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Health and Adult Social Care and Communities Overview and Scrutiny Committee

Agenda

Date:	**Thursday, 12th September, 2019**
Time:	**10.00 am**
Venue:	**Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ**

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

It should be noted that Part 1 items of Cheshire East Council decision making and Overview and Scrutiny meetings are audio recorded and the recordings will be uploaded to the Council's website

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Minutes of Previous meeting** (Pages 5 - 10)

   To approve the minutes of the meeting held on 13 June 2019.

3. **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.

4. **Declaration of Party Whip**

   To provide an opportunity for Members to declare the existence of a party whip in relation to any item on the Agenda

For requests for further information
Contact: Joel.Hammond-Gant
Tel: 01270 686468
E-Mail: joel.hammond-gant@cheshireeast.gov.uk with any apologies

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

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

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

Note: in order for officers to undertake and background research, it would be helpful if members of the public notified the Scrutiny Officer listed at the foot of the Agenda at least one working day before the meeting with brief details of the matter to be covered.

6. **Work Programme** (Pages 11 - 26)

To review the current work programme.

7. **Forward Plan** (Pages 27 - 42)

To review the Council's forward plan of key decisions through to 31 December 2019.

8. **Update on Secretary of State Referral** (Pages 43 - 46)

To consider the letter received from the Secretary of State for Health and Social Care, in response to the Committee's referral of the closure of specialist orthodontic and oral surgery services in Cheshire East.

9. **Provision of Orthodontic and Oral Surgery Services in Cheshire East** (Pages 47 - 54)

To be updated on the commissioning of oral surgery and orthodontic services for Cheshire East residents, and what the next steps and future developments will be.

10. **Macclesfield Neonatal Unit Re-Designation** (Pages 55 - 58)

To consider a report from East Cheshire NHS Trust on its planned re-designation of the current Neonatal Unit at Macclesfield District General Hospital to a Special Care Baby Unit.

11. **Cheshire East Five-Year Place Plan** (Pages 59 - 128)

To consider the draft Cheshire East Five-Year Place Plan and provide comments and feedback to be considered by the Cheshire and Merseyside Health and Care Partnership prior to formal agreement and adoption of the Plan.

12. **Performance Scorecard - Quarter 1 (2019/20)** (Pages 129 - 134)

To consider performance data and indicators for adult social care services from quarter 1 of the municipal year, 2019/20.

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care and Communities Overview and Scrutiny Committee** held on Thursday, 13th June, 2019 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor L Wardlaw (Chairman)
Councillor A Moran (Vice-Chairman)

Councillors S Brookfield, J Clowes, A Critchley, D Edwardes, S Gardiner, M Goldsmith, M Houston, D Murphy, J Parry, P Redstone, R Vernon, J Weatherill and N Wylie

PORTFOLIO HOLDERS IN ATTENDANCE

Councillor L Jeuda - Portfolio Holder for Adult Social Care and Health; Deputy Leader of the Labour Group
Councillor J Rhodes, Portfolio Holder for Public Health and Corporate Services

OFFICERS IN ATTENDANCE

Linda Couchman, Acting Strategic Director of Adult Social Care and Health
Mark Palethorpe, Acting Executive Director of People

1 **APOLOGIES FOR ABSENCE**

No apologies for absence were received.

2 **MINUTES OF PREVIOUS MEETING**

RESOLVED –

That the minutes of the previous meeting, held on 11 April 2019, be approved as a correct record and signed by the Chairman.

3 **DECLARATIONS OF INTEREST**

The following declarations of interest were made;

- Councillor L Wardlaw declared a non-pecuniary interest in Minute No. 9;
- Councillor S Gardiner declared a non-pecuniary interest in Minute No. 10;
- Councillors J Clowes and A Moran declared non-pecuniary interests in Minute No. 11.

4 DECLARATION OF PARTY WHIP

There were no declarations of the existence of a party whip.

5 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present.

6 SUMMARY OF HEALTH SCRUTINY REGULATIONS

The committee were advised that this report was issued with the agenda to provide members with a background to health scrutiny regulations and legislation, in advance of the meeting.

RESOLVED –

That the report be noted.

7 UPDATE ON PROGRESS OF REFERRAL TO SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE

The committee were advised by the Scrutiny Officer on the progress of its referral made to the Secretary of State for Health and Social Care regarding the closure of specialist oral surgery and orthodontic surgeries at Macclesfield District General Hospital.

The referral was still being reviewed by the Independent Reconfiguration Panel – which works on behalf of the Secretary of State to review referrals – and that the committee would be informed of any decision as soon as one had been made.

RESOLVED –

That the update be noted, and the committee be informed of the Secretary of State's decision as soon as it has been made.

8 WORKING TOGETHER ACROSS CHESHIRE

Consideration was given to a report of the Chief Accountable Officer of the four Cheshire Clinical Commissioning Groups on the progress of the Working Together Across Cheshire programme, which has overseen the engagement and consultation relating to the proposed merger of the four Cheshire Clinical Commissioning Groups (CCGs) into one single commissioning body from April 2020.

The committee was informed that a period of public engagement had commenced and would run through 23 June, 2019. The results of this would be included in the information presented to the GPs of the four CCGs, who will be formally consulted on the proposal between 5 August and 20 September, 2019.

Members put questions and comments in relation to;

- Concern that the turn out as at 13 June 2019 (approximately 150 members of the public) was very low in the context of the circa 800,000 residents across the footprints of the four CCGs;
- How and where the public engagement information had been circulated and promoted;
- What the future arrangements would be for the proposed single Cheshire CCG to report to the Cheshire East Health and Wellbeing Board;
- Whether there had been any known opposition to the proposed merger from the public, interested stakeholders, or the formal member bodies of the four CCGs;
- Whether patient participation groups would be involved during the formal consultation with GPs; and
- The projected financial savings from the proposed merger.

RESOLVED –

1 That the committee supports and endorses the proposal to merge the four Cheshire Clinical Commissioning Groups.

2 That the council's portfolio holders endeavour to develop and foster effective working relationships with their counterparts at Cheshire West and Chester Council, to support the future joint working arrangements that would be put in place, subject to merger of the four CCGs being formally approved.

9 **2018/19 QUALITY ACCOUNTS - CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST**

Pursuant to the Chairman's non-pecuniary declaration of interest, the Vice-Chairman sat in the Chair for this item.

Consideration was given to the Quality Account 2018/19 submission from Cheshire and Wirral Partnership NHS Foundation Trust, which provided an overview of its performance during the last municipal year, and its areas of focus for the 2019/20.

Members put questions and comments in relation to;

- Receiving confirmation of the different sources of funding received by the Trust;
- Concern that the Trust had received a "requires improvement" rating in relation to the area titled "are services safe?"
- Whether the Trust already had an improvement plan in place to tackle its "requires improvement" rating; and

- Concern that the staff survey indicated a potential racial disparity regarding equal opportunities, and whether the Trust had plans in place to investigate and address this.

RESOLVED –

1 That the Quality Account 2018/19 be noted.

2 That the committee's comments be formally shared with the Trust by the Scrutiny Officer, for inclusion in the final, published version of the Account.

10 **2018/19 QUALITY ACCOUNTS - EAST CHESHIRE NHS TRUST**

The Chairman resumed the Chair for the remainder of the meeting from this item.

Consideration was given to the Quality Account 2018/19 submission from East Cheshire NHS Trust, which provided an overview of its performance during the last municipal year, and its areas of focus for the 2019/20.

Members put questions and comments in relation to;

- Why the Trust's mortality rate was higher than expected in 2018/19;
- Concern that the Trust had been required to budget through a continued funding deficit, and what the future outlook was for the Trust's finances and financial sustainability;
- How the Trust had performed against targets related to delayed transfers of care; and
- Whether any follow-up actions had taken place in response to only 76% of staff reporting in the Trust's annual staff survey, that they would recommend East Cheshire NHS Trust as a healthcare provider to their friends or family.

RESOLVED –

1 That the Quality Account 2018/19 be noted.

2 That the committee's comments be formally shared with the Trust by the Scrutiny Officer, for inclusion in the final, published version of the Account.

11 **2018/19 QUALITY ACCOUNTS - MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST**

Consideration was given to the Quality Account 2018/19 submission from Mid Cheshire Hospitals NHS Foundation Trust, which provided an overview of its performance during the last municipal year, and its areas of focus for the 2019/20.

Members put questions and comments in relation to;

- Concern in relation to the longer-term workforce stability challenges facing this Trust, and all others;
- The work the Trust had undertaken in respect of its learning disability targets; and
- How the Trust had used, and was planning to continue to use, return to practice programmes to ensure the long term sustainability of its workforce.

The committee passed a note of thanks to the previous Chief Accountable Officer of the Trust, Tracy Bullock, and noted that they looked forward to meeting the new Chief Accountable Officer and learning more about their vision and plans for the Trust.

RESOLVED –

1 That the Quality Account 2018/19 be noted.

2 That the committee's comments be formally shared with the Trust by the Scrutiny Officer, for inclusion in the final, published version of the Account.

The committee adjourned for a short break.

12 **IMPROVED ACCESSS - EASTERN CHESHIRE CLINICAL COMMISSIONING GROUP**

Consideration was given to report that outlined the background to, and performance of, the Extended Access Service (part of the wider NHS Improved Access to General Practice Programme) implemented by both Eastern Cheshire CCG and South Cheshire CCG.

Members asked questions and sought clarity on how the scheme had worked in practice and how effectively the scheme had been used by local Trusts when triaging and diagnosing whether patients would be best seen by A&E or a GP.

The committee agreed that raising awareness of the Extended Access Service would help it to deliver further efficiencies and improvements to patient experiences and outcomes.

RESOLVED –

That the report be noted.

13 **FORWARD PLAN**

Consideration was given to the council's forward plan of key decisions.

RESOLVED –

That the Scrutiny Office enquire with the relevant officers to determine whether the item listed as "CE 18/19-64: Framework for Domestic Repairs and Adaptations" would, in part, fall within the remit of this committee, and whether the matter would be appropriately scrutinised and considered by one of the other three overview and scrutiny committees.

14 **WORK PROGRAMME**

Consideration was given to the committee's work programme.

RESOLVED –

1 That "Care4CE" be added to the work programme to be considered at its next meeting on 1 August 2019.

2 That the Scrutiny Officer liaise with the relevant officers to determine whether the addition of an item relating to the welfare of gypsies and travellers in Cheshire East would appropriately fall within the remit of this committee, and would not duplicate that of another council body.

The meeting commenced at 2.00 pm and concluded at 4.48 pm

Councillor L Wardlaw (Chairman)

Agenda Item 6

Cheshire East Council

Working for a brighter future together

Version Number: 1

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 12 September 2019

Report Title: Work Programme

Senior Officer: Director of Governance and Compliance Services

1. Report Summary

1.1. To review items in the work programme listed in the schedule attached, together with any other items suggested by committee members.

2. Recommendation

2.1. To approve the work programme, subject to reviewing the proposed revisions (as at Section 6) since its last approval on 13 June 2019, and agreement to add new items or delete items that no longer require any scrutiny activity.

2.2. To review the recently suggested items, as set out in Section 7, and determine which items will be added to the work programme and when.

3. Reason for Recommendation

3.1. It is good practice to regularly review the work programme and update it as required.

4. Background

4.1. The committee has responsibility for updating and approving its own work programme. Scrutiny liaison meetings – held between the Chairman and Vice-Chairman of the committee, alongside the portfolio holders and key senior officers – ensure that there is continued awareness and discussion of upcoming policies, strategies and decisions within the committee's remit area.

5. Determining Which Items Should be Added to the Work Programme

5.1. When selecting potential topics, members should have regard to the Council's three year plan and to the criteria listed below, which should be considered to determine whether scrutiny activity is appropriate.

5.2. The following questions should be considered by the committee when determining whether to add new work programme items, or delete existing items:

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

5.3. The committee should not add any items to its work programme (and should delete any existing items) that fall under any one of the following:

- The topic is already being addressed elsewhere by another body (i.e. this committee would be duplicating work)
- The matter is sub-judice
- Scrutiny would not add value to the matter
- The committee is unlikely to be able to conclude an investigation within a specified or required timescale

6. Updates to the work programme since the last meeting

6.1. Since the last meeting on 13 June 2019, the following changes were made to items listed on the work programme.

6.1.1. 'Congleton Minor Injuries Unit' was put back from 1 August 2019 to 10 October 2019, following advice from John Wilbraham (Chief Executive at East Cheshire NHS Trust) on when an update would be both appropriate and ready.

6.1.2. 'CCG Operational Plans' was removed from the work programme and instead circulated as a report for information via email on 24 July 2019.

This was actioned following advice from Matthew Cunningham (Director of Governance at Eastern Cheshire CCG) that the report would have been received by the committee for information only; thereby meaning it is not something the committee would have been able to add value to. The report was circulated to the committee for information on 24 July 2019.

6.1.3. 'Performance Scorecard (Quarter 3 – 2018/19)' was put back from the cancelled meeting on 1 August 2019 to the following meeting on 12 September 2019.

6.1.4. 'The Impact of 2018 Winter Pressures on Delayed Transfers of Care' had initially been put back to the meeting on 12 September 2019 to allow sufficient time for it to be signed off at the relevant internal meetings. This was moved back again to the meeting on 10 October 2019 to manage the size of the meeting agenda in September.

6.1.5. 'Connected Communities' had initially been set for the meeting on 12 September 2019. This was moved back to the meeting on 10 October 2019 for the same reason as listed above in paragraph 7.1.4.

6.1.6. 'Performance Scorecard (Quarter 1 – 2019/20) was put back from the meeting on 12 September 2019 to the following meeting on 10 October 2019 for the same reason as in paragraph 7.1.4.

6.1.7. 'Recommissioning of Assistive Technology' had previously been listed as "TBD – Autumn" but has now been set in the work programme for 7 November 2019.

7. New Suggested Items

7.1. Since the last meeting on 13 June 2019, the following reports and matters have been suggested for the committee to determine whether to add them to its work programme and if so, when. For reference, these were highlighted in orange boxes on the appended work programme document.

7.1.1. 'Local Safeguarding Adults Board Annual Report 2018/19' – the committee would be asked to retrospectively consider the activity, performance and achievements of the Local Safeguarding Adults Board from 2018/19.

7.1.2. 'Carers Hub – Living Well Fund' – the committee would be asked to consider a decision to be taken by Cabinet around November/December on changing the way in which the Living Well Fund is administered.

7.1.3. 'Pre-Budget 2020/21 Consultation' – the committee would be asked to consider the 2020/21 budget proposals for the services that fall within the

committee's remit, and provide feedback to Cabinet via the Corporate Overview and Scrutiny Committee.

8. Implications of the Recommendations

8.1. There are no implications to legal or financial matters, equality, human resources, risk management, or for rural communities, children and young people or public health.

9. Ward Members Affected

9.1. All.

10. Access to Information

10.1. The background papers can be inspected by contacting the report author.

11. Contact Information

11.1. Any questions relating to this report should be directed to the following officer:

Name: Joel Hammond-Gant

Job Title: Scrutiny Officer

Email: joel.hammond-gant@cheshireeast.gov.uk

Work Programme **Health and Adult Social Care and Communities Overview and Scrutiny Committee** Updated 03.09.19

12.09.19 10.00am Committee Suite, Westfields	**10.10.19** 10.00am Committee Suite, Westfields	**07.11.19** 10.00am Committee Suite, Westfields	**05.12.19** 10.00am Committee Suite, Westfields	**16.01.20** 10.00am Committee Suite, Westfields	**06.02.20** 10.00am Committee Suite, Westfields	**05.03.20** 10.00am Committee Suite, Westfields	**09.04.20** 10.00am Committee Suite, Westfields	**07.05.20** 10.00am Committee Suite, Westfields

Item	**Purpose**	**Lead Officer**	**Portfolios**	**Suggested by**	**Scrutiny role**	**Corporate priorities**	**Date**
Cheshire East 5 Year Place Plan	To consider the Cheshire East 5 Year Place Plan and provide comments and feedback before it is submitted for approval by the Cheshire East Place Partnership Board on 25th September 2019.	Acting Executive Director of People	Adult Social Care and Health	Corporate Manager – Health Improvement	Pre-decision scrutiny	People live well and for longer Our local communities are strong and supportive	12.09.19

Provision of Orthodontic and Oral Surgery Services in Cheshire East	(1) To be updated on the progress of the committee's referral of the matter to the Secretary of State for Health and Social Care. (2) To be updated on the future plans for the undertaken of a needs assessment and the development of a new model of care for the services in Cheshire East.	East Cheshire NHS Trust / NHS England	Adult Social Care and Health	Committee	Follow up on recommendations made and determine next steps for committee involvement	People live well and for longer	12.09.19
Macclesfield Neonatal Unit Re-Designation	To consider the plans of East Cheshire NHS Trust to follow the recommendation made by the Neonatal Network to change its status from a neonatal unit to a special care baby unit.	John Wilbraham (East Cheshire NHS Trust)	Adult Social Care and Health	East Cheshire NHS Trust	Monitoring developments or variations in service provision	People live well and for longer	12.09.19
Performance Scorecard - Quarter 3 (2018/19)	To consider performance data for council services in the committee's remit for quarter 3 of 2018/19.	Acting Executive Director of People	Adult Social Care and Health Public Health and Corporate Services Communities	CLT	Performance monitoring	People live well and for longer Our local communities are strong and supportive	12.09.19

Performance Scorecard - Quarter 4 (2018/19)	To keep the committee informed of progress made within the health and adult social care sections, against key performance indicators.	Director of Adult Social Care	Adult Social Care and Health Public Health and Corporate Services Communities	CLT	Performance monitoring	People live well and for longer	12.09.19
Care4CE	To consider the Council's proposals for its Care4CE service, in advance of a formal decision being taken by Cabinet.	Acting Executive Director of People	Adult Social Care and Health	CLT	Pre-decision scrutiny	People live well and for longer	10.10.19
Working Arrangements at the Congleton War Memorial Hospital	To consider a report on the working arrangements at the Congleton War Memorial Hospital	John Wilbraham (East Cheshire NHS Trust) / Clare Watson (Cheshire CCGs)	Adult Social Care and Health	Committee	Performance monitoring Monitoring developments or variations in service provision	People live well and for longer	10.10.19
Impact of 2018 Winter Pressures on Delayed Transfers of Care	To consider performance relating to delayed transfers of care during the 2018/19 winter months.	CEC / Eastern Cheshire CCG / South Cheshire CCG	Adult Social Care and Health	Committee	Performance monitoring	People live well and for longer	10.10.19

Connected Communities	To consider a progress report on performance of the Council's Connected Communities Centres against key strategies and objectives	Director of Public Health	Communities	Committee	Performance monitoring	People live well and for longer Our local communities are strong and supportive	10.10.19
Performance scorecard - Quarter 1 (2019/20)	To keep the committee informed of progress made within the health and adult social care sections, against key performance indicators.	Acting Executive Director of People	Adult Social Care and Health Public Health and Corporate Services Communities	CLT	Performance monitoring	Our local communities are strong and supportive People live well and for longer	10.10.19
Local Safeguarding Adults Board Annual Report 2018/19	*To consider the work undertaken and achievements from 2018/19.*	*Head of Safeguarding*	*Adult Social Care and Health*	*CLT*	*Performance monitoring*	*Our local communities are strong and supportive* *People live well and for longer*	*TBD - 10.10.19*

Carers Hub – Living Well Fund	*To consider a decision to be taken by Cabinet around November on changing the way in which the Living Well Fund is administered.*	*Acting Executive Director of People*	*Adult Social Care and Health*	*CLT*	*Pre-decision scrutiny*	*Responsible, effective and efficient organisation*	*TBD - 10.10.19*
North West Ambulance Service (NWAS) Performance Update	To consider a performance report from NWAS, approximately 12 months on from the last report to the committee.	NWAS	Adult Social Care and Health	Committee	Performance monitoring	People live well and for longer	07.11.19
Everybody Sport and Recreation Annual Performance Report 2018/19	To consider the annual performance of ESAR in 2018/19.	CEO of ESAR	Adult Social Care and Health	Committee	Information / performance monitoring	People live well and for longer Our local communities are strong and supportive	07.11.19
Recommissioning of Assistive Technology	To consider a report providing detail on performance following the recommissioning of assistive technology	Director of Commissioning	Adult Social Care and Health	Committee	Monitoring developments or variations in service provision	Our local communities are strong and supportive People live well and for longer	07.11.19

Work Programme **Health and Adult Social Care and Communities Overview and Scrutiny Committee** Updated 03.09.19

Pre-Budget 2020/21 Consultation	*To consider the 2020/21 budget proposals for the services that fall within the remit of this committee.*	*Acting Executive Director of People / Director of Financial and Customer Services (S151 Officer)*	*Adult Social Care and Health* *Public Health and Corporate Services* *Communities*	*CLT*	*Pre-decision scrutiny*	*Our local communities are strong and supportive* *People live well and for longer* *Responsible, effective and efficient organisation*	*TBD – available from mid-October*
Performance scorecard – Quarter 2, 2019/20	To keep the committee informed of progress made within the health and adult social care sections, against key performance indicators.	Acting Executive Director of People	Adult Social Care and Health Public Health and Corporate Services Communities	CLT	Performance monitoring	Our local communities are strong and supportive People live well and for longer	16.01.20

Review of Autism Screening at Cheshire's Custody Suites	To consider a report from the Cheshire and Wirral Partnership (CWP) on autism screening at Cheshire's custody suites, following a campaign to identify suspects with, or suspected of having, a condition on the Autistic Spectrum.	CWP	Adult Social Care and Health	Committee (following CWP Quality Account 2016/17)	Performance monitoring	People live well and for longer	16.01.20
Delayed Transfers of Care	To consider a report outlining performance on delayed transfers of care approximately 12 months on from the last report to committee in February 2019.	CEC / CCGs / CWP	Adult Social Care and Health	Committee	Performance monitoring	People live well and for longer	06.02.20
Cheshire and Wirral Partnership NHS Foundation Trust – Quality Accounts 2019/20	To consider the 2019/20 Quality Account and provide feedback to be included in the final version of the accounts.	CWP	Adult Social Care and Health	CWP	Performance monitoring	People live well and for longer	09.04.20
East Cheshire NHS Trust – Quality Accounts 2019/20	To consider the 2019/20 Quality Account and provide feedback to be included in the final version of the accounts.	East Cheshire NHS Trust	Adult Social Care and Health	East Cheshire NHS Trust	Performance monitoring	People live well and for longer	09.04.20
Mid Cheshire NHS Trust – Quality Accounts 2019/20	To consider the 2019/20 Quality Account and provide feedback to be included in the final version of the accounts.	Mid Cheshire NHS Trust	Adult Social Care and Health	Mid Cheshire NHS Trust	Performance monitoring	People live well and for longer	09.04.20

Performance scorecard – Quarter 3, 2019/20	To keep the committee informed of progress made within the health and adult social care sections, against key performance indicators.	Acting Executive Director of People	Adult Social Care and Health Public Health and Corporate Services Communities	CLT	Performance monitoring	Our local communities are strong and supportive People live well and for longer	07.05.20
Performance scorecard – Quarter 4, 2019/20	To keep the committee informed of progress made within the health and adult social care sections, against key performance indicators.	Acting Executive Director of People	Adult Social Care and Health Public Health and Corporate Services Communities	CLT	Performance monitoring	Our local communities are strong and supportive People live well and for longer	July/Aug 2020
Recommissioning of Integrated Lifestyle Services	A performance update on the new commission approximately 6 months after it has been in place	Director of Commissioning	Adult Social Care and Health	Committee (2018/19)	Performance monitoring	Our local communities are strong and supportive People live well and for longer	July/Aug 2020

Work Programme **Health and Adult Social Care and Communities Overview and Scrutiny Committee** Updated 03.09.19

Other potential items to be scheduled into the work programme

Item	Purpose	Lead Officer	Portfolios	Suggested by	Scrutiny role	Corporate priorities	Date
Improving physical and mental health and wellbeing in areas of greater deprivation within Cheshire East	To consider a report outlining the work undertaken by the Council and partners focused in areas of higher deprivation in the borough, to improve peoples' physical and mental wellbeing.	Director of Public Health / CEO of ESAR	Adult Social Care and Health	Committee	Overview	People live well and for longer Our local communities are strong and supportive	TBD
Impacts to Cheshire East Adult Social Care Services Following Decision on Millbrook Unit	To consider a report highlighting the impacts to Cheshire East Council adult social care services following the implementation of the new model of mental health services in eastern Cheshire. (This will be brought to the committee following the implementation of new ways of working to ensure sufficient data and evidence for effective scrutiny.)	NHS Eastern Cheshire CCG / CWP / CEC	Adult Social Care and Health	Director of Adult Social Care / Director of Public Health	Performance monitoring	People live well and for longer	TBD

Outcomes from Consultation on Option 2 Plus	To consider information from the Eastern Cheshire CCG, Cheshire and Wirral Partnership and South Cheshire and Vale Royal CCG on the consultation carried out for the newly proposed Option 2 Plus for the redesign of mental health services in Cheshire East.	Associate Director of Commissioning (Eastern Cheshire CCG)	Adult Social Care and Health	Committee	Establish a clear role for monitoring the implementation of changes and the performance of the new service arrangements	People live well and for longer	TBD
Cheshire East Mental Health Strategy	To consider the Cheshire East Mental Health Strategy prior to a decision being made by Cabinet.	Director of Commissioning Corporate Manager – Health Improvement	Adult Social Care and Health	Chairman	Pre-decision, strategy/policy development	People live well and for longer	TBD

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FORWARD PLAN FOR THE PERIOD ENDING 31ST DECEMBER 2019

This Plan sets out the key decisions which the Executive expects to take over the period indicated above. The Plan is rolled forward every month. A key decision is defined in the Council's Constitution as:

> "an executive decision which is likely –
>
> (a) to result in the local authority incurring expenditure which is, or the making of savings which are, significant having regard to the local authority's budget for the service or function to which the decision relates; or
>
> (b) to be significant in terms of its effects on communities living or working in an area comprising one or more wards or electoral divisions in the area of the local authority.
>
> *For the purpose of the above, savings or expenditure are "significant" if they are equal to or greater than £1M."*

Reports relevant to key decisions, and any listed background documents, may be viewed at any of the Council's Offices/Information Centres 5 days before the decision is to be made. Copies of, or extracts from, these documents may be obtained on the payment of a reasonable fee from the following address:

Democratic Services Team
Cheshire East Council
c/o Westfields, Middlewich Road, Sandbach Cheshire CW11 1HZ
Telephone: 01270 686472

However, it is not possible to make available for viewing or to supply copies of reports or documents the publication of which is restricted due to confidentiality of the information contained.

A record of each key decision is published within 6 days of it having been made. This is open for public inspection on the Council's Website, at Council Information Centres and at Council Offices.

This Forward Plan also provides notice that the Cabinet, or a Portfolio Holder, may decide to take a decision in private, that is, with the public and press excluded from the meeting. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, 28 clear days' notice must be given of any decision to be taken in private by the Cabinet or a Portfolio Holder, with provision for the public to make representations as to why the decision should be taken in public. In such cases, Members of the Council and the public may make representations in writing to the

Democratic Services Team Manager using the contact details below. A further notice of intention to hold the meeting in private must then be published 5 clear days before the meeting, setting out any representations received about why the meeting should be held in public, together with a response from the Leader and the Cabinet.

The list of decisions in this Forward Plan indicates whether a decision is to be taken in private, with the reason category for the decision being taken in private being drawn from the list overleaf:

1. Information relating to an individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including to authority holding that information)
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under the authority
5. Information in respect of which a claim to legal and professional privilege could be maintained in legal proceedings
6. Information which reveals that the authority proposes (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or (b) to make an order or direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation of prosecution of crime

If you would like to make representations about any decision to be conducted in private at a meeting, please email:

Paul Mountford, Executive Democratic Services Officer
paul.mountford@cheshireeast.gov.uk

Such representations must be received at least 10 clear working days before the date of the Cabinet or Portfolio Holder meeting concerned.

Where it has not been possible to meet the 28 clear day rule for publication of notice of a key decision or intention to meet in private, the relevant notices will be published as soon as possible in accordance with the requirements of the Constitution.

The law and the Council's Constitution provide for urgent key decisions to be made. Any decision made in this way will be published in the same way.

Forward Plan

Key Decision and Private Non-Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-55 Sandbach School - Authority to Enter into a Grant Agreement	To enter into a grant agreement with Sandbach School to a value of £1,545,095 in order to passport funding to them for the purposes of undertaking a scheme which increases the capacity of the school from a published admission number of 210 to 240.	Chief Executive	Not before 16th May 2019		Jacky Forster, Director of Education and 14-19 Skills	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-65 SMDA Infrastructure Procurement Strategy	In accordance with the authority delegated by Cabinet to the Executive Director of Place on 8th May 2018: To procure the infrastructure, utilities and ground stabilisation works at South Macclesfield Development Area; to enter into any contracts or agreements required under the SCAPE Civil Engineering and Infrastructure Framework; and to utilise an NEC ECC Type C construction contract with Early Contractor Involvement.	Executive Director Place	Not before 12th Jun 2019			N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-66 SMDA Infrastructure and Funding Agreement	In accordance with the authority delegated by Cabinet to the Executive Director of Place on 8th May 2018: To enter into a funding agreement (infrastructure agreement) with the principal landowner in respect of the Council's landholding at South Macclesfield Development Area.	Executive Director Place	Not before 12th Jun 2019			Partly exempt by virtue of paras 3 and 5.

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-69 Acquisition of the Willows, Macclesfield	In accordance with Chapter 2, Part 6, Paragraph 52 of the constitution of Cheshire East Borough Council dated 12th February 2019: To approve the acquisition of the property known as The Willows, Macclesfield, Cheshire SK11 8LF and to instruct the Council's Legal Officers to proceed to legal completion of the purchase and any related legal documentation on terms and conditions to be determined by the Assets Manager and the Director of Governance and Compliance.	Executive Director Place	Not before 19th Jun 2019			Fully exempt under para 3
CE 19/20-8 Sandbach High School - Authority to Enter into a Grant Agreement	To enter into a grant agreement with Sandbach High School and Sixth Form School to a value of £1,100,000 in order to passport funding to them for the purposes of undertaking a scheme which increases the capacity of the school from a published admission number of 210 to 240.	Chief Executive	Not before 5th Aug 2019		Jacky Forster, Director of Education and 14-19 Skills	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-50 Environment Strategy	To seek approval for the draft Environment Strategy and agreement that a borough wide public consultation takes place seeking views on the draft Environmental Strategy, with the decision on all final consultation materials being delegated to the Executive Director of Place. The outcomes of the consultation and any resultant changes to the draft strategy will be reported to and approved by Cabinet in due course.	Cabinet	10 Sep 2019		Paul Bayley	
CE 18/19-53 Site Allocations and Development Policies Document - Public Consultation	To seek approval to publish a Publication Draft of the Cheshire East Site Allocations and Development Policies Document, along with its supporting evidence, for a further six weeks' public consultation.	Cabinet	10 Sep 2019		Jeremy Owens	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-64 Framework for Domestic Repairs and Adaptations	To approve the establishment of a framework to commission low value domestic repairs and adaptations on behalf of vulnerable residents, and to authorise the Executive Director Place in consultation with the Portfolio Holder for Housing, Planning and Regeneration to award and enter into a framework.	Cabinet	10 Sep 2019		Karen Whitehead	N/A
CE 19/20-4 Poynton Relief Road - Final Approval to Underwrite Funding Gap, Appoint Contractor and Submit Final Business Case	To seek approval to confirm the formal underwriting of the funding gap for the Poynton Relief Road, submit the final business case to the Department for Transport, confirm the selection of the winning contractor and appoint the contractor to undertake limited advance works.	Cabinet	10 Sep 2019		Paul Griffiths	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-9 North West SEND Purchase System	To approve the development of a North West 'Purchasing System' in order to procure and award contracts for school places at independent and non-maintained special schools for those pupils with complex Special Educational Needs and Disabilities. To delegate authority to award contacts to the Acting Executive Director of People.	Cabinet	10 Sep 2019		David Leadbetter	
CE 19/20-10 Re-Commission of Supported Accommodation/ Independent Living for Cared for Children	To approve the re-commissioning of Supported Accommodation/Independent Living Provision and delegate authority to the Acting Executive Director People, following consultation with the Portfolio Holder for Children and Families, to make a decision on award of contract.	Cabinet	10 Sep 2019		David Leadbetter	

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-12 Managed Provision for Consultancy	To delegate authority to the Executive Director of Corporate Services to enter into the necessary legal documentation to appoint a partner and all incidental legal agreements for the managed provision of consultancy requirements utilising a NEPO framework to appoint Bloom Procurement Services Ltd.	Cabinet	10 Sep 2019		Lianne Halliday	
CE 19/20-14 Agency Worker Contract Procurement	To delegate authority to officers to award the contract.	Cabinet	10 Sep 2019		Sara Barker, Head of HR	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-15 Commissioning of Community Equipment Services	To delegate authority to the Executive Director People to enter into a Memorandum of Understanding and S75 Agreement with local authority and health partners; approve the procurement of a contract for community equipment services; and delegate authority to the Executive Director People to award a contract to a supplier of community equipment services.	Cabinet	10 Sep 2019		Nichola Glover-Edge, Director of Commissioning	N/A
CE 19/20-16 Improved Better Care Fund 2019/20	To endorse the Improved Better Care Fund schemes and associated expenditure.	Cabinet	10 Sep 2019		Nichola Glover-Edge, Director of Commissioning	N/A
CE 18/19-51 ASDV Programme Update	To authorise officers to take all necessary actions to implement the recommendations made in the ASDV Review report approved by Cabinet on 12th March 2019.	Deputy Leader of the Council	September 2019			Fully exempt - paras 3 & 4

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-67 Macclesfield Town Centre Regeneration - Strategic Regeneration Framework and Future Programme	Taking into account the outcome of a public consultation on a draft Strategic Regeneration Framework for Macclesfield Town Centre, to approve a final version of the Framework and agree further actions stemming from its recommendations.	Cabinet	8 Oct 2019		Jo Wise	N/A
CE 19/20-11 Re-Commission of Children with Disability Short Breaks	To approve the re-commissioning of Children with Disability short breaks services and delegate authority to the Acting Executive Director People, following consultation with the Portfolio Holder for Children and Families, to make a decision on award of contract.	Cabinet	8 Oct 2019		David Leadbetter	
CE 19/20-13 The Cheshire East Partnership Five Year Plan	To approve the Partnership Five Year Plan for submission to the Cheshire and Merseyside Health and Care Partnership and to authorise Officers to take all necessary actions to submit the Plan.	Cabinet	8 Oct 2019		Guy Kilminster	

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-54 Crewe Station Hub Area Action Plan - Public Consultation	To seek approval for a further six week consultation period on the Crewe Station Hub Area Action Plan.	Cabinet	8 Oct 2019		Adrian Fisher, Head of Planning Strategy	N/A
CE 19/20-5 Recommissioning of Housing-Related Support Contracts	To seek approval to the recommissioning of Housing-Related Support Contracts to be awarded from 1st April 2020, and to delegate authority to the Executive Director Place to authorise and award the contracts.	Cabinet	8 Oct 2019		Karen Carsberg, Strategic Housing and Intelligence Manager	N/A
CE 19/20-7 Everybody Sport and Recreation Annual Performance Report 2018/19 and Leisure Centre Capital Improvement Programme	Cabinet will be asked to: 1. note the annual performance report for 2018/19 from Everybody Sport and Recreation; and 2. approve the letting of a series of contracts for future capital improvement works at leisure centre provision in Knutsford, Middlewich, Nantwich, Poynton and Wilmslow.	Cabinet	8 Oct 2019		Mark Wheelton	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-44 Local Transport Plan	Cheshire East Council as the Local Transport Authority has a duty to produce, and keep under review, a Local Transport Plan (LTP) in accordance with the Local Transport Act 2008. Council will be asked to approve the LTP for adoption following consideration by Cabinet.	Council	17 Oct 2019		Richard Hibbert	N/A
CE 19/20-6 Care4CE	In connection with a strategic review of Care4CE, to seek approval to establish a wholly-owned community interest company (CiC), and to introduce new terms and conditions for new staff in the Single Legal Entity (SLE).	Cabinet	5 Nov 2019			N/A
CE 19/20-18 Review of Council Tax Support Scheme for 2020/21	To approve the Council Tax Support Scheme for 2020/21.	Cabinet	5 Nov 2019		Liz Rimmer	N/A
CE 18/19-60 The Minerals and Waste Development Plan	To seek approval to consult on the first draft of the Minerals and Waste Development Plan.	Portfolio Holder for Planning	November 2019		Adrian Fisher, Head of Planning Strategy	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-17 Well-Managed Highway Infrastructure	To seek authority for the Executive Director Place, in consultation with the Portfolio Holder for Highways and Waste, to approve amendments to the Council's Highway Inspection Code of Practice and Adverse Weather Plan to ensure that they accord with the document ' Well-Managed Highway Infrastructure'.	Cabinet	14 Jan 2020		Paul Traynor	N/A
CE 18/19-68 Medium Term Financial Strategy 2020-24	To approve the Medium Term Financial Strategy for 2020-24, incorporating the Council's priorities, budget, policy proposals and capital programme. The report will also include the capital, treasury management, investment and reserves strategies.	Council	20 Feb 2020		Alex Thompson, Director of Financial and Customer Services	N/A

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Cheshire East Council

Working for a brighter future together

Version Number:	

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 12 September 2019

Report Title: Referral to Secretary of State for Health and Social Care – Update and Next Steps

Senior Officer: Director of Governance and Compliance Services

1. Report Summary

1.1. To present the committee with the letter sent by the Secretary of State for Health and Social Care in response to the committee's referral of the closure of specialist orthodontic and oral surgery services in Cheshire East, sent on 8 May 2019.

2. Recommendations

2.1. To consider the letter of the Secretary of State for Health and Social Care, together with the update report provided by NHS England.

2.2. To determine whether the committee wishes to respond to the letter of the Secretary of State and if so, what it wishes to say.

3. Reason for Recommendations

3.1. To pursue the committee's referral to the Secretary of State for Health and Social Care.

3.2. This is not the recommended option as it would negate the work already undertaken, and progress made, by the committee on this matter to date.

4. Background

4.1. The issue that the committee sought to refer to the Secretary of State for Health and Social Care was first reported to the committee on 7 February

2019, via briefing notes presented by the supporting Scrutiny Officer and Chairman.

4.2. After being presented with a fuller report by NHS England North (Cheshire and Merseyside) on 7 March 2019, the committee determined that the closure of specialist orthodontic and oral surgery services at Macclesfield District General Hospital substantiated a 'Level 3 Significant Development or Variation' in health service provision.

4.3. The committee's view was that the matter should be referred to the Secretary of State for Health and Social Care under the rationale that:

(1) no consultation or engagement had taken place with the committee, public or other interested stakeholders, and

(2) the service reconfiguration would not be in the best interests of the service users and local public.

5. Implications of the Recommendations

5.1. There are no implications to legal or financial matters, equality, human resources, risk management, or for rural communities, children and young people or public health.

6. Access to Information

6.1. The letter received from the Secretary of State for Health and Social Care, on 30 July 2019, is published alongside this covering report.

7. Contact Information

7.1. Any questions relating to this report should be directed to the following officer:

Name: Joel Hammond-Gant

Job Title: Scrutiny Officer

Email: joel.hammond-gant@cheshireeast.gov.uk

Department of Health & Social Care

From the Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care

39 Victoria Street
London
SW1H 0EU

020 7210 4850

POC_1184714

Councillor Stewart Gardiner
Chair
Health and Adult Social Care and Communities Overview and Scrutiny Committee
Cheshire East Borough Council
Municipal Buildings
Earle Street
Crewe CW1 2BJ

30 July 2019

Dear Cllr Gardiner,

Closure of Specialist Oral Surgery and Orthodontic Services in Macclesfield, Cheshire

Thank you for your letter of 8th May referring this case to me. I appreciate your concerns about oral surgery and orthodontics services in Macclesfield General Hospital.

I am advised that discussions are ongoing between local partners and that a meeting is scheduled in early August to agree commissioning arrangements for these services. Given the late discussion of this issue, I appreciate your efforts to find a local resolution with commissioners, as all partners must satisfy themselves that options have been fully explored before proceeding with a referral.

I would be grateful for an update on progress from you following the meeting in August.

Yours ever,

MATT HANCOCK

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Cheshire East Council

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Version Number:	

BRIEFING REPORT

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 12 September 2019

Report Title: Orthodontic and Oral Surgery/Medicine service and future commissioning

Author: Tom Knight – Head of Primary Care (NHS England/NHS Improvement – North West)

1. Introduction and Policy Context

1.1. This report provides the Health and Adult Social Care Communities Overview and Scrutiny Committee with an update on the commissioning of Oral Surgery and Orthodontic services for the residents of East Cheshire and the proposed next steps.

2. Background

2.1. Notice on the Orthodontic and Oral Surgery services was served to NHS England North (Cheshire and Merseyside) by East Cheshire NHS Trust (ECT) in September and October 2018, for cessation on 6th March and 17th April 2019 respectively.

2.2. The timescales involved did not allow commissioners to re-procure new services. A normal procurement can take from between 12 months to 18 months. The priority for ECT and commissioners was to identify alternative interim providers in order to minimise disruption to patients as much as possible.

2.3. Commissioners are not aware of any complaints from patients either from the NHS England national contact centre or via local Healthwatch colleagues.

2.4. The service has not been de-commissioned; the situation has been created by a set of exceptional circumstances that the Trust and Commissioners have been managing together in the interests of patients. Staff at the Trust should be commended on their efforts during this difficult period in terms of their commitment to the provision of additional clinics; support to patients and in particular those patients whose treatment could be completed; and also in the onward clinical transfer to new providers.

2.5. The purpose of this report is to provide assurance that the safe transfer of patients was completed and to share with the OSC the proposed next steps and timeline for taking services forward in the future. It has always been our intention to go out to re-procure a provider (or providers) for both Orthodontic and Oral Surgery services for East Cheshire residents. A model of care will now be developed and options proposed following engagement with stakeholders, patients and the public and health and care staff. The final commissioning decision will be taken after consultation with these groups.

3. Update on transfer of patients from ECT.

3.1. The safe transfer of patients to a provider as close to where they live as possible was the overriding priority for commissioners and ECT colleagues. The service received patients from a wide geographic area, including East Cheshire, South Manchester, Staffordshire, Derbyshire and Mid Cheshire.

3.2. The following table identifies the final destination for those patients who were transferred from ECT in relation to Orthodontic patients:

Patient group	**Reside**	**Numbers**	**Destination venue**
Simple follow -ups required	Manchester	2	Primary care provider in South Manchester
	East Cheshire	1	Primary care provider in Macclesfield
Those requiring secondary care orthodontics or Tertiary Orthognathic services	Staffordshire	6	University Hospital North Midlands
	Derbyshire	13	Chesterfield
	East Cheshire	10	Stepping Hill
		15	Wythenshawe (tertiary centre)
		18	Countess of Chester
	East Cheshire (Mid)	8	Warrington
Total		**73**	

3.3 All orthodontic patients have been advised of the changes by ECT and safely transferred to their new providers.

3.4 The following table identifies the final destination for those patients who were transferred from ECT in relation to Oral Surgery patients:

Patient group	**Reside**	**Numbers**	**Destination venue**
Oral Surgery (OS)	Staffordshire	1	University Hospital North Midlands
OS	Derbyshire	30	Chesterfield
OS (paediatrics)	East Cheshire	37	Treated by a specialist from primary care, onsite at ECT
OS (adult)	East Cheshire	2	Wythenshawe
		68	Spire Regency (Macclesfield)
		1	Private provider
OS /OM follow-ups		143	Weston Clinic, Macclesfield (specialist working in primary care setting)
Total		**282**	

3.5 All patients requiring ongoing care were advised of the changes by ECT and transferred to their new providers, with the necessary patient records. All children who had already started a programme of treatment, continued to be seen on-site at ECT until their treatment was completed.

3.6 No new referrals were made from 10th October 2018 and the on-site service for existing patients ended in June 2019. Any new referrals from the East Cheshire area have been directed to their nearest local service.

4 National guidance and service models for orthodontics and oral surgery/medicine.

4.1 NHS England is responsible for commissioning all dental service provision. These services include those provided within secondary care, primary care and by community services.

4.2 An orthodontic treatment typically takes 2-3 years to complete and involves the fitting of braces with the need for frequent review and adjustment. The table below describes the national service model for Orthodontics alongside a description of each tier, how residents of East Cheshire would access the service and the type of intervention. The table below describes the national service model:

NATIONAL SERVICE MODEL AND TYPE OF INTERVENTIONS	POINT OF ACCESS
Level 1 Treatment and care undertaken in NHS primary dental care	General dental practitioners (high street)
Level 2 Treatment undertaken by practitioners, under specialist supervision and with a formal link to a consultant-led Managed Clinical Network MCN. This includes dentists who have enhanced skills and/ or experience; non-specialists who have demonstrated the competencies detailed in the Curriculum for the Primary Care Dentist with a Special Interest in Orthodontics, either by obtaining the Diploma in Primary Care Orthodontics or by demonstrating equivalence	Specialist orthodontists in primary care (high street)
Level 3a Treatment undertaken by practitioners who are on the Specialist List for Orthodontics with a formal link to a consultant-led MCN.	This is predominantly delivered by specialist orthodontists and relates to primary care treatments which could be delivered in either a primary care (high street) or secondary care setting (hospital)
Level 3b Treatment undertaken by practitioners who are on the Specialist List for Orthodontics and have undergone an approved period of further post-specialist training or who can demonstrate equivalence.	Level 3b Orthodontic treatment is generally delivered within a secondary care setting (hospital) and was delivered by ECT previously.

4.3 Prior to 2018, orthodontic services provided at ECT were in general linked to the complex orthognathic treatments being provided in Manchester. This would include for example a patient who has a facial deformity or has been the involved in a road traffic collision.

4.4 The table below describes the national service model for Oral Surgery alongside a description of each tier, how residents of East Cheshire would access the service and the type of intervention:

NATIONAL SERVICE MODEL AND TYPE OF INTERVENTIONS	POINT OF ACCESS
Level 1 Procedures/conditions to be performed or managed by a clinician commensurate with a level of competence as defined by the Curriculum for Dental Foundation Training or equivalent	General dental practitioners i.e. primary care (high street).
Level 2 Care is defined as procedural and/or patient complexity requiring a clinician with enhanced skills and experience who may or may not be on a specialist register.	General dental practitioners with specialist skills in primary care (high street).

Level 3a Procedures/conditions to be performed or managed by a clinician recognised as a specialist at the GDC defined criteria and on a specialist list; **OR** by a consultant.	This is predominantly delivered by specialist oral surgeon in primary care (high street).
Level 3b Procedures/conditions to be performed or managed by a clinician recognised as a consultant in the relevant specialty, who has received additional training which enables them to deliver more complex care, lead MDTs, MCNs and deliver specialist training.	Delivered by a Consultant and was delivered previously from ECT (hospital setting).

4.5 Oral surgery services were provided at ECT by maxillofacial surgeons from Manchester via a recharge arrangement between the Trusts, for the staff time. These surgeons are dually qualified and able to undertake oral surgery, some aspects of oral medicine as well as specialised maxillofacial work.

4.6 These clinicians provided general oral surgery procedures at Macclesfield and generally commensurate with Tier 3 services. These are essentially complex and cannot be treated by a high street specialist along with the pre-treatment and follow-up care for the more complex maxillofacial surgical work which was provided at the centralised Regional Centre in Manchester. A similar arrangement exists within Leighton hospital provided by the Regional Maxillofacial Service based in University Hospitals, Aintree. Oral surgery procedures generally only involve 2-3 attendances.

5 Orthodontic services and recent developments

5.1 In order to address the service ECT has ceased providing, commissioners have urgently reprioritised the dental work programme to review and develop commissioning proposals for the East Cheshire population.

5.2 As can be seen from the descriptions above, East Cheshire Trust (in partnership with Manchester) has provided the most specialist aspects of orthodontic and oral surgery services to East Cheshire population.

5.3 A national service specification for secondary care orthodontic services is under development and is due to be available by November 2019 in draft form. The intention is that this is reviewed locally to reflect local pathways and will be subject to local stakeholder engagement before being considered for adoption and this will include the OSC.

5.4 In addition, the local Managed Clinical Network (MCN) for orthodontics (which meets quarterly) has been asked to suggest a clinical model for these services, which will be more sustainable than previous arrangements and have suggested one potential option being a “hub and spoke” model.

5.5 A regional procurement of local specialist primary care orthodontic services is currently underway within Cheshire and Merseyside and these contracts need to be successfully mobilised so that primary care orthodontic provision is in place and up and running before the commissioning focus shifts to the implementation of the new national secondary care contract prior to finalising a future local orthodontic service.

5.6 The national service specification and the clinical model developed by the MCN will also be taken in to consideration when developing options to influence our commissioning decisions.

6. Oral Surgery Medicine recent developments

6.1. Based on local research undertaken by commissioners in 2016 and an evaluation of clinical need looking at referral pre and post introduction of a referral management system; there is evidence that approximately 60% of patients who were historically treated within a secondary care service could be safely and effectively treated in a Tier 2 setting in primary care. Tier 2 providers have a quicker turnaround from referral to treatment (generally within 6 weeks) than the secondary care national Referral to Treatment Standard of 18 weeks.

6.2. This shift to providing more Tier 2 procedures in primary care would improve capacity within Tier 3 services. This would mean patients requiring Tier 3 OS procedures or specific oral medicine interventions will have access to more choice of appointments and could be seen quicker.

6.3. We have introduced a pilot scheme at the Weston Clinic, which aims to further enhance patient experience and outcomes. This scheme is monitoring Tier 2 oral medicine cases with the option for patients to be fast-tracked into a Tier 3 provider if clinically indicated. Referral of patients for oral medicine is being moved to an electronic referral system in order to more effectively quantify the level of need.

7. Proposed next steps and commissioning timeline

Oral Surgery/Medicine service provision:

- ECT served notice October 2018.
- Commissioners and ECT completed safe transfer of existing patients Oct – June.
- September 2019 commissioners to attend OSC and provide update.
- November/December commissioners will return to OSC and provide further update.
- Check with NHSE/I service assurance lead that correct process is being followed. Report internally as required.
- December 2019 Commissioners will evaluate the pilot at Weston Clinic.
- January 2020 Commissioners will review needs assessment and electronic referral data for oral surgery/medicine. Commence period of patient/public engagement to inform development of proposal and options. This could be in the form of focus groups and surveys.
- March 2020 Complete analysis of patient/public engagement feedback
- April 2020 draft proposal or set of options to be considered and the views of the OSC sought prior to any commissioning decision being made.

Orthodontic service provision:

- ECT served notice October 2018.
- Commissioners and ECT completed safe transfer of existing patients Oct – June.
- September 2019 commissioners to attend OSC and provide update.
- November/December 2019 commissioners will return to OSC and provide further update.
- Check with NHSE/I service assurance lead that correct process is being followed. Report internally as required.
- January 2020 Commissioners will commence period of patient/public engagement to inform development of proposal and options. This could be in the form of focus groups and surveys.
- March 2020 Complete analysis of patient/public engagement feedback.
- April 2020 draft proposal or set of options to be considered and report back to OSC prior to any commissioning decision being made regarding potential future service model.

Commissioners will ensure that following a decision on any future service models any procurement of services must be in line with the Procurement Regulations 2015 and that the service specifications relating to this must comply with national

commissioning guides and are based on up to date needs assessment information.

Commissioners recognise we have an obligation to ensure that the OSC is part of the future process in line with respective statutory responsibilities and commissioners will ensure that the commissioning process is compliant and reported via the NHS England Service Change Assurance policy.

Report ends

East Cheshire NHS Trust

Macclesfield Neonatal Unit re-designation

This report briefs the Health and Adult Social Care and Communities Overview and Scrutiny Committee regarding a planned re-designation of the current Neonatal Unit at Macclesfield District General Hospital to a Special Care Baby Unit. This is essentially a change of the unit's title in response to current national standards, with the only significant outcome being that approximately three additional premature babies will be transferred to larger neighbouring units each year. This would be as a result of the unit changing its acceptance criteria by one week's gestation so that only babies of 32 weeks and above gestation would be admitted.

1 INTRODUCTION

The Neonatal Unit at Macclesfield Hospital is currently designated a 'Level 2' local neonatal unit.

A neonatal unit cares for infants who require an additional level of care to that of a normal well newborn. There are 3 levels of neonatal care:

- Level 1 – also known as a Special Care Baby Unit – admits babies delivered after 31 weeks gestation (or 32 for twins) who are considered low risk. Babies needing high dependency or ventilation are transferred out to a Level 2 or 3 unit
- Level 2 – also known as a Local Neonatal Unit – admit babies delivered after 28 weeks and above considered to be at medium risk. Also capable of delivering high dependency care and short term intensive care.
- Level 3 – also known as Neonatal Intensive Care Unit (NICU) – reserved for babies needing intensive care.

There is an 8 cot Level 2 (Local Neonatal Unit) located in close proximity to the Maternity wards on the Macclesfield Hospital site which cares for around 140 babies per year.

2 SERVICE CURRENTLY PROVIDED AS NNU

The Macclesfield Unit accepts infants born after 31 weeks' gestation – babies born earlier are transferred to larger specialist units.

- The Level 2 unit in Macclesfield currently accepts infants born after 31 weeks' gestation (contrary to the general standard of 28 weeks for a Level 2 unit outlined above), and twins of 32 weeks or more gestation.
- Other multiple pregnancies and high risk women are referred to other units.
- Any infants requiring specialist surgery are transferred to The Royal Manchester Children's Hospital or Alder Hey Children's Hospital in Liverpool.
- Babies requiring prolonged ventilation (>6 hours) are also transferred to these larger neighboring units. During 2016/17, 16 babies were transferred to other NNUs.

3 REASON FOR RE-DESIGNATION TO SCBU

The unit does not meet current requirements for a local neonatal unit with its existing medical staffing provision.

- A recent peer review found that the current service delivers good clinical care and positive outcomes
- However, the current medical staffing levels on Macclesfield's unit are not compliant with the recommended levels for a 'Level 2' local neonatal unit (as determined by the British Association of Perinatal Medicine), although they are sufficient for a Level 1 special care baby unit.
- This means there is one doctor providing overnight and weekend cover for both the neonatal unit and on the paediatric ward. The unit is compliant on weekdays.
- The small size of the unit means that it is not practicable or affordable to meet the staffing requirements of a Level 2 unit which requires 2 doctors overnight.
- Therefore re-designating the unit as a special care baby unit would ensure it is compliant with national standards, whilst meeting the needs of the service.
- NHS England (commissioners) and Cheshire and Mersey Neonatal Network are supportive of the re-designation.

4 SERVICE AFTER RE-DESIGNATION AS SCBU

Re-designation of the unit to a Special Care Baby Unit will have minimal impact on activity levels and result in around three additional transfers per year.

- The only significant change arising from the re-designation from a neonatal unit to a special care baby unit is that babies born at 32 weeks gestation or less will need to be transferred to a neighbouring hospital, rather than at the current 31 weeks.
- Based on activity levels, this means an additional three babies per year (approximately) will be transferred to a larger unit. For context, around 1,500 babies are born at Macclesfield Hospital each year.
- Neighbouring trusts have confirmed their ability to absorb this small number of transfers of care.
- Subject to approval, the trust plans to implement the re-designation in October 2019.

5 SUMMARY

- The Neonatal Unit at Macclesfield Hospital is currently designated a 'Level 2' local neonatal unit but does not meet clinical standards for this type of unit.
- Re-designating the unit as a special care baby unit would more accurately reflect the service it provides
- This will result in the transfer of around three additional premature babies each year due to changing acceptance criteria from babies with 31 to 32 weeks' gestation or more.

5.1 Committee members are asked to note the content of this report and raise any queries or requests for additional information.

Sign Off **Kath Senior**
Director of Nursing and Quality

APPENDIX A

Activity levels for Macclesfield

1. **In 2016/17, 139 babies were admitted to the neonatal unit which represents 8% of all live births in the Trust (Peer Review, 2018).**

2. **Overall bed occupancy was 32.8% for 2017/18 (34% for SCBU cots and 64% for HDU cots).**

3. **The activity is significantly below the optimal levels suggested for a Level 2 Unit (BAPM).**

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Cheshire East Council

Working for a brighter future together

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 12 September 2019

Report Title: Cheshire East Partnership Five Year Plan

Portfolio Holder: Cllr Laura Jeuda, Portfolio Holder Adults Social Care and Health

Senior Officer: Mark Palethorpe, Acting Executive Director of People

1. Report Summary

1.1. NHS England requires each Sustainability and Transformation Partnership area (now known as Health and Care Partnerships) to prepare Five Year Strategies, as their response to the NHS England Long Term Plan (published January 2019). The Cheshire and Merseyside Health and Care Partnership (C&MH&CP) has started work on its Strategy and, to inform this, has asked that each of the nine 'Place based' health and care partnerships in Cheshire and Merseyside (aligned to the local authority geographies) develop their own Five Year Plans.

1.2. The draft Cheshire East Partnership Five Year Plan has been shared with residents and staff through an engagement exercise over the summer (1st August to 23rd August). The draft Plan had to be submitted to the C&MH&CP at the end of August. It is now necessary for a final, post-engagement version of the Plan to be prepared for endorsement by the Health and Wellbeing Board, Cabinet and other partner organisation's governing bodies. To inform this, the draft Plan is brought to the Scrutiny Committee for comment and feedback.

1.3. The draft Plan is attached as Appendix One, together with a Technical Appendix (Appendix Two and a summary of the engagement feedback (Appendix Three). It sets out the vision of the Partnership (made up of the Local Authority, the Clinical Commissioning Groups, NHS Providers, the local GPs – and through the Health and Wellbeing Board, the Police and Fire and Rescue Service, the community and voluntary sector, NHS England and Healthwatch). This vision is to improve the health and wellbeing of local communities, enabling people to live longer and healthier

lives. We will do this by creating and delivering safe, integrated and sustainable services that meet people's needs by the best use of all the assets and resources we have available to us. Wellbeing comes from everyone taking ownership of what they can do for themselves and their community, with support available and focussed when and where it is needed.

2. Recommendations

2.1. That the Health and Adult Social Care and Communities Overview and Scrutiny Committee consider and comment upon the draft Cheshire East Partnership Five Year Plan.

3. Reasons for Recommendations

3.1. To ensure the draft Cheshire East Partnership Five Year Plan is considered by the Scrutiny Committee to inform the revision of the Plan, in advance of its endorsement by the Council as a key partner in leading the transformation of health and care in Cheshire East.

3.2. To allow the timely submission of the Cheshire East Partnership Five Year Plan to the Cheshire and Merseyside Health and Care Partnership to meet their requirements that all Places submit Plans by October/November 2019.

4. Other Options Considered

4.1. The Local Authority could have chosen not to engage with the work of the Cheshire East Partnership and the drafting of the Five Year Plan. However, with Health and Social Care Integration a key element of the NHS Long Term Plan and a priority of the Department of Health and Social Care, it is important that we are an active partner in this work to influence discussions and decisions. In focussing on better outcomes for our residents and particularly those in need of health and / or care services, this willingness to be an active partner with health colleagues is a key requirement.

5. Background

5.1. The Sustainability and Transformation Partnerships were formed in 2015/2016 as a result of the NHS England 'Five Year Plan's' aspirations to see closer working across health and care and progress being made towards integrated provision. There was also an imperative to make more effective use of resources across the system. The Cheshire and Merseyside STP was formed in January 2016, a partnership of the twelve clinical commissioning groups, twenty NHS provider organisations (hospitals, community and mental health trusts) and the nine local authorities. The STP was re-branded as the Cheshire & Merseyside Health & Care Partnership in 2017.

5.2. The publication of the NHS Long Term Plan in January 2019 has re-emphasised the importance of these Partnerships in the NHS future plans, with the transition to Integrated Care Systems (ICS) being the aspiration for each regional partnership by 2021. Achieving ICS status will bring additional resource and a level of autonomy for the Partnership in its decision making. The Five Year Strategy is a key element of this, demonstrating that the C&MH&CP has the maturity and ambition to deliver what NHS England expects from the ICS. Similarly the Place-based Five Year Plans need to show that there is a common vision for the provision of health and care services within that area, with a good understanding of the local challenges, a commitment from local partners to work together and clarity in relation to what needs to be delivered.

5.3. The Cheshire and Merseyside Health and Care Partnership (and its equivalents elsewhere in the country) and local place-based health and care partnerships are seen by NHS England as a pragmatic way to join up planning and service delivery across primary and specialist care, physical and mental health and health and social care.

5.4. With regard to the Cheshire East Partnership Five Year Plan, the draft Plan was shared with the public from 1st to 23rd August and submitted (as a draft) to the C&MH&CP at the end of August. A revised Plan that incorporates changes initiated through the engagement process has now to be taken through the governing bodies of the Partners for endorsement. The final endorsed version will be submitted to the Cheshire and Merseyside Health and Care Partnership by the end of October.

5.5. The Cheshire East Partnership Plan sets out the vision of the Partnership (made up of the Local Authority, the Clinical Commissioning Groups, NHS Providers, local GPs – and through the Health and Wellbeing Board, the Police and Fire and Rescue Service, the community and voluntary sector, NHS England and Healthwatch). This is to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We will do this by creating and delivering safe, integrated and sustainable services that meet people's needs by the best use of all the assets and resources we have available to us. Wellbeing comes from everyone taking ownership of what they can do for themselves and their community, with support available and focussed when and where it's needed.

5.6. The focus of the Partnership is upon:

5.6.1 Tackling inequalities, the wider causes of ill-health and the need for social care support through an integrated approach to reducing poverty, isolation, housing problems and debt;

5.6.2 Prevention of ill health through early intervention, health improvement and creating environments that support and enable people to live healthily;

5.6.3 Ensuring our actions are centred on the individual, their goals, the communities in which they live and supporting people to help themselves;

5.6.4 Having shared planning and decision making with our residents.

5.7. The key outcomes that the Partnership through the Plan aspires to achieve are:

5.7.1 To create a place that supports health and wellbeing for everyone living in Cheshire East;

5.7.2 To improve the mental health and wellbeing of people living and working in Cheshire East;

5.7.3 To enable more people to live well for longer in Cheshire East;

5.7.4 To ensure that children and young people are happy and experience good physical and mental health and wellbeing.

6. Implications of the Recommendations

6.1. Legal Implications

6.1.1. Cheshire East is a member of C&MH&CP which has asked each of the nine 'place based' health and care partnerships (of which Cheshire East is one) to develop their own Five Year Plans, to inform its Strategy in response to the requirements set by NHS England in its Long Term Plan published in January 2019, for each Sustainability and Transformation Partnership area to prepare Five Year Strategies. It should be noted that the Council has not at this stage, signed the Cheshire East Partnership's Memorandum of Understanding, because of concerns regarding the different funding streams that the NHS and the Authority draw upon.

6.1.2. There is no formal requirement to consult on the contents of the Cheshire East Place Partnership Plan at this stage but there has been a period of public engagement, which has taken place over the summer 2019.

6.1.3. The Governing Bodies of the Partner organisations of the Cheshire East Place Partnership are being asked to endorse the Plan.

6.1.4. Partnership organisations have had due regard to the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010 when exercising relevant functions.

6.1.5. Any proposed Service changes that may be developed as part of the ongoing work to implement the Partnership Plan will be subject to the appropriate formal consultation and consideration by the Health and Adult Social Care and Communities Scrutiny Committee and individual agency governance arrangements.

6.1.6. There is an explicit expectation from NHS England that NHS partners deliver on the Long Term Plan (see section 9).

6.2. **Finance Implications**

6.2.1. There are no financial implications for the Council at this point. However, if these implications emerge, then formal approval will be sought prior to any agreements being signed off. The level of financial challenge within the NHS in Cheshire East is significant and the Council will be closely monitoring the potential risks to its Medium Term Financial Strategy that might emerge as the work to implement the Plan gets underway.

6.3. **Policy Implications**

6.3.1. The delivery of the Plan will significantly contribute to the Council's six Priority Outcomes.

6.4. **Equality Implications**

6.4.1. The Plan recognises the disparities in health and wellbeing that are identified through the Joint Strategic Needs Assessment and includes a focus upon reducing inequalities.

6.5. **Human Resources Implications**

6.5.1. In relation to the endorsement of the Plan there are no specific HR implications. In the short term there will be closer working between health and care staff and joint commissioning of services. In due course, as the Plan implementation gets under way there may be integration of health and care staff proposals that are put forward and these will be managed in accordance with appropriate HR guidance and protocols.

6.6. **Risk Management Implications**

6.6.1. The Place Programme Management Office maintains a Risk Log for the transformation programme and will monitor progress made against the Plan's aspirations. A failure to deliver the work required will raise the

risks with regard to the financial and clinical sustainability of the health and care system.

6.7. **Rural Communities Implications**

6.7.1. The work underway to deliver the Plan (including our eight Care Communities), recognises the challenges of providing services within the more rural communities. Closer working between providers, the delivery of more services in the Care Communities and increased use of digital services are some of the ways that will be used to improve accessibility and delivery to the rural populations.

6.8. **Implications for Children & Young People/Cared for Children**

6.8.1. The Cheshire East Partnership is working to transform health and care services for the whole population, from cradle to grave and this is reflected in the Plan. Delivering improvement in health and wellbeing for our children and young people is one of the priority outcomes.

6.9. **Public Health Implications**

6.9.1. There are significant implications for public health with the outcomes of the Plan being intended to deliver improved health and wellbeing outcomes.

6.10. **Climate Change Implications**

6.10.1 A key element within the Plan is to encourage individuals to take responsibility for their own health and wellbeing and lead more healthy lifestyles. Through the promotion of active transport options, (cycling, walking) and thus reduced car usage, there could be beneficial climate impacts. In addition the partners recognise the need for their organisations to be making greater contributions towards reducing their carbon footprints. The NHS Long Term Plan requires all NHS organisations to work towards reducing carbon, waste and water use.

7. Ward Members Affected

7.1. All Wards will be affected.

8. Consultation & Engagement

8.1. Public engagement took place from 1st to 23rd August. It would have been preferable for this to be longer, but the timeline for submission on 30th August made this impossible. The Plan was presented to Overview and Scrutiny Committee on 12th September and has been before the governing bodies of all Partner Organisations. It was endorsed the Health and Wellbeing Board on 24th September.

9. Access to Information

9.1. The NHS Long Term Plan and associated documents can be accessed here https://www.longtermplan.nhs.uk/

9.2. A summary of the NHS Long Term Plan is here: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf

10. Contact Information

10.1. Any questions relating to this report should be directed to the following officer:

Name: Guy Kilminster

Job Title: Corporate Manager, Health Improvement

Email: guy.kilminster@cheshireeast.gov.uk

#BecauseWeCare
Cheshire East Partnership

Cheshire East Partnership

Five Year Plan

2019-2024

NHS

Cheshire East Council


"Our vision is to enable people to live well for longer; to live independently and to enjoy the place where they live."

Contents

01 Foreword

The vision of our five-year plan is to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We will do this by creating and delivering safe, integrated and sustainable services that meet people's needs by the best use of all the assets and resources we have available to us. Wellbeing comes from everyone taking ownership of what they can do for themselves and their community, with support available and focussed when and where it's needed.

The Cheshire East Partnership is an alliance of partners working together to improve the health and wellbeing of the residents of the Cheshire East local authority area. The Five Year Plan sets out what we want to do, why we want to do it and the difference we believe we can make to the health and wellbeing of local residents.

We want this document to start a community wide conversation about our health and wellbeing and what we can all do to enhance it. Good health and wellbeing are not just about NHS and care services nor are they just about treating illness and accidents. Good health and wellbeing come from every aspect of our lives, environment, wealth and society. The quality of our education, employment, housing, neighbourhoods, friendships, relationships, families, jobs, safety, food and air are among the many things that influence our health, happiness and wellbeing, for better or worse.

We want children and young people to get the best start in life and be ready for school; we want people to live well and independently for longer; and we want older people to be able to maintain their independence for as long as possible, through more dementia friendly communities and active ageing initiatives, as well as by reducing social isolation. We also want to encourage people to take responsibility for looking after themselves, their families and neighbours, and to enable more care to be delivered in the community.

Across our communities there are differences in the levels of ill health and wellbeing, often linked to big differences in other aspects of the quality of life. Our approach is to focus on reducing these inequalities and use the wealth of our community's, knowledge, power and resources to achieve this. This is not so much about what we can do directly as public bodies, though that is hugely important, but about what we can support people, families and communities to do for themselves and with us. That is something we need to talk about and it's a conversation we want everyone to be involved in.

In summary, our vision is to enable people to live well for longer; to live independently and to enjoy the place where they live. We want to keep people well and healthy rather than just try to fix things when they go wrong.

Mark Palethorpe
Acting Executive Director of People
Cheshire East Council and
Senior Responsible Officer
Cheshire East Partnership Board

Steven Michael
Independent Chair
Cheshire East
Partnership Board

Clare Watson
Chief Officer of the four
Cheshire Clinical
Commissioning Groups

John Wilbraham
Chief Executive for
East Cheshire NHS
Trust

Denise Frodsham
Director of Strategic
Partnerships
Mid Cheshire Hospitals
NHS Foundation Trust

Sheena Cumiskey
Chief Executive
Cheshire and Wirral Partnership
NHS Foundation Trust

Tina Cookson
Nurse Director
South Cheshire and Vale Royal
GP Alliance

Justin Johnson
Chief Executive
Vernova Healthcare
Community Interest Company

02 The *Cheshire East* Place

The term place-based health is becoming more commonly used across the country. Cheshire East Place covers the area of Cheshire East Local Authority. It brings together the leadership, planning and delivery of health and local authority care services, working together without barriers and bureaucracy getting in the way. Additionally taking a place-based approach requires working effectively with other local authority departments, for example, Children and Families, Housing, Planning, Revenues and Benefits, and Culture and Leisure; with other public sector organisations, for example the Police, Fire and Rescue, Department for Work and Pensions; and with the many community, voluntary and faith sector organisations that add such value through delivery of services in Cheshire East.

The core Cheshire East Place Partnership is made up of the following organisations working together:

- Cheshire East Council
- Cheshire and Wirral Partnership NHS Foundation Trust (CWP)
- East Cheshire NHS Trust (ECT)
- NHS Eastern Cheshire Clinical Commissioning Group (ECCCG)
- Mid Cheshire Hospitals NHS Foundation Trust (MCHFT)
- NHS South Cheshire Clinical Commissioning Group (SCCCG)
- South Cheshire and Vale Royal GP Alliance
- Vernova Healthcare CIC
- Healthwatch.

Others working closely with us, through the Health and Wellbeing Board and other partnerships include the Cheshire Constabulary and Cheshire Fire and Rescue service, the University Hospital of South Manchester NHS Foundation Trust, Stockport NHS Foundation Trust, University Hospitals of North Midlands NHS Trust, health and care commissioners and providers across Cheshire, Merseyside, Wirral, Greater Manchester, North Midlands and Wales.

As a Place we sit within the Cheshire and Merseyside Health and Care Partnership (C&MH&CP), one of nine Places, all based upon the local authority geographies of Cheshire and Merseyside. This Partnership was established to confront the health and care challenges of population health, the quality of care, and increasing financial pressures.

As its name suggests, the Partnership is not a single entity but a collection of organisations responsible for providing health and care services that have come together, to plan how best to deliver these services in future so that they meet the needs of local people, are high quality and are affordable. Their priorities feature in our local Plan and our interaction with the Cheshire and Merseyside work-streams will influence our on the ground delivery.

We shall also contribute to the ambitions of the C&MH&CP in relation to Social Value and have committed to the Social Value Charter that the Partnership has recently published.

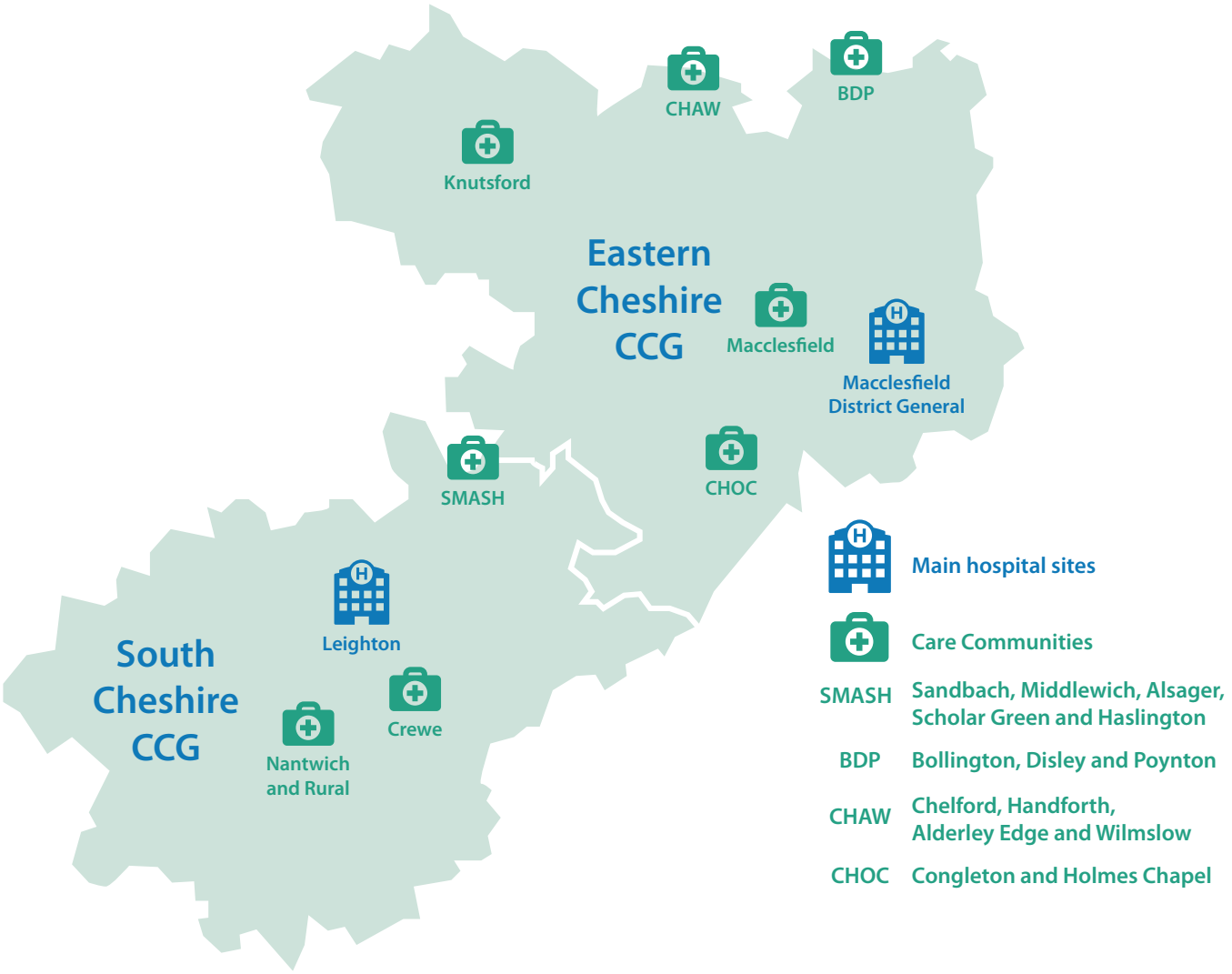
A vibrant and diverse economy and community

Cheshire East is an area of contrasts. It is a place of agriculture and industry, countryside, villages, market towns and urban centres with distinct needs, assets and characters. We are preparing to capitalise

on the arrival of high speed rail (HS2) as a catalyst for growth, development of business and enterprise in Cheshire East. This will create new opportunities for regeneration and employment within the borough and new demands on public services.

Cheshire East is a great place for people who want to balance work and life because we are located between the North and the Midlands and we are close to Wales and Merseyside. We are ideally located to capitalise on both the quick links to these centres and to be a haven from them.

Our plans will recognise the value of our communities and respond to the needs of our communities, delivering integrated health and care designed with and for local care communities. We plan to deliver continuous improvements in productivity in the private and public sectors, harnessing local world class businesses and our rich research and development infrastructure. Business development, housing growth and education and training opportunities are key elements of wider strategies designed to complement and benefit from health and care developments.



03 Our Local Vision

Health and wellbeing go hand in hand with economic growth and prosperity. Good health is also about good housing, good education, good employment and good infrastructure and services. They are all interlinked and need to complement each other.

Our vision is to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We will do this by creating and delivering safe, integrated and sustainable services that meet people's needs by the best use of all the assets and resources we have available to us. Wellbeing comes from everyone taking ownership of what they can do for themselves and their community, with support available and focussed when and where it's needed.

This means we need our services to be as integrated as our lives are. To improve the health and wellbeing of communities and reduce the demand for health and social care, a focus on preventing ill health needs to be at the heart of our strategic plans, actions, services and programmes. This also means that we need to think of health and care in a new way and understand that workplaces, schools, leisure and communities are a vital part of promoting wellbeing and preventing, or delaying a need for care arising.

We want to make it as easy as possible to stay healthy, supporting people where it makes a difference, intervening where it's necessary but also promoting a shared understanding of individual responsibility to lead a healthy life, reducing people's need for help and keeping them independent.

Our focus will be upon:

- Tackling inequalities, the wider causes of ill-health and the need for social care support through an integrated approach to reducing poverty, isolation, housing problems and debt;
- Prevention of ill health, early intervention, health improvement and creating environments that support and enable people to live healthily;
- Ensuring our actions are centred on the individual, their goals, and the communities in which they live and supporting people to help themselves;
- Having shared planning and decision making with our residents.

Source: *Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute 2015.*

Contributions to Health Outcomes

30% Health Behaviour	40% Socioeconomic Factors	20% Clinical Care	10% Built Environment
10% Smoking	10% Education	10% Access to Care	5% Environmental Quality
10% Diet and Exercise	10% Employment	10% Quality of Care	5% Built Environment and Housing
5% Alcohol use	10% Income		
5% Poor Sexual Health	5% Family Social Support		
	5% Community Safety		

It is clear from this table that there are many factors that impact our quality of health. And those factors need to influence potential solutions. We tend to focus on hospitals and GPs when we think about our health and how the NHS serves us. Whilst it is essential that our NHS clinical services are excellent, they only make up a fifth of what contributes to the quality of our health. Our plans will look at involving all aspects of our health and wellbeing needs, and especially on preventing ill health and avoiding harm so that we can enhance wellbeing and reduce the unsustainable pressure on overstretched services.

The Five Year Plan complements the Cheshire East Health and Wellbeing Strategy and sits alongside the Cheshire East Connected Communities Strategy, Industrial Strategy and developing Environment Strategy. Collectively these strategies will help to guide our approach and lead to better health and social care outcomes across Cheshire East.

04 Why do we need to change?

Many of us are living much longer, in better homes and communities, but we are experiencing increasing fragility and vulnerability in older age. This has placed increased demand and financial pressures upon the health and care system requiring innovative change in order to ensure financial viability going forward.

Our lives are more connected digitally, creating new ways of living and working and new ways of accessing services and taking part in activities and it is increasingly clear that health and care services need to be shaped around individuals to make their lives better and easier.

People's health and wellbeing is not simply about taking a pill, seeing a doctor or waiting for a service. It involves helping people to take greater responsibility for their own self-care, being more proactive in their own health and wellbeing. As a system we will enhance the provision of and signposting to information, facilitating people to better help themselves, their families and communities. We also need to be using information more effectively to identify vulnerable people who may be at risk and addressing the wider determinants of health such as housing, poverty, employment and education.

The main causes of death and illness in Cheshire East are cancer, heart disease and respiratory illness.

Overall, risk factors (for example smoking) for cancer in Cheshire East are lower than the England average, but there are areas, particularly in the south of the borough, where risk factors are much higher. There are stark differences in cancer outcomes across Cheshire East and such outcomes are particularly poor in Crewe.

The mortality rates for heart disease in Cheshire East are lower than the England and Northwest averages but heart disease still accounts for around a quarter of premature deaths in this area and people who live in Crewe have a significantly higher risk of early death from heart disease.

Respiratory disease accounts for a tenth of premature deaths in Cheshire East. This is better than the national average but worse when compared to similar local authorities. Outcomes are generally poorer for those from the most deprived communities.

Against this backdrop the demand for health and care services continues to grow, for at least five reasons. The first three are either desirable or unavoidable:

- Our growing and ageing population means more people need health and care support
- Growing concern about areas of unmet health need, for example, young people's mental health needs
- Expanding frontiers of medical science and innovation, introducing new treatment possibilities that a modern health service should rightly be providing, for example, gene therapy.

But the other reasons we can collectively do something about:

- Improving the early prevention of avoidable illness or need for care by making the most of local assets in the community or services that support behaviour change. Examples include smoking cessation to reduce the risk of cancer and heart disease; diabetes prevention and reducing the risk of cancer through reducing obesity; and reducing respiratory hospital admissions from lower levels of air pollution.
- Getting the right service in the right place for someone who is unwell or in need of care is often difficult. This is because many current services were created for a different era with different needs.

This document represents a commitment by all the partners across Cheshire East to collaborate to tackle the complex, difficult and inequitable health and wellbeing issues together.

In general, the health and wellbeing of the residents of Cheshire East is good, but there are clear inequalities within the area.

We recognise that services should be designed for local needs and that, for instance, what is needed and what works for people in Nantwich will be different to what's needed and what works in Macclesfield. Working with our different communities, local networks and using the individual strengths of our towns and villages we want to ensure people have the best health and wellbeing from services arranged for their local circumstances.

Meaningful engagement with our communities, patients and carers continues to inform all that we do, and we will provide services to improve health and social care for our local populations.

Public engagement

Healthwatch Cheshire East have recently undertaken engagement on the NHS Long Term Plan.

They conducted a survey and held focus groups with local people to hear views and ideas that help shape local plans. The key messages that have come out of this include:

- In order to live a healthy life people felt that access to the help and treatment they need when they want it was most important.
- In terms of maintaining their health and independence in later life, people surveyed overwhelmingly felt the most important factor was being able to stay in their own home for as long as it was safe.
- When considering managing and using support and treatment, people felt that the right treatment should be a joint decision between them and healthcare professionals and they should be consulted throughout the process.
- People in Cheshire East told us that being able to talk to their doctor or other health care professional wherever they are was the most important factor in being engaged in health service delivery.
- People with, or caring for people with autism felt that the time they had to wait to receive their initial assessment, diagnosis or treatment was too long. Waiting times ranged from eight months to three years. Members of our focus group also felt that there was a lack of understanding by front line staff of the autism spectrum. Funding and access to services was a serious issue for the parents of people with autism spectrum conditions.
- People with, or people caring for those with, dementia gave mixed responses to the initial support they received; most felt that it either met their needs or somewhat met their needs. Most reported that ongoing care and support was easy to access.
- 94% of people who responded with a Mental Health condition felt that their overall experience of getting help was either average, negative, or very negative.

To address these challenges, the issues raised by local people and the needs evidenced through the changing population demographics, we will commission services that work seamlessly and wrap around the needs of people. "Together", our guide to co-production and collaboration with residents, the community,voluntary and faith sector will be key to improving health and wellbeing.

Our intention is to:

- help people to live healthier lives for longer;
- enable people to stay out of hospital when they do not need to be there;
- deliver more services at home or closer to home;
- reduce the demand on all hospital services.

We will continue to involve and engage our communities, staff and partners and we will draw on expertise and best practice from across the NHS, social care and beyond. We will formally consult where that is necessary, but only after we have engaged and listened to our communities in a process of co-creation. This will include activities like focus groups, co-production events and really effective communication.

We will ensure that the partnership of health and social care organisations in Cheshire East Place is integrated in its approach and outlook and that our plans are made in Cheshire East for the people of Cheshire East.

05 Outcomes

We want to develop clear plans that complement each other and deliver measurable outcomes for our communities. We want these outcomes to be straightforward and understandable. We want to build support and agreement for them.

The chances of success will be greater if we are clear about what we want to achieve and why. The priorities we have selected (as part of the Health and Wellbeing Strategy) are focussed on supporting everyone in Cheshire East, from childhood through to older age.

This document is about how we all can work towards, and benefit from, achieving these outcomes. We believe these outcomes are achievable and we believe they can only be achieved through the combined strengths and qualities of every part of our community, from the individual through to the public service. We all have a part to play and we will all benefit from the achievement. This will also help to ensure we have a long-term financially sustainable health and care system in Cheshire East.

Our key outcomes are that we should:

1. Create a place that supports health and wellbeing for everyone living in Cheshire East
2. Improve the mental health and wellbeing of people living and working in Cheshire East
3. Enable more people to Live Well for Longer in Cheshire East
4. Ensure that children and young people are happy and experience good physical and mental health and wellbeing

Wealth and Wellbeing

The wealth of any community directly contributes to its health and wellbeing. That is why we are making jobs, skills and opportunities a key part of our health and wellbeing work. Being healthy for and at work, goes hand in hand with having the jobs necessary for everyone's happiness and prosperity.

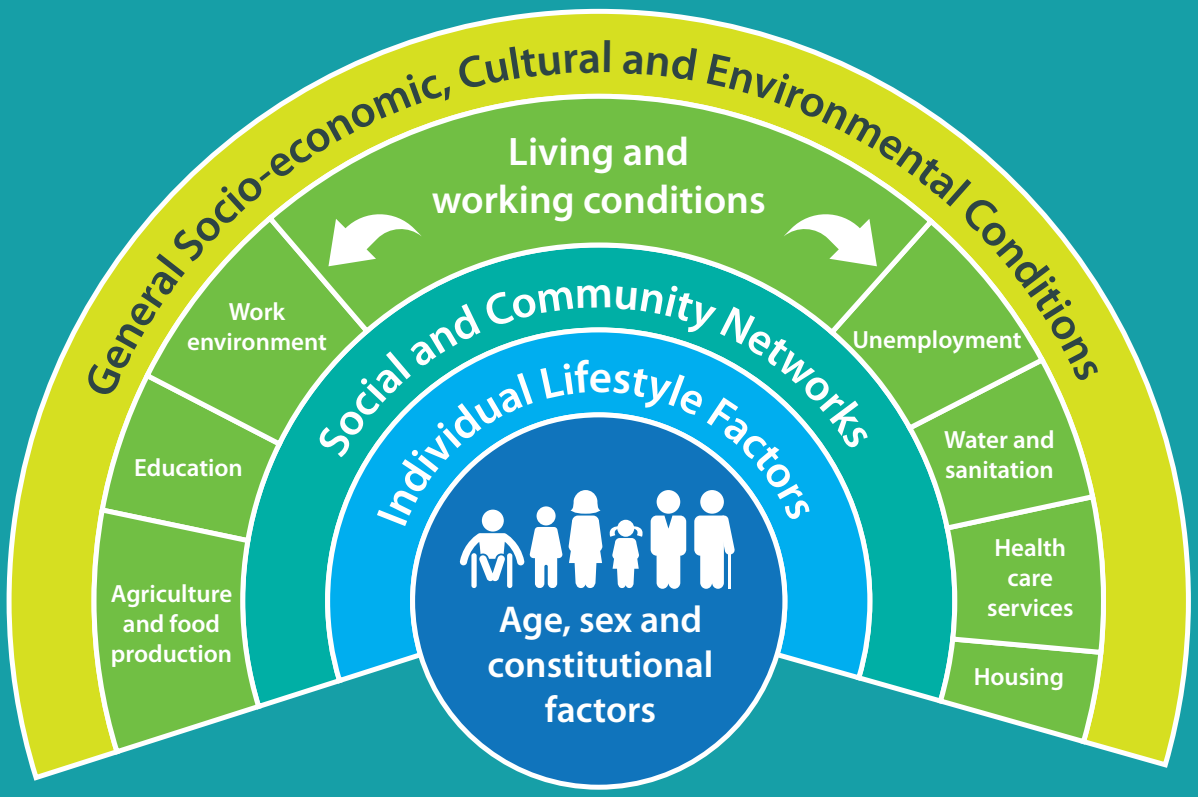
One of the things we can do to improve local prosperity is to invest in our own community, whenever this gives us the best outcomes and provides best value. We want to maximise the additional benefits that can be created by delivering, procuring or commissioning goods and services in Cheshire East. We don't just want to buy a product or service; we want that money to also support the income and wealth of our residents and businesses. We want our local economy to benefit from the funds we have to spend, and we want our workplaces to benefit our residents. So, when we spend money, we do so in a way that achieves as many of the following objectives as possible:

- Enabling people to be well in work by directly supporting their mental wellbeing
- Removing complex barriers to employment and financial independence through our 'In To Work' support programmes
- Ensuring that the skills strategy opportunities extend to people who are currently not in work and face the greatest challenges
- Promoting employment and economic sustainability
- Raising the living standards of local residents
- Promoting participation and citizen engagement
- Building the capacity and sustainability of the voluntary and community sector
- Promoting equity and fairness
- Promoting environmental sustainability.

The diagram below shows how health, happiness, jobs, services, neighbourhoods, communities and our economy are interconnected. Health inequalities are underpinned by the conditions in which people are born, grow, live, work and age. The broad social and economic circumstances which together influence the quality of the health of the population are known as the 'social determinants of health'. The ways which these social determinants impact on both mental and physical health are complex and inter-related, often acting over a long period of time.

The Social Determinants of Health

Source: Dahlgren and Whitehead (1991)



This shows:

- personal characteristics occupy the core of the model and include gender, age, ethnic group, and hereditary factors
- individual 'lifestyle' factors include behaviours such as smoking, alcohol use, and physical activity
- social and community networks include family and wider social circles
- living and working conditions include access and opportunities in relation to good jobs, housing, education and welfare services
- general socioeconomic, cultural and environmental conditions include factors such as disposable income, taxation, and availability of work

We will ensure that health and wellbeing considerations are taken into account in relation to the many different elements of the Cheshire East Place including for example spatial planning, transport, housing, skills and employment.

Tackling inequalities

Public Health England says, "Health inequalities are avoidable and unfair differences in health status between groups of people or communities."

There are some stark differences across Cheshire East that we have identified and must deal with. There is a difference in life expectancy of around 13 years between the lowest rates in Crewe Central and the highest in Gawsworth for women. For men, there is an 11-year gap between the lowest rate, again in Crewe Central, and the highest in Wilmslow East.

In general, there is more ill health in parts of Crewe and Macclesfield than in other areas. We know that this also coincides with areas of deprivation, poorer housing, education achievement and employment. Smoking, alcohol consumption and obesity are all also correspondingly higher.

We have identified common health issues in Cheshire East which have a significant impact across a person's lifetime if left unaddressed and are key factors in health inequalities. To make a difference in these areas we need to focus on avoiding inequalities from entirely preventable conditions. The focus will be on:

- Giving children the best start in life and ensuring they are ready for school.
- Supporting children's emotional health and wellbeing and tackling adverse childhood events.
- Reducing alcohol related harms.
- Helping people better manage long term conditions and disability affecting day to day activity.
- Reducing heart disease and high blood pressure.
- Preventing the risks from frailty and falls and improving mental health and wellbeing as we get older.

The human and community costs of preventable conditions

Alcohol misuse

The harmful effects of alcohol are a major cause of ill health in Cheshire East. Nearly three quarters of 15-year-olds have tried an alcoholic drink. This is significantly higher than the national average.

Drinking at levels that can harm health is far too common. Across Cheshire and Wirral, 27% of the adult population (270,045 people) consume alcohol at levels above the UK Chief Medical Officers lower-risk guidelines increasing their risk of alcohol-related ill health.

We estimate the direct, measurable impact of alcohol harm costs Cheshire and Merseyside many millions of pounds a year including:

- £86 million as direct costs to the NHS (hospital admissions due to alcohol, A&E attendances, Ambulance journeys, GP and outpatient appointments)
- £32 million in social services cost (children's and adults social service provision)
- £100 million related to crime and licensing (alcohol specific and alcohol related crimes, costs of licensing)
- £185 million in the workplace (absenteeism, presenteeism, unemployment, premature mortality)

Behind these numbers are individual stories of harm and misery. There is an immeasurable cost to people, their families and their children from alcohol misuse. It can generate violence and abuse causing a terrible impact on other people's safety and physical and mental well-being.

High blood pressure

We have identified high blood pressure as a major issue affecting about a quarter of people but most of them are either undiagnosed or untreated. We have an ageing population who are increasingly at risk of high blood pressure due to age, obesity and excessive drinking. If we do not start to address this disease right across every community, we will have increasing cases of stroke, heart attacks and vascular dementia that will require long term care and give people a poorer quality of life.

There are many ways of dealing with high blood pressure. On a personal responsibility level, reducing weight and taking more exercise will have a major impact on reducing blood pressure and the health risks it creates.

At a community level we are training volunteers in local charities, community groups and across the public sector to take blood pressure measurements and providing them with the equipment to do it. This is aimed at identifying people with high blood pressure who do not yet know they have it and so can't be supported.

At the NHS level we will make sure that everyone with a diagnosis is supported or treated to reduce and manage their blood pressure.

The impact of smoking

Smoking is the single most important driver of health inequalities and is more common among unskilled and low-income workers than among professional high earners. It has a disproportionate impact on children and young people from deprived areas, and its uptake in children is heavily influenced by adult smokers, perpetuating the cycle of inequalities to the next generation. There is also a strong association between deprivation and smoking in pregnancy and negative impacts of smoking on children with asthma.

Data suggests that Cheshire East has relatively low levels of smoking among adults compared with the rest of the North West, but rates vary considerably across Cheshire East with higher rates in Crewe.

New services for new needs as our population changes

Our population will change in the coming years as we expect HS2 to bring significant movement of working age families to the Place and at the same time we expect the population of older people to grow substantially.

In the next ten years, in Cheshire East, we will see significant increases in the number of people aged over 65 and dramatic increases (38%) in the number of people aged over 85. Our over 85s are most likely to experience the risks associated with increasing frailty and to have three or more medical conditions that require support and care. We therefore need to shift our resources accordingly to better manage this demand.

We are also experiencing and anticipating a significant rise in people with dementia and we need to plan to provide appropriate environments, supportive communities as well as care for them. Too many people with dementia end up unnecessarily in hospital when other community located options would be better for them.

Our assumptions and planning for our eight Care Communities (see below) will therefore be tailored to supporting people to live with and manage frailty and several health conditions more effectively at home and in their communities. Local teams of health and social care professionals, working in partnership with families and carers, community and voluntary services will enable the delivery of better co-ordinated care. We will work to decrease and, where possible, eliminate or reduce, that deterioration to crisis level which frequently requires emergency hospital admission.

This requires different workforce skills and different ways of providing care and support locally, but it means our two hospitals will see fewer people with avoidable conditions because they will have been identified early on and managed more effectively in the their communities.

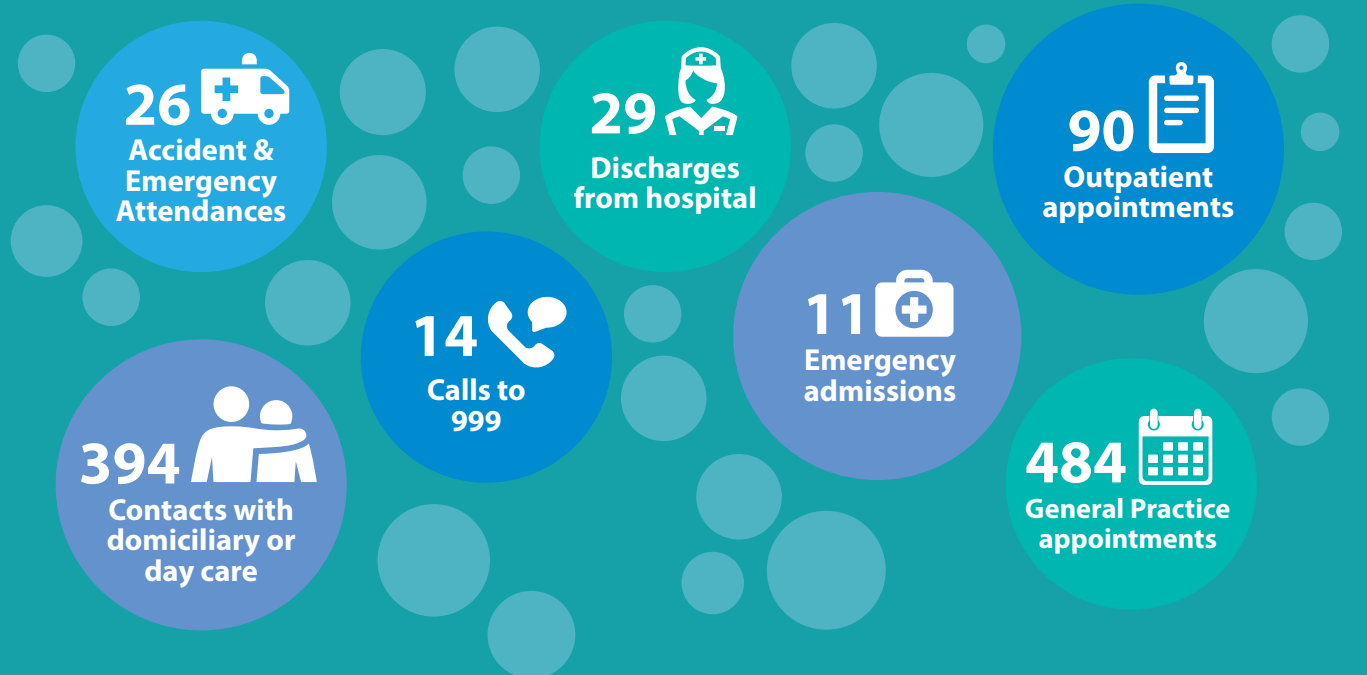
Alongside changing demographics, Cheshire East has some profound health and social care needs and some unacceptable health differences as outlined above. We are focussed on reducing these differences in the causes of illness, the age at which ill-health happens and patient outcomes.

Diabetes, dementia and mental health difficulties are all increasing in Cheshire and we do not currently have the right resources in the right place at the right time to tackle them effectively. We need to get better at preventing these conditions developing, spot them rapidly if they do, provide treatment where it works best and help people to become better at supporting their own health over a long period. In addition to our aging population, due to advances in medicine and care, more young people are living longer with complex disabilities; therefore we need to ensure that our services can accommodate this change in demand. The Cheshire East Partnership will work to deliver the recently published *'My Life, My Choice'* strategy for people with learning disabilities.

If Cheshire East was a village of 100 people, their health needs would look like the picture below. Cheshire East's population is 378,000 so multiply each of the numbers below by 3780 to understand the true scale of what our community's needs look like.

If Cheshire East was a village of 100...

And in a year there would be...



A strong start for our children

Giving our children the best start in life will give them the best chances for their future lives. Health and care services are involved in supporting mothers to have a healthy pregnancy and a safe and healthy delivery. Reducing stillbirths and mother and child deaths during birth by 50% is a key national priority backed up by ensuring most women can benefit from continuity of carer through and beyond their pregnancy. We will work to ensure that we provide extra support for expectant mothers at risk of premature birth. Mothers' mental health during and after their pregnancy will also get much more focus.

We will support mothers to breastfeed recognising the benefits that this has for both mother and baby.

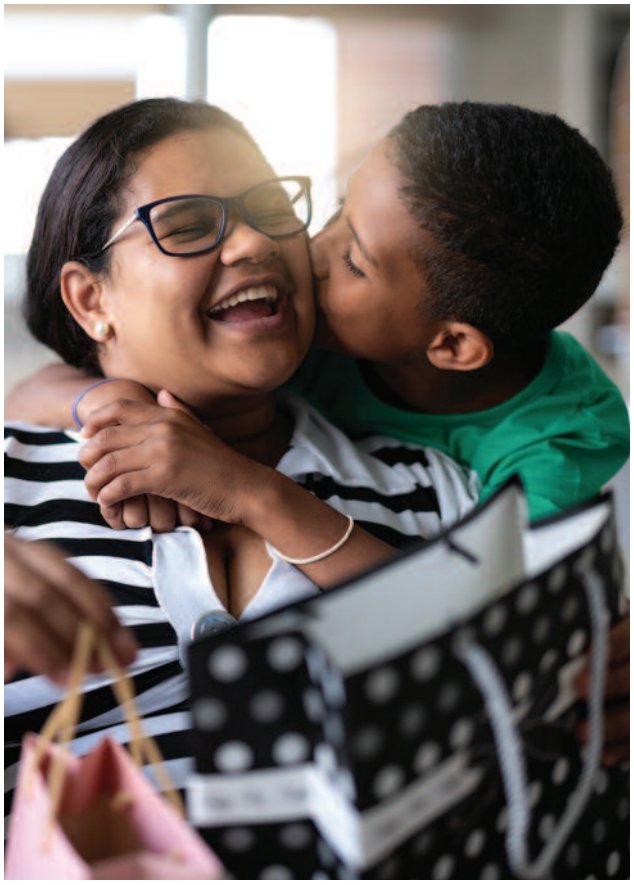
We will support children to be healthy by focussing on avoiding childhood obesity and increasing mental health support for children and young people who need it. School readiness for all children will be a priority and we will be supporting children who have had adverse childhood experiences so they can thrive as adults. We will provide the right care for children with a learning disability and reduce waiting times for autism assessment. We will also ensure that the best treatments are available for children with cancer.

The high level of children 0-4 years visiting A&E and high levels of childhood asthma are two concerns we are making a priority.

We will also focus on the health and wellbeing of our most vulnerable children and young people. In particular we will be:

- Improving Services for Looked After Children as required by Promoting the Health and Wellbeing of Looked after Children: Statutory Guidance for Local Authorities, Clinical Commissioning Groups and NHS England (2015): The performance and quality of health input for children in care and care leavers has been constantly monitored by reviewing the timeliness and quality of all health assessments, and by close partnership working with LA colleagues. An area for particular focus will be around the use of the electronic information systems within both the LA and NHS organisations and ways to improve timeliness, functionality and accuracy will be explored.
- Reviewing the Strengths and Difficulties Questionnaire strategy to ensure the completed scores inform the annual health assessment and care planning
- Completion of a Self-Audit by the Cared For Children's Nursing Team in line with commissioning standards. This will be used to benchmark current services provided against commissioning standards and identify areas where improvement/development is required.
- Strengthening of training arrangements: Undertake a training need analysis of the multi-agency workforce to identify existing gaps in knowledge to promote delivery of statutory responsibilities and role as corporate parents. Develop a training strategy to develop interagency training across the health economy to improve the workforce knowledge and understanding of the Looked After Children and Care Leaver population.

New ways of working



New ways of working will be key to meeting the rising demand and achieving better outcomes for our population. They will also be needed to make the most of the new technology, medicines and treatments that will have an impact on improving health and wellbeing and making it easier to access health and care services when this becomes necessary.

Supporting people in the community to maintain their health and wellbeing will the number one priority, with increased numbers of staff working closely with the community and voluntary services to address the wider determinants of health. All health and care staff will take responsibility for positively promoting lifestyle and behaviour change, helping people to understand what they can do to proactively improve their health and wellbeing.

Our Care Communities

We have created eight Care Communities across Cheshire East, with staff from GP practices, community and acute services, social care, other public sector organisations and the community voluntary and faith sector beginning to work together much more effectively. The Care Communities all have a common 'core offer' but they can add to that to reflect specific, local priorities, needs and differences. Care Communities will work closely with the newly established Primary Care Networks.

Our intention is to offer a truly tailored, local service which means:

- We can proactively identify people at high risk of needing services and we can then intervene early and quickly to prevent their situation worsening.
- We can help people through self-care and better support their families and carers.
- We can make better use of the different professionals working in therapies, pharmacies, social and primary care.
- We can recognise the existing strong local relationships, skills and connections and support them to grow and flourish.

Our plans show that once our Care Communities are up to full strength, they will be providing services that will release significant numbers of hospital bed days – fewer people needing to be in hospital and their hospital stays being shorter. This will lead to less people having to go to hospital with more services being provided more locally. Hospitals will be able to focus on those with the most serious health issues and those needing urgent emergency treatment. These changes will also generate savings that can be used for investing in new services and ensuring a more sustainable health and care system going forward.

Our Care Communities model will allow services to focus on individuals, supported by families and friends within their local communities. We will be able to link in more closely and in partnership with other community resources and assets that impact health and wellbeing such as housing, jobs and education and to work more collaboratively with all partners including the voluntary, community and faith sector.

We will increase our support to communities by providing information, infrastructure, networks and skills to help local groups and social enterprises grow and overcome any hurdles they identify. This will enable our communities to become more enterprising, reducing dependency and enabling more deprived areas to address the inequalities which impact on their lives.

We know that a one-size fits all approach will not work. Instead we will develop evidence-based, community-led activities, which are designed to involve and connect people. We hope to encourage social connections between people with similar experiences to provide peer support, helping residents to confront and cope with life's challenges and benefit from its pleasures and opportunities.

Integration – health and care service working together for you

Too often people are passed around the health and care system before they get what they need. Increasingly people have more than one problem and need different specialists and teams working together to help them. And too often there are practical and organisational barriers that get in the way.

Our integrated approach in the Care Communities will bring teams together for the local population. We will match the right care for a patient's needs and use integrated case management when its right for the patient, such as for individuals with complex needs. Therefore, people who are older 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.

We will use this integrated approach in all aspects of our service and planning. As Cheshire East Place we will create an Integrated Care Partnership (ICP) bringing together the partner organisations that provide health and care services. This will allow the right combined care to be provided regardless of traditional organisational boundaries and barriers.

In Cheshire this has also led to the four Clinical Commissioning Groups (CCGs) proposing to merge so that they can plan and budget for services that we know are needed on a large scale. Local variations will be looked after through the ICP and our Care Communities.

When services are viewed from the patient and client's individual situation it becomes much clearer what care and support will make the most difference to them. For some it will be a mix of hospital and care at home. For others it will be about supporting their independence with community-based back up. Integrated care planning and commissioning means we can create the right mix of services to match the needs of patients.

Getting older is not a disease or illness, and we will each do it on our own way. Our aim is to keep people living happily, healthily and independently whilst providing different levels of support and care as needed.

This extends to the end of life care provided in Cheshire East by communities, hospices and hospitals. This should be planned and personalised for people with life limiting conditions, to live well, before dying with peace and dignity in the place of their choice.

Promoting wellbeing and preventing ill health

The NHS has understandably been seen as there for us when we need it, when we are unwell or injured. But we would like it to be as well known for keeping us healthy and well, independent and able. Similarly, social care supports people in need. We would rather people keep well so that they don't need our services, don't suffer from avoidable illness and harm. Our approach is to enable more people to Live Well for Longer.

The evidence shows that we need to focus on the root causes of a lot of ill health such as alcohol, obesity, smoking, poverty, poor housing and poor education. The NHS and care system recognises that it is currently more focussed on managing diseases from diagnosis, rather than helping to avoid them and slow down their impact.

We want to act across the life-course, from childhood to older age, focussing on prevention and early intervention. So, we will be working to reduce alcohol and substance misuse, smoking, and obesity. We want to create opportunities to make physical activity and eating well, easily understood and easy for everyone to do.

We will support people to take responsibility for their own wellbeing throughout their lives, to keep our communities healthy and independent. We also know there's a close link between health and wellbeing and basic prosperity. A healthy population is a healthy workforce.

As a health and care system we will make a difference across our communities. We won't assume it is for someone else or another service to be responsible but rather recognise and take responsibility for the contribution we can make too. We want the result of our work to ensure:

- Our local communities are supportive with a strong sense of neighbourliness
- People have the life skills and education they need in order to thrive
- Everyone is equipped to live independently
- People have access to good cultural, leisure and recreational facilities
- Everyone has a home
- We support key employment sectors and local supply chains
- We value and support the rural economy

Going digital

Achieving the step-change in prevention and early intervention and the delivery of services will require effective use of new technology. We will harness data and digital technology to extend the range and reach of our services. We will use technology to support people in taking responsibility for their own health. We will equip our teams and services with digital information, equipment and systems so that no one should have to tell their story more than once, unless there is a clinical need to do so. Everyone should be able to access their health and care services in the way in which they access other services in their day-to-day lives.

New ways of assessing health risks, early diagnosis and providing preventative care are being created by new digital technology and information analysis. We want to make those benefits available to people in Cheshire East. Our aim is to use technology to support population health management. This is the identification of people at risk of illness and those who would benefit from early intervention to help reduce illness and premature death. The money saved can be used for other health and care services.

We will connect all health and care services and invest in modernising systems and equipment so that all services are linked, and information is not lost between different parts of the system. This will improve the quality of care and reduce time lost by our staff chasing or missing information. We will also significantly reduce paper processes and records that cause inefficiency and delays in care.

We are already collaborating across Cheshire with the Cheshire Integrated Care Record, and across the wider Cheshire and Merseyside region to ensure a single set of digital standards that are reliable, cost effective and consistent for all patients and professionals using them.

In our Connected Care Communities, we will explore how we can use telemedicine and assistive technology to keep people safe and give them rapid access to support. We will work to tailor this support to the needs of individuals. We will also provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data. 'Live Well' will continue to be developed as the one-stop online portal and directory to useful information, guidance and advice.

Building the right health and care workforce

Our workforce in health and social care in Cheshire East totals over 20,000 people; just over 11,000 in social care and 9,000 in our NHS organisations but recruitment and retention remains a significant challenge.

Our Workforce and Organisational Development strategy is being further developed as our changing clinical models evolve with the aspiration to have a single workforce strategy and plan for health and care services across the Cheshire East Place. We already know we will have great difficulty recruiting care workers, GPs, nurses and consultants, so our strategy will include the development of services that can be delivered by other health and social care professionals. We are placing a special focus upon future workforce supply, recruitment and retention across Cheshire East and ensuring system-wide leadership.

We are concerned about being able to provide safe and recommended levels of staffing both now and in the era of seven-day services. We will consider how we develop services, so they are both safely staffed, rewarding places to work and accessible to local people.

Our Workforce

June 2018

#BecauseWeCare
Cheshire East Partnership

This summary provides an overview of Health & Social Care workforce across Cheshire East. This information has been produced using a variety of sources, including Health Education England, Skills for Care, NHS Trusts and the National Minimum Data Set.

How are our services delivered across Cheshire East to a population of approximately 377,300

- 3 NHS Trusts providing Acute, Community & Mental Health Services
- 41 General Practices
- 1 Local Authority

We employ over 20,000 staff across Health and Social Care for the Cheshire population in addition to Third Sector Providers

Facts about the age of our Workforce

- The average age across all sectors is 44 years
- 29% of the General Practice workforce are over 55 years, 10% of which are GP's
- 2,700 employees in Social Care will be reaching retirement age in 10 years
- Across Cheshire East there are over 25,000 carers aged 50 + providing unpaid care
- The largest age group across all NHS Trusts is 50-54 years

The structure of our workforce

Approx. 32% of the NHS Trust workforce provides care within the community

The 11,000 jobs in Adult Social Care are split between Local Authorities (9%), the Independent Sector (84%) & direct payment recipients (7%)

There are 6,000 care workers within Adult Social Care across Cheshire East

Admin staff forms the largest staff group in General Practice, equating to 54% of the workforce

38% of the NHS Trusts workforce are in clinical supporting roles including Pharmacists, Therapists, HCA's

There are a total of 294 commissioned doctor training posts across GP, Acute, Community and Mental Health

Registered Nursing roles equating to 29% of the total workforce across NHS Trusts

Developing our workforce - what have we been doing across the Region...

90 new GP Assistants

2,000 Nurse Associates in training

Conversion of 4 Hospital funded posts to GP Training posts across Cheshire East

An additional 300 apprenticeships within Primary Care, provided over the last two years

102 active NHS Trust apprenticeships being supported during 2017/18

Our Workforce challenges ...

- Skills for Care estimates show that 44% of the workforce in Cheshire East hold a relevant adult social care qualification (54% in the North West)
- The staff groups with the highest attrition rates for NHS Trusts are: - Adult Nursing -Mental Health - Learning Disabilities
- It is predicted that the region will lose a quarter of its GPs by 2027 through retirement
- Hard to recruit to clinical posts include Accident & Emergency, Anaesthetics and General Practice
- Staff turnover for Social Care in Cheshire East is 33.6%, higher than the national average of 27.8% (700 vacancies)

Version 2
June 2018

Using taxpayers' money wisely

The NHS in Cheshire East spends almost £750million a year but its income is just under £700m a year. This deficit has arisen, in part, because of the huge increases in demand for services that have outpaced budgets. Similarly, all local authority services have faced very considerable financial challenges in recent years and increasing demand in both adults and children's social care. With delays in the publication of the Social Care Green paper, national changes to local government and school funding and uncertainty over the future of the Public health grant, the financial resources of the Cheshire East Place will continue to be fragile We recognise, however, that by focussing on keeping people healthy and supported in their own communities and by reducing duplication we can save money.

Our plans will change the balance between care in our acute hospitals and care in the community. We will need to increase the range and choice of care provided in people's homes and in local clinics and primary care centres. By reducing the pressure on our hospitals and keeping people well enough not to use them, we will be ensuring that you only need to go into hospital when care cannot be provided in your community. Our strategy is clear in that we will focus our future investment on keeping people as well and as independent as possible.

Where there are administrative barriers, we will remove them and where there is duplication of effort, or benefits of closer partnership and collaboration being missed we will change. We will also make existing commissioning structures more efficient by consolidating our local CCGs.

Getting the most out of taxpayers' investment in the NHS means we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered. We will make better use of the NHS' combined buying power to get commonly-used products cheaper and reduce spend on administration. We will make sure the Cheshire pound is invested in the health and care of the people of Cheshire East effectively, efficiently and accountably.

06 Conclusion

We want to use the strengths of our community in every meaning of the word to improve wellbeing and avoid illness and prevent death.

We have four clear outcomes that we believe we can achieve and will make the most difference to everybody's health and wellbeing:

1. Create a place that supports health and wellbeing for everyone living in Cheshire East
2. Improve the mental health and wellbeing of people living and working in Cheshire East
3. Enable more people to Live Well for Longer in Cheshire East
4. Ensure children and young people are happy and experience good physical and mental health and wellbeing

Cheshire East thrives where people have the confidence and pride to stand on their own two feet, to compete and to fully participate in community life. We will support people to do that and remove the barriers that get in the way.

Helping people to help themselves, understanding their own risks and what they can do about them is our priority. We would rather never have to help, than treat an avoidable need. We would rather spend public resources enhancing lives than fixing them.

We recognise that our community health and wealth are linked and that our community and personal wellbeing are intertwined. We have relied on the NHS to respond to problems that will keep happening if we don't fix their causes. That is not something the NHS can do alone, nor should it. Prevention and wellbeing come from personal responsibility, community action and combined public services working together to provide the right care and support, where it will make a difference, when it will make a difference.

We have many resources and abilities to achieve this and we need to make sure we can make them all count, but we will also work in new and more effective ways and make sure the benefits that technology and digital offer are available for everyone.

There are unmet needs and inequalities in Cheshire East that we know about and will focus on responding to. Cheshire East has so much to offer and is a wonderful place to live. Our duty is to make sure we make that a healthy and well-lived reality for all our residents.

This document is designed to stimulate debate and conversation. We present here information and issues about our health and wellbeing as we know them. We share our optimism about what we think can be achieved and our concerns about inequalities that are unacceptable and avoidable. We also offer our commitment to work on our community's behalf. If we work together, we can deliver a better quality of life and health for all of us.

07 Appendix One

How we will know we have been successful?

We set out below some measures of success. The most important measures being how we impact people's lives and wellbeing for the better. Other measures will include financial responsibility and balance for our budgets, good quality ratings from regulators such as the CQC and meeting NHS performance targets.

Outcome One - Create a place that supports health and wellbeing for everyone living in Cheshire East

Indicators for Success

We want to:

- Maintain the low numbers of 16-17-year olds not in education, employment or training (NEET) or whose activity is not known
- Increase the percentage of people aged 16-64 in employment
- Reduce the number of people who are killed or seriously injured on the roads
- Increase the number of people who use outdoor space for exercise/health reasons
- Further reduce the number of households that experience fuel poverty

Key Deliverables

- Ensure that health and wellbeing considerations are at the heart of all work related to spatial planning, transport, housing, skills and employment
- Develop a Supplementary Planning Document for Health and Wellbeing

Outcome Two - Improve the mental health and wellbeing of people living and working in Cheshire East

Indicators for Success

We want to:

- Increase the numbers of adults who report good wellbeing
- Reduce the levels of depression in adults
- Increase the numbers of children and young people who report good wellbeing
- Increase the proportion of adult social care users who have as much social contact as they would like
- Increase the proportion of adult social carers who have as much social contact as they would like
- Increase the proportion of adults in contact with secondary mental health services living independently
- Increase the proportion of adults in contact with secondary mental health services in employment
- Reduce the suicide rate

Key Deliverables

- Deliver our responsibilities in ensuring that Cheshire and Merseyside achieve Suicide Safer Status – demonstrating work to reduce rates of suicide.
- Assess the levels of isolation across the borough

Outcome Three - Enable more people to Live Well for Longer in Cheshire East

Indicators for Success

- Increase the breastfeeding rates
- Reduce the numbers of children with tooth decay
- Reduce the numbers of 4-5- and 10-11-year olds who are overweight or obese
- Reduce the number of adults that smoke
- Reduce the number of adults who are overweight or obese
- Increase the number of adults that are physically active
- Reduce the number of alcohol related admissions to hospital
- Increase the number of people who successfully complete alcohol or drug treatment
- Increase the numbers of people meeting the recommended '5-a-day' on a 'usual day'
- Increase the number of people who are offered and accept a NHS Health Check
- Reduce the numbers of older people who fall and need to be admitted to hospital

Key Deliverables

- Deliver four collaborative health and wellbeing campaigns across all partners per year
- Deliver a physical activity programme in schools not currently participating in a programme
- Develop a falls prevention strategy

07 Appendix Two

The NHS Long Term Plan

NHS England published the NHS Long Term Plan in January this year which set out the challenges the NHS faces today and the pressures that it will face in the next decade. It made commitments on how the NHS would respond to the opportunities that new ways of working, additional funding and technology advances can provide everyone. It set out for the whole NHS the plan for new services and better experience and outcomes for patients:

1. Doing things differently: we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.

2. Preventing illness and tackling health inequalities: the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

3. Backing our workforce: we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.

4. Making better use of data and digital technology: we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

5. Getting the most out of taxpayers' investment in the NHS: we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly- used products for cheaper, and reduce spend on administration.

Our plans in Cheshire East will reflect the national plan's direction of travel but also our local priorities. We will involve and engage local people and communities in making plans and developing services that reflect their views and needs.

National plan, local impact

As we have shown, cancer, heart disease, stroke, diabetes and mental health are the dominant health conditions that will affect most of us. The NHS Long Term Plan aims to prevent 150,000 heart attacks, strokes and dementia cases and provide education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths over the next ten years. In Cheshire East we will ensure that residents benefit from these plans getting the right specialist care quickly from the best NHS centre for their needs.

Diagnosing and treating cancer early is crucial to saving lives. The NHS aims to save 55,000 more lives a year by diagnosing more cancers early and invest in spotting and treating lung conditions early to prevent 80,000 stays in hospital.

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

We will ensure that our children, young people and adults have improved emotional wellbeing and mental health thanks to a focus on prevention and early support. Avoiding loneliness and isolation is a key objective and our Care Communities model of services will mean health and care professionals are closer to the ground to both anticipate needs and respond to them quickly and more personally.

As a society we are reducing the stigma of mental health that has meant many people in the past were reluctant to seek help. We must now be able to anticipate and provide the support to all that need it.

07 Appendix Three

Healthwatch Cheshire East engagement report

On production of the NHS Long Term Plan, NHS England commissioned Healthwatch England to gain the views of the public. In turn, Healthwatch England asked the 152 local Healthwatch throughout the country to work with their Sustainable Transformation Partnerships (STP) or Health and Care Partnerships (HCP), to engage with people to find out what was important in regard to the way services will be delivered in the NHS under the Long Term Plan.

As the coordinating local Healthwatch for the nine within Cheshire and Merseyside who conducted the research, Healthwatch Cheshire (consisting of East and West) oversaw the research across Cheshire and Merseyside and brought the information together to produce final reports. Healthwatch Cheshire were also responsible for liaising with the Cheshire and Merseyside HCP regarding the work.

Research in Cheshire East was conducted through two surveys and three specific focus groups, and took place following the publication of the Long Term Plan from mid-March to the end of May 2019. The surveys were designed nationally by Healthwatch England, with the first entitled 'People's general experiences of health and care services', and the second survey looking at 'NHS support for specific conditions'. The surveys were available online and also in hard copy which were available at Healthwatch engagement events at venues across Cheshire East.

In Cheshire East, Healthwatch Cheshire East received 270 survey responses, consisting of 202 general surveys and 68 specific condition surveys. There were also 33 attendees across three specific focus group events focusing on what is important in regards to health and care for students and people with autism. These groups were conducted with students from the Crewe Campus of South and West Cheshire College, and two sessions with Space4Autism in Macclesfield.

Feedback Healthwatch Cheshire East received included:

- In order to live a healthy life people felt that access to the help and treatment they need when they want it was most important.
- In terms of maintaining their health and independence in later life, people surveyed overwhelming felt the most important factor was being able to stay in their own home for as long as it was safe.
- When considering managing and using support and treatment, people felt that the right treatment should be a joint decision between them and healthcare professionals and they should be consulted throughout the process.
- People in Cheshire East told us that being able to talk to their doctor or other health care professional wherever they are was the most important factor in being engaged in health service delivery.
- People with, or caring for people with autism felt that the time they had to wait to receive their initial assessment, diagnosis or treatment was too long. Waiting times ranged from eight months to three years. Members of our focus group also felt that there was a lack of understanding by front line staff of the autism spectrum. Funding and access to services was a serious issue for the parents of people with autism spectrum conditions.
- People with, or people caring for those with, dementia gave mixed responses to the initial support they received; most felt that it either met their needs or somewhat met their needs. Most reported that ongoing care and support was easy to access.
- 94% of people who responded with a Mental Health condition felt that their overall experience of getting help was either average, negative, or very negative.

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#BecauseWeCare
Cheshire East Partnership

Cheshire East Partnership

Five Year Plan 2019 – 2024

Technical Appendix *V9 30082019*

Delivery of the NHS Long Term Plan in Cheshire East: Meeting the requirements of the NHS Implementation Framework

To enable the system to meet the requirements of the NHS Long Term Plan, this appendix describes a number of tangible actions that will be taken to meet the required standards and timescales, within the context of the comprehensive Cheshire East Partnership Five Year Plan. These have been set out to align with the core sections of the Plan.

1) The human and community cost of preventable conditions

Everybody is responsible, whilst they have capacity, to manage their own health and wellbeing and to play a proactive part in their family and community's health and wellbeing. Empowering individuals and communities and building both their social capital and resilience are key. To improve the health and wellbeing of our communities and reduce the demand for social and health care, the focus on prevention needs to be embedded into all strategic plans, actions, services and programmes. We need to take a more proactive approach to building resilience and social capital through workplaces, schools, health and social care; and helping to communicate the personal responsibilities that come with being a member of a family, community and society.

Wanless's[1] fully engaged scenario was based on the insight that improving population health should be everybody's responsibility. It sought to carve out a middle way between approaches that emphasise the role of government and public agencies in health improvement and those that focus on what people should be supported to do to change the behaviours and lifestyles that give rise to ill health. Survey evidence shows that people understand that they have a responsibility to stay healthy even if their choices do not always reflect this.

The middle way emphasises the assets of communities and focuses on the agency of people and communities in contributing to health improvement.

Solutions often arise out of the actions of third sector organisations and communities themselves that use innovative approaches to meeting people's needs. These charities have found new ways of delivering services that often seem beyond the reach of the NHS and its public sector partners, for example by making imaginative use of volunteers and experts by experience.

Individuals, families and communities can all play a part to improve wellbeing by adopting a healthy communities approach. We will use existing programmes such as Make Every

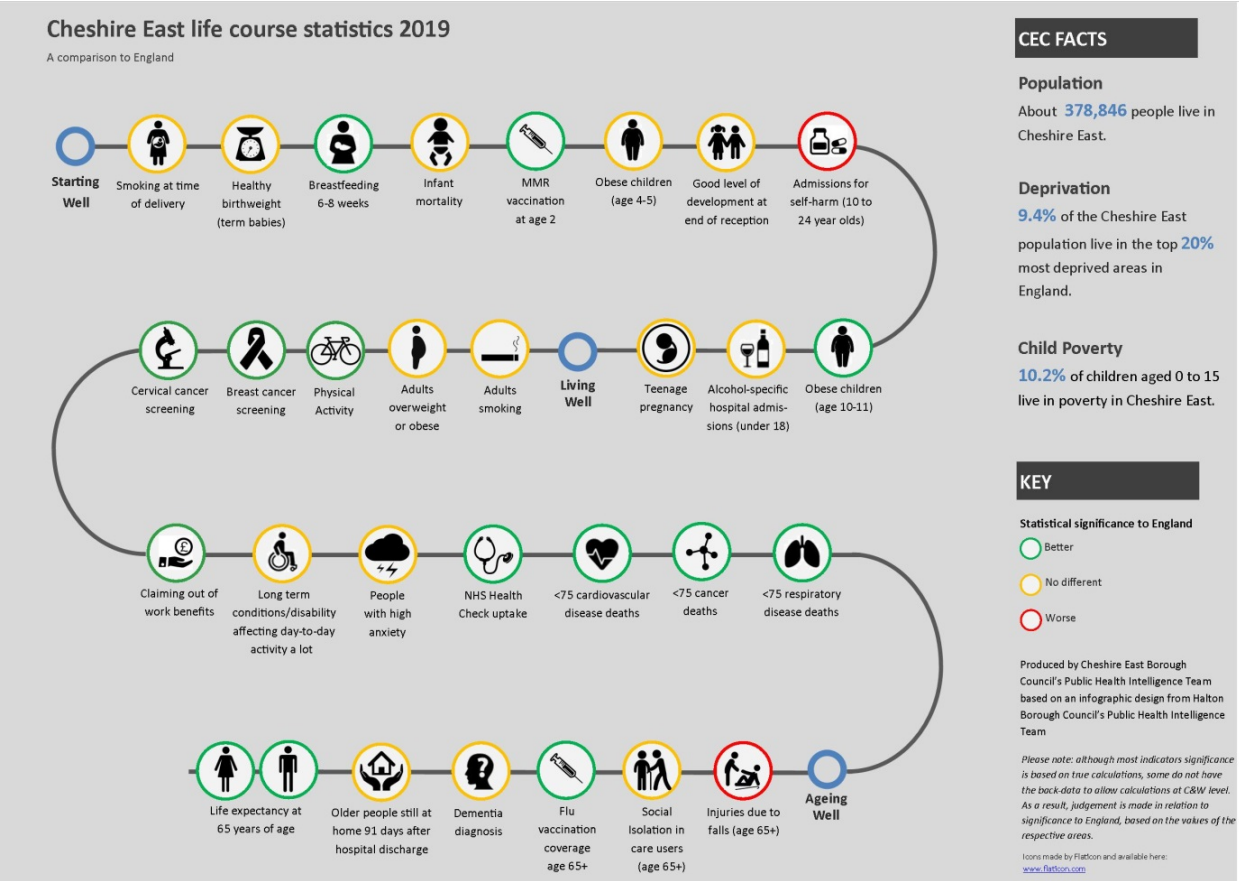
[1] Wanless D. Securing our future health: taking a long-term view. Final report. London: HM Treasury, 2002.

Contact Count in workplaces and communities and make training available on signposting people to services using local directories (such as the Live Well Cheshire East Website).

Understanding the local system is key to the success of a health and care system. It is very important that the process in which a decision is made by local health services is clear, appropriate, timely and communicated well. It needs to be flexible enough to allow the person to have the right support/service at the right time.

Our residents need to influence and determine what local services are required. Services should be commissioned and delivered based on the local population's needs through a process of co-production. Local decisions can take into account local criteria that might determine or impact upon need: urban or rural communities, transport links, crime hot spots, deprivation, population demographics, age, ethnicity etc. Local decision making is also more accountable to the local population.

As a Cheshire East Partnership we will focus upon the prevention of ill-health, early intervention and health improvement. The Cheshire East life course statistics diagram (below) illustrates how we are performing against a number of indicators and helps to inform where we need to focus our attention:



Smoking

Smoking is the single most significant cause of health inequalities, with smoking rates higher among people with a mental health condition, prisoners, looked after children and LGBT people. Smoking prevalence in over 18s in Cheshire East varies in different areas with higher levels in Crewe. Smoking in pregnancy rates remain high.

Health and care commissioners in Cheshire East will review and revise the trajectory to continue to reduce the smoking rates across the population over the next 5 years. This will include the impact of:

- Working collectively to introduce the CURE programme by Q1 2020 - 2021, which has evidenced significant positive benefits in early adopters in greater Manchester;
- Offering and encouraging the take up of NHS funded tobacco treatment services for all inpatients who smoke by 2023/24;
- Introducing a new smoke-free pregnancy pathway for expectant mothers and their partners, sharing local best practice across Cheshire East to enable a reduction trajectory from current baseline performance;
- Support for individuals to stop smoking within the community, as well as specialist support within hospitals and other settings for people with mental health conditions or pregnant women;
- Providing a universal smoking cessation offer for people using specialist mental health services, as well as those accessing learning disability services.
- Skilling up all staff in Making Every Contact Count (MECC) and ensuring smoking cessation advice is included in assessment / treatment.

Obesity

Health and care commissioners in Cheshire East will review and revise the trajectory to reduce obesity rates across the population over the next 5 years. This will include the impact of:

- Access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+;
- Maximising the patient benefits from those people who are referred to the Tier 3 weight management services;
- Expand the “Healthier You” programme including a digital offer;
- Take forward a pilot that offers a very low calorie diet for obese people with type 2 diabetes;
- Ensure all our NHS premises meet the strengthened requirements to offer healthy food for our staff and patients;
- Ensure nutrition has a greater place in continuing professional health and care training;
- Physical Activity – 12 week programme, involving one to one guidance by a coach providing guidance and support to access a range of suitable activities within the community such as guided walks and aerobics
- Weight Management – 12 week multi-component programme aiming to gradually build weight loss behaviours and to encourage cardiovascular activity.
- Family Weight Management – 13 week programme consisting of 1 to 1 sessions for children and young people with families. This will involve identification of lifestyle change goals and a family action plan, with a focus on a non-diet appropriate and participation in age-appropriate physical activity.

Alcohol

Reducing alcohol harm is one of the key strategic prevention priorities under the Cheshire and Merseyside population health programme work streams. Alcohol has a significant impact on Accident and Emergency figures, with 70% of attendances at peak times being alcohol related. The cost of dealing with alcohol related harm is some £412 per resident, per annum. The cost of alcohol harm is however, more than just financial, as we have seen the devastating affects it can have on individuals, families and communities. An ambition of the Cheshire East Place is to align our plan to the NHSE ambitions listed in the Long Term Plan, and to develop an evidence based standardised care pathway. We will continue to work with colleagues across Cheshire and Merseyside to explore the opportunities available to reduce excessive consumption.

We will review and strengthen the specialist Alcohol Liaison/Alcohol Care Teams within our hospitals to increase their impact in our inpatient settings as well as how they integrate with existing services provided in the community. We will also offer brief advice on reducing alcohol harm.

Antimicrobial resistance

Across Cheshire East we will continue to optimise use, reduce the need for and unintentional exposure to antibiotics, in line with the five-year action plan on Antimicrobial Resistance.

Reducing antimicrobial resistance is Public Health England's top priority, and is considered the greatest threat to global health in our lifetime, and as a system we will continue to work to support the ambitions of PHE in reducing antimicrobial resistance. We have ambitions to support deep dives into individual GP practices to look at any inappropriate prescribing; feedback on any practices with improvements or changes in prescribing with possible reasons, which can be shared across other practices to assist them in improving. Similarly, shared learning across the acute sector with regard to medicines management antibiotic formularies will be a part of the integrated pathology network programme (N8) with University Hospital North Midlands. Using the antimicrobial prescribing data available from providers, including GP out of hours, we will triangulate to identify the unwarranted variation using locally available business intelligence.

Vaccination rates

For Cheshire East as a whole, MMR vaccination rates are above national, North West and the Cheshire and Merseyside averages, with first dose coverage close to, or above, the 95% target in recent years. In line with other areas, fewer children receive the second dose by the time they are five years old. Alongside the Screening and Immunisation team and our local CCGs, work continues to identify opportunities for improvement, and in particular reduce variation between practices.

Seasonal flu vaccination for those aged 65 years and over across Cheshire East is overall very good with less than a quarter of the practices in our area not reaching the 75% target. Locally the opportunities for greatest improvement in flu vaccination uptake are in those with additional risk factors under the age of 65, or pregnant women. We will continue to work to ensure that our population is vaccinated, and wherever possible offer flexible locations across the borough, in addition to our GP Surgeries.

We will support Public Health England's national vaccinations campaigns, which encourage increased vaccinations for our population. Such campaigns include the HPV campaign: from September 2019, with all 12 and 13 year olds in school year 8 being offered on the NHS the human papillomavirus vaccine.

2) New services for new needs as our population changes

A strong start for our children

We will ensure delivery of the aims of the Better Births strategy, working in partnership with the Cheshire & Merseyside and the Greater Manchester and East Cheshire Local Maternity Systems, including;

- 50% reduction in stillbirth, neonatal and maternal deaths and brain injury by 2025;
- Reduced pre-term births;
- Embedded UNICEF Baby Friendly Initiative across Cheshire East;
- Perinatal mental health services are implemented with training delivered to GPs and midwives.
- Sufficient capacity and service development for neonatal critical care services and to develop allied health professional (AHP) support;
- Delivery of Postnatal physiotherapy and multidisciplinary pelvic health clinics;
- Maternal Health – 12 week programme aiming to encourage greater physical activity amongst pregnant women and healthy diet before and after pregnancy.

We will review and amend the trajectory for improved performance of childhood screening and immunisation programmes, focusing on reducing health inequality.

We will ensure care delivered to children and young people is age appropriate, integrated in relation to physical and mental health needs and between different care settings as well as ensuring effective transition to adult services, particularly for our most complex young people, in line with Safeguarding Children's Partnership arrangements. By the end of Q3 2019 – 2020 a plan will be in place for the implementation of the Imperial model of Child Health Hubs, with those Hubs being rolled out by the end of 2020. This will reduce unwarranted variation in attendances and admissions for children under 4 as well as ensure that the mental wellbeing of children and young people are linked in robustly (working alongside mental health in schools).

We will support more children and young people with long term conditions to understand and self-manage their condition(s), with the support of their carers/families, including the use of online resources and personalised care plans. We will measure the success through hospital admission and readmission performance against current baselines, as well as patient-reported outcomes.

We will continue to develop mechanisms to support children and young people to be emotionally resilient and to know when to seek support for their mental health, including through online support as well as school and college based mental health support teams. The Emotionally Healthy Schools project has transformed the mental health support in schools and is currently delivering effectively. There is an extended hours crisis line for children and young people with mental health needs up and running and available to parents

and children as well as professionals. This is particularly important given the high levels of admissions for self harm amongst 10 to 24 year olds in Cheshire East.

Personalised Care

Personalised care will become business as usual across the Cheshire East health and care system. This will include:

- Additional trained social prescribers in each Primary Care Network. A pilot is underway in Macclesfield (using HCP transformation funding) to pilot social prescribing and this will inform the roll out across the other PCNs/CCs;
- Maintaining and sharing widely the repository of PCN/CC aligned community assets to be drawn upon by social prescribing link workers;
- Approximately 1300 people will have a personal health budget so they can control their own care, improve health experience and achieve better value for money;
- Approximately 5000 people will have a personalised care and support plan to help them manage their long term condition(s);
- Developing the skills and behaviours of clinicians and professionals through practical support and training to use personalised care approaches each day including motivational interviewing and trauma informed practice (training currently being rolled out in mental health and social care providers);
- As we re-evaluate guidance and 'care pathways' we will ensure that they support person centred care, by giving patients, carers and professionals the information and flexibility they need to support, what can be difficult, person centred decisions.

Frailty

The Frailty care (co-designed with support from the National Associate Clinical Director for NHS E) is focussed on identifying and intervening in people with rising frailty (including falls). Training funded through the HCP will support systematic training across all health and care partners (including wider public sector, for example the Police and the community - taxi drivers, hairdressers etc). The aim is to support people with rising need with appropriate interventions to prevent further frailty. By Q4 2019 - 2020 there will be frailty champions in all Care Communities and across community pharmacy. In addition to this, local authority support has ensured that all CC staff will be trained in dementia awareness which will also assist as an intervention to reduce/prevent rising frailty.

Falls prevention

Cheshire East Place has recently published a falls prevention strategy, with a vision of working together to reduce falls and promote independence.

In Cheshire East, we have a large and fast growing older population, of which the frail and vulnerable form a significant proportion. A fall often results in a person needing to stay in hospital and can permanently reduce their physical and mental health and wellbeing.

The key outcomes for the falls prevention group are:

- Identifying those likely to have a fall;
- Helping those likely to fall in order to prevent falls;

- Working effectively with people who have fallen to help reduce the likelihood that they will fall again.

Early help and prevention are central to implementation of this strategy. This means giving support to individuals at risk at an early stage, before they experience a significant fall.

Our focus will be upon commissioning and the development of borough-wide, appropriate, evidence based services which are both individually and collectively successful in reducing the likelihood of at risk people falling and injuring themselves. This will include completing and reviewing formal risk assessments, the continuation of falls specific exercise classes and community equipment being available which can further reduce the risk of falls. The newly commissioned 'One You' Service will include falls prevention through a 26 week OTAGO programme including strength and balance exercises with a choice of group or one to one support.

We will continue to develop opportunities to work collaboratively, to ensure that all available data and evidence-based practice is used to inform future falls prevention commissioning across the whole of Cheshire East.

Palliative and End of Life care

The Cheshire and Merseyside Palliative and End of Life care programme aims to enable and deliver care which is planned, less reactive and personalised, for people with life limiting conditions to live well, before dying with peace and dignity in the place of their choice. We support the Cheshire and Merseyside programme, and have a resilient community sector which supports many Cheshire East residents in dying in a supported manner, which accommodates their choices where possible. The Cheshire End of Life Partnership, through its Collaborative Strategic Plan for Palliative and End of Life Care, is a key partner in this work and will play a leading role in taking it forward.

We want to support our residents, and also empower our communities to encourage resilience as the experience at the end of ones life can impact the mental health and wellbeing of those around the dying. We want to ensure that care is coordinated and residents' wishes listened to; maximising comfort and wellbeing, with a workforce that is prepared to care.

We want every person within Cheshire East Place to get fair access to end of life care, regardless of who they are or the circumstances of their life. We would like to work with our partners to continue to improve our end of life care services, so that everybody in Cheshire East has the chance to live well before dying with dignity. By listening and responding to the wishes of our population, we aim to care in a manner that provides a positive experience, not merely for patients, but for their carers and families as well.

We will ensure that all organisations have an Advanced Care Planning policy in operation with a workforce education plan in place aligned to the core competencies identified within the Cheshire & Merseyside Advanced Care Planning Framework. We will develop and implement innovative models of proactive and timely care, via our care communities and if needed, introducing new partnerships across organisations.

The Cheshire East Integrated Care Partnership

The aim of the Cheshire East ICP is to bring together the main NHS providers and Local Authority into a virtual organisation creating a 'space' to work together to take a whole population perspective. The common purpose is to integrate care services to support improvement in population health. The eight care communities across Cheshire East (see below) are critical to the success of this new way of working and have already demonstrated progress, working locally to improve the health and well-being of the population. This is an essential prerequisite step in developing effective integration for Cheshire East. Considerable preparation has already taken place to prepare for the establishment of the ICP, with the ambition of establishing formal arrangements and beginning delivery of an agreed set of services by April 2020.

The purpose of the ICP is to improve the health and wellbeing of the population, the quality and safety of services, the patient outcomes and reduce the inequality gap, adhering to models of both clinical and financial sustainability.

The vision is that Cheshire East ICP will strive to improve the health and wellbeing of local communities enabling them to live longer and healthier lives. Partners have committed to do this by engaging with and empowering citizens to support early intervention and prevention, creating and delivering safe, integrated and sustainable services that meet people's needs and by the best use of assets and resources available. The Cheshire East ICP values are inclusion, empowerment, innovation and improvement, honesty and integrity, openness and transparency and partnership working.

The Cheshire East ICP will provide the structure, processes and governance arrangements to enable the system to work differently to support care communities to deliver a wider scope of integrated care and to enable resources to be deployed in a way that maximises health improvement and reduces inequalities.

Primary Care Networks

GP Practices across Cheshire East have grouped in clusters to form Primary Care Networks, covering their local neighbourhood populations of between 20-50,000 people. We will support the ongoing development of all Primary Care Networks through their Clinical Directors, aligning expanded multi-disciplinary health and care community teams around each Network, to deliver fully integrated community-based care. The initial focus will be on developing excellent relationships between Primary Care Networks and wider community partners across their neighbourhood, including police and fire services, the voluntary and faith organisations and community leaders.

Additional investment will be available to support Primary Care Networks to develop innovative ways to increase capacity through a more diverse workforce offer, reduce avoidable A&E attendances, admissions and delayed discharges as well as standardising, patient pathways to reduce avoidable outpatient visits and over-medication.

Individual practices and their Primary Care Networks will be supported to maximise digital opportunities to improve access to care, including offering online and video consultations. This will build upon and align with the work already underway through the Care Communities.

Our Care Communities

Cheshire East place has eight Care Communities (CC) which mirror the PCNs, except in Crewe where two PCNs sit within the Crewe Care Community geography. All CC have dedicated and funded clinical leadership time to develop integrated working within the CC. The CC have used the data available in the JSNA as well as some hospital data to develop improvement plans and areas of focus. Whilst there are a range of commonly agreed improvements, there is also local variation based on population need. This has resulted in wide spread small and large scale change and improvements to delivery of care in the community across, general practice, community services and mental health. There is a dashboard to monitor key metrics for CC. The CC have successfully bid for innovation monies (from HCP transformation funding) to test out areas of improvement for example modern Doppler devices for management of leg ulcers and Atrial Fibrillation screening using mobile technology. The CC clinical leads are engaged with the CC strategic development group which is supporting the reduction in unwarranted variation in the delivery of care and ensuring there is a common narrative across place.

A key enabler has been the ability of all partners to support leadership (clinical and managerial) in the development of CC. Whilst the arrangements vary (dependant on resource), the structure of GP clinical lead, managerial support from community services and aligned social care and mental health senior clinicians/practitioners has developed and will continue to mature. The place has funded dedicated GP clinical leadership time to ensure not only PCN development but also CC development.

Funding for innovation from HCP transformation monies is leading to the pilot of a “chatbot” for those with long term conditions (on an elective basis) which will be evaluated and learning shared across the Place by March 2020.

Care communities are using a variety of methods to engage with their communities to ensure more effective community alignment.

The Care Communities use the JSNA “tartan rug“ and “tartan shawl” for identifying areas of improvement. The availability of hospital usage by postcode/street has enabled Care Communities to focus improvements to those who are high intensity service users.

The development of peer review of GP referrals into secondary care has helped reduce unwarranted variation in GP referral patterns.

The clinical engagement has ensured a biopsychosocial approach to care rather than a traditional clinical model, understanding wider determinants of health and working with LA partners to address these issues.

Further development work is being undertaken to ensure all staff are trained in “Making Every Contact Count” to ensure prevention and motivational interviewing is integral to care delivery across the place. The “three conversation” model / motivational interviewing is widely established within social care. NHS providers will learn from social care to ensure this model of an asset based approach is embedded.

3) Transforming Existing Services

Community Care

By PCNs practices working together with their aligned (and the ambition is integrated) community teams in the care Communities, there will be a shift towards greater emphasis on preventative and anticipatory care and rapid response, particularly for those patients identified as frail and/or having long term conditions. The approach will be supported by the use of digital technology and making use of the available intelligence including through use of predictive analytical tools to identify patients at rising risk. Risk stratification is undertaken using Aristotle across the Place.

The development of Care Communities will be supported by the development of a wider integrated workforce who have sufficient and appropriate IT equipment and shared information to maximise the mobile working hours available for increasing time to care. For example we will roll out by the end of 2019 the use of new dopplers bought by transformation monies which increase the capacity of the district nurses.

Service development opportunities will be utilised to increase capacity for 7 day working, enhancing the availability of timely packages of care and working across and with partner organisations to eliminate duplication, to avoid unnecessary admissions to hospital and reduce length of stay.

This will be underpinned by a shared commitment to continuous quality improvement, empowering clinical leaders and front line teams in the development and delivery of new standardised ways of working, using recognised quality improvement methodology to co-design, locally test and scale up at pace.

Cheshire East will develop a phased plan to meet the new primary medical and community health service funding guarantee over the next five years, across primary medical, community health and continuing health care services.

Acute Hospital Care

We are committed to working with our partners to enable clinically sustainable services that meet the needs of our patients both now and in the future, recognising that the way services are currently delivered may need to change. The Cheshire East Acute Sustainability programme forms part of the Cheshire and Merseyside overarching clinical sustainability programme, looking at how best we can ensure our local hospitals continue to deliver high quality care.

The local programme is looking at how three acute services in particular – urgent and emergency care, women's and children's services and elective care - are configured and how that might need to develop in future to ensure sustainable, high quality care. The work will take into account the work taking shape in the care communities.

Service change proposals will be developed through extensive stakeholder engagement and may require a full public consultation in line with NHSE guidance on service change.

Urgent care

We will improve the responsiveness of community health crisis response services to deliver services within two hours of referral and reablement care within two days of referral.

In addition, we will fully implement the Urgent Treatment Centre model by autumn 2020. Urgent Treatment Centres will work alongside other parts of the urgent care network including primary care and other community based services to provide a locally accessible and convenient alternative to Accident and Emergency for patients who do not need to attend hospital.

We will look to continue to integrate the urgent care response across Cheshire East, basing development on our care communities,to provide an integrated network of care that meets both the existing and developing clinical standards, enabling more people to be cared for closer to home without the need to attend A&E.

Crisis care for mental health will be implemented by the end of 2019 – 2020 delivering alternatives to A&E. This will include crisis beds in the community for those with mental health needs. There will be 6 commissioned crisis beds so there are alternatives to hospital admission, thereby reducing occupied bed days.

We will ensure our A&E services are fit for purpose both in terms of sufficient numbers and skills of our workforce, as well as estate capacity to meet the changing and growing demographics of our population.

There will be a continued focus on maintaining and improving current performance for urgent and emergency care. This will enable the more timely care and treatment of acutely unwell patients to optimise clinical outcomes.

Planned Care

We are commencing a programme of transformation across planned care that focuses on three key elements; empowered self care and shared decision making, reformed referrals and transformed outpatient services.. The emphasis is on implementing national best practice to reduce unwarranted clinical variation in outcomes. This will be underpinned by an increased use of digital technology providing options for virtual appointments and more effective tracking of a patient's journey as well as building on successful single points of access which has reduced referrals to orthopaedics, rheumatology and pain in the southern part of the Cheshire East system.

As a result, waiting time targets will be achieved including no patient waiting more than 52 weeks from referral to treatment and 92% of patient pathways being completed within 18 weeks. This will also support achieving financial stability for the system overall.

Cancer Care

We will work to deliver the Long Term Plan commitments for the people of Cheshire East including:

- By 2028, 55,000 more people will survive cancer for five years or more each year;
- Three in four cancers will be diagnosed at either stage 1 or 2;
- Roll out of fecal immunochemical test (FIT) for symptomatic and non-symptomatic patients;
- Integration of breast screening programmes across Cheshire East to improve sustainability and to meet national screening population sizes;
- Increased radiology capacity for MR and CT at Leighton.

- £23 million investment in a new Christie Cancer Centre will serve 1500 new patients in Cheshire East, providing radiotherapy, chemotherapy, outpatient care, holistic support and information services. The centre will be built at Macclesfield District General Hospital and is due to be competed in 2021.

We will continue to review pathways to become more streamlined and ensure more opportunity for early detection through the use of innovative mechanisms such as rapid diagnostic centres.

We want our cancer care to be world class, delivering the ambitions of the Long Term Plan in a way that improves the quality of life outcomes, improves patient experience, reduces variation and reduces inequalities.

Cardiovascular Disease (CVD)

Cardiovascular disease is responsible for one in four premature deaths and accounts for the largest gap in health life expectancy. The Long Term Plan includes a major ambition to prevent 150,000 strokes, heart attacks and vascular dementia cases.

Cardiovascular care is a focus for all eight CC. This includes focus on smoking cessation, screening and intervention for hypertension, atrial fibrillation and heart failure. CCGs have made RightCare date available in accessible form for all CC to enable them to focus on areas of greatest variance. Building on the community work will be the need for timely specialist support and advice with a new model of outpatient care, ensuring there is a reduction in unnecessary outpatient visits. Cheshire East will improve the prevention, early detection and treatment of cardiovascular disease over the next five years, including;

- Prioritising cardiovascular service redesign as a major theme in the development of the Cheshire East ICP;

- Adhering to a programme of prevention, detection, treatment initiation and improved management, known as the ABC approach – Atrial fibrillation, blood pressure and cholesterol. A Place Plan will be developed by the end of 2019 with implementation beginning in 2020 focussing on AF, hypertension screening and intervention, community diagnostics for palpitations and community cardiology (including outpatient follow up);

- Rolling out screening for Atrial Fibrillation using mobile technology (currently in use in two Care Communities);

- Increasing the numbers of people at risk of heart attack and stroke who are treated for the cardiovascular high risk conditions; Atrial Fibrillation, high blood pressure and high cholesterol;

- Testing the use of technology to increase referral and uptake of cardiac rehabilitation from 2021/22 as well as increasing rehabilitation capacity to meet expected demand;

- Increase access to echocardiography and improve the investigation of those with breathlessness and the early detection of heart failure and valve disease, introducing one stop joint clinics between cardiology and respiratory services;

- Work within Integrated Stroke Delivery Networks (ISDNs) improving and configuring stroke services, to ensure that all patients who need it, receive mechanical thrombectomy and thrombolysis in a timely manner;

- The introduction of 'virtual hospital' working for secondary care cardiology will dramatically shorten time to solution for patients with cardiology problems;

- New community based cardiology services, integrated with secondary care and primary care, will improve the quality of care and reduce the pressure on secondary care cardiology services.

We will also continue to work with our partners in tertiary centres to strengthen interventional clinical pathways. Cheshire Fire and Rescue Service are supporting an effective and seamless referral pathway for patients identified as potential atrial fibrillation cases through their Safe and Well checks

Diabetes

We will deliver the Long Term Plan commitments for people with type 1 and 2 diabetes, as well as increasingly supporting those at risk of diabetes, including;

- Support for more people living with diabetes to achieve the three recommended treatment targets;

- targeting variation in the achievement of diabetes management, treatment and care processes;

- Ensure ongoing monitoring and support post pregnancy to ensure women continue to be monitored after giving birth;

- Addressing health inequalities through the commissioning and provision of targeted services;

- Expanded provision of access to digital and face-to-face structured education and self-management support tools for people with Type 1 and Type 2 diabetes;

- Providing access for those living with Type 2 diabetes to the national HeLP Diabetes online self-management platform, which will commence phased roll out in 2019/20;

- Strengthen the current offer to inpatients with diabetes, working in partnership with other providers to improve resilience;

- Universal coverage of multidisciplinary footcare teams (MDFTs) and diabetes inpatient specialist nurses (DISN) teams, for those who require support in secondary care.

Respiratory

We will increase the effective identification of people with respiratory disease to ensure more rapid access to appropriate treatment and care. We will support people to effectively manage their respiratory condition including use of their medications and having rapid access to appropriate community and primary care services at times of deterioration in their

condition. We will continue to develop access to pulmonary rehabilitation, particularly for the most socio-economically deprived and hard to reach groups.

NHS organisations will support the ambition to improve air quality by cutting business mileages and fleet air pollutant emissions by 20% by 2023/24. At least 90% of the NHS fleet will use low-emissions engines (including 25% Ultra Low Emissions) by 2028 and primary heating from coal and oil fuel in NHS sites will be fully phased out. Cheshire East Council is committed to being carbon neutral by 2025.

Mental Health, Learning Disabilities and Autism

Mental Wellbeing is a focus for all Care Communities, starting with a pilot of direct access mental health in general practice which, if it improves access and reduces need for secondary care will be rolled out across all care communities. All CC are working with PCN and the local authority to develop social prescribing, aligning the various initiatives to build a community asset base as well as ensuring support to those who are socially isolated and those who have long term conditions.

We will support our local providers to join NHS-provider collaboratives to take on responsibility for more specialised mental health, learning disability and autism services facilitating more people to be cared for within or closer to their home. The mental health provider is part of a collaborative for secure services, Tier 4 CAMHs and adult eating disorders, with clear development and delivery plans for 2019 – 2020 and 2020 – 2021. This will be supported by effective use of the shared care record to ensure clinicians have access to the most appropriate information to support each individual.

We will test and roll out adult community mental health access standards. The recent redesign of mental health services has resulted in increased resources in the community (from inpatient beds). The mental health provider is coordinating community mental health services around the Primary care networks/Care Communities and will be bidding for Wave 2 national monies to facilitate this. In relation to older people's mental health, memory clinics are being integrated into primary care and Care Communities. The integration of mental health services with care communities will improve access to community services. Pathways will be streamlined to reduce handoffs and significantly, there will be improved psychosocial support to ensure that the care models for physical health are mirrored for those affected by severe and enduring mental health problems.

We will deliver a comprehensive crisis offer that enables more people to be supported to stay at home or within their community, working closely with all partners including the voluntary sector. This will include delivery of 24/7 adult crisis resolution and home treatment teams across Cheshire East by 2021 and 24/7 crisis provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions by 2023. National monies are funding the delivery of extended hours for the children and young people crisis line.

In striving to support more people to manage their condition at home or in the community, we will look to ensure we make the best use of inpatient beds.

We will improve the care for people with learning disabilities and/or autism ensuring integration with their plans for mental health, special educational needs and disability

(SEND), children and young people's services and health and justice as appropriate. There is a service for children with a learning disability up to the age of 18 to ensure effective transition to adult services. The mental health provider has developed a dynamic risk support tool to assist with admission avoidance into A&E beds for those with a learning disability.

A primary ambition for the Learning Disabilities and Autism work-stream is to involve people who use services, and their families, in the design, delivery and monitoring of all services. We want to ensure that our residents are involved in their care planning, making reasonable adjustments for people with learning disabilities and/or autism.

We will continue to improve care for those with Learning Disabilities by learning from lived experience as well as from Learning Disability Mortality Reviews (LeDeR). These reviews will always be undertaken within six months of the notification of death and all reviews will be analysed to address the themes identified with recommendations being reported through a local LeDeR report.

We will support all Primary Care Networks to continue to review medications for people with Learning Disability to prevent and stop all over medication for all ages. The provider and PCNs have started to deliver on the SToMP agenda.

We will ensure children and young people with the most complex needs and their carers/families continue to have access to a keyworker who can ensure a holistic approach to each individual's care.

We will ensure the sharing of local best practice across providers in relation to hospital friendly autism pathways.

Suicide and self-harm

The nine Local Authorities across Cheshire and Merseyside have been collaborating on the suicide prevention agenda – 'A Zero Suicide Strategy for Cheshire and Merseyside'. The vision is for Cheshire and Merseyside to become a region where suicides are eliminated, with people no longer seeing suicide as a solution to the problems they face. Self harm is similarly a primary focus, as 38% of those who died by suicide in Cheshire and Merseyside in 2014 and 2015 had previously self-harmed or attempted suicide.

In relation to the broader objectives for Cheshire and Merseyside, their focus will begin with overcoming inequalities, which aligns with the Cheshire East Partnership strategy; negative life events, experiences and poor health conditions are unequally distributed across the population, and all contribute to the underlying risk of suicide. We will also focus on children and young people, as if we are to eliminate suicides and reach zero we must start by preventing self harm and suicidal behaviour in our children, and subsequently, in their adult lives.

Both NHS Eastern Cheshire and NHS South Cheshire CCG are signed up to the Mental Health Crisis Care concordat. Further, in order to accelerate action against suicide we will continue to focus upon leadership, prevention, safer care, support after suicide and intelligence.

We have access to a suicide prevention training package, which is offered in Cheshire East free of charge. In addition, we have trained over 500 front line staff in Cheshire East including Youth Offending teams, benefits and housing colleagues, as well as developing specific guidelines for schools. This is to support teachers when a child or young person discloses or shows signs of suicide.

Cheshire East Council has worked consistently to raise awareness on wellbeing and the importance of good mental health, including participation in campaigns such as Time to Change. Where a suicide has taken place, we have also developed and commissioned a suicide postvention service, Amparo, to support bereaved families, recognising the significant impact suicide can have.

Armed forces and veterans

We will continue to work together with partners to better understand the mental health needs of our Cheshire East veteran population including minimising the need to utilise A&E at times of crisis. There will be access to specialist mental health/psychological therapy services for military veterans, adhering to the 'Veterans in Mind' service across Cheshire and Mersey to which both NHS Eastern Cheshire and South Cheshire CCG are associates.

We will ensure improved recovery will be defined and achieved in 50% of patients accessing Transition, Intervention and Liaison Service (TILs) and Complex Treatment Service (CTS).

4) Going digital

We will develop a comprehensive health and care digital strategy and investment plan describing how digital technology will underpin our system transformation, including

- all secondary care providers to be fully digitised by 2024 and integrated with the health and care system.
- clear milestones for each NHS provider's increasing digital maturity
- plans to adopt Global Digital Exemplar (GDE) Blueprints and an approach based on IT system convergence to reduce unnecessary duplication and costs
- plans to adhere to controls and use approved commercial vehicles such as the Health System Support Framework to ensure technology vendors and platforms comply with national standards for the capture, storage and sharing of data.
- 100% compliance with cyber security standards
- by 2020, every patient with a long-term condition will have access to their care plan via the NHS App, enabled by the Summary Care Record (SCR)
- all women have their own digital maternity record by 2023/24;
- by 2021 all parents will have a choice of a paper or digital Redbook for their new babies

We will recommission the Cheshire Integrated Care Record in 2020, facilitating the sharing of patient information across the system. We will also continue the development of our patient held electronic record which is currently being piloted.

5) Building the right health and care workforce

We will deliver the commitments within the NHS People Plan and support the health and care workforce across Cheshire East to deliver integrated personalised care, in line with the place strategy.

As described, the growing demands faced by health and care services will demand an expanded workforce which in Cheshire East will be inclusive and supportive, ensuring we enable all staff to maintain their own good health and wellbeing including through flexible working arrangements.

We will build on the success of existing recruitment and retention plans, developing workforce capacity and capability and developing new roles to support a skill mix fit for the future. This includes new roles for Advanced Clinical Practioners, Physician Associates and Nurse Associates.

We will develop detailed workforce growth plans to increase capacity and capabilities across Cheshire East including appropriate use of international recruitment, apprenticeship levy and schemes to improve retention by at least 2%. In delivering a holistic approach to workforce transformation, we aim to improve both our GP recruitment and retention performance as well as increasing our nursing and non-medical workforce through increased student placement capacity and close working with local education providers.

The multi-disciplinary health and care community teams will be supported through the development of a primary care and community training hub that will deliver a set of core functions to educate, train and support the current and future workforce working as part of multidisciplinary teams in the community.

We want to make the NHS the best place to work and as such are developing an Organisational Development (OD) and leadership diagnostic, aiming to inform the development of a clear plan and implementation programme that will assist us to deliver system transformation during 2020/21. This will assist us in developing an overarching workforce and OD strategy.

We will work to improve leadership culture within Cheshire East Place, developing a coach approach to help develop effective and inclusive system leaders who role model our values and behaviours.

6) Financial Impact

A detailed remodelling of the Cheshire East Partnership system finances is currently underway, together with work to develop a financial recovery plan for Cheshire as a whole. There is currently a deficit and the work described above will when fully implemented help to manage demand and potentially reduce costs. Some examples of impacts are set out below:

The development of improved cardiovascular health for the population will reduce unnecessary outpatient attendances for those with chronic cardiac disease. Focus on

prevention eg cardiovascular disease as well as smoking cessation will support reduced spend and improve outcomes.

The implementation of the child health hub model will reduce A&E attendances and admissions for those under 4.

The integration of memory clinics within CC will ensure reduced outpatient follow up as well as increase access to specialist memory services.

Integrating mental wellbeing and social prescribing will address currently unmet psychosocial needs of those with long term conditions (which impacts on hospital and GP usage), thereby reducing A&E attendances and admissions.

Embedding the “CURE” model of smoking cessation in Acute hospital providers will ensure reduction in admissions/readmissions, thereby reducing occupied bed days.

7) Outcomes Framework

Care Communities Outcome Framework – work in progress

Ambition	Outcome	Care Communities Strategic Outcomes	Sub Outcomes	Measure
Empowered Person People are empowered to take responsibility for their own health and well being	People are empowered to take responsibility for their own health and wellbeing and manage their own support as they wish, so that they are in control of what, how and when support is delivered to match their needs.	People have greater understanding of what they can do to live/maintain a healthy lifestyle People have a greater understanding of how they can manage their long term conditions	Increase in uptake in NHS Health checks Increase of people involved in the development of their care plan	Health Checks People with a LTC supported to manage their condition Making Every Contact Count?
Easy Access Access that is designed to deliver high quality, responsive services	Improved access to high quality, responsive services, support and appropriate information that provides everyone with the opportunity to have the best health and wellbeing throughout their life.	Consistent access to care services in the community during core hours 7 days a week – 24 hours a day		Access to services, including GP, mental Health, social care
Appropriate time in hospital Appropriate time in hospital with prompt & planned discharge into well organised community care	Reducing inappropriate time spent in hospital by increasing planned discharge into co-ordinated community care	Increased proportion of people supported at home	Reduction in people experiencing a health crises that results in hospitalisation or admission to a care home Increased number of people are supported to live well at home in times of crises Reduced number of placements to care homes Reduced length of stay in hospital Reduced emergency admissions Reduced readmissions	Referrals from A&E back into the community Intermediate Care referral and discharge information Proportion of people returning to their usual place of residence following a hospital stay Care home placements Length of hospital stays The proportion of people aged 65+ who are at home/ in extra care housing three months after the date of their discharge from hospital Readmissions
Rapid Response A prompt response to urgent needs so that fewer people need to access urgent and emergency care	Increasing the responsiveness of services to meet the urgent needs of the people they serve	Reduced unplanned care and crises	Reduced A&E Attendances Reduced Emergency Admissions Reduced number of emergency placements to care homes	A&E attendances Emergency admissions not referred by community teams Avoidable Admissions Emergency care home placements
High quality care The highest quality care delivered by the right person regardless of the time of day or day of the week	Increasing the quality of care provided in Eastern Cheshire regardless of the time of day or the day of the week	Maintain /Improve the quality of care provided in community settings regardless of the time of day or day of the week	Maintain/improve the quality of care provided by the community teams	Safety thermometer for community services Family and Friends Test for GP, community and mental health
Support for carers Carers are valued and supported	Carers feel valued and supported and are able to maintain or improve their desired quality of life.	Carers can balance their caring roles and maintain a desired quality of life	Increase in carers in receipt of a carers assessment Improvement in carers wellbeing	Proportion of carers in receipt of a carers assessment Carers wellbeing
Planned Pathways Simplified planned care pathways delivered as locally as possible	Improving outcomes from planned care via simplified pathways delivered as locally as possible	Improved communication and continuity of care between the community hub teams and secondary care	Reduced length of delayed transfers of care Increased proportion of people receiving care co-ordination, including a care plan Increased identification of frailty Increased use of end of life pathways and advanced planning	Length of DTOC for acute and community beds Proportion of people with a care plan Proportion of people returning to their usual place of residence following a hospital stay The proportion of people aged 65+ who are at home/ in extra care housing three months after the date of their discharge from hospital Number of frailty cases Proportion of people dying in their preferred place of death
Integrated Care Staff working together with the person at the centre to proactively manage long term physical and mental health conditions	Improving peoples experience and outcomes of integrated care	Enhanced patient experience Increase in appropriate case finding and proactive management Increase in staff satisfaction	Improved co-ordination and alignment of interventions offered by different organisations including the 3rd sector Reduced barriers between organisations and professions Team members have greater satisfaction from working with people in a flexible way to deliver care matched to their individual needs	Case studies Integration survey/tool Staff survey

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#BecauseWeCare
Cheshire East Partnership

Cheshire East Partnership
Five Year Plan public / workforce engagement – feedback themes and draft analysis

The Cheshire East draft Five Year Plan was out for public and workforce engagement from 1st to 23rd August. Healthwatch Cheshire East have facilitated this exercise. Two engagement events were held, in Macclesfield and Crewe and an online survey made available. There were 35 attendees at the events; 271 people have completed online or paper copies of the online survey responses. In addition four responses were received via the Cheshire East Council email and Healthwatch ran an engagement workshop session with their volunteers which had 15 attendees.

A summary of responses is set out below to identify the main areas of feedback. Further analysis of the responses will be undertaken over the next couple of weeks and the revised version of the Plan will incorporate changes made as a result of this analysis.

Question one: Does the plan capture the most important issues facing health and care in Cheshire East?

In general there was broad agreement that many of the key issues have been reflected in the draft Plan. There was support for the focus on integration and collaboration. However there was a concern that the detail regarding how we were going to achieve what had been set out was lacking. The focus on the social determinants of health and on prevention was seen as being positive and the emphasis on mental health. Some of the issues deemed to not have been covered or inadequately covered are set out below

Theme	Comments
Access to services	• Waiting times to get a GP appointment is a real issue for many people. For example, being on hold for 40 minutes, for all appointments to then have been booked. • Concerns over two or three week waits for a GP appointment • Concerns regarding delays in follow up meetings with consultants • Travel to Stoke or Manchester is a problem for those without a car / unable to drive / struggling to meet costs of public transport • Don't forget those who are unable to use IT – we need to ensure that we do not digitally exclude any of our residents • Consider some service provision outside of core hours eg smoking cessation • Need to work with transport providers as access for people in rural communities is a real problem
Communities & local population	• How do we effectively identify the people who the Plan is aimed at and how do we ensure the right people are involved? • The Council's Communities teams working with Care Communities and seeing recognition of value of having the voices and needs of the community better reflected as changes to services are considered. This needs to be further embedded so that we have co-production at the heart of service transformation.

	• If 30% of health issues are down to individual behaviour how do we promote self-help (USING digital for example) to ENABLE people to change behaviours?
Finances	• The financial challenges are a concern • It should be acknowledged that due to financial pressures, there will be some tough decisions ahead • Concern over social care funding and not enough investment • Some Council services that contribute to reducing health inequalities and improve health and wellbeing outcomes are being cut and are becoming less accessible eg leisure centre prices going up/libraries closing/meals on wheels prices going up. Concerns that further budget pressures will lead to closure of services which will impact on our ability to deliver the change. • Worries that decisions around funding cuts will have an impact on our ability to deliver the Plan. • A breakdown of costs and how much the service changes will cost should be included.

Question two: Do you think we have missed anything you feel is important to you and your community?

As would be anticipated with asking such a question, there were a range of responses with suggestions as to what was missing. In many cases this was to ask for more to be included about things that were in the Plan – but not to the level of detail that the respondent wanted – again the emphasis on how we were going to make the change. Examples of this include reducing social isolation, early intervention and prevention and the health and wellbeing of children and young people. Some of this will be addressed through our Technical Appendix (which has not yet been made public). The key themes and examples of comments in response to this question atre set out below:

Theme	Comments
Communication, engagement & involvement	• The Plan and any engagement with it needs to be positive, ongoing and accessible. • Needs to be accessible to everyone and not just digitally, as this risks excluding some people *(NB print copies were produced).* • The seldom heard need to be engaged with but also mentioned in the Plan – for example people with disabilities, visible and hidden. • Empowerment of our citizens and residents is a key part of the changes you want to see happen. • Empowerment – encouraging people to take responsibility for their own wellbeing (self-care) needs more emphasis • Identify other opportunities to get your message out, for example, parents evenings at schools • You need to think about how to convey the changes to the population – the channels that are used to communicate effectively. • Better sharing of existing good practice is needed, for example good things are happening in Chelford that are not being widely shared • Some local support infrastructure will exist within communities and we need to draw upon this to help ensure effective local communication.

Equality & Diversity	• Changing demographics is a concern post Brexit sand impacts need to be considered • Migrant communities may have difficulty accessing healthcare and you need to consider their needs. • There are diverse communities in Cheshire East but no real mention of them in the plan or how you will engage with them. • No mention of the needs of the migrant communities or others who are not accessing services eg people with Learning Disability or travellers *(NB the recently published Learning Disability Strategy has been drafted with extensive involvement of service users and their carers and the implementation of that Strategy will support the Five Year Plan)*
Tell the story	• The plan would be better brought to life with case studies • Real life examples of what will be different would be good
Children and Young People	• There's a lot about children and young people but how are we going to do this –how can we make them happier, more confident? • Get young people involved and work on good stuff happening already
Individual missing elements	• Health visiting – focus shifted to children – opportunity for them to do more – have an 'all age' approach • Putting the person at the centre of the multi-agency working – focussing on their needs not that of the services • Needs of carers & unpaid carers • No mention of end of life or palliative care anywhere • Should be including drugs and gambling etc • Social isolation missing – linked to infrastructure, transport and digital accessibility • Not a strong enough emphasis on tackling social isolation • Importance of breastfeeding • Healthy eating / diet • No reference to Parkinson's disease • Prevention and early intervention is referenced but needs to be at heart of everything – and the role of the community, voluntary and faith sector is central. • There is little reference or connectivity between health and economy yet for economy to be strong we need healthy people and they themselves make the relationship between socio-economic issues and health – are they connecting into the LEP and associated strategic? There are lots of links to Industrial strategy here that could create a win-win • There is a distinct lack of clarity on the role of the social care sector within the plan • Generically there should be more emphasis on the physical and mental health benefits of Physical Activity – this could be added to 'Tackling inequalities' – Outcomes (page 16) and 'A strong start for our children' – Outcomes (page 21) • No mention of the Social Prescribing Link Workers and what will be done to reduce social isolation, prevent mental ill health and get residents to live well for longer • No mention of Domestic abuse services and importance of adequately funding them to help health and wellbeing of some of our most vulnerable people
Staff / carers	• Allow staff to innovate and use their judgement to facilitate better

	outcomes/effective collaboration • Cultural change is a big challenge and the way organisations work together. If you can't get this right nothing will happen. • Need to get the individual organisations better informed and their workforces updated on the Plan and the system ambitions. Too many staff are in the dark! • Use the knowledge and experiences of our staff to develop and improve the Plan. • Focus on the health and wellbeing of your staff and the unpaid carers of Cheshire East

Question three: What do you think we could do to improve health and wellbeing in Cheshire East?

Again this question elicted a number of responses in relation the additional things that could be done, or areas of work that it was felt needed to be emphasised more strongly.

Theme	Comments
Self care and prevention	• Role of prevention and preventative advice, and early intervention is referred to but needs to be emphasised • Greater emphasis on health education e.g. diet and exercise • Change population expectations and empowerment – self care • Need to empower the population to look after their own health and wellbeing. This needs to be better emphasised within the plan and specifically how this is done • Personal responsibility and empower people – education and increased awareness • Greater emphasis needed on self care • Education of residents and awareness of how to prevent illness and to look after themselves • Education of the population- needs to be more awareness on what is available • Social prescribing – needs more emphasis • If first port of call is GPs then a three week wait to get an appointment is undesirable– we need to effectively communicate to the community the availability of other resources • Free health improvement or leisure classes would help people get into good habits. • There are lots of things that the Countryside and Green Spaces of Cheshire east can offer to support people's health and wellbeing: • Provide and promote countryside facilities which are accessible, safe and available as well as providing an annual programme of events and activities. • All countryside facilities are promoted online and through social media. • Promotion of Public Rights of Way network making particular use of stile free paths around urban areas eg 'Walks for All' booklets (reprint with partnership funding?). • Raising awareness of PROW to CCGs as a natural exercise resource. • Raising awareness of Countryside facilities and PROW to CCGs as places that can improve mental health as well as general health.

	• Develop partnership working or better links with south and north Cheshire CCGs so they know more about what is available and managed by CE Countryside Service/ CEC PROW. • Develop plans or mechanisms so that people can enjoy prescribed exercise at Countryside facilities.
Third sector	• Involve as many as possible especially 3rd sector/voluntary organisations as they know their communities • Should include 3rd sector and other services • Third sector not mentioned enough • There are untapped resources (intelligence, human resources, financial) that could make a real difference. There is little mention of the third/community sector in the paper, despite the real difference they have demonstrated. • There are lots of resources spread across a plethora of partners in the East. These must be mapped carefully to avoid missing opportunities and duplications. Energy and resources of all local partners to deliver the plan should be harnessed. How do we channel them to target the areas where there is greatest need but also to affect change in the factors above to close the gap?
Care Communities	• Awareness of activity within the care communities needs to be more widely communicated – progress and activities • We need to better communicate and promote the community assets that are currently available to support our residents • Could Care Communities have Patient Participation Groups set up for their geographies? • PPG reps had not heard about Community coaches until the consultation – still issues regarding communication.
Infrastructure	• Improve transport links for rural areas as this would reduce loneliness • Access/transport and recruitment • Social media isn't the only access point – don't forget those who are not able to use IT or are unwilling to use it. • Could use mobile libraries to get services into communities • Schools should be part of the infrastructure that you use to implement the Plan • Plan doesn't mention transport and access to services so we need to improve this • Improve access to leisure facilities • Concerns regarding population growth/new housing developments outstripping health service capacity. How are we planning for health services to be fit for purpose in relation to this growth? • Work with highways/planning to improve/add new cycle-ways, footpaths etc to promote active travel, reduce congestion/carbon footprint.

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Agenda Item 12

Working for a brighter future together

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 12 September 2019

Report Title: Adult Social Care, Commissioning and Communities and Public Health Performance Scorecard - Quarter one, 2019

Portfolio Holder: Cllr Laura Jeuda – Portfolio Holder for Health and Adult Social Care
Cllr Jill Rhodes – Portfolio Holder for Public Health

Senior Officer: Jill Broomhall – Director Adult Social Care Operations

1. Report Summary

1.1. This report and the attached performance scorecard provide a positive overview of performance across the Adult Social Care, Commissioning and Communities and Public Health for quarter 1 of 2019/20.

1.2. This report demonstrates the key performance indicators across services and links closely with the performance as identified in the Service and Team Business Plans

2. Recommendations

2.1 Scrutiny is recommended to:

a. Approve the format and reporting of performance for Adult Social Care, Commissioning and Communities and public health.

b. Note the contents of the report and scorecard; and scrutinise areas where expected levels of performance are not being achieved.

c. Acknowledge good and consistent performance.

3. Reason for Recommendations

3.1. One of the key areas of focus for the Overview and Scrutiny Committee is to highlight areas of poor performance and to scrutinise the effectiveness of plans in place to improve services. Overview and Scrutiny has an important role to play in the performance management systems of the Local Authority. performance scorecard provides essential data, along with qualitative information, to measure the effectiveness of services. This report and scorecard will be provided to Scrutiny on a quarterly basis to enable the Committee to maintain an overview of performance across the Services.

4. Other Options Considered

4.1. Scrutiny may want to consider the performance of the Service more or less frequently.

5. Adult Social Care, Commissioning and Communities, and Public Health

5.1. This quarterly report provides the Committee with an overview of performance across Adult Social Care, Commissioning and Communities and Public Health. This report and scorecard relates to quarter 1 or 2019/20.

5.2. The performance scorecard details the following:

- Measure – details of each performance measure
- Target – this is either a national target, eg, local one set by the service to provide a 'good/outstanding' service
- Year end 2018/19 – enables Members to compare existing performance to that in the previous year
- Quarterly performance – enables Members to compare performance from quarter to quarter
- RAG – this is a rating of red, amber, green based on current performance against the expected level of performance
- Direction of travel – this is demonstrated via the smiley faces
- Comments – this provides a general commentary on the information presented

6. Performance Overview

6.1. The performance scorecard at Appendix 1 includes 32 separate measures covering all areas of the service. Some of these measures are non-performance related, eg those that relate to population cohorts. In total, 24 of these measures relate to performance and have been RAG rated.

6.2. A breakdown summary is set out as follows:

Performance Measures	Red	Amber	Green	n/a	Total
This quarter Adult Social Care	3	3	4	7	17
Commissioning and Communities	3	1	3	1	8
Public Health	0	2	5		7
Overall Ratings	6	6	12	8	32

7. Implications

7.1. Finance Implications

7.1.1. Although there are no direct financial implications related to this report, performance measures may be used as an indicator of where more or less funding is needed at a service level.

7.2. Equality Implications

7.2.1. Members may want to use the performance scorecard to ensure that services are targeted towards those individuals who are in most need.

7.3. Human Resources Implications

7.3.1. None.

7.4. Risk Management Implications

7.4.1. There are risks associated with some performance measures, eg increases in demand and timeliness of services.

7.5. Rural Communities Implications

7.5.1. There are no direct implications for rural communities.

7.6. **Implications for Vulnerable Adults**

7.6.1. This performance scorecard sets out a range of measures that impact on services for vulnerable adults and their families.

7.7. **Public Health Implications**

7.7.1. This performance scorecard sets out a range of measures that impact on services for Public Health.

8. Ward Members Affected

8.1. The performance measures relate to all ward areas.

9. Consultation & Engagement

9.1. Not applicable.

10. Access to Information

10.1. The scorecard is attached at Appendix 1.

11. Contact Information

11.1. Any questions relating to this report should be directed to the following officer:

Name: Jill Broomhall

Job Title: Director Adult Social Care Operations

Email: jill.broomhall@cheshireeast.gov.uk

People Directorate Scorecard 2019-20

Ref	Lead Department	Measure	Corporate Outcome	Portfolio	Responsible Officer	Data Owner	Data Frequency	Benchmark	Year end 2018/19	Quarter 4 2018/19	Quarter 1 2019/20	Quarter 2 2019/20	Quarter 3 2019/20	Quarter 4 2019/20	Proposed Quarterly/ Annual Target 2019/20	RAG and Direction of Travel	Commentary
ASC001	Adult Social Care	Residential Admissions for 18-64 age ytd fig	5	Adults	Director of Adult Social Care Operations/HoS			CEC Data	38	38	6				<30		Although quarter 1 indicates that, if admissions remain consistent we will be on target, compared to last year on Q1 we are slightly worse with only 5 admission in Q1 last year
ASC002	Adult Social Care	Residential Admissions for 65+ age band ytd fig	5	Adults	Director of Adult Social Care Operations/HoS			CEC Data	545	545	115				<530		Compared to the same period last year there have been 18 fewer admissions. Whilst we will always ensure that should an individual require permanent residental/ nursing care this will be provided the indicative target is to try and ensure that where possible individuals are supported with a package of care to remain in their own home.
ASC003	Adult Social Care	Total number of individuals currently in residential/ nursing care 18-64	5	Adults	Director of Adult Social Care Operations/HoS			CEC Data	198	198	199				N/A		see above
ASC004	Adult Social Care	Total number of individuals currently in residential/ nursing care 65+	5	Adults	Director of Adult Social Care Operations/HoS			CEC Data	1142	1142	1146				N/A		see above
ASC005	Adult Social Care	Delayed transfers of care from hospital - days per quarter total	5	Adults	Director of Adult Social Care Operations/HoS			CEC Data	12375	3287	3443				<3000 per quarter		In quarter 1 the main three reasons for NHS delay was 17% "awaiting further NHS non acute care", 11% "awaiting Nursing home care package/ availability, 11% "patient/ family choice".
ASC006	Adult Social Care	Delayed transfers of care from hospital - days per quarter attributable to Social Care	5	Adults	Director of Adult Social Care Operations/HoS			CEC Data	3760	1057	1188				<800 per quarter		In quarter 1 the main reason for social care delays was "Awaiting Care Packages in Own Home" which accounted for 48% of all delays, closely followed by "Awaiting residential care package/ availability" which accounted for 30% of all delays. Despite proactivity on behalf of commissioning services in stimulating market and provision, the constant pressure of supply V demand exaserbated by the volume of self funders in Cheshire East remains a problem
ASC007	Adult Social Care	Delayed transfers of care from total days delayed per 100,000 population (ASCOF 2Ci) (average monthly fig)	5	Adults	Director of Adult Social Care Operations/HoS			CEC Data	340.3	340.3	377.2				240.9 (av mthly figure)		The annual target is based on the target imposed by NHS England linked to the Integrated Better care Fund Operating guidelines. This is an extremely aggressive target and very difficult to achieve without substantial overspend of existing budget due to the supply and demand for suitable residential/ nursing placements and care package providers
ASC008	Adult Social Care	Proportion of adults receiving direct payments – year to date	1	Adults	Director of Adult Social Care Operations/HoS			CEC Data	24.4%	24.5%	24.3%				25%		Very little change however all individuals are offered the choice of a direct payment where applicable should they wish to select that option
ASC009	Adult Social Care	Number of new case contacts in period	5	Adults	Director of Adult Social Care Operations/HoS			CEC Data	14,197	3619 (14,197 cummulative)	3,352				13,000		The number of new contacts is down because we have tightened our reporting, only new people previously unknown to services are now included in this indicator.
ASC010	Adult Social Care	Number of assessments completed in period	5	Adults	Director of Adult Social Care Operations/HoS			CEC Data	3,789	949	775				N/A		This reflects the change in our way of working at the front door in accordance with the Care Act to prevent , reduce and delay the need for long term care and support. We are providing information and advice to signpost and divert people to more appropriate services that are preventative.
ASC011	Adult Social Care	Percentage of eligible Clients receiving long term support with a 12mth review (snapshot position at end of quarter)	5	Adults	Director of Adult Social Care Operations/HoS			CEC Data	71.0%	71%	69.2%				75%		This is not an issue at quarter one we are confident that we maintaining performance and will continue to do so.
ASC012	Adult Social Care	Learning Disability Support - Clients with an active service (other than Telecare)	5	Adults	Director of Adult Social Care Operations/HoS			CEC Data	954	954	948				N/A		
ASC013	Adult Social Care	Mental Health Support (18-64) - Clients with an active service (other than Telecare)	5	Adults	Director of Adult Social Care Operations/HoS			CEC Data	251	251	254				N/A		
ASC014	Adult Social Care	Proportion of adults with a learning disability living in their own home or with their family (ASCOF 1F) - year to date	1	Adults	Director of Adult Social Care Operations/HoS			CEC Data	87%	87%	87%				87%		The focus is where possible for all indviduals to remain in a community environment in order to achieve as much inclusivity as possible and develop independent living skills
ASC015	Adult Social Care	Total number of individuals aged 65+ being supported	5	Adults	Director of Adult Social Care Operations/HoS			CEC Data	4266	4266	4329				N/A		The number of people supported has in increased and the budget continues to be managed.
ASC016	Adult Social Care	Proportion of service users in receipt of a community based service	1	Adults	Director of Adult Social Care Operations/HoS			CEC Data	81%	80%	81%				80%		Our focus continues to be on supporting as many people at home as possible (whilst recognising that some people will require care home placements).
ASC017	Adult Social Care	Number of new DOLS applications received (cumulative)	5	Adults	Director of Adult Social Care Operations/HoS			CEC Data	2589	2589	701				N/A		Applications received show a continued increasing trend with Q1 2019/20 receiving 56 more requests compared to the same period last year.
CQ&C001	Commissioning, Quality and Contracts, and Communities Department	% of domiciliary care services rated good or outstanding with CQC	2	Adults	Director of Commissioning			CEC Data	94%	94%	65%				96%		65% (78% excluding the no ratings) of domiciliary care services rated good or outstanding with CQC, The breakdown is as follows 40 Care at Home providers of which 26 are rated good, 7 require improvement and 7 that have not yet been inspected.
CQ&C002	Commissioning, Quality and Contracts, and Communities Department	% of care homes rated good or outstanding with CQC	2	Adults	Director of Commissioning			CEC Data	61%	61%	64%				70%		There has been an upward trend this quarter with more Care Homes being rated as good or outstanding. CEC are working with Skills for Care regarding additional training for care staff to drive up quality. There are also 8 care homes that have not yet been inspected by CQC which negatively affects the percentage (70% excluding those not yet registered). The breakdown is as follows 94 Care Homes of which 3 are outstanding, 57 are rated good, 25 require improvement, 1 is inadequate and 8 that have not yet been inspected.
CQ&C003	Commissioning, Quality and Contracts, and Communities Department	Sexual health contract - prioirty area identified- long acting reversal contraception	1	Adults	Director of Commissioning			CEC Data	36.9%	36.9%	No data available yet for quarter 1.				38%		Suggested Percentage of LARCs (excluding injectables) prescribed as a proportion of all contraceptives by age
CQ&C004	Commissioning, Quality and Contracts, and Communities Department	% of new birth visit by health visitor within 14 days	1	Adults	Director of Commissioning			CEC Data	86%	86%	91%				88%		We are currently performaing well in ths area, with the 0-19 service showing improvement in this area over the last few quarters.
CQ&C005	Commissioning, Quality and Contracts, and Communities Department	Lifestyle service contract - reduction in the prevalence of smokers	1	Adults	Director of Commissioning			CEC Data	16.4% (2017)	8.7% (2018)	This is an annual indicator				15%		Activity across all providers in Q1 shows there were 289 Quit dates Set (QDS) with 120 quits in total. Giving a strike rate of 42%. Referals and quits are above targets in Q1.

Ref	Lead Department	Measure	Corporate Outcome	Portfolio	Responsible Officer	Data Owner	Data Frequency	Benchmark	Year end 2018/19	Quarter 4 2018/19	Quarter 1 2019/20	Quarter 2 2019/20	Quarter 3 2019/20	Quarter 4 2019/20	Proposed Quarterly/ Annual Target 2019/20	RAG and Direction of Travel	Commentary
CQ&C006	Commissioning, Quality and Contracts, and Communities Department	Lifestyle service contract - reduction in those presenting as inactive	1	Adults	Director of Commissioning			CEC Data	20.5% (2017)	17.5% (2018)	This is an annual indicator				20%	☺	There were 1102 referrals into the OY Physical Activity programmes in Q1 . We also had 594 people already participating in the Physical Activity programmes and a further 654 started on a programme. Using CMO guidelines 79% of completers over the quarter (391) moved from Inactive to Active and 97% showed improvement from being inactive.
CQ&C007	Commissioning, Quality and Contracts, and Communities Department	% of providers who met the 95% delivery of guaranteed minimum hours	2	Adults	Director of Commissioning			CEC Data	New Measure	New Measure	22.20%				100%	☹	The providers are still struggling to recruit however there has been a recruitment drive and providers are now starting to pick up more hours and we expect to see the percentage to rise quarter on quarter . (2 of 9 providers)
CQ&C008	Commissioning, Quality and Contracts, and Communities Department	% of children's home under the contract with 95% occupancy	2	Adults	Director of Commissioning			CEC Data	New Measure	New Measure	Homes not yet open				100%	😐	
PubH001	Public Health	Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	5	Public Health and Corporate	Director of Public Health			CEC Data	94%	93.6%					80%	☺	This is a rolling 5 year average updated annually extracted from Public Health Oucomes Framework (PHOF2.22iii). This is an increase on 2013-17.
PubH002	Public Health	Minimum uptake targets for NHS Health Checks reached and good outcomes achieved	1	Public Health and Corporate	Director of Public Health			CEC Data	49%	49%					50%	😐	Rolling 5 year average of those who were offered and accepted an NHS Healthcheck (PHOF2.22iv). Currently better than the england average and comparable with our target.
PubH003	Public Health	Adults - Successful completions of alcohol treatment, who do not re-present within 6 months	1	Public Health and Corporate	Director of Public Health			CEC Data		100%	Figures not avaialble yet				43%	☺	Performance data from provider organisation and first quarter performance data is not yet available. As this is a new provider the direction of travel is based on previous annual data from the Public Health Outcomes Framework.
PubH004	Public Health	Successful completion of drug treatment - opiate users	1	Public Health and Corporate	Director of Public Health			CEC Data		39%	Figures not avaialble yet				8%	☺	Performance data from provider organisation and first quarter performance data is not yet available. As this is a new provider the direction of travel is based on previous annual data from the Public Health Outcomes Framework.
PubH005	Public Health	Successful completion of drug treatment - non-opiate users	1	Public Health and Corporate	Director of Public Health			CEC Data		60%	Figures not avaialble yet				36%	☺	Performance data from provider organisation and first quarter performance data is not yet available. As this is a new provider the direction of travel is based on previous annual data from the Public Health Outcomes Framework.
PubH006	Public Health	Hospital admission episodes for alcohol related conditions in the U18s (rate per 100,000)	5	Public Health and Corporate	Director of Public Health			CEC Data	38.4%	38.4%					37	☹	Annual data from the Public Health Oucomes framework. Currently comparable to the England average.
PubH007	Public Health	Proportion of young people screened for chlamydia (15-24 year olds)	1	Public Health and Corporate	Director of Public Health			CEC Data	20.90%		Figures not avaialble yet				22%	😐	7,800 people aged 15-24 years were screened for chlamydia in 2018. This is lower than the previous year (22.7%). Rate is significantly better than the England average. This achieved a diagnostic rate of 1,902/100000 lower than the target.