- a further local measure that should be based on local priorities such as those identified in joint health and wellbeing strategies (15% of quality premium).

For 2014-15 the CCG chose to focus its local quality premium on continuing their programme of work to appropriately manage patients with Atrial Fibrillation whilst promoting therapeutic optimisation in accordance with best practice.

The CCG plan was to increase the number of patients who are appropriate anti-coagulated who have been identified most at risk of catastrophic stroke in line with second quartile national average.

The planned milestones for the project were :

- Provide general practice with education events relating to AF – completed (protected learning time events in NHS South Cheshire CCG)
- Provide practices with lists of patients to review (completed)
- GPs to review lists and commence / adjust anticoagulation based on stroke risk and bleeding risk assessment – in progress, practices funded to provide some protected time via the Quality and Safety Champion

- Review the service specification for the anticoagulation clinic to increase capacity overall, update the service specification to include regular feedback to practices relating to sub-optimal control of INR, improve access to domiciliary testing and incorporate a pathway for self-testing / self-monitoring in line with NICE Clinical Guideline 180 [published June 2014] and NICE DG14 [published Sep 2014] .

The indicator is based on improving performance on the QOF indicator AF07, defined as follows:

AF07 = In those patients with Atrial Fibrillation whose latest record of a CHADS2 score is greater than 1, the percentage of patients who are currently treated with anti-coagulation drug therapy

The target is to increase from the 2012/13 achievement level of 79.9% to at or above the second highest quartile in England, (i.e. 86.17%)

The CCG held a PLT event in September and issued some data and an action plan to practices, to facilitate reviews of people:

- Who are currently taking warfarin but who have not achieved appropriate Time in Therapeutic Range (list provided by the anticoagulation clinic)
- Who have been identified as having AF but who are not taking an anticoagulant (list provided by the MMT).

The CCG has also made available funding for 1 or 2 session of GP time to undertake or co-ordinate the reviews in practice, using the Quality and Safety Champion sessions.

A 6 month position of delivery against the Quality Premium is presented below :
[DN: to be included in the final submission of the Operational Plan].

10.5. Quality Premium 2015-16

The CCG is awaiting national guidance on the quality premium for 2015-16.
[DN: However discussions are currently taking place within the CCG to review possible options for a local Quality Premium for 2015-16 and will be finalised in time for the final submission of the Operational Plan].

10.6. Procurement of Healthcare

We have developed and implemented a local policy on the Procurement of Healthcare services. This policy follows the implementation of the NHS (Procurement, Patient Choice and Competition) (No2) Regulations which were implemented under section 75 of the Health and Social Care Act 2013 on 01 April 2013. The Policy also takes into consideration the substantive guidance published by the Regulator – Monitor in May and December of 2013 and the Public Services (Social Value) Act 2012.

The aims of our approach are specifically to promote:

- **Choice**: ensuring a range of providers for our population to choose from
- **Competition**: encourage a degree of competition within the health system, with the aim of continuously improving quality of service and innovation
- **Consistency**: ensuring clinical safety, equity of access and quality of outcomes for our patients

Implementing our approach will ensure that through the utilisation of best practice procurement processes we are able to:

(i) Demonstrate value for money for all expenditure of public money,
(ii) Adhere to relevant legislation governing the award of contracts by public bodies,

(iii) Comply with our own Standing Financial Instructions/Standing Financial Orders (SFI's/SFO's)

We have adopted a proactive stance towards securing services that meet the needs of the local patient population and competitive procurement will be a key part of this in the coming years; as will the option for greater integration within the existing health economy. To support consistency in the decision making process regarding the use of competitive procurement, a key part of our approach will be to adopt a decision making matrix which will support a clear and unbiased decision.

We will adopt a fair, open and transparent approach, publishing procurement opportunities and decisions related to the contracting of services.

To facilitate the procurement process, the CCG will utilise the professional procurement team at the North West Commissioning Support unit to provide an overarching procurement support service. During 2015/16, the CCG will procure an alternative provider of Healthcare Procurement Support. Utilising one of the nationally accredited organisations on the Lead Provider Framework, or through establishing a new 'shared service' will ensure that the CCG remains compliant with the procurement regulations and obtains maximum benefit from the procurement process.

We are reviewing contracting and commissioning activity as contracts expire; areas currently subject to a competitive procurement process include: Community Pain Management, Outcome Based Commissioning support and a 'co-commissioning' review. Additional areas under consideration include: a 'case-loading' community midwifery service, a Learning Disability placement 'framework agreement' and Dementia Information and Support services. An annual work-plan of activity will be developed each year so there is full oversight of the competitive procurement activity at CCG level.

In addition to the proactive approach to the procurement of healthcare services, we will encourage the adoption of the 'Better Procurement, Better Value, Better Care' guidance which was published in 2013. As well as adopting the principles in the procurement of all internal goods and services, we aim to include a mandate around the adoption of the same principles into all standard contracts held with local NHS Providers, ensuring that the overarching health economy takes responsibility for improving procurement efficiency for the benefit of patient care.

10.7. Risk Management

The CCG has in place processes and procedures to assure our Governing Body, Membership and the public we serve that we are carrying out the commissioning of healthcare in the best interests of our patient population. One of the mechanisms we use to do this is an effective assurance framework, supported by robust risk management processes.

In line with national requirements for all NHS bodies the Governing Body developed an assurance framework outlining the key risks to us achieving our strategic objectives. This will be refreshed for the coming year to take into account new areas of shared working such as the better care fund and primary care co-commissioning. This assurance framework is also used to inform the CCG's Annual Governance Statement.

Supporting this overall strategic assurance framework are the CCG's risk management systems. An overall corporate risk register is fed into by programme and team registers and is reviewed by the Governance & Audit Committee, with a highlight report going to the Governing Body. Risks are reported through a variety of sources and the risk owners are supported by the Performance & Risk Manager to actively manage the risks, providing monthly updates on progress against the action plans put in place.

Plans are being developed to further integrate risk management into day-to-day working, looking at incorporating our systems within a programme management approach, being able to cross-reference with our complaints and incident reporting systems.

10.8. Programme/ Project Management Office (PMO) Approach

NHS South Cheshire CCG is committed to developing and implementing a PMO approach in order to facilitate the effective and efficient delivery of our Strategic and Operational Plans.

The PMO approach will work with staff to develop the methodologies, processes and tools in order to prioritise, implement and evaluate agreed programmes and projects of work. The approach will ensure conformance to agreed processes for decision making, resource allocation, governance and risk management and performance monitoring.

Benefits from utilising the PMO approach will include programmes and projects being aligned with corporate strategies and objectives/ outcomes; improved communication and planning and integration of work across the CCG; reduction in duplication of work or ineffective work; improved governance and performance reporting processes to measure impact and outcomes; improved resource utilisation and skills development and transfer.

The initial stages of our implementation of a PMO approach are focusing on workforce engagement and development, developing executive management support and development of PMO methodology and tools.

10.9. Contract/Performance Management

We manage provider/contractor performance based upon business performance principles of:

- Clear targets and accountabilities;
- Performance Tracking;
- Effective review meeting structures;
- Good Performance Conversations; and
- Consequence of breach.

The principles highlighted above are the mechanism for which the CCG identify any failing service. Taking the main Provider as an example, Mid Cheshire Hospitals NHS Foundation Trust, to highlight how a failing service will be identified.

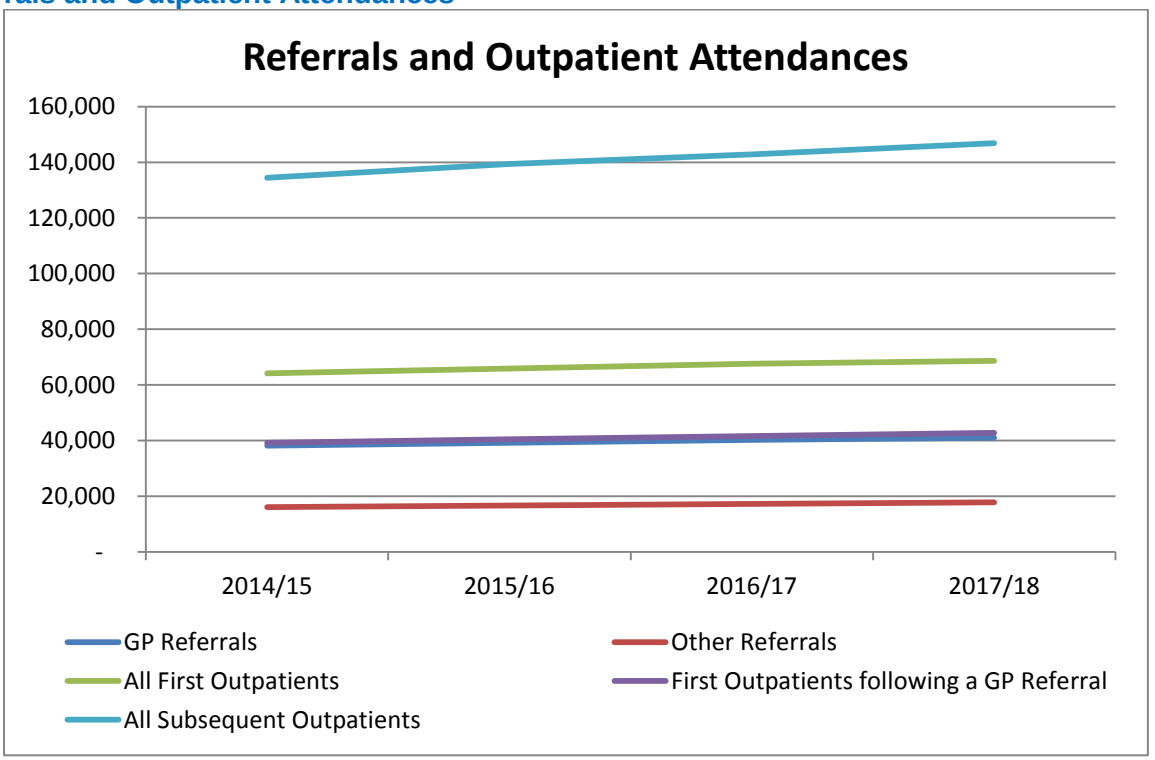
The CCG has established a clear and accountable Governance Structure for identifying failing services within the Trust. There are two main sub committees of the main contract performance review meeting with the frequency of these being monthly. These are the Finance and Performance Review Group and the Quality and Safety Committee with core membership including senior staff from both organisations. All performance issues are initially discussed via these two groups and where there are items that cannot be agreed/disputes these are then escalated to the main contract performance review meeting.

To identify performance issues within the Trust e.g. a failing service, key metrics are discussed from the Trusts performance report and where there are issues the CCG request action plans for remedial action. The consequence of any non-compliance results in escalation to the main performance meeting, sanctions and/or a formal contract query in line with the NHS Standard Contract. This is a defined process and the ultimate sanction for non-compliance/consequence of breach is withholding of monies to the Trust.

Appendices

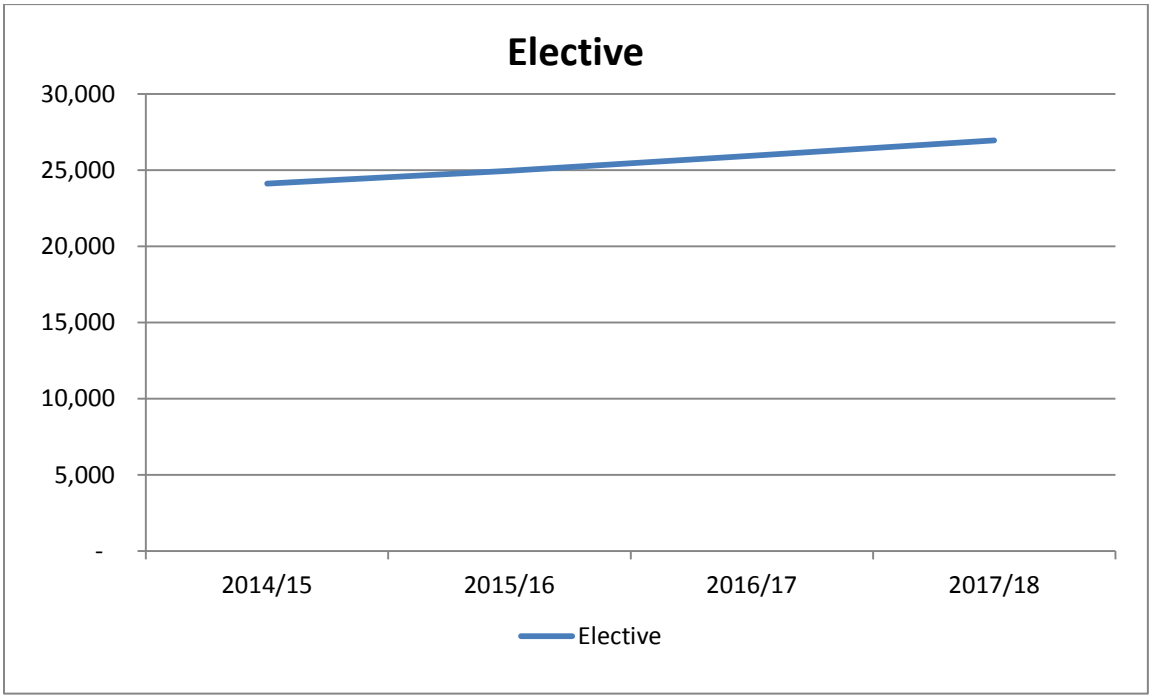
Appendix 1 - Activity Trajectories

Referrals and Outpatient Attendances



The CCG has experienced an increase in GP referrals over the last year and it is anticipated that this may grow due to the change in demography and the increasing pressure in primary care. The local trust operates at peer level for first to follow up ratios.

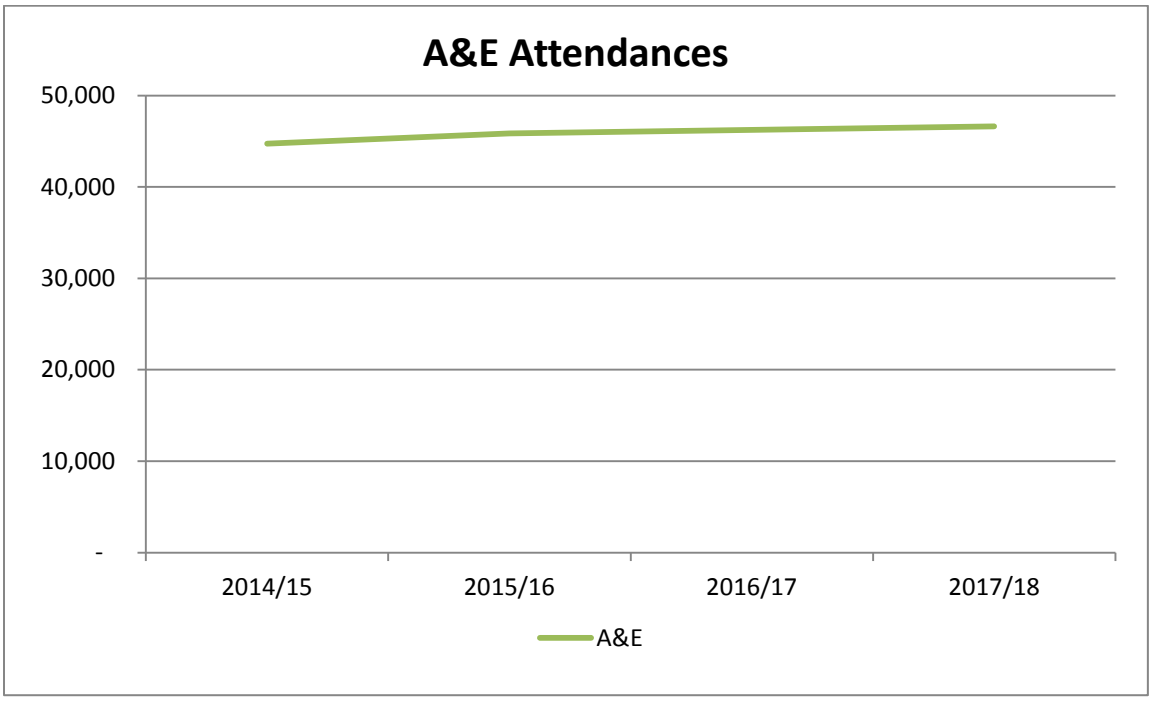
Elective Care



The CCG and local main provider are increasing the ratio of day-case to elective procedures to improve efficiency. The provider has recently implemented a new theatre suite and has a dedicated

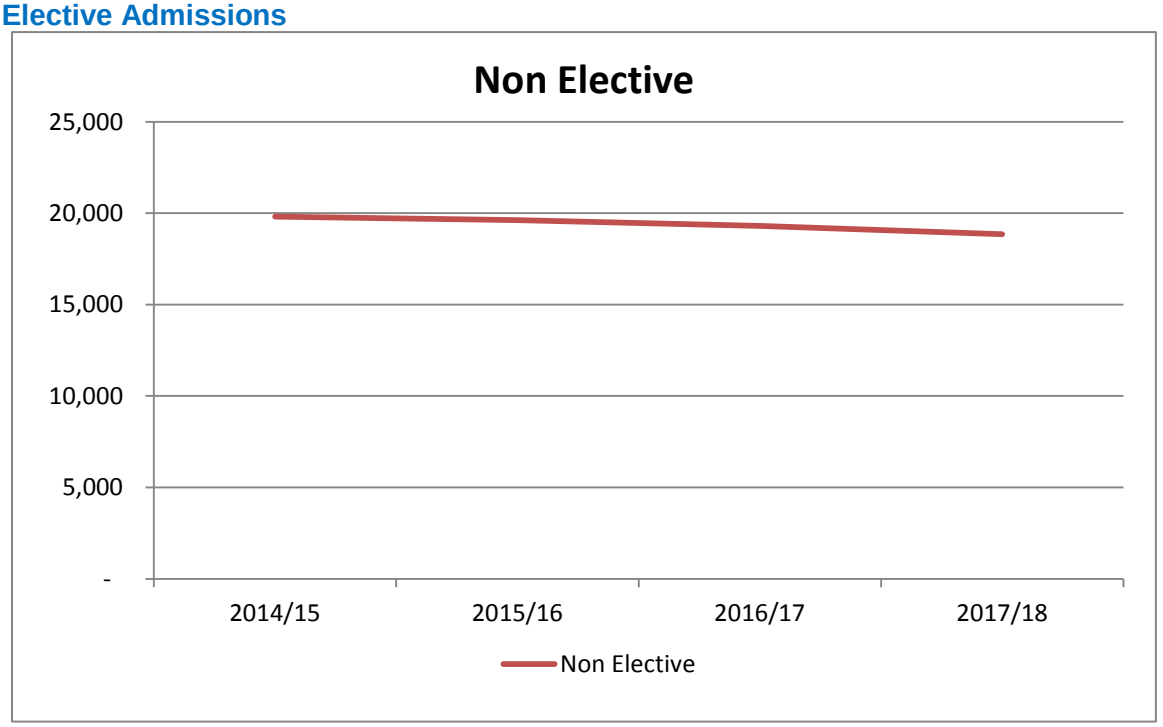
day-case unit. The CCG and trust are reviewing locally the commissioning for Value pack to improve effectiveness. The impact of this has not been taken into account above but it is anticipated that this will have a significant effect in a number of specialties e.g. gastroenterology.

A&E attendances



A&E attendances have increased slightly during 2014/15 and have been predicted to continue at the current level. A number of initiatives have been carried out at the local provider to achieve this level of stability additional schemes will be put in place over the planning period to ensure that the level remains stable.

Non Elective Admissions



The Connecting Care strategy focusses on decreasing non elective activity. The main drivers of a reduction in NEL admissions are Integrated Community Teams and additional beds in community to prevent admission and ensure earlier discharge.

Appendix 2 -2015-16 Operational Planning Outcomes Framework – Summary

North West
Commissioning Support Unit

NHS South Cheshire CCG 2015/16 Operational Planning Outcomes Framework Summary Report V3.0

23/02/2015

Changes to previous submission:

E.A.S.1 - Dementia Prevelance – now provided by NHS England as a static 2247/month.
E.A.S.5 - C Diff Objectives – now set by NHS England
E.H.1-A.1 & A.2 –IAPT Waiting Times - Revised projections completed after receiving historical actuals from CWP.
E.D.1 – 3 – Primary Care Quality Surveys – plans to be agreed and signed off for this round of submissions.

NHS CONSTITUTION MEASURES

	Data Validation Tests - will prevent upload (Please review the data in the template and amend as appropriate)					Data Warnings (highlights in amber unsual figures) (Review data in the template and either amend or select Yes to approve the warning in column Q)							
	Complete data entered	Is format correct? Text/Number	Within character limit?	Is data a whole number?	Measure < 100%	Is the difference between consectutive months larger than the following:		Is the submitted data below the following national standards?		Does not equal following national objective		Check data?	If row labelled as red. Is data checked and approved? (Yes/No)
RTT - Admitted - E.B.1						10%		90%				Validation passed	
RTT - Non - Admitted - E.B.2						10%		95%				Validation passed	
RTT - Incomplete - E.B.3						10%		92%				Validation passed	
Diagnostics - E.B.4						10%		1%				Validation passed	
Cancer Waiting Times - 2 week wait - E.B.6						10%		93%				Validation passed	
Cancer Waiting Times - 2 week (breast symptoms) - E.B.7						10%		93%				Validation passed	
Cancer Waiting Times - 31 Day First Treatment - E.B.8						10%		96%				Validation passed	
Cancer Waiting Times - 31 Day Surgery - E.B.9						10%		94%				Validation passed	
Cancer Waiting Times = 31 Day Drugs - E.B.10						10%		98%				Validation passed	
Cancer Waiting Times - 31 Day Radiotherapy - E.B.11						10%		94%				Validation passed	
Cancer Waiting Times - 62 Day GP Referral - E.B.12						10%		85%				Validation passed	
Cancer Waiting Times - 62 Day Upgrade - E.B.14						10%						Validation passed	
Cancer Waiting Times - 62 Day Screening - E.B.13						10%		90%				Validation passed	
Ambulance Performance - E.B.15.i						10%		75%		Not lead commissioner		Validation passed	
Ambulance Performance - E.B.15.ii						10%		75%		Not lead commissioner		Validation passed	
Ambulance Performance - E.B.16						10%		95%		Not lead commissioner		Validation passed	
A&E Performance Provider 1						10%		95%				Validation passed	
A&E Performance Provider 2						10%		95%		Not lead commissioner		Validation passed	
A&E Performance Provider 3						10%		95%		Not lead commissioner		Validation passed	
C.Difficile - E.A.S.5						10				C.Difficile objective set for each CCG:		Validation passed	
Dementia - E.A.S.1						10%		66.70%				Validation passed	
IAPT Access - E.A.3						5%		3.75%				Validation passed	
IAPT Recovery - E.A.S.2						20%		50%				Validation passed	
Mental Health Access - 18 Weeks - E.H.2 - A2						10%		95%				Validation passed	
Mental Health Access - 6 Weeks - E.H.1 - A1						10%		75%				Validation passed	
Satisfaction at a GP Practice - E.D.1						Is E.D.1 between 100 and 500?						Validation passed	
Satisfaction at a Surgery - E.D.2												Validation passed	
Satisfaction with access to primary care - E.D.3												Validation passed	

Referral To Treatment waiting times for non-urgent consultant-led treatment.

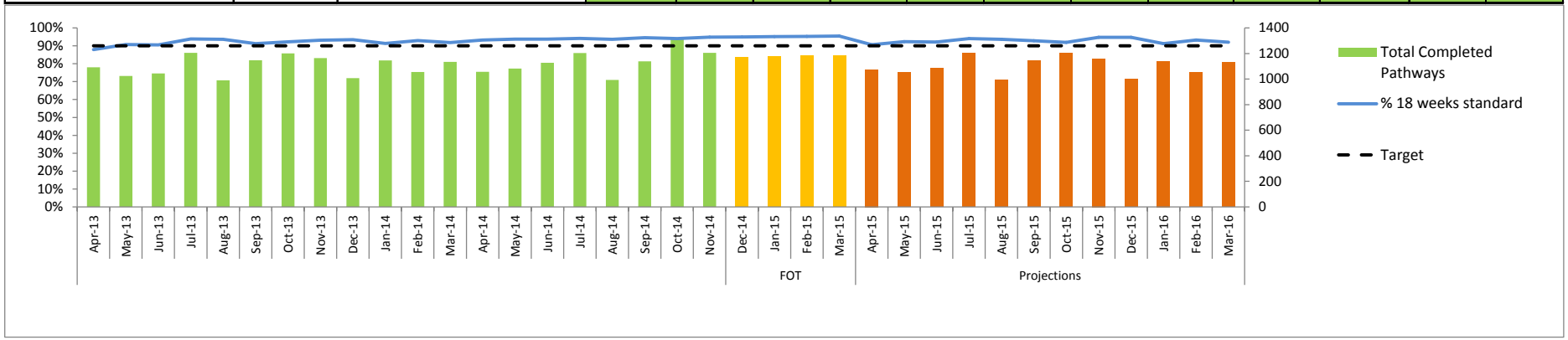
E.B.1 - The percentage of admitted pathways within 18 weeks for admitted patients whose clocks stopped during the period, on an adjusted basis.

Monitoring Data Source - Consultant-led RTT Waiting Times data collection (National Statistics)

Target - Performance will be judged against the following waiting time standards:-

Admitted operational standard of 90% – the percentage of admitted pathways (on an adjusted basis) within 18 weeks should equal or exceed 90%

E.B.1			APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
RTT - The percentage of admitted pathways within 18 weeks for admitted patients whose clocks stopped during the period, on an adjusted basis	2013-14	Completed pathways < 18 weeks	961	930	945	1131	928	1047	1108	1085	942	1047	982	1042
		Total Completed Pathways	1093	1025	1044	1205	991	1148	1201	1165	1008	1146	1056	1135
		%	87.9%	90.7%	90.5%	93.9%	93.6%	91.2%	92.3%	93.1%	93.5%	91.4%	93.0%	91.8%
	2014-15	Completed pathways < 18 weeks	986	1015	1057	1134	930	1077	-	-	-	-	-	-
		Total Completed Pathways	1057	1082	1127	1204	993	1139	-	-	-	-	-	-
		%	93.3%	93.8%	93.8%	94.2%	93.7%	94.6%	-	-	-	-	-	-
	2015/16 Plan	Completed pathways < 18 weeks	973.5	972.5	1001	1132.5	929	1062	1104	1100	950	1040	979	1040
		Total Completed Pathways	1075	1053.5	1085.5	1204.5	992	1143.5	1201	1160	1002	1140	1050	1130
		%	90.6%	92.3%	92.2%	94.0%	93.6%	92.9%	91.9%	94.8%	94.8%	91.2%	93.2%	92.0%

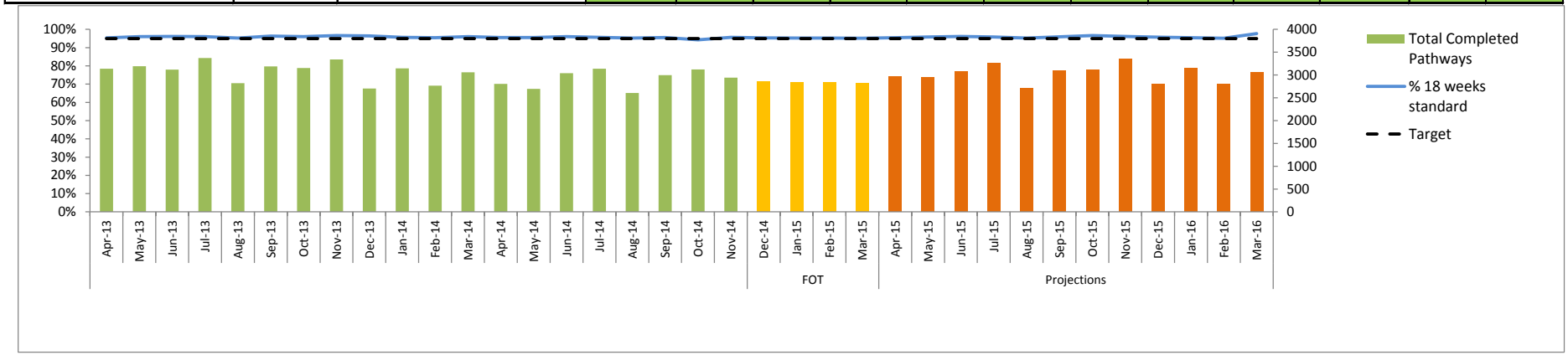


E.B.2: The percentage of non-admitted pathways within 18 weeks for non-admitted patients whose clocks stopped during the period.

Monitoring Data Source - Consultant-led RTT Waiting Times data collection (National Statistics)

Target - Non-admitted operational standard of 95% – the percentage of non-admitted pathways within 18 weeks should equal or exceed 95%

E.B.2			APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
RTT - The percentage of non-admitted pathways within 18 weeks for non-admitted patients whose clocks stopped during the period.	2013-14	Completed pathways < 18 weeks	2990	3067	2998	3237	2687	3070	3028	3229	2608	3006	2642	2936
		Total Completed Pathways	3136	3193	3117	3372	2822	3187	3154	3343	2705	3144	2767	3058
		%	**95.3%**	**96.1%**	**96.2%**	**96.0%**	**95.2%**	**96.3%**	**96.0%**	**96.6%**	**96.4%**	**95.6%**	**95.5%**	**96.0%**
	2014-15	Completed pathways < 18 weeks	2680	2577	2919	3002	2483	2864	-	-	-	-	-	-
		Total Completed Pathways	2804	2696	3039	3138	2607	2996	-	-	-	-	-	-
		%	**95.6%**	**95.6%**	**96.1%**	**95.7%**	**95.2%**	**95.6%**	-	-	-	-	-	-
	2015/16 Plan	Completed pathways < 18 weeks	2835	2822	2958.5	3119.5	2585	2967	3010	3220	2681	3011	2670	2990
		Total Completed Pathways	2970	2944.5	3078	3255	2714.5	3091.5	3115	3350	2801	3154	2805	3060
		%	**95.5%**	**95.8%**	**96.1%**	**95.8%**	**95.2%**	**96.0%**	**96.6%**	**96.1%**	**95.7%**	**95.5%**	**95.2%**	**97.7%**

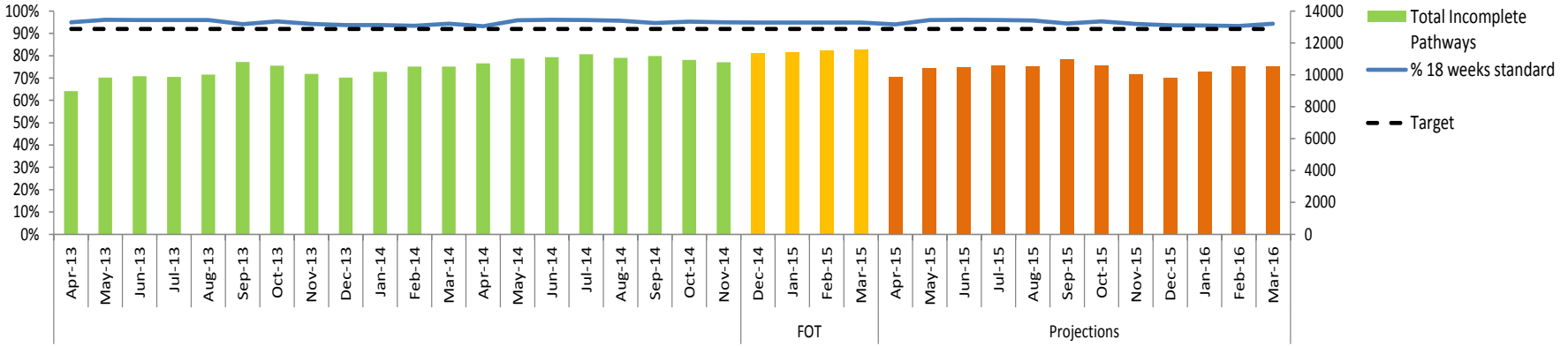


E.B.3: The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.

Monitoring Data Source - Consultant-led RTT Waiting Times data collection (National Statistics)

Target -Incomplete operational standard of 92% – the percentage of incomplete pathways within 18 weeks should equal or exceed 92%

E.B.3			APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
RTT - The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	2013-14	Incomplete Pathways < 18 weeks	8533	9445	9519	9472	9613	10171	10081	9478	9216	9546	9817	9911
		Total Incomplete Pathways	8985	9831	9916	9867	10016	10809	10570	10060	9833	10190	10516	10513
		%	**95.0%**	**96.1%**	**96.0%**	**96.0%**	**96.0%**	**94.1%**	**95.4%**	**94.2%**	**93.7%**	**93.7%**	**93.4%**	**94.3%**
	2014-15	Incomplete Pathways < 18 weeks	9993	10569	10665	10839	10572	10574	-	-	-	-	-	-
		Total Incomplete Pathways	10723	11022	11100	11292	11057	11173	-	-	-	-	-	-
		%	**93.2%**	**95.9%**	**96.1%**	**96.0%**	**95.6%**	**94.6%**	-	-	-	-	-	-
	2015/16 Plan	Incomplete Pathways < 18 weeks	9263	10007	10092	10155.5	10092.5	10372.5	10079	9470	9211	9540	9820	9920
		Total Incomplete Pathways	9854	10426.5	10508	10579.5	10536.5	10991	10570	10050	9845	10200	10520	10520
		%	**94.0%**	**96.0%**	**96.0%**	**96.0%**	**95.8%**	**94.4%**	**95.4%**	**94.2%**	**93.6%**	**93.5%**	**93.3%**	**94.3%**

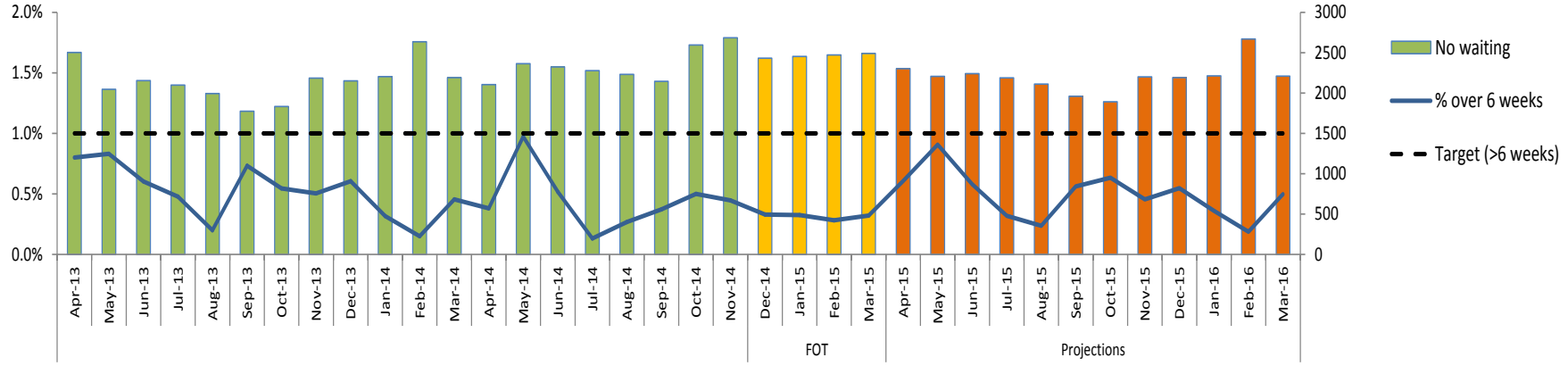


E.B.4: Diagnostic Test Waiting Times - The percentage of patients waiting 6 weeks or more for a diagnostic test.

Monitoring Data Source: Monthly diagnostics data collection - DM01

Target - Diagnostic operational standard of less than 1% – the percentage of patients waiting six weeks or more for a diagnostic test should be less than 1%.

E.B.4			APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Diagnostics Test Waiting Times	2013-14	Number waiting > 6 weeks	20	17	13	10	4	13	10	11	13	7	4	10
		Total Number waiting	2501	2047	2155	2097	1994	1775	1832	2184	2150	2202	2636	2192
		%	**0.8%**	**0.8%**	**0.6%**	**0.5%**	**0.2%**	**0.7%**	**0.5%**	**0.5%**	**0.6%**	**0.3%**	**0.2%**	**0.5%**
	2014-15	Number waiting > 6 weeks	8	23	12	3	6	8	-	-	-	-	-	-
		Total Number waiting	2104	2364	2323	2277	2231	2145	-	-	-	-	-	-
		%	**0.4%**	**1.0%**	**0.5%**	**0.1%**	**0.3%**	**0.4%**	-	-	-	-	-	-
	2015/16 Plan	Number waiting > 6 weeks	14	20	12.5	6.5	5	10.5	12	10	12	8	5	11
		Total Number waiting	2302.5	2205.5	2239	2187	2112	1960	1890	2200	2190	2212	2670	2210
		%	**0.6%**	**0.9%**	**0.6%**	**0.3%**	**0.2%**	**0.5%**	**0.6%**	**0.5%**	**0.5%**	**0.4%**	**0.2%**	**0.5%**



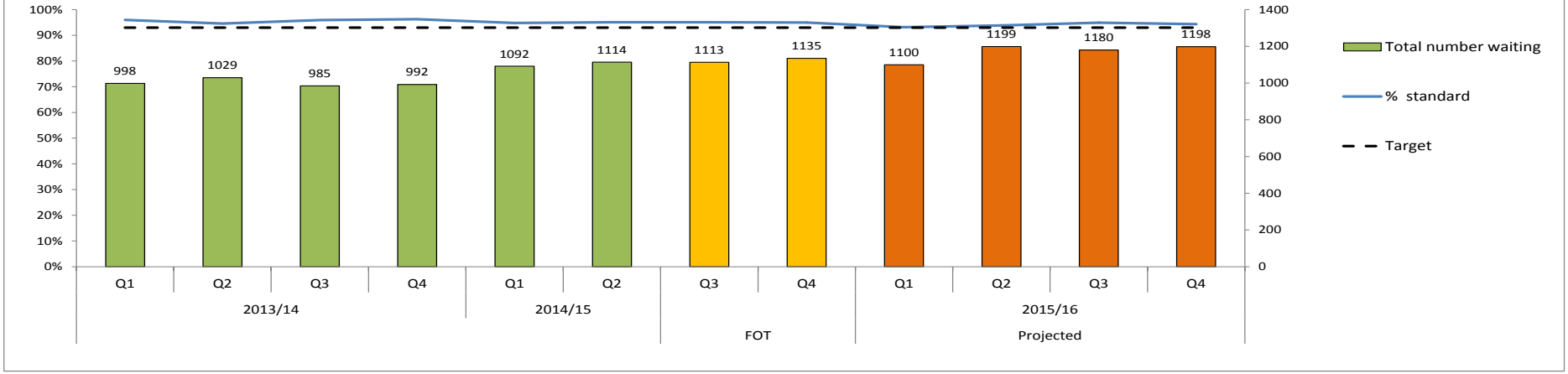
E.B. 6-7: Cancer two week waits

E.B.6: All cancer two week wait - Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer

Monitoring Data Source: Data are sourced from the CWT-Db on a monthly and quarterly basis.

Target - Performance is to be sustained at or above the operational standard of 93%.

E.B.6			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer- All Cancer two week wait	2013-14	Number waiting < 2 weeks	958	973	945	955
		Total number waiting	998	1029	985	992
		%	**96.0%**	**94.6%**	**95.9%**	**96.3%**
	2014-15	Number waiting < 2 weeks	1035	1059	-	-
		Total number waiting	1092	1114	-	-
		%	**94.8%**	**95.1%**	**-**	**-**
	2015/16 Plan	Number waiting < 2 weeks	1025	1125	1120	1130
		Total number waiting	1100	1199	1180	1199
		%	**93.2%**	**93.8%**	**94.9%**	**94.2%**

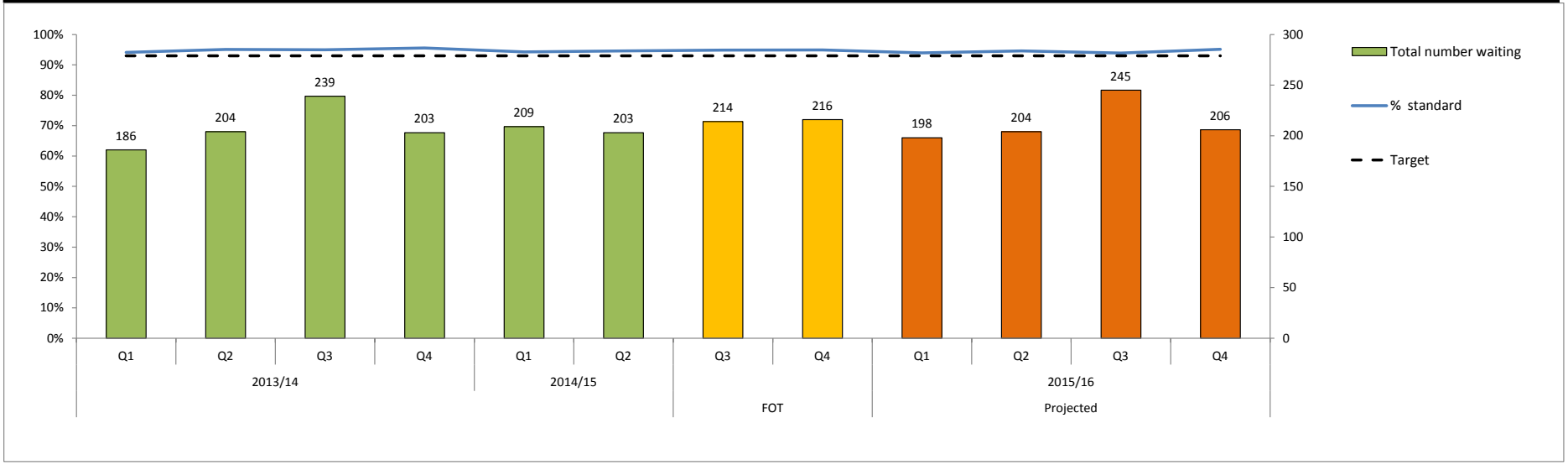


E.B.7: Two week wait for breast symptoms (where cancer was not initially suspected).

Monitoring Data Source: Data are sourced from the CWT-Db on a monthly and quarterly basis.

Target - Performance is to be sustained at or above the operational standard of 93%.

E.B.7			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - Two week wait for breast symptoms (where cancer not initially suspected)	2013-14	Number waiting < 2 weeks	175	194	227	194
		Total number waiting	186	204	239	203
		%	**94.1%**	**95.1%**	**95.0%**	**95.6%**
	2014-15	Number waiting < 2 weeks	197	192	-	-
		Total number waiting	209	203	-	-
		%	**94.3%**	**94.6%**	**-**	**-**
	2015/16 Plan	Number waiting < 2 weeks	186	193	230	196
		Total number waiting	198	204	245	206
		%	**93.9%**	**94.6%**	**93.9%**	**95.1%**



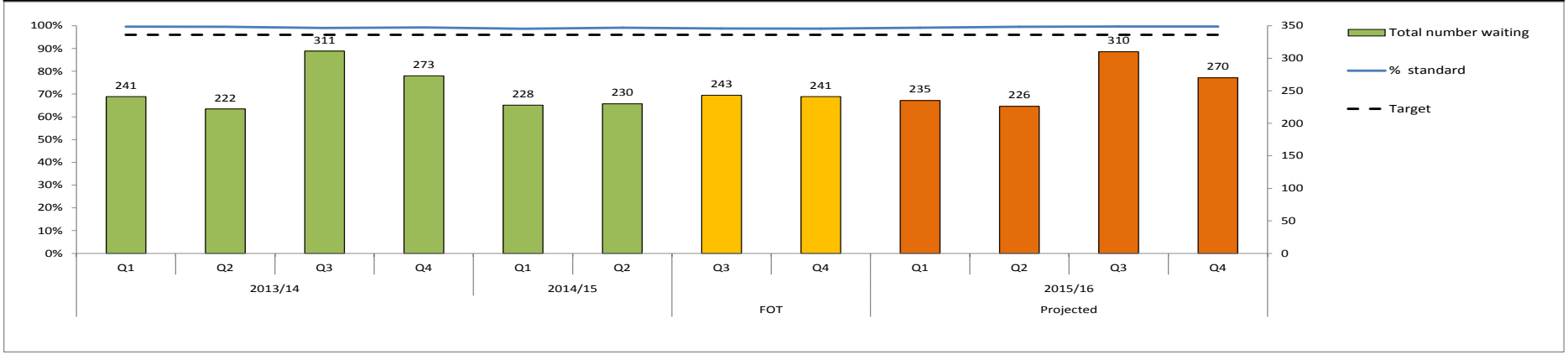
E.B.8-11: Cancer 31 day waits

E.B.8: Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis (measured from 'date of decision to treat')

Monitoring Data Source: Data are sourced from the CWT-Db on a monthly and quarterly basis

Target - Performance is to be sustained at or above the operational standard of 96%.

E.B.8			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - Percentage of patients receiving first definitive treatment within 31 days of a cancer diagnosis.	2013-14	Number waiting < 31 days	240	221	308	271
		Total number waiting	241	222	311	273
		%	**99.6%**	**99.5%**	**99.0%**	**99.3%**
	2014-15	Number waiting < 31 days	225	228	-	-
		Total number waiting	228	230	-	-
		%	**98.7%**	**99.1%**	**-**	**-**
	2015/16 Plan	Number waiting < 31 days	233	225	309	269
		Total number waiting	235	226	310	270
		%	**99.1%**	**99.6%**	**99.7%**	**99.6%**

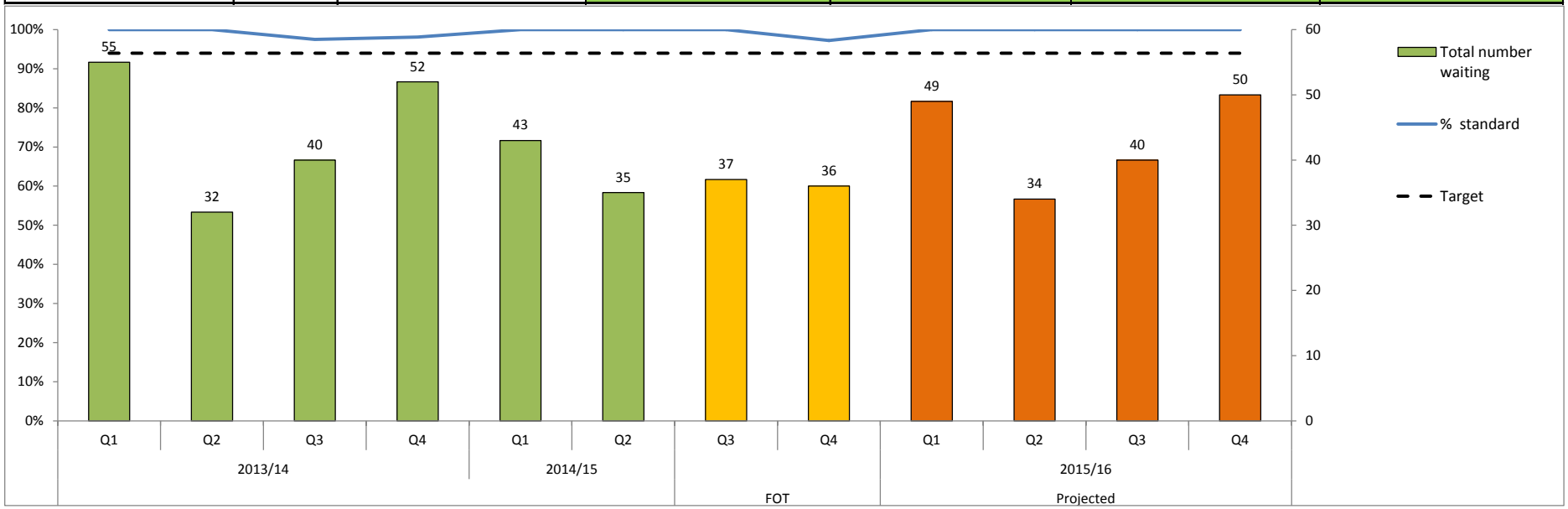


E.B.9: 31-day standard for subsequent cancer treatments-surgery

Monitoring Data Source: Data are sourced from the CWT-Db on a monthly and quarterly basis

Target - Performance is to be sustained at or above the operational standard of 94%

E.B.9			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 31 Day standard for subsequent cancer treatments - surgery	2013-14	Number waiting < 31 days	55	32	39	51
		Total number waiting	55	32	40	52
		%	100.0%	100.0%	97.5%	98.1%
	2014-15	Number waiting < 31 days	43	35	-	-
		Total number waiting	43	35	-	-
		%	100.0%	100.0%	-	-
	2015/16 Plan	Number waiting < 31 days	49	34	40	50
		Total number waiting	49	34	40	50
		%	100.0%	100.0%	100.0%	100.0%

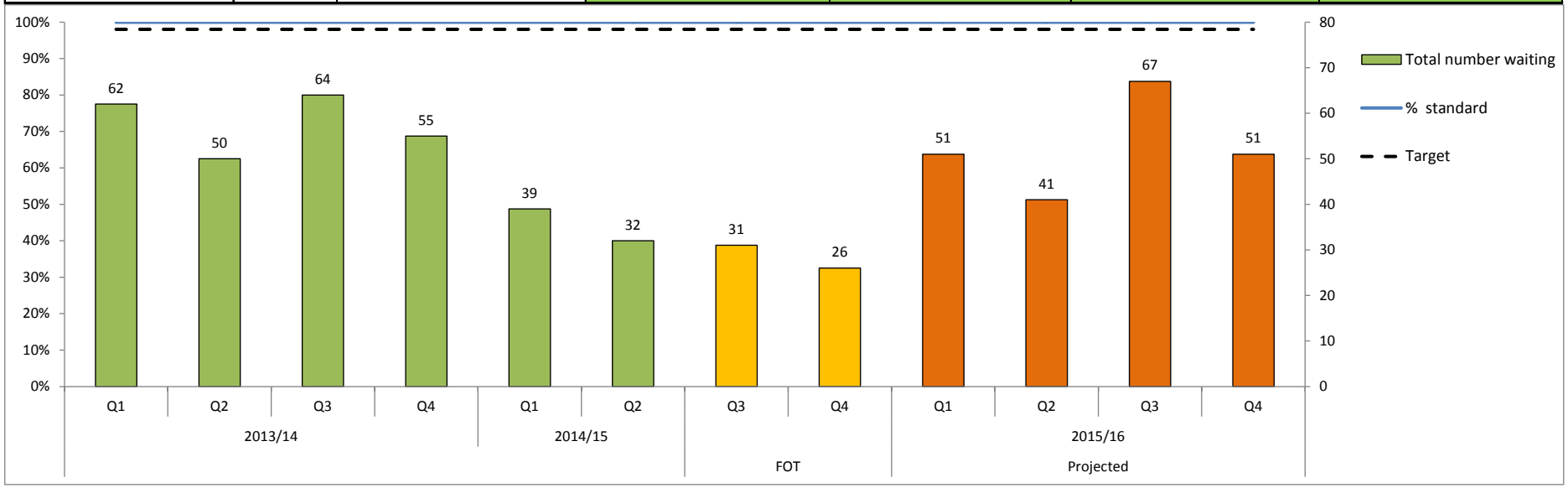


E.B.10: 31-day standard for subsequent cancer treatments - anti cancer drug regimens

Monitoring Data Source: Data are sourced from the CWT-Db on a monthly and quarterly basis

Target - Performance is to be sustained at or above the operational standard of 98%.

E.B.10			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 31 Day standard for subsequent cancer treatments - anti cancer drug regimens	2013-14	Number waiting < 31 days	62	50	64	55
		Total number waiting	62	50	64	55
		%	100.0%	100.0%	100.0%	100.0%
	2014-15	Number waiting < 31 days	39	32	-	-
		Total number waiting	39	32	-	-
		%	100.0%	100.0%	-	-
	2015/16 Plan	Number waiting < 31 days	51	41	67	51
		Total number waiting	51	41	67	51
		%	100.0%	100.0%	100.0%	100.0%

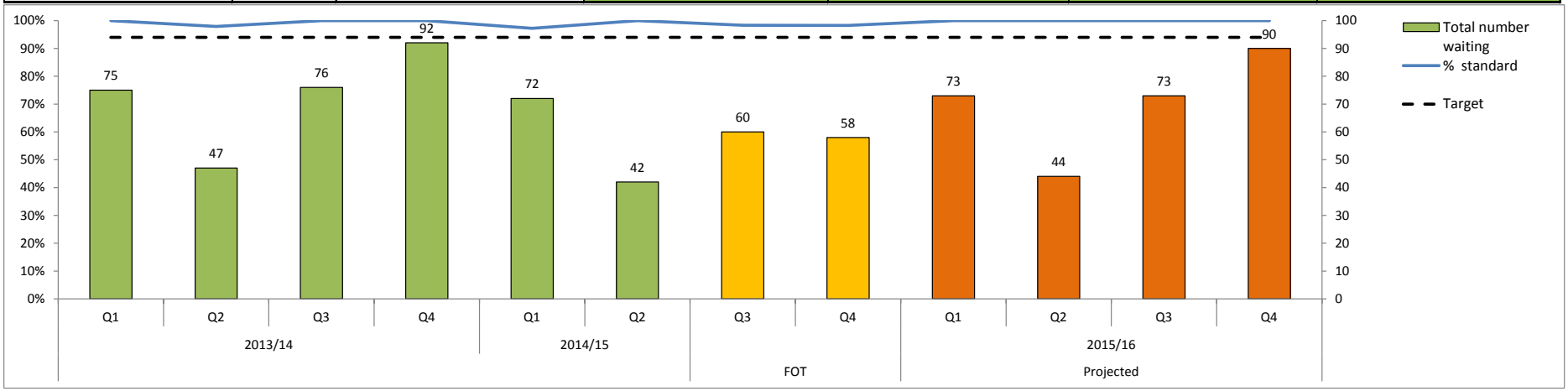


E.B.11: 31-day standard for subsequent cancer treatments – radiotherapy

Monitoring Data Source: Data are sourced from the CWT-Db on a monthly and quarterly basis

Target - Performance is to be sustained at or above the operational standard of 94%.

E.B.11			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 31 Day standard for subsequent cancer treatments - radiotherapy	2013-14	Number waiting < 31 days	75	46	76	92
		Total number waiting	75	47	76	92
		%	**100.0%**	**97.9%**	**100.0%**	**100.0%**
	2014-15	Number waiting < 31 days	70	42	-	-
		Total number waiting	72	42	-	-
		%	**97.2%**	**100.0%**	**-**	**-**
	2015/16 Plan	Number waiting < 31 days	73	44	73	90
		Total number waiting	73	44	73	90
		%	**100.0%**	**100.0%**	**100.0%**	**100.0%**



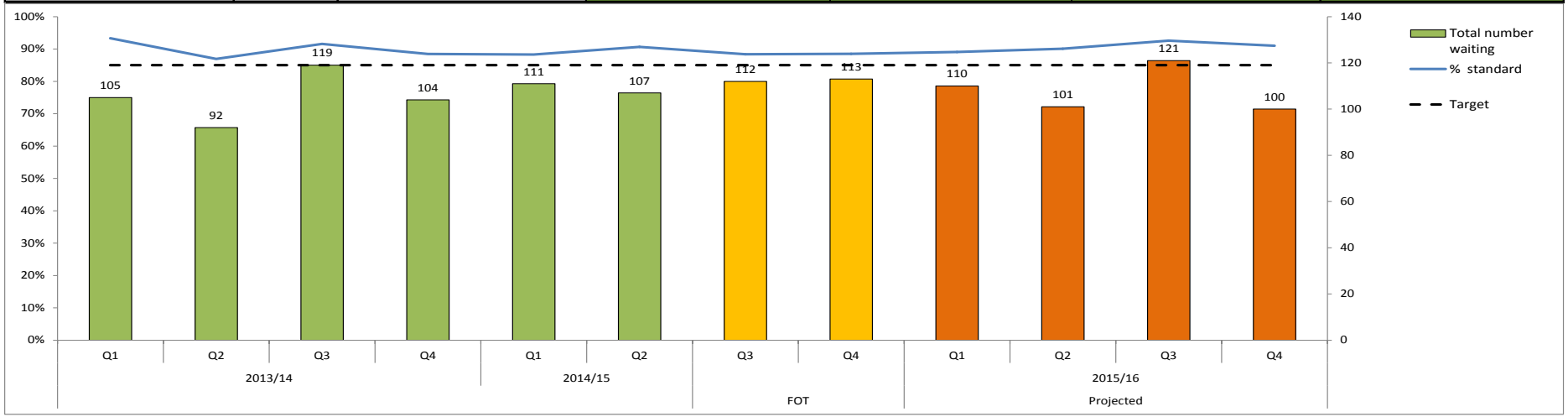
E.B.12-14: Cancer 62 day waits

E.B.12: All cancer two month urgent referral to first treatment wait

Monitoring Data Source: Data are sourced from the CWT-Db on a monthly and quarterly basis

Target - Performance is to be sustained at or above the published operational standard of 85%.

E.B.12			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - All cancer 62 day urgent referral to first treatment wait	2013-14	Number waiting < 62 days	98	80	109	92
		Total number waiting	105	92	119	104
		%	**93.3%**	**87.0%**	**91.6%**	**88.5%**
	2014-15	Number waiting < 62 days	98	97	-	-
		Total number waiting	111	107	-	-
		%	**88.3%**	**90.7%**	**-**	**-**
	2015/16 Plan	Number waiting < 62 days	98	91	112	91
		Total number waiting	110	101	121	100
		%	**89.1%**	**90.1%**	**92.6%**	**91.0%**



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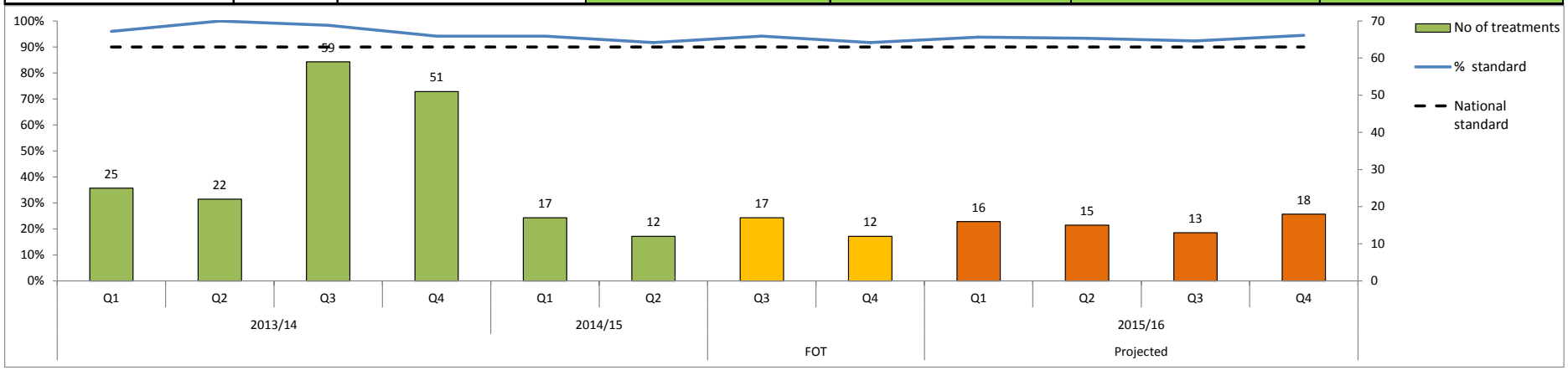
E.B.13: 62-day wait for first treatment following referral from an NHS cancer screening service

Monitoring Data Source: Data are sourced from the CWT-Db on a monthly and quarterly basis

Target - Performance is to be sustained at or above the published operational standard of 90%.

E.B.13			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 62 day wait for first treatment following referral from an NHS cancer screening service	2013-14	Number waiting < 62 days	24	22	58	48
		Total number waiting	25	22	59	51
		%	**96.0%**	**100.0%**	**98.3%**	**94.1%**
	2014-15	Number waiting < 62 days	16	11	-	-
		Total number waiting	17	12	-	-
		%	**94.1%**	**91.7%**	**-**	**-**
	2015/16 Plan	Number waiting < 62 days	15	14	12	17
		Total number waiting	16	15	12	17
		%	**93.8%**	**93.3%**	**100.0%**	**100.0%**

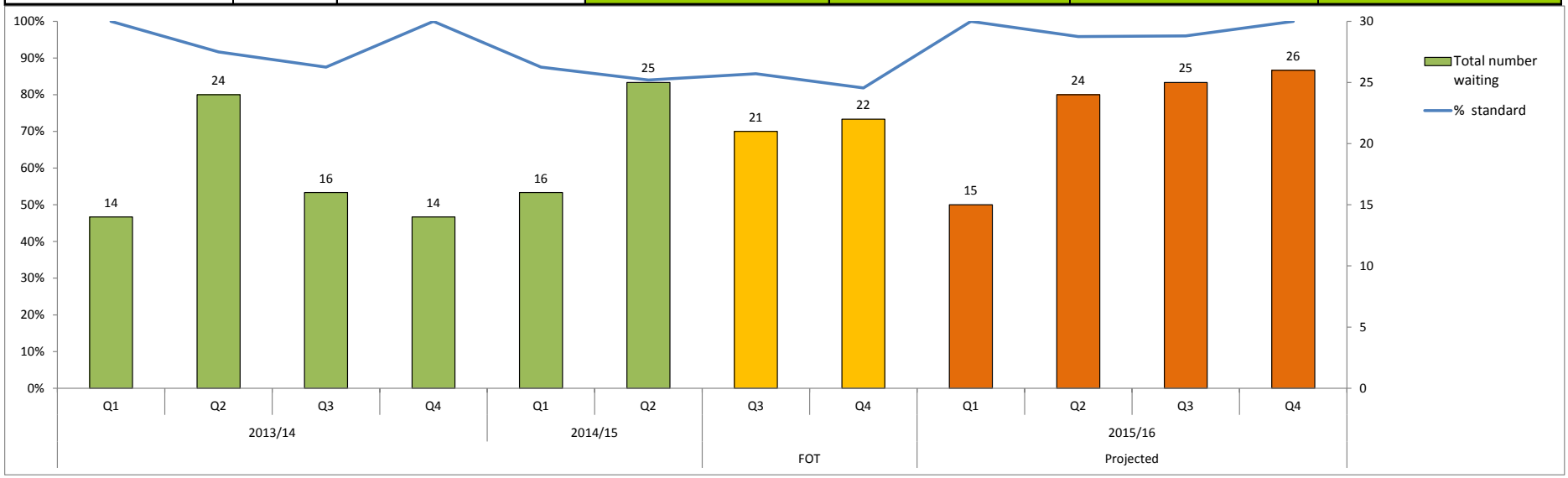


E.B.14: 62-Day wait for first treatment for cancer following a consultant's decision to upgrade the patient's priority

Monitoring Data Source: Data are sourced from the CWT-Db on a monthly and quarterly basis

Target - There is no current operational standard, therefore will not be centrally assessed against a set threshold. These performance data will however be monitored and published as national statistics.

E.B.14			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 62 day wait for first treatmnet for cancer following a consultant's decision to upgrade the patients priority	2013-14	Number waiting < 62 days	14	22	14	14
		Total number waiting	14	24	16	14
		%	**100.0%**	**91.7%**	**87.5%**	**100.0%**
	2014-15	Number waiting < 62 days	14	21	-	-
		Total number waiting	16	25	-	-
		%	**87.5%**	**84.0%**	**-**	**-**
	2015/16 Plan	Number waiting < 62 days	15	23	24	26
		Total number waiting	15	24	25	26
		%	**100.0%**	**95.8%**	**96.0%**	**100.0%**



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E.B.5: A&E Waiting Times –Total time in the A&E department

1. Total number of A&E attendances.
2. Number of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge.
3. Percentage of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge.

Monitoring Data Source: Weekly sitrep data (WSitAE)

Target - Standard is 95% of patients seen within 4 hours

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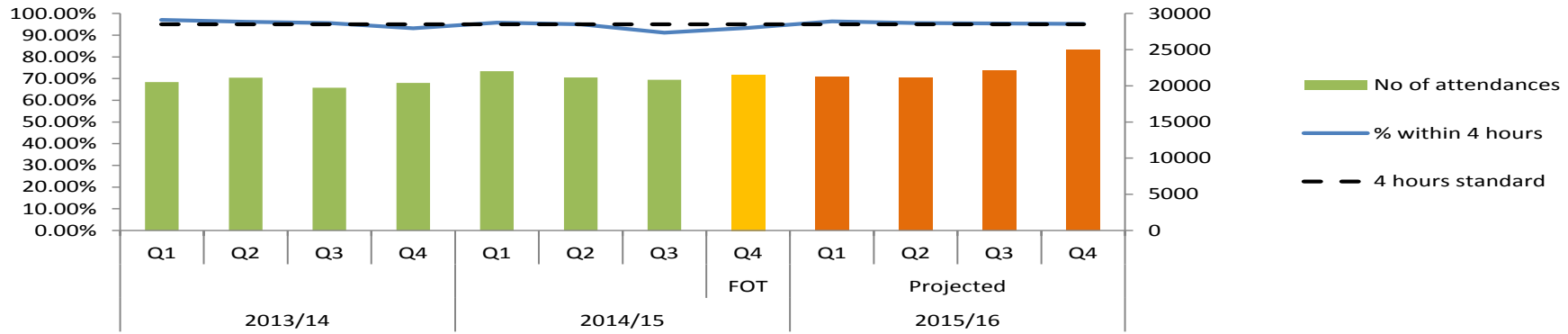
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
2013-14	Number waiting > 4 hours	611	803	869	1386
	Total Attendances	20525	21124	19747	20409
	% < 4 hours	**97.0%**	**96.2%**	**95.6%**	**93.2%**
2014-15	Number waiting > 4 hours	939	1061	-	-
	Total Attendances	22026	21137	-	-
	% < 4 hours	**95.7%**	**95.0%**	-	-
2015/16 Plan	Number waiting > 4 hours	775	932	1015	1190
	Total Attendances	21276	21131	22141	25001
	% < 4 hours	**96.4%**	**95.6%**	**95.4%**	**95.2%**



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E.A.S.5: Healthcare acquired infections (HCAI) measure (Clostridium Difficile Infections)

The number of C. difficile infections reported, in people aged 2 and over, per CCG.

Monitoring Data Source: Public Health England HCAI DCS, CCG OIS

Target - Annual CDI objectives for each CCG published by NHS England and all CCGs should establish and report against monthly trajectories for CDI cases in order to ensure continued reduction.

E.A.S.5		APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	Total	
HCAI measure (C.Difficile infections)	2013-14	0	1	2	2	3	7	4	6	1	2	2	1	31	
	2014-15	6	6	3	13	7	5	-	-	-	-	-	-	40	2015-16 Objective
	2015-16 Plan	5	5	5	5	4	4	4	4	4	4	4	4	52	52

E.A.S.1: Estimated diagnosis rate for people with dementia

Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence

Monitoring Data Sources:

- Quality and Outcomes Framework
- Health and Social Care Information Centre
- Dementia UK report 2007
- Office for National Statistics Population Statistics

Target - Improving the ability of people living with dementia to cope with symptoms, access to treatment, care and support. The planning guidance states that an increase in the dementia diagnosis rate to 66.7 percent should be achieved by March 2015, and sustained through 2015/16.

Dementia - Estimated diagnosis rate	2015-16 Plan	Number of People diagnosed (65+)	1499	1500	1510	1508	1510	1511	1513	1515	1518	1516	1519	1520
		Estimated dementia prevalence (65+ Only (CFAS II))	2247	2247	2247	2247	2247	2247	2247	2247	2247	2247	2247	2247
		%	**66.71%**	**66.76%**	**67.20%**	**67.11%**	**67.20%**	**67.25%**	**67.33%**	**67.42%**	**67.56%**	**67.47%**	**67.60%**	**67.65%**

FOT

Values	2011/12	2012/13	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Number of People diagnosed	966	1024	1155	1208	1208	1230	1229	1215	1218	1260	1274	1301	1410	1440	1501
Estimated number with dementia	2120	2155	2214	2212	2212	2212	2240	2240	2234	2263	2264	2263	2276	2284	2291
Dementia Diagnosis Rate	45.56%	47.52%	52.17%	54.62%	54.62%	55.61%	54.86%	54.24%	54.52%	55.67%	56.27%	57.49%	61.95%	63.05%	65.52%
Ambition				67.00%	67.00%	67.00%	67.00%	67.00%	67.00%	67.00%	67.00%	67.00%	67.00%	67.00%	67.00%

E.A.S.2: IAPT Recovery Rate

The primary purpose of this indicator is to measure the maintenance of recovery rates in psychological services achieved at the end of 2014/15 via the national Improving Access to Psychological Therapies (IAPT) programme for people with depression and/or anxiety disorders. The effectiveness of local IAPT services is measured using this indicator and E.A.3 which is focused on access to services as a proportion of local prevalence.

E.A.S.2 measures the proportion of people who complete treatment who are moving to recovery.

Monitoring Data Source: IAPT Minimum Data Set, HSCIC

Target - Maintenance of at least the recovery rates achieved at the end of 2014/15. Ongoing improvement is anticipated where a rate of less than 50% was achieved.

E.A.S.2			Quarter 1	Quarter 2	Quarter 3	Quarter 4
IAPT Recovery Rate	2013-14	The number of people who have completed treatement having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved 'caseness' and at final session did not)	-	47	90	95
		The number of people who finish treatement having attended at least two treatment contacts and coded as discharged) minus (The number of people who finish treatment not at clinical caseness at initial assessment)	-	144	258	335
		%		32.6%	34.9%	28.4%
	2014-15	The number of people who have completed treatement having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved 'caseness' and at final session did not)	120	-	-	-
		The number of people who finish treatement having attended at least two treatment contacts and coded as discharged) minus (The number of people who finish treatment not at clinical caseness at initial assessment)	375	-	-	-
		%	32.0%	-	-	-
	2015-16 Previous plan (from year 2 of 14/15 to 18/19 planning round)	The number of people who finish treatement having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved 'caseness' and at final session did not)	579			
		The number of people who finish treatement having attended at least two treatment contacts and coded as discharged) minus (The number of people who finish treatment not at clinical caseness at initial assessment)	1135			
		%	51.0%			
	2015-16 Plan	The number of people who finish treatement having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved 'caseness' and at final session did not)	193	58	143	163
		The number of people who finish treatement having attended at least two treatment contacts and coded as discharged) minus (The number of people who finish treatment not at clinical caseness at initial assessment)	385	115	286	326
		%	**50.1%**	**50.4%**	**50.0%**	**50.0%**

E.A.3: IAPT Roll-Out

The primary purpose of this indicator is to measure the maintenance of access rates to psychological therapy services achieved at the end of 2014/15 via the national Improving Access to Psychological Therapies (IAPT) programme for people with depression and/or anxiety disorders. The effectiveness of local IAPT services is measured using this indicator and E.A.S.2 which is focused on recovery of patients completing a course of treatment in IAPT services.

E.A.3 measures the proportion of people that enter treatment against the level of need in the general population (the level of prevalence addressed or 'captured' by referral routes).

Monitoring Data Source: IAPT Minimum Data Set, HSCIC

Target - Maintenance of at least the access rates achieved at the end of 2014/15 is anticipated. NHS England will expect CCGs to commission services with this in mind and for the recovery rate to be a minimum of 50%.

In detail the expectation is that CCGs achieve 15% IAPT Access by the end of 2014/15 and maintain this throughout 2015/16. Assessment will be based on a quarterly "run rate" requirement, in each quarter of 2015/16, of at least 3.75% of local prevalence entering services.

E.A.3			Quarter 1	Quarter 2	Quarter 3	Quarter 4
IAPT Access - Roll Out	2013-14	The number of people who receive psychological therapies	Incomplete Data	600	552	565
		The number of people who have depression and/or anxiety disorders (local estimate based on Adult Psychiatric Morbidity Survey 2000).	17670	17670	17670	17670
		% per quarter (e.g. 3.75%)		3.40%	3.12%	3.20%
	2014-15	The number of people who receive psychological therapies	480	-	-	-
		The number of people who have depression and/or anxiety disorders (local estimate based on Adult Psychiatric Morbidity Survey 2000).	17670	-	-	-
		% per quarter (e.g. 3.75%)	2.72%	-	-	-
	2015-16 Previous plan (from year 2 of 14/15 to 18/19 planning round)	The number of people who receive psychological therapies	2827			
		The number of people who have depression and/or anxiety disorders (local estimate based on Adult Psychiatric Morbidity Survey 2000).	17670			
		% annual	16.00%			
	2015-16 Plan	The number of people who receive psychological therapies	663	663	663	663
		The number of people who have depression and/or anxiety disorders (local estimate based on Adult Psychiatric Morbidity Survey 2000).	17670	17670	17670	17670
		% per quarter (e.g. 3.75%)	**3.75%**	**3.75%**	**3.75%**	**3.75%**

E.H.1-3: IAPT Waiting Times

The primary purpose of these indicators is to measure waiting times from referral to treatment in improved access to psychological therapies (IAPT) for people with depression and/or anxiety disorders.
For planning purposes the indicator is focused on measuring waits to treatment for those finishing a course of treatment i.e. two or more treatment sessions and coded as discharged, but also requires local monitoring of all referral to treatment starts.

E.H.1_A1: The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.

E.H.2_A2: The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.

E.H.1 - A1			Quarter 1	Quarter 2	Quarter 3	Quarter 4
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	2015-16 Plan	The number of ended referrals that finish a course of treatment in the reporting period who received their first treatment appointment within 6 weeks of referral	350	361	252	340
		The number of ended referrals that finish a course of treatment in the reporting period.[1]	460	440	320	400
		%	**76.1%**	**82.0%**	**78.8%**	**85.0%**

E.H.2 - A2			Quarter 1	Quarter 2	Quarter 3	Quarter 4
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	2015-16 Plan	The number of ended referrals that finish a course of treatment in the reporting period who received their first treatment appointment within 18 weeks of referral	420	410	280	380
		The number of ended referrals who finish a course of treatment in the reporting period.[1]	460	440	320	400
		%	**91.3%**	**93.2%**	**87.5%**	**95.0%**

Primary Care (E.D.1, E.D.2 and E.D.3)

E.D.1: Satisfaction with the Quality of Consultation at a GP Practice

Satisfaction with the quality of consultation at the GP practice.

Data Definition: The aggregated percentage of patients who gave positive answers to five selected questions in the GP survey about the quality of appointments at the GP practice.

Value: A score based on the sum of the percentage values of sub-indicators a, b, c, d and e (Score out of 500).

Monitoring Data Source: - GP Patient Survey results Question 21 and 22

What success looks like - Annual improvement

CCGs applying for full delegated commissioning responsibility or joint commissioning arrangements are asked to submit E.D.1, E.D.2 and E.D.3. CCGs applying for joint commissioning will need to liaise with their area team to agree the responses.

E.D.1			**Satisfaction with the quality of consultation at GP practices** **This is a score out of 500**
The aggregated percentage of patients who gave positive answers to five selected questions in the GP survey about the quality of appointments at the GP practice		**2015/16**	**449**

E.D.2: Satisfaction with the Overall Care received at the Surgery

Patient satisfaction: Satisfaction with the overall care received at the surgery.

Data Definition: The percentage of patients who gave positive answers to the GP survey question 'Overall, how would you describe your experience of your GP surgery?'

Monitoring Data Source: GP Patient Survey results Q28

What success looks like - Annual improvement

CCGs applying for full delegated commissioning responsibility or joint commissioning arrangements are asked to submit E.D.1, E.D.2 and E.D.3. CCGs applying for joint commissioning will need to liaise with their area team to agree the responses.

E.D.2			Satisfaction with the overall care received at the surgery
The percentage of patients who gave positive answers to the GP survey question 'Overall, how would you describe your experience of your GP surgery?'	2015/16	Numerator - The number of patients who answered 'very good' or 'fairly good' to the question, 'Overall, how would you describe your experience of your GP surgery?'	2467
		Denominator - The number of patients responding to the question 'Overall, how would you describe your experience of your GP surgery?'	2885
		%	85.5%

E.D.3: Satisfaction with Accessing Primary Care

Patient satisfaction: Satisfaction with accessing primary care

Data Definition: The percentage of patients who gave positive answers to the GP survey question 'Overall, how would you describe your experience of making an appointment?

Monitoring Data Source: GP Patient Survey results Q18

E.D.3			Satisifcation with access to primary care
The percentage of patients who gave positive answers to the GP survey question 'Overall, how would you describe your experience of making an appointment?'	2015/16	Numerator - The number of patients answering ''Very good' or 'Fairly Good' to the question 'Overall, how would you describe your experience of making an appointment?'	2099
		Denominator - The number of patients responding to the question 'Overall, how would you describe your experience of making an appointment?	2862
		%	73.3%

Update 23/2 – No requirements to complete for 27th Feb Submission

Appendix 3 - Prescribing and Medicines Optimisation Plan 2015-16

[DN: to be inserted with final Ops Plan]

Glossary of Terms

A Call to Action This is an NHS England document and programme of action focused on the challenge to staff, the public and politicians to help the NHS meet future demands and tackle the funding gap through honest and realistic debate.

Better Care Fund (BCF) A single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities.

Care.data An information system which will make increased use of information from medical records with the intention of improving health services. The system is being delivered by the Health and Social Care Information Centre (HSCIC) and NHS England on behalf of the NHS.

Commissioning for Quality and Innovation (CQUIN) The system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.

Everyone Counts: Planning for Patients 2013/14 outlines the priorities, incentives and levers that were used to improve services from April 2013, the first year of the new NHS, where improvement was driven by clinical commissioners.

Friends and Family Test The Friends and Family Test (FFT) aims to provide a simple headline metric which, when combined with follow-up questions, can drive a culture change of continuous recognition of good practice and potential improvements in the quality of the care received by NHS patients and service users.

CCG Outcomes Indicator Set (CCG OIS) The CCG Outcomes Indicator Set is part of the NHS England's systematic approach to promoting quality improvement. Its aim is to support clinical commissioning groups and health and wellbeing partners in improving health outcomes by providing comparative information on the quality of health services commissioned by CCGs and the associated health outcomes – and to support transparency and accountability by making this information available to patients and the public.

Compassion in Practice Compassion in Practice is the three year vision and strategy for nursing, midwifery and care staff drawn up by NHS England and the Department of Health.

NHS Outcomes Framework The NHS Outcomes Framework sets out the outcomes and corresponding indicators used to hold NHS England to account for improvements in health outcomes.

Quality Premium The Quality Premium rewards CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

Unit of Planning A number of CCGs who have joined together with relevant Area Teams, providers, Local Authorities and Health and Wellbeing Boards to create a footprint of a size large enough to enable effective strategic planning.

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